

*Bl Blaine*

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CITY OF JOHANNESBURG.

TOWN CLERK'S DEPARTMENT,

29th May 1964.

TO ALL MEMBERS OF (I) HEALTH AND AMENITIES COMMITTEE.  
(II) THE MANAGEMENT COMMITTEE.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR  
THE CALENDAR YEAR 1961.

... The Report of the Medical Officer of Health referred to in the Agenda for the meetings of the Health and Amenities and Management Committees to be held on 4th and 9th June 1964 respectively, is attached for the information of members of the Committee.

ROSS BLAINE,  
CLERK OF THE COUNCIL.

REPORT OF THE MEDICAL OFFICER OF HEALTH.

CALENDAR YEAR 1961.

ERRATA.

(a) Page (vi), paragraph 4. The third line should be amended to read "markedly less, being 733 as compared with 1,159 cases in 1960. The drop".

(b) Page (vii), paragraph 4 should be amended to read:

"The City Health Department conducts the midwifery and curative outpatients services in the Bantu Townships on behalf of the Transvaal Provincial Administration. The Council is reimbursed on the basis of the cost that would be incurred if the Province itself conducted the services. This falls short of the actual cost to the Council by approximately 16% or R85,000 per annum. Representations have been made to the Province to take over executive responsibility at an early date or to reimburse the Council for the actual expenditure incurred. As a first step in the take over a new clinic building was completed at Tladi during the year and a Pediatric clinic was transferred to it from temporary premises but a full service had not been established at the close of the year."

(c) Page 23 paragraph 5. The third and fourth lines should be amended to read as follows:

"Consideration is readily given by the Non-European Affairs Committee to the remission or part remission of rentals where the breadwinner".



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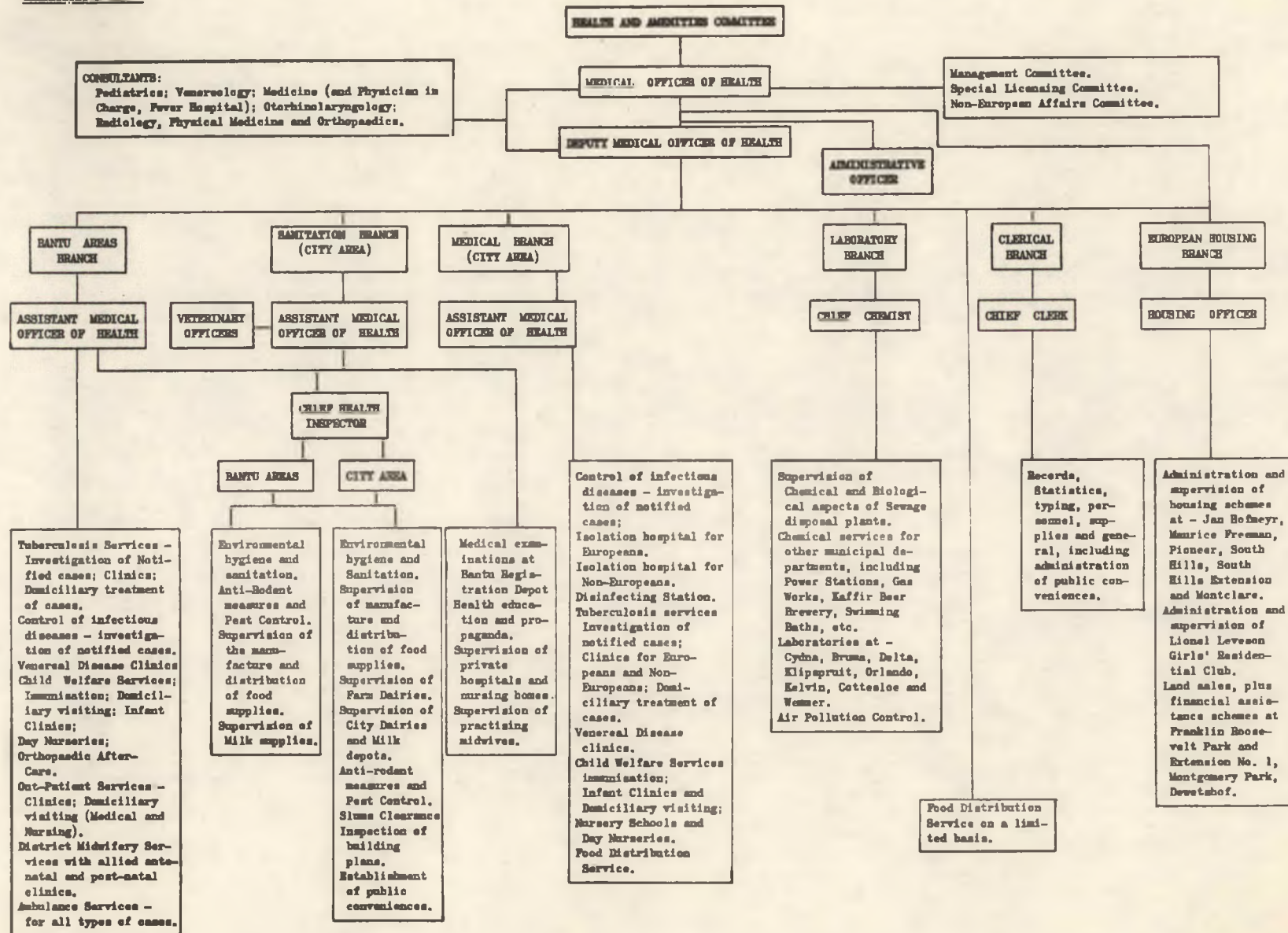
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**ORGANISATION CHART**





HEADS OF BRANCHES AND SECTIONS:

TUBERCULOSIS MEDICAL OFFICER	:	M.H. GOLDBERG - M.B., Ch.B.
CHILD WELFARE MEDICAL OFFICER	:	O.I.B. KREHER - M.B., Ch.B.
MEDICAL SUPERINTENDENT, WATERVAL HOSPITAL	:	G.B. MILLER - M.B., Ch.B.
MATRON, WATERVAL HOSPITAL	:	M. MILLER - Reg. Nurse and Midwife, School Nsg. and Sau. Cert.
SENIOR MEDICAL OFFICERS	:	E.N. ELLIS - M.B., Ch.B.
	:	L. EISENBERG - M.B., B.Ch.
	:	B. RICHARD - M.B., B.Ch.
	:	H. TAYLOR - L.R.C.P. and S., L.R.F.P.S.
	:	M. MER - M.B., B.Ch.
	:	M.S. BROWN - M.B., Ch.B.
	:	A.V. MC PHAIL - M.B., B.Ch.
SENIOR DENTAL OFFICER (ORLANDO)	:	J.H.C. LAING - L.D.S., D.P.D.
CHIEF PHARMACIST	:	S. GRINKER - Dip. Pharm.
CHIEF CHEMIST	:	E.G. WHITE - M.Sc. Ph.D. (Wits) F. Inst., S.P., F.R.I.C., M.(S.A.) Chem. I.
AIR POLLUTION CONTROL OFFICER	:	L. TUCKER - B.Sc. (Eng. Chem.), M. (S.A.) Chem. I., A.M.I.S.P.
HOUSING OFFICER	:	W.J. DUNCAN
HOUSING SUPERVISOR	:	J.M.E. BUTLER - Housing Manager's Cert., R.S.H. Cert. for H.I., Primary Teachers' Higher Cert.
CHIEF HEALTH INSPECTOR	:	I.J. DISTILLER - M.I.P.H.E., M.I.P.H. Hy., R.S.H. Certs. for H.I. and M. & O.F., F.R.S.H. to 29.3.61.
	:	A.H. SPARGO - A.M.I.P.H.E., M.R.S.H., R.S.H. Certs. for H.I. and M. & O.F. from 30.3.61.
DIVISIONAL HEALTH INSPECTORS	:	T. PATTERSON - R.S.H. Certs. for H.I. and M. & O.F.
	:	W.G. HOWARTH - R.S.H. Certs. for H.I. and M. & O.F.
	:	A.H. MAXWELL - A.M.I.P.H.E., R.S.H. Certs. for H.I., M. & O.F. and Trop. Hy.
	:	A.C. WALLACE : R.S.H. Certs. for H.I. & M. & O.F. from 1.4.61.
CHIEF HEALTH VISITOR	:	M. BERGH - R.S.H. Cert. for H.V., Reg. Nurse and Midwife.
SENIOR HEALTH VISITORS	:	B.C.C. SANGERHAUS - R.S.H. Cert. for H.V., Reg. Nurse and Midwife.
	:	C.K. HAINS - R.S.H. Cert. for H.V., Reg. Nurse and Midwife, Mothercraft Cert., Dipl. in Nsg. Admin. (Public Health) (London)
	:	M.H. RALPH - R.S.H. Cert. for H.V., Reg. Nurse and Midwife, Mothercraft Cert.
INSPECTRESS OF NURSERY SCHOOLS	:	E.K.F. BROSIUS - Dipl. in Pre-School Educ.
SENIOR SUPERVISOR, NURSERY SCHOOLS (ACTING)	:	A.M. VILJOEN - Nursery School Dipl.
SUPERINTENDENT, TRANSPORT AND DISINFECTING	:	J.H. CUTTING - Qualified Fitter

The full staff establishment is detailed in Annexure 1.



REPORT OF THE MEDICAL OFFICER OF HEALTHCALENDAR YEAR 1961.

The Mayor and  
City Councillors of  
JOHANNESBURG.

Ladies and Gentlemen,

I have the honour to present my report for the calendar year 1961 on the work of the City Health Department, the vital and morbidity statistics of the city and the main features in regard to the health and sanitary circumstances of the community and also my report on overcrowding and bad or insufficient housing. These matters are dealt with in two separate Reports - A and B.

I am glad to be able to report that the general health of the citizens of Johannesburg is very satisfactory as evidenced by the lower death rate and the reduced incidence of infectious disease.

The vital statistics are based on population estimates as at 30th June 1961. There is always some difficulty in arriving at an accurate figure for the Bantu population, even in census years, but a good knowledge of their living conditions makes an intelligent approximation possible.

While birth rates vary from year to year, there is a slight tendency to an increase in the case of all races. The percentage of illegitimate births has increased for Europeans and Bantu, is much the same for Coloureds, and is reduced for Asiatics. The reasons for fluctuations in the case of Bantu are obscured by little understood social factors but the tendency to reduction in the masculinity rate would lead one to expect a reduction rather than an increase in illegitimacy. The average European illegitimacy rate over the last three years is 3.18% compared with an average of 2.81% for the previous three years. This appears to be in accordance with the world pattern but a close analysis of age groups would be necessary before any precise conclusions could be drawn.

The overall death continues to fall; there is not much change from year to year but over a longer period the reduction is quite appreciable. As one might expect, the main improvement is in the Non-European races, collectively and separately.

The main morbidity factors are diseases of the heart and circulation which cause nearly 21% of all deaths. The various forms of accidents and violence causing nearly 14%, the cancer group approximately 10%, the diseases of the digestive system 9% and of the respiratory system just under 9%. The infective and parasitic diseases (6.89%) are a less important and a diminishing factor.

The impact of these various causes varies with the races. In the case of Europeans the heart conditions account for nearly 41%, followed by cancer 18%, and the violence group 9.5%; for Coloureds the sequence is the same; for Asiatics heart conditions are again the primary cause of death

but these/... (vi):

but these are followed by respiratory conditions, after which come cancer and violence. The Bantu follow their own pattern of violence, diseases of the respiratory system and diseases of the digestive system with heart disease well down the list of major causes.

Some of the major causes of death for the various races are shown in graphical form, facing page 4.

Infantile mortality rate for all races has dropped very considerably to an overall rate of 66.40 deaths under the age of 12 months per 1,000 live births. This drop of approximately 23% as compared with the average for the previous five years is the most gratifying of the improvements I am privileged to report, particularly as it is reflected in each of the racial groups separately, being 1.22% for Europeans, over 40% for Coloureds, over 19% for Asiatics and over 27% for Bantu. The total number of maternal deaths is much the same as for the previous year but there was an increase in the European deaths from 2 last year to 5 in the current year.

There was no epidemic incidence of infectious disease during the year; on the contrary, the number of cases of all diseases notified was markedly less, being 1,159 as compared with 733 cases in 1960. The drop in numbers affected all diseases, except for cerebro-spinal meningitis and encephalitis, where there was a moderate increase.

The use of the oral vaccine for immunisation against poliomyelitis was a great advance in protection against this disease. The immunisation campaign in the City and the Bantu Townships was a major undertaking which required an "all out" effort by the medical and health visitors' staff, assisted by the staff of other sections of the City Health Department and staff seconded from the Non-European Affairs Department. Approximately 275,000 susceptible people, mainly children, were immunised in all racial groups.

Following the immunisation against poliomyelitis, plans were implemented for an intensive campaign to immunise Bantu children against diphtheria, whooping cough and tetanus by means of three injections at suitable intervals. The first round of injections was completed during December when 80,657 children were treated.

Poliomyelitis notifications totalled 18, the lowest on record for many years and were confined to the first half of the year. None were received after the completion of the first round of the oral immunisation campaign.

Diphtheria and typhoid are definitely on the decrease and scarlet fever notifications were a little over half the number in the previous year. Measles and whooping cough were rather more severe amongst the Bantu and caused a number of deaths.

The overall incidence of pulmonary tuberculosis and the death rate from this disease is steadily coming down. There is an appreciable reduction in incidence amongst Europeans and Bantu over the last few years with a tendency to fluctuate amongst Coloureds and Asiatics which is difficult to explain. The death rate, however, shows a steady decline for all races.

Two new child welfare clinics were opened at Kensington and Vrededorp and there was an increase of attendances at all clinics of 11.6% in spite of suspension of routine clinics during the poliomyelitis immunisation campaign.



The policy in regard to the future responsibility for health services as between the different levels of government is still undecided. The recommendations contained in the Interim Report of the Borckenhagen Committee are being considered by the Commission of Enquiry into the Financial Relations between the Central Government and the Provinces (Schumann Commission) appointed on the 8th April 1960. Although the terms of reference of the Commission make no specific reference to local authorities they do include health and other services now performed by local authorities. I gave evidence before this Commission on the 6th November 1961 in my personal capacity and also as one of the representatives of the Medical Association of South Africa. There is some prospect that the Commission will publish its findings on health services as an Interim Report but no report has appeared so far.

The legal powers available to the Department are still defective in certain directions, notably in regard to licensing, public health by-laws and legislation for the control of air pollution. The difficulties in regard to trade licensing were dealt with at some length in my annual report for 1960. All our public health by-laws are out of date and it has been a tedious task for the staff, in collaboration with the legal staff, to re-draft them. A great deal of progress has been made but only the nursing home by-laws have reached the stage of promulgation. The Air Pollution Bill which was before the House on 20th February 1961, has still not reached the Statute Book but the delay entailed by the deliberations of the Select Committee and the Commission of Enquiry may well be worth while if better legislation results.

The year was marked by the retirement, at the end of March, of Mr. I.J. Distiller, after a distinguished career in the public health field. Mr. Distiller had forty-eight years' continuous service with the City Council, broken only by military service in both world wars. Most of his service was with the City Health Department, first in the Cleansing Branch which was then controlled by the Department and then as Health Inspector in all Sections of the Department in turn and finally as Chief Health Inspector from 1955 onwards. In addition to his outstanding achievements within the framework of his official duties, he played a prominent part in official and voluntary organisations closely associated with public health work. The duties of the post have been taken over by Mr. A.H. Spargo.

The City Health Department conducts the midwifery and curative out-patients services in the Bantu Townships on behalf of the Transvaal Provincial Administration which reimburses the Council on the basis of the cost that would be incurred if the services were actually conducted by the Province. The amount deducted for various items averages some R85,000 per annum or rather over 16% of the total cost. Representations have been made to the Province to take over executive responsibility at an early date or to reimburse the Council for the full cost. As a first step in the take over a new clinic building was completed at Tladi during the year and a Pediatric clinic was transferred to it from temporary premises but a full service had not been established at the close of the year.

The commissioning of a new mobile 100 m.m. X-ray unit on 21st February 1961 was a step forward in dealing with established cases of tuberculosis and their contacts at the decentralised clinics in the Bantu Townships. These were previously transported to Waterval Hospital with substantial waste of time and efficiency.

The new Medical Examination Centre for Bantu females opened on the 1st April 1961 at 1 Polly Street, will enable the staff to give them a much more satisfactory service. The response to offers of examination, which is still on a voluntary basis, has been excellent.



Notice has been received from the Department of Health that the Department of Bantu Administration and Development has intimated that Waterval Hospital is not correctly sited for Bantu and that steps must be taken to provide alternative accommodation for Bantu patients before 31st December 1963. Discussions are taking place with the State Departments concerned in regard to other arrangements for the patients now treated at the Hospital but no decisions have been reached.

In accordance with the policy of the Council to amalgamate all ambulance services under the control of one Department, the service at the Disinfecting Station for the removal of infectious cases in the City and Bantu areas and the ambulance service in the Bantu Townships for the removal of non-infectious cases were transferred to the Fire Department during the year.

In so far as housing is concerned the development of Montgomery Park Townships has been very satisfactory; 220 houses have been completed and building is still in progress. Most of the stands in De Wetshof have also been developed.

Progress in the rehabilitation of Newclare and slum clearance in the City generally has been held up by the lack of alternative accommodation for Coloureds and the limited accommodation for Asiatics. The development of Riverlea and Bosmont is well in hand but completed houses have been limited to 80 in Bosmont.

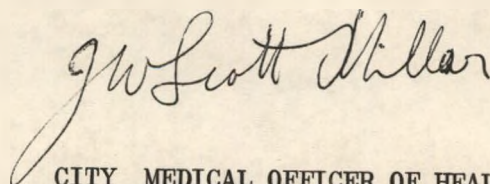
The evacuation of Bantu from Western Native Township to Moroka commenced in October 1961, and the vacant houses will be available for Coloureds as a transit camp.

In the Bantu Townships 2,413 houses have been erected in Moroka and Chiawelo Extension No. 2 and a hostel for 3,000 Bantu males was erected near Eastern Native Township. Rapid progress has also been made with the connection of premises to sewer and to municipal water supply, the latter to replace stand pipes.

Slums have been abolished in the South Western areas with the exception of a limited number of site and service shacks and Pimville, where remedial action awaits total rebuilding on an enlarged site.

It gives me great pleasure to record that the work of all members of the staff - professional, technical and clerical - has been maintained at the high level expected of them and to acknowledge their very valuable assistance to me, both personally and officially, and their loyalty to the Council and myself.

I also desire to tender my thanks to His Worship the Mayor, and to the Chairman and Members of the Health and Amenities Committee during the year, all of whom have extended to me every courtesy. My thanks are also due to all the Heads and Sub-Heads of Departments for their willing co-operation at all times.



CITY MEDICAL OFFICER OF HEALTH.

Consultant Medical Officer to the Rand Water Board,  
Lecturer, Urban Health Administration,  
University of the Witwatersrand.



REPORT A.

1961.

CITY OF JOHANNESBURG

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

1961

ON THE PUBLIC HEALTH AND SANITARY

CIRCUMSTANCES OF JOHANNESBURG.

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CITY OF JOHANNESBURG.

REPORT A.

1961.

REPORT ON THE PUBLIC HEALTH AND SANITARY CIRCUMSTANCES OF  
JOHANNESBURG FOR THE CALENDAR YEAR 1961, IN TERMS OF SECTIONS 6 AND 13  
OF THE PUBLIC HEALTH ACT, 1919, AS AMENDED.

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I. NATURAL CONDITIONS.

Physical Geography - Johannesburg is situated in latitude 26 degrees 11 minutes south and longitude 28 degrees 4 minutes east, at a mean altitude of 5,850 feet above sea level and approximately 300 miles from the sea coast on the Indian Ocean. It is placed almost at the northern limit of the highveld area of the Transvaal Province and almost in the centre of the Witwatersrand Goldfields which extend roughly eastwards and westwards over a total distance of approximately 88 miles.

The city is on the crest of the Witwatersrand ridge which is one of the main watersheds of the country, all streams in the northern suburbs being tributaries of the Limpopo River, while those in the south make their way to the Orange River. The four highest points, all of approximately the same altitude (5,940 feet) are Observatory Hill, Aasvogelskop, a hill south west of the City and a hill south of Limmeyer. The last named is the highest by a few feet. The city centre is about 5,700 feet above sea level.

From the southern municipal boundary proceeding northwards, the land slopes gently downwards at first and then rises slowly to the foot of the ridge where it becomes steeper. From the crest of the ridge it falls away rather suddenly and then, having reached the lower level, it divides up into several flat valleys dropping gradually northwards. In the Kensington - Bezuidenhout Valley area outliers of the main ridge form somewhat deep valleys running to the east. This area and the northern suburbs are to a certain extent protected from the cold southern winter winds.

The meteorological and topographical features favour the dispersal of smog. Inversion is encountered but does not cause concern. On some days during the winter months smog tends to persist in the valleys but almost invariably disperses by 10 a.m.

The area of the city and its suburbs is 93.89 square miles which includes Pimville Township and the Rand Airport. The extreme length of the city and suburbs is  $11\frac{1}{2}$  miles and extreme width  $11\frac{1}{4}$  miles. In addition, the Council owns and controls an area of land which includes the Coloured township of Noordgesig and the Bantu townships comprising south western Bantu residential complex extending to the west and south of Orlando on the south western boundary of the city but not within the defined area of the municipality. This land is 20.02 square miles in extent. A further 5.05 square miles owned by the Natives' Resettlement Board is also used for housing Bantu working in Johannesburg. The total area of the Bantu Townships is therefore 25.97 square miles. Other land owned by the Council outside its own boundaries and controlled in terms of Section 7 of the Local Government Ordinance (Transvaal) includes the sewage purification farms to the south, and the northern sewage purification works, Zuurbekom, Kelvin Power Station, Woodlands, Lombardy, Gillooly's Farm, Rietvlei East, Rietvlei West and several other farms with a total area of 51.49 square miles.

The climate/.... 2:



The climate of Johannesburg is essentially temperate, although the city is within 3 degrees of the Tropic of Capricorn. Generally the days are bright and warm and the nights cool. The humidity is low in winter and there is a marked diurnal variation in temperature. The average daily period of bright sunshine is 8.47 hours.

The rainfall has averaged 872.99 mms (34.37 inches) per annum over a period of 50 years and occurs mainly in the summer months (October to March) often in the form of short thunderstorms. The total fall at Joubert Park in 1961 was 718.3 mms (28.28 inches) and rain fell on 99 days.

The hottest months are usually from December to March with an average maximum temperature over 15 years of 31°C and the highest recorded temperature of 34.2°C. The coldest months are usually in June and July with an average minimum temperature of 2.05°C over 15 years and the lowest recorded temperature of -6.2°C on the 23rd July 1926.

Johannesburg is not a windy place; the only time when the wind calls for special comment is when cold winds blow from the south during August or September. The wind frequencies are shown diagrammatically in Annexure 2. The monthly averages of rainfall, etc. are reflected in Annexure 3.

II. VITAL STATISTICS.

The following table summarises the principal vital statistics for 1961:-

	Euro- peans	Coloureds	Asiatics	Bantu	All Persons
Population	370,000	43,670	24,000	532,677	970,347
Births (Number of)	8,884	1,743	719	16,920	28,266
Birth Rate	24.01	39.91	29.96	33.46	29.96
Illegitimate Birth Rate %	3.30	20.25	1.67	40.22	26.40
Deaths (Number of)	3,104	406	146	5,355	9,011
Death Rate	8.39	9.30	6.08	10.05	9.29
Infantile Deaths	228	67	29	1,553	1,877
Infantile Mortality Rate	25.66	38.44	40.33	91.78	66.40
Maternal Deaths	5	2	1	37	45
Maternal Death Rate	0.56	1.13	1.37	2.13	1.56

The figures quoted in the tables are corrected for outward transfer only. The population recorded is based on estimates as at 30th June 1961 and the rates are calculated thereon.

The Bantu population included 27,000 mine Bantu among whom there were 109 deaths with a death rate of 4.04.

The statistical factors recorded above are referred to in more detail in the paragraphs which follow.

1. POPULATION.

	<u>1959</u>	<u>1960</u>	<u>1961</u>
Europeans	372,000	368,277	370,000
Coloureds	37,600	42,943	43,670
Asiatics	27,000	23,647	24,000
Bantu	502,423	522,953	532,677
	<u>939,023</u>	<u>957,820</u>	<u>970,347</u>

Details of the Bantu population by areas are given in Annexure 4.

2. BIRTHS.

The figures reflect a slight increase in the birth rate for all races.



### 3. DEATHS.

The death rates over a period of four years are shown in the following table (rates are corrected for outward transfers):-

Year	Europeans	Coloureds	Asiatics	Bantu	All Persons
1958	8.43	11.20	7.47	12.49	10.70
1959	8.38	11.33	5.63	11.07	9.86
1960	8.38	9.85	6.34	10.93	9.79
1961	8.39	9.30	6.08	10.05	9.29

The death rate for all races and for each Non-European race group separately shows a steady downward trend; that for Europeans remains much the same as in recent years.

The summary of causes of death classified according to race are listed in Annexure 5.

The causes of death classified in the main group causes, with comparative tables for 1959, 1960 and 1961 are listed in Annexure 6.

An analysis of some of the main causes of death is recorded in the paragraphs which follow.

Diseases of the Circulatory System cause the largest number of deaths, accounting for 20.99% of all deaths. It is also the major cause of death in Europeans (40.88%), Coloureds (22.41%) and Asiatics (33.56%) but not for Bantu in which case only 9% of deaths are due to this cause.

Alternative Classification of Accidents, Poisoning and Violence (External Cause). This group causes 13.81% of all deaths. This is the most important "single" cause of death in Bantu (16.25%) and is high on the list for other races:- Coloureds (16.26%), Asiatics (8.22%) and Europeans (9.54%).

Symptoms, Senility and Ill Defined Conditions - 11.75% of all deaths are "lumped" together under this heading, being largely a reflection of the accuracy or rather the reverse, of death certificates. It is not surprising that the highest percentages in this group relate to the Bantu and Coloureds.

Neoplasms account for 9.77% of all deaths. This is the second largest cause of death for Europeans (18.07%). It is also an important cause for Coloureds (10.34%) and Asiatics (8.22%).

Diseases of the Digestive System account for 9.02% of all deaths, ranging from 4.54% in Europeans to 12.01% in Bantu. Over 75% of the deaths of Coloureds and Bantu from this cause are in children under 5 years old, while an even larger percentage of the European deaths are over that age.

Diseases of the Respiratory System cause 8.48% of all deaths. Asiatics (10.27%) and Bantu are (10.81) are the races most susceptible to death from this cause.

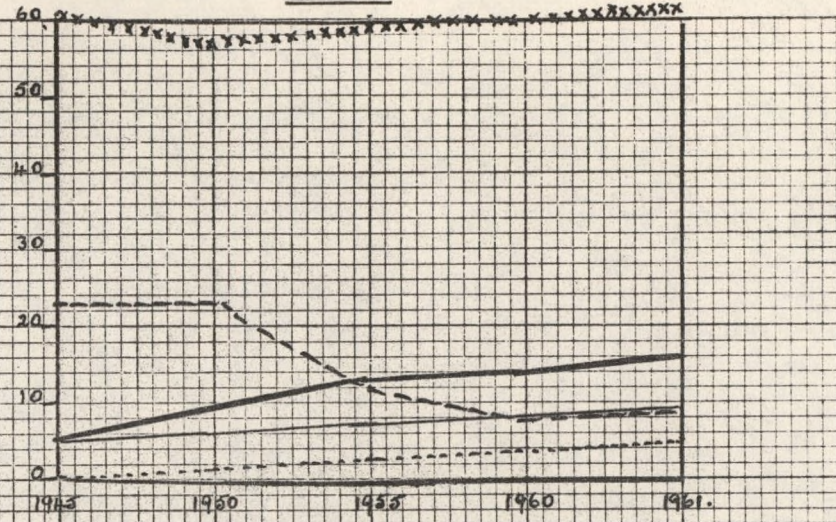
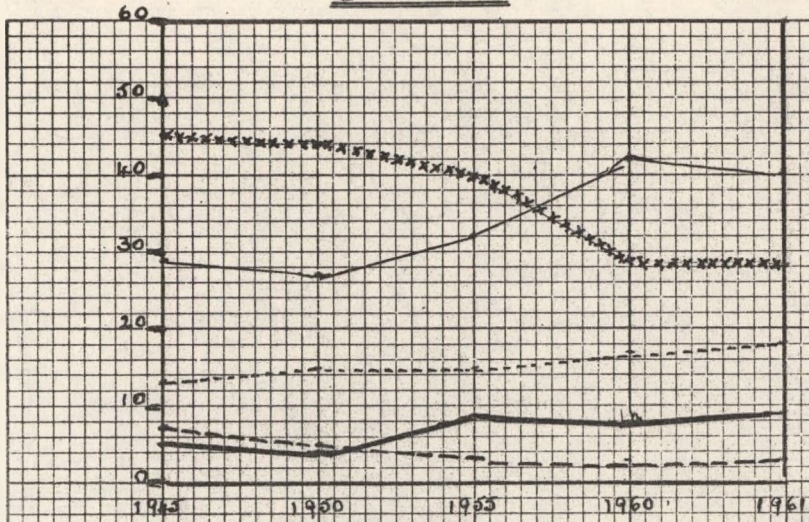


PERCENTAGES.

EUROPEANS.

CAUSES OF DEATH.

BANTU.



COLOURED.

ASIATICS.

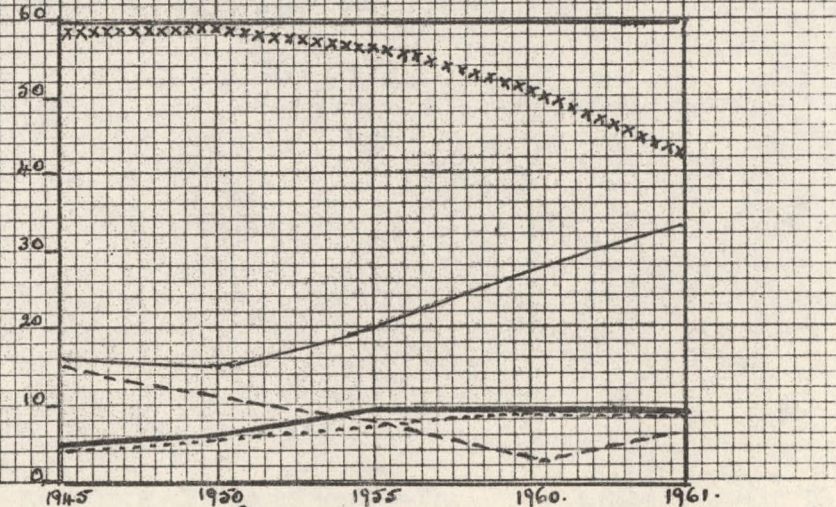
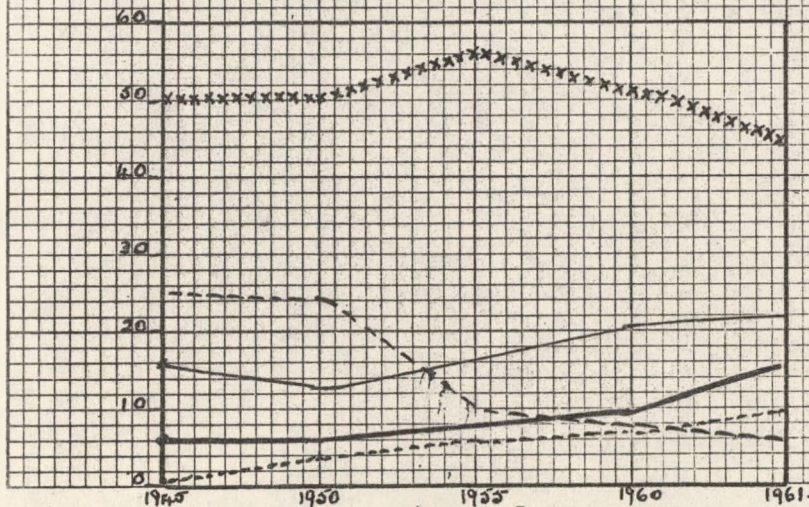


TABLE.

--- GROUP 1. INFECTIVE AND PARASITIC DISEASES.  
 ..... GROUP 2. NEOPLASMS.

— GROUP 7. DISEASES OF THE CIRCULATORY SYSTEMS.

— GROUP 17. ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS & VIOLENCE (EXTERNAL CAUSES).  
 xxxxxxx OTHER GROUPS.



Certain Diseases of Early Infancy account for 7.89% of all deaths with percentages ranging from 4.90% for Europeans to 11.64% for Asiatics.

Infective and Parasitic Diseases cause 6.89% of all deaths - Europeans (2.77%) Bantu (9.32%), Coloureds (6.16%) and Asiatics (7.53%). These diseases have been a major cause of death in past years but are progressively being brought under control.

More details are available in respect of the foregoing and other causes of death and will be supplied to those who ask for them.

#### 4. INFANTILE MORTALITY.

The rates for the years 1958 to 1961 inclusive, are shown on the following table:

Year	Europeans	Coloureds	Asiatics	Bantu	All Races
1958	25.05	63.29	48.73	132.70	90.86
1959	25.29	61.79	51.61	104.98	75.80
1960	28.27	64.40	48.71	122.75	86.41
1961	25.66	38.44	40.33	91.78	66.40

The infantile mortality rate (i.e. the deaths of infants under 1 year of age per 1,000 live births registered) is substantially lower for all races and for each race separately. The biggest reduction is in respect of Coloureds and Bantu.

The deaths of infants by ages are given in the following table:

Year and Race	Up to 1 week	1 Week to 1 Month	Total Under 1 Month		1 Month to 3 Months	4 Months to 6 Months	7 Months to 9 Months	10 Months to 12 Months	Total
			No.	% of Total					
<b>EUROPEANS:</b>									
1958	168	21	179	80	20	11	11	3	224
1959	148	19	167	73	34	16	7	7	236
1960	156	31	187	78	32	19	3	8	249
1961	159	19	178	78	23	12	8	7	228
<b>BANTU:</b>									
1958	565	219	804	38	398	391	324	197	2,104
1959	454	189	643	37	366	317	281	138	1,746
1960	526	186	744	38	377	358	308	158	1,943
1961	419	132	542	34	323	281	253	164	1,563
<b>COLOURED:</b>									
1958	28	10	38	48	18	13	7	9	86
1959	32	11	43	47	12	16	15	6	92
1960	38	12	50	48	15	23	14	6	108
1961	23	8	31	46	16	12	8	-	67
<b>ASIATIC:</b>									
1958	16	6	26	59	5	8	8	-	44
1959	19	7	26	66	6	4	4	-	46
1960	12	7	20	66	6	2	2	1	34
1961	13	7	20	60	3	2	3	1	29
<b>ALL RACES:</b>									
1958	768	276	1,047	43	431	423	347	209	2,467
1959	663	226	879	42	418	362	307	181	2,167
1960	766	236	1,001	43	433	402	328	172	2,334
1961	608	166	771	41	365	307	272	162	1,677

5. MATERNAL MORTALITY.

Maternal mortality is measured by the number of maternal deaths per 1,000 births (including still births).

Details of the maternal mortality rates for the four years 1958 to 1961 inclusive are shown on the following table:-

Year	Europeans	Coloureds	Asiatics	Bantu (excluding Mine Bantu)	All Races
1958	0.33	1.47	2.13	2.15	1.52
1959	0.22	2.64	1.25	1.70	1.26
1960	0.22	1.77	1.40	2.35	1.60
1961	0.56	1.13	1.37	2.13	1.56

The slight fluctuations in the rates are not very significant because of the small numbers involved but there appears to be a general downward trend.



III. INFECTIOUS, COMMUNICABLE AND PREVENTABLE DISEASES.

The investigation of infectious diseases is carried out by two health inspectors (1 European and 1 Bantu) and one clerk (part-time) with occasional assistance from district health inspectors in outlying districts. Cases of puerperal sepsis and pemphigus neonatorum are investigated by the Senior Health Visitor (Nursing Homes and Midwives) and her assistants, and cases of ophthalmia by health visitors. A special staff of health visitors assisted by Bantu nurses is responsible for the investigation and follow-up of tuberculosis cases other than Bantu employed on the Mines.

The diseases which are notifiable in Johannesburg are those listed in Section 18(1) of the Public Health Act and subsequent amendments.

1. NOTIFIED CASES OF INFECTIOUS DISEASES.

Details of the number of cases of infectious diseases notified during the year are given in the following table:-

	Local Cases					Imported Cases				
	E	C	A	B	Total	E	C	A	B	Total
Diphtheria	28	6	-	155	189	-	1	-	7	8
Scarlet Fever	274	1	-	-	275	-	-	-	-	-
Typhoid	3	2	4	17	26	6	1	-	7	16
Para-Typhoid	2	-	-	-	2	-	-	-	-	-
Meningitis (C.S.)	15	4	4	82	105	-	-	-	-	-
Erysipelas	3	-	-	-	3	-	-	-	-	-
Puerperal Sepsis	11	-	1	17	29	-	-	-	-	-
Pemphigus	23	-	-	8	31	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	27	27	-	-	-	-	-
Polioomyelitis	8	1	-	9	18	-	-	-	-	-
Malaria	-	1	-	-	1	1	-	-	30	31
Leprosy	-	-	-	1	1	-	-	-	10	10
Encephalitis	21	1	-	1	23	-	-	-	-	-
Trachoma	-	-	-	2	2	-	-	-	9	9
Relapsing Fever	-	-	-	-	-	-	-	-	5	5
Insecticide Poisoning	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	1	1	-	-	-	-	-
Trypanosomiasis	-	-	-	-	-	-	-	-	1	1
Brucellosis	-	-	-	-	-	1	-	-	-	1
<b>Total</b>	<b>388</b>	<b>16</b>	<b>9</b>	<b>320</b>	<b>733</b>	<b>10</b>	<b>2</b>	<b>-</b>	<b>69</b>	<b>81</b>
<u>Tuberculosis</u>										
Pulmonary	137	196	38	2,736	3,107	19	17	5	2,916	2,957
Other Forms	13	20	4	215	252	2	5	1	36	44
<b>All Diseases</b>	<b>536</b>	<b>232</b>	<b>51</b>	<b>3,271</b>	<b>4,092</b>	<b>31</b>	<b>24</b>	<b>6</b>	<b>3,021</b>	<b>3,082</b>

The prevalence of notifiable infectious disease has been quite markedly lower than in the previous year - 733 cases as compared with 1,159.

#### Typhoid Fever.

The number of reported cases was 42 as compared with 60 in the previous year. Of these 26 (48 in 1960) were locally infected and 16 (12 in 1960) were infected elsewhere. There were two cases of paratyphoid fever, locally infected.

Of the 11 European cases only 3 were locally infected. Of the local cases one (a two year old boy) was infected by his "nanny" who was found to be a permanent faecal carrier of phage type A, one was an adult female medical student who possibly contracted the infection (Phage type degraded Vi) in the laboratory or from a patient; the third case was an adult male with typhoid encephalitis from whom a culture could not be obtained. In these two cases the source of the infection was not traced.

Of the imported cases four in one family and two others contracted the disease in Potchefstroom. Phage type F1 was indentified in cultures from two of the cases. This was the type prevalent in Potchefstroom. A male child from Villiers was infected with phage type E1 and a female of seventeen from Bethal with phage type A.

Of the 31 Non-European cases 23 were infected locally and 8 elsewhere, a considerable reduction as compared with the previous year. There were 3 deaths.

Of the local cases 14 were phage typed of which 6 were Type A; 4 Type 28 (all Asiatics); and one each types D7, D1, E1, and degraded Vi.

Of the imported cases 4 were phage typed, one each of types A, B1, F1, and 28. The patient with the type F1 infection came from Potchefstroom before the outbreak in that city was recognised as such.

The investigation of contacts brought to light two faecal carriers, both Bantu females and both phage type A. One returned to her home town and the other absconded.

Of the 42 cases treated in Johannesburg only 18 were phage typed. This appears to indicate a lack of appreciation by those treating cases of the importance of obtaining a culture before antibiotics are given to patients, to assist in the epidemiological investigation.

#### Scarlet Fever.

There was a considerable drop in the number of reported cases of scarlet fever - from 521 to 275.

#### Diphtheria.

The number of cases of diphtheria has dropped from 237 in 1960 to 189 in the current year. The reduction is in respect of Non-Europeans (from 210 to 161). This is a significant drop but still not sufficient. The number of deaths was 29 in 1961 compared with 27 in 1960.



Poliomyelitis.

The 18 cases reported, representing a considerable reduction over previous years, all occurred in the first half of the year - none was reported after the completion of the oral immunisation campaign. This result is very significant and very gratifying.

Smallpox.

One locally infected case was reported, a Bantu child of 6 years. She had not been away from the area in which she resided and no other cases had been reported or heard of for several months before and after she became ill.

The "back wash" from cases occurring in the areas surrounding Johannesburg causes a great deal of anxiety in the City, as when an infant was admitted to one of the neighbouring hospitals and developed the disease while in the ward. Numerous contacts who had been discharged to this area before the diagnosis had been made, had to be traced and vaccinated - fortunately there were no secondary cases.

Malaria.

Of the 32 cases notified during the year all except one case were imported. The locally infected was a patient in one of the Non-European hospitals who was receiving transfusions.

Brucellosis.

The one imported case was that of a veterinary student living and studying away from Johannesburg.

Trypanosomiasis.

The patient was a mine recruit from Bechuanaland.

Leprosy.

One of the patients, an adult female, was resident for 15 years in Johannesburg before showing symptoms of the disease - it is assumed she contracted the disease locally.

Tuberculosis.

The annual incidence and deaths per 100,000 population from all forms of tuberculosis are shown in the following table:

	Pulmonary				Non-Pulmonary				All Forms			
	Incidence		Deaths		Incidence		Deaths		Incidence		Deaths	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
<b>1958</b>												
Europeans	172	47	14	4	50	14	13	4	222	60	27	7
Coloureds	277	753	22	60	39	106	6	16	316	859	28	76
Asiatics	38	146	4	15	12	46	2	8	50	192	6	23
Mining Bantu	224	699	7	22	N11	N11	6	19	224	699	13	41
Non-Mining Bantu	3288	696	217	46	595	126	119	25	3883	822	336	71
All Bantu	3512	696	224	44	595	118	125	25	4107	814	349	69
All Persons	3999	429	264	28	696	75	146	16	4695	502	410	44
<b>1959</b>												
Europeans	188	51	15	4	11	3	17	5	199	53	32	9
Coloureds	161	428	16	43	104	277	7	19	265	705	23	61
Asiatics	31	115	1	4	3	11	2	7	34	126	3	11
Mining Bantu	217	758	9	31	11	38	5	17	228	796	14	49
Non-Mining Bantu	2988	631	240	51	468	99	87	18	3456	729	327	60
All Bantu	3205	636	249	50	479	95	92	18	3684	733	341	68
All Persons	3585	382	281	30	597	64	118	13	4182	446	399	42
<b>1960</b>												
Europeans	136	37	17	5	18	5	8	2	154	42	25	7
Coloureds	142	331	10	23	32	75	8	19	174	405	18	42
Asiatics	24	101	2	8	1	4	1	4	25	106	3	13
Mining Bantu	77	263	7	24	N11	N11	5	17	77	263	12	41
Non-Mining Bantu	2680	543	178	36	310	63	104	21	2990	606	282	57
All Bantu	2757	527	185	35	310	59	109	21	3067	586	294	56
All Persons	3059	319	214	22	361	38	126	13	3420	357	340	35
<b>1961</b>												
Europeans	137	37	13	4	13	4	18	5	150	41	31	8
Coloureds	196	449	8	18	20	46	6	14	216	495	14	32
Asiatics	38	158	6	25	4	17	N11	N11	42	175	6	25
Mining Bantu	237	878	2	7	2	7	2	7	239	885	4	15
Non-Mining Bantu	2499	494	181	36	213	42	115	23	2712	536	296	59
All Bantu	2736	514	183	34	215	40	117	22	2951	554	300	56
All Persons	3107	320	210	22	252	26	141	15	3359	346	351	36



The figures quoted do not include imported cases infected elsewhere who are attracted to Johannesburg for treatment or in transit. In 1961 there were 2,957 imported cases of pulmonary tuberculosis of all races including 2,566 Mining Bantu who spent a short period in mine hospitals pending transfer to their homes.

The following is an analysis of the notification rates and death rates (in brackets) from pulmonary tuberculosis:-

	1958		1959		1960		1961	
Europeans	47	(4)	51	(4)	37	(5)	37	(4)
Coloureds	753	(60)	428	(43)	331	(23)	449	(18)
Asiatics	146	(15)	115	(4)	101	(8)	158	(25)
Bantu	696	(44)	636	(50)	527	(35)	514	(34)
All Races	429	(28)	382	(30)	319	(22)	320	(22)

The incidence rate of pulmonary tuberculosis among Europeans remains the same as in the previous year but the rate for Bantu is reduced and this reduction is even more apparent when compared with the 1958 and 1959 incidence. In each case the death rate has also come down.

The incidence rate among Coloureds and Asiatics has risen somewhat. It remains to be seen whether this is due to better case finding or a true increase in the incidence of the disease. The death rate for Coloureds is lower but in the case of Asiatics it has risen sharply. There were, however, only 6 deaths.

## 2. DISINFECTIONS AND REMOVALS.

The Disinfecting Station is situated at Vrededorp and is fully equipped for the effective disinfection and/or deverminisation of persons, and the disinfection and sterilisation of clothing, blankets, bedding and other infected articles. There is also a well equipped workshop for the maintenance and repair of vehicles and garages to accommodate them.

The activities at the Disinfecting Station include the following:

1. The transport of infectious cases in the City area; the removal to hospital of tuberculosis cases delivered to the Station by the township ambulances; the supervision of ambulance personnel (and ambulances) transporting infectious and other cases in the Bantu Townships. This activity was transferred to the Fire Department during the year, as noted below.
2. The disinfection, where necessary, of premises in the City area where infectious cases have been accommodated and of their bedding, wearing apparel and belongings and also of ambulances and ambulance personnel after removal of an infectious case. Bedding and clothing from Waterval Hospital is now transported to the Fever Hospital for disinfection.

3. The disinfection of bedding, clothing and other commodities for commercial firms, institutions and individuals is undertaken at a moderate charge.
4. The transport of dead bodies from Waterval and Fever Hospitals.
5. The treatment of scabies sufferers and delousing of verminous persons by a trained nurse.
6. Superintending the disinfecting of midwives and the sterilising of their equipment and clothing and sterilising of dressing drums for midwives employed by the Council and other attached to certain hospitals and nursing homes.
7. The transport of staff to and from Waterval Hospital including Bantu staff for the night shift for security reasons.
8. General supervision of drivers and vehicles for the transport of midwives, nurses and other staff in the Bantu townships.
9. The transport of stores and commodities to hospitals, clinics and nursery schools under the control of the Department.
10. The maintenance and repair of all vehicles under the control of the Department and supervision of the drivers.
11. The Disinfecting Station has many features of interest to student nurses, health inspectors and others concerned with infectious diseases and public health work; during the course of the year 408 students and others were conducted over the Station.

On the 26th April 1960 the Council decided to amalgamate all ambulance services under the control of one department. The ambulance services referred to in paragraph 1 above were taken over by the Fire Department in stages. The transfer of the Bantu services was started on the 16th January and completed on the 20th April. The services in the City area were transferred on the 15th May.

Four ambulances used in the Bantu service were handed over to the Fire Department and four were disposed of as being unserviceable. One was retained at the Station for general transport purposes. Four ambulances used for the infectious disease service were also handed over to the Fire Department. Seven new vehicles were acquired of which four were for the replacement of vehicles used in medical services and two for replacements for the pest control services in the Bantu areas.

A scooter was purchased for the delivery of urgent medicines, specimens and correspondence to and from Bantu clinics, hospitals and headquarters at 18 Hoek Street. It is driven by a Bantu driver.

Four station wagons and two pest control vehicles (included in the list quoted below) are for disposal in the forthcoming year.

There were/... 13:



There were 51 vehicles under the control of the Department as at 31st December 1961, as follows:

Ambulances.

Tuberculosis sitting-type Ambulance 2

Station Wagons. 16

Bantu Townships midwifery services (15) and for conveyance of part-time medical officers (1)

Vans and Trucks. 26

Pest Control	12
General Transport	
Disinfections, etc.	5
Stores Delivery	4
Cydna Laboratory	1
Housing Office	1
Nursery Schools	1
Workshops Breakdown Van	1
Waterval Duty Van	1 (out of service)

Special Vehicles. 7

Tifa Fogging Machine	1
Town Dairy Demonstration	
Caravan	1
Mobile Health Clinic	1
Mobile X-ray	1
Waterval Duty Omnibus	1
3 Wheel Scooter	1
Motor Car	1

The distance covered by the different vehicle groups over the year are shown in the following table:

	<u>1960</u>	<u>1961</u>
Ambulances	74,819	44,532
Tuberculosis Ambulances	39,153	32,367
Medical & Midwifery Services	701,061	413,258
Other vehicles	167,731	231,097
	<u>982,764</u>	<u>721,254</u>

The activities of the Disinfecting Station are summarised as follows:

In the city area 567 disinfections were carried out in private homes and institutions. 64 tuberculosis patients were transported from Waterval Hospital to Western Bantu Township for dental treatment and 22 bodies were transported. Prior to the take over of ambulances by the Fire Department 1,426 infectious cases (including 411 tuberculosics) were transported. In the South Western Bantu Townships 20 premises were disinfected; 170 cases were removed by ambulance (57 tuberculosis, 41 other infections and 72 Council employees) and 6,299 tuberculosis cases were removed by jeeps. A further 9,357 non-infectious cases were removed by ambulance. All removals ceased when the services were taken over by the Fire Department.

3. DISPENSARY.

The dispensary is settled in the new depot at Westdene and the staff has been able to extend its activities relating to decanting and manufacturing of dispensary products. The disestablishment of the Food Distribution Depot has made more room available to the Stores Section of the City Treasurer's Department which has now centralised most of the stores for the City Health Department under one roof, leaving only certain items of foodstuffs, cleansing materials and inflammables at the Vrededorp Stores. This arrangement makes for more efficiency.

The following statistics reflect the activities:

Decanting.

Liquids	464,288	bottles.
Ointments	28,243	jars.
Tablets	7,401,000	tablets.

Manufacturing.

Liquids	4,463	gallons.
Ointments	6,671	lbs.

At the beginning of the year tablets were still largely dispensed by nurses in the clinic dispensaries under the general supervision of the doctors but this has now been centralised. Some counting mechanism may have to be installed because of the large numbers handled.

The manufacture of liquids and ointments and the decanting of ointments was not commenced until February so the statistics quoted are not for the full year.

The Chief Pharmacist gave valuable assistance to the medical staff in the oral poliomyelitis vaccination campaign by mixing and diluting the vaccine.



#### 4. HOSPITALISATION OF INFECTIOUS CASES.

European infectious cases are admitted where necessary to the Fever Hospital and Non-European infectious cases to Waterval Hospital. Occasionally, for special reasons, infectious disease cases for which the Council is responsible are hospitalised elsewhere at the expense of the Council.

##### (i) Fever Hospital.

The hospital is administered on behalf of the Council by the Johannesburg Hospital Board which is reimbursed by the Council for the expenditure incurred. The Physician-in-Charge and the Ear, Nose and Throat Surgeon are employed directly by the Council on a part-time basis. Admissions are arranged only through the City Health Department as part of its function in carrying out the Council's statutory obligations in regard to the control and prevention of the spread of infectious disease.

The full bed-complement of the hospital including the new ward block completed in March 1959, is 151 beds. Because of the low demand for beds, Wards 1 and 2 were not opened during the year and Ward 3 was closed as from the 1st October 1961, reducing the number of beds immediately available to 85 as from that date with a corresponding reduction in nursing staff. The daily average occupancy throughout the year was 38.32 beds and the total number of patient days was 13,962.

The occupancy of beds has been steadily reduced during the last 10 years due to the progressive reduction in the incidence of infectious disease. Consideration is being given to means of utilising the empty beds through encouraging the admission of cases of infectious disease now treated elsewhere under conditions which are not entirely acceptable by permitting visiting by close relatives (other than children). There is also a possibility of using the beds for tuberculosis patients.

The number of patients admitted during the year was 811. There were 18 deaths and 20 operations (13 tracheotomies, 1 laryngoscopy and 6 bronchoscopies) were performed.

Poliomyelitis was not suspected on clinical grounds in any case after June 1961. Twenty cases were treated, all of which were admitted in the first half of the year. This appears to be the result of the widespread administration of oral poliomyelitis vaccine during the year.

The 41 cases of infective hepatitis admitted were mainly from an outbreak at the Hope Home. Gamma globulin was given prophylactically and was effective in that it either prevented the disease or rendered it very mild.

Of the 153 patients admitted as diphtheria, 35 were actually suffering from the disease, 35 were carriers and 3 were contacts; 12 were diagnosed as glandular fever and the remainder as virus infections or conditions of the nose and throat other than diphtheria.

##### (ii) Waterval Hospital (Non-European).

The normal complement of this hospital is 310 beds (including 12 extra cots for children); of this total 88 beds are allocated for infectious disease cases other than tuberculosis, 38 beds for medical and surgical cases occurring among Non-European employees of the Council and 184 beds for tuberculosis. In addition, 32 ambulant male tuberculosis patients are accommodated in the "resident outpatient" Section of the Hospital.

The hospital is entirely under the control of Bantu nursing staff at night. By day the wards are in the charge of Bantu sisters under the general supervision of three European sister-supervisors. In the forthcoming year it is proposed to make the Bantu sisters entirely responsible for their wards. The European nursing staff will be reduced to the Matron and one sister. The latter will assist the Matron generally and deputise for her when she is away and will also be in charge of the nurses' quarters.

The hospital employs an occupational therapist who gives the adult patients instruction in leather work, basket work, shoe repairs, etc., which keeps them occupied and affords them an opportunity to earn a little money from the sale of made-up articles. A nursery school teacher is also employed to look after the children, including the older children who receive some elementary education.

The following table reflects the activities of the hospital for the years 1961 and 1960, the latter being in brackets: -

	Admissions	Discharges	Deaths	Patient Days	* No. of Patients X-rayed
Tuberculosis	438 (384)	380 (377)	39 (43)	59633 (57803)	8679 (15871)
Infectious Fevers	1457 (1167)	1331 (1052)	137 (102)	27471 (25680)	} 4317 (3587)
Council Employees	783 (738)	764 (701)	33 (37)	11386 (11571)	
Other Cases	63 (30)	62 (31)	-	731 (485)	
<b>Totals</b>	<b>2741 (2319)</b>	<b>2637 (2161)</b>	<b>209 (182)</b>	<b>99225 (95539)</b>	<b>12996 (19458)</b>

\* The number of patients X-rayed excludes those having miniature X-rays which totalled 915 as compared with 4,860 in 1960. The reduction in the number of tuberculosis patients X-rayed (on large plates and miniatures) is accounted for by the full use made of the mobile 100 mm. plant.

The number of patients treated shows a substantial increase over the previous year and this is also reflected in an increase in the number of patient days. The biggest increase is in respect of infectious fevers followed by tuberculosis. The number of deaths from infectious fevers was also appreciably higher.

Diphtheria cases tended to be more severe than usual possibly because of a larger number of cases admitted from the Peri-Urban areas whose admission tends to be at a later stage in the disease. There were 46 deaths. The intensive inoculation campaign in the Bantu townships should reduce the number and severity of cases from these areas but this will not affect cases from the Peri-Urban areas.



Measles and whooping cough have been more prevalent and more severe than usual. These diseases make a bigger impact because of the number of malnourished and debilitated children. An effective measles vaccine will be of special value in the Bantu population.

(iii) Treatment of Bantu Employees of the Council.

In addition to their other duties, the staff of Waterval Hospital is responsible for the treatment of Bantu employees of the Council, including those injured on duty and entitled to compensation under the Workmen's Compensation Act. The employees may be admitted to one of the beds available for this purpose (38 beds) or may be treated as outpatients. If the latter live at some distance they may be admitted as "resident outpatients" - i.e. they are accommodated in a portion of the hospital set aside for that purpose, and are fed from the hospital kitchen, but attend as outpatients without receiving nursing attention. Patients requiring major surgery or other special treatment are transferred to a provincial hospital.

In the course of the year the outpatient department treated 5,915 Non-Europeans employed by the Council for a total of 27,884 resident outpatient days and 6,271 casual outpatient attendances. These figures include 1,212 attendances by Council employees for tuberculosis.

783 of the employees were admitted to the Medical and Surgical ward, 754 being discharged. There were 35 deaths resulting from various diseases or other conditions affecting the following systems:- respiratory system (6), cardio vascular system (11), digestive system (4), uro-genital system (3), pulmonary tuberculosis (4) and miscellaneous (7).

The number of days lost through illness and the number of deaths must be related to the total number of unskilled Bantu employed by the Council during the year which averaged 17,911. The deaths were mainly in the older age groups.

While the morbidity and mortality rates are not considered excessive, they are still capable of reduction. The effects of an improved pre-employment examination are still to be seen. The cessation of the feeding scheme for Bantu employees some years ago, at the insistence of the employees themselves, has certainly lead to less satisfactory feeding habits on their part. Varying degrees of malnutrition results in some chronic ill-health and lack of resistance to acute illness.

(iv) Laboratory Services.

The State Department of Health provides free laboratory services (in terms of Government Notice No. 1073 of 1956) for the diagnosis and public health control of specified infectious diseases, the diagnosis of neo-natal haemolytic disease and tests reasonably required for the diagnosis and treatment of patients at detached out-patient clinics. Other tests such as the bacteriological examination of domestic water supplies, dairy products and sewage effluents may be carried out at reduced charges by arrangement. The tests are performed by Government laboratories or are delegated to laboratories of the South African Institute for Medical Research in certain centres, including Johannesburg.

Full advantage is taken of the free tests by the Department, specimens being sent mainly from Fever Hospital, Waterval Hospital and the Bantu outpatient clinics, tuberculosis clinics and the Medical Examination Centre.

There are a number of tests not on the free list, including certain biological tests, water and milk samples, foods and dejecta in cases of suspected food poisoning, etc. The Council pays the South African Institute for Medical Research a composite fee of R20,000 per annum for the performance of these investigations.

The bacteriological examination of water and milk samples is shared between the South African Institute for Medical Research and the Department's own laboratory at Cydna. Approximately 1,000 samples of water per annum are submitted to the Institute on behalf of the Rand Water Board plus samples from city taps and from bore hole and other domestic and commercial sources. Details are recorded in Annexure 7.

#### 5. TUBERCULOSIS SERVICES.

The staff establishment of this section of the Department remained the same as for 1960. Of the 155 posts detailed in Annexure I, 41 posts were vacant. Of these 20 posts (5 European and 15 Non-European) were not filled pending the completion of the proposed master clinic at Moroka.

##### Europeans.

European patients are supervised and treated in their homes, treated at the clinic or admitted to hospital where this is necessary and beds are available. The domiciliary treatment is supervised by the medical staff and health visitors but injections are given by three full-time sisters forming part of the tuberculosis staff.

Clinic sessions are held twice weekly (on Mondays and Thursdays from 8 a.m. to 5 p.m.) at the Special Treatment Centre at the General Hospital. The attendances are reflected in the following table:

	Cases	Contacts	Suspects	Totals
First Visits	76	1096	424	1596
Re-Visits	2175	2332	1077	5584

During 1961, 135 patients were put on treatment as outpatients and 94 were taken off treatment. 411 patients were receiving treatment as at 31st December 1961.

Hospital beds have been available at Rietfontein Hospital and Oaktree Chest Hospital and a few Johannesburg cases are treated in hospitals and sanatoria in other provinces.

Delays in admission to hospitals have been minimal; 112 patients were admitted to hospitals during the year and 112 were discharged; 35 were in hospital as at 31st December 1961. The number of cases treated in hospital is somewhat greater than in 1960.

The sociological and X-ray services for Europeans and B.C.G. vaccination are dealt with later in this section of the report.



Non-Europeans.

Services for Non-Europeans follow the same pattern as for Europeans but the numbers requiring treatment are much greater, hospital beds are relatively less available and co-operation by the patients cannot be relied on to the same extent.

Domiciliary treatment is given by Bantu nurses employed by the City Health Department and clinics are held twice weekly at each of the clinics in the Bantu townships. Treatment is also given at the head offices at 18 Hoek Street, mainly to patients who are working and who attend for injections before going to work, and also at the Medical Examination Centre attached to the Bantu Registration Depot. At the latter centre, cases found by clinical or X-ray examination are put on treatment or sent to hospital according to their needs.

The number of ambulatory patients receiving treatment at clinics or in their own homes is reflected in the following table:

Township	Number of Patients			
	On Treatment as at 1.1.61	Put on Treatment during 1961.	Taken Off Treatment during 1961	On Treatment as at 31.12.61
18 Hoek Street -				
Factory Workers	409	103	140	372
Domestics	462	405	250	617
Eastern Native Township	40	62	11	91
Moroka	891	1038	1070	859
Jabavu	1851	1156	1837	1170
Noordgesig	97	77	67	107
Orlando	779	389	332	836
Shantytown	360	267	267	360
Pimville	461	246	186	521
Western Native Township,				
Sophiatown, Newclare	742	365	403	704
Waterval Hospital	304	209	180	333
Medical Examination Centre	60	N11	60	N11
<b>Grand Total</b>	<b>6456</b>	<b>4317</b>	<b>4803</b>	<b>5970</b>

Patients requiring daily streptomycin are admitted to hospital. Patients with minimal or limited disease and a negative sputum are treated at work. Home visits are made three times a week and less frequent visits are necessary by patients with a negative sputum who are on tablet therapy.



Clinic Attendances:

Clinic	Cases		Contacts		Suspects		Totals	
	1st Visit	Re-Visit	1st Visit	Re-Visit	1st Visit	Re-Visit	1st Visit	Re-Visit
18 Hoek Street								
Factory Workers	187	3,192	8	3	331	194	526	3,389
Domestics	323	11,310	513	161	149	52	965	11,523
Eastern Native Township	27	1,889	17	27	2	2	46	1,918
Moroka	415	11,444	421	510	14	37	850	11,991
Jabavu	777	31,828	1,453	9,571	155	139	2,385	41,538
Noordgesig	57	2,583	68	138	18	4	143	2,725
Orlando	177	4,029	120	180	21	10	318	4,219
Shantytown	167	13,533	363	800	9	2	539	14,335
Piaville	211	5,523	208	95	35	6	454	5,924
Western Native Township	227	11,829	42	29	Nil	Nil	269	11,858
Waterval Hospital	178	4,036	171	82	12	11	301	4,129
Medical Examination Centre	503	651	Nil	Nil	1,264	78	1,767	729
<b>Totals</b>	<b>3,249</b>	<b>101,847</b>	<b>3,384</b>	<b>11,596</b>	<b>2,010</b>	<b>535</b>	<b>8,643</b>	<b>113,978</b>

Two jeeps are provided for the transport of patients and contacts to Waterval Hospital for X-ray examination and/or treatment and for the transport of tuberculosis cases to the Disinfecting Station for onward transport to other tuberculosis hospitals. The number of persons so transported during 1960 was 15,622 but this was reduced to 6,299 in 1961.

The reduction in numbers was due to the transfer of ambulance services to the Fire Department which took over the transport of tuberculosis cases from the 15th May and to the commissioning of the 100 m.m. Mobile X-ray unit from the 22nd February. The latter unit is now used to X-ray cases and contacts except children under four years of age and those requiring special X-ray views, including tomographs, which are not possible with the mobile unit.

The jeeps are now also used to transport nurses checking defaulters and to supplement the clinic services. The jeeps are stationed three times a week at vantage points in the outlying townships while a Bantu nurse gives streptomycin injections to patients on this treatment. This has had a good effect in reducing defaulters.



The home visits by tuberculosis staff are reflected in the following table:

Clinics	Health Visitors	Domiciliary Staff
18 Hoek Street		
Factory Workers	66	3
Domestics	838	892
Eastern Native Township	310	305
Moroka	1,339	11,435
Jabavu	1,220	8,273
Noordgesig	11	1,386
Orlando	749	3,430
Shantytown	1,051	4,368
Pimville	370	3,871
Western Native Township	820	2,635
Waterval Hospital	193	138
Medical Examination Centre	5	
<b>Totals</b>	<b>6,972</b>	<b>36,736</b>

The number of patients treated in hospital during the year is reflected in the following table:

Hospital	Number of Patients			
	In Hospital as at 1.1.60	Admitted During 1960	Discharged during 1960	In Hospital as at 31.12.61.
Knights Chest	144	289	283	150
Rose Chest	207	403	429	181
East Rand Chest	2	9	8	3
East Rand S.A.N.T.A.	18	21	24	15
Rietfontein	110	251	253	108
King George V	3	2	3	2
Waterval	132	403	386	149
Waverley Chest	184	294	330	148
Randfontein South	73	145	152	66
Meintjies Centre	7	4	6	5
Charles Hurwitz Centre	260	510	449	321
Sundry Hospitals	9	19	16	12
<b>Totals</b>	<b>1,149</b>	<b>2,350</b>	<b>2,339</b>	<b>1,160</b>

The number of patients treated in hospital was slightly increased as compared with the previous year. Suitable hospital accommodation for Bantu is reasonably adequate but this is not the case in regard to Coloureds and Asiatics.

Great difficulty is experienced in persuading parents to send their children to the Sunshine Home in Queenstown because of the distance. It has been decided not to establish a separate home on the Witwatersrand but to build a "sunshine ward" at the Charles Hurwitz Santa Centre. The capital cost will be borne by the local branch of the Christmas Stamp Fund.

X-ray Services.

The following X-ray plants are available:

(a) At Waterval Hospital there is a machine for taking large plates and another for 70 m.m. pictures which is also capable of taking large plates. The large plant is used for X-raying tuberculosis and other patients in the hospital and for patients referred from tuberculosis clinics for the purpose. The miniature plant is used for X-raying contacts or for special surveys. The use of the mobile 100 m.m. unit has greatly reduced referrals in both categories.

13,006 patients were X-rayed on large plates of which 8,689 were tuberculosis patients and 915 miniatures were taken.

(b) At the Medical Examination Centre for males there are two 70 mm. units with an attachment for taking large plates and an additional 70 mm. plant was installed at the centre for females during the year. These installations are used mainly for the examination of Bantu seeking work.

Miniature X-rays totalled 95,327 (4,589 females) and large plates 2,378 (63 females). Of the males 0.5% and of the females 0.25% were positive.

(c) A mobile 100 mm. unit was put into commission on the 21st February 1961. The unit rotates between the clinics at different centres as follows:

Mondays	Orlando and Charles Hurwitz Centre.
Tuesdays	18, Hoek Street.
Wednesdays	Western Native Township, Shantytown and Noordgesig.
Thursdays	Moroka and Pimville.
Fridays	Jabavu.

The unit operates until noon and thereafter the films are processed at the Medical Examination Centre. The total number of X-rays taken in a little over 10 months was 14, 775.

(d) The Johannesburg Association for the Prevention of Tuberculosis (J.A.P.T) undertakes miniature radiography on behalf of the City Health Department by means of two mobile 70 mm. units. The Association collects contributions from those willing to pay and the Council pays for the balance at the rate of 15 cents per miniature. The units visit employers' premises by arrangement where the numbers warrant it and they are stationed periodically at strategic points in the streets. Non-European suspects are referred to 18 Hoek Street and X-rayed by the 100 m.m. mobile unit and Europeans are referred to the Municipal Chest Clinic.

The statistics are as follows:

	<u>European</u>	<u>Non-European</u>	<u>Total</u>
Miniatures taken	25,052	35,229	60,281
Referred for large plates	126	594	720
Active cases found	3	192	195
Inactive cases found	12	91	103



No special large scale surveys were undertaken. The percentage of active cases among Non-Europeans is 0.6%.

(e) No special X-ray apparatus has been provided by the City Health Department for Europeans as the X-ray Department of the General Hospital provides a satisfactory service for the Municipal Chest Clinic at agreed rates. A fluoroscopic screen has been installed at the clinic.

#### Sociological Aspects.

Welfare workers attached to the staff of the Department investigate all reported cases of tuberculosis and obtain for them any assistance they require within the limits of what is available. Every effort is made to persuade employers to keep jobs open for their employees and to find employment for patients with arrested disease. Employers are co-operating well and some pay wages or part wages during absence from work although not obliged to do so.

The Department spends R58,801 per annum on feeding tuberculosis patients who are being treated at home. This expenditure is subsidised by the State Health Department. European patients receive pasteurised milk and Non-European patients supplementary foodstuffs in the form of protone, kaffir corn meal, peanut butter and skimmed milk powder. The families of patients are assisted by J.A.P.T. with food parcels. The Association is subsidised for this purpose by the Council to the extent of R20,000 per annum. An extended feeding scheme for tuberculosis patients, which is estimated to cost R187,283 per annum, is under consideration.

The Council spends considerable sums in providing and subsidising European and Bantu housing and is actively building houses for Coloureds. Consideration is readily given by the Manager, Non-European Affairs Department to the remission or part remission of rentals where the bread winner of a family is unemployed for any reason, including tuberculosis. The tuberculosis cases so assisted comprised 141 with arrear rent and 375 with current rent. Unfortunately, bad housing still plays a considerable part in the spread of tuberculosis, particularly among Coloureds and Asiatics, through unavoidable delays in providing satisfactory housing. This is diminishing in importance because of the energetic policies adopted by the Council and should be overcome in the course of the next three years.

An important factor in the economy of the Bantu is that even when he is well he lives for the most part below the bread line and there is no margin for diminished earnings through illness. The public conscience is, however, awakening and there are definite signs of progressive improvement in the economic status of Bantu.

#### B.C.G. Vaccination.

The programme for Europeans includes vaccination of the following groups - the numbers vaccinated are given in brackets: family contacts (179); contacts of Bantu domestic servants (16); voluntary vaccination on request (47); institutions such as orphanages, nursery schools and creches (146); professional groups - doctors, medical and dental students and nurses, etc. (142) - a grand total of 530 persons.

All persons are heaf-tested and positive skin reactors are X-rayed. The reactions experienced were confined to five cases of persistent induration at the site of inoculation.

Among/..... 24:



Among Non-Europeans inoculations were confined to contacts who are negative tuberculin reactors and nursery schools and creches. Contacts were dealt with by the tuberculosis clinic staff and contacts in institutions by special teams. The teams comprised a health visitor, a Bantu nurse and a Bantu clerk who were trained by the Chief Tuberculosis Medical Officer.

Contacts were inoculated at all clinics; 2,979 in various age groups were treated. In institutions, 1,677 children were heaf-tested and 1,443 negative reactors were treated. It is proposed to vaccinate all Non-European new births registered in the Bantu Townships and all children born in the maternity units and also all babies attending child welfare clinics for the first time. This has been held over because of the intensive poliomyelitis and diphtheria inoculation campaign but will be started as soon as staff is available.

Plans for expansion of the tuberculosis service include intensification of B.C.G. vaccination; considerable expansion of the feeding scheme; the operation of the master tuberculosis clinic at Moroka and subsidiary clinics in outlying townships and clinics for Coloureds in the new Coloured housing complex. The clinic building at Moroka was nearing completion at the end of the year. The building cost R57,290 and furniture and equipment R5,378 and 20 additional staff members will be required to operate it.

#### 6. VENEREAL DISEASE SERVICES.

The Department conducts venereal disease clinics at a number of centres and at different times to ensure that treatment is available to all who need it. All examinations, treatments and investigations are free of charge.

For Europeans, clinics are conducted at the "Special Treatment Centre" at the General Hospital with four sessions per week.

For Non-Europeans, clinics are conducted at each of the eight poly-clinics in the Bantu townships, at the Medical Examination Centre, (attached to the Employment Bureau of the Non-European Affairs Department); at the Non-European Hospital and at Coronation Hospital.

Details of the staff employed in conducting the clinics outside the Bantu townships are recorded in Annexure 1 under the heading "Venereal Disease Services". The staff employed on medical services in the Bantu townships conduct the venereal disease clinics as part of their duties. Members of the nursing and auxiliary staff at the General, Non-European and Coronation Hospitals are seconded by those institutions for duty at the venereal disease clinic sessions.

The following/... 25:



The following table indicates the number of cases dealt with at the various treatment centres during the years 1960 and 1961 inclusive:

Treatment Centre	1960		1961	
	New Cases	Total Att.	New Cases	Total Att.
Bantu townships and North Eastern Townships	1,946	16,294	2,018	15,694
Medical Examination Centre	465	1,424	628	1,945
Non-European Hospital	1,253	5,443	1,336	5,386
Coronation Hospital	508	2,273	672	2,810
* Talitha Home	7	18	Nil	Nil
	4,179	25,452	4,654	25,835
General Hospital (for Europeans)	351	1,188	565	1,833
Grand Totals	4,530	26,640	5,219	27,668

\* Ceased functioning during 1960.

In addition to the cases of venereal disease presenting at the clinics large numbers of cases of gonorrhoea appear at the Casualty Department of the Non-European Hospital and the majority are treated without being referred to the Clinics. Acute and chronic cases of salpingitis are also treated at the Casualty Department. The same thing is no doubt happening at all Non-European hospitals. It is known also that many Europeans still prefer to be treated by their private doctors. It is therefore impossible to obtain reliable statistical evidence of the incidence of venereal disease although the fact that 689 more new cases of all races attended the clinics as compared with the previous years may be some indication of what is happening.

The Director of Venereal Disease Services comments on the incidence as follows:

"The increase in both gonorrhoea and syphilis continues.  
 "About five years ago, the number of gonorrhoea cases seemed  
 "to be decreasing and few were seen. However, no clinic today  
 "fails to attract a fresh crop of new gonococcal cases.  
 "Syphilis too is seen much more frequently than in the past.  
 "At one time it was difficult to demonstrate active lesions  
 "to students in European cases, but today a steady stream of  
 "new cases appears. In 1954 the total number of cases seen  
 "during the year was 216, consisting of 141 new cases of  
 "gonorrhoea and 75 new cases of syphilis (of all types). In  
 "1960 the total number of cases seen during the year was 262,  
 "consisting of 149 cases of gonorrhoea and 113 cases of syphilis  
 "(of all types). In 1961 the total number of cases seen during  
 "the year was increased to 352, consisting of 214 cases of  
 "gonorrhoea and 138 cases of syphilis (of all types).

"It will thus be noted that there has been a steady increase in syphilis over the years as also in cases of gonorrhoea. When it is considered that only certain types attend the Special Treatment Centre, it must follow that the cases treated by private practitioners must also have increased."

The increase in venereal disease is a wide-spread phenomenon not confined to Johannesburg. Sensitivity or resistance may play a part but fundamental social factors are more likely to be the cause.

#### 7. PLAGUE PREVENTION AND ANTI-RODENT CONTROL MEASURES.

These activities are controlled and developed as a section of the Sanitation Branch working in close liaison with other sections in all matters concerned with the control of rodents and other pests.

The routine anti-rodent functions are as follows:

- (a) The administration of the Government Rodent Regulations to ensure that rodents are 'built out' as far as possible.
- (b) The destruction of rodents in the City and adjacent areas by means of trapping, poisoning and gassing of premises.
- (c) Assistance and advice to owners of properties in regard to the trapping and destruction of rodents on their premises.
- (d) Regular inspection and trapping for rodents on all municipal property and any necessary anti-rodent measures.
- (e) Testing various types of manufactured boarding used for building purposes to determine their rodent proof qualities. This work is done in collaboration with the South African Bureau of Standards.
- (f) Maintaining a rodent-free belt approximately three miles outwards from the City boundary. In the area to the south-west of the City, these activities are intensified and the belt is extended to five miles. The Bantu townships in that locality are regularly inspected and rodents are destroyed. Periodic inspections of the surrounding veld are undertaken to ensure that there is no undue infestation or rodent mortality outside the rodent free belts.
- (g) Regular submission of specimens of rodents and fleas caught in the City and on the veld to the Plague Research Laboratory of the South African Institute for Medical Research for routine examination for plague.

No cases of human or rodent plague occurred during the year, and as a routine control measure during this period 800 rodents and 41 batches of fleas, taken from various places in the City, veld and environs, were sent to the Plague Research Laboratory for examination for plague with negative results.

Tests were also made on 280 rodents submitted for the determination of murine typhus and tick bite fever infection. In 28 instances possible signs of infection were found and precautionary steps were taken accordingly.



Other activities concerning rodent infestations throughout the year involved 6,959 inspections, re-inspections and interviews by health inspectors, and a combined total of 125,078 visits by pest control overseers operating in the City and contiguous country areas. Premises requiring trapping or other treatment for rodent infestation entailed 75,929 town and country visits; 22,861 separate premises received gassing treatment prior to demolition or in other appropriate circumstances. A total of 34,952 rodents, including 15,024 domestic rats, were known to have been destroyed.

A feature of the anti-rodent measures was the more extensive use of anti-coagulant poison bait which reduces the visits from daily to once a week as compared with trapping and results in fewer rodents being recovered.

The total number of rodents destroyed as a result of large scale gassing of rodent burrows on the veld and of the use of P3 (poison traps) elsewhere is far in excess of these figures as so many dead rodents are not retrieved.

Stringent precautionary measures against rodents have been maintained throughout the Bantu townships and around the boundaries. Gerbille infestation occurred in some areas but as a result of the constant use of three carbon monoxide gassing machines these areas have been cleared. Heavy periodic infestations must act as a warning that constant surveillance and destruction of gerbilles is necessary in enzootic plague areas. Batch specimens sent to the South African Institute for Medical Research comprised 1,080 rodents and 41 batches of fleas.

The activities of the Department in regard to other pests are recorded later in this report.

#### 8. FOOD DISTRIBUTION SERVICE.

On 24th March 1959, the Council decided that the Food Distribution Branch of the City Social Affairs Department be transferred to the City Health Department with effect from 1st July 1959, and that it be reduced to a service by three mobile vans and be confined to the lower income group and to pensioners and to the distribution of poor relief on behalf of the State Department of Social Welfare.

Because the Administrator considered that food distribution schemes should not be undertaken by local authorities and that resort should be had to the payment of grants-in-aid to welfare organisations the Management Committee authorised the Clerk of the Council and the Medical Officer of Health to negotiate with the Congregational Church for the transfer of the service.

On 22nd August 1961, the Council agreed that as from 1st September 1961, the service be transferred to the Congregational Church Food Distribution Service, that a grant in the sum of R4,900 be made, and that movable property and stock to the value of R8,419-47 be donated to that organisation. The Council also stipulated that in future years the grant-in-aid would be confined to actual losses incurred with a maximum of R4,000.

During the period 1st January to 31st August 1961, essential food-stuffs were sold at cost on 3,304 occasions to needy families and on 17,937 occasions to social pensioners and 4,816 poor relief parcels were distributed.

IV. MATERNAL AND CHILD HEALTH SERVICES.

The medical and health visitors staff has been well maintained in this Branch during the year.

The issue of uniforms to health visitors was discontinued as from 1st July in favour of a cash payment of R50 per annum, payable quarterly in advance. The style and colour of a new uniform was selected by a committee of health visitors and approved by the Medical Officer of Health. The Chief Health Visitor is responsible for ensuring that uniformity of style and material is maintained.

1. MATERNAL HEALTH SERVICES.

The maternal services include the supervision of nursing homes (including those admitting medical and surgical cases), supervision of practising midwives, the investigation of maternal deaths and of certain communicable diseases.

(i) Supervision of Midwives.

The Senior Health Visitor (Nursing Homes and Midwives) and her assistants supervise the activities of midwives practising in the municipal area, and in so doing ensure compliance with the provisions of the regulations under the Public Health Act, which require (inter alia) that all practising midwives must be listed with local authorities and that they submit their registers and equipment for regular inspection.

The midwives on the list during the preceding and current years were as follows:

Race	1960		1961	
	Certificated	Uncertificated	Certificated	Uncertificated
Europeans	169	7	179	5
Coloureds	23	1	29	1
Bantu	285	1	308	1
Asiatics	8	-	11	-
Total	485	9	527	7

For various reasons such as deaths, discontinuing practice, inability to trace, etc., the names of eight trained midwives were removed from the list of practising midwives and 50 were added. The names of two untrained European midwives were deleted at their own request.

The bags and registers of midwives are inspected quarterly and where necessary they are visited in their homes. There were 155 bag inspections, 584 inspections of registers and 63 home visits during the year.

(ii) Supervision of Nursing Homes.

The Senior Health Visitor (Nursing Homes and Midwives) and her staff carry out regular inspections of all private hospitals, nursing homes and



maternity homes in the City area to ensure that they are conducted in a satisfactory manner and in connection with the licensing of these institutions under the Public Health By-laws and registering with the State Department of Health. There were 329 such visits during the year and 17 interviews with owners and architects.

The number of licensed nursing homes was increased from 30 in 1960 to 31 in 1961. Two new licences were granted - to the Serenity Nursing Home for medical convalescent and old age patients and to the Constantia Nursing Home for aged patients. The Beatrix Nursing Home for medical convalescent, old age and nerve cases closed during the year.

New Nursing Home By-laws were gazetted on the 12th April 1961. Consultations have been held with the owners with a view to bringing their nursing homes into line with the by-laws particularly in respect of operating theatres and labour wards, nurseries, laundries and bathroom and toilet facilities - these improvements to be effected gradually with a minimum of disturbance to the running of the institutions. The by-laws will assist materially in maintaining and improving the good standards hitherto achieved.

Institutions for the accommodation of the aged, other than those registered as nursing homes, were inspected by this section during the year. There were 25 such institutions catering for some 1,551 elderly people, but there is a need for more accommodation of this type for old age pensioners; an improvement in the standards of some of these institutions is also required. A sick bay was provided at Helen House (Bramley Old Age Home) in August 1961. The sick bay at Queenshaven was not completed during the year.

(iii) Investigations Undertaken.

(1) The following were notified to the Department during 1960 and 1961:

	<u>1960</u>	<u>1961</u>
Maternal Deaths	44	45
Puerperal Sepsis	86	25
Pemphigus Neonatorum	21	35
Ophthalmia Neonatorum	44	33

All these reports were investigated by the Senior Health Visitor (Nursing Homes and Midwives).

(2) Of the 268 illegitimate births notified to the section 4 died and 90 were kept by their mothers; the remaining 174 babies were placed for adoption.

(3) The staff, under the direction of the Assistant Medical Officer of Health (Sanitation) has continued to give attention to the reduction of staphylococcal contamination in nursing homes.

Bacteriological investigations were carried out in operating theatres, labour wards, nurseries, wards, sluice rooms, dressing rooms and laundries. 734 Agar plates were exposed and 1,655 surface swabs were taken; 217 nasal swabs and 161 hand swabs from staff were investigated.

The results of these tests revealed the need for continuous vigilance. In taking the samples and explaining the results, the staff took full

advantage of the opportunity to educate the professional and ancillary staff in preventive measures.

(4) This section continued to control the midwifery service in the Bantu Townships in conjunction with the Senior Health Visitor (Bantu Townships). In this connection 109 visits were paid plus 92 visits to Non-European Maternity Hospitals.

(5) Discussions took place between representatives of this Department and Baragwanath Hospital in regard to the need to institute study courses for midwives. While many of the difficulties inherent in the introduction of such courses were obviated no real progress was made. As an interim measure the Midwives Discussion Group has undertaken to run Study days for Non-European midwives at six-monthly intervals. The first of these was held in October.

## 2. CHILD HEALTH SERVICES.

### (i) Child Welfare Clinics.

As at 31st December 1961, the Department conducted 29 clinics on fixed premises in the city area, plus a fully equipped mobile clinic brought into use in October 1960. At some clinics additional sessions are held to ensure that the health visitors are not overloaded to such an extent that the contacts with the mothers becomes too mechanical.

This service provided 24 clinics (29 sessions) for Europeans, 2 (3 sessions) for Coloureds, 1 for Asiatics and 2 (4 sessions) for Bantu in the Central Areas; the mobile clinic serves 5 points for Coloureds and 4 for Asiatics. During the year two new clinics for Europeans were opened in Kensington and Vrededorp areas.

The Mobile Clinic comprises a specially designed body on a low loading three ton chassis. It is well fitted out and provides all the necessary accommodation and fittings to conduct a child welfare clinic. Mothers wait in the open air or in available shelter according to the state of the weather.

It is driven by a clinic assistant who has a heavy duty driver's licence. She also assists the health visitor in running the clinic. Two health visitors are also licensed to drive the vehicle, if necessary. The points served are at Albertville, Langlaagte Compound B, Vrededorp, Doornfontein and Jeppe for Coloureds; and Ophirton, Newclare, Denver and Doornfontein for Asiatics. The clinic dealt with 11,394 attendances and 605 immunisations.

The number of attendances at the clinics for 1960 and 1961 was as follows:

	<u>1960</u>	<u>1961</u>
Europeans	60,481	70,809
Coloureds	11,428	8,196
Asiatics	3,177	3,772
Bantu (outside of Townships)	9,966	12,214
	<u>85,052</u>	<u>94,991</u>



The increase in attendances occurred in spite of the closing down of routine services for short periods during the immunisation campaign against poliomyelitis and is therefore a true reflection of increased interest on the part of the mothers.

Assistance is given at the clinics to necessitous families by supplying infant foods and milk. A charge is made for these commodities according to the means of the individual families. The assessment of the charge is left to the discretion of the health visitor who is guided by a simple income formula. No infant foods or milk are issued to mothers who can afford to buy them in the ordinary way and no charge is made if the mother cannot afford to pay. Bookkeeping is reduced to basic essentials so as to avoid interfering with the professional aspects of the health visitors' work.

The primary responsibility for conducting these clinics rests with the health visitors who see and weigh all the babies and advise the mothers on the care and feeding of their babies in all ordinary cases. As far as possible, all babies are referred to a child welfare medical officer for a routine check-up soon after the first appearance at the clinic and thereafter when any difficult dietetic or other problem arises.

The medical officers attend each clinic at a fixed time and see all babies referred to them by the health visitor. They keep a check on the physical growth, supervise the diet, and give advice on such matters as sleeping, feeding, bathing and clothing. They note any abnormal developmental tendencies and arrange for their investigation and treatment and also advise on habit formation and emotional control. Difficult dietetic and other problems are referred to the Pediatrician who consults weekly at the Central Child Welfare Clinic and also sees municipal nursery school children by arrangement.

The number of infants and children examined by the child welfare medical officers and the Pediatrician during 1961 and the preceding year was:

	<u>1960</u>	<u>1961</u>
Clinics	8,593	11,853
Nursery Schools	1,137	1,239
Cases referred to Pediatrician	13	3

(ii) Home Visiting.

The health visitors visit the homes of infants after the births have been notified to the Department in terms of the relevant legislation. Every new birth so notified was visited. A special form with all essential information is sent to health visitors when a mother is discharged from Queen Victoria Hospital. This has been of great assistance at the first visit to the home.

At these visits the need for regular supervision of the infant by the family doctor or the child welfare clinics and for timely immunisation (against smallpox, diphtheria, poliomyelitis, whooping-cough and tetanus) is explained to the mother. Physical and mental problems in any members of the family are noted and discussed and where help is needed the mother is referred to an appropriate agency. The facilities provided by the Department are explained and she is encouraged to make use of them or to keep in touch with the family doctor.



A routine check visit to the home at the age of six months was introduced during the year to ensure that immunisation procedures have been started. The visit also serves to improve contacts with the mothers, to obtain a better understanding of their circumstances and difficulties, to demonstrate the mixing of feeds and to supervise premature infants. Special visits were paid to investigate infant deaths and to report on "protected" infants placed for custody or adoption under the Children's Protection Act.

To enable health visitors to cope with additional aspects of their work districts were rezoned to allot approximately 450 new births to each but this was not fully achieved because of geographical and other difficulties.

The number of births investigated and the number of home visits during the year was as follows:

	<u>Births investigated</u>	<u>Home Visits</u>
Europeans	8,738	41,906
Coloureds	1,066	4,125
Asiatics	508	1,803
Bantu (Central outside of townships)	229	902
	<u>10,541</u>	<u>48,736</u>

A bid was made during the year to achieve a better relationship between health visitors and general practitioners in their areas some of whom felt that there was some encroachment on their preserves. After top-level discussions a circular was sent to practitioners on the functions of health visitors. The latter now send a card to the family doctor, where there is one, informing him of her visit to his patient and offering co-operation and assistance.

Health visitors find it necessary to maintain personal contact with the Department of Social Welfare, welfare organisations, children's hospitals and other bodies concerned with the welfare of infants and children. The concept of health visiting is changing year by year and more stress is being laid on the broader scope of the duties in this field with the emphasis on mental health, care of the aged and related family problems.

The importance of mental health in the field of the health visitor has become increasingly evident and it is now recognised that emotional problems may play an important part in physical and mental development from early infancy.

Local authorities in South Africa have no statutory obligations for mental health services as they have in Britain and elsewhere. Cases found in the course of routine visits are referred to voluntary agencies or other responsible bodies.

A breast milk bank was established by a voluntary body which organised the collection of milk by volunteer collectors from mothers with an excess supply. Health visitors assisted in the selection of donors and instructed them in the hygienic expression and storage of milk. No payment is made for the milk and it is supplied free on the production of a doctor's certificate that the infant needs mother's milk.



(iii) Immunisation Service.

Immunisation clinics for Europeans were conducted centrally (at 18 Hoek Street) on three days per week and at two outlying clinics (Newlands and South Hills) every sixth week. - Three clinics for Coloureds and one central clinic for Bantu were also conducted regularly. Visits were also paid to clinics, private institutions and nursery schools by special arrangement. Asiatics were immunised by the Indian Welfare Society.

- (a) Triple antigen is used practically as a routine on all infants under two years of age and diphtheria/tetanus or plain diphtheria antigen on older children.

The regime for immunisation procedures is as follows:

Age	2 months	smallpox.
	3 months	DWT and oral poliomyelitis.
	4½ months	DWT and oral poliomyelitis.
	6 months	DWT and oral poliomyelitis.
	1 to 1½ years	DWT
	5 years	D.T.

Tetanus booster injections are recommended every 2 or 3 years thereafter.

The campaign for immunisation in schools which was started the previous year, was continued and was responsible for a big increase in the number of boosters given. 32 Schools were immunised.

The immunisations performed are reflected in the following table:

	European	Coloured	Asiatics	Bantu	Total
Triple, D.W.T.	3,226	729	-	2,648	6,603
Diphtheria, P.T.A.P.	2,269	315	-	473	3,057
Diphtheria/Tetanus	428	49	-	266	743
Boosters	7,546	4	-	1,291	8,841
Other (Typhoid, Tetanus, etc.)	93	-	-	24	117
Number of injections	25,617	3,562	-	14,408	43,587

The completed courses for immunisation were:

	<u>1960</u>	<u>1961</u>
Diphtheria	6,594	7,016
Diphtheria boosters	4,156	7,550
Vaccinations (infants)	5,447	5,294

A survey conducted by health visitors under the direction of the Assistant Medical Officer (Medical) revealed that in different areas according to socio-economic level (above medium, medium and below medium) 99.1%, 86.1% and 61.7% of the children were immunised. The corresponding "booster rates" were 12.1%, 3.1% and 1% respectively. The same survey revealed that most of the immunisations (93.5%) were performed by family doctors in the higher

socio-economic groups with lower percentages in the other groups.

The steady reduction in the incidence and mortality from diphtheria is undoubtedly due to the high immunisation rates achieved by the Department with the very active co-operation of general practitioners but the reason why diphtheria is still too prevalent is because booster doses are neglected. In addition to the schools campaign to remedy this deficiency a circular was sent to all medical practitioners in the area appealing for their further co-operation.

(b) Poliomyelitis immunisation. The year 1961 marked a great step forward in the prevention of poliomyelitis in the form of a mass campaign for oral immunisation. This was conducted in three phases during the winter months - May, July and September - and was aimed at the age groups 3 months to 29 years plus all pregnant women and immigrants from overseas up to the age of 39 years. The immunisation of Bantu in their residential townships is reported separately.

The campaign entailed intensive organisation and administration to deal with such large numbers. Clerical work in particular, was very heavy and the staff worked many hours of overtime to complete the forms necessary for submission to schools and other institutions.

During the phases of the campaign 34 teams consisting of doctors, health visitors, health inspectors and clerical staff issued the vaccine from various points throughout the City. Routine services such as child welfare and diphtheria immunisation ceased for these periods while a skeleton staff attended to emergency matters only.

Wonderful co-operation was given by the Transvaal Education Department, which made available school premises in many of the suburbs for the teams and which organised the immunisation of scholars in the schools so well that the immunisation of more than 90% of this very susceptible age group was completed.

Co-operation was also given by numerous other Departments and organisations, all of which contributed to the success of the campaign.

The total number of feeds was as follows:

ORAL POLIOMYELITIS : WINTER CAMPAIGN.

Feeds	Europeans	Coloureds	Asiatics	Bantu	Total
First	166,887	17,291	10,100	76,733	271,011
Second	163,845	17,758	9,273	89,286	280,162
Third	157,259	19,782	9,026	86,104	272,171
Total	487,991	54,831	28,399	252,123	823,344

During the campaign numerous reactions following the oral vaccine were reported and each one was investigated by a doctor from the department. Stool and other investigations were carried out. Most of the reactions were definitely unassociated with the immunisation and none were proved to be associated.



It was estimated that the success rate was 75% for Europeans with a higher rate for Bantu and a lower rate for Coloureds and Asiatics. It is not surprising that no further cases of poliomyelitis were discovered after the first phase was completed.

Injections of Salk vaccine for polio immunisation were discontinued after the first feed of trivalent oral polio vaccine in May.

Special efforts are made to ensure that infants of all races are immunised with the oral vaccine as they reach the age of 3 months.

(iv) Orthopaedic After-Care Service.

The service for Europeans was handed over to the Province on the 1st January 1959, but so far no qualified staff has been employed by the Province to follow up patients in their homes.

The service for Non-Europeans continues on the basis of the Council employing a European orthopaedic health visitor to supervise partly trained Non-European assistants employed by the Cripple Care Association. This staff attends the orthopaedic outpatient clinics at three Non-European Hospitals once a week, follows up patients in their homes to ensure that treatment is continued and that appliances are properly used, follows up defaulters and refers patients back to the clinics for further advice and treatment when necessary. They also seek out untreated cripples and arrange for their treatment.

The following is a record of attendances and visits:

	<u>Non-Europeans</u>	
	<u>1960</u>	<u>1961</u>
Clinic Attendances	5,572	6,840
Home Visits	1,007	1,232
	<u>6,579</u>	<u>8,072</u>

(v) Nursery School Service.

This service comprises three components which are dealt with in detail in the following paragraphs. Doubts have been raised as to the powers of the Council to conduct such services and representations have been made to the Transvaal Provincial Administration to clarify the matter and, if necessary, to amend the Local Government Ordinance to confer powers.

(a) Nursery School Medical Services.

Two medical officers are now available for this service which is offered to 38 non-profit-making nursery schools in the City (including 4 Non-European schools) in addition to the 5 European and 2 Bantu municipal nursery schools; 3,368 European and 1,359 Non-European children were examined.

Visits are paid to each school once a month and each child is seen at least twice a year. A medical record is kept of development and progress and regular height and weight measurements are charted.

The physical, mental, emotional and social problems of each child were assessed and referred where necessary. Much of the work revolves round health education and a great effort was made to interview parents at the nursery schools.

Stress was laid on the prevention of diseases in nursery school children and a check made to ensure that every child was immunised against small-pox, diphtheria, whooping cough, tetanus and poliomyelitis. A form was sent to every child leaving nursery school reminding parents of the necessity for receiving booster injections for diphtheria and tetanus.

Each child was patch-tested for tuberculosis and positive reactions were referred for X-ray and supervision. European and Non-European staff at nursery schools were referred for routine chest X-rays.

Routine stool testing for parasites was done at the five municipal schools. Out of 207 stools tested, 25 showed positive results for cysts of *Giardia lamblia*, *Ascaris lumbricoides* or *Hymenolopsis nana*. All were successfully treated with resultant negative stool tests. Similar tests were carried out in the two Non-European schools where several cases of hookworm infestation were also discovered.

A service for sight screening in nursery schools was started this year with the assistance and guidance of the National Council for the Blind. Introductory lectures were given to supervisors of nursery schools, who were then instructed by the medical officers on how to do visual screening. Eight schools have been instructed so far.

Dental services are provided for pre-school children by the Johannesburg Coronation Dental Infirmary. This institution is supported by the Johannesburg City Council, the Transvaal Provincial Administration and the State Health Department and is conducted by a board comprising representatives of these bodies and the Dental Association of South Africa. Services are also provided for indigent and semi-indigent school children and for mothers in the ante-natal and post-natal period.

The records of pre-school children who have been medically supervised during their attendance at nursery schools are handed over to the school authorities when they enter primary schools, as school medical services are provided by the Hospital Services Branch of the Transvaal Provincial Administration and not by the City Health Department. The Medical Officer of Health does, however, supervise infectious diseases among school children and their exclusion from school where necessary, in terms of regulations promulgated under Section 138 of the Public Health Act.

(b) Supervision of Nursery Schools.

This includes all pre-school institutions conducted privately.

Control is exercised under the Town Planning Scheme and the Public Health and Building By-laws and by means of a certificate which is required by the Social Welfare Department from Council's officials in terms of Section 4(2) of the Regulations under the Children's Act, 1960 (Proclamation No. 524 of 30th March 1961). The certificate applies only to pre-school institutions registrable by the Social Welfare Department in terms of Section 42 of the Children's Act and this does not include nursery schools.



Control is usually triggered off by an application for permission for change of use under the Town Planning Scheme but once the new use is established transfer may take place without the Department being notified.

Standards for the building and for facilities for the preparation of food can be controlled under existing by-laws but other important matters can only be dealt with by persuasive methods. These include the control of indoor and outdoor space per child, furniture and equipment required, the conduct of the nursery school, keeping of records and registers, safety measures, staffing standards and medical supervision. Special by-laws are required to control these aspects but cannot be promulgated until the necessary powers are written into the Local Government Ordinance.

The inspection of privately conducted pre-school institutions was separated from the administration of the municipal nursery schools in January 1961.

(c) Municipal Nursery Schools and Day Nurseries.

The City Health Department conducts five nursery schools for Europeans and two day nurseries for Bantu.

Because of staff difficulties and limitations of premises at most of the nursery schools there was a brake on development to meet the known demand.

The average enrolment at the European schools was as follows:

La Rochelle Nursery School	56
Judith's Paarl Nursery School	54
Vrededorp Nursery School	34
Fordsburg Nursery School	41
Newlands Nursery School	27.

The Vrededorp School was the pioneer nursery school built by the Council in 1932 but has been expropriated by the Provincial Administration for school purposes. The nursery school continues in the premises but these will have to be replaced by new premises when the Province requires occupation.

The La Rochelle buildings were specially erected as a nursery school and the Judith's Paarl buildings are also owned by the Council.

The premises at Fordsburg and Newlands are rented. The latter are so dilapidated and inadequate that the Transvaal Education Department withdrew its subsidy. A decision on the powers of the Council to conduct nursery schools is awaited before steps can be taken to erect a new nursery school.

In maintaining the nursery schools and day nurseries particular attention is given to the physical, mental and moral health of the children, to the promotion of normal habits and the correction of physical, psychological and moral defects. All the children have the benefit of regular medical examination, treatment of minor ailments, regular dental inspection and prophylactic treatment, treatment of psychological defects, behaviour difficulties and abnormalities (by the Johannesburg Child Guidance Clinic - for Europeans only); other specialist services and regular home visiting by the staff. The diet of the children is supplemented by means of a prepared midday meal, additional milk and other protective foodstuffs.

The two Bantu day nurseries at Chiawelo and Jabavu cater for 100 and 150 children respectively. There is a large waiting list at both centres.

The building at Jabavu is very unsatisfactory and it is proposed to adapt an existing building on Stand 1390 Jabavu to replace it. Building plans have received Ministerial approval but alterations cannot proceed pending approval of the Department of Bantu Housing for sub-division of the stand.





Waiting to be served at a Creche in the Non-European Areas.  
Wag om bedien te word by 'n creche in die Nie-blanke-gebiede.



Mealtime at Orlando Creche.  
Etenstyd by die creche in Orlando.



V. MEDICAL SERVICES IN BANTU TOWNSHIPS.

The medical services have been maintained at eight polyclinics in the Council's Bantu Townships.

Clinic functions comprise an outpatient service with which is associated a home visiting service by doctors and nurses for patients unable to attend the clinic; a comprehensive district midwifery service with ante-natal clinics; a child welfare and immunisation service, venereal disease clinics; a tuberculosis domiciliary and clinic service; a dental service in some areas.

The outpatient and midwifery services have been subsidised by the Provincial Administration since 1st April 1958, and are carried out by the Council on its behalf pending transfer of executive responsibility at some future date. These services operate in close liaison with the Baragwanath Hospital, a large provincial hospital.

The charge of 25 cents (2/6d) per attendance at outpatient clinics continues to be made in terms of the Hospitals Ordinance, subject to an income formula and with discretion vested in the medical officers to waive charges, if necessary. Although attendances are less than they were before the charges were raised there is no indication that patients are deprived of essential treatment because of having to pay. Midwifery patients pay a composite fee of R1-50 (15/-) for ante-natal treatment and confinement but this is increased to R3-00 (£1.10.0.) if admitted to hospital for confinement. This has corrected any tendency to delay reporting for ante-natal supervision.

An ambulance service and an ancillary transport service for conveying nurses and midwives to and from district cases is also provided. The ambulances were taken over by the Fire Department during the first quarter of the year and are operating with maximum efficiency under the new management. A bus ambulance for transporting non-stretcher cases is operated by the Province. During the year 37,859 cases were removed by the Fire Department and 7,811 by the Disinfecting Station (of which 6,299 were tuberculosis cases removed by Jeep).

The Child Welfare Service includes clinic sessions at all clinics with domiciliary follow up to a limited extent. Child welfare medical officers attend at the clinics at Eastern and Western Native Townships and at Shantytown, otherwise the clinic medical officers see cases referred to them.

There are no school medical services but routine examinations of children attending creches and nursery schools are made where possible.

Detailed statistics for the medical services are included in annexure 8.

Venereal Diseases Clinics are not held at set times but treatment is given as cases are discovered and at ante-natal clinics.

Tuberculosis treatment is given by the Chief Tuberculosis Medical Officer and his staff at clinics in each centre and in their own homes. Fuller details are given elsewhere in this report.





Station wagons before leaving for respective areas during diphtheria, whooping cough and tetanus campaign.

Stasiewaens voordat hulle na die onderskeie gebiede vertrek gedurende die veldtog teen witseerkeel, kinkhoes en klem in die kaak.



A painful experience but the immunity developed is worthwhile. Immunization at Primary School, South Western Native Areas.

Dit is 'n pynlike ondervinding, maar die immuniteit wat opgebou word, sal die moeite loon. Immunisering by die Primere Skool in die Suidwestelike Bantoegebiede.



A dental service is provided at four of the township clinics. The most comprehensive service is at Orlando but none of the newer townships have dental clinics. The services take the form of a school dental service and conservative treatment for mothers attending ante-natal clinics and tuberculosis sufferers. Casual dental service to control pain and sepsis is available to those who apply for it.

The following table reflects the work done during the year:

Type of Treatment	1959	1960	1961
Anaesthetics	22	6	Nil
Fillings	8,419	3,479	4,062
Scalings	755	238	180
Extractions	68,234	31,962	43,610
No. of Patients	63,170	27,255	35,782

Developments during the year were as follows:

(i) Special measures were taken in conjunction with the national campaign to immunise the susceptible population (in the case of Bantu aged 3 months to 9 years) against poliomyelitis with the oral vaccine. The campaign was in three phases, each of 14 days duration, in early May, late July and early September. The method of operation was as follows:

- (a) The ground was prepared by loudspeaker vans by distributing circulars to school principals, to parents through their children at school, and to householders; and by radio and, to a lesser extent, newspaper propaganda.
- (b) Children were required to produce the written consent of parent or guardian unless this was given personally.
- (c) Nineteen mobile teams were made up of clinic staff, supplemented by other City Health Department staff and municipal police.
- (d) Eight teams operated from clinics and five from other fixed points and six were mobile. The latter operated in schools and on a house to house basis.

The result was a great success - 263,840 doses were given with an average of 87,947 in each phase. This was the approximate number of children immunised and represented over 85% of the estimated number of susceptibles.

Inoculation with Salk vaccine has been discontinued and special efforts are made to ensure that infants receive oral vaccine at the appropriate time.

(ii) Following the poliomyelitis immunisation drive plans were drawn up to immunise the same age groups against diphtheria, whooping cough and tetanus by means of three injections at suitable intervals. The same general methods were used but the experience previously gained made it possible to use only eight mobile teams, in spite of the fact that very detailed records were kept and injections had to be given instead of the "polio" sweets. The



first round was completed in the first half of December 80,657 children (81% of the estimated possible number) were treated. The whooping cough component was not given after the age of 2 years.

(iii) In view of reduced attendances and certain differences in staff structure re-appraisal of the staff of the clinics was undertaken in consultation with senior officials of the Provincial Department of Hospital Services. No difficulty was experienced in arriving at agreed formulae for the different staff categories and these will be implemented when approved by the Province and the Council.

(iv) A new clinic building at Tladi was completed for the Transvaal Provincial Administration in July. The occupation of this building as a polyclinic will be the first step towards the take over of the executive control of outpatient and midwifery services by the Province to be followed in due course by the takeover of these services at other clinics. Meanwhile a paediatric clinic was transferred from temporary premises to the new building on the 16th August but this does not afford much-needed relief to the hard pressed Jabavu clinic.

(v) The buildings and other facilities at various centres were improved and consideration is being given to similar improvements elsewhere. A new clinic building is required at Eastern Native Township and a new ante-natal clinic at Moroka. A sterilising unit to serve all the clinics is being contemplated at Jabavu.

(vi) Family planning is not a matter to be unduly pressed on Bantu in view of their concepts and customs relating to fertility but it is attracting increasing interest among those in the upper income and professional groups. The Race Welfare Society provides facilities at the various clinics and medical officers and nurses are taking advantage of opportunities to become skilled in the methods advised and in fitting appliances.

(vii) In 1959 the Council authorised improvements in the child welfare services in the Bantu Areas and additional staff has been engaged which was then approved. It may be necessary to reconsider the precise lines on which the services are to be developed to take more cognisance of the Bantu background and thinking. A pilot scheme on these lines will be introduced in Jabavu early in 1962.

(viii) The activities of the staff in regard to attending courses and conferences giving lectures and participating in training etc., are recorded elsewhere.

VI. MEDICAL EXAMINATION CENTRE.

This Centre was established to conduct all medical examinations associated with the Bantu Labour Employment Bureau (for males and females) conducted by the Non-European Affairs Department at 80 Albert Street. A bureau for females was opened at 1 Polly Street and separate medical facilities were provided by the City Health Department as from 1st April 1961.

A Senior Medical Officer is in charge of both centres, the female unit being staffed by Non-European females, including a doctor who qualified with the aid of a City Council bursary at the University of the Witwatersrand.

The functions of the Centre are summarised as follows:

- (i) Workseekers are submitted to a clinical examination and an X-ray of the chest. Blood tests are performed if indicated. All are vaccinated if not previously vaccinated or not within three years.
- (ii) Foodhandlers are submitted to additional examination (such as for sores on hands or elsewhere, discharges or sore throats) and the blood is tested for syphilis and the typhoid carrier state. If the Vi test is positive stools and urines are cultured. All women are regarded as foodhandlers.
- (iii) Bantu in employment are examined at their own request or at the request of employers. Special appointments may be made by telephone. Employers are encouraged to send foodhandlers and nurse-maids for examination.
- (iv) Municipal employees or prospective employees are examined for the pension fund; more recently applicants for the municipal police force have been submitted to a comparable examination; a request to submit recruits for daily paid positions in the municipal service to a more detailed examination to ensure physical capacity for the work for which they are engaged was under consideration at the close of the year.
- (v) Treatment is provided for certain cases only. Pediculosis - disinfestation is carried out where necessary. Venereal disease is treated at the Centre at any time during working hours to suit the patients.

Tuberculosis cases found are treated at the Centre at daily clinics conducted by the Senior Medical Officer with the assistance of a tuberculosis health visitor and two Bantu nurses from 18 Hoek Street or they are sent to a hospital, if this is necessary.

Bantu who are suffering from any other conditions requiring treatment are persuaded to accept treatment if this is necessary in the interest of their health and are referred to the appropriate agency.



The following table records the work of the Centre:

	Workseekers Examined	Foodhandlers Examined	Municipal Pension Fund and Police	Employees Other	Medically Unfit		Vaccinations
					Temp.	Permat.	
Males	112,622	124	193	1,852	690	705	88,617
Females	5,063	43	21		5	5	4,576
Total	117,685	167	214	1,852	695	710	93,193

The number of male workseekers examined shows a small increase (2.7%) over the previous year; the total increase (including females) was 7.2%. The number of females previously examined was negligible because of the poor facilities available. In contrast to males, the examination of females is entirely voluntary but all took advantage of full medical examination. They are examined in separate cubicles to ensure privacy.

The number of foodhandlers examined showed an appreciable increase over the previous year and included the employees of two food factories sent by their employers. The total number is still too small and it is clear that more propaganda is required to further this essential health measure. Four thousand eight hundred and eighty three blood specimens were examined for syphilis and 4,492 for Vi antigen. One faecal typhoid carrier (a female) was found and was referred to the appropriate section for supervision.

The number of municipal employees submitted to examination on the "pension fund scale" was increased largely because of the addition of 81 police recruits.

Exemptions from employment on medical grounds were granted to 1,395 Bantu - 690 temporary exemptions and 705 permanent exemptions.

The temporary exemptions comprise Bantu requiring further investigations or treatment, including those suffering from tuberculosis, mental disorders, fractures, cardiac disease, nutritional conditions, epilepsy, hernias, etc. The necessary arrangements are made for these Bantu with appropriate agencies or at a general hospital.

The permanent exemptions comprise Bantu with gross physical or mental disabilities, including those suffering from blindness, gross cardiac disease, cirrhosis of liver with ascites, respiratory cripples, gross cripples, epileptics whose fits cannot be controlled, etc.

Every endeavour is made by the Employment Officer of the Labour Bureau to find employment suitable to their disability for handicapped persons but lack of educational standards for occupations other than manual labour is a limiting factor. More success is achieved with selected tuberculosis cases who are clinically well and non-infectious.

Workseekers who are medically unfit for any employment are given permanent exemption certificates. The number was rather larger than the previous year. The welfare section of the Bureau arranges temporary assistance or invalidity or old age pensions for such cases according to their needs.

Pediculosis is becoming less prevalent. No cases were found among females and only 12 in males, compared with 95 in 1960.

Venereal disease:

	<u>Males</u>	<u>Females</u>
Gonorrhoea	243	5
Syphilis	946	316
Venereal Disease Warts	138	2

New cases of syphilis showed an increase of 99 among males, the other diseases no increase. There was no basis for comparison for females as the number of examinations in previous years was negligible. All the cases were treated at the centre.

Tuberculosis:

	Miniature X-rays	Large X-rays	Cases Discovered	%
Males	90,738	2,315	482	0.5%
Females	4,589	63	10	0.25%
Total	95,327	2,378	492	-

The cases discovered were all new cases not previously notified and who had few symptoms to draw their attention to their condition. The rate for males was strikingly consistent with previous years (0.52% and 0.47%). In addition a number of cases previously notified but not under treatment was discovered. All cases were sent to hospital or treated at the Centre, according to their need.



VII. SANITATION AND FOOD SUPPLIES.

1. HEALTH INSPECTORATE STAFF.

Mr. A.H. Spargo assumed duty as Chief Health Inspector on 1st April 1961 after the retirement of Mr. I.J. Distiller.

The continued shortage of meat inspectors at the City Abattoir has made it necessary to continue using health inspectors to relieve the shortage. Health inspectors appointed after 1st October 1956, may be seconded for periods up to six months. Seven inspectors were seconded for a period totalling 24 months. This created some problems for the Department because of the lack of suitable replacements.

Members of the sanitation staff (comprising 36 health inspectors, 2 Non-European health inspectors and 4 pest control overseers) were withdrawn from their ordinary duties for three periods of five to six days to assist with the poliomyelitis immunisation campaign in the City area and certain Non-European health inspectors and a few other sanitation staff members assisted in the subsequent campaign in the Bantu townships. In the first stage of the diphtheria, whooping cough and tetanus campaign in the Bantu areas four pest control overseers were seconded to act as drivers. These withdrawals necessarily had an effect on the number of inspections made by the staff.

2. RECORDS OF INSPECTIONS.

The following table shows the number of routine inspections by health inspectors during the past two years, including inspections for the supervision of general sanitation and hygiene, investigations arising from complaints, inspections concerned with licensing, taking of samples, etc., but does not include inspections related to the demolition of premises or the control of rodents and other pests which accounted for 125,078 inspections.

Health Inspectors : Inspections and Visits	
1960	1961
243,753	236,209

A table reflecting the various types of inspections made is contained in Annexure 9.

3. PROSECUTIONS.

A total of 1,248 persons were prosecuted during the year for various contraventions of the Public Health Act, the Food, Drugs and Disinfectants Act, the Council's Public Health By-laws and other public health legislation. The number of charges preferred was 1,504 and fines (or "admissions of guilt") of R7,266 were imposed. An analysis of the prosecutions is set out in Annexure 10.

#### 4. MILK SUPPLIES.

The City's main milk supply is derived from producing dairies in the southern Transvaal and northern Free State farming districts; the quantity produced in the City area is a very small percentage of the total demand. The introduction of milk and cream from outside sources is controlled by the issue of permits which are granted only if the producer complies with the Council's dairy by-laws. During the year 731 permits were approved of which 10 were to producer/distributors delivering milk from their farm dairies direct to consumers. Milk introduced from outside sources (excluding industrial milk) averaged 59,400 gallons daily, of which 700 gallons were supplied direct to consumers by producer/distributors. Of this amount 3,000 gallons were supplied to the Bantu townships and some was re-exported to adjoining areas. The average daily consumption in Johannesburg ranged from 52,754 to 57,725 gallons throughout the year.

##### Control of Milk Supplies in the City.

The control and supervision of milk supplies within the City covers deliveries from outside producers to local distributors and thence to the consumer; inspections of premises and vehicles and observations on handling methods and equipment, etc. Samples are taken and field tests are performed at all stages of transport and handling to determine quality, purity and effective pasteurisation.

Samples taken are submitted to bacteriological, chemical or biological examination at one or other of the laboratories at the disposal of the Department. The field tests include phosphatase and sedimentation tests by means of which a close watch is kept on the effectiveness of pasteurisation and the standard of cleanliness of the milk. Of the tests performed at the abattoir laboratory 19.6% were positive for the presence of mastitis; 0.013% for tuberculosis by the biological test; 33.72% for brucellosis by the ring test and 3.65% by the agglutination test. The presence of penicillin was revealed in 1.85% of the samples tested. The number of tests performed is recorded in Annexure 7.

The voluntary pasteurisation of milk within the City has been maintained at a reasonably good level; 86.91% of the daily supply being pasteurised during the year as against 85.14% in 1960. There are now 19 pasteurising depots established within the City area with one other situated outside the City boundary but under the control of the Department in co-operation with the Peri-Urban Areas Health Board.

Numerous tests were carried out during the year at the request of the Witwatersrand and Pretoria Public Health Consultative Committee to test the suitability of polythene as a container for milk. The milk was packaged by a single service plastic pack machine. Tests were done on the polythene and on the milk in the sachets. The results proved satisfactory and the Consultative Committee accepted the machine and the material as suitable for the packaging of milk.

In general, the hygienic standard of premises concerned with the handling and distribution of milk in the City has been maintained at a satisfactory level.

##### Control of Milk Supplies Outside of the City Area.

The supervision and control of milk supplies from sources outside of the City limits is the responsibility of the Farm Dairy Section. One



inspector is permanently resident in Standerton to save time and mileage covered in supervising a number of farm dairies in the Standerton/Volksrust districts. A dairy demonstration van operated by a qualified and experienced dairy inspector and a Bantu assistant, is designed and equipped to tour farm dairies and to attend agricultural shows in the country districts with the object of giving on-the-spot and up-to-date demonstrations of hygienic milk production and handling, to take samples and make tests on the various aspects of milk production and to guide and advise farmers on matters relating to their dairy premises.

In addition to their normal duties the inspectors are available to dairy farmers to advise on improvements to dairy premises and on proper housing, latrine and ablution facilities for their employees. Standard types of plans for the construction of dairy buildings are made available to farmers when the construction or modification of their premises is being considered.

The hygienic and economic advantages of the mechanical refrigeration of milk at the point of production are continually being stressed; up to the end of the year 455 (60.7%) of the supplying dairies had installed refrigeration plants, a decrease of 1.6% over the figure for the preceding year. This is an important hygienic requirement which should be compulsory. An amendment to the by-laws to make this a compulsory requirement was submitted to the Provincial Administration for approval but was rejected.

The routine of regular inspections, interviews and tests has been maintained throughout the year with a total of 5,691 visits, 109 interviews, 1,902 sediment tests and 13 special water samples taken for bacteriological examination. The operation of the dairy demonstration van reflected 434 practical demonstrations and a total of 18,736 tests of various kinds were made in connection with milk production. These included strip-cup tests for mastitis, acidity tests, butterfat tests and sedimentation tests. 213 Farms were visited.

Permission to introduce milk into the City area was suspended in the case of five farmers for the following reasons:

- (1) Numbers of cattle were dying of Botulism.
- (2) Death of cattle from arsenic in the feed introduced in some unknown manner.
- (3) Persistent mastitis contamination.
- (4) Impure water supply and insanitary conditions on two farms.

The Council's veterinarians working in collaboration with the dairy inspectors carried out regular examinations of bulk supplies. Positive results for bovine tuberculosis were obtained in supplies from three different farm dairies and these were dealt with in terms of the Department's tuberculosis policy.

Investigations on five reported outbreaks of infectious disease on farms were carried out. Precautionary measures were taken to prevent any infection being conveyed into the City via the milk supplies.

#### Examinations of Dairy Herds.

Two veterinarians on the staff of the Abattoir and Livestock Market



Department are seconded to the City Health Department. These officials work in close collaboration with the farm dairy inspectors, their main function being the supervision of dairy herds.

During the year 838 herds (totalling 66,471 cattle) were inspected of which 119 herds were reported not inoculated against anthrax, and 255 herds not inoculated against brucellosis. Notifications were sent to 790 producers regarding contamination of their milk supplies with mastitis and brucellosis, and 160 were informed that their herds were infected with mange.

Details of the number of tests made for mastitis, brucellosis and tuberculosis are given in Annexure 7. Fuller details of inspections on dairy herds are recorded in the Annual Report of the Director, Abattoir and Livestock Market Department.

#### Laboratory Examinations.

The Council's laboratory chemists undertake the examination of samples of milk and certain milk products throughout the year. (See Annexure 7). In general, the examinations revealed a satisfactory standard in the pasteurised and sterilised milks with some seasonal fluctuations in the quality of the raw milks. It is quite evident that the regular 'field' phosphatase tests undertaken by inspectors and pasteurisation depot operators play an important part in maintaining an acceptable standard of milk pasteurisation.

Tests for milk-fat and solids-not-fat standards, specified by the Food and Drugs Act for milk, were also conducted on samples submitted to the Government Analyst. During the year 767 such milk samples were tested on behalf of this Department as a routine check on ordinary sales and deliveries in the City, and an additional 24 samples were taken on behalf of the Secretary for Public Health from bulk supplies arriving at various railway stations and pasteurisation depots in the Municipal Area. Of the former group 100 samples were found to be sub-standard or adulterated milk resulting in the institution of 35 prosecutions with an amount of R340 being paid in fines. Of the remainder of the 767 samples, 100 were found to have a solid-not-fat content between 8.0% and 8.5% in which case prosecutions were not instituted, in accordance with standing instructions from the Secretary for Health concerning milk slightly below the prescribed minimum. Of the 24 samples taken on behalf of the Secretary for Health from arriving bulk supplies, 1 was found to be sub-standard or adulterated resulting in one successful prosecution with an admission of guilt payment of R10.

#### 5. ABATTOIR AND MEAT INSPECTION.

The Council's Abattoir is equipped with all modern facilities and functions as a separate Department under the Director of the Abattoir and Livestock Market Department. The distribution and sale of meat is controlled by the City Health Department.

Slaughtering and meat inspection activities during the year were as follows:

#### Meat from Slaughtered Animals.

Beef	332,970	lbs.
Mutton	1,052,646	"
Veal	53,408	"
Horse Meat	10,750	"
Pork	161,927	"
Total	<u>1,611,701</u>	"



Inspection of Imported Meat:

Beef	15,380,516 lbs.
Mutton	672,000 "
Veal	3,300 "
Pork	179,600 "
	<hr/>
	16,235,416 "
	<hr/>

The quantity of meat condemned was 2,324 tons. This is processed in the by-products plant. Measles accounted for the condemnation of 0.574% of cattle and 1.314% of pigs. A further 2.657% of carcasses of cattle and 0.207% of pig carcasses with minimal infestation were detained and released after treatment.

Difficulties arising out of the design of the Abattoir and lack of loading space preclude the use of modern methods for the transport of meat which call for enclosed insulated vehicles with the carcasses suspended from a rail. The methods in use are the subject of some criticism on aesthetic grounds but no effort is spared to ensure that basic hygienic conditions are not contravened, pending the erection of a new abattoir which is now under consideration.

6. OTHER FOODSTUFFS.

(a) Municipal Market:

Early morning inspections of foodstuffs exposed for sale at the Municipal Market were maintained on all days that the market opened; all unsound foodstuffs were seized and destroyed. The district inspector also makes inspections during the day in the course of his normal duties. The Market Master and the City Engineer's cleansing branch afforded the fullest co-operation in ensuring a good standard of cleanliness in the market generally and in the numerous stalls handling and selling foodstuffs.

Dressed poultry is examined prior to being offered for sale by auction; 33,506 birds were inspected of which 399 (1.19%) were condemned and destroyed as being unfit for human consumption.

The dressed birds consisted of 30,252 fowls, 1,496 ducks, 90 geese and 1,668 turkeys.

In addition 293,501 live birds were offered for auction. This figure comprised 258,144 fowls, 16,383 turkeys, 1,827 geese, 8,964 ducks, 2,613 muscovy ducks and 5,570 pigeons.

Game animals and birds consigned to the market were also subjected to pre-sale inspections with the following results:

<u>Type of Game:</u>	<u>No. Examined:</u>	<u>No. Condemned:</u>
Blesbok	788	6
Springbok	538	45
Rheebok	20	Nil
Wildebeeste	5	Nil
Impala	18	Nil
Rabbits (Live)	160	Nil
Rabbits (Dressed)	7	Nil
	<hr/>	<hr/>
Total	1,536	51
	<hr/>	<hr/>

<u>Game Birds</u>	<u>No. Examined:</u>	<u>No. Condemned:</u>
Guinea Fowl	3,445	139
Partridges	64	3
Pheasants	38	Nil
Pea Fowls	6	Nil
	<hr/>	<hr/>
Total	3,553	Total 142
	<hr/>	<hr/>
Grand Total	5,089	Grand Total 193
	<hr/> <hr/>	<hr/> <hr/>

(b) Business Premises:

The inspection routine covering wholesale and retail stores handling foodstuffs in the City resulted in 56,255 lbs. of various types of food being condemned during the year. Of this quantity 61.6% comprised canned foodstuffs, the remainder consisting of fresh and frozen fish, fresh and dried fruit, vegetables, liquid eggs, cheese, cherries and desiccated coconut.

(c) Food Hygiene Teams:

Two teams each comprising 1 European and 1 Non-European Health Inspector continued to give practical instructions and advice to the management and kitchen staffs of food premises and nursing homes. Lectures and demonstrations were given to the staffs of 13 hotels, 1 restaurant with an attendance of 550 Non-Europeans and 50 Europeans; these were supplemented on 8 occasions by lectures on food hygiene to 226 Non-Europeans in the lecture room at 18 Hoek Street. Two of these lectures were delivered to the South African Railways catering staff.

In co-operation with the Witwatersrand Technical College, the lecture room was used on 16 occasions for student health visitors for the projection of colour slides or films. Lectures were given on four occasions.

Members of this section projected colour slides or films to nine associations at various places. The total attendance being 481.

The teams also collaborated with the Senior Health Visitor (Nursing Homes and Midwives) in the anti-sepsis measures in nursing homes. 2,139 swabs and agar plates were taken at nursing homes for bacteriological tests.

The field work of this section involved visits to 210 premises some of which were visited on numerous occasions.

(d) Early Morning Inspections - Foodstuff Deliveries, etc.

Special early morning inspections were continued throughout the year to assess the hygienic condition of vehicles and personnel engaged in wholesale and retail trades distributing bread, fish, meat and other fresh foodstuffs. Warnings were given or prosecutions instituted, depending on the nature and degree of any offence observed.

(e) Food Sampling:

Samples of food are taken mainly for the purpose of checking on possible adulterations in terms of the Food, Drugs and Disinfectants Act. The samples are submitted to the Government Analyst on behalf of this



Department and the Secretary for Health. Local authorities are given a quota (based on the population) for samples to be examined free. The annual quota for Johannesburg is 1,488 which is not adequate. The Government Laboratory in Johannesburg closed in the middle of the year and samples were thereafter sent to the Laboratory in Pretoria.

The samples taken are recorded in Annexure 7. There were 29 successful prosecutions for adulteration of milk and 40 for adulteration of meat.

(f) Tea and Coffee Vendors:

Tea and coffee vendors operate in the streets from dilapidated semi-portable carts, usually under the most insanitary conditions. Prosecutions for dirty carts and equipment and unhygienic food handling, have little or no effect and certainly do not result in the operators ceasing to trade. The Council lacks watertight legal powers to prohibit or control this type of trade but the Traffic Department has been able to remove and impound 700 or 800 of these vehicles on the grounds that they were causing obstruction on streets and pavements; the majority of these had been abandoned. Constant action along these lines is necessary to make any impression as other stalls are set up as soon as intensive action ceases.

A copy of the report by the Assistant Medical Officer of Health (Sanitation) on street trading was referred to a Government Interdepartmental Committee set up to report on whether Bantu will be permitted to trade with Bantu in European areas and on the question of legal powers to deal with illegal traders. No progress can be made on this vexed question until the report is available.

(g) Street Mealie Vendors and Fruit Hawkers:

The sale of cooked mealies in the streets near Bantu bus stops and railway stations continues when these commodities are in season. The preparation and handling of these foodstuffs is invariably of a poor standard with the additional nuisance caused by littering of the streets and pavements with mealie skins, cobs, fruit skins and pips. The Traffic Department has taken routine action but the vendors persistently resume their trading soon after each raid.

7. OTHER MATTERS.

(a) Witwatersrand Agricultural Society's Annual Show:

This popular event was held from 22nd March to 3rd April 1961, inclusive. The overall total attendance was 523,097 persons, the highest attendance on any one day being 97,305 persons.

Catering facilities in the main dining hall (cafeteria) and in the various food kiosks and kitchens were adequate and conducted in a satisfactory manner. Food demonstrations and the issue of food samples by exhibitors were conducted under hygienic conditions.

Removal of refuse and manure from the animals' quarters and the grounds was supervised throughout the show period and was efficiently handled by the City Engineer's Cleansing Branch; rodent control was maintained by this Department's pest control section. The latrine facilities were adequate without any significant congestion being apparent during peak attendances.

(b) Controlled Tipping of Domestic Refuse:

Regular inspections of tipping sites were made during the year to ensure a minimum of dust and smell nuisance and effective control of fly breeding and rodent harbourage. In general the tipping is conducted in a satisfactory manner.

(c) Smoke Abatement:

Health inspectors dealt with 230 smoke nuisance complaints during the year. Complaints received subsequent to the 1st September were dealt with by the Air Pollution Control Section in collaboration with the district health inspectors concerned.

(d) Amendments to Public Health By-laws:

The Assistant Medical Officer of Health (Sanitation), the Chief Health Inspector and senior health inspectors collaborated with Mr. R.C. Calburn of the Town Clerk's Department in drawing up amendments to the public health by-laws. It is hoped that several chapters of the amended by-laws which are now in the hands of the Provincial Authorities, will be promulgated in 1962. The only chapter promulgated during 1961 was Chapter 7 - Nursing Home By-laws, which was completely amended by Administrator's Notice No. 278 of 12th April 1961.

(e) Food Poisoning:

Investigations were conducted in five instances of suspected food poisoning during the year. These involved 13 adult and 8 minor Europeans, and 8 adult Non-Europeans.

- (i) In one group, seven persons suffered from acute poisoning from the ingestion of cocktail sausages processed with sodium nitrite instead of saltpetre.

The stocks of the local wholesale suppliers were frozen and firms who were known to have been supplied with "saltpetre" during the previous two months were telephoned to recall their stocks and an appeal was made in the press. This meant telephoning 43 firms over a wide area. The stocks from 6 firms were found to be contaminated with sodium nitrite.

It was ascertained that the consignment had been described on the customs manifest and bill of lading as "fertilizer". Such chemical products should surely be described in more detail on the documents and labelled accordingly.

Nitrite poisoning is a rare condition and this is the only known instance where poisoning has arisen in this way. All seven patients recovered completely and no other cases were reported. A full account of the incident has been offered by Dr. M.L. Freedman for publication in the "South African Medical Journal". (See S.A.M.J. of 6.1.62.)

- (ii) In another incident, two adults and one minor were investigated for food poisoning. Bacteriological examination of the fruit juice suspected was negative for pathogenic organisms



while chemical examination showed no contamination. The diagnosis was inconclusive.

- (iii) A case group involving five Bantu was investigated. These employees each consumed mealie meal, cooked meat and tea. No food was available for examination as the pot had been thoroughly cleaned and no dejecta was obtainable. Four Bantu preparing tea were proved to be staphylococcus aureus carriers but this was probably irrelevant otherwise members of the office staff would have been effected.
- (iv) Another outbreak involved seven Europeans and one Bantu. A nasal swab from the housewife who prepared the food was positive for staphylococcus aureus and the brawn yielded a growth of staphylococcus aureus, Bacillus proteus and Coliform bacilli. The carrier received treatment with satisfactory results.
- (v) A suspected outbreak concerning four persons was notified to the Department after 10 days delay. Seven specimens of macaroni were submitted privately to the South African Institute for Medical Research. Salmonella newport was recovered from one specimen while the remainder showed no pathogenic bacteria. Specimens of stool from a child examined 13 days after the outbreak also produced Salmonella newport. Investigations at the macaroni factory failed to trace any source of infection.

Food poisoning is frequently due to ignorance and carelessness which health education propaganda in this field is designed to correct. The incidents described above, except the first, are essentially "private" outbreaks, i.e. among groups most difficult to reach by this type of propaganda. The chemical nature of the product should be clearly stated on every package and an indication given as to whether the product is fit for human consumption or not.

(f) Pest Control:

The staff which is responsible for anti-rodent measures (referred to in the section dealing with plague control) is also responsible for the control of other pests.

Regular insecticidal work is carried out at Municipal compounds, stables, sewage disposal works and in sewers, etc., to prevent breeding and to destroy flies, cockroaches, bugs and mosquitoes by the use of a special insecticidal fog applicator machine. Mosquito surveys and regular routine spraying of all water courses and dams in the Municipal area are also carried out.

All streams and dams likely to favour mosquito breeding are sprayed with suitable insecticides and specific complaints of the prevalence of mosquitoes are investigated and dealt with where necessary.

By means of a mobile 'TIFA' fogging machine, 102 properties, including compounds were treated for bugs, and sewers were "fogged" to control cockroach infestation on 9 occasions at the request of the City Engineer's Department. Fogging of sewers is confined to Sundays to ensure that members of the public are not exposed to any danger.

The staff constantly experiments with different products to overcome the resistance problem and to find cheaper and longer lasting insecticides. Some success has attended these efforts. Tests are made by the South African Bureau of Standards with various products on specific batches of insects supplied by the Department.

Extensive snail surveys were undertaken of all watercourses and dams in the Municipal area. At present the Chief Research Officer of the National Institute for Water Research and members of the staff of Potchefstroom University, in collaboration with this Department are conducting a full scale survey of all waters leading from the Witwatersrand north of the watershed; a copy of the findings will be available in due course. A special survey of bilharzia vectors in the streams in the Newlands, Roosevelt Park, Linden and Emmarentia areas was also undertaken, the results of which are still awaited.

(g) Control of Food Premises and Distribution of Food:

The normal routine inspections of food premises were continued during the year; a further increase in the number of prosecutions involved more particularly fish and chip shops and fresh produce dealers. In the case of the latter these arose largely from the practice of displaying goods on the street pavements or in the doorways of shops.

The control of the sale and distribution of foodstuffs continued to be hampered by defects in the licensing legislation whereby most licences are not renewable annually. This matter was referred to in some detail in the annual report for 1960.

(h) Dumping of Refuse and Rubble:

Indiscriminate dumping of garden refuse, building rubble and other unwanted material on vacant stands and open spaces is still a big problem, causing unsightliness and rodent harbourage rather than offensive conditions.

This practice seems to have become a recognised sporting activity of certain householders and others, with the dice heavily loaded in their favour. The point of the game is to avoid being caught by a health inspector or other official. Neighbours do not matter - they often complain bitterly to the Department and may even be prepared to give a hint as to the identity of the culprit, but they will never give evidence in court to secure a conviction - the only way to put a stop to the practice.

Experienced "sportsmen" do their dumping in the early morning or late at night when even neighbours are not about and the chances of a health inspector being a witness are remote.

Owners of vacant land who are responsible under the by-laws to keep their property clean see no humour in the situation when they are required by notice to clear away the rubbish. They claim, with some justification, that they cannot protect their property without erecting a security fence. Perhaps that is what they should do but the expense is an understandable obstacle.

Is it too much to hope that a sense of responsibility and civic pride will manifest itself and come to the aid of the City Health Department in dealing with this frustrating and quite unnecessary nuisance?



## VIII. DISPOSAL OF WASTES.

The services referred to in this section of the report are provided by the City Engineer's Department. The City Engineer has appointed a Joint Technical Staff Committee which is a standing committee comprising members of his own staff and of the City Health Department. Matters affecting the disposal of wastes and other matters of mutual interest to both departments are discussed and investigated.

### 1. Refuse Disposal.

In terms of the Council's By-laws, owners of premises are required to provide approved types of covered refuse receptacles for the storage of refuse pending its removal. Refuse collection is carried out mainly on a tri-weekly basis for domestic premises and on a daily basis (6 days) for business premises.

The bulk of refuse is disposed of by controlled tipping (1,244 tons per day) and a small proportion by incineration (8 tons per day). The regular inspection of tipping sites by health inspectors is a routine procedure to ensure effective control of rodent harbourage, fly breeding and other nuisances.

The tipping system is invaluable to provide disposal facilities and at the same time to convert large areas of eroded or waste lands for playing fields and parks, etc., with a limited amount of building being allowed thereon under prescribed health and structural conditions.

### 2. Sewage Wastes.

With the exception of certain outlying and newer townships, both residential and industrial, the greater part of the City area is sewered. Some of the Bantu townships are sewered and some are on pail service but an extensive programme for providing water borne sewerage to all areas is now well under way.

Unsewered areas are served by a pail closet system with tri-weekly removals but a nightly service may be rendered in special circumstances. Conservancy tanks provide a useful alternative but this service is restricted by the number of vacuum tankers available. At the end of the year under review 740 conservancy tanks were in operation.

Pit privies are not permitted in the Municipal area. Septic tank installations are permitted but only where a sewer cannot be provided and if the tank can be situated at a suitable distance from the dwelling and the boundary of the property concerned.

The disposal of waste water in unsewered areas is usually by means of 'french' drains or surface irrigation. The efficiency of these methods depends largely on the absorptive qualities of the soil, and to some extent on the design and construction of drains to match the demand. Nuisances frequently arise where the soil is of low absorbency, or where there is insufficient depth due to the presence of high level rock strata.

The layout of the Council's sewerage system provides for disposal plants so situated as to ensure a maximum of gravity drainage to avoid pumping. An additional disposal works has been brought into operation at

Olifantsvlei which serves the Bantu townships now being sewered and relieves congestion at the older Klipspruit plant serving the southern sections of the City.

Over the past years the daily flow of sewage to existing works has steadily increased and plants have been taxed beyond their designed capacity. Relief is now being afforded by the new Northern Sewage Disposal Works which will eventually cater for most of the northern section of the City plus adjoining sewered areas administered by the Peri-Urban Areas Health Board.

The Bruma works was closed down by stages during the year and was completely closed, as was also Sandringham works, at the end of the year. Cydna works ceased to function in July 1961. Delta works passed the daily overflow on to the Northern Works. It will be the last of the smaller works to close down, probably in 1963.

The average flow of sewage received at the purification works was as follows:

Delta	4,793,000 gallons per day
Klipspruit	20,841,000 gallons per day
Olifantsvlei	7,170,000 gallons per day
Northern Sewage Works	9,500,000 gallons per day.

The part played by the City Health Department in assisting the City Engineer to comply with the standards laid down in the Water Act (No. 54 of 1956) and the regulations framed thereunder and with the requirements of the Public Health Act, is detailed in the section dealing with the Laboratory Branch.



IX. WATER SUPPLIES.

The City's water supply is maintained by the Rand Water Board, the main source being the Vaal River. After treatment the water is delivered in bulk at an agreed rate to the Council's reservoirs and thence through the reticulation system also owned and controlled by the Council. The Council has 13 service reservoirs and nine water towers, two of each type being in the Bantu occupied areas. All are decked over.

The sale of the water to consumers is based on a metering system with charges for domestic supplies at the rate of 29c. (2/11d.) per 1,000 gallons up to 100,000 in any one month and 17½c. (1/9d.) per 1,000 thereafter. Lower rates are charged for charitable institutions and sporting bodies. During 1961 the amount of water purchased by the Council was 19,320,203,000 gallons with an average daily consumption of 48,990,000, a substantial increase on the previous year.

Throughout the year weekly water samples were taken by this Department's health inspectors at various points where the water passes into supply. A number of private boreholes are in use in the Municipal area some of which are used for supplying large buildings such as blocks of flats, and periodic samples are taken to assess purity and potability. Suitable action is taken where tests of City supplies indicate any unusual condition. Borehole supplies are restricted to non-potable usage where tests reveal sub-standard conditions. The number of tests is recorded in Annexure 7.

The Medical Officer of Health is Honorary Medical Officer to the Rand Water Board.

## X. LABORATORY BRANCH.

The main laboratory of this branch is at Cydna with subsidiary laboratories at the various disposal works (Northern, Delta, Klipspruit and Olifantsvlei) and at the Bantu Beer Brewery, the power stations (Orlando and Kelvin) and the Gas Works.

Difficulties continue to occur in maintaining the staff at full strength and the high turnover rate of staff throws a great responsibility on the Chief Chemist and his senior chemists to maintain the standards of the work.

The functions of the branch are outlined in the following paragraphs.

### Sewage Treatment.

The primary function of the Chief Chemist and his staff is to advise the Medical Officer of Health in carrying out his statutory obligations in regard to the quality of the sewage effluent discharged from the sewage works. In so doing he works in close collaboration with the City Engineer and his staff.

Routine analysis of effluents is undertaken at each of the disposal works to ensure that they comply with the prescribed bacteriological and chemical standards.

Research activities in collaboration with the Engineers include investigations into the operating and control of plant to ensure the best and most economical results and into the design and operation of disposal plants, with a view to reducing capital and operation costs and increasing purification performance.

At Klipspruit Works large scale tests continue with the treatment of sewage with lime to eliminate erosion in the relief sewer. The treatment has proved economically practical and increases efficiency in works treatment, especially in regard to primary settlement. At Olifantsvlei Works 36 acres of maturation ponds, designed to permit experimental investigations, were nearly completed.

At Northern Works investigations into the performance of the complex irrigation channels and maturation ponds in polishing up effluent were pursued with notable effects on the bacteriological purification.

The standards of effluents have been satisfactory. A table of the average annual analysis for all the works is given in Annexure 11. A full report on the operation of the works is issued by the City Engineer.

### Bacteriological Work.

This is centred on the Cydna Laboratory where a bacteriologist organises and carries out bacteriological tests on various products and commodities.

Routine tests are performed on raw, pasteurised and dried milk; domestic water supplies are tested weekly and samples of borehole waters used for domestic and industrial purposes as required. (See Annexure 7). Water samples from municipal swimming baths and paddling pools are tested regularly during the summer; materials bought on contract such as anti-septics, disinfectants, paints, etc., are tested on request.



Research is carried out into the biological aspects of Bantu beer brewing with a view to improving the keeping qualities; and into bacteriological aspects of the analysis of natural water courses, paints, etc.

#### Industrial Effluents Control.

Supervision of industrial plants is maintained to ensure that effluents discharged into the sewer are amenable to treatment and will not have any deleterious effects on stormwater drains, sewers or disposal works. A survey of garage wastes is contemplated. Plants and processes are studied, plans for new factories and alterations are scrutinised and owners are required to make modifications where necessary. Charges are adjusted according to the nature and strength of the effluents accepted. The number of samples of industrial effluent collected and examined during the year was 3,147.

#### Milk and Water Tests.

Routine tests were made of milk, certain milk products and water samples collected by health inspectors. The number and type of these tests are reported under the sections dealing with sanitation and food supplies, and under the heading "Water Supplies" above. See also Annexure 7.

#### Swimming Baths.

Regular examinations of the water in the Council's 16 municipal swimming baths, including those at Kelvin, Orlando Power Station and Hillbrow, reflected a consistently high quality. Tests of the water in children's paddling or swimming pools attached to some of the larger baths also gave satisfactory results.

#### Bantu Beer Control.

A chemist is responsible for routine day to day control of Bantu beer to ensure reliable standards and for related research work into brewing materials, brewery plant and methods of brewing.

The research project into the effects of Bantu beer on productive effort, including comparisons with the effects of "European" liquor was continued.

Samples analysed included 350 samples of "Kaffir" corn malts, 126 samples of Bantu beers and 336 samples for blood alcohols. Other samples analysed at the same laboratory included carcase meals, 55, blood meals 53, and water samples 51.

#### Analytical Work.

This is centred on the Cydna Laboratory but is also undertaken at other laboratories in addition to their specialised activities, where this is convenient. The Buying Branch relies on the results of analysis in the purchase of some two million rand worth of materials and equipment per annum.

Routine analyses and investigations include analysis of oil, coal, paints, constructional stone and sand, cleaning materials, kaffir corn meal and malts, pharmaceuticals, foodstuffs, etc., analysis of municipal and non-municipal waters, testing and treating of municipal swimming pool waters,

analysis and checking of blood meal and carcase meal sold at the Abattoirs. Analysis of foodstuffs for pesticides, poisoned waters, preservatives in food and milk, the use of molybdenum disulphide in lubricating greases (the cause of sludging in bus engines) cumulative arsenicals in human hair and urine and many others.

The routine work is combined with practical research such as the determination and attempted breakdown of troublesome synthetic detergents, the follow up of paint work in various departments, improvements in filtration procedures at swimming baths, etc.

Special assignments have recently included: Investigating the cause of poisoning of a family and collaborating with other officials of the Health Department in tracing and destroying a large issue of meat products poisoned with sodium nitrite which was the cause of the incident; examining and eliminating the cause of mould growths in a large meat store; with officials of the Fire Department, going over the scene of a fire and subsequently examining burned residues to explain the cause of the fire; examination of the atmosphere in the Council's crematorium and advising on improved ventilation.

#### Air Pollution Control.

Assessment of air pollution in terms of smoke, deposited matter and sulphur dioxide has been continued at the ten selected sites in and about the city. The results are shown graphically in Annexure 12.

These investigations are closely integrated with the national research programme of the Council for Scientific and Industrial Research which is financed by local authorities, various industries and industrial bodies and by the State Treasury. The City Council contributes R3,000 per annum. The first conference of contributors was held during the year and received progress reports from the Technical Advisory Committee, the C.S.I.R. Air Pollution Research Unit, the Johannesburg and Durban municipalities and the mining industry.

A bill designed to confer extensive powers for dealing with air pollution was referred to a Select Committee and later to a Commission of Enquiry. Appropriate legislation is urgently needed.

With the appointment of two (out of six proposed) smoke inspectors, the Air Pollution Control Section began concentrating its activities in the practical control of smog in the centre of the city, where pollution is heaviest and greatest immediate benefits to the public could be demonstrated. Surveys and examinations of fire burning appliances in buildings in the centre of town have been made and propaganda literature has been widely disseminated. Response to the campaign has been favourable in many instances, but generally speaking disappointing. Effective results may be delayed until the requisite legislation to enforce compliance with certain standards has been passed.

Liaison of this section with the Plans Section of the City Engineer's Department in advising upon and preventing the installation of unsatisfactory burning appliances in new buildings, and also with the health inspectorate in dealing with some 57 smoke complaints thus far, has been excellent. Excellent co-operation has also been experienced from governmental and provincial authorities in quelling smog from hospitals and other public institutions.



Gas Works.

The function of the Branch is to perform routine analyses and research work to assist the Manager in the operation of the gas works and the production of by-products in conformity with specifications laid down by the South African Bureau of Standards. By-products include coke, ammonia and tar. These functions are related to the ammonia recovery plant and control of the sulphur removal and recovery boxes; boiler operation to prevent corrosion and scaling; control of mixed gases distributed from the works to prevent corrosion at the works, of the gas mains and of household appliances; control of effluents discharged into the sewers and the prevention of air pollution.

Power Stations.

The Branch continued with routine and research work at the power stations which involves such matters as the examination and testing of boiler waters, make up and cooling waters; analysis of oils and other lubricants; prevention of corrosion or scaling throughout the plant; rebuilding by electroplating of worn shafts; prevention of corrosion of concrete cooling towers, etc.

At Orlando Power Station numerous investigations were made into plant corrosion problems and improved analytical control methods. Improved smog detection methods were also investigated. A new nickel plating plant was installed.

At Kelvin Power Station investigations into the corrosive effects of ammonia, carbon dioxide and oxygen in the feed system are being conducted. A special problem is the corrosive effect of sewage effluent on the narrow concrete supporting legs of the cooling towers and on the asbestos cement slates in the towers and also on concrete channels.

The City Generating Station was closed during the year and will be retained as a stand-by for peak winter load periods if required. Experimentation with "wet-storing" boilers using hydrazine continues.

XI. PUBLIC CONVENIENCES.

The Department maintains and controls 37 public conveniences for Europeans and Non-Europeans of both sexes in the City and suburbs where there is a demand for these facilities which can be met. Additional conveniences are available to the public in various parks and in premises controlled by other Departments.

A programme adopted by the Council in 1955, to increase the number of conveniences in the municipal area, is nearing completion.

Public conveniences are essential for all shopping centres; on the 29th August 1961 the Management Committee directed that these be considered for all new centres. Plans for new projects will be submitted to the Medical Officer of Health for his recommendation in this connection.

XII. CREMATION OF DECEASED PERSONS.

Cremations in the Braamfontein Crematorium numbered 1,454 during the year, an increase of 126 over the previous year. The By-laws relating to cremations promulgated during 1957, do not make any provision for special medical certificates other than is normally required for the burial of a body. There is the possibility that this procedure may be open to abuse but this is purely a medico-legal as opposed to a public health consideration.



### XIII. HEALTH EDUCATION, TRAINING AND PUBLIC RELATIONS.

All members of the field staff of the Department regard health education as an integral part of their duties and utilise every opportunity for imparting information on health matters in their daily contacts with the public.

Free use is made of printed material: the booklet "Care of Mother and Child" and leaflets and pamphlets on maternal and infant care, together with the publication "Feeding of the Young Child."

Booklets entitled "Calling all Dairy Farmers" and "Prevention of Rats and Mice" are also available. Eye catching coloured posters depicting the dangers of carbon monoxide poisoning in the official languages and in two Bantu languages and posters emphasising the importance of hygienic food handling have been widely distributed and displayed. Reprints of Dr. Freedman's paper on street trading were distributed to all Councillors and to interested local authorities and other bodies. Approximately 3,000 copies of a poster on immunisation against poliomyelitis prepared by the Institute for Public Health were distributed before and during the immunisation campaigns in July and September and stamps were attached to all outgoing correspondence during these months.

The Chief Tuberculosis Medical Officer as a member of the Health Education and Publicity Sub-Committee of S.A.N.T.A. (National) took an active part in the preparation of pamphlets and literature dealing especially with the public health aspects of tuberculosis.

The public health museum, established in 1958 in a section of the basement at 18 Hoek Street has been dismantled for remodelling and further displays and exhibits relating to the activities of various sections of the Department are being prepared. It is designed to serve as a most useful ancillary to health propaganda campaigns in a manner which appeals to the public and those interested in public health work.

Visits were arranged by request for parties of students and others to visit the laboratories at sewage disposal works, the Disinfecting Station and other points of interest, and visitors to the city were shown over the poly-clinics in the Bantu townships when occasion offered. With the closing down of the Cydna Sewage Disposal Works instructional visits for nurses and other persons have been transferred to Klipspruit Works. Short explanatory talks were given on the sewage purification processes. Many of these visitors were university students or scholars, the latter also being conducted over the laboratory as part of their "careers guidance" training.

Members of the staff have given a number of formal talks and addresses to special groups and at conferences; these are listed in Annexure 13. A list of conferences and meetings attended by councillors and officials during the year is contained in the same annexure.

The Food Hygiene Health Education teams have continued to operate throughout the year as noted elsewhere in this report. A syllabus for a course of training for food handlers was approved by the Health and Amenities Committee on the 15th December 1961.

During the year space made available on the ground floor at 18 Hoek Street was converted, equipped and brought into use for health education

purposes as a lecture room with facilities for screening colour slides and cinematograph films associated with public health activities. The lecture room is proving to be a valuable adjunct to the Department's programmes for health education as applied to various appropriate sections of the community, and for the information and instruction of the staff. Films and colour slides were shown in the lecture room to various groups on 24 occasions and on 23 occasions to various bodies elsewhere, in addition to the other lectures by the food hygiene teams.

The Medical Officer of Health and members of his staff have taken an active part in their own professional organisations and in welfare and other bodies actively associated with public health work. These activities are encouraged as a means of keeping their knowledge and enthusiasm up-to-date and in maintaining good public relations, while at the same time assisting organisations which directly and indirectly contribute a great deal to the health and welfare of the community. By resolution of the General Purposes Committee (12th January 1960) Heads of Departments are authorised to approve of officials in their departments serving on such committees during working hours and lists of officials so serving are reported to Standing Committees at the beginning of each year for information.

The list is quite a formidable one as there are so many organisations doing worth-while work in the public health field. Members of the staff devote much of their spare time to serving on these committees which meet mostly outside office hours and take up a minimum of official time.

The Medical Officer of Health has maintained good relations with the Press which has been very helpful and ready to assist in many directions, an attitude which is much appreciated. Thanks are also recorded to the Public Relations Officer of the Town Clerk's Department who has assisted in maintaining good relations with the public and in publicising matters of special topical interest.

The Witwatersrand and Pretoria Public Health Consultative Committee was established many years ago as a plague committee and was revived on a broader basis in the post war period. It is sponsored by local authorities in the area and further afield who are represented by their medical officers of health, veterinarians and chief health inspectors. The Regional Health Officer, Chief Railway Health Officer and Dean of the Faculty of Medicine at the Witwatersrand University also serve as members. The Committee acts as a forum to discuss health matters of local interest, to draw up public health by-laws and to prepare and distribute material for health propaganda.

The Research Co-ordinating Sub-Committee of the Joint Technical Staff Committee comprises members of the staff of the City Health and City Engineer's Departments and co-ordinates experimental and research work, mainly on sewerage purification and related problems.

Training: In regard to more formal education, members of the staff assisted in the training of health inspectors and health visitors at the Technical College and other members acted as examiners for the examination of these students. The names of staff giving these lectures are included in Annexure 13.

Seven European and five Non-European student health inspectors each served a 62 day period of practical training in the Sanitation Division of the Department in terms of Section 3(c) of the syllabus of the Joint Examination Board.



Practical training was undertaken by 19 European pupil health visitors and 7 Non-European health visitors in the Department's Child Welfare Section. Nurses taking a post graduate course in pediatrics and the district nursing course attended sessions at clinics and were shown the work of health visiting. Lectures and demonstrations on mothercraft were given to students of the Johannesburg Teachers' Training College for Home Economics by a health visitor.

The Senior Dental Officer (Orlando) is Honorary Lecturer in Public Health and Preventive Dentistry at the Witwatersrand University; demonstrations were given to final year dental students and pupil health visitors during tours of the Orlando Dental Clinic.

European and Non-European pupil health visitors were given demonstrations and lectures on administration and practical aspects of the Medical Services in the Bantu Areas.

Study: The Chief Child Welfare Medical Officer and one medical officer attended a General Practitioners Refresher Course at the Witwatersrand University.

Three European health visitors proceeded overseas on study leave, one to undertake the Diploma in Nursing Administration (Public Health) and two to take the Public Health Sister Tutor's Diploma. Refresher courses were organised by the Midwives Discussion Group, the Transvaal Nursing Education Group, Social Workers Association and the Health Visitors Discussion Group and were attended by members of the staff.

A group of ten health visitors took part in a seminar on group teaching and twenty Non-European staff members attended a course of discussions and lectures on psychiatric problems, both courses under the auspices of the Matron of Tara Hospital. Thanks are recorded to the Medical Superintendent and Matron of the hospital and to the staff of the Child Guidance Clinic for their interest in arranging and conducting these courses.

Six members of the Non-European nursing staff were granted study leave for a course of midwifery training, two are still completing the course. Three of the members of the same group attended a full time Health Visitors and School Nurses Course at Kimberley and successfully passed the examination. Eleven Non-European midwives completed their training in 1961. All were successful.

#### XIV. FINANCE.

A schedule of the cost of the services rendered by the City Health Department for the financial year ended 30th June 1961, is included as Annexure 14 with a diagrammatic representation in Annexure 15. These annexures record the finances for the financial year whereas the report is for the calendar year.

##### Expenditure.

The expenditure figures for the various services operated by the Department are made up of Salaries, Wages and Allowances, Miscellaneous Expenses, Repairs and Maintenance, Loan Charges and Revenue Contributions to Capital Outlay.

The cost of those services provided for Non-Europeans both in the Council's Bantu Townships and elsewhere are passed on to the Non-European Affairs Department to be charged to the Bantu Revenue Account. The amount for 1960/61 was R1,866,206.

##### Income.

The Income detailed in the Financial Summary includes Refunds totalling R1,008,978 from the State Department of Health, under the Public Health Acts, and the subsidy of R469,909 received from the Transvaal Provincial Administration for curative and midwifery Services operated by the Council on behalf of the Administration, in the Bantu Townships. The income relative to the services for Non-Europeans is paid over to the Non-European Affairs Department to be credited to the Bantu Revenue Account. The amount for 1960/61 was R1,237,705.

On 1st April 1958 the Transvaal Provincial Administration assumed financial responsibility for the Curative and Midwifery Services in the Bantu Townships. The Council is continuing to operate these services, pending the take-over by the Administration. For various reasons, the subsidy being received by the Council represents only approximately 83% of the cost involved. Representations are at present being made for the payment of full 100% subsidy.

The total cost of services for which the City Health Department is responsible increased by R188,762 and the net cost by R60,871 as compared with the previous financial year.

The most important increases took place in Child Welfare Services, Immunisation Services, Waterval Hospital, Sanitation and Public Conveniences. In the case of Child Welfare, Sanitation and Public Conveniences, where the net increases in Expenditure were R14,153, R13,911 and R19,998 respectively, the additional cost was mainly due to increased expenditure on Salaries, Wages and Allowances due to expansion of the services. The increased cost of running Waterval Hospital (R14,873) was due mainly to filling of vacant posts, and an increased programme of building maintenance carried out by the City Engineer's Department.

The oral poliomyelitis immunisation campaign carried out during the financial year stepped up the cost of immunisation services by R19,912.

Two services operated by the Department showed decreases in net expenditure compared with the previous financial year. Medical services in



Townships cost R17,515 less due to a higher provincial subsidy being received, relative to the expenditure incurred.

Due to the delayed receipt of accounts from the Johannesburg Hospital for the cost of running the Fever Hospital, it was not possible to bring some of the expenditure to account for 1960/61, with the result that the net cost for this year decreased by R10,941.

The decisions in regard to the findings of the Borckenhagen Committee on financial and other responsibility of local authorities relative to other levels of Government are still awaited. These decisions may be delayed until the report of the Schumann Commission is received.

REPORT B FOLLOWS THE ANNEXURES.

STAFF ESTABLISHMENT AS AT 31ST DECEMBER 1961.HEAD OFFICE ADMINISTRATION:

1 Medical Officer of Health  
 1 Deputy Medical Officer of Health  
 3 Assistant Medical Officers of Health  
 1 Administrative Officer  
 1 Chief Clerk  
 17 Clerks  
 7 Female Assistants  
 9 Shorthand Typists  
 2 Telephonists  
 12 Unskilled Labourers (Bantu)

INFECTIOUS, COMMUNICABLE AND PREVENTABLE DISEASES:

1 Senior Infectious Disease Inspector  
 1 District Health Inspector  
 1 Female Assistant  
 1 Health Inspector (Bantu)

DISINFECTIONS AND REMOVALS:

1 Transport and Disinfecting Superintendent  
 1 Assistant Transport and Disinfecting Superintendent  
 5 Disinfecting Officers  
 1 Chargehand Mechanic  
 3 Mechanics  
 1 Recorder  
 1 Messenger Scooter Driver (Bantu)  
 4 Drivers (Bantu)  
 12 Unskilled Labourers (Bantu)

FEVER HOSPITAL:

1 Physician-in-charge (Part-time)  
 1 Ear, Nose and Throat Surgeon (Part-time)

WATERVAL HOSPITAL:

1 Medical Superintendent  
 3 Medical Officers  
 1 Radiologist (Part-time)  
 1 Matron  
 2 Nursing Sisters  
 1 Food Supervisor  
 2 Radiographers  
 1 Specialist in Physical Medicine (Part-time)  
 1 Orthopaedic Surgeon (Part-time)  
 1 Physiotherapist (Part-time)  
 1 Occupational Therapist  
 1 Clerk-in-Charge  
 1 Female Assistant  
 1 Hygiene Officer/Handyman  
 1 Storeman  
 1 Night Superintendent (Female) (Bantu)  
 9 Sisters (Bantu)  
 24 Nurses (Bantu)  
 58 Nursing Assistants (Uncertificated) (Bantu)  
 4 Orderlies (Bantu)  
 4 Clerks (Bantu)  
 2 Radiographer's Assistants (Female) (Bantu)  
 1 Female Instructor (Bantu)  
 61 Unskilled Labourers (Bantu)

TUBERCULOSIS SERVICES:

1 Chief Tuberculosis Medical Officer  
 1 Assistant Chief Tuberculosis Medical Officer  
 4 Medical Officers  
 1 Radiologist (Part-time) (A)  
 1 Dental Officer (Part-time) (A)

TUBERCULOSIS SERVICES: (Contd.)

1 Senior Health Visitor  
 16 Health Visitors (A)  
 6 Welfare Officers (B)  
 3 Nursing Sisters  
 2 Radiographers (A)  
 1 Technical Assistant  
 2 Clerks  
 4 Female Assistants  
 51 Nurses (Bantu) (A)  
 14 Clerks (Bantu) (A)  
 12 Clinic Assistants (Bantu)  
 3 Transport Drivers (Bantu) (A)  
 1 Orderly Clinic (Bantu) (A)  
 1 Radiographer (Bantu) (A)  
 2 Dark Room Assistants (Bantu) (A)  
 1 Dentist's Assistant (Bantu) (A)  
 9 Welfare Assistants (Bantu) (B)  
 17 Labourers (Bantu) (A)

VENEREAL DISEASES SERVICES:

1 Consultant Venereologist (Part-time)  
 2 Medical Officers (Part-time)  
 2 Clinic Orderlies (Part-time)  
 1 Technical Assistant (Part-time)

MATERNAL AND CHILD HEALTH SERVICES:

1 Pediatric Officer (Part-time)  
 1 Chief Child Welfare Medical Officer  
 1 Assistant Chief Child Welfare Medical Officer  
 9 Child Welfare Medical Officers  
 2 Immunisation Officers  
 1 Chief Health Visitor  
 1 Senior Health Visitor (Health Education)

46 Health Visitors  
 3 Nursing Sisters  
 5 Clinic Attendants  
 4 Female Assistants  
 21 Health Visitors (Bantu)  
 1 Unskilled Labourer (Bantu)

SUPERVISION OF NURSING HOMES AND MIDWIVES:

1 Senior Health Visitor  
 3 Health Visitors  
 1 Female Assistant

DISPENSARY:

1 Chief Pharmacist  
 2 Pharmacists  
 9 Unskilled Labourers (Bantu)

NURSERY SCHOOLS AND DAY NURSERIES:

1 Medical Officer  
 1 Inspectress of Nursery Schools  
 1 Senior Supervisor  
 6 Supervisors  
 15 Assistant Supervisors  
 6 Nursery Assistants  
 1 Driver/Handyman  
 1 Female Assistant  
 2 Senior Assistant Supervisors (Bantu)  
 15 Assistant Supervisors (Bantu)  
 4 Nursery School Helpers (Bantu)  
 7 Cooks (Bantu)  
 11 Unskilled Labourers (Bantu)



MEDICAL SERVICES IN BANTU LOCATIONS:

6 Senior Medical Officers  
 24 Medical Officers  
 11 Medical Officers (Part-time)  
   1 Senior Dental Officer  
   5 Dental Officers  
   1 Senior Health Visitor  
 10 Health Visitors  
   1 Orthopaedic After-Care Sister  
   1 Clerk  
   1 Health Visitor (Bantu)  
 124 Nurses (Bantu)  
 109 Midwives (Bantu)  
   38 Orderlies (Bantu)  
   8 Dentist's Assistants (Bantu)  
   31 Drivers, Nurses Transport (Bantu)  
   7 Clerks (Bantu)  
   63 Unskilled Labourers (Bantu)

SANITATION DIVISION:

1 Chief Health Inspector  
 4 Divisional Health Inspectors  
 11 Senior Health Inspectors  
 62 District Health Inspectors  
   3 Learner Health Inspectors  
   2 Veterinarians (C)  
   3 Clerks  
   2 Pest Control Inspectors  
   23 Pest Control Overseers  
   17 Health Inspectors (Bantu)  
   53 Unskilled Labourers (Bantu)

LABORATORY DIVISION:

1 Chief Chemist  
 1 Assistant Chief Chemist  
 5 Principal Chemists  
 1 Air Pollution Officer  
 12 Chemists  
 1 Industrial Effluents Sampler  
 1 Bacteriologist  
 6 Inspectors (Air Pollution Control) (D)  
 1 Laboratory Technician  
 4 Laboratory Assistants  
 1 Clerk  
 1 Typist

LABORATORY DIVISION: (Contd.)

3 Chemical Engineering Students  
 6 Boiler Demonstrators (Bantu) (D)  
 6 Unskilled Labourers (Bantu)

MEDICAL EXAMINATION CENTRE : BANTU

REGISTRATION DEPOT:

1 Senior Medical Officer  
 3 Medical Officers (2 European or Non-European)  
 1 Radiologist (Part-time)  
 1 Technical Assistant (X-ray)  
 1 Medical Orderly  
 1 Radiographer (Bantu)  
 3 Orderlies (Medical) (Bantu)  
 2 Clinic Orderlies (Bantu)  
 4 Orderlies (X-ray) (Bantu)  
 1 Nurse (Bantu)  
 1 Nurse/Aide (Bantu)  
 2 Clinic Assistants (Bantu)  
 1 Dark Room Assistant (Bantu)

EUROPEAN HOUSING:

1 Housing Officer  
 1 Assistant Housing Officer  
 1 Housing Supervisor  
 1 Senior Assistant Housing Supervisor  
 2 Housing Assistants  
 7 Assistant Housing Supervisors  
 2 Clerks  
 7 Caretaker/Handymen  
 1 Matron, Girls' Club  
 1 Assistant Matron, Girls' Club  
 1 Cook, Girls' Club (Bantu)  
 43 Unskilled Labourers (Bantu)

PUBLIC CONVENIENCES:

2 Supervisors  
 46 Attendants  
 96 Unskilled Labourers (Bantu)

(A) Appointments to the following 20 posts will only be made when the Moroka Clinic is completed:

EUROPEANS: 1 Radiologist (Part-time); 1 Dental Officer (Part-time);  
 1 Health Visitor; 2 Radiographers.

NON-EUROPEANS: 2 Nurses; 1 Orderly (Clinic); 1 Radiographer; 2 Dark Room Assistants; 1 Dentist's Assistant; 3 Clerks; 5 Labourers.

(B) Five Welfare Officers and nine Non-European Welfare Assistants seconded to City Health Department from Non-European Affairs Department for full-time duties in Bantu Areas.

(C) Seconded full-time from Abattoir and Livestock Market Department.

(D) The Council on 25th April 1961 (Page 941) resolved that the Medical Officer of Health be empowered to fill two posts of each in the usual manner. The remaining posts not to be filled without the approval of the Management Committee.

SUMMARY OF STAFF \* ACTUALLY EMPLOYED AS AT 31ST DECEMBER 1961.

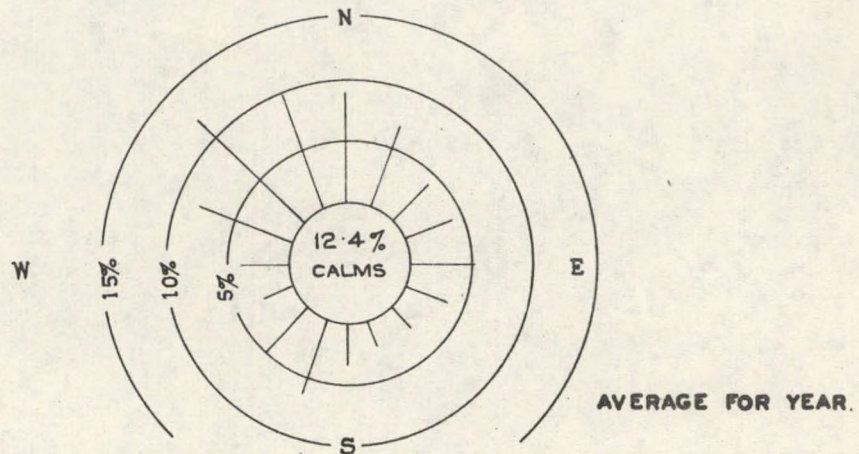
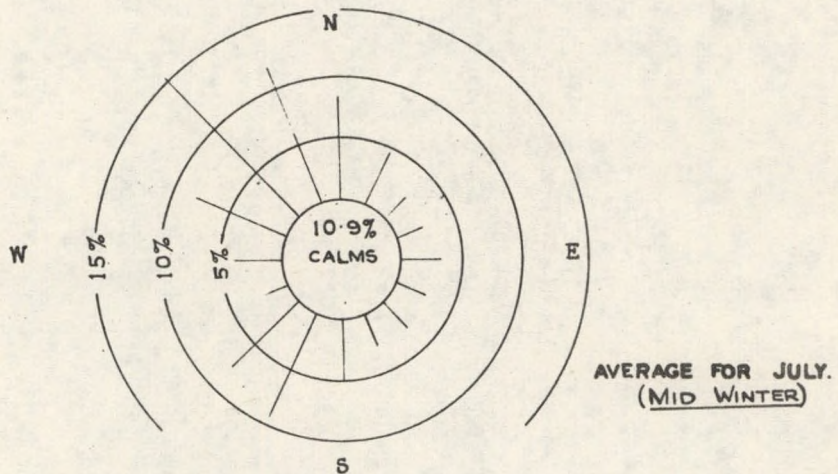
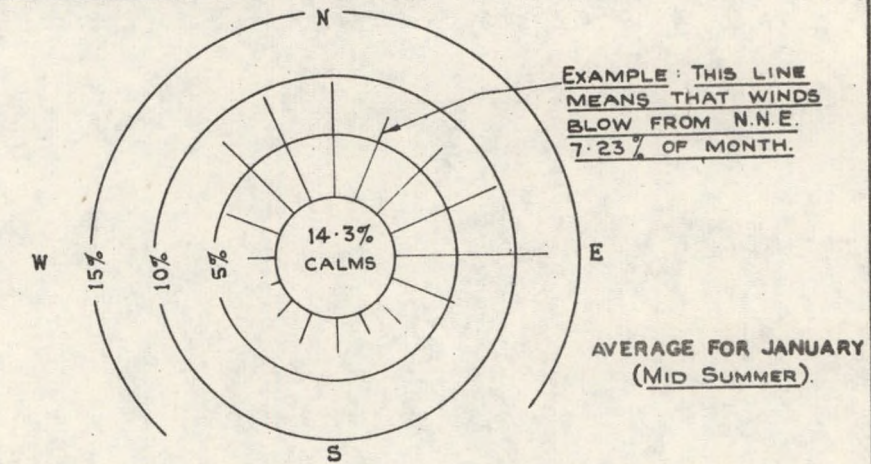
<u>EUROPEANS:</u>		<u>NON-EUROPEANS:</u>	
Salaried Staff	394	Salaried Staff	539
Daily Paid	49	Daily Paid	418
	<u>443</u>		<u>957</u>

\* The accountancy work of the City Health Department is carried out by an Accountant and 14 officials of the City Treasurer's Department. These are not included in the summary of staff.



WIND FREQUENCIES FOR CENTRAL WITWATERSRAND.

INDICATING DIRECTIONS FROM WHICH THE WINDS BLOW,  
CALCULATED AS PERCENTAGES OF THE PERIOD GIVEN.  
PERCENTAGE CALMS ARE GIVEN WITHIN THE CIRCLE  
(ARCS REPRESENT 5% INTERVALS)



DATA RECORDED AT JAN SMUTS AIRPORT, LAT. 26° 08'S, LONG. 28° 14'E,  
AND TAKEN FROM "CLIMATE OF SOUTH AFRICA: PART 6:  
SURFACE WINDS", PUBLISHED BY THE WEATHER BUREAU, PRETORIA, 1960.



The following table reflects the averages of records of climatic conditions each month during 1961:

	Joubert Park							Jan Smuts Airport					
	Temperature					Rainfall		Relative Humidity			Bright Sunshine		
	Mean Daily Maximum	Highest Daily Maximum	Mean Daily Minimum	Lowest Daily Minimum	Mean Daily (at Jan Smuts)	Total	Number of Days with Rain	Mean Daily	Mean Daily Maximum	Mean Daily Minimum	Mean Daily Hours of Sunshine	Number of Days with less than 11% of possible	Number of Days with more than 89% of possible
January	24.7	14.1	29.9	7.6	19.1	129.7	12	65	91	41	9.50	0	6
February	25.2	15.3	29.2	12.0	19.2	67.3	8	71	95	44	8.17	1	8
March	23.2	14.3	26.5	11.7	17.6	93.3	10	77	98	51	7.01	4	2
April	21.5	11.7	25.3	9.6	15.8	89.1	10	72	93	49	7.72	4	12
May	18.5	9.1	22.5	1.0	11.9	52.8	8	70	95	43	8.26	0	13
June	15.7	6.1	18.5	2.5	10.0	12.0	4	71	94	42	7.92	1	14
July	16.1	6.5	19.5	3.0	10.3	2.0	1	58	83	37	7.96	2	14
August	17.2	5.2	26.0	-0.5	10.5	0.3	1	53	85	28	9.54	0	20
September	24.1	11.3	28.5	4.1	16.7	3.0	4	51	82	27	9.98	0	14
October	25.9	12.1	32.2	4.0	18.2	48.1	7	46	76	26	9.91	1	14
November	23.2	13.0	29.2	9.0	17.5	101.7	17	73	97	48	7.32	1	1
December	24.4	13.2	29.0	7.7	18.1	119.0	17	72	98	48	8.35	4	6
Year	21.6	11.0	32.2	-0.5	15.4	718.3	99	66	91	40	8.47	18	124

The climatological records are based on data supplied by the Director of the Weather Bureau to whom thanks are here recorded.

BANTU POPULATION

The following estimates were arrived at in consultation with the Manager, Non-European Affairs Department of the Council:

PLACE	1960	1961
Orlando and Extension	66,128	64,813
Moroka	5	-
Mofolo	13,293	28,403
Jabavu	27,742	28,902
Dube	11,696	11,904
Pimville	33,561	36,666
Western Native Township	15,343	13,525
Eastern Native Township	3,699	4,213
Site and Service and Slum Clearance Schemes	180,344	172,820
Wemmer Bantu Men's Hostel	2,809	2,809
Wolhuter Bantu Men's Hostel	3,230	3,123
Denver Bantu Men's Hostel	3,336	3,332
Mai-Mai Bantu Men's Hostel	399	399
Jabulani Bantu Men's Hostel	2,434	2,739
Wolhuter Bantu Women's Hostel	135	135
Municipal Compounds	11,691	13,656
Sophiatown, Newclare, Martindale and Pageview	300	-
Nancefield Hostel	4,832	4,742
Dube Hostel	5,056	4,966
Commerce and Business	8,660	8,195
Hotels and Clubs	4,389	4,304
Schools, Hospitals and Churches	2,379	2,374
Domestic Servants in private dwellings	75,400	76,000
Licensed husbands of female domestics	317	314
Cleaners and domestic servants in flats	16,472	17,343
Mine Labourers	29,303	27,000
<b>TOTAL ESTIMATED BANTU POPULATION</b>	<b>522,953</b>	<b>532,677</b>

The estimates of the total Bantu population show an increase of approximately 10,000 over the estimates of the previous year. The main increases are reflected in Mofolo, Jabavu, Pimville and in the Municipal Compounds. The main decrease is in the Site and Service and slum clearance areas, due to transfer of residents to other areas where better housing has been provided.



## DEATHS CLASSIFIED FOR CAUSES AND RACE, 1961.

## ABBREVIATED LIST OF 60 CAUSES OF DEATH.

International Code No.	Cause of Death	Europeans	Bantu	Misc Bantu	Coloureds	Asiatics	All Races
001 - 008	Tuberculosis, Respiratory System	29	198	3	10	6	244
010 - 019	Tuberculosis, Other Forms	2	100	1	4	-	107
020 - 029	Syphilis	14	10	1	1	-	26
040	Typhoid Fever	-	3	-	-	-	3
045 - 048	Dysentery	5	16	-	1	1	23
055	Diphtheria	6	23	-	-	-	29
056	Whooping Cough	-	46	-	2	-	48
057	Meningococcal Infections	2	12	-	1	-	15
080	Acute Poliomyelitis	1	1	-	-	-	2
085 - 086	Measles	-	43	-	3	-	46
	Other Diseases Classified as Infective and Parasitic	37	42	-	3	4	76
140 - 205	Malignant Neoplasms	555	254	6	42	12	809
210 - 239	Benign Neoplasms	6	5	-	-	-	11
260	Diabetes Mellitus	25	33	-	2	4	64
290 - 293	Anaemias	8	12	1	4	1	26
330 - 334	Vascular Lesions Affecting Central Nervous System	115	125	1	13	2	256
340	Non-Meningococcal Infections	4	43	1	2	-	50
400 - 402	Rheumatic Fever	2	4	-	1	-	7
410 - 416	Chronic Rheumatic Heart Disease	44	67	3	2	3	119
420 - 422	Arteriosclerotic and Degenerative Heart Disease	765	85	5	28	25	908
430 - 434	Other Diseases of Heart	116	102	2	20	4	244
440 - 443	Hypertension with Heart Disease	15	23	-	4	-	42
444 - 447	Hypertension without Mention of Heart	149	135	-	22	13	319
450 - 456	Diseases of Arteries	146	30	-	8	4	188
480 - 483	Influenza	-	2	-	1	2	5
490 - 493,763	Pneumonia	92	611	7	34	6	652
500 - 502	Bronchitis	10	38	-	3	4	55
540 - 541	Ulcer of Stomach and Duodenum	36	7	-	-	1	44
550 - 553	Appendicitis	2	4	-	-	-	6
560,561,570	Intestinal Obstruction and Hernia	23	15	1	1	-	40
571, 764	Gastro-Enteritis	13	534	-	20	2	569
581	Cirrhosis of Liver	27	43	-	4	2	76
590 - 594	Nephritis and Nephrosis	33	57	1	5	2	98
610	Hypertrophy of Prostate	5	1	-	-	-	6
640 - 652	Complications of Pregnancy and Childbirth	8	37	-	2	1	48
760 - 769	Congenital Malformations	47	38	-	5	4	94
766 - 762	Birth Injuries and Post-Natal Asphyxia	42	79	-	6	3	130
765 - 776	Other Infant Diseases and Immaturity	99	361	-	13	13	506
780 - 796	Senility and Ill-defined Conditions	88	921	4	42	4	1,059
810 - 835	Motor Vehicle Accidents	55	127	2	13	1	198
890 - 892	All Other Accidents	102	207	59	16	7	391
970 - 979	Suicide	96	13	-	4	-	113
980 - 999	Homicide	43	454	8	33	4	542
	Other Causes	250	355	3	31	0	639
	TOTALS	3,104	5,246	109	406	146	9,011

\* CORRECTED FOR OUTWARD TRANSFER.

SUMMARY OF DETAILED LIST OF DISEASES, INJURIES AND  
CAUSES OF DEATH 1959 - 1961.

Cause of Death	1959			1960			1961		
	Deaths	Rate	% of Total	Deaths	Rate	% of Total	Deaths	Rate	% of Total
<b>I. Infective and Parasitic Diseases</b>									
Europeans	89	0.24	2.85	87	0.24	2.82	86	0.23	2.77
Bantu	508	1.01	9.13	486	0.89	8.15	499	0.94	8.32
Coloureds	39	1.04	9.15	37	0.86	8.75	25	0.67	6.16
Asiatics	4	0.15	2.63	5	0.21	3.33	11	0.46	7.53
All Persons	640	0.68	6.91	595	0.63	6.35	621	0.64	6.80
<b>II. Neoplasms</b>									
Europeans	532	1.43	17.07	529	1.44	17.14	561	1.52	18.07
Bantu	255	0.51	4.58	266	0.51	4.65	285	0.50	4.95
Coloureds	28	0.74	8.57	30	0.70	7.09	42	0.96	10.34
Asiatics	19	0.48	8.55	14	0.50	9.33	12	0.50	8.29
All Persons	828	0.98	8.94	839	0.89	8.95	860	0.91	9.77
<b>III. Allergic, Endocrine System, Metabolic and Nutritional Diseases</b>									
Europeans	38	0.10	1.22	59	0.16	1.91	56	0.15	1.80
Bantu	125	0.25	2.25	164	0.31	2.87	150	0.28	2.60
Coloureds	12	0.32	2.82	10	0.23	2.36	11	0.25	2.71
Asiatics	6	0.22	3.95	6	0.25	4.00	7	0.29	4.79
All Persons	181	0.19	1.96	239	0.25	2.55	224	0.23	2.49
<b>IV. Diseases of the Blood and Blood Forming Organs</b>									
Europeans	4	0.01	0.13	7	0.02	0.23	13	0.04	0.42
Bantu	15	0.03	0.27	9	0.02	0.16	19	0.04	0.35
Coloureds	-	-	-	1	0.02	0.24	5	0.11	1.23
Asiatics	-	-	-	-	-	-	2	0.02	1.37
All Persons	19	0.02	0.21	17	0.02	0.18	39	0.04	0.43
<b>V. Mental, Psychoneurotic and Personality Disorders</b>									
Europeans	17	0.05	0.55	10	0.03	0.32	5	0.01	0.16
Bantu	9	0.02	0.16	4	0.007	0.07	6	0.01	0.11
Coloureds	2	0.05	0.47	-	-	-	2	0.05	0.49
Asiatics	-	-	-	2	0.08	1.33	-	-	-
All Persons	28	0.03	0.30	16	0.02	0.17	13	0.01	0.14
<b>VI. Diseases of the Nervous System and Sense Organs</b>									
Europeans	164	0.41	4.94	181	0.49	5.86	164	0.42	5.00
Bantu	193	0.38	3.47	235	0.45	4.11	228	0.43	4.28
Coloureds	21	0.56	4.93	22	0.51	5.20	20	0.46	4.93
Asiatics	7	0.26	4.61	10	0.42	6.67	2	0.02	1.37
All Persons	375	0.40	4.05	448	0.47	4.78	404	0.42	4.48
<b>VII. Diseases of the Circulatory System</b>									
Europeans	1,270	3.41	40.74	1,299	3.53	42.08	1,260	3.43	40.88
Bantu	515	1.03	9.28	490	0.88	8.05	482	0.90	9.00
Coloureds	100	2.66	23.47	82	2.14	21.75	91	2.09	22.41
Asiatics	54	2.00	38.53	42	1.78	29.00	49	2.04	33.56
All Persons	1,939	2.06	20.94	1,893	1.98	20.19	1,861	1.96	20.99
<b>VIII. Diseases of the Respiratory System</b>									
Europeans	146	0.39	4.08	153	0.42	4.96	135	0.36	4.35
Bantu	543	1.09	9.76	620	1.19	10.85	579	0.99	10.81
Coloureds	31	0.82	7.98	53	1.23	12.53	35	0.80	8.62
Asiatics	12	0.44	7.89	15	0.63	10.00	15	0.63	10.27
All Persons	732	0.78	7.91	841	0.88	8.97	764	0.79	8.48



Cause of Death	1959			1960			1961		
	Deaths	Rate	% of Total	Deaths	Rate	% of Total	Deaths	Rate	% of Total
<b>IX. Diseases of the Digestive System</b>									
Europeans	182	0.41	4.08	143	0.39	4.53	141	0.38	4.54
Nants	908	1.81	16.32	961	1.84	16.81	643	1.21	12.61
Coloureds	51	1.36	11.97	45	1.05	10.64	24	0.55	5.91
Asiatics	10	0.27	0.58	12	0.51	8.00	5	0.21	3.42
All Persons	1,121	1.20	12.11	1,101	1.21	12.38	813	0.84	9.02
<b>X. Diseases of the Genito-Urinary System</b>									
Europeans	64	0.17	2.65	53	0.14	1.72	53	0.22	2.67
Nants	60	0.16	1.44	78	0.14	1.31	91	0.17	1.70
Coloureds	8	0.18	1.41	7	0.18	1.05	8	0.12	1.97
Asiatics	3	0.11	1.97	2	0.12	2.00	4	0.17	2.74
All Persons	133	0.16	1.66	138	0.14	1.47	156	0.19	2.00
<b>XI. Diseases and Complications of Pregnancy, Childbirth and the Puerperium</b>									
Europeans	1	0.005	0.06	2	0.005	0.06	5	0.01	0.16
Nants	29	0.66	0.52	28	0.67	0.66	27	0.67	0.70
Coloureds	4	0.11	0.94	3	0.67	0.71	2	0.05	0.49
Asiatics	1	0.04	0.66	1	0.04	0.67	1	0.04	0.62
All Persons	36	0.04	0.39	44	0.05	0.47	46	0.05	0.50
<b>XII. Diseases of the Skin and Cellular Tissues</b>									
Europeans	1	0.002	0.03	1	0.002	0.03	4	0.01	0.13
Nants	5	0.009	0.09	7	0.01	0.12	8	0.009	0.09
Coloureds	-	-	-	1	0.02	0.24	-	-	-
Asiatics	-	-	-	-	-	-	-	-	-
All Persons	6	0.006	0.06	9	0.006	0.10	9	0.009	0.09
<b>XIII. Diseases of the Bones and Organs of Movement</b>									
Europeans	8	0.02	0.28	8	0.02	0.28	9	0.02	0.29
Nants	7	0.01	0.13	6	0.01	0.19	2	0.003	0.04
Coloureds	-	-	-	2	0.05	0.47	2	0.05	0.49
Asiatics	1	0.04	0.66	-	-	-	1	0.04	0.65
All Persons	16	0.02	0.17	16	0.02	0.17	14	0.01	0.16
<b>XIV. Congenital Malformations</b>									
Europeans	43	0.12	1.36	29	0.08	0.94	47	0.12	1.51
Nants	37	0.07	0.67	48	0.09	0.84	38	0.07	0.52
Coloureds	5	0.13	1.17	5	0.12	1.18	5	0.11	1.23
Asiatics	2	0.07	1.39	3	0.13	2.06	4	0.17	2.74
All Persons	87	0.09	0.94	85	0.09	0.91	94	0.10	1.04
<b>XV. Certain Diseases of Early Infancy</b>									
Europeans	146	0.40	4.75	171	0.46	5.54	153	0.41	4.90
Nants	621	1.24	11.16	714	1.37	12.49	616	0.97	9.64
Coloureds	40	1.06	9.39	45	1.05	10.64	26	0.60	6.40
Asiatics	25	0.63	16.45	20	0.85	13.33	17	0.71	11.64
All Persons	834	0.89	9.01	960	1.00	10.13	711	0.73	7.09
<b>XVI. Symptoms, Senility and Ill-Defined Conditions</b>									
Europeans	144	0.39	4.62	101	0.27	3.27	66	0.24	2.84
Nants	784	1.52	13.72	826	1.60	14.62	625	1.74	17.27
Coloureds	22	0.61	5.40	24	0.56	5.67	42	0.96	10.24
Asiatics	5	0.19	3.29	4	0.17	2.67	4	0.17	2.74
All Persons	936	1.00	10.11	965	1.01	10.29	1,069	1.08	11.75
<b>XVII. Alternative Classification of Accidents, Poisonings and Violence (External Causes)</b>									
Europeans	305	0.82	9.79	254	0.69	8.23	296	0.80	9.54
Nants	949	1.89	17.06	807	1.54	14.12	670	1.52	16.25
Coloureds	64	1.70	15.02	46	1.07	10.87	66	1.51	16.28
Asiatics	9	0.23	5.92	13	0.55	8.67	12	0.50	8.22
All Persons	1,327	1.41	14.33	1,120	1.17	11.85	1,244	1.26	13.81

## RECORD OF SAMPLES SUBMITTED.

Food Milk and Water Supplies		Type of Test	S.A.I.M.B.	Abattoirs Laboratory	Council Laboratories	Government Chemical Laboratories	Staff of C.H.D. (Field Tests)
<u>Milk</u>	Pasteurised	Bacteriological			1584		
	Raw Milk				1877		
	Sterilised Milk				94		
	Special Butter Fats				43		
	Miscellaneous * includes empty cartons sachets and bottles tested for sterility				101 *		
		For Secretary for Health Milk Fat and Solid not Fat Standards				24 767	
<u>City Milk Supplies</u>		Bacteriological and Biological Tests	10,024				
		Mastitis		3842			
		Biological tests for Tuberculosis		2100			
		Brucellosis Tests		2079			
		Antibiotics		1693			
<u>Farm Dairy Demonstration Van</u>		Mastitis Test by means of strip cup					12543
		Microscopic Examination of Milk					582
		Acidity Tests					432
		Butter Fats					430
		Sediment Tests					4789
<u>All Producing Dairies</u>		Sediment Tests					1002
<u>Milk Samples</u>		Field Phosphatase Tests					673
		Sediment Tests					3717
<u>Food Samples</u>	Miscellaneous		17				
	Ice Cream	Bacteriological	891				
	Ice Cream	Butter Fat			2		
	Water Suckers		197				
	Meat					639	
	Honey	For Secretary for Health				1	
	Cream					2	
						1	
<u>Water Supplies</u>							
	Municipal Reservoirs	Bacteriological	1737		1160		
	Boreholes	Chemical			50	263	
	Kaffir Corn Malts	Bacteriological	32		40		
	Kaffir Beer	Chemical	-		15	16	
		Chemical			350		
		Chemical			126		



MEDICAL SERVICES IN BANTU TOWNSHIPSCLINIC ATTENDANCES, ETC.

JANUARY - DECEMBER 1961.

	Pimville	W.N.T.	E.N.T.	Orlando	Noordgesig	Shantytown	Jabavu	Moroka	Total
Dispensary and Out-patient Clinics	51,525	9,583	10,452	58,679	15,242	36,065	154,584	99,903	436,033
Ante-Natal Clinics	5,448	2,296	1,127	11,538	1,685	5,936	22,833	14,168	65,031
Child Welfare Clinics	13,451	12,422	5,972	20,274	12,645	17,050	39,768	31,055	152,637
Tuberculosis Clinics	6,078	12,127	1,964	4,537	2,868	14,874	43,923	12,841	99,212
Venereal Disease Clinics	3,242	429	375	1,918	125	689	5,894	3,496	16,168
<b>TOTAL ATTENDANCES</b>	<b>79,744</b>	<b>36,857</b>	<b>19,890</b>	<b>96,946</b>	<b>32,565</b>	<b>74,614</b>	<b>267,002</b>	<b>161,463</b>	<b>769,081</b>
Home Visits by Medical Officers	1,201	545	168	1,013	916	783	2,051	2,344	9,021
Home Visits by Health Visitors	94	246	Nil	838	638	196	1,249	Nil	3,261
Home Visits by Bantu Nurses and Midwives	22,560	7,067	3,515	31,984	4,382	19,735	85,808	78,075	253,126
Home Visits by Clerks/Orderlies	151	Nil	27	Nil	Nil	Nil	Nil	Nil	178
<b>TOTAL VISITS</b>	<b>24,006</b>	<b>7,858</b>	<b>3,710</b>	<b>33,835</b>	<b>5,936</b>	<b>20,714</b>	<b>89,108</b>	<b>80,419</b>	<b>265,586</b>
No. of Confinements Attended by Dist. Midwives	847	196	101	885	186	573	2,286	1,817	6,891

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Tuberculosis Clinics	6,078	12,127	1,964	4,537	2,868	14,874	43,923	12,841	99,212
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Home Visits by Medical Officers	1,201	545	168	1,013	916	783	2,051	2,344	9,021
Home Visits by Health Visitors	94	246	Nil	838	638	196	1,249	Nil	3,261
Home Visits by Bantu Nurses and Midwives	22,560	7,067	3,515	31,984	4,382	19,735	85,808	78,075	253,126
Home Visits by Clerks/Orderlies	151	Nil	27	Nil	Nil	Nil	Nil	Nil	178
<b>TOTAL VISITS</b>	<b>24,006</b>	<b>7,858</b>	<b>3,710</b>	<b>33,835</b>	<b>5,936</b>	<b>20,714</b>	<b>89,108</b>	<b>80,419</b>	<b>265,586</b>
No. of Confinements Attended by Dist. Midwives	847	196	101	885	186	573	2,286	1,817	6,891



## ANNEXURE 9.

## RECORD OF INSPECTIONS BY HEALTH INSPECTORS.

(THIS SCHEDULE INDICATES THE MASS ACTIVITIES OF THE HEALTH INSPECTORATE OF THE DEPARTMENT EXCLUDING THE PLAGUE PREVENTION AND PEST CONTROL SECTION).

1.	1961	1960	2.	1961	1960
<u>BUILDINGS:</u>			<u>LICENSED PREMISES: (CONT'D)</u>		
Repairs	608	324	Hotel Dining Rooms	2,910	1,544
Illegal	1,796	1,858	Native Eating Houses	1,540	1,938
<u>CLOSETS AND URINALS:</u>			Laundries	1,219	1,670
Inspected	7,092	8,789	Milk Shops	2,644	5,925
Additional Provided	101	53	Noxious Trades	4,897	4,377
<u>VARIOUS PREMISES:</u>			Pedlars and Hawkers	1,268	2,175
Factories	6,375	8,196	Private Cows	101	287
Business Buildings	1,943	2,079	Restaurants	6,894	7,435
Dwellings - Routine Visits	26,663	31,538	Tea Rooms	3,289	4,630
Dwelling Survey	8,992	13,075	General Dealers	30,987	27,688
Interviews	27,768	24,112	Nursing Homes	309	275
Native Housing	685	625	Lodging Houses	85	152
<u>NUISANCES:</u>			Cowsheds	6,125	1,123
Service Complaints	713	794	<u>GENERAL:</u>		
Stormwater	162	100	Inspections - Food Handling	1,573	1,738
Fumigations	2,265	1,892	Sediment Tests Taken	4,697	6,397
Wells and Boreholes	87	68	Bacteriological Samples Taken	12,173	9,192
French Drains	172	513	Inspections - Milk Purveyors	269	414
Animals	487	340	Food Poisoning Investigations	14	122
Manure	407	384	Food Samples Taken	1,827	2,223
Drainage	3,506	4,432	Water Samples Taken	1,428	1,095
Refuse	15,804	14,314	<u>TOTALS</u>	<u>236,209</u>	<u>243,753</u>
Slopwater	413	725	<u>NOTICES SERVED ETC:</u>		
Stables	595	1,398	COURT ATTENDANCE (HOURS)	2,203	1,372
Fly	171	227	STATUTORY NOTICES	21,441	19,579
Rats	18,680	15,289	OTHER NOTICES	2,907	5,386
Poultry	3,944	7,297	REPORTS SUBMITTED	1,286	1,261
Vermin	506	404	MARKET ATTENDANCE (HOURS)	325	509
Smoke	363	447	LICENSING COURT (HOURS)	23	-
Mosquitoes	137	131			
Unspecified	4,897	4,984			
<u>INFECTIOUS DISEASES:</u>					
Investigated	191				
(Isolation of Contacts)	27	62			
<u>LICENSED PREMISES:</u>					
Aerated Water & Ice Factories	344	178			
Asiatic Eating Houses	-	312			
Dairies	2,309	6,076			
Ice Creameries	228	252			
Bakeries	1,283	969			
Boarding Houses	701	1,194			
Barber Shops	1,860	1,925			
Bioscopes	396	329			
Butcheries	7,878	6,485			
Garages	1,311	1,183			

## ANALYSIS OF PROSECUTIONS

1960 - 1961

TYPE OF OFFENCE	NO. OF CHARGES		GUILTY		NOT GUILTY		COURT ORDER GRANTED		WITHDRAWN OR STRUCK OFF	
	1961	1960	1961	1960	1961	1960	1961	1960	1961	1960
<b>SANITATION AND NUISANCES:</b>										
Dirty Premises, Closets etc.	244	115	178	105	1	4	-	-	65	6
Vermineous Premises	3	1	3	1	-	-	-	-	-	-
Refuse and Refuse Bins	8	10	6	7	-	1	-	-	2	2
Fly Breeding and Manure	13	9	12	8	-	1	-	-	1	-
Insufficient Sanitary Accommodation & Pail Service	11	25	6	25	-	-	1	-	4	-
Water Supply	1	1	1	1	-	-	-	-	-	-
Fumigations	-	1	-	1	-	-	-	-	-	-
Rodents and Rodent Harbourage	334	71	168	49	7	9	1	-	158	15
Waste Water	1	7	1	2	-	-	-	-	-	5
Unsatisfactory Storage	-	2	-	2	-	-	-	-	-	-
Court Orders for Structural Repairs	31	22	2	-	-	-	2	1	27	21
Poultry Nuisances	54	61	38	43	1	6	-	-	15	12
Keeping of Animals	14	10	14	9	-	1	-	-	-	-
Shacks and Garages	4	3	1	-	-	3	-	-	3	-
Other Prosecutions	70	18	33	17	-	-	1	-	33	1
<b>MILK AND ICECREAM:</b>										
Below Standard or Adulterated	52	45	39	44	1	1	-	-	12	-
Visible Dirt	33	29	30	28	-	-	-	-	3	1
Dirty Clothing or No Overalls	28	34	14	22	2	7	-	-	12	5
Dirty Premises or Equipment	14	10	12	6	-	4	-	-	1	-
Trading without a Licence	16	4	10	4	-	-	-	-	6	-
Milk Purveyor Selling in Bottles	49	11	39	11	-	-	-	-	10	-
No Card of Authority	18	9	4	7	-	-	-	-	14	2
Marks and Merchandise Act	-	1	-	1	-	-	-	-	-	-
Other Prosecutions	54	87	32	68	-	11	-	-	22	8
<b>MEAT:</b>										
Dirty Premises or Equipment	7	5	7	5	-	-	-	-	-	-
Unsound or Unstamped Meat	14	3	14	3	-	-	-	-	-	-
Dirty Clothing or Handling	2	1	2	-	-	-	-	-	-	1
Exposed to Contamination	3	3	3	2	-	-	-	-	-	1
Other Prosecutions	21	27	20	27	-	-	-	-	1	-
<b>BREAD:</b>										
Dirty Clothing or Handling	4	-	4	-	-	-	-	-	-	-
Exposed to Contamination	9	-	9	-	-	-	-	-	-	-
Other Prosecutions	4	-	4	-	-	-	-	-	-	-
<b>OTHER FOODSTUFFS:</b>										
Below Standard or Adulterated	7	10	7	10	-	-	-	-	-	-
Exposed to Contamination	46	51	40	50	1	-	-	-	5	1
Dirty Premises or Equipment	229	171	215	166	-	1	-	-	14	4
Dirty Clothing or Handling	73	46	64	41	-	2	-	-	9	3
Unsound Foodstuffs	7	2	7	2	-	-	-	-	-	-
Other Prosecutions	30	15	26	15	-	-	-	-	4	-
<b>TOTALS</b>	<b>1,504</b>	<b>916</b>	<b>1,065</b>	<b>778</b>	<b>13</b>	<b>51</b>	<b>5</b>	<b>1</b>	<b>421</b>	<b>86</b>

\* INCLUDES 75 PROSECUTIONS ON THE HANDLING AND SALE OF BREAD. (DURING 1960)

**NOTE :-** The majority of cases having no conviction comprise court orders under the Public Health Act and others withdrawn when the department's requirements have been complied with in the interval between the issue of summons and the date set down for appearance in court. Charges withdrawn or struck off are because of non service of summons documents due to fictitious names and addresses being furnished and the new system inaugurated in the Magistrate's courts whereby if the accused does not attend Court and there is no proof of personal service, the case is withdrawn and has to start 'de novo'.



## AVERAGE ANALYSES OF SEWAGE WORKS SAMPLES FOR CALENDAR YEAR ENDING 31ST DECEMBER, 1961.

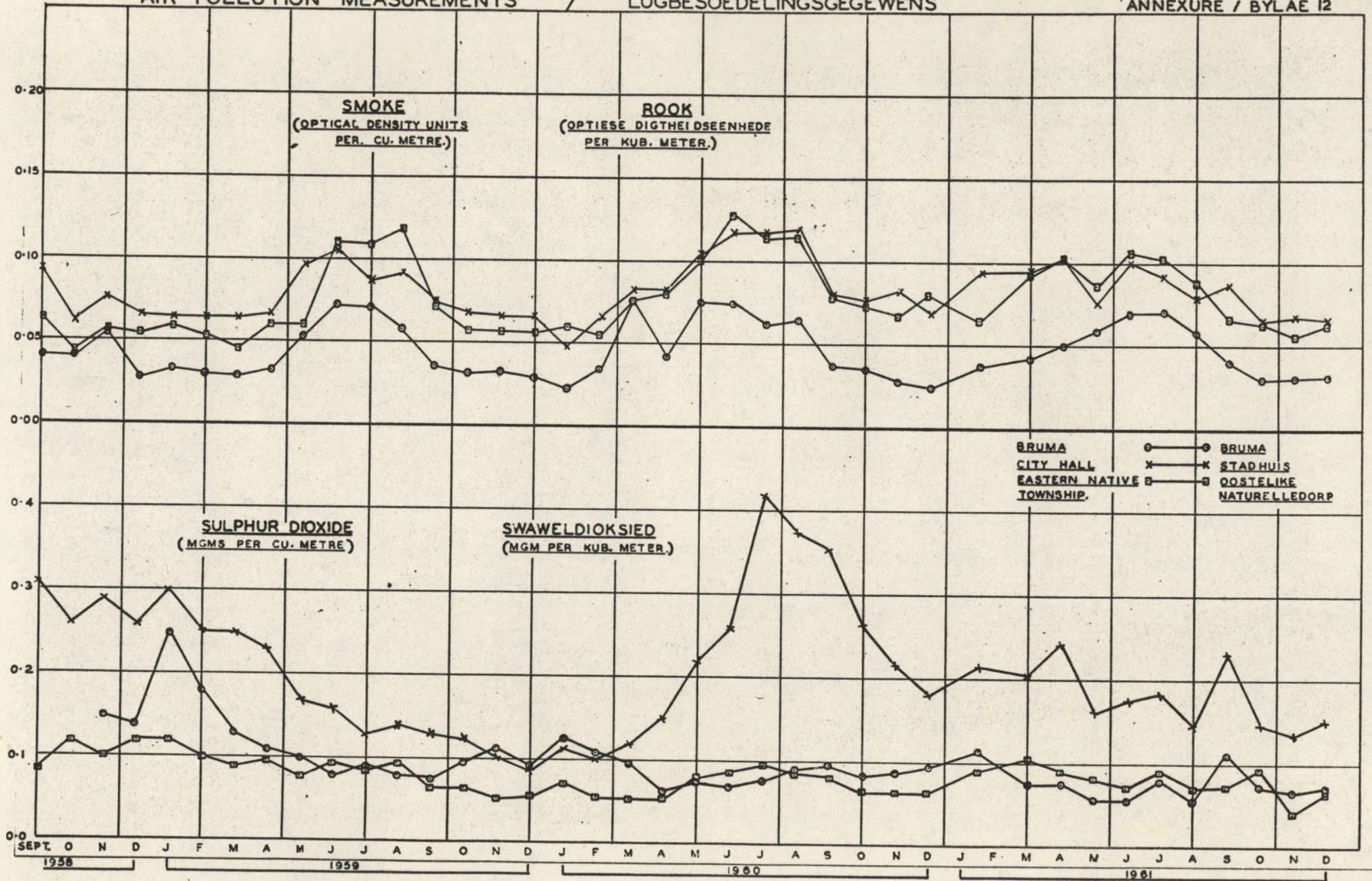
Samples	Average daily flow in thousands of gallons	Settled Sewage cc per litre	Parts per million								Relative stability per cent	% Purification to effluent (on 4 hrs. O.A.).
			Oxygen Absorbed		B.O.D. 5 days	Chlorine as Cl <sup>1</sup>	Nitrogen present as					
			in 3 minutes	in 4 hours			Free and saline ammonia	Albuminoid ammonia	Nitrite	Nitrate		
<b>DELTA WORKS</b>												
Screened Sewage (SS)	3,600	11.5	24.8	80.7		66	36.5	10.8				
Settled Sewage (Primary Tank Effluent)		1.4	17.2	53.7	476	65	35.3	9.0				
Activated sludge : Diffused Air Effluent		0.2	4.9	12.6	17.6	57	3.7	1.7	1.8	19.5	100	84.4
Percolating filters : Effluent settled		2.4	5.7	17.9	54.4	62	17.1	3.1	1.1	12.1	100	77.8
<b>KLIPSBRUIT WORKS</b>												
Screened Sewage (SS)	20,650	11.6	41.3	106		98	37.1	13.6				
Settled Sewage (Primary Tank Effluent)		0.8	32.8	73.5	276	100	35.6	10.8				
Percolating filter - Double filtration												
Humus tank effluent - 6 ft primaries		0.4	10.4	26.9	24.4	96	24.1	4.9	0.2	2.4	89	
Humus tank effluent - 12 ft secondaries		trace	6.5	14.0	9.4	98	4.9	1.7	0.8	24.7	100	
Sand filter effluent		nil	5.3	13.7	5.5	101	4.5	1.7	trace	26.0	100	87.1
Mixed effluents and Overflows to O.F.V. via 18" pipeline		1.1	10.2	27.1		100	16.7	3.4				
via 36" pipeline		5.3	16.6	43.9		102	33.2	6.9				
Effluents from land irrigation												
Homestead Farm		0.2	6.4	17.7	6.1	188	6.4	1.3	0.1	0.6		83.3
Harringtonspruit		trace	7.9	19.6	6.8	188	13.8	2.3	0.4	0.5		81.5
<b>OLIFANTSVLEKI WORKS</b>												
Screened Sewage (SS)	6,500	11.4	36.2	102		65	37.5	16.4				
Settled sewage (Primary tank effluent)		0.2	14.5	38.5	172	66	37.8	7.8				
Percolating filters : Double filtration:												
Humus tank effluent: 6 ft primaries		0.2	6.2	16.1	25.0	65	21.4	3.3	0.7	12.7	95.4	
Humus tank effluent: 9 ft secondaries		0.1	4.1	11.2	8.7	63	9.2	1.6	0.4	28.0	100	89.0
<b>NORTHERN WORKS</b>												
Screened Sewage (SS)	8,000	22.4	35.3	129		79	37.2	12.9				
Settled sewage (Primary tank effluent)	(increased to about 10,000 at end of year)	1.8	14.2	41.2	141	76	44.4	5.6				
Percolating filter - Double Filtration												
Humus tank effluent: 12 ft primaries		0.2	6.2	17.9		76	10.9	2.0	0.6	12.2		
Effluent 12 ft secondaries, settled		trace	4.4	13.6	11.6	75	5.7	1.9	0.2	39.6	100	89.5
Effluent from maturation dams to stream		trace	2.4	7.4	3.4	80	4.3	0.8	0.5	19.0	100	94.3



AIR POLLUTION MEASUREMENTS

LUGBESOEDELINGSGEGEWENS

ANNEXURE / BYLAE 12





CONFERENCES AND MEETINGS AT WHICH THE COUNCIL WAS REPRESENTED DURING  
THE YEAR, WITH NAMES OF COUNCIL REPRESENTATIVES.

1. Institute of Scientific Studies for the Prevention of Alcoholism held in Johannesburg, 2nd to 13th January 1961. Dr. I.W.F. Spencer.
2. Institute of Sewage Purification (South African Branch) Bi-ennial Conference held in Muizenberg, Cape Province, 6th to 10th March 1961. Dr. E.G. White and Mr. D.W. Osborn.
3. South African Chemical Institute 15th Annual Convention held in Durban in July. Mr. J.D. Kidd.
4. Nursery School Association; Annual General Meeting held in Bloemfontein 5th to 7th July 1961. Councillor A.J. Herold and Dr. O.I.B. Kreher.
5. National Council for Child Welfare annual meeting held in Johannesburg 18th to 22nd September 1961. Councillor (Mrs.) E.A. Grobbelaar, Dr. B.S. Mundel and Dr. O.I.B. Kreher.
6. South African National Council for Mental Health Conference held in Pretoria on 9th to 13th October 1961. Dr. J.W. Scott Millar attended in personal capacity.
7. Conference of Contributors to the Air Pollution Research Fund held in Johannesburg on 19th October 1961. Council representatives - Councillors A.J. Herold, A. Jaffe, R.H. Main, T. Glyn Morris and A. Rosen. Dr. J.W. Scott Millar attended as a member of the Action Committee and Mr. L.E. Tucker as a member of the Technical Advisory Committee.
8. Institute of Public Health; 19th Annual Congress held in Margate 23rd to 27th October 1961. The Council's representatives were Councillors A.J. Herold and B.D. Eagar, Dr. B.S. Mundel, Dr. M.L. Freedman, Dr. P.J. Meara, Mr. A.H. Spargo. Some members of the staff of the Department attended as delegates or as members of the Institute of Public Health.
9. Meeting of the National Council of South African National Tuberculosis Association and the Medical Committee of South African National Tuberculosis Association in Cape Town 21st to 23rd September 1961. Dr. M.H. Goldberg attended as a member of South African National Tuberculosis Association.

The following is a list of addresses by members of the Staff:

Dr. M.L. Freedman:

"The Problems of the Prohibition and Control of Illegal Street Trading in Urban Areas of the Transvaal."

19th Annual Conference of the Institute of Public Health, Margate, 23rd to 27th October 1961.

Dr. M.L. Freedman lectured in Diploma Course in Nursing for Non-European Sister-Tutors - Baragwanath Hospital.

Dr. M.H. Goldberg/... 2:

Dr. M.H. Goldberg:

"The Role of Modern Chemo-Therapy as a Prophylactic Measure in Protection against Pulmonary Tuberculosis."

Annual General Meeting of the Christmas Stamp Fund of Johannesburg in Johannesburg, 6th September 1961.

Organising Meeting of the South African Christmas Stamp Fund of Pretoria in Pretoria, 20th October 1961.

Mr. D. Meltzer:

"The Control of Corrosion of Concrete and Brick built Sewers by Lime Treatment at Klipspruit Sewage Purification Works."

Institute of Sewage Purification, Johannesburg, 19th October 1961.

Dr. J.W. Scott Millar:

Report of the Medical Officer of Health on Housing in Johannesburg for the period 1st July 1953 to 31st December 1958.

Annual Report of the Medical Officer of Health on the Public Health and Sanitary Circumstances of Johannesburg for the period 1st January to 31st December 1958.

"Objects of Suicides Anonymous".

Public Meeting, Johannesburg General Hospital, 24th May 1961.

"Duties and Powers of Local Authorities in South Africa to Undertake Mental Health Services."

Talk to Staff of Sterkfontein Hospital, 19th July 1961.

Dr. I.W.F. Spencer:

"Bantu Customs in relation to Hospital Administration."

Two lectures at a course of Diploma in Hospital Administration (Nursing and Allied Services) Pretoria, 24th October 1961.

Witwatersrand Technical College. Lectures in their own subjects were given to trainee health inspectors and health visitors by -

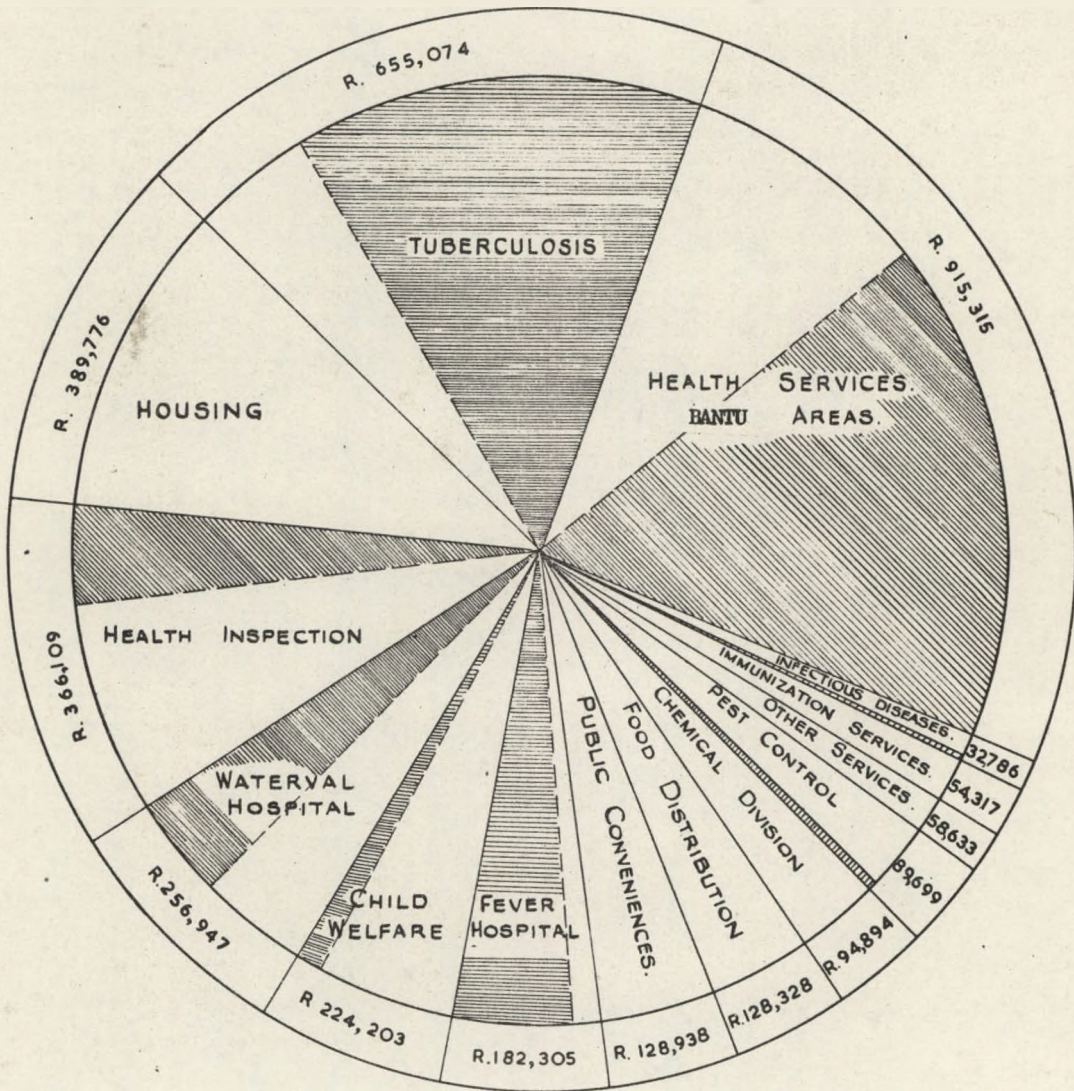
Miss M. Bergh, Mr. J.S. Glover, Miss C.K. Hains, Mr. N.V. Heath, Dr. Johnson, Mr. A.H. Maxwell, Mr. J.G. Mortimer, Mr. J.J. Oosthuizen, Mrs. Ralph, Miss R.C. Sangerhaus and Mr. A.H. Spargo.



## FINANCIAL SUMMARY : CITY HEALTH DEPARTMENT

Details	1960 - 1961			* Cost of Medical Services in Townships 1960 - 61	
	Expenditure	Income	Net Cost		
	R	R	R		R
Chemical Division	94,894	275	94,619	Outpatient Services Clinic	312,081
Child Welfare	146,684	25,219	121,465	Outpatient Services - Domiciliary	25,793
Supervision of Nursing Homes and Midwives	8,218	3,391	4,827	District Midwifery Services	117,635
Nursery Schools	69,301	16,715	52,586	Ante-Natal and Post-Natal Clinics	28,008
Health Inspection	366,109	63,208	302,901	Dental Services	37,797
Disinfecting Station	14,233	80	14,153	Child Welfare Clinics	115,810
Food Distribution	128,327	112,486	15,841	Child Welfare Domiciliary	2,875
Immunisation Services	54,318	18,223	36,095	Tuberculosis Clinics	65,709
Fever Hospital	182,305	170,272	12,033	Tuberculosis Domiciliary	98,899
Waterval Hospital	256,947	179,154	77,793	Venereal Disease Clinics	4,929
Tuberculosis (3)	665,074	521,373	133,701	Venereal Disease Domiciliary	407
Venereal Disease (3)	12,523	1,911	10,612	Ambulance Services	52,192
Infectious Diseases	32,786	4,602	28,184	Hospital Services	495
Pest Control	89,699	1,334	88,365	Midwifery Transport	50,144
Public Conveniences	128,937	7,643	121,294	Polio Immunisation	2,321
Medical Examination Centre (Registration Depot)	25,020		25,020	Immunisation - General	219
Medical Services * in Bantu Townships	915,314	603,607	311,707		
.Sub-Total	3,180,689	1,729,493	1,451,196		915,314
Head Office Building	(1) 6,616	(2) 33,254	CR 26,638	<b>I N C O M E</b>	
Dispensary	(1) 243		243	Recoveries under the Public Health Acts	133,698
				Subsidy from Transvaal Provincial Administration	469,909
Total as per Published Account	3,187,548	1,762,747	(4) 1,424,801		603,607
<b>NOTES:</b>					
(1) Furniture and Equipment not distributed to the various services.					
(2) Rents and Head Office Income not distributed to the various services.					
(3) Excluding expenditure in the Council's Bantu Townships					
(4) (i) Net Expenditure charged to Non-European Affairs Department for services provided for Non-Europeans.					628,500
(ii) Charged out to Other Departments for Chemical Services					33,300
<b>EUROPEAN HOUSING 1960 - 61.</b>					
Expenditure					389,549
Income					331,270
Net Expenditure					58,279





GROSS EXPENDITURE ON VARIOUS HEALTH SERVICES.

SHADED AREAS REPRESENT SUBSIDIES AND PART REFUNDS RECEIVED FROM PROVINCIAL AND CENTRAL GOVERNMENTS.

FINANCIAL YEAR 1960/61



REPORT B.

1961.

C I T Y   O F   J O H A N N E S B U R G

A N N U A L   R E P O R T

O F   T H E

M E D I C A L   O F F I C E R   O F   H E A L T H

1961

O N   O V E R C R O W D I N G   A N D   B A D   A N D   I N S U F F I C I E N T

H O U S I N G   I N   J O H A N N E S B U R G .

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CITY OF JOHANNESBURG.

REPORT B.

1961.

REPORT ON OVERCROWDING AND BAD AND INSUFFICIENT HOUSING  
IN JOHANNESBURG FOR THE CALENDAR YEAR 1961, IN TERMS OF  
SECTION 131(2) OF THE PUBLIC HEALTH ACT 1919, AS AMENDED.

I. SLUM CLEARANCE.

(a) Slums.

In Newclare no further premises were declared slums as this phase of slums action had already been completed. Notices in terms of Section 5(1)(a) and (b) of the Slums Act still had to be held over because of the lack of alternative accommodation and the delay in the approval of loans by the National Housing Office for the Council's own housing scheme in Newclare. Some owners elected to carry out the required work on their properties but in several cases had to be persuaded to delay doing so because tenants threatened with eviction could not be accommodated elsewhere. Plans were submitted for 29 stands but 3 were rejected as the buildings were not capable of reconstruction. Slums declarations on 16 stands were rescinded by the Council.

Two slums schedules of scattered properties were prepared and dates were arranged for Slums Courts in 1962 (24th January and 12th February).

Declarations in respect of 32 properties were rescinded during the year. Outstanding Slum Declarations totalled 407 of which 350 were in Newclare, 46 in Vrededorp and 11 in various other suburbs.

(b) Demolition and Conversion of Premises.

Applications dealt with for the demolition or conversion of premises under permit of the prescribed Authorities comprised the following:-

	<u>1960</u>	<u>1961</u>	<u>Granted</u>	<u>Refused</u>	<u>Outstanding</u>
National Housing Office	93	63	62	-	1
City Health Committee	40	13	13	-	-
Medical Officer of Health (Non-Residential Buildings)	63	50	50	-	-

The buildings on 125 properties were demolished under permit during the year.

Applications for the conversion of residential premises for business purposes were dealt with as follows:

	<u>1960</u>	<u>1961</u>	<u>Granted</u>	<u>Refused</u>	<u>Outstanding</u>
By National Housing Office	22	16	14	1	1
By Health and Amenities Committee	1	2	2	-	-

II. INSPECTION OF PLANS.

Plans submitted to the City Engineer for the erection of new buildings or for alterations to those existing are examined by the Sanitation Branch to

ensure/... 2:



ensure compliance with relevant sections of the Building, Drainage, Health and other By-laws and regulations with which this Department is concerned. Throughout the year 5,218 new plans were examined of which 3,764 were re-examined following requests for various amendments. The value of new buildings and alterations represented by plans approved during the year amounted to R26,671,510.

The record of plans and illegal buildings dealt with in the Bantu Townships is set out in Annexure G.

### III. HOUSING.

No new houses have been built by the Council for Europeans during the year. Very satisfactory progress has, however, been made in the development of Montgomery Park and in De Wetshof where purchasers of stands in these townships have been actively building in spite of the prevailing financial stringency resulting in the restriction of loans by building societies.

There has been a very moderate increase in the European population of Johannesburg amounting to less than 1,600 families in the past five years; during the same period 2,058 houses and 340 blocks of flats - a total of approximately 5,000 dwelling units - have been built. The supply has been more than sufficient to meet the demand so it is not surprising that many flats, estimated at over 1,000 have been vacant. The demand for accommodation in the Council's housing schemes has also lessened considerably during the year.

There are nevertheless several hundred families still living in slums and other unsuitable premises in the City. Many of these families could be accommodated in Montclare or South Hills but prefer the lower rentals and more convenient situation of their slum dwellings. Families in the lower income groups (R60 - R90 per month) generally do not qualify under the income formula for the sub-economic schemes and cannot afford the rentals of the other housing estates.

Elimination of slums to be effective must take the form of the eradication and rehabilitation of blighted areas side by side with the provision of alternative housing within the means of the displaced families. The demolition of isolated slums is more likely than not to lead to the families displaced moving to sub-standard premises and creating slums by overcrowding.

The Coloured and Asiatic population is living under overcrowded and insanitary conditions in various parts of the City and virtually the whole of this section of the population except families living in Municipal houses, or in Lenasia will have to be rehoused. As a direct result of the acute housing shortage Coloured families have illegally infiltrated into portions of Doornfontein and Jeppestown and have created most undesirable conditions.

Slum clearance in areas occupied by these racial groups has been held up by the lack of alternative accommodation but the impending development of Newclare, Riverlea and Bosmont for Coloureds and Lenasia for Asiatics should make good progress possible in the immediate future.

Bantu families have now been removed to Bantu Townships from Sophiatown, Newclare and other areas of the City but there is still some illegal occupation of back yard rooms which is kept under control as far as possible.

#### IV. HOUSING PROVIDED BY THE COUNCIL.

##### 1. EUROPEAN HOUSING.

The details of existing housing schemes are given in Annexure A.

##### 1. SUB-ECONOMIC SCHEMES.

The four sub-economic schemes - Jan Hofmeyr, Maurice Freeman and Extension and Pioneer - have been fully let during the year under review but it is becoming increasingly difficult to find family units in the under R60 per month group and this coupled with the inability (at present) to provide housing for the "just over sub-economic group" may make it necessary to consider a conversion of a further 20% of the houses in these schemes to an economic basis in the foreseeable future.

##### Lionel Levesons Girls' Residential Club.

This Residential Club for girls in the lower income bracket is serving a very useful purpose in that it provides full board and lodging at subsidised rates ranging on a graduated scale from approximately R4 to R20 per month. The Club is situated in Pioneer Housing Scheme and has accommodation for 51 girls. On the average 44 girls are accommodated, including girls working at a nearby factory or employed by the Post Office or as garment workers.

The Council was involved in a loss of R5,364 during the year 1959/60 in spite of a subsidy of R1,316 from the Department of Social Welfare and Pensions.

The Council's power to carry on this Club is derived from Section 79(14) bis of the Local Government Ordinance 1939 but this section may be repealed shortly as a recent Circular from the Director of Local Government states that the Transvaal Provincial Administration considers that local authorities should not undertake social welfare services.

The Department of Social Welfare and Pensions has drawn attention to the circular and enquired what the Council intends doing about the future of the Club. The local Social Welfare Officer is sympathetic to the Council carrying on as before as no registered welfare organisation is prepared to take over the Club although all likely bodies have been approached. The Health and Amenities Committee has instructed that application be made to the Administrator for his authority under Section 79(52) of the Local Government Ordinance, 1939, for the Council to continue running the Club. A reply from the Administrator is awaited.

##### 2. ECONOMIC SCHEMES.

##### Montclare Estate.

The 244 houses in this estate were completed in February 1958 as a pilot scheme to test the demand for European housing in the area west of the city and families whose incomes varied from R80 to R120 per month have been accommodated. There has been an average turnover of 3.28 tenants per house during the past four years.



At the end of 1960 there were 18 vacant houses. The number of vacancies decreased towards the middle of the year and then increased until there were 34 vacant at the end of December 1961. This is the highest number of vacancies in any one month since the scheme was completed. There has been little difficulty in letting two bedroomed houses to young married people but the letting of three bedroomed houses is a problem.

The scheme is situated on the municipal boundary, seven miles from the centre of the city which entails time and expense in transport to work in the city and often beyond it. This inconvenience bears heavily on working wives who leave home early and return late to the demands of running a home. Many tenants have committed a large proportion of their earnings to hire-purchase payments and the number having deductions made from wages for arrears of Income Tax appears to be on the increase. It is rare to find a new tenant who has paid for his furniture in full and has no debts. It is not surprising that the inconvenience to breadwinners and working wives plus these financial factors very soon leads to a move to cheaper and often insanitary and cramped accommodation nearer the City.

Another factor which has had an indirect bearing on the general situation is the considerable number of homes built on the 90% loan basis by tenants of modest homes in good state of repair in suburbs like Mayfair. These homes may be occupied in turn by the better class of Montclare tenant even if it means paying a higher rent which, however, would be partly offset by reduced transport costs.

#### South Hills and Extension.

Of a total of 1,317 houses and flats in these townships, 441 houses and 189 flats were letting units as at 31st December 1961. No difficulty is being experienced in letting the houses in these schemes which cater for the lower/middle income group.

The position regarding the letting of the 189 flats has, with the exception of the bachelor flats, shown an improvement over previous years. As at 31st December 1961 there were six one-bedroom and one two-bedroomed flats vacant. As stated in my previous report an application for the conversion of the portion of the loan representing the bachelor flats to a 15/-% loan is at present with the National Housing Office. If this conversion is approved these flats will be let to the aged and the difficulty in keeping them fully let should fall away.

There has been a slight increase in the number of houses sold during the year but there have been several surrenders by reason of death in the family, transfer of place of employment etc: this condition will continue until purchasers have taken transfer and are able to sell on the open market. The number of properties purchased as at 31st December 1961, was 959 of which 460 were purchased by tenants on R50 deposit and the balance by other purchasers. These figures exclude any sales cancelled by surrender or default. Purchasers by and large are maintaining their property in a satisfactory condition and 52 applications for loans to effect improvements were granted during the year.

The amenities in the township include good shopping facilities, adequate primary and secondary schools, play grounds and a good - if somewhat costly transport service.

Several streets were fully constructed during the year and nearly all the streets have been tarred. The street trees enhance the general appearance of the township.

Tenders were invited for the purchase from the Council of a garage site and a cinema site but, in the event, they were not sold. The sale of the remaining business site of four stands for the erection of a self-service supermarket is also being considered.

An additional amenity provided during the year was the nucleus of a Community Centre (a large hall and a lecture room plus administrative office and kitchen etc.) which was opened by the Mayor, Councillor W.J. Marais, on the 14th October 1961. The centre was financed from the proceeds of the sale of two business stands which realised R16,000. Social, sporting and instructional activities are arranged for all age groups and are moderately well supported. Further facilities, including a nursery school, will be provided when funds are available and depending on continued support.

A small swimming pool is required in South Hills and provision has been made in the programme for additional swimming pools in the City which has been approved by the Council.

Bad Debts and Rent Arrears.

The following tables show the bad debts incurred by the Council and the action taken in respect of rent arrears in the various schemes:

Bad Debts:

Scheme	Period	Total Rent Accrued	Total Bad Debts	% Ratio of Bad Debts to Accruals
South Hills & Ext.	1947/61	R2,001,892-50	R17,817-09	.890
Jan Hofmeyr	1952/61	151,916-40	440-51	.290
Maurice Freeman	1952/61	143,143-50	570-40	.398
Pioneer	1952/61	114,771-79	295-64	.258
Montclare	1958/61	177,223-43	2,714-21	1.532

Rent Arrears:

Scheme	No. of Cases Referred to Solicitors or City Treasurer for Collection or Legal Action.	No. of Cases returned as Cleared	No. Absconded	No. of Ejectments
South Hills and Extension	116	66	36	14
Jan Hofmeyr	2	0	2	1
Maurice Freeman	1	0	0	0
Pioneer	2	3	0	0
Montclare	35	11	29	5



### 3. LAND SELLING SCHEMES.

Full particulars of these schemes to date are shown in Annexure "B".

#### Montgomery Park Township.

As at 31st December 1960 two houses had been built in this township which was sold to prospective home owners in the under R3,000 p.a. group. The rate of building during 1961 has exceeded all expectations and at 31st December, 220 houses had been built, this despite the fact that for some four to five months no loans were available for building purposes from Building Societies or other sources. There is a very pleasing variety of design of homes and most owners have already planted attractive gardens. The facilities offered by numerous "Home Building Companies" plus the 90% loan facilities have assisted considerably in the phenomenal growth of this township.

Modern street lights have been erected eliminating unsightly overhead wires. Stormwater drains are at present being constructed and contracts have been placed for the construction and tarring of roads.

There are 421 stands in this township but 493 sales have been concluded by the Housing Branch as some 62 purchasers requested the Council to repossess their stands during the year.

An additional amenity provided for the Roosevelt Park complex during the year was the nucleus of a Community Centre (a large hall with related facilities) on Stand 869 Roosevelt Park Extension No. 1 which was opened by the Mayor on 28th October 1961. Residents are very appreciative of this amenity and full use is being made of it for social, recreation, religious and community purposes.

#### De Wetshof Township.

Ninety five houses have been built in this township on the 130 stands originally sold in June 1959. Seventeen purchasers have been in financial difficulties and have been granted 12 months extension in which to pay off their stands. An additional 11 purchasers are unable to meet their commitments and the stands will be resold to the Council's best advantage. This township caters for the higher/middle income group and has developed in a very pleasing manner. Some beautiful homes have been built which blend with the adjoining suburbs of Observatory Extension and Cyrildene admirably. All roads have been tarred.

### 4. FUTURE PROJECTS.

#### Housing for the Aged.

In annexure "C" a list is given of sites vested in this Department and their possible development for the housing of the aged. An application for a loan to develop sites 1, 2 and 3 has already been made to the National Housing Office. The development of the additional sites will be undertaken when experience has been gained of this scheme. The provision of suitable housing for the aged, both sub-economic and economic, is a world-wide problem in modern society and it is hoped that this Department will be able to embark on an ambitious programme with the minimum of delay.

De Wetshof Extension No. 1.

This township was promulgated in September 1960. The 202 residential sites vary from approximately 1/6th to 1/4 of an acre in extent and it is proposed to dispose of the stands to the under R2,500 p.a. income group on lines similar to those employed in Montgomery Park. The cost of service reticulations is being calculated and, if there appears to be an adequate demand, the stands will be offered for sale during 1962.

Jeppestown Redevelopment.

Preliminary investigations reveal that any scheme for the redevelopment of this area for the low income group will not be feasible unless it is heavily subsidised. The advisability of proceeding with this scheme or rezoning the area as a light industry "smokeless" zone is being investigated.

Bezuidenhout Valley Scheme.

It has now been possible to enlarge the area set aside for this project by the inclusion of the Bezuidenhout Valley compound site. The financial details are being revised.

Westdene and Claremont Schemes.

The development of European housing in the western area will depend on the plans of the State Departments concerned in regard to the development of Sophiatown. These are not yet known.

2. COLOURED HOUSING.

Details of housing provided by the Council for the Coloured community are contained in Annexure D.

The initiation and control of housing for Non-Europeans is vested in the Manager, Non-European Affairs Department.

Except for 4 experimental houses at Noordgesig no houses for Coloureds were completed during the year. The Council has not provided any housing specifically for aged persons in this race group.

Newclare.

The ground owned by the Council and allocated for Coloured housing has long been built up except for a small area in Newclare. On the 8th December 1959 the Council resolved to expropriate this area, known as Schemes I to IV, and to apply to the National Housing Commission for a loan to acquire and clear the land. The granting of the loan was refused until settlements, supported by valuations, are reached for each property.

The Council has been precluded from building further houses until new Group Areas have been set aside for Coloureds.

Riverlea.

During 1960 the Council purchased a large area of land at Langlaagte and initiated the various legal formalities to establish a Coloured township to be known as Riverlea. A plan was drawn up and an application was submitted



to the Township Board for approval and meanwhile a start was made with levelling the ground and laying a water main.

During the current year the land was surveyed, the installation of services was started and certain roads were made up. An application was made to the National Housing Commission for a loan to build 646 houses which was granted for the houses but not for the services.

Building of a batch of houses commenced on the 6th December 1961 and by the end of the year survey of stands, water reticulation and the forming and grading of certain roads was well advanced and the City Engineer was ready to call for tenders for sewerage reticulation. The Township Board, however, had not given final approval for the establishment of the Township as formalities under the Gold Law had not been completed.

The Council approved in principle of the erection of a clinic in Riverlea North.

#### Bosmont Township.

On 13th November 1959 the townships of Bosmont and New Monteleo, in the Roodepoort-Maraisburg Municipal area, were declared a group area for Coloured occupation and the responsibility for their development was allocated to the Group Areas Development Board. The township is 166 morgen in extent and will provide for an estimated 1,350 families. The complex was later renamed Bosmont.

The Council agreed to reticulate the township for municipal services and has applied to the Administrator for its incorporation in the Johannesburg municipal area. Negotiations have been entered into for the purchase of the Township by the Council.

By the end of 1961 the Group Areas Development Board had completed 80 houses.

### 3. ASIATIC HOUSING.

The Council has been unable to provide housing for Asiatics as no land has been set aside for them as a group area in the Municipal area.

#### Lenasia.

The township of Lenasia, situated 17 miles from the City Hall, was proclaimed a group area for Indians on 16th November 1956. Some houses were built before the Group Areas Development Board took over control in the latter half of 1960. By the end of 1961, 200 houses had been built by the Board in addition to a number built by private owners.

### 4. BANTU HOUSING.

Details of the housing provided by the Council for Bantu in the various townships are contained in Annexure E.

The administrative control of housing for Bantu and the initiation of new schemes are the responsibility of the Manager of the Non-European Affairs Department. Technical services fall under the control of the Heads of the Departments concerned whilst this Department is responsible for supervising sanitary conditions.

The townships south-west of the City are situated within a distance of 9 to 20 miles from the City Hall and cover an area of some 26 square miles. The population of Bantu Townships and hostels, to the exclusion of Bantu living on employers premises is assessed to be 383,805.

The newer townships are laid out and developed on modern town planning principles and main arterial roads and some secondary roads are macadamised. The streets are lit by electricity and in some areas electricity is available for lighting and power. There is water borne sewerage and a constant water supply to each site and a mechanised refuse removal service.

Adequate open spaces have been provided with sports fields and stadiums and sites for public buildings. An area has been reserved for a civic centre. Trading and industrial sites are available with clinics at intervals throughout the area and hospitals in the near vicinity. Educational facilities include junior and senior schools, creches and a vocational training centre for training building trade artisans.

The year has been marked by the removal of some families from Western Native Township to Moroka, starting in October 1961. Coloured families moved in as blocks of houses were evacuated by Bantu. This is the first step in the conversion of the Township to a transit camp for Coloureds as an interim measure pending a new lay-out as part of the Coloured housing complex in that area.

Building of houses has been actively pursued in Moroka and Emdeni and has started in Chiawelo Extension No. 2. In all some 2,413 permanent dwellings were erected during the year.

As new houses were completed the "site and service" shacks were demolished. These have now been eliminated from Emdeni and only a limited number remain in other "site and service" townships. These belong to potential tenant builders, many of whom have now been occupying these shacks for over five years without making any apparent effort to erect permanent houses. Pressure will have to be brought to bear on them to do so.

The squatter shacks in Moroka and Orlando West (Shantytown) have now been entirely eliminated but a number of abandoned shops remain. These are mostly dilapidated and should be demolished.

No further hostels have been built in the South Western complex but a hostel for 3,000 Bantu males has been completed adjacent to Eastern Native Township for occupation early in 1962. This hostel has large communal kitchens, with adequate cooking ranges and wash-up sinks and with a large restaurant and a number of smaller shops for letting to private enterprise.

The Natives Resettlement Board has been constructing houses for letting and selling in Meadowlands East and West and Diepkloof East and West and hostels in Meadowlands. These are all for the benefit of Bantu who work in Johannesburg and were previously living either in the western area of Johannesburg (mainly Sophiatown or Newclare) or Alexandra Township. The progress made up to the end of December 1961 was as follows:

	<u>Houses</u>	<u>Hostel (beds)</u>
Meadowlands East and West (for letting)	12,064	2,624
Diepkloof West (for owners)	180	
(for letting)	3,554	
Diepkloof East (for letting)	<u>1,672</u>	
	17,470	2,624



Plans have been formulated for 1,824 more hostel beds at Meadowlands and 3,704 more houses at Diepkloof East, all of which are in the course of construction; otherwise the schemes are completed.

Rapid progress was made during the year with the connection of premises to sewer, the connection of dwelling sites or the dwellings themselves to municipal water supply (to replace stand pipes), the construction of stormwater drains and the macadamising or re-surfacing and regrading of streets. With the exception of Pimville practically all premises are connected to the sewer and have their own water supply either in the dwelling or on the stand.

Other communal facilities provided during the year included a commercial bank erected at Dube, a new clinic at Tladi, a large administration block of offices at Zola, a large communal hall at Mofolo Central and public latrine blocks at Mofolo North and Zola. Beer halls were erected at Nancefield Hostel and Eastern Native Township. A tuberculosis clinic was in the course of erection at Mofolo South and a new secondary school at Senaoane and primary schools at Tladi and Zola.

The control of general sanitation was rendered more difficult by a degree of overcrowding in dwellings in some areas; unauthorised additions to dwellings including enclosing of verandahs and building of back yard rooms; accumulation of junk in yards; keeping of horses, goats, and cows (in Pimville only) under unsuitable conditions; unlicensed trading, particularly the hawking of foodstuffs.

Constant vigilance was exercised to minimise these abuses and with the assistance of the staff of the Non-European Affairs Department these nuisances were kept within reasonable bounds in most of the townships.

In Pimville, however, it has been impossible to maintain even reasonable sanitary conditions. The gross overcrowding added to the crowding on site; the stand pipe system with the nuisance arising aggravated by the unmade roads and lack of drainage; the lack of waterborne sewerage; the state of the buildings owned by the stand holders apart from the crowding on site; the keeping of cows under grossly unsuitable conditions; the inadequate buildings in which trading is conducted. The sanitation staff of the City Health Department has taken all possible steps to improve conditions but has been precluded from taking drastic action which is the only possible way of getting adequate results. The whole township should be uprooted and rebuilt and this is just what has been contemplated for some years. This remedy will be applied shortly when the township will be enlarged and re-sited and existing buildings demolished with suitable compensation to the owners where justified.

A record of the trading facilities available in the Bantu Townships is included in Annexure F and the work of the health inspectorate staff in Annexure G.

## COUNCIL HOUSING PROGRAM SCHEME.

Scheme	Date Estab-lished	Total No. of Dwellings	Type of Scheme	Types							Range of Weekly Rentals Dependent on Income	Approx. Unit Cost (Including Land and Services)	Approx. Area in Sq. Feet	Total Capital Cost	Remarks			
				Houses			Flats											
				2 BR.	3 BR.	4 BR.	Ret-chamber	1 BR.	2 BR.	3 BR.								
JAM HOPKINER	1937	194 houses	Sub-Economic letting with graduated rentals up to economic	(26 semi) 66	102								From R1-25 to R3-90	R1956 (pair) R1246 R1100	608 to 789	R292,398	This scheme contains brick built detached and semi-detached cottages on 76' x 40' stands. A communal hall with Child Welfare Clinic is provided.	
MAURICE FREEMAN	1939	70 houses 48 flats	Sub-Economic letting with graduated rentals up to economic	30	40					26	12		From R1-56 to R4-00	R1546 R1752 R1868 (Average per flat)	802 to 950	R235,500	This scheme is similar to the above with an improved standard of cottage. A communal hall is also provided.	
MAURICE FREEMAN EXTENSION	1945	41 houses	Sub-Economic letting with graduated rentals up to economic	18	19	4							From R1-55 to R4-00	R2270 R2540 R2930	620 to 950	R110,362	Additional cottages forming part of the above original scheme.	
PIGMEER	1939	98 houses 24 flats	Sub-Economic letting with graduated rentals up to economic	43	53					18	6		From R1-55 to R4-00	R1420 R1672 R1504 (Average per flat)	620 to 950	R253,018	The units in this scheme are identical with those in Maurice Freeman with a communal hall but in addition a residential club is provided to accommodate 80 low-paid working girls.	
MONTCLAIR	1957/58	244 houses	Economic renting	63	161								Weekly Rentals R3-70 R5-08	R2016-50 R2178-50 R1848 (sems each)	575 to 864	R514,844	This Pilot Scheme contains pre-cast hollow block constructed detached and semi-detached cottages of an austere design on 40' x 80' stands but accommodation and sizes of rooms is adequate for this low-cost type of scheme.	
WELFARE PARK (SOUTH HILLS AND EXTENSION)	1945 to 1947	939 houses	Economic renting and selling	454	432	53							R4-80 to R6-00	1945 R2412 1947 R2280 R2672 R2234 R2960 R2856	787 to 1301	2,706,504	This scheme was originally built as a sub-economic project under the National Housing Formula. Since Dec. 1952 converted to an economic renting and selling status available for purchase by tenants and others on favourable terms. The cottages are well built detached types on stands averaging 88' x 80' or 90' x 100'.	
- do -	1948/49 1961	Shops	Economic renting	This Scheme contains a shopping block erected through a Housing Loan of R40,484. The block comprises nine shops of various essential types leased to approved applicants at economic rentals. In addition there is a Municipal Branch Library, Child Welfare Clinic and a Post Office. Two smaller blocks of shops have been provided by private enterprise on ground sold by the Council. On the 14th October 1961 a Community Centre was opened by the Mayor.														
- do -	1956 to 1957 1957/58	189 houses 189 flats	Economic renting Economic renting	30	150	9							R5-19 to R7-04	1956/57 R2636 R3418	690 to 1040	1,172,260	The houses in this scheme are well built detached houses of either orthodox brick or "massive" structure on 50' x 100' stands and for letting units only. Servants quarters are provided. There are nine blocks of flats comprising 21 flats each in three storeys. They are built by the Hollow concrete panel method of construction.	
							27	108	54				R3-80 to R5-77	R1490 R2374 R3374	278 to 606			
GRAND TOTALS		1773 houses 261 flats		730	977	86	27	108	108	18							R6,437,060	



## LAND SETTLING SCHEMES (EUROPEAN).

Township	Date of Disposal of Stands	No. of Residential Stands	Extent Size of Stand	Facilities	General Remarks
Franklin Roosevelt Park	1946	512	$\frac{1}{4}$ acre	5 church sites. 2 Primary School sites (one built). Nursery School (built). Parks and open spaces. Fully constructed roads. All essential services. — oOo — Business and Community Centre which will be developed now that the complex is complete by the disposal of Montgomery Park.	This township was restricted to returned soldiers and families with incomes below R2,400 p.a. It is situate in the north-western suburbs in ideal surroundings. It is a very popular suburb of Johannesburg and homes here are always in great demand.
Franklin Roosevelt Park Extension No. 1	1955 1961	264	$\frac{1}{4}$ acre	1 church site. High School (built). Nursery School site. Parks and open spaces. Fully constructed roads and all essential services. On the 28th October 1961 a Community Centre was opened by the Mayor on Stand 860.	An extension of and adjacent to the above township. The above remarks apply here too, but the income limit restriction was raised to R3,000 per annum.
Montgomery Park	1960	421	1/5th acre	Church site. School site. 12 large Flat or General Residential sites. Parks and open spaces. Roads will be fully constructed and all essential services are available.	This township is adjacent to the two townships above and completes what is known as the "Roosevelt Park complex". The township is well planned with somewhat smaller stands.
De Wetshof	1959	130	$\frac{1}{4}$ acre	Flat site. Nursery School site - School site. Large parks and open spaces. Roads have been fully constructed and all essential services are provided.	This township, situate in the eastern suburbs adjacent to Cyrildene and Observatory Extension, is in a select area of the city. Adjoining the western boundary of the township is a large 100 acre park and a golf course. This township has developed on the lines of Cyrildene which caters for the upper-middle income group.
De Wetshof Extension No. 1.	1961 Approx.	202	1/6th to $\frac{1}{4}$ acre	2 church sites. 2 Business sites. Nursery School site. Parks and open spaces and all services will be available before the disposal of stands. Roads will be fully constructed.	Situated to the south of De Wetshof and adjacent to Kensington. This proposed township will cater for the lower-middle income group with a probable income limit restriction of R2,400 per annum. It is anticipated that it will prove a popular area and develop on the lines of Franklin Roosevelt Park. The plan and proposed Conditions of Establishment have been approved of by the Townships Board.

TOTAL NUMBER OF RESIDENTIAL SITES 1529.

LAND RESERVED FOR COTTAGES FOR THE AGED.

1. Vacant site (ex Buffer Strip) in Jan Hofmeyr Township ) An application for  
12 Double and 16 single cottages to cater for 40 ) a loan for the con-  
people. ) struction of these  
 ) cottages and the  
 ) conversion of the
  2. Vacant site in Maurice Freeman Township ) flat loan is at  
16 Double and 20 single cottages to cater for 52 ) present with the  
people. ) National Housing  
 ) Office. Work will
  3. Conversion of 18 bachelor flats in South Hills from ) commence as soon as  
~~4<sup>1</sup>/<sub>8</sub>%~~ loan to ~~3~~/<sub>4</sub>% loan for Old Aged. ) the loan is granted.
  4. School site in Pioneer Township. The Clerk of the Council is negotiating with the Provincial authorities for the acquisition of this site which will provide cottages to cater for 36 people. Building can commence as soon as this site is transferred to the Council.
  5. Stand 875 South Hills. Cottages to house approximately 80 people in single and double units can be built on this stand which is 2<sup>1</sup>/<sub>4</sub> acres in extent.
  6. Stand 840 South Hills. This is identical to 5 above.
  7. Stands 15, 17, 19, 21, 23 and 181 Haddon Township (total area 2<sup>1</sup>/<sub>4</sub> acres). Suitable for single and double unit cottages to house approximately 80 persons.
  8. R.E. of Ptn. B )  
R.E. of Ptn. 1 of Ptn. ) Farm Cyferfontein  
(between Highlands North Extension and Abbotsford).
- Suitable for approximately 15 cottages comprising double and single units. The situation lends itself to development for pensioners in the income group slightly above the Old Age Pension level.
9. Stand 177 to 181 Rossmore (approximately 1<sup>1</sup>/<sub>2</sub> acres). Suitable for single and double units to house approximately 40 old aged pensioners.
  10. Stand 386 and 421 to 428 Montgomery Park Township (total area approximately 5<sup>1</sup>/<sub>4</sub> acres). Cottages to house approximately 100 pensioners in the higher income group are contemplated on this site.



## COUNCIL COLOURED HOUSING SCHEMES.

Scheme	Date of Establishment	Total Number of Dwellings	Type of Scheme	Types						Range of Monthly or Weekly Rentals	Approx. Unit Cost & Services (Excluding Land)	Approx. Area in Square Feet	Total Capital Cost	Remarks
				Houses			Flats							
				1 BR.	2 BR.	3 BR.	1 BR.	2 BR.	3 BR.					
Coronationville (1st Section)	1936	250 houses	Sub-economic letting and selling	26	158	66	-	-	-	R4-00 to 17-75 per month	R1,628	722 Average	R1,177,406	All houses are of a good standard of construction in brick and iron.
Coronationville (2nd Section)	1946	251 houses	Sub-economic letting and selling	10	125	116	-	-	-	R4-00 to 17-75 per month	-	657 to 1,606		This scheme is well equipped with amenities comprising a community centre, library and recreational facilities. Sewerage is provided throughout.
Coronationville B.K. Reid Village	1963	50 flats	Economic letting	-	-	-	-	-	50	R12-50 per month	-	-	R 119,928	Built by B.E.S.L. for Ex-Servicemen, and administered by the Council.
Coronationville Council Flats	1969	60 flats	Economic letting	-	-	-	-	15	45	R17-00 to R23 per month	R2,380-00 R2,470-00	786	R 146,850	Built by Private Contract and administered by the Council.
Noordgeaig (1st Section)	1936	350 houses	Sub-economic letting	-	175	-	-	-	-	R3-10 to R6-75 per month. R4-60 to R10-00 per month	R 552-00 Average	635 Average	R 378,338	The 1st and 2nd sections are constructed in brick and iron of a good standard, the remaining sections being of an unsters standard in concrete or brick and iron.
Noordgeaig (2nd Section)	1946/ 1947	100 houses (50 prs. semis)	Sub-economic letting	-	250	-	-	-	-	R4-00 to R9-75 per month	R1,492-00 Average	714 Average	R 355,860	Amenities include a communal hall, recreational facilities, a child welfare and medical services clinic, and library.
Noordgeaig (3rd Section)	1953	100 houses (50 prs. semis)	Economic letting	-	100	-	-	-	-	R2-31 per week	R1,540-00 per pair	1,080 per pair	R 101,600	Sewerage is provided to all units except 8 units which are provided with the pail service.
* Noordgeaig. (4th, 5th and 6th Sections)	1954 to 1967	359 houses	Economic letting	-	350	-	-	-	-	R1-85 per week	R390-00 to R574-00	527	R 250,590	*This section was developed in three successive stages with separate economic loans for 150, 70 and 139 houses.
Noordgeaig Experimental Houses	1961	4 houses	Experimental Scheme	-	3	1	-	-	-	R13-50 to R17-00 per month R17-00 per month	R1,700 to R1,910-00 R2,200-00	2,679	R 7,000	
<b>GRANT TOTALS</b>		<b>1,564 Houses 110 Flats</b>		<b>36</b>	<b>1,179</b>	<b>358</b>	<b>-</b>	<b>15</b>	<b>95</b>					

**NAIYI TOWNSHIPS - HOUSING AND POPULATION STATISTICS**  
**YEAR ENDED 31ST DECEMBER 1961**  
(SUPPLIED BY RESEARCH BRANCH - NON-EUROPEAN AFFAIRS DEPARTMENT)

ANNEXURE "E"

NOTE: Population Statistics are as at 30. 6.61  
All other figures are as at 31.12.61

TOWNSHIP	POPULATION AS AT 30.6.1961.	ETHNIC GROUP	DATE ESTABLISHED	TYPE OF SCHEME	TOTAL NO. OF SITES IN SCHEME	NO. OF HOUSES BUILT AND OCCUPIED	SITE AND SERVICE SHACKS	TOTAL	TOWNSHIP LAYOUT AND OCCUP.						OTHER SITES
									DWELLING		BUSINESS		TRADING/RESIDENTIAL		
									LAYOUT	OCCUPIED	LAYOUT	OCCUPIED	LAYOUT	OCCUPIED	
ORLANDO (ALL SECTIONS)	64,813	Mixed	1.11.34	Township	12,106	11,312	-	11,312	11,524	11,312	503	397	-	-	79
FIMVILLE	36,666	"	24.10.1905	"	1,270	133	1,137 (not S & S)				UNAVAILABLE BEING REPLANNED				
JABAVU	28,902	"	19. 5.50	"	1,924	5,100	-	**5,100	1,700	1,700	165	140	-	-	59
DUBE	11,904	"	4. 2.55	Village	2,221	1,863	-	1,863	2,166	1,863	35	33	-	-	20
MOPOLO CENTRAL	14,314	"	11. 2.55	"	2,480	2,330	-	*2,330	2,369	2,330	61	49	-	-	32
EASTERN NATIVE TOWNSHIP	4,213	"	19. 8.25	Township	639	627	-	627	627	627	6	6	-	-	6
WESTERN NATIVE TOWNSHIP	13,525	"	15.12.39	"	2,297	2,278	-	2,278	2,278	2,278	19	19	-	-	-
CENTRAL WESTERN JABAVU	5,642	Sotho	11. 3.55	Site & Ser.	1,201	1,057	61	1,118	1,125	1,112	38	27	16	7	22
CENTRAL WESTERN JABAVU	1,754	Hgumi	11. 3.55	"	344	270	51	321	328	321	10	9	-	-	6
MOPOLO NORTH	9,023	"	11. 2.55	"	1,672	1,442	60	1,502	1,575	1,486	45	40	19	16	33
MOPOLO SOUTH	5,066	"	11. 2.55	"	739	692	4	696	697	694	20	19	6	2	16
MOLAPO	7,153	Sotho	9.11.56	"	1,590	1,432	48	1,480	1,475	1,470	65	45	16	9	34
MOLLETSAKE	9,879	"	9.11.56	"	2,109	1,957	73	2,030	2,033	2,022	34	30	8	8	34
MOROKA NORTH	2,693	"	30. 4.54	"	483	437	22	459	472	459	8	8	-	-	-
SENAGOANE	8,487	Hgumi	7.11.58	"	1,930	1,484	21	1,505	1,832	1,501	37	24	20	6	41
TLADI	9,233	Sotho	9.11.56	"	2,077	1,858	11	1,869	1,970	1,862	29	26	22	6	56
CHIAMELO	7,185	Others	25. 5.56	Site & Ser. Slum Clear.	1,450	1,127	6	1,133	1,361	1,131	34	22	18	3	37
DELANINI	9,097	Hgumi	25. 5.56	"	1,801	1,418	7	1,425	1,687	1,423	56	22	19	3	39
ENDESI	12,047	"	7.11.58	"	2,748	2,298	6	*2,304	2,467	2,302	66	38	25	2	50
JABULANI	13,628	"	9.11.56	"	2,185	2,040	9	2,049	2,072	2,038	51	28	24	11	38
NALEDI	20,525	Sotho	9.11.56	"	4,413	4,043	13	4,056	4,082	4,046	87	35	40	10	73
ZOLA	32,158	Hgumi	7.11.58	"	5,902	5,578	6	*5,584	5,599	5,577	143	73	46	7	89
ZONDI	8,972	"	25.5.56	"	1,674	1,446	37	1,483	1,574	1,475	45	33	25	9	30
CHIAMELO EXTEN. NO. 1	3,337	Others	25. 5.56	Slum Clear.	635	541	1	* 542	543	542	10	5	-	-	6
MAPETLA	9,181	Sotho	9.11.56	"	1,662	1,506	4	1,510	1,537	1,507	52	37	18	6	55
PHIRI	5,408	Hgumi	9.11.56	"	942	862	6	* 868	862	862	29	23	16	6	18
PHIRI	6,441	Sotho	9.11.56	"	1,065	1,028	-	*1,028	1,028	1,028	22	16	-	-	17
<b>TOTALS</b>	<b>361,246</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>59,539</b>	<b>56,159</b>	<b>1,583</b>	<b>56,472</b>	<b>54,983</b>	<b>52,968</b>	<b>1,670</b>	<b>1,204</b>	<b>338</b>	<b>110</b>	<b>893</b>

**H O S T E L S**

\* Semi-detached houses on one site) For statistical purposes these are listed as separate houses, i.e. separate dwelling units.  
\*\* Three-attached type houses

		Unit Buildings		Beds		Sanitary Facilities		Population as at 31.12.61.
		Double 32 Beds	Single 16 Beds	Total	Occupied	Ablution Blocks	Latrine Blocks	
Dube Hostel	1956	129	64	5,152	4,966	16	59	4,966
Nancefield Hostel	1956/7	137	27	4,832	4,742	15	52	4,742
Jabulani	1958/9	104	64	4,352	2,739	13	51	2,739
<b>TOTALS</b>		<b>370</b>	<b>155</b>	<b>14,336</b>	<b>12,447</b>	<b>44</b>	<b>162</b>	<b>12,447</b>



REPORT ON ENVIRONMENTAL HEALTH SERVICES IN BASUTO TOWNSHIPS

PERIOD 1ST JANUARY TO 31ST DECEMBER 1961

ANNEXURE "F"

TRADING - BUSINESS PREMISES AND INSPECTIONS

TOWNSHIP	Inhab- rises		Bar- bers		Sho- pops		Butcheries		Fish Priores		Fruit and Vegetable Shops		Garages		General Dealers in Non-Foods		General Dealers in Groceries		Kosbars		Hotels		Ice- cream Vend- ers		Liquor- shops and Depts		Milk Shops		Restaurants		REMARKS  TRADING CONDITIONS			
	Existing	Inspections	Existing	Inspections	Existing	Inspections	Existing	Inspections	Existing	Inspections	Existing	Inspections	Existing	Inspections	Existing	Inspections	Existing	Inspections	Existing	Inspections	Existing	Inspections	Existing	Inspections	Existing	Inspections	Existing	Inspections	Existing	Inspections				
PINVILLE			1		-	107			58	-	157					-	106			202								-	83			64	Unsatisfactory	
WESTERN NATIVE TOWNSHIP					4	30	1	14	1	14	1	55			6	20	5	25									1	4	2	12	Fairly satisfactory			
EASTERN NATIVE TOWNSHIP					5	44	1	10	1	10	1	41			3	24	3	168									1	29	2	27	Fairly satisfactory			
ORLANDO EAST		1	3		20	236	6	83	21	150	2	20	8	58	37	312			37					2	12	6	161	11	155	Fairly satisfactory				
ORLANDO WEST & EXTENSION		6	36		32	572	16	72	25	335			48	232	39	576			3	1	19			1	4	9	304	14	193	Satisfactory				
JABAVU		1	13		16	137	3	25	11	51			14	121	25	174			51							1	6	4	54	5	71	Unsatis. to fair		
DURE		3	11		8	109	2	20	5	79	1	9	3	74	6	77			10				5	8	2	6	3	77	6	62	Good			
MOFOLO CENTRAL		2	13		6	129	3	52	10	79			5	127	16	238			8							2	4	3	40	5	44	Satisfactory		
MOROKA NORTH		2	-		2	16	2	8	2	7					3	22			4			1							2	4	4	Fair		
CENTRAL WESTERN JABAVU					5	46	3	13	4	38			4	23	8	117										2	19	5	30	5	30	Fair		
MOFOLO NORTH		2	19		5	144	2	61	6	116	1	1	7	140	7	175										1	22	2	88	2	88	Satisfactory		
MOLAPO					6	50	4	14	7	34			7	35	8	100			2			2				3	11	3	25	3	25	Good		
MOLLETAMBE					6	71	2	21	4	45	1	2	1	19	8	101			10										3	38	3	38	Good	
TLADI					5	55	2	27	5	37			4	25	9	86			12						1	2	1	15	3	30	3	30	Good	
MOFOLO SOUTH		2	32		2	66	2	21	2	89	2	4	2	74	4	94											1	29	1	48	1	48	Unsatis. to fair	
DELAMINI		1	3		2	22	3	25	3	29			2	13	9	51			3			2	1	2			1	14	2	14	2	14	Fairly satisfactory	
CHIAMBELO AND EXTENSION		1	2		4	30	2	17	4	28			5	24	8	50			3								1	7		7		7	Fairly satisfactory	
ZONDI		1	4		7	58	1	4	31			1	32	9	76												4	38	4	20	4	20	Good	
PHIRI					7	49	1	9	5	28			7	31	10	72			2								1	9	1	6	1	6	Fairly satisfactory	
SEMAQANE		1	2		6	37	1	8	4	21			7	37	7	44											1	5	2	17	2	17	Fairly satisfactory	
MAPETLA		1	5		7	56	2	21	9	62			6	16	13	114			2										2	13	2	13	Fairly satisfactory	
JABULANI		1	7		3	37			4	52	1	4	1	21	8	73										1	2	2	25	3	21	3	21	Good
MALEDI					4	34			7	59			4	6	14	124			8								2	24	2	31	2	31	Good	
ZOLA					16	182	1	14	5	120			2	22	21	269			5										3	29	3	29	Good	
ENDINI		1	1		6	113	1	20	5	76			4	37	9	137			6								1	18	3	38	3	38	Good	
MOROKA					3	11	2	8	1	4					3	11						1	1						2	8	2	8	Fair	
DURE HOSTEL		1	22		2	47	1	25	1	22			5	17	2	46											2	4		6	6	6	Good	
MANCIEFIELD HOSTEL		1	11		1	54	1	41	1	75			3	31	1	107			38								1		1	48	1	48	Fairly satisfactory	
JABULANI HOSTEL		1	5		1	11	1	4	1	10			1	4	1	11											1		1	15	1	15	Satisfactory	
TOTALS		29	120		189	2556	65	692	159	1980	8	39	160	1369	293	3652			204	1	19	11	10	14	52	48	988	96	1193					



REPORT ON ENVIRONMENTAL HEALTH SERVICES IN NATIVE TOWNSHIPS

ANNEXURE "C"

PEST CONTROL PERSONNEL

PERIOD 1ST JANUARY TO 31ST DECEMBER 1961

INSPECTIONS, NUISANCES, NOTICES SERVED.

PROSECUTIONS AND PEST CONTROL INSPECTIONS.

Inspector 1  
 Overseers 6  
 Labourers 34

TOWNSHIPS	BUILDINGS					GENERAL											FOOD					INFECTIOUS DISEASES		NOTICES SERVED		PROSECUTIONS			PEST CONTROL INSPECTIONS											
	Inspections	Plans	Repairs	Illegal	Survey	Animals	Closes	Drainage	Flies	Punishments	Manure	Poultry	Refuse	Rodents	Slop Water	Stables	Storm Water	Vermin	Interviews	Inspections	Sampling	Poisoning	Bacteriological	Specimens	Sediment Tests	Handlers	Investigations	Contacts	Vaccinations	Statutory	Others	Under P.H. By-Laws	Under P.H. Act	Court Hours	PREMISES					
																																			Inspected	Overruled				
PINVILLE	659	-		3	1495	223	577	1				1	1		12				576															309	167	95	7	97	1900	512
WESTERN NATIVE TOWNSHIP	962	-								4	17		195		22				57														29	16	9	9	424	383		
EASTERN NATIVE TOWNSHIP	1093	27	54			115				24	212	244		69					317													211	46	211	5	66				
ORLANDO EAST	1390	28	211	2599	4					6	299	1226	353	3					1857												1573	87	318	334	249	5426	3682			
ORLANDO WEST & EXTENS.	1837	45	5	520		794	1			21	493	345	867	28					1066	2										992	161	24	27	56½	931	692				
JABAVU	1277	31	104			12	48	13		27	295	414	944	35					1680	10										730	198	35	68	54	4006	1835				
DUBE	262	119	9			130				63	79	125							525	37										337	122				1834	1206				
MOPOLO CENTRAL	380	60	3			6				3	55	28	377	22					453											325	20	10	8	21	954	563				
MOROKA NORTH	152	7	16			1	2	1			38	37	163						200											167	44	2	1	3	454	355				
CENTRAL WESTERN JABAVU	478	48	28	80		3		3			119	35	508	6					731											722	85	5	5	9	2917	1761				
MOPOLO NORTH	267	47	29			46				7	102	38	248	36					206											145	55	2	5	9	1	1				
MOLAPO	229	34	4			1					45	94	322	14					313											262	33	1	1	1	1548	659				
MOLETSANE	231	20	5	71		1	4	3			53	46	499						330											269	83	8	16	20	2076	892				
TLADI	217	16	13	96		1	1	5			123	37	697	17					289											149	106	9	16	20	1938	830				
MOPOLO SOUTH	348	28	3			30	5	15		12	71	16	298	5					274											259	9	3	5	6	717	435				
DEHAMINI	534	17	21								83	2	895						790											584	166	4	22	20	286	150				
CHLAMELO & EXTENSION	272	9									24	11	541	11					467											239	165	15	28	30	-	-				
ZONDI	42	34	5	415		2					130	92	508	2					378											411	66	9	12	15	869	524				
PHIRI	90	6	1			1					7	94	186	27					123											53	13	5		6	2354	742				
SENAOANE	343	19	17			2					43	6	657	12					593											358	195	11	20	25	11	11				
MAPETLA	165	18	5			5	2	2			43	89	300	9					300											265	45	3	3	4	1596	578				
JABULANI	146	26	4	400		1		3			27	87	413	29	1				705											651	115	7	19	16	2140	1113				
NALEDI	913	13	23			10	7	1			131	132	1659	15					578											839	238	24	38	46	4254	1545				
ZOLA	1697	33	9			3	11	11			208	105	2412	11					1726											1554	297	23	38	45	6029	2155				
EMDENI	1246	11	12	427		1		1			49	90	2666	3					2050											1753	285	10	4	6	2370	959				
MOROKA	69	18				2	1				6	4	67						71											71					1	1				
DUBE HOSTEL	18					41						10				2			13											4					2	2				
NANCEFIELD HOSTEL	20					26						8							154	281													19	14	25	24				
JABULANI HOSTEL	21					10																																		
TOTALS	15358	714	584	6103		386	1737	51	15	104	2736	3370	15901	388	3	16828	340													1222	2721	850	701	1352	45063	21610				



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