Peper read at Tacresoc heeting 15th March 1975.

TRANSKEI & CISKEI DISEASE PATTERN SURVEY

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Introduction

A survey was instituted in January 1972 after pilot studies had been undertaken among twelve hospitals in the Transkei and Ciskei by members of the Transkei and Ciskei Research Society. The aim was to establish patterns of diseases in the Transkei and Ciskei at the present time, relating them to district and social groups. It was thought this would serve as a basis for any discussion upon the relative frequency or rarity of particular diseases in the region. We visualised repeating this study in a few years' time so that any changes in the patterns can be observed. The survey also provides useful information for studies of the causation of diseases by showing the groups and areas in which particular types of ailments are most prevalent.

Methodology

Those hospitals who accepted our invitation to take part undertook to complete a recording form for each 'new' case seen in any period of two consecutive weeks during the months of January and February 1972. In addition to sex, age, and social group for all patients, their district of residence was recorded. Finally the presenting disease was recorded in code, as were other diseases present. A 'new' case was taken to be one that was seen on the occasion of the present complaint during the recording period; a new attack of a disease from which the patient had previously suffered and recovered was also counted as a new case.

The hospitals that took part in the survey, together with the name of the medical practitioner who was responsible for the conduct of the survey, and the number of patients for whom diseases were recorded is shown in Table 1.

Table 1: Number of cases by hospital

Hospital	District	Male total	Female total	Total	M.O.	responsible
1.Madwaleni	Elliotdale	281	411	692	Dr.	Boer
All Saints'	Engcobo	270	414	684	Dr.	Ingle
3. Holy Cross	Flagstaff	165	186	351	Dr.	Jardine
4.St.Elizabet	th Lusikisiki	158	206	364	Dr.	0'Hara
5.Mt. Ayliff	Mt. Ayliff	41	58	. 99	Dr.	Fehrsen
6.Canzibe	Ngqeleni	183	250	433	Dr.	Maarsingh
7.St.Barnabas	s Libode	490	613	1103	Dr.	Lutwybe
8.St. Lucy's	Tsolo	445	885	1330	Dr.	Daynes
9.Sir Henry Elliot	Umtata	554	872	1426	Dr.	Daynes
10.Ritvlei	Umzimkulu	111	125	236	Dr.	ter Haar
11.Glen Grey	Lady Frere	566	805	1371	Dr.	Solleder
12.Mount Coke	KingWilliams	own 232	363	595	Dr.	Adendorff
Total	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	3496	5188	8684		218010

Presenting diseases were recorded separately from other diseases which were found to be present. The total number of diseases recorded for Transkei and Ciskei separately are shown below.

Table 2: Total diseases recorded

a information	Presenting	Diseases	Other I	iseases	Total	
DEL GREE	M	F-V	on Main	F	M F	Total
Transkei	2698	4020	642	825	3340 4845	8185
Ciskei	798	1168	262	332	1060 1500	2560
Total	3496	5188	904	1157	4400 6345	10745

A total of 8684 patients, 3496 males and 5188 females was recorded in the survey and their completed forms were dispatched to Pretoria for analysis by computer. This was very kindly undertaken for us by Dr. Fellingham and Mr. G. J. Van der Merwe of the Division of Medical Statistics and Epidemiology of the Medical Research Council.

Age Structure of Patients

Table 3: Transkei - Age & Sex - Distribution of Patients

0-9	10-19	20-29	30-39	40-49	50-59	60-69	70+
		no %	4				
Males1763 65	I For the second						1000 -
Fe- 1675 42	487 12	611 15	491 12	338 8.4	338 8.4	156 3.9	51 1.3 4020

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There were approximately twice as many females as males in each age group. This proportion tallies well with the sex and age distribution of the whole Transkei as taken at the 1960 census (de facto) (see table 6), so that we feel it was a fairly representative sample as far as age was concerned and the same holds for the small numbers seen in the Ciskei.

Table 4: Ciskei - Age & Sex - Distribution of Patients

0-9	10-19	20-29	30-39	40-49	50-59	60-69	70+	
no. %	no. %	no. %	no. %	no. %	no. %	no. %	no. %	3.4
Males477 60	109 14	58 7.3	30 3.8	30 3.8	25 3.1	35 4.4	34 4.3	798
Fe- males 513 44	173 15	154 13	107 9.2	68 5.8	68 5.8	46 3.9	45 3.9	1168

There were fewer cases from the Ciskei (only 2 hospitals participated). The preponderance of females was slightly more than that in the Transkei.

Table 5: Transkei - Population by Age & Sex (1970 Census)

	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70+	Total
M	219812	148340	56923	45653	44286	34204	22317	11326	571535
F	213351	167698	140399	103865	77624	49584	33887	18230	804638

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Social Group of Patients

Transkei people can be divided into "Blanket People", those who abide by their traditional customs only; "School", those who go to school, are dressed in European-type clothes and have taken on some of the European habits, and "Urbanised", i.e. those who have discarded most of their traditional customs and live more like Europeans.

One of the aims of this survey was to attempt to estimate whether some diseases were related to any one of these groups. The social structure does vary in different areas and this will be discussed below.

Table 6*: "Blanket people", by age & sex in Transkei showing percentages of total cases seen in each age group for Transkei

0-	9	10-	19	20-49	50-	69	7	0+	Tot	al
M 806	46%	74	28%	188 43%	:104	53%	15	38%	1187	44%
E 710	42%	102	21%	671 47%	203	55%	23	45%	1709	43%
1516		176		859	307		38	-Marcol	2896	

*Age divisions have been foreshortened because we believe that 20-49 will be adults with same habits and customs, and similarly those in the 50-69 (ageing adults) and the 70+ group (aged adults).

Table 7: "Urbanised" people by age & sex for Transkei showing percentage of total cases seen in each age group

					1	-	10	OCL
M 94 5% 10	3.7% 28	6.4%	5	2.5%	3	.7.6%	140	5.1%
F 95 6% 20	4.1% 60	4.1%	10	2.7%	3	5.8%	188	4.6%

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Less than 10% of people are urbanised. "Blanket" and "School" people on the average were divided evenly except in the 10-19 age group where the school people predominated. (This was to be expected with such an arbitrary division and this age group nearly all actually at school).

Table 8: "Blanket people" by age & sex for Ciskei showing percentage of total patients in each age group.

	0-9	na mud	1	0-19	2	0-49	5	0-69		70+	То	tal	
M 22 F 23	26 47 34 51	.7%	21 30	19.2%	43	36.4% 43.1%	37 67	61.6% 62%	24 34	70.5% 75.5%	351 507	43.9%	

Table 9: "Urbanized people" by age & sex in Ciskei showing percentage of total patients in each age group

0	0-9 10-19		-19	20-49		50-69		70+		Total	
M 7	1.4%		0	8	6.7%	1	1.6%	1	2.9%	17	2.1%
F 9	1.7%	2	1.1%	16		1	0.9%	-	21	28	2.3%

It is probably not wise to draw conclusions from the Ciskei figures which are insufficient but the picture resembles very much that of the Transkei, "Blanket" people being high in the 0-9 group; lowest in the school-going group but increasing with increasing age. Urbanisation is less than 6% in any group.

Results and Analysis

Diseases were classified according to the I.C.D. code, and for convenience were put into 20 main categories (as in Table IO). The numbers in each disease group for males and females separately are given in Tables IO to I5, and the breakdown into particular diseases for certain groups in Tables I7 to 20. Table I6 gives the social composition of each group.

A brief summary of some of the findings follows. The most prevalent disease groups are:

for males: I. Diseases of the Digestive System;

- 2. Communicable Diseases;
- 3. Diseases of the Respiratory System;
- 4. Skin and Cellular Diseases;
- 5. Poison and Accident.

for females I. Diseases of the Respiratory System;

- 2. Diseases of the Digestive System;
- 3. Communicable Diseases;
- 4. Genito-Urinary Diseases;
- 5. Skin and Cellular Diseases.

The three most important disease groups - Digestive, Respiratory and Commu icable - together form 63% of all male presenting diseases and 55% of all female.

<u>Digestive diseases</u>. The incidence of this group is high because of the particularly high rates in the 0-9 age group where <u>gastro-enteritus</u> is the commonest disease in the group in all social classes (76% of males and 63% of females). The second most important is dental caries (6% of males and 18% of females in the group).

Respiratory Diseases. This is the most common type of complaint in all age groups after the 0-9 group. for both sexes. The most common illnesses in this group are diseases of the upper respiratory tract, namely colds, pharyngitis, laryngytis etc, in all social classes (34% of males and 45% of fenales), and bronchitis and emphysema (31% and 27% respectively).

Communicable Diseases. In males the high incidence of this group is due partly to large numbers of cases in the 0-9 group, but in females it is consistently high in all groups. Communicable Diseases include TB, and other bacterial spuochaetal, viral and parasitic infections of which Tuberculosis makes up the greatest proportion (47% males and 48% females, and 9% and 7% respectively of the total number of diseases). Of TB cases Pulmonary TB is most common. Measles comes second in the group (14.5%) and 10% had worms, round worms being the most common. Dysentery had fourth place.

Nutritional Diseases. On account of the high incidence of pulmonary TB and respiratory disease we looked at nutritional status. Nutritional Diseases as a whole account for 4.2% of the male and 3.9% of the female cases and are sixth in importance for both; kwashiokor, malnutrition and pellagra are

the really significant diseases in this group, but not scurvy. Malnutrition appears less often as a presenting disease, but rather as a disease found present in those coming with some other complaint. It is interesting to note that nutritional disease affects males chiefly in the 0-9 are group, but the highest incidence in females is in the 20-49 group Kwashiokor is relatively more frequent in males and pellagra in females (see Table 20). In the social groups it would appear that nutritional diseases are relatively nore frequent in !Blanket' and 'School' people compared with the 'Urban Group' and asthma and other metabolic diseases particularly diabetes relatively nore frequent in the 'Urban' group, although the small numbers in the latter group allow of no firm inference. Diseases of the Genito-Urinary System. These were 8th in importance for males but 4th for females with extremely high incidence in the 20-49 age group. An Analysis of the disease group showed that by far the largest number of cases fell into an unidentified category : 'Other', which included a large proportion of school people. This night include diagnoses other that those listed but is also likely to consist of undiagrosed urinary infections. Cystitis came mext in importance, 18% of males and 21% females in the group. This high rate in females is interesting in view of the high rate of cervix cancer in the Transkei.

Obesity is also found more frequently in women though of much less importance than the above. There is no case presented in men, though a few appear as secondary diseases.

Poison and Accident is a much more frequent occurrence among men (fifth place).

Eye problems, mental diseases and allergies all occupy a higher place for men than for women.

Some diseases are more often discovered as secondary diseases than presented. These relatively hidden diseases - the ones people do not notice or do not bother to take to hospital - are for men: nutritional, circulatory and blood diseases, obesity and mental disorder; for women, nutritional circulatory and blood diseases (though for all these a higher proportion is presented than for men), and mental diseases, particularly in the oldest age-group where incidence is in any case high. All these diseases probably occur with greater frequency relative to other complaints than is indicated by these findings.

Age Group Pattern. There is a particularly strong concentration in the 0-9 group for digestive, nutritional and blood diseases and ear conditions. For women, however, there is also a higher incidence of nutritional and digestive diseases in the middle years. Genito-Urinary diseases affect chiefly the middle groups as do poison and accident and nervous diseases. Diseases of the elderly are, as expected, those of bones and joints and of the circulatory system. Mental illness is also high in this group.

Analysis of Disease Pattern by Area

There are considerable variations in the disease patterns of different areas; the analysis has been carried out by comparing the percentage of total diseases in an area accounted for by a particular disease group. Ideally we should like to relate disease incidence to population as a whole, but the variation in the extent of coverage from district to district makes this impossible. However it can be shown that patients are on the whole a good cross section of the population, so our inferences about the relative frequency of a disease in different areas should be unbiased.

We can distinguish groups of areas with fairly distinct disease patterns:

I.Lusikisiki and surroundings, Port St. Johns', Nggeleni and Elliotdale.

All these districts have over 50% 'Blanket' people, and a very high proportion of the population are under IO yers old. Perhaps du to this large child population, there is a high incidence of digestive diseases (over 15% of all diseases for females).

These predominantly 'blacket' areas have a below average proportion of communicable diseases, and all but Nggeleni are below average for respiratory diseases as well. Perhaps the poor communications with which more prevalent 'blanket' culture is linked also inhibit the spread of infection.

Mutritional diseases tend to occur nore frequently than the average for the Transkei, for both nen and women. Poison and accident cases are remarkably low, especially for non. These areas do not have the higher incidence of genito-unitary diseases for women observed in some areas except for Port St. Johns' for which the sample in any case is small.

2. Glen Grey and Indive. Cala and St. Mark's.

This area also has a high proportion of 'blanket' people, Glen Grey and Indue over 50%, and it shares some of the characteristics of the previous group; it has a high proportion of the population under IO, high numbers of digestive diseases. However respiratory diseases are relatively more important and communicable diseases notably high. Mutritional diseases have a relatively unimportant place. Genito-Urinary diseases for women are among the lowest proportion of all districts. In general areas with the highest blanket populations have a low incidence of genito-urinary diseases and vice versa. The exceptions are Port St. Johns' and Magniduli. Mt. Frere, from whom only school patients were seen, had the highest proportion of female

I. The analysis is by district except where the sample in a given district is too small to make reliable inferences (less than about IOO of each sex.) In this case they have been combined where possible with another district similar in social composition, geography and tribal character. As individual areas, Port St Johns', Mount Ayliff, Mount Frere and Qumbu are still too small to give reliable proportions and the latter three have been combined in some cases despite their differing social composition.

cases in this group.

3. Mount Ayliff, Mount Frere, Qumbu, Tsolo and Mganduli

This is a somewhat heterogenous group, all with a majority of school people, and ratio of males to females of below 6:10 in all but Mount Ayliff. Incidence of communicable diseases is average to high, except Mqanduli. It is particularly high in Qumbu where a very large proportion of adult men are absent. Poison and accident cases are above the average proportion, for most districts markedly so. The highest incidence of Gemito-urinary diseases occur in Mount Frere and Mqanduli.

4. Untata

There is an overwhelming prependerance of school people (II 'school' to I 'blanket' in men - and a high ratio of men to women, due perhaps to the greater opportunities for male employment in the capital.

Communicable diseases are markedly low, as are nutritional diseases. This is what one would expect from a higher standard of health knowledge, and higher incomes due to there being more men in local employment.

Untata is peculiar in being the only district with a low proportion of 'blanket' cases to have a high proportion of its cases under the age of IO, and digestive diseases have also a high incidence. Genito-unitary diseases are particularly frequent. Poison and accident cases are not prominent.

Other areas have disease configurations of diseases and further research is needed to isolate the factors responsible for particular complaints.

TABLES

Table 10: Presenting diseases of males in total survey (Transkei & Ciskei) in order of frequency showing number and percentage of cases in each age group

No record to contract to the second s		Carry Control on Control of Control	and the same and the same of the same	-		-	Committee and the second contracting	1	an easy, an in the improver of the filter	9/1/24
earlae's	0-9	10.	-19	20.	-49	50	- 69		70+	Total
Disease No.	. %	No.	%	No.	To To	No.	%	No.	The special section of the section o	No.
Digestive 689	88.3	30	3.85	45	5.77	15	1.92	1	.13	780
Respiratory512	69.75	61	8.31	104	14.17	44	6.00	13	1.77	734
Communi- 449	66.13	63	9.28	97	14.29	56	8.25	14	2.06	679
Poisoning/ 64 accident	22.38	95	33.22	99	34.62	19	6.64	9	3.15	286
Skin & cel-150	64.66	41	17.67	30	12.93	8	3.44	3	1.29	232
lular Genito 19	17.12	26	23.42	45	40.54	17	15.32	4	3.60	111
rinary 82	73.87	14	12.61	9	8.11	5	4.50	1	0.90	111
Nutritional 88	84.61	2	1.92	10	9.62	3	2.88	1	0.96	104
Bones/joints 6	12.77	6	12.77	17	36.17	14	29.79	4	8.5	47
Eye 17	39.53	7	16.28	8	18.60	9	20.93	2	4.65	43
Nervous 13 system	30.23	5	11.63	16	37.21	6	13.95	3	6.98	43
Circulatory 4	10.26	4	10.26	8	20.5	16	41.03	7	18.00	39
Allergies 11	46	1-	4.2	10	2.0	2	8.3	-		24
Neoplasm 1	4.55			6	27.2	9	41.0	6	27.2	22
Mental dis- 1	5.9	1	5.9	7	41.0	4	23.6	4	23.6	17
order Endocrine 1	12.5	2_	25.	3	37.6	2	25.	-		8
Obesity										0
Blood disease		To the		-		-			T. BELL	0
ngenital 8 malformation	73	2	18.3	1-	9.1	00 10		2	fati nolim	110
Diseases of 41 early infancy	100	+0						2 10	to to	410
Undiagnosed 84	51.2	14	8.55	38	23.2	27	16.5		.61	164
2240	64.07	374	10.59	553	15.82	256	7.32	73	2.09	3496

Table 11: Diseases other than presenting disease of males in total survey in order of frequency showing number and percentage of cases in each age group

				-	-		-		Name I also be described to the Control of the Cont	ediana no alcapera y residente monardona
0.	-9	10-	.19	20	-49	50-	-69		70+	Total
Disease No.	%	No.	%	No.	%	No.	%	No	. %	
Communi- 180 cable	76.27	14	5.93	25	10.59	12	5.08	5	2.12	236
Digestive 130	76.9	7	4.14	15	8.87	12	7.10	5	2.96	169
Respiratory110	90.9	4	3.31	5	4.14	1	.826	1	.826	121
Skin & cel- 77 lular	83.7	6	6.512	5	5.42	4	4.35	-		92
Nutritional 55	69.6	7	8.86	7	8.86	8	10.1	2	2.53	79
Ear 37	84.1	5	11.4		E LEGY	2	4.55.	-		44
Poison/ 2 accident	6.76	6	20.0	17	56.6	4	13.3	1	3.34	30
Circulatory 4	14.8	2 0	7.4	5	18.5	8	29.6	8	29.6	27
Eye 15	57.7	17	3.84	3	11.5	4	15.4	3	11.5	26
Genito- 8 urinary	42.15			5	26.4	5	26.4	1	5.3	19
Mental 2 disorder	15.4	1	7.7	3	23.1	2	15.4	5	38.6	13
Blood diseases 7 Bones & - joints	54	3 -	23	1 2	7.7 25	2 5	15.4 62.5	1	12.5	13 8
Nervous 1		1 5		3		- 1		-		5
Allergies 2		1		-		-	100	-		3
Neoplasms -		_		1		1		-		2
Obesity 1		2 - 2	3.8	1		g -8	13.9	-		2
										vatando.
Endocrine -		-		-		1		7		0 61
Congenital 2 malformation		2		-		-5		-		Total Line
Diseases of 9 early infancy		-		-		-		-	to all	yfrae t
Not diagnosed-			5.8	1	5	-		-	28 790	11
Total 642	71.10	60	6.64	99	10.96	71	7.862	32	3.54	904

Table 12: Total numbers of diseases of males in total survey in order of frequency showing percentage of cases in each age group

		0-9	10-	-19	20-	-49	50-	-69	70+	Total
Disease	no.	%	no.	%	no.	%	no.	%	no. %	
Digestive	819	86.30	37	3.90	60	6.322	27	2.845	6 .632	949
Communicable	e629	68.74	77	8.415	122	13.33	68	7.432	19 2.076	915
Respiratory	622	72.75	65	7.602	109	12:748	45	5.263	14 1.637	855
Skin & Cel- lular	227	70.06	470	14.50	35	10.80	12	3.70	3 .926	324
Poison/ accident	66	20.89	101	31.96	116	36.71	23	77:28	10 3.16	316
Nutritional	143	78.1	9	4.92	17	9.28	11	6.01	3 1.64	183
Ear	119	76.8	19	12.26	9	5.81	7	4.52	1 .645	155
Genito- urinary	27	20.8	26	20.0	50	38.5	22	16.9	5 3.8	130
Eye	32	46.4	8	11.6	11	16.0	13	18.9	5 7.25	69
(culatory	8	12.2	6	9.1	13	19.7	24	36.4	15 22.8	66
Bones and joints	6	10.9	6	10.9	19	34.6	19	34.6	5 9.1	55
Nervous system	14	29.2	6	12.5	19	39.6	6	12.5	3 6.25	48
Mental disorder	3	10.0	2	6.67	10	33.3	6	20.0	9 30.0	30
Allergies	13	48.0	2	7.4	10	37.0	2	7.4	a- mail	27
Neoplasms	1	4.17	-		7	29.2	10	41.7	6 25.	24
Blood disea	ses7	54.	3	23.	1	7.7	2	15.4	(Secest)	13
Endocrine	1	11.1	2	22.2	3	33.4	3	33.4		9
Obesity	1		-	1 55	1 1	1	2-		wat	2
Congenital malformati		66.6	4	26.6	_1	6.66	4-	BOY	Ind a	15
I sases of early infa		100.	-		-			100	Of to as	50
Undiagnosed	84	50.91	14	8.48	39	23.64	27	16.36	1 .606	165
Total	2882	65.50	434	9.86	652	14.82	327	7.432	105 2.386	4400

Table 13: Presenting disease in females for total survey

(Transkei & Ciskei) in order of frequency showing numbers & percentage of disease in each age group

Non-companies of sections of the section of the sec	0-9		10-19		20-49		-69	70+	Total
***************************************									10001
Disease no.	. %	no.	%	no.	%	no.	%	no. %	Ettent in
Respiratory 503	41.4	198	16.3	347	28.6	151	12.4	15 1.23	1214
Digestive 625	74.5	48	5.72	133	15.9	29	3.46	4 0.477	839
Communi- 482 cable	60.5	77	9.66	169	21.2	61	7.65	8 1.00	797
Genito- 8 urinary	1.47	. 81	14.92	426	78.45	23	4.236	5 .921	543
Skin & 170 cellular	48.99	69	19.88	90	25.94	16	4.61	2 .576	347
Poison/ 40 accident	18.18	48	21.82	106	48.18	. 22	10.00	4 1.82	220
Nutritional 56	38.1	10	6.80	66	45.1	13	8.85	2 1.37	147
Ear 83	65.5	19	15.0	21	16.6	4	3.16	0	127
Bones/joints 7	5.94	10	8.48	63	53.5	28	23.8	10 8.5	118
Circulatory 13	11.9	9	8.25	32	29.4	38	34.9	17 15.6	109
Eye 22 22	27.8	18	22.8	25	31.6	13	16.5	1, 1.27	79
Nervous 7 system	15.2	7	15.2	11	23.9	12	26.1	9 19.56	1246 / S
Neoplasm 3	6.8	1	2.27	22	50.0	13	29.6	5 11.4	5244.16
Allergies 6	25.0	-8_3	0.76	12	50.0	5	20.8	1 4.16	24
Blood disease 2	9.52	3	14.3	14	66.6	1	4.77	1 4.77	2109/
Mental disease3	15.8	31	5.26	17	36.8	2	10.5	6 31.6	19
Obesity -		1	6.66	89	60	5	33	i-h	15
Endocrine -		2	33	2	33	2	33		6000
Congenital 5 malformation	100	-		-	3,3	-		-Of Ind	En allan
Diseases of 49 infancy	100	-		-		-	-08	Taraball	15 49 / F. Erren
Undiagnosed 104	24.82	58	13.84	214	51.07	37	8.83	6 1.432	419
Total 2188	42.17	660	12.72	1769	34.10	475	9.16	96 1.85	5188

Table 14: Diseases other than presenting disease in females of total survey in order of frequency showing number and percentage of cases in each age group.

10 ± 10 ± 20 €	nraw Je	0-9	1	0-19	20.	-49	50	-69		70+	Total
Disease	No.	. %	No	. %	No.	%	No.	%	No	. %	RABINELL .
Communicable1	81	70.4	18	7.00	36	14.0	16	6.22	6	2.34	257
Digestive 1	36	56.90	19	7.95	52	21.76	25	10.46	7	2.93	239
Respiratory	97	73.00	9	6.77	18	13.53	9	6.77	-		133
Skin & cellular	67	63.2	20	18.9	13	12.3	5	4.72	1	.94	106
Nutritional	54	55.1	6	6.125	23	23.5	12	12.2	3	3.06	98
Genito/ urinary	3	3.45	13	14.9	65	74.7	6	6.90	-		87
Ear	38	80.8	3	6.38	5	10.6	1	2.13	-		47
Circulatory	1	2.33	3	6.98	10	23.3	21	49.0	8	18.6	43
Eye	19	54.3	6	17.1	6	17.1	4	11.4	-	156	35
les & joints	1	5.	2	10.	5	25.	10	50.	2	10.	20
Poison/ accidents	2	13.3	4	26.6	7	46.7	1	6.67	1	6.7	15
Mental dis- orders	2	13.3	-		4	26.6	3	20.0	6	40.0	15
Obesity	-		-	0.00	11	73.4	4	26.6	-		15
Blood dis- eases	8	66.7	-	- SE	3	25.	1	8.35	-	= 1=04	12
Nervous system	m3	25.	1	8.35	3	25.	1	8.35	4	33.3	12
Allergies	-		-		2	40.	3	60.	-		5
Neoplasms	1	20.	7		2	40.	1	20.	1	20.	5
Endocrine	***		-	Total In	-		2	100.	***		2
Congenital malformation	3	60.	1	20.	1	20.	-		-		5
biseases of early infanc		100	-		-		-		-		5
Not diagnosed	-		-		1		-		-		1
6:	21	53.67	105	9.075	267	23.08	125	10.80	39	3.37	1157

Table 15: Total diseases in females of total survey in order of frequency showing number and percentage of cases in each age-group.

Committee of the Commit	The state of the s	notice and responsible control of	-	-						100
	0-9	10	-19	20	-49 1-0	50	-69		70+ T	otal
Disease No	. %	No.	%	No.	%	No.	%	No.	, %	
Respiratory 600	44.54	207	15.37	365	27.10	160	11.88	15	1.11	4 1347
Digestive 76	70.59	67	6.22	185	17.16	54	5.01	11	1.02	1078
Communi- 66	62.90	95	9.01	205	19.45	77	7.31	14.	1.33	1054
Genito- 1	1.75	94	14.9	491	78.0	29	4.60	5	.795	630
Skin & 23' cellular	7 52.3	89	19.7	103	22.8	21	4.64	3	.662	453
Nutritional 110	45.0	16	6.53	89	36.4	25	10.2	5	2.04	245
Poison/ 42 accident	17.9	52	22.2	113	48.1	23	9.7	5	2.13	235
Ear 12	69.5	22	12.6	26	14.95	5	2.88	-		174
Circulatory 1	9.2	12	7.9	42	27.6	59	38.9	25	16.5	1
Bones & joints	8 5.8	12	8.7	68	49.4	38	27.6	12	8.7	138
Eye 4	36.0	24	21.1	31	27.2	17	14.9	1	.88	114
Nervous 10	17.2	8	13.8	14	24.2	13	22.4	13	22.4	58
Neoplasms	8.15	1	2.04	24	49.0	14	28.6	6	12.3	49
Mental dis-	14.7	1	2.94	11	32.4	5	14.7	12	35.3	34
Blood 10 diseases	30.3	3	9.10	17	51.5	2	6.05	1	3.03	33
Obesity i		1	3.33	20	66.6	9	30.			30
Allergies	20.7	-		14	48.3	8	27.6	1	3.45	29
Endocrine -		2	25.	2	25.	4	50.	-	6418	8
Congenital 8 malformation	80.	1	10.	1	10.	-		D-17		10
Diseases of 50 early infancy	100.	-		-		-		ten.		54
Undiagnosed 104	24.76	58	13.81	215	51.19	37	9.81	6	1.43	420
Total 2809	44.27	765	12.06	2036	32.09	600	9.456	135	2.13	6345

Table 16: Proportions of cases in each disease group in each social class for males and females

		Pr	oportion	of case	S	14-4		
Disease	Bla	nket	Sch	ool	Ur	<u>Urban</u>		
group	М	F	M	F	M	Post Bill	PHEE	
Digestive	44.0	39.4	51.5	56.0	4.6	4.6	Briton.	
Respiratory	43.8	44.6	52.5	52.2	3.8	3.3		
Communi- cable	49.3	47.9	46.0	47.3	4.7	4.8		
Skin & Cellular	42.5	35.0	51.9	60.8	5.6	4.3		
Genito- urinary	37.7	36.0	60.8	60.2	1.5	3.8		
Poison & Accident	39.0	42.9	55.8	52.8	5.2	4.3	gode	
Nutritional	59.3	56.2	37.4	40.9	3.3	2.9	I Litter	
Ear	42.9	38.0	52.0	56.3	5.2	5.7		
Circulatory	44.5	40.0	49.2	54.7	6.3	5.3		
ones & joints	42.0	48.3	52.6	48.3	5.3	3.4		
Eye	52.8	43.3	41.4	46.0	5.7	0.8		
Mervous system	35.4	42.1	54.1	54.3	10.4	3.5		
Diseases of early infar		48.1	38.8	42.6	4.1	9.3		
					CLASS LAN			
Neoplasms*	50.0	46.8	46.2	51.1	3.8	2.1		
Mental dis- order	50.0	57.5	46.7	36.4	3.3	6.1		
Allergies .	50.0	14.3	37.6	82.1	12.5	3.6		
Endocrine	25.0	13.5	41.6	70.2	33.4	16.3		
ngenital malformatio		50.0	66.7	50.0	6.7	0 /2 /2		
Total cases	45.2	43.0	50.3	52.7	4.5	4.3	action or recomplete a	

^{*} The following disease groups are too small to give reliable proportions.

Table 17: Breakdown of cases with diseases of the Digestive System

Disease	M %	F %	Disease	M %	F %
Dental caries	6.2	17.6	Other hernias	.7	.2
Dental abscess	.7	1.6	Volvulus/intersus	cep.	.1
Stomatitis	6.7	4.8	Gastroenteritis	77.0	63.0
Sialadenosis	.2	.3	Constipation	1.4	2.6
Other salivary gland	.1	• 4	Anal fissure & fistula & rectal	.1	.3
Oesophagus		.1	abscess	+	
Peptic ulcer	.3	.2	Peritonitis, etc.	.2	. 3
Gastritis/	1.9	3.6	Chirrhosis liver	.5	• 4
duodenitis			Liver abscess	• 4	.1
Appendicitis	.3		Cholecystitis	.2	.1
Umbilical hernia	.2	.8	cholelithiasis		-
			Other	2.9	3.3
			Total	100	100

	Respirator	y System		1.1 1.00	
Disease	M %	F %	Disease	M %	F %
Colds, tonsillit pharyngitis, sin sitis, laryngiti tracheitis	u-)34.0	45.0	Empyemia, ple effusion, ple spontaneous p thorax, absce	urisy,) neumo-)1.6	.3
Influenza	3.4	5.7	lung)	
Lobar pneumoni	a 18.1	10.7	Asbestosis Transkei sili	cosis 1.1	2.1
Bronchitis & emphysema	31.2	27.6	Other pneumocosis & fibro		1.^
Hypertrophy tons	ils)1.6	1.2	Bronchiectasi	s .5	.3
Peritonsillar ab	scess)		Other	7.7	5.7

.3

Total

Nasal polyp.)
epistascis)

Table 18: Breakdown of cases with diseases of the

100

100

Table 19: Breakdown of cases with communicable diseases

Disease	M	F	
	%	%	
Pulmonary TB, Pleural TB, Primary TB 4	2.0	43.0	
TB Meningitis	.4	. 4	
Abdominal TB	.7	.5	
TB spine, bones, joints	2.2	2.7	
TB lymphatics and others	1.7	1.8	
Total TB	54	47.2	48.3
Syphilis, gonoccoc. & V.D.	4.3	3.9	*
Typhoid, paratyphoid, amoebiasis & other dysentery	8.1	8.4	
Grysipelas, sephcaemia, pyaemia	.1	.2	
Diphtheria	. 2	.2	
Whooping cough	7.8	6.5	* #
Meningococcal	.3	-	
Leprosy, anthrax	-		
Tetanus	.1	**	
Poliomelitis	1.4	1.1	
Measles, rubella 1	5.3	13.8	
Chicken pox, herpes, zoster	1.7	2.4	
Mumps	. 2	.9	
Infective hepatitis	. 4	.1	
Glandular fever, tickbite fever	=	*	
Hydorid	-	.2	
Typhus	.5	.3	
Roundworm, tape, thread	9.4	10.6	
Actinomycosis, malaria	-	-	
Pediculosis	-	.1	
Bilharzia	1.3	1.0	
Other	1.4	1.9	
10 40	0	100	

Table 20	0	Breakdown	of	cases	with	nutritiona	l diseases
materials in the property of the company of the com			AND DESCRIPTION OF THE PERSON NAMED IN	CO. AND PERSONS ASSESSMENT OF THE PERSON OF	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	AND THE PARK IN THE PARKETS AND ADDRESS AS A DESCRIPTION OF THE PA	AND REPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO

Total	100	100
Malnutrition	34	28
Osteoporosis	1	
Scurvy	1	1
Pellagra	17	51
Kwashiorkor	47	20
Disease	<u>™</u>	<u>F</u>
* 5 20 34		