



**NATIONAL HEALTH  
LABORATORY SERVICE**

NATIONAL INSTITUTE FOR OCCUPATIONAL HEALTH

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## **Pathology Division Surveillance Report**

### **Demographic Data and Disease Rates for January to December 1975**

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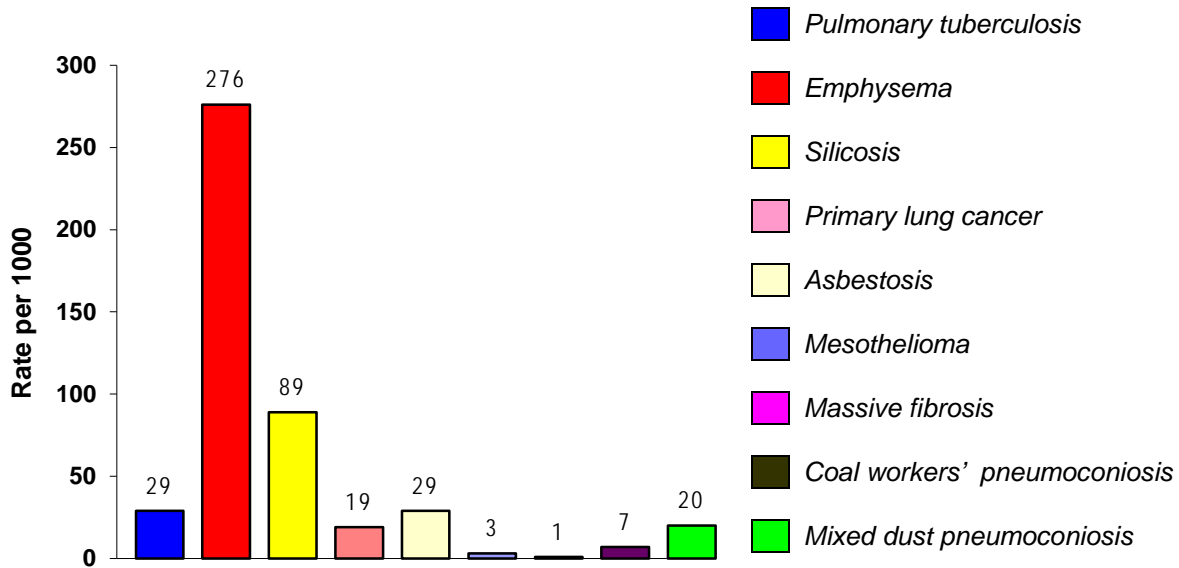
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## EXECUTIVE SUMMARY

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During 1975, 3 076 cases came to autopsy at the NIOH. Of these, 71.2% were black men, 27.8% were white and 1.0% were coloured.

Overall disease rates (per 1000 autopsies) for 1975 are shown in Figure 1.



**FIG 1 OVERALL DISEASE RATES FOR 1975**

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## GLOSSARY

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<b>Asbestosis</b>	<i>Lung fibrosis caused by asbestos fibres</i>
<b>Coal workers' pneumoconiosis</b>	<i>Lung fibrosis caused by exposure to coal dust</i>
<b>Emphysema</b>	<i>Lung disease caused by the destruction of the alveolar walls</i>
<b>Massive fibrosis</b>	<i>Lung fibrosis caused by exposure to dust and measuring more than 1 cm in diameter</i>
<b>Mesothelioma</b>	<i>A malignant tumour of the pleural cavity of the lungs</i>
<b>Miner</b>	<i>A person who has worked in a controlled mine or works</i>
<b>Mixed exposures</b>	<i>The multiple dust types to which a miner may be exposed, having worked in several mining commodities in his lifetime</i>
<b>Prevalence</b>	<i>The number of cases in a defined population at a given time</i>
<b>Silicosis</b>	<i>Lung fibrosis caused by inhalation of silica dust; detected by the presence of silicotic nodules in the lung tissue</i>
<b>Surveillance</b>	<i>The ongoing and systematic collection, analysis and interpretation of data related to adverse health outcomes</i>

## SECTION 1 – BACKGROUND

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*The Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973) requires that the cardio-respiratory organs of a deceased person who has worked at a controlled mine or a controlled works be examined for the presence of occupational disease, regardless of the clinical cause of death and provided that the next of kin agrees. These examinations are performed by pathologists at the National Institute for Occupational Health (NIOH). A detailed report on each case examined is sent to the Medical Bureau for Occupational Diseases (MBOD). Cases certified as having a compensable disease are then referred to the Compensation Commissioner's office, where the payment for compensation is managed.*

*Since 1975, the pathological findings from the autopsy examinations have been recorded on the computerised PATHAUT database. PATHAUT comprises data from autopsy examinations and clinical files which include occupational histories. The database is unique and provides an important resource for both surveillance and research. These data are the only comprehensive surveillance data on occupational lung disease in the South African mining industry.*

*The data presented in this report summarise the PATHAUT system surveillance results, i.e. the results of the systematic collection, collation, and analysis of the pathology findings in the cardio-respiratory organs of mine workers. Data from PATHAUT are exported into, and analysed, using SAS v9.1.*

*This report describes autopsy cases examined during the year 1975. This and other annual reports can be accessed at [www.nioh.ac.za](http://www.nioh.ac.za).*

*Many of the cases had "mixed" exposures in that they had been employed in more than one commodity. For simplicity, cases are categorised according to the commodity in which most years of service were recorded, i.e. the commodity in which the miners had worked for the longest period.*

*All disease rates reported in this document are expressed per 1000. In all calculations, the denominators used are the total numbers of autopsies in specific commodities, age groups or population groups. Some of these rates must be viewed with caution, as the denominators are very small. This applies, for example, to those commodities where few workers are employed (such as manganese mining), and to the older age groups in some instances.*

## SECTION 2 – DEMOGRAPHIC DATA

The number of autopsies performed for 1975 is presented in Table 2-1.

**TABLE 2-1 DISTRIBUTION OF AUTOPSIES BY YEAR AND POPULATION GROUP (1975)**

Year of autopsy	Black		White		Coloured		Total	
	N	%	N	%	N	%	N	
1975	2 190	71	854	28	32	1	3 076	

*It is important to note that a referral bias exists: there is a low autopsy rate for black men who have left employment at the mines, whereas the majority of white retired miners come to autopsy.*

*The pathologists at the NIOH perform two types of autopsy examinations. For men dying distant from Johannesburg, the cardio-respiratory organs are removed locally, preserved in formalin and sent to the NIOH. Full autopsies are undertaken on men who die close to Johannesburg.*

*Table 2-2 shows the distribution of autopsies by population group for 1975. Autopsies of only the cardio-respiratory organs comprised 82.8% of all examinations.*

**TABLE 2-2 NUMBER AND PROPORTION OF AUTOPSIES BY TYPE AND POPULATION GROUP (1975)**

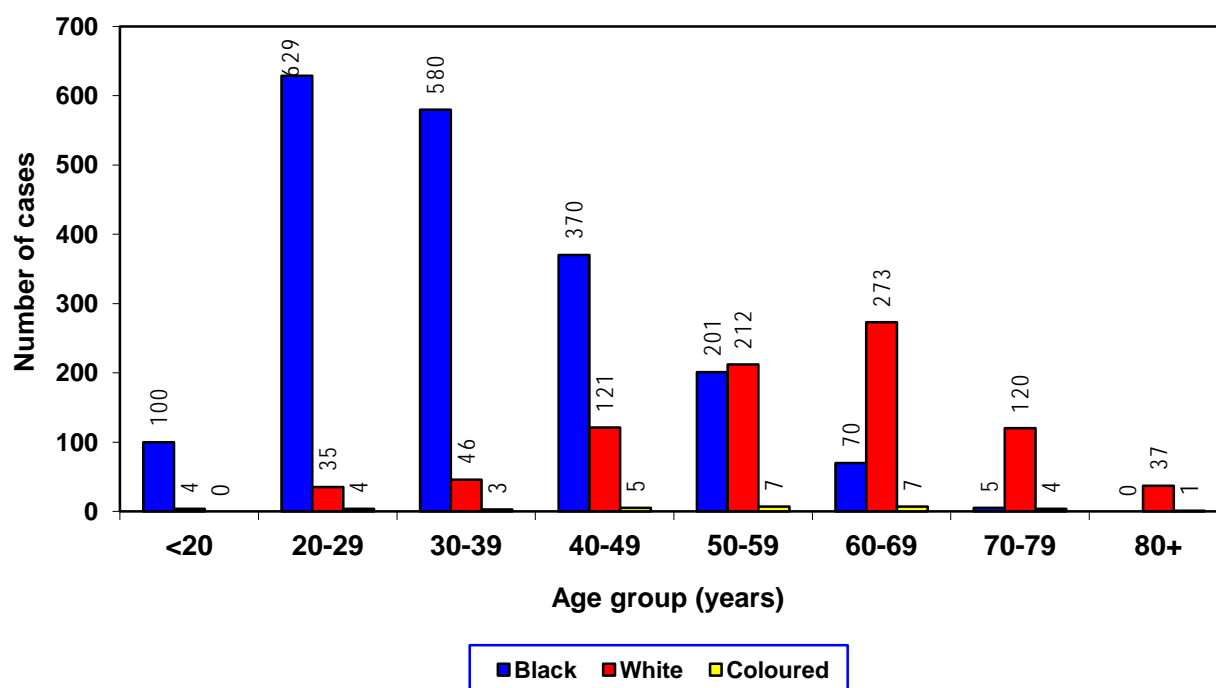
Autopsy type	Black		White		Coloured		Total	
	N	%	N	%	N	%	N	%
<i>Cardio-respiratory organs only</i>	2 024	92.4	491	57.5	32	100.0	2 547	82.8
<i>Full autopsy</i>	166	7.6	363	42.5	0	0.0	529	17.2
<i>Total</i>	2 190		854		32		3 076	



The age distribution of autopsies for 1975 is shown in Table 2-3 and Figure 2-1. The mean age at autopsy of black men was 31.5 years. The mean age of white men at autopsy was 57.4 years and for coloured men 50.3 years

**TABLE 2-3 NUMBER AND PROPORTION OF AUTOPSIES BY AGE AND POPULATION GROUP (1975)**

Age group (years)	Black		White		Coloured		Total	
	N	%	N	%	N	%	N	%
<20	100	4.6	4	0.5	0	-	104	3.4
20-29	629	28.7	35	4.1	4	12.5	668	21.7
30-39	580	26.5	46	5.4	3	9.4	629	20.4
40-49	370	16.9	121	14.2	5	15.6	496	16.1
50-59	201	9.2	212	24.8	7	21.9	420	13.7
60-69	70	3.2	273	32.0	7	21.9	350	11.4
70-79	5	0.2	120	14.1	4	12.5	129	4.2
80+	0	-	37	4.3	1	3.1	38	1.2
Unknown	235	10.7	6	0.7	1	3.1	242	7.9
<b>Total</b>	<b>2 190</b>		<b>854</b>		<b>32</b>		<b>3 076</b>	



**FIG 2-1 DISTRIBUTION OF AUTOPSIES BY AGE AND POPULATION GROUP (1975)**

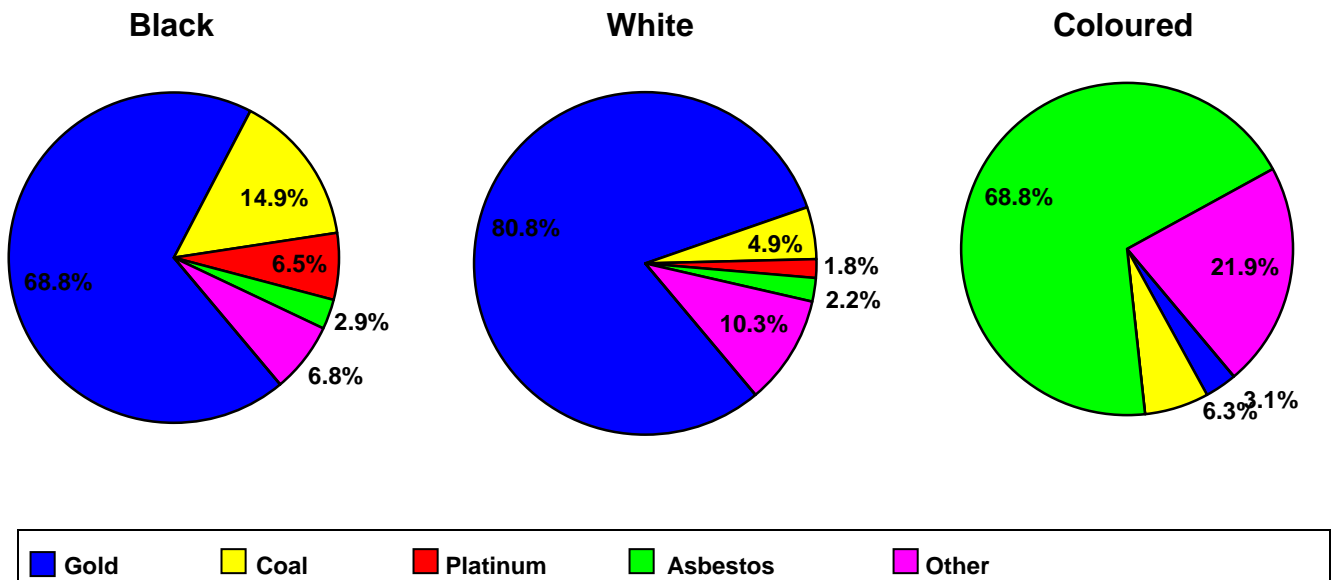
Cases were placed in categories according to the commodity in which they had worked for the longest duration (most exposure). Many men worked in a number of different mining commodities during their lifetimes and had “mixed” exposures. This was not taken into account in the analysis of exposure type (commodity).

Table 2-4 and Figure 2-2 show the distribution of autopsies by commodity and population group for 1975.

**TABLE 2-4 NUMBER AND PROPORTION OF AUTOPSIES BY COMMODITY AND POPULATION GROUP (1975)**

Commodity	Black		White		Coloured		Total	
	N	%	N	%	N	%	N	%
Gold	1 506	68.8	690	80.8	1	3.1	2 197	71.4
Platinum	143	6.5	15	1.8	0	-	158	5.1
Coal	327	14.9	42	4.9	2	6.3	371	12.1
Asbestos	64	2.9	19	2.2	22	68.8	105	3.4
Iscor	39	1.8	18	2.1	0	-	57	1.9
Diamond	11	0.5	11	1.3	0	-	22	0.7
Copper	25	1.1	18	2.1	5	15.6	48	1.6
Other	7	0.3	6	0.7	0	-	13	0.4
Unknown	68	3.1	35	4.1	2	6.3	105	3.4
<b>Total</b>	<b>2 190</b>		<b>854</b>		<b>32</b>		<b>3 076</b>	

NOTE: This table shows only those commodities where a total of 10 or more cases were received

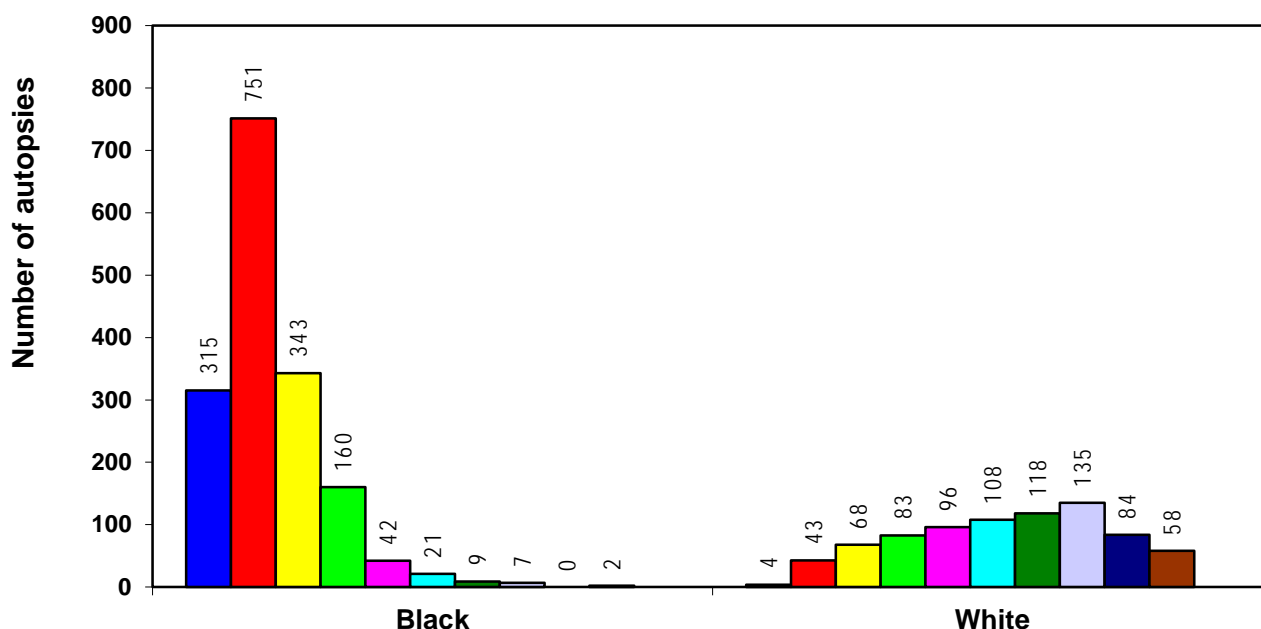


**FIG 2-2 DISTRIBUTION OF AUTOPSIES BY COMMODITY AND POPULATION GROUP (1975)**

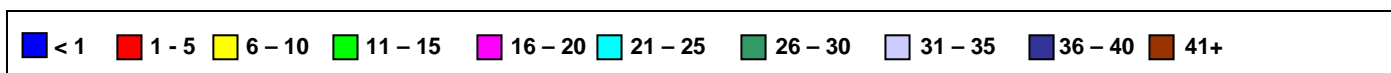
Detailed information about the years in mining service by population group is presented in Table 2-5 and Figure 2-3.

**TABLE 2-5 NUMBER AND PROPORTION OF AUTOPSIES BY YEARS OF SERVICE AND POPULATION GROUP (1975)**

Years of service	Black		White		Coloured		Total	
	N	%	N	%	N	%	N	%
<1	315	14.4	4	0.5	3	9.4	322	10.5
1-5	751	34.3	43	5.0	2	6.3	796	25.9
6-10	343	15.7	68	8.0	4	12.5	415	13.5
11-15	160	7.3	83	9.7	4	12.5	247	8.0
16-20	42	1.9	96	11.2	2	6.3	140	4.6
21-25	21	1.0	108	12.6	5	15.6	134	4.4
26-30	9	0.4	118	13.8	4	12.5	131	4.3
31-35	7	0.3	135	15.8	0	-	142	4.6
36-40	0	-	84	9.8	1	3.1	85	2.8
41+	2	0.1	58	6.8	1	3.1	61	2.0
Unknown	540	24.7	57	6.7	6	18.8	603	19.6
<b>Total</b>	<b>2 190</b>		<b>854</b>		<b>32</b>		<b>3 076</b>	



Years of service:



**FIG 2-3 DISTRIBUTION OF AUTOPSIES BY YEARS OF SERVICE AND POPULATION GROUP (1975)**

The mean age and duration of service by commodity type and population group for those cases for which information was available are shown in Tables 2-6 and 2-7.

**TABLE 2-6 MEAN AGE BY COMMODITY AND POPULATION GROUP (1975)**

Commodity	Black			White		
	N	Mean (years)	SD*	N	Mean (years)	SD*
Gold	1 336	35.0	11.4	690	58.7	13.5
Platinum	120	30.5	10.8	15	43.9	15.6
Coal	299	36.3	11.6	41	53.3	15.1
Asbestos	62	37.2	14.3	19	55.5	10.4
Iscor	37	42.1	13.6	18	57.4	10.5
Diamond	10	29.4	8.4	11	53.9	19.3
Copper	24	36.6	10.6	17	52.4	11.2
Other	7	41.9	11.7	6	62.5	4.4
Unknown	60	39.5	13.9	31	55.7	16.0
Total	1 955	36.5	11.8	848	54.8	12.9

\* Standard deviation

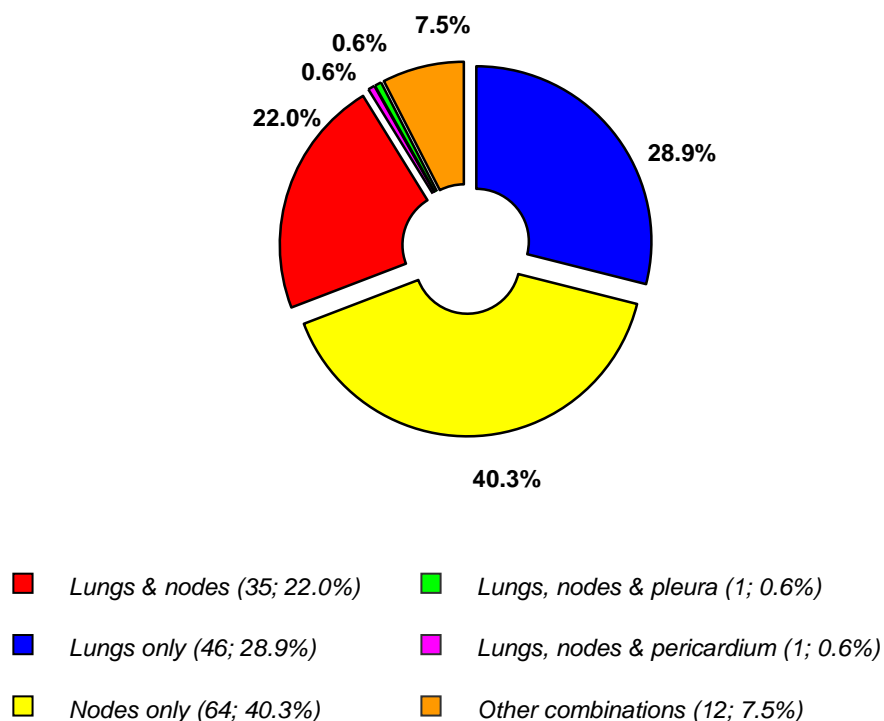
**TABLE 2-7 MEAN DURATION OF SERVICE BY COMMODITY AND POPULATION GROUP (1975)**

Commodity	Black			White		
	N	Mean (years)	SD*	N	Mean (years)	SD*
Gold	1 242	5.9	5.6	672	26.2	11.5
Platinum	123	2.8	3.5	13	11.0	8.6
Coal	189	5.2	6.7	42	22.7	11.6
Asbestos	34	3.6	4.0	17	17.3	10.5
Iscor	13	6.1	7.1	11	20.8	9.5
Diamond	9	3.6	4.7	9	17.2	10.0
Copper	12	3.3	5.3	16	16.4	8.5
Other	6	11.9	9.9	5	13.8	11.5
Unknown	22	4.6	4.8	12	14.3	8.0
Total	1 650	5.2	5.7	797	17.7	10.0

\* Standard deviation

### SECTION 3 – ACTIVE TUBERCULOSIS

The distribution of active tuberculosis (TB) by anatomical site is presented in Figure 3-1 (n=159). Active pulmonary TB (PTB) was diagnosed in 2.9% (n=88) of all cases autopsied in 1975. Most of the men with PTB were black (83.0%; 73 cases), 10.2% (9 cases) were white and 6.8% (6 cases) were coloured.



**FIG 3-1 DISTRIBUTION OF ACTIVE TB BY SITE (1975)**

The distribution of active PTB cases by commodity is shown in Table 3-1. The rates in this and subsequent tables and figures are expressed per 1000. The majority of active PTB cases (53.4%) came from the gold mining industry (71.4% of all autopsy cases came from that commodity).

**TABLE 3-1 NUMBER OF CASES AND PREVALENCE OF ACTIVE PTB BY COMMODITY AND POPULATION GROUP (1975)**

Commodity	Black		White		Coloured		Total	
	N	Rate	N	Rate	N	Rate	N	Rate
Gold	39	26	8	12	0	-	47	21
Platinum	4	28	0	-	0	-	4	25
Coal	15	46	0	-	0	-	15	40
Asbestos	3	47	1	53	6	273	10	95
Iscor	4	103	0	-	0	-	4	70
Diamond	1	91	0	-	0	-	1	21
Unknown	7	103	0	-	0	-	7	67
<b>Total</b>	<b>73</b>	<b>33</b>	<b>9</b>	<b>11</b>	<b>6</b>	<b>188</b>	<b>88</b>	<b>29</b>

The age distribution of cases with active PTB is shown in Table 3-2. Most of the cases were between 20-59 years (63 cases=71.6%).

**TABLE 3-2 NUMBER OF CASES AND PREVALENCE OF ACTIVE PTB BY AGE AND POPULATION GROUP (1975)**

Age group (years)	Black		White		Coloured		Total	
	N	Rate	N	Rate	N	Rate	N	Rate
20-29	10	16	0	-	0	-	10	15
30-39	16	28	0	-	0	-	16	25
40-49	15	41	1	8	3	600	19	38
50-59	13	65	4	19	1	143	18	43
60-69	6	86	3	11	0	-	9	26
70-79	1	200	1	8	2	500	4	31
80+	0	-	0	-	0	-	0	-
Unknown	12	51	0	-	0	-	12	50
<b>Total</b>	<b>73</b>	<b>33</b>	<b>9</b>	<b>11</b>	<b>6</b>	<b>188</b>	<b>88</b>	<b>29</b>

## SECTION 4 – SILICOSIS

*Silicotic nodules were found in the lungs of 275 cases (8.9% of all autopsies), 89.8% of which came from the gold mining industry. Of all cases of silicosis, occasional silicotic nodules were found in 35.2% of cases, a few in 36.7%, a moderate number in 17.6% and a large number in 10.5%.*

*The distribution of cases with silicosis by commodity and population group is presented in Table 4-1.*

**TABLE 4-1 NUMBER OF CASES AND PREVALENCE OF SILICOSIS BY COMMODITY AND POPULATION GROUP (1975)**

Commodity	Black		White		Coloured		Total	
	N	Rate	N	Rate	N	Rate	N	Rate
Gold	59	39	188	272	0	-	247	112
Platinum	0	-	0	-	0	-	0	-
Coal	4	12	2	48	0	-	6	16
Asbestos	3	47	2	105	4	182	9	86
Diamond	0	-	2	182	0	-	2	91
Copper	1	40	2	111	0	-	3	63
Other	0	-	1	167	0	-	1	77
Unknown	2	29	4	114	1	500	7	67
<b>Total</b>	<b>69</b>	<b>32</b>	<b>201</b>	<b>235</b>	<b>5</b>	<b>156</b>	<b>275</b>	<b>89</b>

*Although the silicosis rates increased with increasing age in both black and white men, the age distribution of cases with silicosis differed between the two population groups (Table 4-2).*

**TABLE 4-2 NUMBER OF CASES AND PREVALENCE OF SILICOSIS IN THE GOLD MINING INDUSTRY, BY AGE AND POPULATION GROUP (1975)**

Age group (years)	Black		White		Coloured		Total	
	N	Rate	N	Rate	N	Rate	N	Rate
20-29	2	4	0	-	0	-	2	4
30-39	10	24	3	94	0	-	13	29
40-49	24	96	12	128	0	-	36	105
50-59	10	78	49	278	0	-	59	193
60-69	1	22	73	333	0	-	74	280
70-79	1	1000	38	349	0	-	39	355
80+	0	-	13	394	0	-	13	394
Unknown	11	65	0	-	0	-	11	65
<b>Total</b>	<b>59</b>	<b>39</b>	<b>188</b>	<b>272</b>	<b>0</b>		<b>247</b>	<b>112</b>

Silicosis was diagnosed in men who were young (<40 years) and in men who were exposed to silica for a few years (< 10 years) (Table 4-3).

**TABLE 4-3 NUMBER OF CASES AND PREVALENCE OF SILICOSIS IN THE GOLD MINING INDUSTRY, BY YEARS OF SERVICE AND POPULATION GROUP (1975)**

Years of service	Black		White		Coloured		Total	
	N	Rate	N	Rate	N	Rate	N	Rate
<1	2	11	0	-	0	-	2	10
1-5	16	28	1	37	0	-	17	28
6-10	10	35	3	63	0	-	13	39
11-15	9	67	14	215	0	-	23	116
16-20	8	229	17	236	0	-	25	234
21-25	2	143	27	293	0	-	29	274
26-30	1	125	35	327	0	-	36	310
31-35	0	-	41	336	0	-	41	318
36-40	0	-	29	363	0	-	29	363
41+	0	-	19	339	0	-	19	339
Unknown	11	42	2	111	0	-	13	46
<i>Total</i>	59	39	188	272	0		247	112



## SECTION 5 – OTHER PNEUMOCONIOSES

### MASSIVE FIBROSIS

There were 4 (0.1%) cases of massive fibrosis (1 black, 3 white). Three cases of massive fibrosis were from the gold mining industry. The remaining case was from the coal mining industry.

### COAL WORKERS' PNEUMOCONIOSIS

There were 23 (0.8%) cases of coal workers' pneumoconiosis of which 20 cases were known to be from the coal mining industry. The remaining 3 cases were from the gold mining industry.

### MIXED DUST PNEUMOCONIOSIS

There were 61 (2.0%) cases of mixed dust pneumoconiosis. These cases came from the gold (n=50) and coal (n=4) mining industries, as well as from Iscor (n=2). In five cases the industry was not stated.

### ASBESTOSIS AND PLEURAL PLAQUES

There were 88 cases of asbestosis of which 70.5% (n=62) had slight, 27.3% (n=24) moderate and 2.3% (n=2) marked fibrosis. Of these, 56 (63.6%) had worked in the asbestos mining industry at some time in their lives. There were 14 cases that had asbestos plaques and 11 (78.6%) of these had asbestosis. Note that the parietal pleura (the site where plaque formation usually occurs) is seldom submitted with the lungs.

The distribution of asbestosis by age and population group is shown in Table 5-1.

**TABLE 5-1 NUMBER OF CASES AND PREVALENCE OF ASBESTOSIS BY AGE AND POPULATION GROUP (1975)**

Age group (years)	Black		White		Coloured		Total	
	N	Rate	N	Rate	N	Rate	N	Rate
20-29	4	6	0	-	0	-	4	6
30-39	7	12	0	-	0	-	7	11
40-49	12	32	4	33	4	800	20	40
50-59	14	70	5	24	4	571	23	55
60-69	4	57	10	37	7	1000	21	60
70-79	3	600	0	-	4	1000	7	54
80+	0	-	0	-	1	1000	1	26
Unknown	5	21	0	-	0	-	5	21
<b>Total</b>	<b>49</b>	<b>22</b>	<b>19</b>	<b>22</b>	<b>20</b>	<b>625</b>	<b>88</b>	<b>29</b>

## SECTION 6 – EMPHYSEMA

There were 849 cases of emphysema, the extent of which was mild in 76.4% (n=649), moderate in 22.5% (n=191) and marked in 1.1% (n=9). The distribution of emphysema by age and population group is presented in Table 6-1.

**TABLE 6-1 NUMBER OF CASES AND PREVALENCE OF EMPHYSEMA BY AGE AND POPULATION GROUP (1975)**

Age group (years)	Black		White		Coloured		Total	
	N	Rate	N	Rate	N	Rate	N	Rate
<20	2	20	0	-	0	-	2	19
20-29	20	32	1	29	0	-	21	31
30-39	54	93	6	130	1	333	61	97
40-49	79	214	63	521	4	800	146	294
50-59	61	303	141	665	4	571	206	490
60-69	36	514	199	729	5	714	240	686
70-79	0	-	97	808	1	250	98	760
80+	0	-	24	649	0	-	24	632
Unknown	45	191	6	1000	0	-	51	211
<b>Total</b>	<b>297</b>	<b>136</b>	<b>537</b>	<b>629</b>	<b>15</b>	<b>469</b>	<b>849</b>	<b>276</b>

The majority of black and white men with emphysema were from the gold mining industry (74.9%, n=636) (Table 6-2).

**TABLE 6-2 NUMBER OF CASES AND PREVALENCE OF EMPHYSEMA BY COMMODITY AND POPULATION GROUP (1975)**

Commodity	Black		White		Coloured		Total	
	N	Rate	N	Rate	N	Rate	N	Rate
Gold	194	129	442	641	0	-	636	289
Platinum	4	28	8	533	0	-	12	76
Coal	63	193	23	548	0	-	86	232
Asbestos	9	141	10	526	14	636	33	314
Diamond	1	91	7	636	0	-	8	364
Copper	2	80	11	611	1	200	14	292
Isacor	11	282	12	667	0	-	23	404
Other	1	143	2	333	0	-	3	231
Unknown	12	176	22	629	0	-	34	324
<b>Total</b>	<b>297</b>	<b>136</b>	<b>537</b>	<b>629</b>	<b>15</b>	<b>469</b>	<b>849</b>	<b>276</b>

**TABLE 6-3 NUMBER OF CASES AND PREVALENCE OF EMPHYSEMA BY YEARS OF SERVICE AND POPULATION GROUP (1975)**

Years of service	Black		White		Coloured		Total	
	N	Rate	N	Rate	N	Rate	N	Rate
<1	19	60	0	-	0	-	19	59
1-5	71	95	9	209	1	500	81	102
6-10	51	149	36	529	2	500	89	214
11-15	32	200	45	542	4	1000	81	328
16-20	8	190	59	615	1	500	68	486
21-25	8	381	70	648	2	400	80	597
26-30	2	222	90	763	3	750	95	725
31-35	3	429	86	637	0	-	89	627
36-40	0	-	63	750	1	1000	64	753
41+	1	500	47	810	0	-	48	787
Unknown	102	189	32	561	1	167	135	224
<i>Total</i>	297	136	537	629	15	469	849	276

## SECTION 7 – MESOTHELIOMA

*There were 10 cases of mesothelioma in 1975*

**TABLE 7-1 NUMBER AND PROPORTION OF MESOTHELIOMA CASES BY AGE AND POPULATION GROUP (1975)**

Age group (years)	Black		White		Coloured		Total	
	N	%	N	%	N	%	N	%
30-39	1	20.0	0	-	1	50.0	2	20.0
40-49	0	-	0	-	0	-	0	-
50-59	0	-	1	33.3	0	-	1	10.0
60-69	0	-	2	66.7	1	50.0	3	30.0
70-79	1	20.0	0	-	0	-	1	10.0
80+	0	-	0	-	0	-	0	-
Unknown	3	60.0	0	-	0	-	3	30.0
<i>Total</i>	5		3		2		10	

*The distribution of mesothelioma by commodity and population group is presented in Table 7.2. Four (40.0%) had worked in the asbestos mining industry.*

**TABLE 7-2 NUMBER AND PROPORTION OF MESOTHELIOMA CASES BY COMMODITY AND POPULATION GROUP (1975)**

Commodity	Black		White		Coloured		Total	
	N	%	N	%	N	%	N	%
Asbestos	2	40.0	0	-	2	100.00	4	40.0
Other	0	-	1	33.3	0	-	1	10.0
Unknown	3	60.0	2	66.7	0	-	5	50.0
<i>Total</i>	5		3		2		10	

## SECTION 8 – PRIMARY LUNG CANCER

Fifty nine cases of primary lung cancer were found at autopsy, 20.3% of which were in black, 76.3% in white and 3.4% in coloured men. Most of the cases were squamous lung carcinomas (37.3%; n=22), followed by small cell lung carcinoma (30.5%; n=18), large cell lung carcinoma (23.7%; n=14), adeno carcinoma (6.8%; n=4), and broncho-alveolar carcinoma (1.7%; n=1)

The distribution of primary lung cancer by age and population group is presented in Table 8-1.

**TABLE 8-1 NUMBERS OF CASES AND PREVALENCE OF PRIMARY LUNG CANCER BY AGE AND POPULATION GROUP (1975)**

Age group (years)	Black		White		Coloured		Total	
	N	Rate	N	Rate	N	Rate	N	Rate
30-39	2	3	1	22	0	-	3	5
40-49	2	5	4	33	0	-	6	12
50-59	4	20	8	38	1	143	13	31
60-69	3	43	24	88	1	143	28	80
70-79	0	-	6	50	0	-	6	47
80+	0	-	2	54	0	-	2	53
Unknown	1	4	0	-	0	-	1	4
<b>Total</b>	<b>12</b>	<b>5</b>	<b>45</b>	<b>53</b>	<b>2</b>	<b>63</b>	<b>59</b>	<b>19</b>

The distribution of primary lung cancer by commodity and population group is presented in Table 8-2. The majority of cases came from the gold mining industry.

**TABLE 8-2 NUMBER OF CASES AND PREVALENCE OF PRIMARY LUNG CANCER BY COMMODITY AND POPULATION GROUP (1975)**

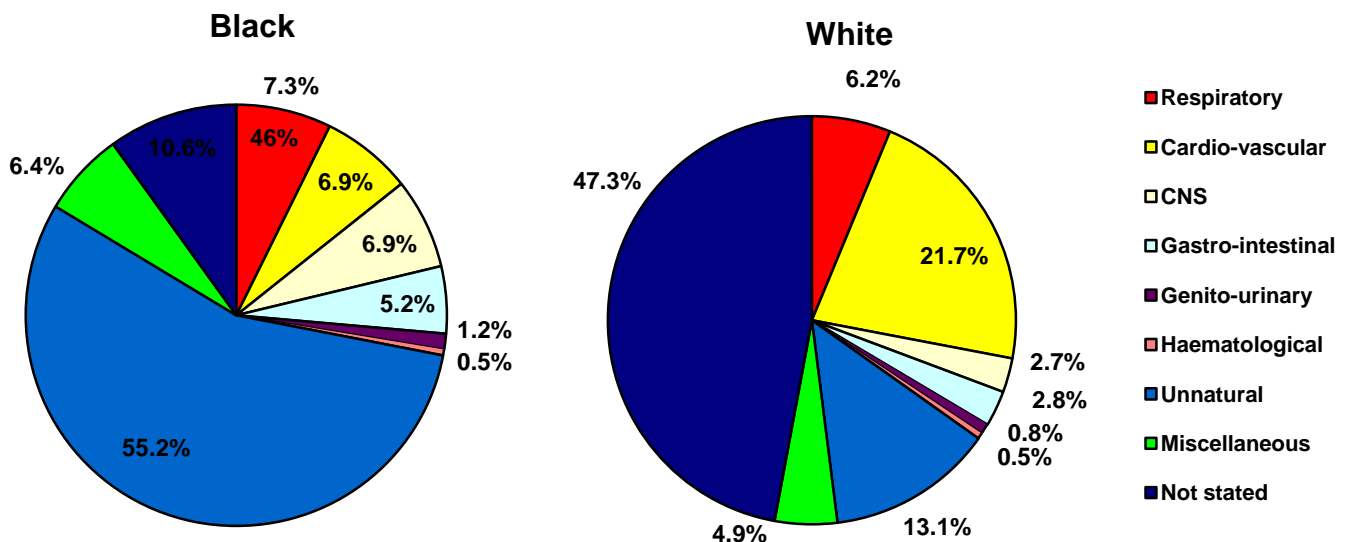
Commodity	Black		White		Coloured		Total	
	N	Rate	N	Rate	N	Rate	N	Rate
Gold	9	6	33	48	0	-	42	19
Platinum	1	7	1	67	0	-	2	13
Coal	0	-	2	48	0	-	2	5
Asbestos	1	16	4	211	2	91	7	67
Diamond	0	-	0	-	0	-	0	-
Copper	0	-	1	56	0	-	1	21
Isacor	1	26	2	111	0	-	3	53
Unknown	0	-	2	57	0	-	2	19
<b>Total</b>	<b>12</b>	<b>5</b>	<b>45</b>	<b>53</b>	<b>2</b>	<b>63</b>	<b>59</b>	<b>19</b>

## SECTION 9 – CLINICAL CAUSES OF DEATH

Table 9-1 and Figure 9-1 show the clinical causes of death as stated in the accompanying documents submitted with the cardio-respiratory organs, by population group. Diseases of the cardio-vascular system were the most frequent (11.1%) overall. Black men had the highest proportion of unnatural causes of death (55.2%). In 20.7% of all cases, the cause of death was not stated.

**TABLE 9-1 CLINICAL CAUSES OF DEATH BY POPULATION GROUP (1975)**

System	Black		White		Coloured		Total	
	N	%	N	%	N	%	N	%
Respiratory	159	7.3	53	6.2	10	31.3	222	7.2
Cardio-vascular	152	6.9	185	21.7	5	15.6	342	11.1
Central Nervous System	151	6.9	23	2.7	1	3.1	175	5.7
Gastro-intestinal	112	5.1	24	2.8	4	12.5	140	4.6
Genito-urinary	26	1.2	7	0.8	0	-	33	1.1
Haematological	10	0.5	4	0.5	0	-	14	0.5
Unnatural	1 208	55.2	112	13.1	6	18.8	1 326	43.1
Miscellaneous	140	6.4	42	4.9	6	18.8	188	6.1
Not stated	232	10.6	404	47.3	0	-	636	20.7
<b>Total</b>	<b>2 190</b>		<b>854</b>		<b>32</b>		<b>3 076</b>	



**FIGURE 9-1 CLINICAL CAUSE OF DEATH AS STATED BY THE CLINICIANS WHO SUBMIT THE ORGANS OF THE DECEASED TO THE NIOH (1975)**