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UNION OF SOUTH AFRICA

JSA/LG.

Department of Native Affairs,
499, Market Street,
PRETORIA.

N.A. 39/303.

June 17th, 1929.

GRANTS TO HOSPITALS

UNION CIRCULAR No. 31/1929

In the past financial assistance from funds under the administration of this Department has been extended to hospitals and institutions providing accommodation or health services to Natives. Such assistance has been granted purely ex gratis and after full consideration of each individual case.

Since the establishment of the Native Development Account under Act No. 23 of 1925 applications for grants from hospitals, missionary bodies and institutions interested in health work have increased and there appears to be a feeling that that account should finance health services for Natives.

The Minister of Native Affairs therefore considers it desirable to state for the information of all officers of this Department, who may advise interested persons approaching them, that the Native Development Account is not to be looked upon as liable for expenditure on hospitals or general health services. Such expenditure is under existing laws, to be met from other sources - i.e. from the general Union or provincial revenue as the case may be.

As, however, the Native Development Account was established inter alia for the "advancement of the welfare of Natives" it is considered that the alleviation of suffering is a matter falling within that objective and that grants may properly be made from that Account - if funds permit - to that end.

It has therefore been decided that approved hospitals and institutions rendering health services to Natives may receive assistance from the Account on condition that they at the same time provide training for Native nurses.

The following basis has been tentatively laid down for grants to such hospitals or institutions:-

(1) For each necessary and approved medical practitioner giving not less that six hours instruction each week to Native probationer Nurses .....£100 p.a.

(2) For each fully qualified Matron actually supervising the training of Native probationers.....£60 p.a.

(3) For each qualified Nurse or other approved person supervising the training of Native probationers .....£25 p.a.

(NOTE. If a grant is paid in respect of a Matron grants for Nurses will depend on the number

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of probationers on the following scale:

(a)	4 to 6 probationers	1 nurse
(b)	7 to 9 "	2 nurses
(c)	10 to 12 "	3 nurses)

(4) For each Native probationer pursuing a course of study for the Registered Nurses' Certificate Examination .....£20 p.a.

(5) For each Native probationer pursuing any other approved course of medical study .....£10 p.a.

The above basis of grants will, subject to funds being available, be brought into operation on the 1st April, 1930, and those hospitals which are receiving grants for the present financial year (and any others which may be seeking assistance) should be immediately advised in terms of this Circular and informed that if they propose to ask for aid from this Department in the next financial year they must apply for grants on or before the 31st December 1929, giving full particulars of the work on behalf of Natives carried on by them during the preceding six months at least, together with a certified statement containing details of the accommodation provided for Natives, the staff and their qualifications, the names of the Native probationer nurses and their courses of study.

In conclusion I may state that applications for grants for building or equipment purposes will not ordinarily be entertained in the future; but in very exceptional circumstances the Minister may consider on their merits cases which may be deemed to be deserving of some limited assistance in that direction.

It must be made clear to applicants that the terms of this Circular does not bind the Minister to grant aid to <u>any</u> hospital or to grant in full the aid for which a hospital may be eligible on the basis fixed above, but all grants authorised in any financial year will depend upon the amount available for this purpose from the Native Development Account.

J.F. Herbst

<u>SECRETARY FOR NATIVE AFFAIRS</u>

THE MEDICAL ASSOCIATION OF SOUTH AFRICA
DIE MEDIESE VERENIGING VAN SUID AFRIKA.

(British Medical Association).

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P.O.Box 1056,
JOHANNESBURG.

9th July, 1931.

The Hon.Dr.D.F.Malan,
Minister of Public Health,
Union Buildings,
PRETORIA.

Dear Sir,

Memorandum on Medical Services for Rural Areas with special reference to Native Areas and the Training of Native Medical Practitioners.

At the Annual Meeting of the Association, held at Durban in July of last year, the above question was given very careful consideration, and the matter was referred by the Meeting to the Federal Council for further consideration with a view to submitting the Association's view to Government. Since then a memorandum on these matters has been circulated to all the Branches and Divisions of the Association, and the following embodies the considered views of the Association, which I am instructed by the Federal Council to lay before the Honourable the Minister of Public Health.

INTRODUCTORY.

Whilst recognising that the financial resources of the country do not at present time per mit of an ideal system, and bearing in mind the need for the utmost economy consistent with reasonable efficiency.- it is nevertheless considered that there is an unquestionable and urgent need to make immediate provision for more extensive medical and nursing services in rural areas for both Europeans and Natives, and this Association urges upon Government to give this matter its most serious consideration as one of outstanding public importance.

1. MEDICAL SERVICES IN RURAL AREAS (FOR EUROPEANS AND NATIVES).

Recognising that the District Surgeon's system in rural areas undoubtedly provides a considerable measure of medical relief for poor people, it is nevertheless the fact that such relief cannot always be made available to those living in isolated places, and that furthermore this relief, consisting as it does of medical consultations only, is inadequate in the important point of not providing trained nursing facilities, especially in connection with child-birth and pre-natal care. It is evident, therefore, that an extension of of the District Surgeon's services in order to reach wider areas is essential, and that this can perhaps best be achieved by broadening the system of subsidies for visits to outlying places where this is necessary, and

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Re y medical missions

particularly by attaching to the District Surgeons in rural areas where the number of the population warrants it, one or more visiting nurses trained in general nursing and midwifery, either on a salary or on a subsidy basis, and these should be provided with transport facilities to enable them to visit patients in their homes. It should also be the duty of such nurses to organise instruction in home nursing among the people.

It is suggested that such a system of Visiting Nurses could be conducted in close co-operation with existing nursing organisations, and particularly with the South African Red Cross Society.

The provision of such nurses would not only greatly increase the sphere of service of the District Surgeons, but would also make these services very much more effective and provide avenues for dissemination of information on prevention of disease and elementary nursing in sickness, of the greatest value to the nation.

II NATIVE TERRITORIES:

There is undoubtedly a great shortage of medical and nursing attendance in certain Native areas, indeed, in some places, it is apparently non-existent for practical purposes. It is recognised that it would be impossible to maintain an effective medical service in such areas on any other basis but practically full-time appointments, as the Native population is not in a position to maintain medical men and nurses in a decent living. It would therefore appear that a sufficiently wide extension of medical services for Natives is not at present practicable from the financial point of view, and the following is suggested as a scheme which would give reasonable relief at a relatively low cost:-

(a) That a corps of male and female Natives, to be designated "Nursing Aids" be trained to work under District Surgeons or some other duly authorised medical practitioner, and in selected areas where the density of the population warrants it, under a European Visiting Sister trained in general nursing and midwifery, the latter being directly responsible to the District Surgeon.

Arrangements could be made for the training of such Natives in existing institutions such as Lovedale, Umtata Hospital, Durban Native Section of the Government Hospital, the Hospital of the American Mission to the Zulus, the Native Section of the Johannesburg General Hospital. In this training the Medical Association would be very glad to cooperate. It is possible, however, that special training facilities would have to be provided.

(b) The course of training to comprise:-

For Males: Elementary Sanitation, First Aid, Elementary Nursing.
Course to last three years.

For Females: First Aid, Elementary Nursing and Midwifery, Elementary Hygiene, with special reference to Infant Hygiene.
Course to last three years.

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As a perequisite for admission to this course, the completion of the sixth or perhaps seventh standard of Elementary Schools should be required. The pupils should be indentured for the period of training, with the necessary provisos as to termination of the indenture in the case of unsatisfactory attainment or conduct. During their training they should be maintained in board, lodging, and uniform, with perhaps a small payment after the first year. On the completion of their training they would enter the Service on a graded scale of pay and on contract.

(c) For immediate purposes a certain number of such personnel could be recruited from among Native males and females who have already undergone a certain amount of training in Nursing and First-Aid at various hospitals, including Witwatersrand mine hospitals. Such pupils would only require additional instructions in hygiene, and ,in the case of females midwifery, which could be done in about a year.

(d) The Association is of opinion that the establishment of such a corps of Nursing Aids would be of the greatest possible value in Native territories and would fill a very great need, and that the cost of such a service, especially if provision is made for small charges to those who can afford to pay these, would be within practicable economic limits.

It is considered that in at least certain portions of the Native territories, additional District Surgeons are urgently required.

III. TRAINING OF NATIVE MEDICAL PRACTITIONERS:

As the question of training Natives to become fully qualified medical practitioners has been repeatedly brought forward, the opinion of the Association previously expressed would seem to require reiteration and amplifications.

It is the considered opinion of the Association that there cannot be established, without great danger to the public weal, an inferior qualification for medical practitioners solely on the ground of colour. It once more states that if Natives are to be trained as medical practitioners, they should receive exactly the same training and conform to exactly the same requirements as are imposed upon Europeans. It is definitely of opinion that there is not a sufficient number of Natives in this country in possession of therequisite educational qualifications, nor likely to be for a good many years, to warrant the large expenditure which would be necessary to enable their training in South African medical schools.

It also recognises the grave difficulties which would arise in having Natives and Coloured persons in the medical schools, especially in view of the fact that the hospitals in which they would have to be trained are public institutions in no way controlled by the Universities, and the presence of Natives and Coloured Students in such hospitals would raise gave and practically insurmountable administrative difficulties. It has been suggested that their hospital training should be undertaken solely in native wards. It must be remembered, however, in this

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connection that the Native wards of the hospitals furnish very important material for the training of European students, that they are in charge of European Sisters and Staff Nurses, and that the limitation of Natives even to these wards would minimise but little the administrative and social difficulties alluded to above.

Another suggestion was that the Government should pay for the training of Native medical men in medical schools abroad, selecting such men carefully and paying for their training, on their undertaking to give, after qualification, a certain number of years of service to the Government at a stated stipend. This suggestion does not commend itself to the Association, for the reason that it would seem to offer to Natives advantages which would not be available to Europeans, among whom there must be also a number of poor young men with special aptitude for medicine, who at present are excluded from training for this profession, unless they make their own arrangments in the best way they can.

The Association therefore considers that whatever monies can be made available for providing better medical and nursing aid to the needy sections of the population, both European and Native, should be spent in the manner indicated in this Memorandum, rather than be devoted to the training of Native medical practitioners.

Yours faithfully,

Signed. A.J.Orenstein,

PRESIDENT.

(Copied M.16/9/31).

Notes on the B.M.A. Memo.

1. The whole question of the training for these services depends on the provision of posts afterwards. I am quite sure that if Govt. posts at adequate salaries are available the candidates will present themselves.

2. The memo. shows a lamentable ignorance of the facilities at present available for the training of native girls in Burma. It is urgent that the memo be revised & reissued.

3. In native areas no post should be given (c.f. Visiting Sister) because the applicant is European. but all posts should be open to qualified persons. The memo does not take account of the fact that a fair no

of qualified native nurses are at present available.

(4). I feel strongly that Institutions such as Lovedale Hub. Norlup &c. &c. which are registrable for full training should not be used for secondary training. There is an abundance of hospitals not so registrable which can give this secondary training. Again it is necessary that we have lists as complete as possible.

(5.) Rather than the establishment of a second rate nursing certificate I should like to see the acceptance of the certificate of approved hospitals so accepted. ~~of~~ If. Some girls who failed the external exam. should have the chance of gaining a certificate. & approved smaller hospitals might train

(6.) The ability to teach Hygiene should not be assumed in any nursing qualification. Many European nurses fail lamentably. I believe that some special Hygiene & Sanitation teaching certs. should be expected & I suggest that the Red Cross be asked to cooperate about this.

(7.) The time is ripe for native nurses to be prepared for a "mothercraft" certificate. It seems a pity that the "Princess Alice" should not take this up.

(8.) But the whole thing hinges on graduated employment on a good scale with a few possible fluctuations. Reasonably educated native girls would gladly go into the training either first class or second class if they will get

it led to something. The need is for the Govt. & the Municipalities to agree on a scale & men for the Govt. to guarantee employment on this scale.

9. Certificates I should like to see

A. Full General cert.

B. Secondary general cert. from approved hospitals

C. Full Midwifery cert.

D. Secondary midwifery cert. from approved hospitals

E. Certificate in the teaching of Hygiene & Sanitation. I should suggest this be open to those who have either A or B but it might be wise to allow C & D classes to take it too. A stiff cert. carrying a worthwhile further increment.

F. Red Cross First Aid. I & II. Hospital trained

nurses or sometimes helpers in the field.

G. An "Athlone" certificate open only to those who have A + C or both. (mothercraft)

H. A real sanitary certificate. I should say the existing one.

(10.) I do not think any girl should be accepted for any of these certs. until she has St. VI + for all higher ones St. VIII should be obligatory. I think that if some scheme can be accepted + employment guaranteed rather schools everywhere should be worked. We ought to speak to parents + teachers + upper standards about it.

(11.) As to the "Arts" certificate for men. If employment is guaranteed there is no difficulty about it. There are plenty of suitable posts.

(12) With regard to full Medical Education. I presume we shall peg away for facilities in S.A. But here too the need is for District Surgeon's appointments to be available. There is no limit to the sacrifice native families will make. If the same qualifications as required & the training presumably costs the same (or more overseas?) & if the same acquaintance with developements is to be expected afterwards the salaries must be the same.

(13) We need lists
a) of all Hospitals training native probationers with particulars as to salaries & allowances. & certificates available.
b) of all Municipalities missions &c. where native nurses are employed with salaries &c.
c) of native qualified nurses practising privately.

(14.) Could not the Territories or at least Beach. & Basutoland come to some arrangement as such employment to be an example to the Union.

Native Health Services

Church of Scotland Mission,
P. O. Tugela Ferry,
Via Greytown,
NATAL.

July 9, 1932.

The Secretary,
The Board of Control,
Deferred Pay Interest Fund,
Native Recruiting Corporation.

Dear Sir,

Will you kindly submit to the Board this application for a building grant in aid of the Native Hospital recently established by the Church of Scotland Foreign Mission Committee at Tugela Ferry, Msinga, Natal.

A medical mission was commenced in 1928 at Pomeroy in the Msinga district. A tentative beginning was made as to hospital provision in a mission building which happened to be temporarily free. After a year during which the Natives were distinctly shy of entering the hospital as patients, confidence was established, as indicated by the figures given below, and it became clear that a hospital in this district would meet not only a potential need but also an actual demand. During this preliminary period it was decided that, for several reasons which had the support of government officials as well as the Mission authorities, the hospital would be better placed at Tugela Ferry, eighteen miles south of Pomeroy. This move involved no sacrifice of buildings, as both doctor and patients had been housed in buildings already in existence, but which were only temporarily available.

Tugela Ferry is situated in mid-Natal and is the seat of the magistracy of Msinga, which is the largest Native Reserve in Natal - a fact which has recently received recognition in the grading of the magistracy as first-class, although it contains no European towns or villages whatever. The population is variously estimated at from 65,000 to 85,000 (15,000 taxpayers). The district abuts on other populous Native areas, notably along its eastern boundary adjoining Zululand, in none of which is there any Native hospital, so that here we would serve probably 150,000 people. The nearest other Native hospitals are at Dundee (51 miles) and at Maritzburg (75 miles), and transport facilities are either absent or costly for Natives, apart from their natural dislike of being far from home when ill.

Last year 423 patients were treated in the wards of the hospital, the daily average being 16.8 (The corresponding figures for last year before wre 167 and 7.8). There were 231 maternity cases. 25 major and 144 minor operations

were performed. In the outpatient department 4,000 individuals were treated, with a total of over 7,000 attendances. The high percentage of maternity cases indicates, what practical experience in the kraals amply confirms, the interesting fact that among Zulu women there is an unusually high proportion of difficult cases of childbirth - due not to disease but to inherent physiological causes, as well as to the gross ignorance and dangerous practices of Native midwives. Cases such as these, like many cases of ordinary disease, can only be treated successfully in hospital. The failure to provide hospital facilities in the Native Reserves is probably the most important reason for the failure hitherto of European medicine and medical methods to appeal to the mass of rural Natives. Only by hospitalisation can the superiority of European methods be adequately demonstrated, confidence established, and the people weaned from the superstitions about disease which do so much to hinder their advance in civilisation and culture.

On the basis of one bed per 1400 population, the lowest admissible proportion, a 50-bed hospital would be required to serve this district alone. During the past few months an epidemic of malaria has swept the district, and there is an increasing need and demand for hospital treatment. In the past month, although midwinter, 50 per cent of our admissions have been for malaria of severe types. At present the proper limit of the hospital capacity is 18. On several occasions that has been exceeded, by expedients which one would not care to repeat in the summer months. The present accomodation consists of only one ward (12 beds) and a verandah (6 beds) on which male patients are housed. There is a small theatre (14' by 13') which has also to serve as a labour ward, and a kitchen. These are all, of necessity, mosquito proofed. The buildings cost £600, which can be provided by the Mission only with great difficulty. The hospital is in charge of a resident qualified medical man, assisted by a fully certificated Native nurse and four Native probationers who are in course of training. The running costs, exclusive of the doctor's salary which is paid directly from overseas, amount to about £600 per annum. The daily cost per inpatient is only two shillings. Fees are charged in most cases, and nearly half the current expenses are met in this way. The balance is made up from government grants and from donations. In recognition of the work done in training Native nurses a grant is made annually from the Native Development Fund of £180 to £200: this is not a statutory grant, but depends entirely upon the discretion of the Minister and the state of the Fund. Last year, for the first time, a grant of £100 was made by the Msinga Local (Native) Council: this also does not depend upon any statutory provision, and requires the sanction of the Minister year by year.

As it is only with difficulty and often precariously that current expenses can be met, it is obvious that any extension involving capital expenditure is impossible unless with special aid. The Natal Provincial Council cannot meet the demand for Native hospitalisation in the towns, and simply refuses even to assist in the establishment of rural hospitals. The Native Development Fund and the Local Council funds cannot, by statutory enactment, be used to provide capital grants for hospitals. The Mission, with its home base un Scotland, is crippled at the present time by the effects of the Gold Standard: and even if that were not so, it is impossible to raise further funds in Britain. The Mission has already provided entirely for the doctor's house and the existing hospital, and continues its responsibility for the doctor's salary.

Thus we appeal to the Board to help us to meet several urgent needs as follows:-

(1) A ward for male patients: estimate £350. - At present men patients are accomodated on a verandah, which is very cold on winter nights , and hot in summer.. A new ward would provide for 12 patients inside, and in times of stress a further 6 on the verandah.

(2) Accommodation for nurses: estimate £300. - At present nurses have to sleep where they can: in the ard if there is room, on the floor of the kitchen when the hospital is crowded, sometimes in unsuitable outbuildings. There is no diningroom and no studyroom. Meals are taken in the kitchen. Apart from the discomfort to the nurses themselves, and the difficulty of running the hospital efficiently with a limited staff, the important work of training the Native nurses so much needed everywhere is severely limited because we have no room to accommodate more probationers. There is a waiting list of suitable candidates.

(3) A small nursery for infants: estimate £200.

With sometimes as many as 12 newborn infants in the hospital, this is a real necessity. It is very trying to, and hinders the progress of, adult patients to have the noise of infants continuously in the ward. In addition to this special reason, we are receiving an increasing number of babies ~~[illegible]~~ with alimentary disorders who require special accommodation of this sort, with facilities for preparing diets at frequent intervals. Such a ward could easily become the nucleus of of a much-needed demonstration centre for the mothers of the district.

(4) An outpatient department: estimate £150.

At present outpatients are seen in a wood and iron shanty with no proper floor. There is no surgical dressing room, and no dark-room for eye work.

(5) An isolation ward: estimate £100.

(6) A septic tank installation: £150.

Apart from the desirability of this, in one of the hottest river valleys in the Union, on hygienic and aesthetic grounds, there is a special practical reason for such an installation. The hospital site, a limited one in any case, is upon very rocky ground, which renders burial methods of sewage disposal arduous and expensive. There is an abundance of water furnished by a furrow from the Tugela, the largest river of Natal.

Our total request, therefore, is for £1250. We trust that it will receive the earnest and favourable consideration of the Board. The Board is probably aware that, although Msinga does not furnish many recruits to the Corporation through its ordinary agencies, large numbers of Natives from the district find employment on the Reef, many of them as police boys in the compounds, others in the domestic service of European employees of the mining industry. It will interest the Board to know that the Msinga Local Council, composed of all the chiefs and leading headmen of the district, the only Council of its kind in Natal and Zululand, was so keen on seeing the hospital established at Tugela Ferry that when Great Britain went off the Gold Standard before the capital available in that country had been sent out, the Council came to the assistance of the Mission by advancing an equivalent sum on loan for three years interest free. An outright grant it cannot make, owing to regulations controlling its administration of funds. The Council meets at Tugela Ferry within sight of the hospital, in which it is thus bound to take an almost paternal interest. The Council is greatly concerned at the prevalence of malaria, and is looking to the hospital to assist in its control. Any assistance which the Board can give towards the very necessary expansion of the hospital will therefore not pass unnoticed by the Native leaders of the whole district, and will we are sure be deeply appreciated by them.

The Magistrate of the district is giving his earnest support to this application, as indicated by his letter enclosed herewith. The application is made with the cognisance and warmest approval of Dr. Macvicar od Lovedale, Convener of the Committee controlling the medical work in South Africa of the Church of Scotland.

I am, Sir,
Yours faithfully,

A. Services

R.R. October 25th, 1932.

72.

The Editor,
The Bantu World,
Von Weilligh Street,
JOHANNESBURG.

Dear Sir,

May I refer to statements which are ascribed to me on the front page of the Bantu World for October 22nd.

With regard to the Report of the Native Economic Commission I should like to make it clear that I do not by any means think that the only fault to be found with the Report is that it has not laid sufficient emphasis on the necessity for more land being provided for the Native people. There are a great many points on which I do not find myself in agreement with the Report but I thought I had made it plain to my audience at Dundee that, while there are many faults to be found with the Report, it provides enough material for a constructive and progressive programme and that in many ways it is remarkable that men of such widely differing opinions should have found agreement on so many points, and these points of agreement should be used to the greatest advantage.

With regard to the training of Native doctors and nurses the following is a correct statement of the position:

The Loram Commission which sat in 1928 recommended that Native doctors should be trained at one of the two Universities - Capetown or the Witwatersrand. Dr. Loram approached the Rockefeller Foundation and secured from that

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body an offer of £65,000 for the erection of the additional buildings and equipment that would thus be necessary and £5000 for the erection of a hostel. Both Universities have expressed themselves as prepared to undertake the work provided Government grants are forthcoming and the Rockefeller Foundation stipulated that the Government should ensure the continuance of training. The matter is still undetermined and every year the need grows greater. I have before me as I write three applications for admission to medical training and there are many who are awaiting further developments in this matter.

With regard to the training of Native nurses, a Conference of Governmental and Municipal Medical Officers of Health and representatives of hospitals held under the auspices of the South African Institute of Race Relations at Bloemfontein in June last passed the following resolution:

> "That in the opinion of this meeting all training schools which have facilities for training Non-Europeans for the full certificate of the South African Medical Council as General Nurses and Midwives should be urged to provide this training without delay."

The Conference appointed a Committee to consider the possibility of nursing training in those hospitals which do not have the necessary facilities and equipment for full training. This Committee met at the office of the Institute last month and passed the following resolutions:-

> "That this Committee re-affirms the Conference resolution regarding full training."
>
> "That no attempt should be made at present to have any subsidiary form of certificate established as a registrable qualification."
>
> "That, in respect of hospitals where full training cannot be given, this Committee is prepared to act as a co-ordinating Committee to standardise methods of training and curriculum."
>
> "That the Committee is prepared to act as a connecting link for the employment of Non-European nurses.

Yours faithfully,

H. Sec

R.R. 18.

November 1st, 1933.

Dr. F.S. Drewe,
Holy Cross Mission,
FLAGSTAFF,
Cape Province.

Dear Dr. Drewe,

I have just seen in the newspaper a report of remarks by you on medical missions at the Missionary Conference.

May I point out that at the last meeting of the South African General Missionary Conference I was appointed convener of a Committee on Medical Missions and that I have tried two or three times to get this Committee together but so far this has not been possible because the expense of travelling is beyond the means of most missions and I have had to content myself with communicating to the Committee information as to what the Standing Committee of this Institute on Non-European Nursing Training and Employment is endeavouring to do. I understood that the idea behind the appointment of the Committee of the Missionary Conference was that it should help towards the co-ordination of missionary activity and that missions should have worked out a definite policy. I am most anxious to see this come about and if you think that it would be possible to gather together medical missionaries for a full discussion on the most important aspects of medical missionary work, I should be happy to be of service in convening the meeting.

We had a successful meeting of the Standing Committee of this Institute at Cape Town and the minutes have already been drafted so that you ought to have them within the next week or so. The scheme of the sub-committee for nursing training was adopted with slight modifications and this will be

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sent round to mission hospitals. The scheme of course only applies to those hospitals which are not in a position to provide training for the certificates of the South African Medical Council.

Yours sincerely,

ADVISER

JDRJ/LR.

A. Services

R.R. 13.

November 1st, 1933.

The Secretary,
Provincial Board of Missions,
C/o His Grace the Archbishop of Cape Town,
Church House,
Queen Victoria Street,
CAPE TOWN.

Dear Sir,

NATIVE MEDICAL MISSIONS AND NATIVE MEDICAL SERVICES

I have read in the press an account of Dr. Drewe's remarks at your Missionary Conference at Port Elizabeth and I should like to draw your attention to a few important factors.

1. At a meeting of the South African General Missionary Conference held at Pretoria in July 1932 a Standing Committee on Medical Work, with myself as Convener, was appointed. The intention in appointing this Committee was to secure some sort of common action between missions in respect of medical work, to work for co-ordination of activities and, whenever necessary, to secure united action in respect of the development of Native medical services. I have tried on two occasions to get this Committee to meet but the expense of travelling has proved too great in present times. I have however tried to keep the members of the Committee informed on developments in various respects.

2. There is a Standing Committee of this Institute concerned with the training and employment of Non-European nurses, particularly Native nurses. The Committee is under the chairmanship of Dr. H.A. Moffat, who represents the Medical Association, and the Secretary for Health, and other persons of influence and experience are serving as members.

The Committee is pressing on those hospitals that are in a position to provide full training for Native probationers

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to do so whether in General Nursing or Midwifery. In addition the Committee has now adopted a scheme of training for those hospitals which are too small to prepare candidates for State examinations and this scheme is about to be circulated amongst the mission hospitals of the Union, the Protectorates and Southern Rhodesia. I may say that in draft it has already received the support of these institutions. This Committee has also expressed its desire to co-operate with medical missions and with the Committee of the General Missionary Conference. Dr. Drewe is a member of this Committee but has not been able to attend the meetings of the Committee.

3. It is possible that there will be important developments in regard to Native medical services before very long and it is of the utmost importance that those of us who are concerned with these matters should keep in the closest touch with each other. Important questions of policy and organisation are bound to require the closest attention.

Yours faithfully,

ADVISER

JDRJ/LR.

TELEGRAMS: "AITKEN," SIBASA. GOODS: R.M.T. SIBASA VIA LOUIS TRICHARDT

THE DONALD FRASER HOSPITAL,

(CHURCH OF SCOTLAND)

MEDICAL SUPERINTENDENT:
R. D. AITKEN, M.D., D.Sc.

GOOLDVILLE,
P.O. SIBASA.
N. TRANSVAAL.

5th April, 1934

Dear Mr. Rheinallt Jones,

I am very sorry that I was not able to get into touc with you before leaving Johannesburg, I tried to get you on the 'phone on Thursday night, but was unsuccessful, and we left Jo'b early the next morning. On the whole I am quite hopeful as to the outcome of the various interviews I had.

Mr. Barrett was very sympathetic and suggested a further appeal to the Deferred Pay Board, and promised to do his best for us when it came up.

I have not had any reply from Mr. Wellbeloved as yet, but that is scarcely surprising in view of the holidays.

Mr. Gardiner has promised to do something to help us later in the year. At present he is busy with certain other appeals.

The Provincial Secretary was sympathetic but not encouraging though he was evidently impressed withthe argument that the exis--tence of a hospital such as this in the midst of a dense native population must help to relieve the pressure on their hospitals in the towns. I was not able to see the Administrator.

The Native Affairs Department might consider giving us a maintenance grant provided the Provincial Council will also do so I have applied to the Provincial Council, but I am not very hope--ful of getting anything this year.

I am very grateful to you for your help and suggestions, an I shall keep you informed of the progress of our efforts. If it seems advisable, I may come down again later in the year.

Are you arranging anything in the way of medical committee meetings in connection with the meeting of the Medical Congress at Pretoria in September?

With kind regards,

Yours sincerely,

R. D. Aitken

Health Services.

R.R. 3.

October 5th, 1934.

Dr. W. Bryant Mumford,
Institute of Education,
University of London,
Southampton Row,
LONDON, W.C. 1.

Dear Dr. Mumford,

I have just been reading, with great interest, "Island India goes to School". It throws much light on our educational problems here I think.

Did you, in the course of your investigations, make any considerable notes of the planning of Health Services? I have noted your remarks on training (pp.60 and 61) and on hygienic (or non-hygienic) conditions (p.84). This Institute is at the moment having to put a good deal of work in on the subject of Health Services. My own interests are mainly educational, but, for the time being, I'm having to switch off to this. As a matter of fact, I think the whole problem is much more educational than the technical medical people admit. Certainly in this country we need an army of trained workers for constructive Public Health as well as those capable of dealing with accidents and sickness: and much of our present training tends to the latter. I rather gather from your book that the same may be the case in "Island India".

I should be very grateful for any notes or information you have - your own notes in English would be more helpful to me personally than Dutch literature, but we can tackle the latter, though more slowly.

With kind regards,

Yours sincerely,

EBJ/LR.

HONORARY ORGANISER
Women's Work

(permanent address)

El Qatamon
Jerusalem
April 9th

Mrs. E. B. Jones
Johannesburg

Dear Madam,

I was so very pleased and interested to receive your letter of January last about the village medical work. The reason of its delay in reaching me was due to the fact that my husband and I were on leave, and it wasonly on his return in March that he found your letter waiting for me. As you will see by the above address, I am not in India at the moment, the hot weather being too much for me, and I am now trying out the scheme in this country, where we have taken a house and intend to settle on my husband's retirement. The need here is very great also, in spite of the very small size of the country, and the problems quite as difficult in some ways as in India, though of course not the same.

It will lend a great interest to us all to know you think of trying it in Africa--I used to wonder sometimes if it would ever reach there! for the peoples over there seem so much more teachable and attractive than Indians.

As regards the personel, as you will see by the pamphlet when it arrives (I am sending it by ordinary mail) we keep utterly clear of midwives and midwifery, in India because midwives belong to the lowest caste only and would not be acceptable to the villagers for that reason, and in all countries because infinite harm might be done by such partly trained workers trying to combine the two things. The base of the scheme is simply to provide in EVERY village someone able to apply the elementary treatment that our mothers do for us in European countries (or at least in the civilised ones!)

It is thus purely preventive, but statistics show that more than 80% of the work done by dispensaries in India is preventive and could be cured by the few medicines included in the outfit allowed by the scheme.

Both in India and here, the inaccessibility of many of the villages is a great difficulty, and I have not really got down to the problem here so far as I have been held up by the failure to find a sufficiently capable Arab nurse to work under me up to the present--or rather it means a special kind of training of course--simplicity, ability to improvise and adapt oneself to village limitations and the power to teach. Also this country is at present entirely under Govt. control, which makes new problems (i.e. I can not utilise the help of the many missionary bodies to help supervise the workers in their radius, for fear of the Moslems thinking Govt. is trying to proselytise). In the C.P. our Governor's wife, Lady Gowan, has given the work her whole hearted support and has just formed a VILLAGE SERVICE ASSOCIATION for the better carrying out of it. They have put a trained nurse in one village, and she is training women in two or three neighbouring ones. So each country will adapt it and carry it out in the way that is most feasible according to local conditions. Please let me know if I can help in any way again, and do report to me what you do and how it goes on. I am sending copies of your letter to Lady Gowan and to our D.P.H. here and also to the Superintendent of the District Nursing Ass.n in London, who is of course keenly interested in this development of the home work in far countries, seeing that I am one of their old pupils.

Someday, who knows? it may be ~~able~~ possible to coordinate the work in some way and make it world wide in its scope, like the Guides or Boy Scouts.

I shall be very interested to read the literature you are sending me.

yours sincerely

Blanche Seaman

May 22nd, 1935.

Mrs. Seaman,
El Qatamon,
Jerusalem.

Dear Madam,

I thank you very much for your very interesting letter and pamphlets re Village nurse organisation in India, and I shall be more than interested in any notes you can send me of Palestine work from time to time.

In Africa south of the Zambesi we have begun a good deal of nurse and midwife training for Non-Europeans, and there is some hope of getting a reasonable supply for central village and rural stations in the next few years - but for some time we must prepare the ground with even simpler work in more outlying villages. We have not just your difficulty over midwifery work here but there is considerable prejudice against the use of youngish unmarried women.

I hope I shall be able from time to time to send you some notes of work this Institute is trying to get organised, and I hope we may keep in touch. I am by this mail sending you some pamphlets, etc.

Again many thanks,

Yours faithfully,

HONORARY ORGANISER
WOMEN'S SECTION

Health Services

15th February, 1935

Mrs. de Bunsen,
Save the Children Fund,
40 Gordon Square,
LONDON. W.C.1.

Dear Mrs. de Bunsen,

My husband has asked me to put you in touch with special work being done by this Institute with regard to Non-European Health Services.

A special Standing Sub-Committee of the Institute was formed over two years ago especially on Non-European Medical and Nursing services and this has now developed into a Committee dealing with Non-European Health Services in general.

I may say that, you you will see from minutes (which I must ask you to treat as confidential) and memoranda (which, of course, can be used in any way that seems good) which I will send you from time to tome, that while the scope of the Committee is general, its main activities have been concerned with the training and employment of Non-European nurses, mainly for work with women and children.

I am sending you by this mail Memorandum, "Non-European Rural Nursing Services" prepared for a conference on Rural Nursing (all races) organised by Her Exeellency, Lady Clarendon. This has since been printed in the Journal of this Institute. I am sending also Minutes (confidential) of the Non-European Health Services Committee of this Institute, September, 1934; and a Memorandum "Native Girls and the Nursing Profession" which is in issue, now in draft form so that the schedule of Hospitals may

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