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ANNUAL REPORT

20 FEB 1942

1941

(91A)

BENEDICTINE MISSION HOSPITAL

REGISTERED NURSING AND MATERNITY HOME

Training School for medical and surgical Nurses recognised

by the South African Medical Council

NONGOMA, ZULULAND

ST. FRANCIS' HOSPITAL
MAHLABATINI, ZULULAND

MBONGOLWANE MISSION HOSPITAL
REGISTERED NURSING AND MATERNITY HOME

ST. BENEDICTS' HOSPITAL
NKANDLA, ZULULAND

FOREWORD

A hospital is a treasury of golden opportunities to exercise patience under various and difficult conditions. Joys and sorrows, worries, anxieties, disappointments and even ingratitude are part of the assets of this treasure house. Lest the mind should get exalted and the eye become dazzled at the grandeur of outward success, the little treasury opens secretly, and unobtrusively scatters, where it will, its unseen gifts of silent suffering, of sacrifice and disappointment in all its forms; thus the mind's vision remains straight and open to the true value of things. Yes, joy and suffering blend here in due proportion; neither too much of the one to unbalance the mind nor too little of the other not to give the qualities of generosity and self-sacrifice ample scope for activity.

The question has often been asked: What has mission work to do with the hospital? The answer is not far to seek. The saying is—and it seems to be true—that a sound mind dwells in a sound body. Hospital work implies the dealing with the health of man such as he is consisting of body, mind, and soul; may be to prevent him from becoming unfit for the work assigned to him by his creator or, if such has been the case, to restore him to strength and dignity as man. But to care for a man's body without giving adequate attention to the spiritual side of his being is not only unworthy of those who profess to be helpers of mankind, but also unsound in principle and practice. Has not experience shown only too often that a physical ailment would defy all medical skill unless the suffering mind were set at ease first. In the order of nature body and soul are the closest allies in life and will not be separated so that the suffering of the one causes affliction for the other, and the cure of either must likewise assume a double aspect. This tending of the spiritual rights of man we prefer to call mission work duly linked, though, with the care for the body, since the neglect of the one means havoc for the other.

Alas, the view does exist, and is rather widespread also among the natives, that good physical health coupled with material wealth constitutes the summit of man's happiness and therefore the goal of all strife. Such an erroneous outlook is beneath the dignity of man who has an eternal destiny. Both duty and charity demand that the poor and ailing who come for aid and comfort within our reach be brought to a better understanding of the purpose of life so that they be able to base the remainder of their days on sounder principles for their own welfare and for that of the community at large. Thus it is truly curative work, mission-work, that we are aiming at.

Lastly, it is not only the patients and those seeking for help, that are concerned in the task; the hospital staff, who deal out the benefits, form no less a part of the hospital. They, too, have a fixed aim in view, viz. their personal sanctification through caritative work for the needy, physically and otherwise. They have understood that this was the way of life marked out for them by the Creator and they have followed the call heroically, never flinching from their purpose to help those that call on them for comfort and sympathy within the precincts of the hospital. In this way, they know, they fulfil their life's task, perfecting themselves from day to day by generously sacrificing themselves for those under their care.

Nor do we of our own set a limit to our work. Our activity extends to the suffering and the needy of all denominations without exception. Our sympathy goes out to all as did the love of Christ of whom it is said that "He healed them all"; and we give aid to all whom we have an opportunity of assisting.

I thank the Native Affairs Department, the Provincial Administration, the Public Health Department and all our benefactors for their ready support which enabled us to continue our work of charity, and we are confident that their benevolence will not fail us in the future.

On the other hand we give the public authorities the firm assurance that we shall do our utmost by way of co-operation with them in their noble aim to help the suffering and to uplift the natives through health education. May our mutual endeavours be blessed with success.

Benedictine Mission Inkamana,
P. O. Vryheid.
January, 1942.

✠ THOMAS SPREITER, O.S.B.
Bishop.

Staffs of the Four Hospitals

(As on the 31st December, 1941)

BENEDICTINE MISSION HOSPITAL, NONGOMA, ZULULAND

Resident Medical Officers:	Dr. A. Ruben
	Dr. E. Katz
Visiting Surgeon:	Dr. F. Kevekordes
Matron:	Sr. J. S. Kafer
Sister in charge: (Maternity)	Sr. F. R. May
Sister in charge: (European wards)	Sr. M. Edmara
Three Sisters & 20 probationers	

ST. FRANCIS' HOSPITAL, MAHLABATINI, ZULULAND

Resident Medical Officer:	Dr. F. Kevekordes
Matron:	Sr. A. Hughes
Staff nurse.	

MBONGOLWANE MISSION HOSPITAL, ZULULAND

Medical Officer:	Dr. Th. McHugh
Matron:	Sr. S. Hooper
Staff nurses:	Sr. Macaria Seul
	Sr. Fromunda Frey
Three Probationers.	

ST. BENEDICT'S HOSPITAL, NKANDLA, ZULULAND

Medical Officer:	Dr. G. Abel
Sister-in charge:	Sr. K. W. Winter
Secretary for all hospitals:	Alan Geiger

NUMBER OF BEDS

	<u>Europeans</u>	<u>Non-Europeans</u>
Benedictine Mission Hospital, Nongoma	14	72
St. Francis' Hospital, Mahlabatini	2	24
Mbongolwane Mission Hospital	2	22
St. Benedict's Hospital, Nkandla	1	14
	<u>19</u>	<u>132</u>

Benedictine Mission Hospital, Nongoma

MEDICAL OFFICER'S REPORT

At ordinary times one would rejoice at success, but the present day with its suffering and distress all over the world, and the dark future glooming ahead have a depressing influence on one's sentiments and outlook. Nevertheless I shall attempt to put on record some of the efforts made in the course of this year to alleviate human suffering and misery.

A great deal of anxiety was caused through the increasing difficulty of providing even the most essential drugs such as morphia, codein, and emetin etc., whereas syringes, catheters, and other small instruments in daily use are almost unobtainable. While the drugs are continually rising in price we, on the other hand, cannot follow suit in charging for



Benedictine Mission Hospital, Nongoma

Our activity considerably increased during 1941. A glance over the Return of Diseases will readily explain. But I was relieved of the pressure of work through the arrival of my colleague Dr. C. Katz; and what is more important still: two doctors in a hospital share the responsibility for so many lives, which is a great comfort especially in critical situations. I thank Dr. C. Katz sincerely for her readiness and co-operation. Further, I thank the nursing staff for so generously shouldering the continuous and manifold work necessitated by the treatment of so large a variety of cases. It is a pity that the nursing staff could not be enlarged on account of the shortage of nurses.

them; and it is against the nature of a conscientious physician to substitute a cheaper equivalent for a certain medicine.

I had the good fortune this year to take the refresher's course at the King George V Hospital, the most up-to-date and, from the medical point of view, most efficiently conducted T.B. hospital I have ever seen. I had the additional pleasure of working under the excellent guidance of Dr. Dormer. This course was for me a rich source of experience and professional knowledge. I wish to express my appreciation and gratitude to Dr. Friedlander in particular for the many invaluable hints based on his experience especially with regard to modern diagnosis and treatment

of T.B. of lungs I wish and hope that I shall be able to apply these new ideas, at least the pneumothorax treatment, in my own practice as soon as the X-Ray plant will be complete. I also thank the hospital staff for their hospitality and kind service during my visit. Dr. C. Katz is at present availing herself of similar opportunities at the same hospital.

work of T.B. treatment. Apart from the great boon of possessing an X-Ray, we shall have the additional comfort of working with the electric light, welcome most of all in the operation theatre.

The Return of Diseases shows a rather high percentage of dysentery cases. Obviously many people in this district are infected with this disease; but on account



Some of our Probationers

I rejoice at the fair prospect of seeing crowned with success at last the relentless and unceasing efforts of the Secretary of the Hospital for the installation of the electric, and with real delight I am awaiting the time when the X-Ray plant will be at our service. It will be of enormous aid to us, especially in the diagnosis and treatment of T.B. Infection will then be more easily discerned and ascertained in its earlier stage and actual treatment will become possible. It is a doctor's ambition and joy to remedy defects and to heal the sick and not only to take care of and watch them during their long years of lingering. Through the X-Ray the hospital will be enabled to give actual treatment to T.B. patients and not only to serve as a place of accommodation and isolation for them. Furthermore we shall have the great advantage of profiting by the counsel and guidance of Dr Dormer (who promised) to supervise (to a certain extent) our

of the limited space in the hospital we admit only the most serious cases.

During the past year we treated a large number of syphilis cases as both in and out-patients; but it cannot therefrom be concluded that the infection is more widespread than ever, although it remains a fact that many natives are suffering from this disease. Of the patients treated the females seem to have been in the majority, and it is interesting to notice that in many cases pregnancy and syphilis were coincident. Syphilis cases as a rule are treated as out-patients. If treated in the in-patient department, syphilis was accompanied by some other disease not infrequently by dysentery, bilharzia and malaria. We did, however, admit as in-patients natives suffering from syphilis only when they could not be treated as out-patients either because of too great distance or because of the acuteness of the disease.



The verandah

The record of malaria cases treated in both the in and the out-patients departments during 1941 shows an increase on that of the previous year. We should be only too pleased if we were entrusted with the free distribution of quinine so that we could give medical advice at the same time. This would apply to European, Coloured, and Native patients.

The greater number of Bilharzia cases

is in due proportion to the increased number of patients.

May peace soon return to the world so that circumstances and conditions be altered in such a way that our profession in harmony with all the others may continue, unhampered, to alleviate suffering and promote the welfare of the community irrespective of colour, creed or race.

Dr. A. Ruben.

ANNUAL REPORT

1941 was a year of wonderful progress all round. We have a record of 755 admissions as against 526 in 1940. The number of European in-patients rose from 85 in 1940 to 120 in 1941, that of non-Europeans from 441 to 615. The daily average of occupied beds increased from 5.3 to 10.0 for Europeans, that of non-Europeans from 35.7 to 59.3.

Building. During 1941 a new wing was added comprising a children's ward with verandahs, a dining-room with verandah for probationers, and two dormitories with verandahs for probationers; further, three lavatories, two sluice-rooms, and four bath-rooms as well as a new verandah adjoining the large general female ward. Under construction is a power station to

consist of an engine-room, a battery-room, a workshop, stores, and three private rooms for electricians. In preparation is the building of an X-Ray room, a dark-room, and additional quarters sufficiently large to accommodate all the beds further in demand for in-patients.

X-Ray plant. After having made many and serious efforts, we have at least arrived at the fair prospect of seeing an X-Ray plant erected. Through the generosity of the Native Recruiting Corporation, Johannesburg, we were enabled to give in the order for the necessary material and are now looking forward to the installation of the plant in the near future. We wish to thank here the N.R.C. for their assistance without which we could not have

ventured to undertake the work. The next annual report will record the advantage of this acquisition which no doubt will be great not only for the local hospital but also for the surrounding districts. The X-Ray will be of enormous value in the examination and treatment of T.B. cases and of hardly less aid in the treatment of fractures.

Installation of Electric Plant. A weighty factor to record is the large Diesel engine and generator sufficiently powerful to supply the current for lighting, for the X-Ray plant, refrigerators, laundry machines and other electrical appliances. In spite of the greatest part of the electrical machinery and equipment having been supplied to us by overseas-benefactors, and apart from the support of the N.R.C. for this purpose, the execution of the plan, including the erection of the relative buildings, still amounts to £1,000. Much work and effort will yet be needed to cover these expenses. The use of electricity will be a real boon to the hospital and most welcome by both staff and patients, for it has always been a great handicap for them to work in wards, lecture-room, operating theatre, and labour room with paraffin lamps. The calling system, too, has been introduced into the European wards.

Equipment. Another important item to record is the ambulance which was bought as motor-van and altered to its present form at the total expense of £245. 14. 0.

The widening of the hospital activity made a greater demand on the water supply and thus necessitated the sinking of a new bore hole which was accomplished with the permission from the Department of Lands and at the expense of £75. A windmill was, consequently, erected which yields 300 gallons per hour.

A new and larger hot water boiler was added to the hospital. Furthermore we were compelled to bring the equipment up to the standard of requirement raised in proportion to the increased number of patients.

In-Patients. As stated above the number of in-patients compares very favourably with last year's. According to the statistics we had a large proportion of infectious

cases. During the second half of the year different wards were overcrowded which made isolation of infectious cases rather difficult.

Maternity Department. The number of deliveries in 1941, European and native were, 14 and 159, as against 10 and 145 in 1940, respectively. The wards were full to capacity at times and rather slack at intervals. Apart from the numbers stated, the midwife attended nine district cases, 602 patients visited the ante-natal clinic for consultation etc. This number shows an increase of 100 cases on last year's record. It is a hopeful feature in the outlook of the native that more and more mothers avail themselves of the opportunity of receiving aid and advice in both pre and post-natal conditions without becoming in-patients of the hospital.

Out-patients. The growing number of out-patients accounts to a certain extent for the full time occupation of two doctors throughout the year. We refer here to the number of patients not to the number of visits which was at least trebled. Practice proves that medical science seriously clashes with native mentality, and common sense with native custom and ideas. For instance a native woman comes with her sick child. The doctor states the case to be pneumonia and strongly advises immediate treatment. The mother, according to custom, goes to ask her husband's permission to take the child to hospital and in doing so exposes the child perhaps to the most unfavourably climate conditions. The same holds good for the return to the hospital granted that permission be given which is not always the case. Thus precious time is lost and in cases of pneumonia the patient is practically doomed to death because the mother may not act spontaneously. The same applies to native women who sometimes literally drag themselves home, but have not the strength to return even should the husband allow it to be done. Given the case in which the husband works in a city far away from the district it may take weeks before the desired permission can be obtained no matter how urgent the case may be. Then in cases of urgent necessity the doctor may be called in and is expected to cure the evil in a moment with a bottle

of medicine. A recent case may serve to illustrate the point. The doctor was called in by a certain family two children being sick of dysentery; one child died before the doctor arrived, and the father not allowing the other one to be taken to the hospital, it died as well. Indeed, it need not be feared that the natives in this district have become too hospital-minded as yet, as is feared in some circles.

The witch-doctor, further exercises his baneful influence over the natives. His word is law. At least 50% of the natives who actually come to the hospital consult

make-belief native cure in which matter he is his own enemy.

District work. Susana Josephine Mbuli, our native district nurse, put forth her best efforts and had fine results in her work. In many cases she acted not only as a nurse but as child and welfare officer as well. Although she proved a very suitable native district nurse and was keen on helping her people in their ailments and needs, she often returned to the hospital desperate of success because the natives were willing to listen to her injunctions but most unwilling to carry



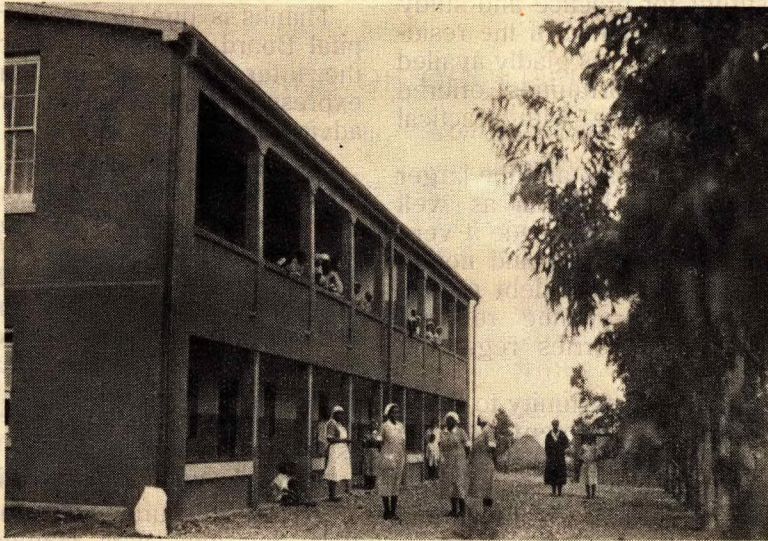
the witch-doctor first. Should he agree to their visiting the hospital he is sure to convince them that drugs, injections etc. administered at the hospital will be of good effect only if the patients return to him and follow his directions, either yet to be given or already obtained.

Even the colour of the medicine is in many cases decisive for the native either to believe or mistrust the treatment. It may be said in truth that we fight for the welfare of the native without his co-operation and even in the face of his antipathy for his own cause; for the native wants to be healthy and strong but has not sufficient health education to distinguish between genuine help and his traditional

them out. We arrived at the conviction that it is a good idea to have many native district nurses but that real success can only be obtained if a European takes an active part in the work. It needs tenacity of purpose to keep on fighting against the difficulties one is up against in dealing with the health problem among natives. Malnutrition is an instance worth mentioning. Appalling sins are committed among the natives in this matter. Daily experience shows how a baby scarcely three days old is being fed with amabele or Kaffir-corn mixed with sour-milk with the good intention of making the child strong and sturdy and with the firm and invincible belief that such nutrition is the

only way to achieve that aim. Then again, a mother may be sick but from the medical point of view quite fit to nurse her baby, but she will deprive her child of the natural way of nutrition because she has the notion that the child will imbibe her sickness together with the natural food even though there may be no connection between the two according to medical decision. It is not the mother but the grandmother of the baby who has the final word in the native kraal regarding this matter and she decides what food the baby is to have. On her visits to the kraals our Sister-in-charge of the Maternity De-

progress is possible and the greatest efforts will be without lasting results. Clinics would serve as outposts of the hospitals to which the people of the district could have recourse and find aid in their less serious ailments that do not need constant medical attention; on the other hand these clinics would discover, and send to the hospital, the more serious cases that need immediate medical treatment and constant attention. To work out the long-discussed plan of free medical service I leave to higher authorities. But I hope that the Mission Hospitals which have done so much of the pioneer work



The new Wing

partment misses from 50 to 60% of the babies born in the hospital. These children leave the hospital sound and in splendid condition but soon afterwards become victims of malnutrition. It needs indeed much patience and persevering efforts to improve the native mind, even to a small extent regarding these pernicious habits. More efficient health-education may bring about that the native grandmother two generations ahead will not be as unreasonable in rearing her grandchild as the grandmother of the present day. It is imperative that smaller centres at which the natives can get aid from European and Native District nurses should be established. Without clinics in a native area no real

will be duly placed in that scheme.

Training School. With great joy I report that with effect from October 1940 the hospital has been recognised by the South African Medical Council as a Training School, II Class, for General and Surgical Nurses. Our probationers have up to now given satisfaction. They have proved very keen in nursing as well as in study but some of the probationer nurses lack as yet a real sense of responsibility. To cultivate that in native nurses is the primary aim of the matron who finds this task none too easy. Too little supervision leads them to become careless and unobservant, too much of it makes them overdependent and unreliable.

To keep the golden mean may become difficult at times. The ideas which some native girls have of training differ widely from reality. These girls forget that it is not the uniform that makes the nurse but a high standard of ability and efficiency. Both our doctors, the matron and staff do all that lies in their power to train these probationers to become capable and reliable nurses.

Vacation Work of Medical Students.

In reply to the request of Professor Dr. R. Dart, Dean of the Medical School, Johannesburg, the hospital invited four medical students for vacation work. According to the statement of these students this hospital is an ideal institute for practice and study under the excellent guidance of the residing doctors. These students gladly availed themselves of the opportunities offered them and filled their time with practical and theoretical work.

Financial. Building costs and the larger expenses of running the hospital as well as the higher prices of goods made it very difficult to keep the balance and not to increase the already existing debt on the hospital. The greater revenue relieved to a certain extent my worries regarding the financial situation.

Thanks. I take this opportunity to thank the Native Affairs Department for the grant towards the training of native nurses. We extend our thanks also to the Provincial Administration of Natal for the annual grant. Although thankful for the grant we found it impossible to cover with it the expenses implied in the free treatment of all the admitted native pauper cases. Thanks are further due to the Public Health Department for the allowance made for infectious cases. In addition we thank all our benefactors for their donations. They are not enumerated herein since we have thanked them in turn previous to this, but

their benevolence, and generous attitude towards the hospital are worthy of mention. We appreciate every contribution, no matter how small, particularly this year, since existing circumstances made smooth work in the hospital very often difficult, and furthermore because we fully realise that every gift implies sacrifice and good-will, as well as an appreciation of our efforts. We do our utmost not to disappoint the public in their trust in us and we in turn rely with confidence on the sympathy and kindness of our friends and benefactors.

We make honourable mention here of our creditors who have shown us every consideration.

Thanks is due to members of the Hospital Board for the close co-operation in the interest of the hospital. I wish to express our appreciation for the valuable advice offered by them.

A special vote of thanks is due to the doctors and hospital staff on their faithful and devoted services. Without their economic and harmonious work the results on record would never have been obtained. May God reward their conscientiousness and bless their noble efforts with yet greater success in the future. Last but not least we sincerely thank the Priest in charge of the Mission for his ready assistance and wholehearted service whenever the hospital calls on him.

Greatly encouraged by the progress of 1941, we look with confidence into the future and trust that God who began this good work will help us to continue it to His glory and the relief of suffering mankind.

Nongoma, 20th January, 1942.

Alan Geiger
Secretary.

RETURN OF IN-PATIENTS

(Figures for 1940 in brackets)

<i>Patients</i>	<i>Europeans</i>		<i>Non-Europeans</i>	
	Male	Females	Male	Females
Patients in hospital 1/1/41	2 (5)	3 (2)	16 (6)	23 (4)
Admissions during year	48 (46)	72 (39)	227 (140)	388 (301)
Total	50	75	243	411
Discharges during year	42	68	193	355
Died during year	—	1 (1)	18 (15)	15 (9)
Remaining in hospital 31/12/41	8 (2)	6 (3)	32 (16)	41 (23)
Total	50	75	243	411

DAILY AVERAGE OF OCCUPIED BEDS

	<i>Europeans</i>	<i>Non-Europeans</i>	<i>Total</i>
January	8	44.4	52.4
February	7.8	40.9	48.7
March	11.2	52.4	63.6
April	10.5	54.0	64.5
May	10.3	46.0	56.3
June	8.7	65.0	73.7
July	10.0	70.6	80.6
August	9.0	62.6	71.6
September	11.1	63.6	74.7
October	11.8	73.2	85.0
November	11.6	66.5	78.1
December	12.6	70.1	82.7
Daily average during 1941	10.0	59.3	69.3

MATERNITY WARDS

Deliveries: Europeans 14 Non-Europeans 159 Total 173
 Ante-Natal Examinations: 602

OUT-PATIENTS DEPARTMENT

Europeans 526 Non-Europeans 1423 Total 1949

HOSPITAL BOARD

4th Meeting held on the 7th February, 1941
 5th Meeting held on the 21st April, 1941
 6th Meeting held on the 7th October, 1941

RETURN OF DISEASES OF IN-PATIENTS

1. Epidemic, Endemic, and Infect. Diseases		6. Affections of the Circular System	
Malaria, Subtertian	31	Anaemia (unknown origin)	1
Malaria, Chronic	1	Venous Thrombosis	1
German Measles	2	Myocarditis	1
Diphtheria	1	Angina Pectoris	1
Whooping cough	7	Arteriosclerosis	11
Enteric	1	Myovegeneratio cordis	1
Puerperal Fever	2	Syphilie Aortitis	2
Malta Fever	2	7. Affections of Respiratory System	
Influenza	9	Bronchitis	7
Dysentery, Amoebic	58	Asthma	10
Tick Bite Fever	1	Pleurisy	3
Tetanus	1	Pneumonia	13
Tuberculosis: Pulmonary	96	Bronchopneumonia	10
Bone & Joint	3	Laryngitis	1
Glands	10	Tufiltration of lung (inhaled petrol)	1
Vertebral	4	Preudorroup	
Other	3	8. Diseases of Digestive System	
Venereal Diseases: Syphilis	59	(Ulcerative) Stomatitis	1
Gonorrhoea	11	Enteritis	5
2. General Diseases		Pyorrhoea Alveol	2
Hyperthyroidism	3	Appendicitis	5
Rickets	1	Jaundice	2
Diabetes Mellitus	2	Gastric Ulcer	2
Malnutrition	1	Duodenal Ulcer	2
Marasmus	2	Peritonsillar Abscess	5
Carcinoma: Liver	7	Stomatitis	1
Breast	1	Tonsillitis	1
3. Affections of the Nervous System		Intestinal Colic	1
Epilepsy	2	Gastroenteritis	1
Neurosis	2	Diarrhoea	2
Sciatica	2	Cirrhosis of liver	1
Peripheral Neuritis	1	Hernia	1
Nervous Break-down	1	Tape worm	1
Neuralgia	1	Alimentary disturbances of infants	5
Tabes dorsalis	1	9. Diseases of the Genito-Urinary System	
4. Diseases of the Eyes		Cystitis	1
Prolapse of Iris	1	Acute Salpingitis	12
Conjunctivitis	4	Chronic Salpingitis	2
Cataract	1	Bilharzia	13
Laceration of eyelid	1	Chronic Nephritis	3
Keratitis syphilitira	2	Cystitis	1
5. Diseases of the Ear, Nose and Throat etc.		Condylomata vulvae	1
Otitis media	3	Metritis	1
Menieres syndrome	1	10. Puerperal State	
Sinusitis	1	Abortion	3
		Pyelitis of pregnancy	1
		Puerperal Sepsis	1
		Vaginal Laceration	1

Retroversion of Uterus	1	Dislocation of femur	1
Toxaemia of pregnancy	2	Fractures (of base of skull)	6
11. Affections of the Skin and Cell. Tissues		Sprains	1
Abscesses	5	Arthritis	1
Eczema	4	Purpura rheumatica	1
Cellulitis	4	13. Affections produced by external causes	
Tropical Ulcers	4	Burns	3
Scabies	2	Poisoning	2
Furunculosis	2	Snake bites	6
12. Diseases of Bones & Organs of Locomotion		Shock	1
Osteomyelitis	3	Wounds (accidental)	20



...the pipe-line from the village to the hospital at the expense of £117.5.0. In this way the problem was solved more satisfactorily than it could have been done by private enterprise.

At the last hospital board it was decided on how to make the hospital staff and bed more a factor to incident with the first department succeeding at last. With various other improvements in recommendation of the hospital board may be mentioned a new kitchen table. A long window for men was a more suitable which was duly added to the hospital in the year of 1911.

...the position of the hospital was occupied by Mr. A. Hughes.

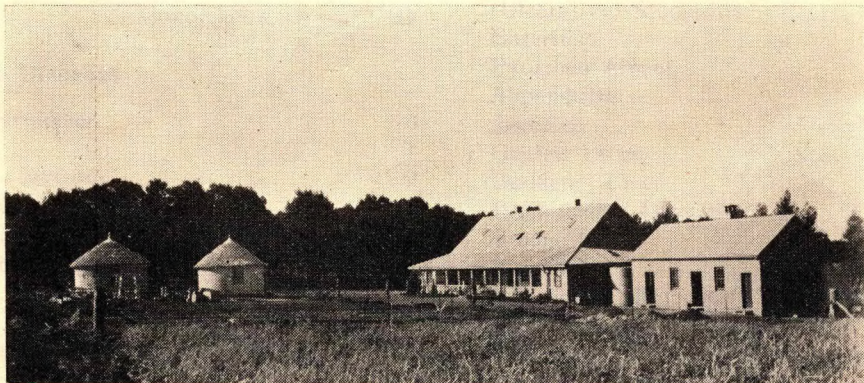
St. Francis' Hospital, Mahlabatini

ANNUAL REPORT

Although we have not the satisfaction of recording great outward success this year, it is not thereby proved that the activity within has in any way been slack. Both doctor and staff did their best. That the energy and care expended in the work did not bear more striking results may in part be attributed to a repeated change of matrons. In a hospital like this, largely dealing with native occupants, frequent changes of responsible persons have a detrimental effect on the regular influx of patients, since the native is strongly guided by his quick decision of sentiment for or against a person, and

Our plan for completing the two sluice-rooms, lavatories and septic tanks could not be put into execution, but we hope that during 1942 our endeavours will be materialised.

Regarding the water problem, we were fortunate enough to profit by the government water-scheme of Mahlabatini. We thank the Public Water Works Department of Pietermaritzburg for their consideration and helpfulness which enabled us to draw our requirements from the public water supply against the payment of £1 per 20,000 gallons per month and 2/6 for every additional 1,000 gallons. We laid



St. Francis' Hospital, Mahlabatini

looks with grave suspicion upon a new substitute for the person he has learned to respect.

We deeply regret the departure, on account of ill health, of Sr. Fromunda Frey and thank her from the bottom of our hearts for her noble and excellent services rendered to the hospital. We appreciate her work all the more since in spite of weak health she never spared herself, thinking of the well-being of others rather than of her own.

Sr. F. Frey was succeeded by Sr. van Wyk for the unusually short time of six weeks. From the 1st July till 31st December the position of matron was occupied by Sr. A. Hughes.

the pipe-line from the village to the hospital at the expense of £117.8.9. In this way the problem was solved more satisfactorily than it could have been done by private enterprise.

At the last hospital board it was decided on newly furnishing the matron's sitting- and bed-room, a factor co-incident with the arrival of matron succeeding Sr. van Wyk. Among other improvements on recommendation of the Hospital Board may be mentioned a new stretcher-trolley. A long-wished-for item was a motor ambulance which was duly added to the assets of the hospital at the cost of £180 but which had to be returned on account of a threatening overdraft. The covering

of our liabilities viz. salaries, provisions, drugs etc. for the next few months made this a necessary proceeding. The financial position of the hospital for 1941 compares very unfavourably with that of the previous year.

We thank the Native Affairs Department for the two grants-in-aid accorded to the hospital, the Provincial Administration of Natal for their financial aid, and the Public Health Department for their allowance towards the treatment of T.B.,

V.D. and infectious cases, as well as the Native Recruiting Corporation, Johannesburg, for the donation of £25.

We are anxiously looking forward to the coming year with the expectation of witnessing better progress all round so that the ground lost of late will be recovered before long.

Eshowe, 10th January, 1942.

Alan Geiger
Secretary.

RETURN OF PATIENTS FOR THE YEAR ENDED 31st DECEMBER, 1941.

(Figures of 1940 in brackets)

<i>Patients</i>	<u>Europeans</u>		<u>Non-Europeans</u>	
	Male	Female	Male	Female
Patients in hospital 1/1/41	2		3	5
Admissions during year	2 (9)	1 (3)	73 (84)	128 (152)
Total	4	1	76	133
Discharges during year	2	1	73	126
Died during year			2	4
Remaining at the end of the year			1	3
Total	4	1	76	133

DAILY AVERAGES FOR THE TWELVE MONTHS IN 1941

January	11.4	(14.6)
February	13.5	(16.3)
March	11.2	(18.9)
April	16.5	(24.0)
May	17.6	(12.9)
June	16.6	(14.5)
July	14.8	(10.2)
August	10.5	(10.0)
September	6.5	(11.5)
October	8.6	(20.0)
November	7.2	(16.6)
December	5.7	(9.9)

Daily average of patients during the year 11.6 (15.0)

17 confinements during the year ended 31st December.

RETURN OF DISEASES OF IN-PATIENTS

(January 1st to December 31st, 1941)

1. Infectious diseases.

Dysentery	14
Gonorrhoea	7
Influenza	6
Syphilis	58
Tuberculosis (Pulmonary)	9
Whooping cough	10

2. Affections of Nervous System

Neuralgia	1
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3. Disease of the eye

Conjunctivitis	3
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4. Diseases of ear & Throat

Otitis media purulenta	3
Tonsillitis	1

5. Diseases of the circular System

Acute Myocarditis	2
Angina Pectoris	1

6. Diseases of the Respiratory System

Chronic Bronchitis	7
Acute Bronchitis	2
Pneumonia	5
Broncho-Pneumonia	7

7. Diseases of the Digestive System

Gastritis	2
Diarrhoea	2
Acute Diarrhoea	2

8. Diseases of the Genito-Urinary System

Endometritis	6
Perimetritis	4
Vesico-Vagibal Fistula	1
Abortion	1
Puerperal septicaemia	1

9. Diseases of Skin & Cellular Tissue

Cellulitis	3
Eczema	3

10. Various

Injuries & Surgical cases	15
Septicaemia	2
Poisoning	3
Burns	1

Mbongolwane Mission Hospital

MEDICAL OFFICERS REPORT

It is sufficient to glance at the figures of the return of patients for the year, to realise the remarkable amount of excellent work which has been done in 1941. It will be seen that the total admissions is almost double that of 1940 and that the daily average of in-patients is more than twice that of 1940. The number of out-patients is not shown but there has been a considerable increase in this particular also.

It is my opinion that the Hospital is essential in the Mbongolwane area. It is equally obvious that in order to cope with the rapid increase of work, that further accommodation will have to be provided. There is every reason to expect that the numbers of patients during 1942 will be greater than during 1941. The provision of a special block to deal with pulmonary and other forms of tubercular disease is becoming more essential daily on account of the alarmingly high incidence of this infection. If such a building were established it would be possible to give tubercular

cases treatment and also prevent infected cases from infecting others, by keeping them in the sanitary surroundings of a hospital.

No praise can be too great for the Matron and Sister and Nurses. They have toiled unremittingly during the year. The great increase in the number of patients is, I think, entirely attributable to the devotion and care of the nursing staff.

From the financial point of view the position of the hospital is serious—the Secretarial report shows how serious. In my opinion a far greater need of help should be forthcoming for an institution of this kind which is supplying such an important necessity for the welfare of the native people. It says much for the hard work and keenness of the Secretary, that the hospital is able to carry on at all.

I would like to thank all connected with the hospital for the wholehearted co-operation received by Dr. Joseph and myself during the year.

Thomas J. A. McHugh.

ANNUAL REPORT

To the joy of all concerned the Hospital has outstanding success on record for 1941, the number of in-patients having been almost double that of the previous year. I do not hesitate to attribute these gratifying results in large measure to the skill and diligent care of Dr. Th. McHugh and his able assistant Dr. Joseph, and to the untiring efforts of the Matron, Sr. M. Seul, and Sr. Fromunda Frey who joined the hospital staff but lately as an only too-welcome hand. Only the pioneers of mission hospitals who have personally experienced the difficulties of foundation work and have battled through the hard beginnings of an establishment, when, with hardly any assistance from outside and the comforts of a full and efficient equipment and other facilities being denied them, they yet generously respond to the

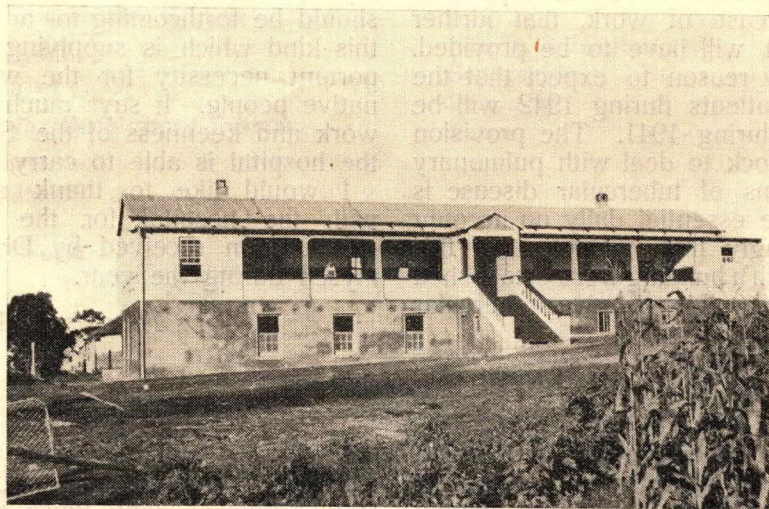
gigantic demands made on their physical strength, their spirit of sacrifice and their resourcefulness, only these will fully understand and appreciate the work and achievements of this institute during the past year.

On behalf of my superiors and of all the patients treated in the hospital during 1941 I extend my sincerest thanks to the doctors, the Sisters, and the probationers for their interest and unselfish co-operation. I express my gratitude also towards the Priest-in-charge of the Mbongolwane Mission for his ready assistance to the hospital.

Credit is due to the Department of Native Affairs for its assistance of £200, a support very welcome indeed and which compares favourably with the sum of £55 received the previous year for the same

purpose. I thank the Native Affairs Department for this assistance, and I trust that it will further aid this institute and its work. Many thanks also to the Public Health Department for the help given towards the treatment of TB, VD, and infectious cases. I thankfully acknowledge the sum of £15 received from the Provincial Administration of Natal in support of the hospital, although I regret to say that in spite of earnest appeals for substantial support this Department was evidently not in a position to comply even remotely with our expectations. Let it suffice to state that the hospital records for 1941 a daily average of 26.9 occupied beds, to the support of which the Provincial Administration gives an annual

possible to undertake this task unless the existing debt on the hospital be first remitted and financial assistance towards the new building be forthcoming. A study of the Return of diseases as compared with the Return of patients will show the observer the soundness of this plan. If one takes further notice of the alarmingly high percentage of the population of this district suffering from pulmonary tuberculosis, the extension of the building to the benefit of such patients in particular becomes an evident necessity. There is another factor to be thought of. The native of other districts, when he looks for work, usually finds occupation in the mines. The natives of this district are largely employed as domestic servants or



Mbongolwane Mission Hospital

grant of £15, and let the interested reader calculate how much per day, per occupied bed the Provincial Administration has given in support of the hospital.

A great disadvantage to the progress of the hospital arises from the fact that the building cannot cope with the number of sick that seek admission; the wards are overcrowded. The hospital registers 22 native beds but records a daily average of 26.9 patients and in December the number actually rose to 41.2. Considering the great demand for more beds the Hospital Board has decided on adding a new block for infectious cases. It is im-

possible to undertake this task unless the existing debt on the hospital be first remitted and financial assistance towards the new building be forthcoming. A study of the Return of diseases as compared with the Return of patients will show the observer the soundness of this plan. If one takes further notice of the alarmingly high percentage of the population of this district suffering from pulmonary tuberculosis, the extension of the building to the benefit of such patients in particular becomes an evident necessity. There is another factor to be thought of. The native of other districts, when he looks for work, usually finds occupation in the mines. The natives of this district are largely employed as domestic servants or

industrial labourers in Durban. Many of them return suffering from tuberculosis in a more or less advanced stage. These people are most unwilling to go to a hospital far away and consequently choose to stay and die at home, and, apart from spreading the disease, they die in misery. Besides, many of the people come infected into Durban from this area. The City Health Department of Durban is to be congratulated on their promising Anti-T.B. scheme, from which the whole population will benefit.

Since the medical activity at this hospital for the last couple of years includes the

treatment of a variety of infectious diseases, provision should be made for such cases by means of isolation rooms which in turn implies large expenses. No relief can be effected without satisfactory financial support for which we look to those genuinely interested in both the welfare of the community at large and the health of the native population in particular.

The best credit accorded to the hospital lies in the evident widening of its activity. The number of in-patients increased from 280 in 1940 to 505 in 1941. These figures speak for themselves. The Maternity Department has a less striking record which is noticed with regret but easily explained. The hospital fee is £1 per confinement. Were we enabled to admit the mothers free of charge, the number of confinements would increase at least threefold. Such, alas, is impossible for us; and even the charge of £1 is admittedly too low to be further reduced. Thus we are forced by circumstances to witness, with pain, the fact that the majority of mothers, not in a position to pay even that fee, remain at home for their confinements, very often with drastic results for both mother and child chiefly through malnutrition and lack of adequate ante- and post-natal care. The high infant mortality proves this statement. Hundreds of lives could be saved were we enabled by better financial support from outside, to admit the native mother free of charge. At present we can but watch with grief without having the means to alter conditions. The situation is all the more depressing for us knowing how the native loves his family and that he would certainly avail himself of facilities, offered him for his own welfare and that of the whole population, to establish and maintain sounder conditions for propagating the race. Should we not try our utmost to support the native in his ideal of bringing up a strong family by directing him correctly and giving the native mother easier access to hospital care? For we consider that the purpose of a hospital is not only to deal with exceptional and difficult cases on hand, but rather to aid the whole

population by making available to the mothers both ante-natal care and medical aid at the time of confinement and after, so that evil be prevented as far as possible and cured where existing. Many lives of both mothers and babies are doomed, beforehand, because of the absence of such preventive care.

The hospital was entrusted with the responsibility of a training school qualified to train nurses and to issue hospital certificates. We decided on keeping the probationers for two years at Mbongolwane for training and allowing them to spend the third year at Nongoma Hospital to profit by the wider experience in children's wards, in surgical cases, and in dealing with infectious diseases. A systematic and regular course of lectures will be given to these probationers here and continued at the Nongoma Hospital so that in both theory and practice they can avail themselves of the best opportunities of leaving the hospital as efficient and selfconfident qualified nurses.

To conclude this report, I wish to thank very warmly all the members of the hospital board for their concern in the work and for their noble co-operation throughout the year. I mention in particular the exceptional interest displayed by the Magistrate and Native Commissioner of Eshowe, Mr. Conway. I fully acknowledge and sincerely appreciate his assistance to us by way of counsel and encouragement in our activity for the natives, in whose welfare he has always shown genuine interest, defending and promoting it by reason of justice and humaneness thus becoming the strongest supporter of our aim and purpose. I thank him for all this and hope that the hospital will enjoy his benevolent assistance in the future as it did in the past.

And so I trust that God Almighty, who has undoubtedly blessed our undertaking, will help us further to continue the work done for Him.

Eshowe, 8th January, 1942.

Alan Geiger
Secretary.

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