

Medical matters - General

5/12/1941

R33.11

1048 Pretorius St.,

Pretoria.

Personal & Unofficial.

5th December, 1941.

My dear Dr. Xuma,

First of all, I want to say how sorry I am that my desire to have a personal chat with you has not yet been fulfilled. Too much work, both of us, eh?!

About the Medical Aid and related matters. I know you never approved of the Medical Aid Scheme. Now Ft. Hare is fighting to have it perpetuated !!! in some form or other, and they are alleging that the opposition to it on the part of the students and the Africans generally is somehow or other inspired by subversive activities!!! I think it will very much help if you will quietly dispel that idea at the outset, which it will not be very difficult to do! As I saw it in 1937, after personal contact with the students, and see it still, - here was a course five years long, based on the matric., which nevertheless did not lead to proper qualification or even a worth-while job - well! I don't think it proved subversiveness on the part of the African students when they sniffed at it as though it were a doubtful piece of meat, but merely their sound common sense!!! .. If you, as an African whose opinions are respected, will assure the Committee on this point (don't say I inspired you), it will be a sure way of seeing that African students are no longer offered this mouldy half-loaf instead of the full loaf of medical training.

A sick African shows the same signs and symptoms of disease as a European sick with the same disease, and therefore he needs a doctor with no less training than a doctor for Europeans. Indeed, out in the country the doctor should be even better trained, as he has no colleagues or labs. to help him. Let us have an end of this idea of giving the Africans, just because they are Africans, doctors of inferior training. It is an insult. Of course, it may be said that half-trained Medical Aids are better than no doctors at all. The reply is that the Govt. can quite well afford to give even the rural Africans fully trained doctors. The Medical Aid Scheme was just one more attempt to economise at the expense of the health of the African.

But it must be admitted that the rural African, i.e. the still tribal African, does not always go to the trained doctor. The trained doctor has still to win the confidence of the people as a whole. Is it likely that he will do so unless he has a full training? The Medical Aid, who cannot or may not do this and that, is not the man to win the confidence of the people in modern medical methods. Therefore let us speed up the production of fully trained African medical men, and not divert funds to the production of half-baked Medical Aids. Even those in training should now be given a chance to do the full course.

Up to now I have been writing of diagnostic and curative medical services. Let us have as well-trained doctors and nurses for the Bantu as for the European, because disease and its manifestations are the same for both races.

But when we come to the preventive aspects of medicine, then there is a case for the training of Native Health Workers along lines different from those used in the production of Health Inspectors to work among Europeans. The European Health Inspector works among those who have long been accustomed to civilised standards, ideas, and conveniences. But the Natives, even those who have become urbanised, have not yet fully adopted those standards. This is partly because they are still bound by superstition, and partly because they have not the same economic resources as the Europeans. Therefore the health worker among them must (1) be prepared to educate them out of their superstitious outlook and ideas, and win them over to the scientific view of the world as a whole, and particularly of the causation of disease. To do this he must first understand their present ideas, and be able to appreciate the truth that there is in some of them, not merely scoff at them. (2) and he must be able to make practical suggestions within the capacity of the people to carry out, with regard to sanitation, housing, nursing, nutrition and infant care, etc.

Now all this presupposes a type of training which at present does not exist. In fact, good facilities for the training of Africans even as Sanitary Inspectors (R.S.I.) do not exist. Here is a tremendous gap which ought to be filled. It is not reasonable to expect underpaid teachers, in their spare time and at their own expense, as heretofore, to spend their evenings trying to get through a R.S.I. course, which is in any case too theoretical and not adapted to the requirements of the Natives in the towns, still less in country.

Why not fill this gap by establishing a special school for the training of Native Health Assistants or Inspectors, from which will flow an army of men (and women) who will not be substitutes for real doctors, but who will teach the people the ways of health, and when they are sick point them to proper doctors and assist the doctors by preventing the spread of infectious diseases and so on.

Such a school could be established in either Jo'burg or Durban, perhaps both. In order to make clear that it is not intended as a cheap substitute for a proper medical training, but something quite distinct, evolved to meet the special needs of changing Bantu life, let it be based on the Junior Certificate rather than the matriculation. This also will make it easier to get the large numbers of students needed. These people would then help M.O.H.'s and rural District Surgeons, teaching the people all about housing, care of food and water supplies, nutrition, balanced diet, infant feeding, prophylaxis (personal and community) against disease, physical education and recreation, etc. etc.

If the Medical Aid money, given in the first instance by the Chamber of Mines for the improvement of Native health, can be switched to the establishment of a type of training such as this, then it would be useful indeed, and acceptable to all genuinely concerned with Native welfare. The Native Health Assistants thus trained would take an honourable and proper place, along with Native nurses, in the great health army. They would be to the M.O.H. what the nurse is to the doctor - not a cheap substitute, but a necessary and useful assistant, with appropriate duties.

Well, use these ideas in any way you wish, and of course modify or reject them according to what you think.

DR GALE

I am so anxious for our Committee to get some constructive suggestions, and African doctors can give us the most valuable lead. - Dr. Hordike is coming before us on 17th at 9.30 am. I've not heard from Mena yet. - Write to me % Dr. Taylor, I send my love to Durban, I enclose you with notes, I read me by no 15th December, and say to Mena you can appear in person on the 17th or 18th (if possible) and at 9.30

*Personal matters - medical practice*

1st December, 1941.

Mr. Nebajoth S. Mokgako,  
Bantu Men's Social Centre,  
Eloff Street,  
JOHANNESBURG.

Dear Mr. Mokgako,

I acknowledge, with thanks, receipt of your £2; but regret that you have not been able to keep your promise.

Yours sincerely,

ABX/pd.

Personal matters -  
Medical Practitioner.

Rehoboth International School,  
Private Bag,  
P.O. North Rand.

24. 11. 1941.

Dr. Xuma  
Sophia Town,  
Johannesburg.

Sir, I hereby beg for a job  
at your dispensary or if you know  
of any other Dr. who would like  
to have a nurse please let me know.  
I have a full nursing experience, and  
would be able to help you in  
dispensing or any of the jobs that you  
would offer me to do.

I would be very thankful  
if my application would find your  
favourable consideration, and  
please let me know when it would  
suit your convenience to let me  
call round for personal interview.

I remain

Your humble servant,  
Marian Sobese.

Telegraphic address | "MAGISTRATE."  
Telegramadres

U.D.J. 418.

In reply please quote  
Gedieue in u antwoord te veruys na

No. 12/5/2/3511



UNION OF SOUTH AFRICA.—UNIE VAN SUID-AFRIKA.

MAGISTRATE'S OFFICE,  
MAGISTRAATSKANTOOR,

P.O. Box | 1011,  
Posbus

Johannesburg.

21st July 1911.

*Personal - Medical practice*

Dr. A.B. Xuma,  
85 Tobey Street,  
Sophiatown,  
JOHANNESBURG.

Sir,

RE: MENTAL PATIENT: HARRY TSEKO.  
-----

I beg to advise you that I have been informed by the Physician Superintendent, Mental Hospital, Beaufort, that the abovenamed has sufficiently recovered to be discharged.

The patient will arrive in Johannesburg on Friday morning the 25th instant at 7 a.m.

Your obedient servant,

JALB/ZO

*L. M. J.*  
MAGISTRATE.

~~Medical~~ medical  
practitioner

P. O. Box 221

Spring, Tol.

27. 7. 41.

Dr A. B. Luma,  
No 85 Topsy Street,  
Sophia Town  
Johannesburg

Sir,

I hereby beg to apply  
for a clinical vacancy in your pastoral  
care. I have been working at City  
Deep Native Hospital for the last  
3 years, and again worked at  
Modderfontein Bus Native Hospital as  
dispensary labour and also worked  
in the wards for the last 16 years.

In each of these Hospitals  
I did my duties satisfactorily and  
honestly, and promise to do the  
same if my application is accepted.  
I herein enclose one copy of  
my testimonials from the doctor  
under whom I was working.

I beg to remain,

your obedient servant,

Edmund Makiwane

**Collection Number: AD843**

**XUMA, A.B., Papers**

***PUBLISHER:***

*Publisher:-* **Historical Papers Research Archive**

*Location:-* **Johannesburg**

**©2013**

***LEGAL NOTICES:***

**Copyright Notice:** All materials on the Historical Papers website are protected by South African copyright law and may not be reproduced, distributed, transmitted, displayed, or otherwise published in any format, without the prior written permission of the copyright owner.

**Disclaimer and Terms of Use:** Provided that you maintain all copyright and other notices contained therein, you may download material (one machine readable copy and one print copy per page) for your personal and/or educational non-commercial use only.

People using these records relating to the archives of Historical Papers, The Library, University of the Witwatersrand, Johannesburg, are reminded that such records sometimes contain material which is uncorroborated, inaccurate, distorted or untrue. While these digital records are true facsimiles of paper documents and the information contained herein is obtained from sources believed to be accurate and reliable, Historical Papers, University of the Witwatersrand has not independently verified their content. Consequently, the University is not responsible for any errors or omissions and excludes any and all liability for any errors in or omissions from the information on the website or any related information on third party websites accessible from this website.

This document is part of the archive of the South African Institute of Race Relations, held at the Historical Papers Research Archive at the University of the Witwatersrand, Johannesburg, South Africa.