

TP 5 1934

Need for a chronic sick home (pressing)  
convalescent " (urgent)

Need for health propaganda, dietetic  
School Clinic facilities  
Childrens Hospital +  
orthopaedic  
surgical facilities

CITY OF  
STAD



JOHANNESBURG  
JOHANNESBURG



PUBLIC HEALTH DEPARTMENT.  
DEPARTEMENT VAN VOLKSGESONDHEID

405, ESCOM HOUSE, RISSIK STREET,  
ESCOM-HUIS 405, RISSIKSTRAAT,  
JOHANNESBURG, 24-10-1939

Dear Sir/Madam,  
Waarde Heer/Mevrou,

I beg to acknowledge receipt of your favour of

Hiermee het ek die eer die ontvangs te erken van u brief van die

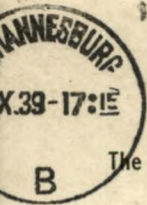
23-10-39 re/is. *Vital Statistics a free hospital*  
and to inform you that the matter is receiving attention.  
en u te berig dat die saak onder behandeling is.

Yours faithfully,  
Met agting die uwe,

*RP.*  
A. J. MILNE, M.D., D.P.H.

Medical Officer of Health.

Mediese Amptenaar van Gesondheid.



SEND "GOOD NEWS"  
TELEGRAMS



STUUR "GOEIE NUUS"  
TELEGRAMME



The Address only to be written on this side — Uitsluitend vir Adres

*The Honorary Secretary,  
Joint Council of Europeans & Africans,  
P.O. Box 97,  
Johannesburg*

# FREE HOSPITALISATION COMMISSION

The Administrator of the Transvaal has appointed a Commission to consider and report upon the following matters:—

- (1) The advisability and feasibility of extending the existing field and scope of free hospitalisation so as to cover:—
  - (a) all classes of the community;
  - (b) certain classes of the community only, these classes to be defined by the Commission ("Free Hospitalisation" must be taken to connote the free hospital services given in the Transvaal to-day to all persons not in a position to contribute towards the cost of hospital treatment, including maintenance charges, free use of theatre, drugs, dressings, X-ray, electrotherapeutic department, all forms of specialised treatment and free medical services).
- (2) In the case of (b) above, to report upon the possibility of limiting the cost of all services included under the term "Free Hospitalisation" in respect of all patients not admitted as free patients.
- (3) What organisation, if any, should there be of decentralised clinics, related to hospitals, particularly as regards natives.
- (4) Whether the system of school medical inspection is satisfactory from the point of view of ensuring hospitalisation or medical services for children requiring medical or surgical attention; and to indicate rectifications and improvements in the existing system so as to make it fully effective.

The Commission is now prepared to receive evidence.

Any person or persons desiring to give evidence should submit a memorandum setting forth the evidence they desire to give. The memorandum should be typewritten, if possible, in which case it would be appreciated if six copies could be forwarded.

Memoranda should be addressed to the Secretary, Free Hospitalisation Commission, P.O. Box 383, Pretoria.

In addition to the above-mentioned terms of reference the public are invited to express their views on the following points:—

- (a) Should public hospitals become purely provincial institutions or should the present system of hospital boards with their existing powers be continued?
- (b) Should, under any scheme, the principle of free choice of doctor by the sick public be maintained or should provincial institutions be staffed entirely by a carefully selected permanent medical staff under the control of the Province for the treatment of all patients, or should there be, in addition to the medical staff of the hospital, a limited panel of private practitioners? This panel to be under the strict control of the Province in consultation with the South African Medical Association.
- (c) Will the extension of free hospitalisation affect donations? If so, to what extent?
- (d) The financial measures to be adopted to meet the cost of any scheme (i.e., by taxation or any other means).

11731

*The Star 26/9*

*The Star*

*26/9/39*

# NATIVE HOSPITAL SCANDAL NOT BOARD'S FAULT

## More Institutions Would Solve Problem

**T**HE distressing conditions at the Johannesburg non-European Hospital, as revealed in yesterday's issue of the "Rand Daily Mail," have been the subject of consideration by the Hospital Board for many years.

As long as three years ago the Board first approached the Provincial Administration with a scheme to build hospitals in Orlando Township and the Western Native Township. Since then, despite the most urgent representations by the Board, the Central Government and the Provincial Administration have been wrangling as to who should foot the bill.

Meantime the Board has done everything in its power to improve the conditions. The present congestion is due to no short-sighted policy, for when the scheme for more hospitals originated, the non-European hospital could easily cope with the demand made on it.

When the Board realised that it would be a long time before new hospitals were built, it tried to relieve the position in other ways. Last year the hospital was enlarged by 250 beds; and a plan to establish native clinics was considered. Owing to the widespread native population, however, this plan was found impracticable.

It is the enormous influx of natives to the city and the growing popularity of the hospital with the native that is greatly responsible for the present conditions.

Twelve years ago it often happened that as few as ten patients a day called at the non-European casualty ward. Since then that figure has grown to something in the neighbourhood of 600.

These facts were revealed to a "Rand

Daily Mail" reporter yesterday when he interviewed Mr. Hugh Solomon, chairman of the Johannesburg Hospital Board, and Dr. A. H. Louw, Superintendent of the hospital.

Mr. Solomon said that the Board had been aware of the position at the Non-European Hospital for a long time.

Mr. Solomon said that during the last 18 months the Board had made urgent representations to the Provincial Administration to relieve the position. The matter is still being considered.

Mr. Solomon admitted that it was ridiculous that a hospital with 403 beds should be supposed to cater for the whole of the non-European population of Johannesburg.

The Board had extended the non-European Hospital last year. Owing to lack of space, however, it would be impossible to enlarge the premises further.

The establishment of hospitals in the native townships—Orlando and the Western Native Township first—would solve the problem, it was considered.

Rand Daily Mail  
3/11/39

# S.A. Will Always be C3 Unless Hospitals Are Free, Says Report

UNLESS facilities are created for free hospital treatment, South Africa will continue to be rated as a C3 nation, according to the South African Trades and Labour Council, which has submitted a comprehensive memorandum to the Transvaal Free Hospitalisation Commission.

Hundreds of cases of hardship during recent years, the Council contends, would never have arisen in the Transvaal if free hospital services had been available to a greater number of people than those who are at present treated free.

The Council states that if certain classes of the community are called upon to pay for hospital services, those with incomes of more than £400 should not receive the services free.

"But," says the memorandum, "this council suggests a scale of modified charges for persons with incomes in excess of £400.

## INCREASE INCOME TAX

"If the rate of Provincial income tax were increased, this would provide a fund enabling public hospitals to charge sub-economic terms for treatment to all classes."

The Council also makes a strong plea for the establishment of "cottage" hospitals and casualty stations, with competent staffs in rural areas.

## BOON TO COUNTRY

"Prompt treatment at institutions of that nature," says the memorandum, "would not only be a great boon to country dwellers, but would relieve the pressure on the large hospitals."

The Council, in an extensive observation on medical inspection of schools, submits that through the system of compulsory school attendance, opportunities should be afforded during the school period of getting into touch with all children who require assistance and of looking after them for at least eight years.

The extension of free hospital services should, in the opinion of the Council, not lessen revenue derived from grants

# HOSPITAL PATIENTS FORCED TO SLEEP ON FLOOR

## Disease Carriers Turned Away

**T**HE Johannesburg non-European hospital is not only incapable of caring for the entire native community, but it is actually a threat to the health of the city's population.

It is a hospital where acute pneumonia patients are placed in beds beside men screaming with pain; where patients who have just undergone operations have to lie on the floors, and where men and women with infectious diseases have to be turned away.

The congestion at the hospital revealed to a "Rand Daily Mail" reporter yesterday is extraordinary.

Not only were many patients lying on the floor, but extra beds had been pushed into nearly all the aisles, and in the children's ward many of the cots each contained two urchins—head to foot.

The staff at the hospital is in no way responsible for these conditions. The doctors and nurses are often on duty for as many as 20 hours at a stretch, and taking into consideration the circumstances in which they have to work, the results are excellent.

The cause of the trouble is that a hospital built to accommodate 403 beds is supposed to cater for the whole of the non-European population of Johannesburg, which numbers more than 200,000.

The daily average of patients in the hospital recently has been 530. That means that the extra 127 have to be accommodated in aisles, on verandahs or on the floors—sometimes with and sometimes without mattresses.

### TURNED OUT

When extreme cases are brought in a bed has to be found somewhere. So a man who is tubercular and may be discharging positive sputum is turned out and mingles with the rest of the people of Johannesburg.

There is no chronic sick home for the natives to go to, so they have to be housed in the non-European hospital—men suffering from tuberculosis, arthritis and even old age.

Perhaps the most scandalous of all the conditions is the necessity of placing infectious cases beside patients who are critically ill and too weak to resist the new disease that has been introduced.

### CHICKEN POX CASES

People with diseases such as chicken pox are not even considered as cases for admission. They are just sent home. Quite recently a native working at a block of flats contracted chicken pox and went up to the hospital to ask to be admitted. That was impossible; so the doctor told him to return to his room. His employer found him there; was convinced that he was suffering from "small-pox," and ordered him to leave the premises. It was a cold night and the native had a high temperature. Whether he is still alive is problematical.

A boy suffering from a similar disease called at the hospital recently. One of the doctors telephoned the Johannesburg Public Health Department and asked them to take him home. They refused because Alexandra Township is outside the municipal boundary. The boy went home by bus.

In one of the wards which the reporter visited yesterday a native was lying back, semi-conscious. He was critically ill from pneumonia; oxygen was being administered, and it was essential that he should not be disturbed. On the floor round about him were 14 patients, and in the bed next to him was a man suffering from a head injury. This man's brain had been affected, the doctor said, and he often behaved "like a maniac."

### HOPELESSLY INADEQUATE

Every department at the hospital is hopelessly inadequate to cope with the demands made on it. There are only two theatres to cater for the non-European population of the city compared with eight at the General Hospital alone. The result is that emergency cases have to be kept waiting for hours and much of the work which should be carried out in the operating theatres is done in the wards. During September and October, 769 operations were performed at the hospital.

Patients numbering 159,000 passed through the casualty ward last year. It was the duty of three doctors to attend to them. Pointing out that on some days there were as many as 600 casualty patients in one day, a

doctor admitted that the attention that was given to them was not as thorough as it should be.

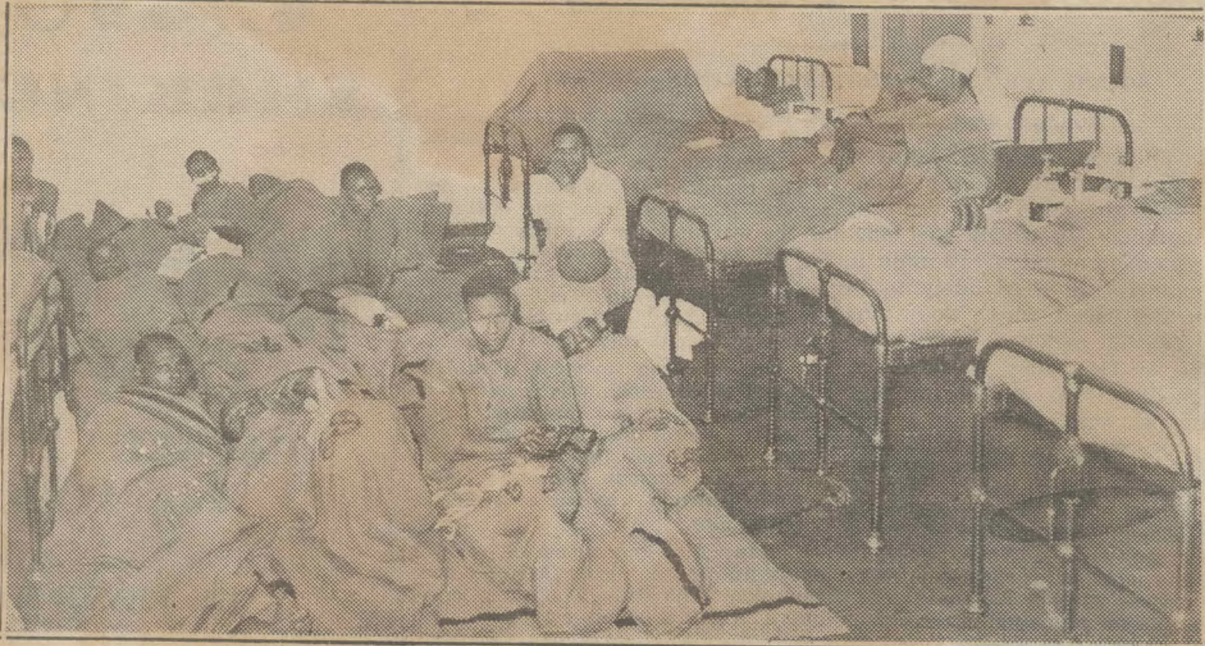
The doctors, he said, had to devote all their time to examining patients while the nurses did the stitching.

The congestion in this ward is so acute that patients have often to wait as long as six hours.

In the X-ray department 100 cases are dealt with a day, whereas 50 would be considered a crowd. Recently a man came in at eight o'clock one morning, but it was 4 o'clock the next afternoon before the doctor got the X-ray report.

The facilities which the hospital does offer are fully used and it is a great compliment to the staff that the institution is as successful as it is. The wards are beautifully kept. Even the beds on the floors look tidy.

Rand Daily Mail  
2/11/39



**NON-EUROPEAN PATIENTS ACCOMMODATED ON WARD FLOORS:** This picture, taken yesterday afternoon, reveals something of the distressingly overcrowded conditions that exist at the Johannesburg Non-European Hospital. These 14 natives were recently operated on and are accommodated on mattresses on the floor of one of the surgical wards. They are more fortunate than many other patients who, at times, have no mattresses at all. At week-ends, when there are many admissions, conditions throughout every department are such as to cause the staff serious embarrassment.



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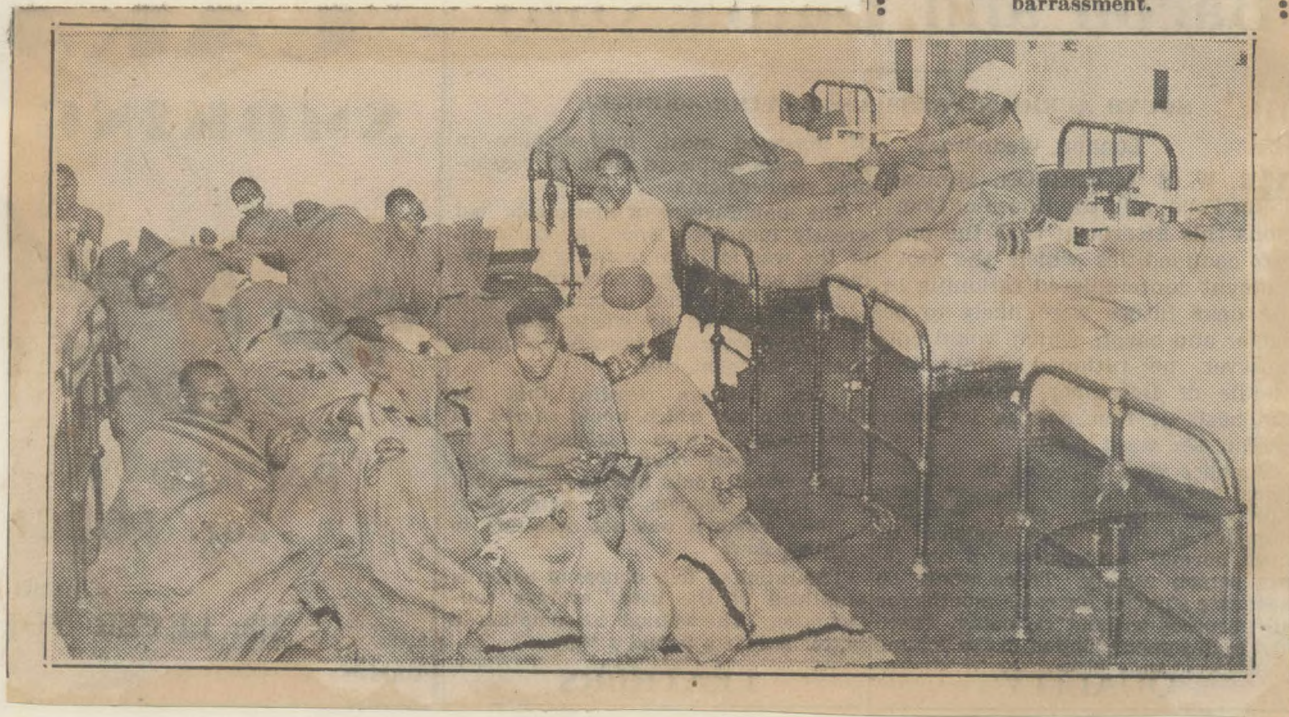
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*Rand Daily Mail  
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