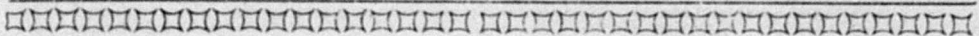
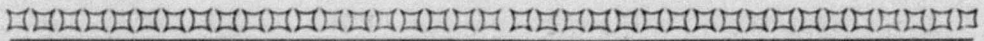


**ST. LUCY'S HOSPITAL
TRANSKEI**



**ANNUAL REPORTS
1952**



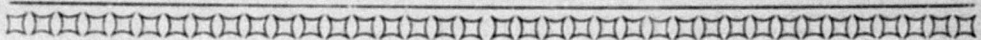


ST. LUCY'S HOSPITAL BOARD

THE LORD BISHOP OF THE DIOCESE (Chairman).
THE REV. FATHER SUPERIOR, S.S.J.E. (Cowley).
THE SISTER SUPERIOR, C.S.M.V. (Wantage).
THE REV. FATHER SHRIVE, S.S.J.E.
SISTER CHARITY, S.S.M.V. (Matron).
THE RESIDENT MAGISTRATE.
THE PARAMOUNT CHIEF.
CHIEF RANUGA.
CHIEF SOMHLAHO.
MR. LUDIDI.
A. WRIGHT, Esq.
THE REV. H. TIYO.
THE MEDICAL SUPERINTENDENT.

THE HOSPITAL EXECUTIVE COMMITTEE

THE FATHER SUPERIOR, S.S.J.E.
THE SISTER SUPERIOR, C.S.M.V.
THE REV. FATHER SHRIVE.
A. WRIGHT, Esq.
SISTER CHARITY (Matron), C.S.M.V.
THE MEDICAL SUPERINTENDENT.



MEDICAL SUPERINTENDENT'S REPORT

IT has been a full year—a year of struggle. 1952 began and ended with our wooing of the Cape Provincial Authorities. Our success was variable, as to start with they said that they would help with our building scheme, only later to find that they could not. In the early months we were doing our best to obtain Provincial recognition as a Training School for Assistant Nurses. This recognition, although at first refused, was later granted.

South African readers will appreciate that these difficulties are largely due to the split responsibility of the Provincial and National governments for medical services. The four Provinces were originally responsible for all hospitals in their territories, but now certain services such as the control of tuberculosis and preventive medicine are dealt with on a National basis through the Union Department of Health.

I know that we have the full sympathy of all officials—both on the Department of Health as well as on the Provincial authority. But rules are rules, and "Health" cannot help us unless the Province does likewise. And if the Province's purse is empty, then it is our work that must suffer. It must not be forgotten that funds will always be low until the public clamour for additional health services is not silenced by the inevitable increase in taxation that will be necessary to finance these services.

I have heard that this year I should perhaps give up the role of the luckless lover and assume that of the importunate widow. And when Old Mother Parliament has given her daughters a little more money, Province and Health may be a little more kind.

SECRETARY OF THE GOVERNOR-GENERAL'S NATIONAL WAR FUND VISITS ST. LUCY'S

MEANWHILE the Governor-General's National War Fund has come to our help with advice, encouragement and, what is more, a solid grant of £4,000.

This has put new heart into us, and it was from the Secretary of this Fund that I got the tip that I should go hat in hand to the Chamber of Mines. I dare not say anything as yet, but we are all hoping that they will give us generous assistance. There is no doubt that it is our men and boys that swell the labour force, without which the gold mines could never operate.

The Secretary of the Governor-General's War Fund visited us, and he saw for himself the conditions under which we are working in the kitchen and in the General Medical and Surgical wards.

In the wards the Governor-General's Fund Secretary saw medical, surgical and infectious cases, cases of typhoid, consumption and

fever, all mixed up together. He realised that something must be done, and so he got our grant increased from £1,500 to £4,000.

This means that we shall be able to put up a separate ward for the infectious diseases. The total number of patients in hospital will remain at 75.

No one can impart to you how grateful we all are for this most generous action—an action that will allow us to teach, to nurse and to hold up our heads when inspectors descend upon us.

I have heard it said that this new ward will mean more patients. This is not so. It will mean that more patients will get a far better chance of returning to their full health, and others will not run the risk of catching some infectious and deadly disease.

The ward is to be designed as a big open-air verandah, with small wards at the sides and a duty room at the back—a design planned by the South African National Tuberculosis Association and Government Department.

PREVENTIVE MEDICINE PAYS

I AM able to report a great advance in our work, especially on the lines of the preventive work laid down by Dr. Carl Bremmer as quoted in my last report.

We have made and are still making a determined attack on disease outside and around the hospital. The prophylactic injections against whooping cough and diphtheria continue. These injections began last year, and this year we are reaping the benefit. We have had hardly a case of the deadly pneumonia and broncho-pneumonia following on whooping cough in the young child. The way the mothers bring their children for injections, both here at St. Cuthbert's and at Inxu Clinic, is proof positive of what the African feels in himself as to their value.

Now we have launched a campaign against typhoid fever. During the last four weeks we have given some 2,000 injections.

This is just a beginning. If we can but get the full confidence of the people in our campaign against disease, we shall be able to go out amongst the kraals preaching the gospel of health for pregnant and nursing mothers, as well as for the pre-school child.

I am convinced that this preventive work is where Mission Hospitals can come to their full growth and into their own. It is a work which will help to make our small hospital adequate for the needs of the people by warding off unnecessary disease. It is a work that means little or no money in return, but it will put more confidence into the mind of the African.

The African wants to see the cure of his disease first. It is then, and only then, that he will be convinced of the truth of what we say and will be prepared to help us, in the way we ask, to combat disease, to build up a healthy body and mind and to take his place through vision and venture in the Kingdom of God.

HOSPITAL STAFF

OUR medical staff has lost Dr. Schmidt and Dr. Nurse. The former, after a further six months of valuable work here, went to take up an appointment at the Umtata Hospital.

George Nurse (doctor and cook!) was with us for a year. The Africans called him "Somfufu," meaning "the outgrown grass," a term to denote their affection and their gratitude for his untiring work during the past year. Also, to show their unbounded admiration for a wealth of beard which is quite beyond their wildest hopes to equal! An African cannot easily grow a beard and is considered to be a real man when he can grow something, but George gave them the sight of a harvest! He lived by himself and cooked for himself. He asked us all and sundry to dinner, and we dined well!

The kitchen staff are an example to all. They feed 125 people three times a day and, amidst dust, smoke and heat, they provide, with plenty of cheery song, the needs of Hospital and Nurses' Home.

A most important addition to our staff has been the Robey family. Mrs. Robey, i.e., Dr. van der Walt, has the M.R.C.P., a degree that carries great distinction. Already she has been called in consultation by the doctors of Umtata. But her main work is here, she hopes, and she is already throwing herself into work amongst the Africans in the hospital and in her outstation of Balasi. We all trust that she will find great happiness and satisfaction in this whole-time service.

There is no doubt that we want the very best, in qualification and in character, if we are to give the African what God wants him to have.

Mr. Robey is a carpenter and builder of no mean order. He has come to us at the very moment we want him. He is now superintending the making of bricks and is drawing the plans for the new buildings. He is to be seen working on the brick machine himself, and the one thing the African values is the man who gets down to the job himself, and will lead them.



The anticipation is worse!

I feel that Mr. Robey and his wife will grasp the greatness of the opportunity that lies before them, and they are closely followed by Francie, Susan, Madeleine and Henry (aged 2) in descending order! I know they will all pull their weight.

GREAT HELP FROM HONORARY DOCTORS

I CANNOT end this report without a word of gratitude to our Honorary Staff, Dr. Joubert and Dr. Ross, men of outstanding ability and holding their Fellowship in Surgery. They have found time to come out from Umtata, some 40 miles away, to help us in the theatre and to give expert advice in difficult cases in the hospital.

Dr. Airey has also told us that he will be delighted to give us a hand. He is an expert in anaesthetics and has considerable experience in orthopaedics, as well as in ear, nose and throat work.

Dr. Frank Wiles, the Medical Superintendent of the Tembuland Hospital for Tuberculosis, continues his regular visits. Some of our cases he takes off to Umtata for more skilled treatment, others he sends to us in order that they may be nearer their homes. Meanwhile the hospital basks under the sunshine of his knowledge, care and fatherly interest.

On behalf of the African patients we want to thank all these men for the encouragement they bring and the stimulation they give.

The year lies ahead—the call is immense.

WE WANT YOUR HELP!

"Clay lies still, but blood's a rover,
Breath's a wave that will not keep.
Up, Lad, when the journey's over
There'll be time enough to sleep."

—Housman.

F. S. DREWE,
Medical Superintendent.

ST. CUTHBERT'S MISSION, TSOLO.
DIocese of ST. JOHN'S, TRANSKEI, CAPE PROVINCE.

ST. LUCY'S HOSPITAL.

ANNUAL REPORT.

Many may wonder why there is a need for such a thing as a Mission Hospital in South Africa and what good does it do anyway! In an attempt to provide more information about St. Lucy's Hospital and its needs, we have asked ourselves 20 QUESTIONS and given some short answers.

1. WHAT ARE WE?

We are a Missionary Institution of the Church of the Province of South Africa to bear witness to and propagate the Christian Religion, and to provide for the spiritual needs of the staff and patients under our care. We are a small General Hospital attached to the Anglican Mission of St. Cuthberts, which is run by the Society of St. John the Evangelist, Oxford, (the Cowley Fathers). The hospital was established in 1907 by the Sisters of the Community of St. Mary the Virgin, Wantage, and has gradually grown up since then. Now we have 121 beds for African patients and it is rare that any of these is empty for more than a few hours. The hospital is administered by a Management Committee and the present members are :-

Chairman: Father Superior, S.S.J.E.

Members: Sister Superior, C.S.M.V.
Rev. Father Young, S.S.J.E.
The Medical Superintendent
The Matron
Mrs. Fourie (representing the Bantu Authority)
Mrs. Payn (representing the Provincial Administration)
Chief Dilisa Mditshwa
Mr. Patrick Magadla.

2. WHERE ARE WE?

The Hospital is situated in the beautiful foothills of the Drakensberg Mountains in the district of Tsolo, which is in the middle of the largest South African Native Reserve called the Transkei, very much in the news these days. It lies between Durban and East Longon, being a little nearer to the latter, and some 60 miles inland. East London is our nearest large town, and is 185 miles away. Our nearest shopping centre, apart from the little village of Tsolo, is Umtata, which is 37 miles away, and is also our nearest railway station.

3. WHO ARE WE?

The staff in 1962 were :-

Medical Superintendent: Dr. Guy Daynes.
Assistant Medical Officers: Dr. Jennifer Hicks.
(Temporary, part-time) - The Rev. Dr. John L. Davidson.
Matron: Miss Marjorie Labrum.
Secretary/Treasurer: Miss Christine Stone.
Chaplain: The Rev. Father Young, S.S.J.E.
Sisters: V. Hodge, D. Smith, D. Croft, V. Majavu.
Acting Sister: M. Ndamase.
Staff Nurses: C. Dungane, R. Madala, Q. Mdodo, J. Novukela,
B. Saoli, A. Somaxama.
Nead Nurses: Monica Bashe, Mary Mbayise, Jane Ndakisa, Alice
Mzamo, Greta Matshamba, Florence Tabata.
34 Student Nurses.
Caterer: Mrs. Frances Faure.
Housekeepers: Mrs. Jackson, Mrs. Sehle.
Cooks: Hilda Nqwenya, Maria Nomaqumba.
Laundry Supervisor: Mrs. Sibangela. Sewing-Room: Mrs. Mpumlana.
Occupational Therapists: Sister Minah and Sister Margaret
Mary of the Community of St. John the Baptist.
Catechist: Joseph Lali.
Works Foreman: Athanasius Tanda. Assistant: Attwell Tanda.
Garden Foreman: Benson Ngadli. Ambulance Driver: Stanley
Mtubise.

Dispensary & Laboratory Assistants: Francis Mgceleza,
Livingstone Mhlaluka.

X-ray Assistants: Ndipiwe Somhlahlo, Godfrey Mvambo.

Clerical Assistants: Cyril Mbeki, Monica Mbalu.

10 Laundry workers: 3 Sewing Room Workers.

25 Kitchen and Ward Maids. 15 stokers, painters and
Gardeners.

4. WHY ARE WE HERE?

The objects of our work are :-

- a. To provide and develop hospital facilities and out-station clinics.
- b. To prevent disease by teaching and by establishing maternity clinics, inoculation clinics and infant welfare centres.
- c. To provide for the training of non-European nurses who, when trained, take the S.A. Nursing Council Auxiliary Nurses' Examination.
- d. To use the services we give and the lives we lead as a means of spreading the Christian Religion. It is as well to remember that without the call of the Holy Spirit, the possibility of filling the senior appointments with properly trained staff would be well-nigh impossible, even if high salaries were offered.

5. WHOM DO WE SERVE?

African people come from an area of about 600 square miles and often have to walk for as long as two days to reach us. Well over half the population are pagan, many never having heard the Gospel story. They speak Xhosa, a difficult language and full of strange clicking noises. Non-Christians dress in red or pale blue blankets, with highly-coloured turban-like head-dresses; Christians wear Victorian-style European clothes, often with maroon blankets on top. We welcome and treat any sick person, no matter at what hour of the day or night they arrive.

6. WHAT EVANGELISATION ARE WE ABLE TO DO?

We have a part-time Hospital Chaplain, under whose direction works a full-time African Catechist, Joseph Lali. Until recently Joseph worked in the X-ray Department and has been a local preacher for many years. Now he takes Sunday Services with the Medical Superintendent, takes morning prayers, and spends much time in the wards and with the waiting out-patients. He holds baptismal classes and passes on those who are interested and have been discharged from hospital to their local preacher to continue the good work. He works closely with the Chaplain, drawing his attention to all seriously ill patients so that special prayers may be offered for them.

Kelly, aged 4, was suffering from Tuberculosis Meningitis, and had been unconscious for five days, so that we were despairing of his life. Prayers were said by the cot-side, and the Chaplain anointed him with oil. That evening his condition changed for the better, he regained consciousness and began to recover. Two months later he had a sudden and mysterious relapse and again we prayed. The following day we had an unexpected visitor with whom we discussed the boy's case; he happened to have seen a similar case and knew the latest treatment, which quickly proved successful. News of such cases gets round and the power of Christian prayers becomes known. The Occupational Therapists are members of the African Community of St. John the Baptist, and are able to speak to the patients of Christ during their work in the wards.

7. WHAT SORT OF WORK DO WE DO?

We have to try to treat just anything and everything that comes in. Our nearest consultants are about 200 miles away, but we receive great help from the staff of the Provincial Hospital in Umtata, who, when they have free beds, will take cases which are difficult for us to treat, though all too often their beds are as full as ours. The wards contain a high percentage of cases of tuberculosis, mostly pulmonary, in both adults and children, but many of these patients come in with some other disease such as nutritional deficiency, heart failure, or other infections such as gastro-enteritis. The usual diet of the people when at home is greatly lacking in meat and other protein-containing food, so that such diseases as Kwashiorkor in children and nutritional heart disease in adults commonly occur. The Maternity department is always busy; most of the patients seen in the ante-natal clinics are delivered at home, so that our available beds can be used for abnormal cases such as those requiring Caesarian

Sections, and also for those who live a long way away. The out-patient department has been exceptionally busy, and now we are seeing five or six times the number of patients that were being seen two years ago. Even then the out-patient facilities were regarded as inadequate and a new department was designed and approved by the Provincial Administration. It ought not to be hard to imagine the difficulties under which we are now working with the large increase in numbers. All the usual illnesses encountered in temperate zones are met with in our department and about half our patients are children. Plenty of minor surgery has to be performed including many dental extractions.

8. WHAT PREVENTIVE WORK DO WE DO?

We have been taking part in a nation-wide Polio immunization scheme, using oral vaccines, and we have administered over 16,000 doses. We have ante-natal clinics which are thriving, but the Infant Welfare Clinic was allowed to lapse some time ago and badly needs re-starting. We co-operate with the Oxford Committee for Famine Relief to distribute subsidised dried skimmed milk to the young children of the district and give them Vitamin B supplements to try to prevent the common illnesses of Kwashiorkor, Pellagra and Beri-beri.

9. WHAT SORT OF EQUIPMENT HAVE WE GOT?

On the whole our equipment, both surgical and domestic is good, and is probably similar to what one might find in most General Practitioner "Cottage" Hospitals in England. We are trying to improve it all the time and so raise the standard, but this can only be done gradually when we are given the money with which to do it.

10. HOW DO WE GET OUR SUPPLIES?

Nearly all our food has to travel the 35 miles from Umtata. We soon will be growing well over half the vegetables we eat in our own gardens, when we have got them into full cultivation. We also grow our own oranges, lemons, figs and mulberries. Much of our surgical and domestic supplies have to come from one or other of the big cities, and this often means a delay of at least a month, and usually longer between the sending off of our order and the arrival of the goods. Our bread is collected three times a week by the Mission lorry, which comes piled high with a wonderful variety of other things as well.

11. WHAT MEANS OF TRANSPORT DO WE USE?

Transport is a constant headache! We have a Ford ambulance which does the majority of the local work and carries supplies in from Umtata as well. Both our Out-Station Clinics are reached by very difficult rough tracks, and the ambulance must cross rivers by fords or drifts, and climb steep slippery slopes. Every day both it and the Volvo Station Waggon which is our second vehicle are busy as there is no other ambulance in Tsolo district. Vehicles don't depreciate, they dilapidate, so bad are the roads in the surrounding district. The wear and tear is such that the Ford Ambulance is dropping to bits and we only hope that it will last until we can get a new one.

12. WHAT RECREATION DO WE GET?

This of course varies with the likes and dislikes of the individual. Walking is perhaps one of the favourites; we are surrounded by a variety of scenery, and magnificent views can be obtained by climbing any of our local mountains. Mission picnics are organised on public holidays and visits to local waterfalls or exploring caves with prehistoric wall paintings are popular. Others enjoy riding on one of the Mission horses, reading, photography, fishing, bird-spotting, sketching, and discovering new wild flowers are among the many hobbies. There is also a keen tennis club which has matches against other local teams. A day spent with the congregation of one of our many out-station churches on the occasion of a festival is enjoyed by all who can go, and usually includes helping to organise a sports day, as well as watching displays of various kinds and joining in the feast. A film show is organised monthly in the Church Hall, and other parties of various kinds are held in the homes of Mission workers, when we meet to show colour slides, have sewing parties, read and discuss the bible, play games, listen to the gramophone, sing or just talk with the many interesting visitors who come to stay at St. Cuthberts.

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