Mr Hunt
Mr RJ

RJ.

9, 12, 3, 1

ASSOCIATION OF MEDICAL MISSIONS OF THE CISKEI AND TRANSKEI.

Circular No. 1/46. from H.M.Bennett, Hon.Secretary.

Extract from a letter from the Provincial Secretary of the Cape Province (September 26th, 1946) to the Chief Magistrate of the Transkei quoted to the Bishop of St. John's (October 1st, 1946).

" I have to inform you that financial assistance to private (including mission) hospitals will be granted on a revised basis as from 1947. The Administrator has resolved that apart from patients suffering from infectious diseases, for the treatment of which subsidy must be obtained from the Union Government as in the past, this Administration is prepared to assist private hospitals in respect of the treatment of non-infectious diseases cases by paying them a subsidy on a cost per patient per day basis according to the merits of each case, provided that it does not in any individual case exceed half of the average cost per patient per day in respect of that hospital and does not exceed half of the daily average cost in the general hospitals in the Cape Province and provided further that the Administrator shall appoint one representative on the governing committee or board of such hospital. The payment of grants-in-aid to private hospitals on the above basis is conditional upon such hospitals sub--mitting annually to the Administrator for approval their estimates of maintenance and capital income and expenditure in respect of non-infectious diseases.

The private hospitals which are at present in receipt of financial assistance from this Administration have already been requested to submit the information required by the Administration to consider the payment of grants-in-aid to them for the year 1947."

THE ASSOCIATION OF MEDICAL MISSIONS OF THE CISKEI AND TRANSKEI.

Circular No. 2/46. from H.M.Bennett, Mount Coke.

Three letters from the Secretary of the above Association, each dealing with a specific subject, viz. 1. Maintenance of Mission Hospitals. 2.The Critical Financial Position of Mission Hospitals in the Cape. and 3. Pensions for Medical and Nursing staffs of Mission Hospitals, have been answered by a single letter in general terms, reproduced below.

"Sir, 19/10/46.

"Maintenance of Mission Hospitals.

With reference to your letters of the 1st. and 2nd October, 1946, in regard to mission hospitals I have to state that up to the current year certain private (including Mission) hospitals were paid grants-in-aid in fixed lump sums, but from the 1st. January 1947. it is proposed to pay on a cost per patient per day basis. Each case will be considered on its merits but the assistance will be limited to half of the average cost per patient per day in respect of the hospital provided such cost does not exceed half of the daily average cost in the general hospitals in the Cape Province. Further the granting of financial assistance is subject to the appointment by this Administration of one representative on the governing council or board of the hospital and is conditional upon such hospitals submitting annually to the Administrater for approval their estimates of maintenance and capital income and expenditure in respect of non-infectious diseases cases. For any financial assistance in connection with the treatment of infectious diseases cases application should be made to the Secretary for Health, Pretoria.

It may be mentioned that all private hospitals which received assistance previously have been requested to furnish estimmates and other information in order to enable the administration to arrive at a decision in regard to the amount to be paid to each. Pending the receipt of the required information no amounts can be decided upon.

Further I have to state that free hospitalisation has not yet come into operation. It is not known exactly from what date the relative sections of Ordinance No. 18 of 1946 will be applied. In the meantime the hospital boards controlling provincial hospitals are expected to collect as much revenue as possible, by way of fees, donations, etc., as in the past. This Administration has no control over private (including) mission) hospitals, but as the financial assistance that will be given for the year 1947 (at least) will be limited to the extent mentioned above it will be in the interest of such hospital. authorities to collect as much revenue as possible to meet their general maintenance expenditure. As in the case of provincial hospitals the Administration naturally expects private hospitals to collect the maximum amount of revenue.

The question of granting financial assistance to any particular mission hospital can receive consideration only on application from the Hospital concerned. In order to decide what assistance if any, should be given, it is necessary for this Administration to be furnished with full particulars, including a detailed estimate of the anticipated income and expenditure in respect of non-infectious diseases cases for the year for which financial aid is required.

I am etc. for Provincial Secretary."

The underlining and marks at side were not in the original. Should there be any Hospital in the association which has not yet applied for financial aid and submitted estimates, it should apply to the provincial Secretary for the necessary forms at once.

KING WILLIAMSTOWN
24.X.46—6:45

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FOR QUICK DELIVERY

KING WILLIAMSTOWN
24.X.46—6:45

POS VROEG
VIR VROEË AFLEWERING

KING WILLIAMSTOWN
24.X.46—6:45

The Assistant Director
S.A. Institute of R.R.
P.O Box 97
Johannesburg

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For RJ's file

THE ASSOCIATION OF MEDICAL MISSIONS OF THE CISKEI AND TRANSKEI.

Circular No. 3/46. From:- H.M.Bennett, P.O.Box 164,
Kingwilliamstown.
24/10/46.

The Conference of the Methodist Church of S.A. meeting in East London, appointed a Deputation composed of Rev. W.W.Shilling, B.Sc., Dr. S.M.Molema, Mr. W.N.Cornelius and Rev.Dr.Bennett to meet the Minister of Health, who was in East London at the time, on the subject of Medical Missions. The Deputation met Dr. Gluckman on 17th October, 1946. An effort was made to get into touch with the Minister for Native Affairs, Major P. van der Byl, but his Secretary could not be contacted.

Mr. Shilling, acting on behalf of the President of the Conference, introduced the Deputation and thanked Dr. Gluckman for giving up his time to discuss Medical Missions.

Dr.Bennett outlined in detail the status and financial aspect of Mission Hospitals, the problem of free hospitalisation if the Provincial Administration implicated this service without full recompense to the Mission Hospitals.

At this stage Major van der Byl entered accompanied by Senator Welsh and Mr. Fenner Solomon, who formed a Deputation from the Lovedale Hospital. It was agreed that as both Ministers were interested in Mission Hospitals and the Deputations had a common interest, there should be a common discussion.

Continuing, Dr. Bennett pointed out that whereas Mission Hospital Authorities in the Transvaal and in the Free State were reasonably satisfied with the treatment they were now receiving or promised, the position of Mission Hospitals in Natal and the Cape Province was far from satisfactory. Details were given in support.

Mr. Cornelius stressed the work at Bethesda Hospital, Zululand, and also asked for clarification of the future of Mission Hospitals in Natal, especially that at Manguzi, near Kosi Bay.

Dr. Molema supported the view of the 2/6d. levy which is almost certain to be added to the African Poll Tax. He stressed that from the point of view of the African people, they wanted the Missions to retain control of their Hospitals.

Senator Welsh pointed out that the Cape Administration was demanding that the Lovedale Council pay over half of the deficit in the Victoria Hospital as at the end of 1945. They had no means of doing that and were faced with a much larger deficit at the end of this year. They were in a hopeless position, unless relief could be given. He gave the figures, indicating the serious position of the Hospital.

Dr. Gluckman expressed his pleasure at the opportunity of discussing the medical work of the Churches. He reviewed what had happened in the past. He paid credit to the work of Mission Hospitals throughout the country. He stated that he had used all the influence he could to persuade those responsible to act generously towards Mission Hospitals. As far as he himself was concerned, the deputation was talking to the "converted". There was no need to persuade him to support Mission Hospitals.

Dr. Gluckman stated clearly that he hoped the Mission Hospitals would remain under the control of the various Churches as in that way they would render far greater service to the Native people than if taken over by the various Administrations.

He referred to the last meeting of the Co-ordinating Council held about a week before, at which he had made another and definite appeal for the Provinces to support the Mission Hospitals liberally. The Government was giving the Provinces £1 for £1 for hospitalisation. The Government, through the Department of Health was now prepared to pay Mission Hospitals the full cost per patient day for those cases for which they were responsible, viz:- Infectious Diseases, including "open" tuberculosis and Venereal Diseases requiring hospitalisation. The Minister, stated however, that he was powerless to force the Provincial Administrations to do anything. They were "masters in their own house". Hospitals had remained their responsibility.

of the previous speakers & asked for relief especially in view

Dr. Gluckman then reviewed the position in each Province.

FREE STATE. Mission Hospitals were receiving support on the patient-day basis and were satisfied.

TRANSVAAL. Administration promises sufficient support to enable Mission Hospitals to provide free Hospitalisation. The Hospital Authorities are satisfied and negotiations are now proceeding regarding the formula to be applied.

NATAL. The Province had no declared policy. He expected Mission Hospitals to meet difficulties. Mr. E.C.Wilks M.E who represented Natal at the Co-ordinating Council in Pretoria, had given the Minister the assurance that he would try to get the Natal Executive Committee to follow the line of the Free State and Transvaal. He suggested that Medical Missions in Natal should seek to meet the Executive Committee as soon as possible.

CAPE. The position was indefinite, but he hoped that a speedy solution would be found and that some arrangement would be possible whereby adequate support and not just 50% of cost of maintenance would be given to Mission Hospitals.

Dr. Gluckman gave it as his advice that no new venture should be commenced at present. The Churches should go slowly.

The Minister reiterated his admiration for the work of Mission Hospitals and gave his assurance to do all he could in their interest.

The Minister for Native affairs stated he was keenly interested in Mission Hospitals and Clinics. He spoke with gratitude of the work of Mission Hospitals. He recalled that they alone had filled the gap as well as they could when no-one else cared. Ordinary gratitude for the excellent services of the past, makes their present position warrant consideration from the Departments concerned. He stressed the fact that the spiritual comfort and self sacrificing love displayed in Mission Hospitals combined with medical and nursing care and skill, was a service which could never be rendered by a Government Department. The Native people needed that additional atmosphere, peculiar to Mission Hospitals and which they alone could give. He expressed the same hope that the Minister of Health did, viz: that the control of these Hospitals would never pass out of the hands of the various Churches.

Major van der Byl mentioned how his Department realised fully the work done by the Missions and how it had given all possible aid. Now it was up to the Provincial Administrations to do their share. It was their responsibility. The Minister offered to use all the influence he could. He then kindly volunteered to lead a small deputation to discuss the matter of financial aid to Mission Hospitals with the Administrator of the Cape. He would put up the case, if some members could be present to provide the necessary figures, details, etc. His fine offer was at once accepted.

The thanks of all present were expressed to the Ministers for their sympathy and understanding. They had given the Deputations over an hour's hearing.

When it was realised that the Ministers were to be in East London, it was too late to contact other members of the Association. The case for Mission Hospitals however, was put up in general terms, and Dr. Bennett intimated to the Minister's Secretary, that the Association and not one or two Denominations would be represented on the Deputation which the Secretary was to make final arrangements for.

The Deputation is to meet the Administrator on Wednesday, October 30th.

The Chairman of the Association, the Bishop of St. John's, was contacted through the Dean of Umtata. The following are t form the Deputation:- Dr. R.W.Shepherd, Dr. W.C.J.Cooper, Dr. D. Drewe, and Dr. H.M.Bennett.

A report of the interview will be circulated.

KINGWILLIAMSTOWN
25.X.46-14:45

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THE ASSOCIATION OF MEDICAL MISSIONS OF THE CISKEI AND TRANSKEI.

Circular No. 4/46. 18th.Nov.1946.

REPORT ON THE DEPUTATION TO THE ADMINISTRATOR OF THE CAPE.

The following Deputation was received by the Administrator on 30th October, 1946:-

The Minister of Native Affairs.
The Secretary for Native Affairs.
Rev. Dr. R.H.W. Shepherd of Lovedale.
Dr. W.C.J. Cooper of Lovedale.
Rev. Dr. F.S. Drewe of Holy Cross.
Rev. Father McCann of Cape Town.
Rev. Dr. H.M. Bennett of Mount Coke.

The meeting took place in the Administrator's Office at 10.30.a.m.

Major van der Byl, who led the Deputation, expressed the appreciation of those present to the Administrator for his receiving the deputation in order that it might put forward the claims of Medical Missions.

Two members of the Executive Committee of the Provincial Council were also present, viz: Mr. A. Sinton and Mr. J. Nepgen.

The Minister of Native Affairs, pointed out that it was a most unusual thing for a Cabinet Minister to lead such a deputation, but he felt that this was an exceptional case. The welfare of a large section of the community, viz: the Native people, would be gravely affected if the work of mission hospitals was in any way curtailed. He pointed out that the missions had been in the field, giving medical services and hospital treatment to the natives, long before anyone else cared. Their great services in the past gave them the right to expect real consideration now. The medical missions had brought religion into their work as well as self sacrifice and service. The religious aspect was important in native work. Now under the new ordinance and at the time of a change over from one system to another, these hospitals are in a bad way financially. The proposed 50% of maintenance offered by the Administration was inadequate.

Dr. Drewe was called upon to present the case of the Mission Hospitals. He began by pointing out the representative nature of the deputation. Drs. Shepherd and Cooper, represented the Presbyterian Church, Dr. Bennett the Methodist Church, he himself represented the Anglican Church. The Dutch Reformed Church had intimated their wish to be identified with the other Medical Missions in this matter. It was hoped that Father McCann of the Roman Catholic Church would be instructed to attend.

Dr. Drewe read a letter addressed to him by the Archbishop of Cape Town in his capacity as President of the Christian Council of S.A. and intended for reading to the Select Committee sitting on the draft Ordinance. This letter has been freely circulated. In it the Archbishop emphasises that mission Hospitals are not run for gain. It points out that these hospitals will lose 70% to 80% of their present income. It says that they stand for vocational training of nurses. It warns the administration that mission Hospitals may have to close down if their financial position is rendered impossible.

Dr. Drewe laid emphasis on these points. He pointed out that mission Hospitals would lose (a) their fees; (b) grants from Public Bodies other than Provincial Council; (c) donations. He produced figures to show how these losses could never be balanced by a grant of 50% of maintenance. He stated that it was unthinkable that these Hospitals should go on appealing for aid from overseas. It was time the work was done by South Africa itself. It should be understood that many mission Hospitals were serving vast areas where no other medical services existed.

He then quoted Holy Cross Hospital as an example, because he knew it best. It was the only hospital in an area peopled by 200,000 natives. He stated that the Magistrate at Lusikisiki had asked him to make it quite clear to the Provincial Administration that the closing down of this native hospital at Holy Cross would be a disaster of the first magnitude. Medical Missions in general were now facing a crisis, some were seriously in debt. Others might last out until

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January 1st. After that date they would gradually sink under the weight of debt. This state of things was bound to occur if the proposals contained in the minute from the Provincial Secretary were carried into effect. This minute virtually left the position as it was when evidence was given to the Select Committee, i.e. that mission Hospitals would be given 50% as a maximum.

Dr. Drewe went on to emphasise the great importance of the vocational training of nurses. These African nurses had to be taught that nursing was a vocation and not a means of obtaining money in order that other members of their families might be educated, but it was a profession whose main object was the teaching of service in action to their own African people.

In addition, medical missions stood most emphatically for the fight against witchcraft and superstition. 26 years ago when Dr.Drewe started work at Holy Cross in Eastern Pondoland, the cry of the witchdoctor was heard every night. Today it is never heard. Today we deal with a new witchcraft. Dr. Drewe had been approached by natives and by European traders to practice the type of medicine practiced by certain other European doctors. He had been told to bring "Native Psychology" into his methods. This means that the doctor arrives at a diagnosis without asking any questions, even going so far as to give a bottle of medicine, so he was told, on seeing the patient's shirt. Medical missions are taking a stand against these practices, which play upon the superstitions of the native and at the same time prostitute an honourable profession.

It is therefore, important that medical missions should have the full support of the Provincial Administration.

Dr. Shepherd spoke next. He explained the financial difficulties pertaining at the moment at Lovedale. He pointed out that prior to 1944 there had only been small deficits at times and the governing Council of Lovedale had been able to carry its share of 50% of these. The Victoria Hospital, Lovedale, was the one mission hospital which came under the 1912 Ordinance, in its case, however, the Governing Council of Lovedale took the place of the "local Authority". When a deficit of about £2,500 occured at the end of 1944, the Native Affairs Department made a special grant of £1,000. The Administration gave the usual subsidy of 30/-d. to the £1. and the deficit was wiped out. The deficit at the end of 1945 was nearly £5,000. Lovedale's share was therefore almost £2,500. They had no means of meeting this, and in addition the estimated deficit at the end of 1946 is £8,000, half of which Lovedale will be responsible for. Dr. Shepherd showed that a critical stage in the hospital's finances had arrived and that it was necessary to have it rectified at once if the Victoria Hospital was to continue to exist.

He pointed out that the Administration might think the remedy easy, if Lovedale would consent to the Victoria Hospital being taken over entirely by the Province, i.e. fully financed by the Administration, who would however, then make all staff appointments, etc. This might cause an impossible situation. The Hospital was a definite part of Lovedale. Persons might be appointed who were not in sympathy with or wish to co-operate with the Lovedale Mission in general. The Administrator must see that such an appointment in the midst of the Mission might cause an intolerable situation.

Dr. Bennett spoke next. He pointed out that mission hospitals which had managed to exist without large deficits prior to about 1939, had found it impossible to do so since then due to the increased cost of everything. The result was that as there was no means by which mission hospitals could have their deficits liquidated, these deficits accumulated. He understood that St. Matthew's Hospital would be faced with an accumulated deficit of about £2,500 by the end of 1946. Mt.Coke Hospital, which he knew best, would have a debit balance of over £3,000 by the end of the year. The strictest economy had been observed. In fact C.O.L.A. had not been paid. Dr. Bennett said that he was fully aware that this was a breach of the law, but the Hospital Board could not pay out money unless they received it.

He intimated that the 50% of maintenance offered was totally inadequate for the purpose of carrying on the work. He appealed for immediate aid to allow Mission Hospitals to continue. He pointed out that there was a shortage of staff. There were applicants available but these could not be engaged if there was no means of paying them.

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The orthopaedic section of Mt.Coke Hospital could accommodate 30 cases. There were only 22, because in it's uncertain position, the Hospital could not risk taking in more. A couple of cases due to be discharged, would not be replaced unless the future of the hospital was assured. Work in this section was being cut down through lack of finance, the rest of the hospital would have to follow suit unless aid was given. It would be impossible to carry on unless financial assistance was given on a much larger scale than proposed.

The Secretary for Native Affairs intimated that the deputation had not come to ask for favours, but for fair and just treatment for Mission Hospitals. He pointed to the work being done by these hospitals. In the Transkei for instance there were 1¼ million natives. There were approximately 650 beds in all the hospitals there. Of these over 400 were in Mission Hospitals. If through lack of adequate support these Hospitals were forced to close, the Transkei would be left with just over 200 beds for its large population. Even the European population of the Transkei benefitted from Mission Hospitals where there were 19 beds kept entirely for Europeans. The Province only provided 80 beds for Europeans and therefore even in this sphere Missions provided 20% of Hospital accommodation.

Mr. Mears showed that although hospitals were no affair of the Native Trust, the Trust had given financial assistance on a large scale. He quoted the amounts being given for the current year, and what had been done in the past. He pointed out that the Province was committed to Free Hospitalisation for all classes. Therefore it was only reasonable and just that the Province should be prepared to make it possible for mission Hospitals to exist in such a way that they too could render free hospital services.

While Mr. Mears was speaking, Rev. Father McCann of the Roman Catholic Church joined the Deputation.

Dr. Cooper stated that he wished to stress the present financial position of the Victoria Hospital. It was doubtful if any salaries could be paid at the end of the month (October). He had given instructions that the first salary to go unpaid was to be his own. No accounts could be paid for the rest of this year. Stock cupboards were empty and as the linen in use now was weakening, it was inevitable that they would have to refuse to admit patients as they would have no linen, etc. to use. For Lovedale the matter was one of extreme urgency.

The Administrator replied by saying that he was aware of all that Mission Hospitals and Missions in general had done. He himself was of missionary stock and they had his sympathy and interest. He stated that the Province needed the help of mission Hospitals, but he doubted whether anything definite could be done before the return of the Commission now investigating the whole matter of hospitalisation overseas. They would most likely return in December. It might be necessary to amend the Ordinance.

Major van der Byl replied by saying that the matter was too urgent to be left until then. It was obvious that at least at Lovedale and at Mount Coke, patients would have to be refused admission unless something was done soon. The Administrator had been informed that salaries would have to be withheld.

Dr. Drewe asked the Administrator to give the assurance that the Administration would maintain mission Hospitals up to their present standard, pending the return of the Commission, when the whole question of mission Hospital maintenance would come under review. The Minister for Native Affairs said that it was not fair to ask for immediate assurance on such a point. As it was a matter of such extreme urgency he asked if it would be possible to promise a reply within two weeks. The Administrator stated that he was to meet the Executive Committee the following week and promised to grant Major van der Byl's request. He felt that Mission hospitals must be kept going.

Further points were discussed. The question of Provincial control of mission hospitals in the event of their accepting full responsibility for maintenance was spoken of by several members. It had already been pointed out that it was almost impossible for the Churches concerned not to have any voice in the appointment of staff within their mission grounds. It was pointed out that in previous interviews with Mr. Barrell, Dr. Drewe and Dr. Bennett were very definitely informed that the alternative to accepting 50% of maintenance was to hand the hospitals over entirely and then the Churches would have no say whatsoever.

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Mr. Sinton was of the opinion that this question could be easily settled on the lines now existing in Education. He himself had once been in charge of an Anglican Institution. He made his selection of staff and the Department never interfered although they had the right of veto. He saw no reason why the missions should not be empowered to appoint the staff of mission hospitals, the Administrator having the right of veto, even if the Administration paid the cost. Mr. Sinton felt that on these lines mission hospitals would get the maintenance they needed.

Father McCann, speaking to Dr.Drewe on this subject, felt that this matter would have to be referred to the various Church Authorities.

The deputation then thanked the Administrator for having received them, and withdrew at 11.50.a.m.

COMMENTS.

1. It was clear that the Administrator had promised to give an answer to the question of maintenance and debts of Mission Hospitals until such time as the new Hospital Ordinance is promulgated, within 14 days.
2. That Mr. Sinton saw no reason why mission Hospitals might not appoint their staff on the lines existing in education, if the Province assumed full financial responsibility.
3. That as soon as the Commission returned from overseas, final scheme for mission hospitals would be worked out.

It was not clear that the Province would grant full maintenance to mission hospitals should the plan that Mr. Sinton suggested come into force.

From the evidence given, the Deputation felt that it had made it clear that only full maintenance would give mission Hospitals the chance of rendering the service they wished to render to the native people and free them from the burden of debt.

It isapparent that the Association of Medical Missions should meet in the near future and decide on any further course of action which may be necessary after the reply has been received from the Administrator.

From --

H.M.Bennett,
P.O.Box 104,
Kingwilliamstown.

R.J. / M.C.W. / Notes.

28 NOV 1946

The ASSOCIATION OF MEDICAL MISSIONS of the CISKEI and TRANSKEI.
Circular No.5/46. 25th.Nov.1946.

The following is the text of the letter received by the Hon.Secretary in reply to the requests made by the Deputation which was led by the Minister of Native Affairs to the Administrator of the Cape, on 30th. October.

PROVINCIAL ADMINISTRATION OF THE CAPE OF GOOD HOPE.

In reply quote
Hm.413.

Provincial Buildings
Wale Street,
CAPE TOWN.
22-11-1945.

FINANCIAL ASSISTANCE TO MISSION HOSPITALS;
DEPUTATION ON 30TH OCTOBER, 1946.

Sir,

With reference to the interview which a deputation consisting of Major van der Byl, minister of Native Affairs, Mr. Mears, Secretary for Native Affairs, Drs.Drew, Shepherd, Cooper, and Fa ther McCann and you had with the Administrator and members of the Executive Committee on the 30th October, 1946, I have to inform you that the Administrator has resolved that -

(a) until the return of the Hospitals' Commission from overseas and the "fixed Date" has been decided upon, it is not possible for the Administration to state the basis on which mission hospitals will be subsidised under the Hospitals Ordinance, 1946, (No.18 of 1946); and

(b) this Administration is not prepared to depart from the basis agreed to and which limits the grants-in-aid to 50% of the cost per patient as this will in any case result in considerable additional assistance being granted in comparison with the grants-in.aid for the calendar year. If, however, in any particular case it can be proved that the assistance granted on the basis laid down will seriously curtail the work of the hospital, special consideration will be given in such cases.

I am, Sir,
Your obedient Servant,
(Sgnd) F.C.Hubner.

f PROVINCIAL SECRETARY.

Dr.H.Bennett,
Mount Coke Mission Hospital,
P.O.Box 164,
KINGWILLIAMSTOWN.

On 20th.November 1946, the Secretary wrote to the Administrator pointing out that many mission Hospitals would end the present year with deficits, which they would have no means of meeting. He requested that the Administration undertake to subsidise mission Hospitals where necessary at the rate of 30/- to the £1, they could raise to wipe off their deficits. It was pointed out that ultimately it would be in the interest of the Cape Administration as well as the hospitals concerned to have their financial burdens removed. The reply is awaited.

From :- H.M.Bennett, P.O.Box 164, KingWm'sTown.

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26.XI.46-11:45

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