

"disease groups of Inpatients have the same totals this year
"as last, namely consumption 131 admissions: bronchitis and
"broncho-pneumonia, 78: pneumonia, 34: (all the chest diseases);
"also acute suppurations, 47: diseases of heart and vessels
"22.

"The fevers have gone down, enteric 37 as against 60
"and typhus 2 as compared with 12 the previous year. Cases of
"malnutrition (scurvy and debility) have also gone down, 76
"as compared with 103 in 1929 and 233 in the drought year 1928.

"Three groups are steadily rising, maternity, women's
"diseases and venereal diseases of women and children. The
"figures are. Maternity cases: 1927, 14; 1928, 15; 1929, 32;
"1930, 56. Women's diseases, 1927, 43; 1928, 60; 1929, 78;
"1930, 85. Venereal diseases, 1927, 22; 1928, 37; 1929, 61;
"1930, 78. The last group are isolated.....

"Tuberculous cripple children are being brought in
"increasing numbers.....

"Training of Native Nurses.

"The Victoria Hospital is recognised by the South
"African Medical Council as a Class 1 Training School for
"Nurses.

"During the year 9 of our nurses entered for the
"Medical Council's Examinations, 2 Seniors in April for the
"final examination and 7 Juniors in October for the Anatomy
"and Physiology examination and all passed.....

Additional accommodation at the Hospital is badly
needed.

The South African Health Society had held its Annual
Meeting in May at Lovedale.

Health and Child Welfare.

C I S K E I.

Covering Pages 3961 to 4633.

Aliwal North Sitting. 14. 1. 1931.

Dr. W. Stevenson, Medical Officer of Health, says there is a great deal of venereal disease among the Natives. A venereal clinic had recently been established at the Hospital and the returns show that V. D. is very prevalent. He thinks that the previous year they had treated 96 cases at the hospital clinic. They were mostly cases from the location and from Aliwal North. There were a few country cases as well, but most of them came from the Municipal area. (Page 3976.)

Dr. Stevenson says that most of the cases of venereal disease were discovered accidentally, a Native suffering from syphilis does not go to a doctor on his own. Most of these cases were discovered by medical men examining Natives for some other complaint. There is no system of compulsory examination. (Page 3977/8.)

Mr. A. W. Lessing, Location Superintendent, says there is nothing definite to compel the Native to go for examination, the only thing that can be done in this regard is that an employer, before engaging a Native, should have him examined by a doctor. If he does not allow himself to be examined he will not be employed. (Page 3978.)

Dr. Stevenson says he cannot give the extent of the infantile mortality among Natives in that area, because the Native population of Aliwal North with its Municipal Location and its three private locations, is a very fluctuating one and he could not give a death rate which would be of any value.

Not many Native women go away from the urban areas to their kraals for confinement. They are usually attended by some Native woman, or by friends in the location. It is only if there is some complication that the medical man is sent for and, in those cases, they are not handled by the medical man at all, they are sent to hospital.

There is a tendency for children born outside to be brought in for hospital or medical treatment; there is a good deal of risk thus of inflating the mortality figure.

They are constantly bringing in the children from the farms, and cases are always coming in to the hospital. The previous year there had been over five hundred cases treated in the hospital there. The desire is growing to bring children in to see medical men and get medical attention, and they are certainly getting more accustomed to hospital treatment. (Page 3978/9.)

Dr. Stevenson thinks that the children from the farms are undoubtedly better nourished than the children in the locations, because many of them get milk. The Natives in the location cannot keep any cattle; milk sellers go round selling milk, but large numbers of the Native children in the location never see a drop of it because their parents cannot afford to buy it. He cannot say whether the Natives use much butter milk. (Page 3980.)

Mr. Lessing says generally speaking the health of the Natives (referring to the location) is fairly satisfactory. (Page 3981.)

Dr. F. R. Luke says the state of the health of the Natives in the districts generally differs in many respects from the state of the health of the Natives in the town. He agrees with what Dr. Stevenson has said, that a Native child in the country is very much better nourished than a Native child in the town, and he thinks the reason which Dr. Stevenson gave is the right one. They have more milk. In addition to this, with the crowding together in the town, there is a very much greater amount of infantile diarrhoea than in the country. The Native child in the country is much more healthy than is a child in the town. But Dr. Luke does not think that the same holds with regard to the adult Native, except where there is an outbreak of epidemic disease. The farm labourer, in his experience, is badly nourished. He has a recollection of a number of post mortems which he performed on Natives on farms, and they had hardly any spare fat on their bodies. There was hardly any subcutaneous fat and their bowels were very thin, there was practically no fat. Dr. Luke thinks that the adult Native on the farm is very badly nourished.

He thinks that a Native ages a great deal earlier than he should. One finds a Native in his fifties is pretty well worn out. A Native in his fifties is like an European in his sixties and even in his seventies. To his mind that is entirely a question of nourishment. His food is badly balanced, it is not so much a question of quantity. In a diet of mealie pap, without any fat, the balance is all wrong, and that is the cause of it.

There is one point which Dr. Luke has noticed in the geol.,- he can generally pick out the sheep stealers because they are well nourished. He can pick out the country Natives who have not been getting meat at once,- the other Natives who have been getting sheep legitimately or illegitimately are better nourished than those who have their mealie pap and nothing else.

If the Native children got plenty of milk that would undoubtedly give a good balance. The shortage of milk and of meat he thinks is the cause of the bad balance. Undoubtedly an increase in the meat diet would tend to give them better health.

Dr. Luke's impression is that fewer Natives reach the age of 60 or 70 than is the case with Europeans. In any case his impression is that they get old much earlier. What he means to say is that a man may get old and he may stay old for twenty years, but he will be fit for nothing.

He does not think that they reach maturity earlier than the European, the fact is that European adults in this country reach maturity at the same time as Natives. He thinks we are two years ahead of Europe. He has no statistics to go upon as to whether Natives live to as great an age as Europeans do in this country, his impression is that the Native dies earlier than the European does, but more especially he feels that he ages earlier than the white man does and that he is unable to carry on his work. His effective working life is shorter than that of the average European. He thinks that condition of affairs could be improved by providing a better diet for the Native.

The post mortems which Dr. Luke had conducted on farm Natives had been accident cases, cases of unexplained sudden deaths, all sorts of things. He is not including cases of enteric fever and such things, that would be absurd; he is talking of people who had met with accidents and died a sudden death; he is referring to people who met with sudden death while they were in the midst of life. These accidents happen to both town and country Natives and he has compared the two. He thinks the town Native is better fed than the country Native. The town Native has adopted a modified European scale of living and he is certainly very much fitter than the country Native. That is Dr. Luke's impression from the post mortems he has conducted, and from general observation. His impression is that the town

Native ages later and lasts longer. He says that the frame of the Native is worked out sooner than that of the European. He is speaking of Aliwal North in the previous ten years.

Inconveniences of weather generally and unsatisfactory housing conditions play their part in the undermining of the system. The housing of the country Natives is perfectly appalling. The Native lives in a pandoc generally with no ventilation at all, except a low door through which he has to crawl to get in. In that pandoc he lives with his wife and generally with a large number of children as well; in addition, as a rule, there are some old people living there with him; generally some of his wife's relations live with him there as well as some of his own. Some of these places are only about eight or nine feet in diameter. These conditions are obviously not healthy.

Dr. Luke cannot be definite about it but his impression is that the Zulu has a much finer physique, he lives in exactly the same conditions but he does not overcrowd.

During the ten years that Dr. Luke had been in the district he had noticed a tremendous change in the anxiety of the Native to get proper medical treatment. He says when he first came there, the Hospital had nine beds for Natives and practically speaking they were never full. It was an exception to find the Native ward full. Now they have 24 beds for Natives and 8 for Coloured -- the 9 beds mentioned had been for Natives and Coloured -- the Native beds are quite frequently full nowadays. There is a very much greater readiness to submit to European treatment than there was in the past. But, apart from Hospital treatment, Dr. Luke does not see how the Native can get very much proper European medical treatment, because he cannot afford it. On the wage he gets he cannot afford luxuries -- if it can be called a luxury.

The infantile mortality is rather an important point. There had been a controversy about the question of the water being clean and Dr. Luke had gone into the whole matter with one of the Officials of the Council and they found that infantile mortality was in the neighbourhood of 350/360 per thousand. That was the rate for Natives for the town, as far as he remembers these figures were taken over a period of three years. He first of all took the annual figures separately and then took the average over three years. External factors will disturb these figures because a certain number of sick people does come into the town from outside, so the figure may be, and probably is, more favourable. He admits that "it is fairly bad."

The figures would be much better if they were based on the inmates of the Hospital, after all the mortality from infantile diarrhoea in the hospital is nothing like what it is outside the hospital. If they come into the hospital for treatment something can generally be done for them, but it is outside the hospital that this heavy mortality among the juveniles takes place.

There certainly is mortality among the juveniles who are brought into the hospital but Dr. Luke's point is that if you can get a child into the hospital you have a chance of curing it, whereas, if it does not come to hospital it very often dies. He thinks the hospital statistics would work out a great deal better than the figure which he has just given.

(Page 3962/8.)

Mr. J. J. G. Carson, Principal of the High School, is deeply interested in the welfare work there. He says there is a Native Child Welfare Society and they maintain the clinic and a Native nurse in the location. They encourage the work of the Native nurse among the Native people. That is largely supported by voluntary contributions and the Town Council make a

grant, and Mr. Carson thinks the Natives themselves have recommended that the locations fund should entirely maintain that nurse. It was a good sign because it showed that the Natives took an interest in the matter and that they realised that they were getting value for what they were spending. The nurse is a Native, she is fully qualified, she qualified in Durban and has worked in Johannesburg and in Potchefstroom.

(Page 3994.)

The water supply is inadequate. If there is any shortage at all in town it is at once felt in the location more than anywhere else, and then the Natives go to the river along their boundary to get water, and, on the East side of the location a lot of slop water and refuse is put into the river and the conditions must be very bad indeed. They are below where certain slop water is tipped into the river. They lie between that and the sewage farm.

(Page 3995/6.)

The question had been raised as to whether it was really necessary to have a wooden floor in a Native hut or whether the ordinary Native floor was not really better, and one statement made in reply was that the ordinary Native floor harbours vermin more readily than a wooden floor. On the subject of the relative values of round huts and square houses the reply always was that the terms of the Health Act must be complied with. It is rather a moot point whether the Health Act, when it was being drafted had in mind the question of Native houses as distinct from European houses. The Health Act calls for wooden flooring, it allows concrete flooring but the idea is that concrete flooring in that climate is much too cold in winter.

(Page 3998/9.)

A Statement by the Rev. C. Crabtree, Superintendent of Primitive Methodist Missions, says it is his firm opinion that conditions in most of the town locations, so far as administration, housing, sanitation etc. are concerned have very really improved during the past nine years.

(Page 1 of
Statement.)

With regard to health, Mr. Crabtree says Aliwal had at one time an unenviable reputation for infantile mortality. In one year (four or five years previously) the infantile mortality rate was 70%. Here again great improvement has been won. The Child Clinic and Nurse, the Roman Catholic Hospital, the improved housing and sanitary arrangements have all contributed to the improvement.

(Page 2 of
Statement.)

Burgersdorp Sitting. 16. 1. 1931.

Mr. F. J. van der Walt, Town Clerk, says they have a Native nurse in the location and she attends to cases there.

(Page 4024.)

Dr. E. W. Lowe, Medical Officer of Health, cannot say that the state of health in the location is exactly bad or that it is exactly good. In his opinion, taking the Native as a whole the general health is fairly good, but he thinks in some ways there could be some improvement. He thinks it is due to the ignorance of the Natives themselves, particularly in the summer months; infantile diarrhoea, enteritis, gastric enteritis and so on are due to summer heat and uncleanness. Sanitation has something to do with it; with the children it is a question of feeding

feeding, because in many cases poverty conditions prevail, and the Natives cannot provide for the children the necessary medicines, ~~the~~ the necessary prepared foods.

He has never had any direct complaint that they do not get enough milk, but in the past a few of them have complained that they do not have the facilities for getting the milk that they want.

Proportionately the infantile mortality is always higher in the location than among Europeans, it fluctuates more or less from year to year, it depends a lot on the weather conditions.

All deaths taking place in the location are registered.

It sometimes happens that Natives come in from outside for medical attendance and die there, but there are not many such cases. It is sometimes very difficult for a Native who comes in to pay for medical attention. There is no satisfactory system by which they can obtain anything if they cannot pay, and if they get a little medicine and are helped in a way there is no further record of them. He supposes they sometimes come in to see the District Surgeon, he has no record of that.

If they stay over they must stay in the location. Unless directly attending a case he does not know of these things. The records of births and deaths for the previous ten years are available.

He has had a few cases, but not many, of Native women coming from outside for confinement. He does not think that they come specially with the object of being treated, he thinks it is just coincidence that they are there. They come when things go wrong; his cases from outside areas have been few.

He does not know of any cases of Native women who live in the location going out to their kraals outside for confinement. He does know of a Native woman who practises as a midwife. She used to keep a home in the town, but the Council stopped her residing in the place.

The hospital does not take cases, but two years previously there had been rather an epidemic of enteric fever and then the Council opened an infectious diseases hospital which was kept open only during that period and after the cases recovered it was closed, but it is there in case any epidemic breaks out.

Dr. Lowe had not known of the appointment of the Native nurse by the Council until that morning - she had only recently started. She had not been to him to get any instructions. She had been appointed because of the agitation of the ladies of the Agricultural Association to have a nurse, and they have asked the Council for this nurse to be under their supervision in order to look after the health of the Natives as well, but it is a new thing by way of experiment, so he cannot yet give any results.

The whole hospital is for Natives, it is an infectious diseases hospital.

Veneral diseases have made their appearance sporadically from time to time. The previous year a lot of venereal disease appeared. He does not think proper attention is given to venereal diseases. The Natives hide it and it is difficult to get hold of them. He has found that the Natives are dissatisfied with the position, but when once they are discovered in a venereal condition they are, of course, advised not to go to work, and are probably stopped going to work, and they live in a state of starvation; there are no proper facilities for them in the meantime, with the result that they either run away, or keep themselves dark as much as possible, or resort to various public advertisements and Native remedies. Now in a way it is impossible to blame the Native, because Dr. Lowe maintains that if he is stopped from working he must be provided with food in the meantime, and some of them do ^{not} get satisfaction

satisfaction that way. On the other hand the Native, if he is quarantined in any way, considers because he is quarantined he must be treated like a prince, and if he does not get what he asks for he is dissatisfied, even when he is assisted. That has been Dr. Lowe's experience when there have been infectious diseases.

He cannot say that venereal disease is very prevalent there. He is surprised that it is not more prevalent, when the girls and boys are cured they are not seen any more, and some of them disappear if they contract the disease. He instances some girls who had come to his surgery with gonorrhoea and who had contracted ^{it} from a visitor, a driver to a traveller passing through. He gave them some medicine, pointed out the seriousness of it, and that was the last he saw of them. He does not know if they remained there or cleared out, but there is no proper check. Although they do their best he feels there should be better control or more control than there is.

Dr. Lowe considers that there is need for a clinic there. He opened one himself once under the Council; it lasted some months but then he had to close it down, in the first place because the Natives did not turn up as they should have done, and in the second place he is a part-time M. O. H., and it is not included in his work and he considered if the Council wanted him to do that work he should charge for it. Although the Public Health Act makes provision that the M. O. H. should be informed of these conditions, he is not even informed by the District Surgeon, with the result that he is not kept informed as he should be.

He thinks if a clinic were again started and the conditions were favourable the Natives would take advantage of it if the conditions were explained to them. That is how the idea arose of the Native nurse, particularly to bring these conditions to their attention here, and in the country to trace them out and explain matters to them, and by so doing it may be possible to win their confidence as it were. At the moment it was only an experiment & he thinks the girl had only been appointed for six months as an experiment to see what could be done. There was the question of finance, and at the moment the Council was having a lot of financial trouble.

On the whole he thinks the children in the location are properly nourished. There are occasional cases which are not properly nourished but they are very few.

Dr. Lowe estimates the Native population of the town as in the neighbourhood of 2,000. The infantile mortality for the year ending 30th. June 1923 among Natives was registered as 122 - at that time the Native population was 1708. The Coloured births for that year - including Natives - was 259. There had not been an epidemic that year.

For 1925 the Coloured births had been 248, the Native infantile mortality 157. For 1926 Coloured births 316, Coloured infantile mortality 130. For 1927 Coloured births 291, Coloured infantile mortality 151. By now the population had increased to 1675. For 1928 Coloured births 254, Coloured infantile mortality 133. For 1929 Coloured births 185, Coloured infantile mortality 114. For the year ending 1930 Coloured births 193, Coloured infantile mortality 101.

As regards the smell complained of at the location, the night soil is buried on the site and the river bed there is very sandy soil. He thinks the site is quite 600 yards from the Native location. As M. O. H. he has been trying for years to get the Council to change the system altogether into a sewage system.

The Council has put up lavatories in the location and engaged Natives to look after them, but some of the Native residents do not use them properly, or keep them clean.

Queenstown Sitting. 19. 1. 1931.

Mr. G. Mvendezza reads a paper on "Rural Native Areas" and says (inter alia), - "Most people build stone rondavels, covered with veld grass or wheat straw. These are quite healthy if the windows are big and properly kept. No sanitation of any kind is done."

"The mortality amongst adults and children is very high; this is owing chiefly to the want of knowledge on the part of these concerned, the absence of qualified doctors and nurses and the still deep belief in witchcraft. If the Government could train a few Natives to become doctors and employ a number of nurses, much good work could be accomplished."

(Page 4129.)

Queenstown Sitting. 20. 1. 1931.

The Rev. C. K. Hodges, speaking of the adequacy of housing in Urban Native Areas, says, as regards local conditions, there is provision made for sanitation, but the Natives themselves particularly the uneducated ones, are very careless.

(Page 4139.)

Dealing with education Mr. Hodges says the time will come when the Natives must have an opportunity for their sons to become doctors etc. He thinks we might give them the opportunity so that their sons might eventually be trained to help in the medical care of their own people. Nurses are being trained now at Lovedale and also at Fort Hare.

(Page 4148.)

Mr. Hodges says it would be impossible for a handful of Europeans to provide all the medical needs of all the Native people. There would not be enough Europeans to do all the work. He says:- "When you consider the unhealthy conditions of large numbers of Natives in the locations and at mission stations - and at mission stations the conditions are better because of the conditions of life being better - when you consider all that, then you realise the absolute necessity for something being done for the welfare of people and having more medical persons in their midst. You could not supply the wants of those tremendous areas of ours at the present time by your European agency. It is impossible."

He says there are not enough medical men. There may be seven, eight or nine medical men in the town but what is that for the tremendous neighbourhood? So many Natives die from disease. There is a tremendous infantile mortality as well and that is all due to want of medical knowledge on the part of the people. It really comes down to this largely, that they are not properly cared for when they are sick.

That is partly due to the fact that there is not money enough to pay for the medical attention, but not entirely.

There is not enough money for an European doctor to live in the Native location and attend to Natives only.

He does not suggest that there should be Native doctors merely because they would be cheaper; he does think that Natives should live among their people with proper medical training and certainly if that were so it would be cheaper, but he would not have it only for that. Another point is that they would have confidence in their people. Speaking from his experience among the Native people he says that the Natives want some medical care, and that is why, as Churches, the missions are spending money freely in opening their own hospitals and the like. It would be an immense help to their own people if these Natives could be trained. It has been shown over and over again that there are Natives who can well be trained as medical men and who can do well in that line of work.

(Page 4150/1.)

Archdeacon H. E. Rowley, dealing with mortality among adults and children says he had been told that recently there had been 14 funerals in one day from that location. Surely that is a very large number. Infantile mortality is very serious, and it is serious all over the country. Of course it may have been an exceptional day when they had these 14 funerals, but all this points to what Mr. Hodges had said, that there is an inadequate supply of nurses and of clinics. There is only one Native nurse there, - she is a very highly qualified nurse but she is only one and there should be a good many more. She is a Native nurse working under the direction of the doctor. One nurse is not sufficient, and Archdeacon Rowley would like to ask whether it is possible for the Native Administration to help to provide nurses for this work and to provide the necessary money for their training.

In the hospital at Lovedale and elsewhere they have two or three European nurses and three Native probationers. There is no grant for their training and the money has to be found by themselves. Mr. Johnson, when he was there recently, had promised to look into the matter and to consider the question of a grant.

There may be a provision for a grant for so many nurses from the Development Fund, but they did not have it recently at St. Matthews, which is the other place to which he had referred with Lovedale. Mr. Grant, who is in charge there had been hopeful of getting these grants.

Archdeacon Rowley refers to conditions in the Soudan, which, however, have no bearing on local health matters.

(Page 4159/60.)

A hospital has been in existence at Keiskama Hoek for about eight or ten years, but Archdeacon Rowley does not know for how long they have been training nurses there, he does not think for very long. The last time he was there, about ten years previously, the Nurse there might have had one Native nurse under her, he cannot say for certain, but he knows there were three there at the time of speaking. No money will be given to the hospital unless Native nurses are being trained. He does not know whether they get a grant, but they will get one if they are training.

(Page 4167.)

Mr. R. H. Impey, Mayor of Queenstown, says they are anxious to put up an isolation hospital which will cost them about £2,500. They have approached the authorities and have had word to the effect that on account of the financial stringency they are not able to contribute a portion of that. Therefore the matter will have to remain in abeyance. It is greatly needed: the present isolation hospital is in very bad condition indeed, and should be renovated if not renewed entirely. It has an old mud floor and is generally not suited and they are hoping that, in the near future, they will be in a position to put up this new isolation hospital.

(Page 4181.)

Dr. J. Cranke, Medical Officer of Health and District Surgeon, says the general health of the Natives in Queenstown is good, excepting the young ones, who are worse because of the habits of the Natives; their habits and customs are totally different from the Europeans, and they will not take any advice: some of them do, but most of them do not. They will not feed their children in the proper way. He thinks they could get the food if they wanted to. He does not know the conditions as regards milk. Apart from the question of food the conditions under which they live are bad for the health. They have not sufficient air space. Most of them live in small huts which have mud floors,

and there is a want of ventilation and so on; and then there is a very great deal of vermin in these huts.

The diseases chiefly responsible for the mortality among the Natives are bowel complaints among young children and chest complaints, bronchial pneumonia and enteritis, and also bronchitis,- enteritis among the young children.

There are not many deaths from epidemic diseases. During the previous year there were only nine cases of typhus fever in the location, and there were over 9,000 people living there; and over half of these cases of typhus fever came in from outside. There were nine cases, and three of enteric fever, and there were 24 deaths from tuberculosis. Some of these were men who had been to the mines, but not all; there were several who had never been near the mines; tuberculosis is not confined altogether to people who come back from the mines, there are many who have got it who have never been near any mine at all. There are always cases of tuberculosis, he supposes he could say it is endemic among the Natives now.

The infantile mortality among the Natives is considerably higher than it is among the Europeans. The children he refers to are mostly born there, but he has not the correct figures of those who are born there and it would be impossible to get them.

The last time Dr. Cranke got the figures for the whole of the 12 months he got a total of 104 births - that is for the whole of the Queenstown area, but he considers one could multiply that by 4 and still be on the safe side. The population is 9,000.

It is possible to obtain the exact figures of deaths because burials cannot take place without an order from the Location Superintendent. It is impossible to give the accurate percentage of the infantile mortality as the birth figures are absolutely ridiculous.

As far as he can see the health position in the districts does not differ in any respect or to any extent from that in the town. The complaints in the districts are very much the same as those in the town. He considers the infantile mortality for the districts must be high, and thinks the conditions are very much the same in other towns or other parts of the country, that they are very much the same all over. (Page 4197/202.)

A Statement by Mr. S. E. Matshikuza, Ex-Interpreter, Government Pensioner, and Member of the Advisory Board, says a clinic has been established in the Location and the presence of a Native nurse is of additional help to the general health of the Natives. The size of the location though, and the work, warrant an additional nurse.

Sanitation is good.

(Page 3 of
Statement.)

This is repeated in his evidence. (Page 4220/1)

Queenstown Sitting. 21. 1. 1931.

The file includes a statement of their grievances by the Male Native Assistant Nurses Association of Queenstown Mental Hospital, which however has no real bearing on the question of health.

A Statement by the Rev. J. E. Johnson, says, under the heading "Native Labour" that provision needs to be made for the sick labourer. Some form of pension, not gratuity, should be evolved for those who are totally disabled at work. The compensation in case of death helps to increase the treading out of the veld in an overstocked goat ridden area.

(Page 2 of
Statement.)

Lady Frere Sitting. 23. 1. 1931.

Mr. E. L. Harries, Resident Magistrate and Native Commissioner, refers to the difficulty of getting vital statistics about Natives. There is no compulsory registration of births and he thinks it should be made compulsory. One knows that among Natives infantile mortality is very high but one cannot get any figures. (Page 4354/5.)

King William's Town Sitting. 26. 1. 1931.

A Report from Mr. W. H. Little, Native Commissioner, Adelaide, says the sanitary conditions in the location at Adelaide have been severely commented upon by the Medical Officer of Health.

There are complaints that there are not sufficient latrines, and the state of the latrines is appalling. Natives living near the pits find the stench unbearable at times. There are cases of Typhoid in the location every summer, and there had recently been one death from Typhoid. (Report included in file.)

A Report of the Warden of St. Matthew's College deals with the Hospital of the Divine Compassion, (Taberer Memorial), and says:-

"This prominent piece of Medical Mission work has completed its sixth year and has maintained ten beds and two cots with great difficulty.

"The statistics show:

"IN PATIENTS:"

	"Admitted.	Discharged cured.	Relieved.	Unrelieved.	Died.
1923	117	79	22	5	5
1924	101	51	25	6	9
1925	123	83	27	6	4
1926	169	126	30	7	4
1927	130	108	5	11	6
1928	137	108	18	5	6

"OUT PATIENTS."

	"Out patients.	Visits to Patients' Houses.
1923	2071	151
1924	1072	61
1925	1129	30
1926	1322	115
1927	1239	87
1928	1441	96

"S. P. G. continues their grants for doctor and sister £150 for 1929 and £75 towards the necessary instruments which we are ready to buy when we find our doctor.

After detailing difficulties of staffing the report says experience has proved that it is essential to have a trained Staff Nurse, either European or non-European to work with the Sister-in-Charge - and if the funds do not allow of this the Hospital must be closed.

The future of the Hospital and "this happy piece of Medical Mission work" is dependant on the coming of a doctor and the provision of his salary. (Report of April 1929.)

A second Report - of April 1930 - says the Hospital has been improved by the addition of a Dispensary and Operating Theatre. The Hospital is a very heavy responsibility without a resident Medical Officer. The staff and support is inadequate and will remain so until the Native Affairs Development Fund gives adequate grants for the considerable health services already rendered. The Hospital has had 889 In-patients and has served 9,603 Out-patients. (Report of April 1930.)

The Rev. A. C. Grant, Warden of St. Matthew's College and Church, says the health authorities in the Union seem to be oblivious of the fact that we are going to have a diminishing labour pool, not only by means of disease, by lack of vital statistics, but by reason of the fact that the Natives are not able to develop their own race because they are absent from their proper habitat. In the Belgian Congo the authorities are already concerned about the diminishing population for the development of the country, and he thinks we have already begun to go the same way, and if we had vital statistics we would know it. Some people know it by means of sporadic information. Doctors are very slow in making statistical statements. He actually believes that there is a falling population in those areas. For one thing there are fewer children living. The production of Native families is not so great and is going to become less by reason of diseases of different kinds, diseases which are prevalent in some areas. Mr. Grant cannot give statistics but is giving his impressions from experience going over nineteen years.

Infantile mortality is very great indeed. There again there are no statistics and he cannot get doctors to put on paper what they only have impressions about. It is not only disease, but malnutrition through lack of proper food which is responsible for that state of affairs. (Page 4370/1.)

Mr. Grant says venereal disease is pretty bad there. At their little hospital they have suffered fairly severely, because the health authorities will not do anything for them except through the District Surgeon, who is their friend and who does all he can for them as far as he is able under the Regulations. They would willingly treat venereal diseases free, but the health authorities will not give them the drugs to enable them to do so, and it is a very expensive treatment. Time after time people, married as well as unmarried, have come to them to be treated for the disease, but when they have to pay for the drugs they do not come back. The Mission Hospital does not receive any Government support, and the people stay away when charged for drugs, just when they get to the stage of being made whole, he does not mean cured, they disappear. They are told that the disease will come back, and then in six months' time they reappear and want to be treated again. The Mission people have asked over and over again that they should be granted the necessary drugs free of charge to their Hospital, because the Natives will not go to the District Surgeon in the same way. They will more readily come to a little hospital where they know who is going to treat them. Mr. Grant is very grateful for the opportunity of putting that point before the Commission, because their work might be beneficial to the whole country if they were granted free drugs and were able to do what they wanted.

He has no statistics as to other diseases in that area, attributable to Natives going out to work, but a little time previously they had proved that about 20% of those who came within their ken, in and out patients as well, were tubercular; they were by no means all phthisis men. And there too the Mission can get very little help. They have to refuse them of course, they cannot take T. B. cases in an advanced condition, they can only give remedial treatment and then the patients spread the disease in the kraals.

Asked if there is a large increase of T. B. in the country Mr. Grant says "Lovedale Hospital is pretty explicit of that in their statistics, although they do not take in large numbers, but we know that the disease is prevalent in every sort of form and not only phthisis." There is a great incidence of the disease, and it is very difficult to get any help of any

sort from the Divisional Council.

(Page 4373/4.)

King William's Town Sitting. 27. 1. 1931.

Mr. J. Hadashe, representing the Municipal Native Location, Adelaide, says there are only three latrines for about 500 people. They are miserable; the location is not cleaned up; there is no light and no water in the location.

(Page 4545.)

The Rev. V. Kwatshe says some of the younger Natives are sent back from their work because they are not healthy. He suggests that for exemption from Poll Tax these cases should be brought by the Magistrate to the Native Gundhle, and there the matter should be discussed and the doctor's certificate done away with.

(Page 4551/2.)

Mr. C. Labase says their children leave them and get employment with Europeans as soon as they attain the age of 17, and parents are unable to get them back, but when they become sick or blinded they are returned.

(Page 4555.)

King William's Town Sitting. 28. 1. 1931.

Mr. A. Kerr, Principal of the South African Native College, Fort Hare, says two Native men who were formerly students at Fort Hare have returned as doctors → Dr. Notebang and Dr. Gumedé. The latter is in the neighbourhood of Amanzimtoti or Inanda.

(Page 4566.)

Mr. J. W. Ord, Additional Native Commissioner, King William's Town, wishes the Commission to consider the question of putting into force Chapter 4 of the Birth and Death Registration Act in regard to Natives living in rural areas. At the present time there is nothing compulsory about the registration of Native births and deaths, except in urban areas, and it is therefore almost impossible to tell whether, from a census point of view the population is increasing or decreasing. It has always been a source of wonder to him that this differentiation should be made between Natives living in town and in the country.

(Page 4627.)

The extraordinary figures of infantile mortality may be put down to the fact that the registration of births is not compulsory. The deathrate has increased since the introduction of European diseases, diseases introduced through men going to labour on the mines, coming back with new types of diseases, more especially of a pulmonary nature.

(Page 4631.)

A Statement by Dr. H. Macvicar, of Victoria Hospital, Lovedale, dealing with Native men who go away to distant labour centres, says some suffer in health (1) either from over-economising in food in order to save their wages to take home, (2) from living in crowded quarters and getting infected with tuberculosis or (3) from misconduct resulting in venereal disease. This last in his experience, is less common than the first two causes of ill-health.

(Page 1 of
Statement.)

Dr. Macvicar says patients showing signs of malnutrition are frequently seen among the out-patients at the Victoria Hospital. The worst cases are admitted, mostly small children with swollen painful limbs, haemorrhages in the skin etc.

Towards the end of the last great drought, early in 1928 a medical survey was made of the small children, i. e. weaned but mostly under school age, in the Reserves in Victoria East. 849 children were examined and of these 435 showed signs of malnutrition.

The following evidence is submitted with reference to the training of Native Nurses at the Victoria Hospital, Lovedale.

" Conditions of training. In former years most of the "Nurses were unable to attempt the Medical Council's examination. "They were given the Hospital's own certificate. All of the "nurses now in training, 30 in number, are being prepared for "the Medical Council's examinations.

" "At first great difficulty was experienced in getting "anyone to employ a Native Hospital-trained nurse. Now the de- "mand exceeds the supply. As however our output is going to be "much larger than the past and other hospitals are taking up "training, it is to be hoped the demand will keep pace with "the increased supply.

"I have records of the after careers of most of the "nurses trained at the Victoria Hospital. From these I extract "the following data.

"Of 42 nurses who completed their course, 14 obtained "the Medical Council's certificate and became registered Nurses. "I have information of the salaries of 12 of these and the ave- "rage is £10 a month inclusive. 28 had only the Hospital's "certificate. I have information about 23 of these and their "average salary is £8 per month inclusive.

"7 of our nurses, after completing their training "here took the Midwifery training at St. Monica's, Cape Town "and thus became doubly qualified.

"27 have married, 22 of these putting in a period of "professional work before marriage and 13 of them resuming sa- "laried nursing work after marriage.

"10 have worked in hospital only, 15 only as district "nurses in locations, 9 have held posts both in hospitals and "locations, 3 have been employed by Missionary Institutions of "whom one afterwards was employed in a hospital and one in a "location. Municipalities are the chief employers and the King "Edward VII Order has employed 4. We have ourselves employed "several as Staff-nurses and one as Sister in charge of wards. "Our nurses have been in responsible charge of 4 small hospitals "and one of these hospitals (New Brighton) owes its existence "to the initiative and energy of the nurse employed there.

"The above figures refer only to nurses who completed "their course. A number of others who had part of the training "and left for one reason or another afterwards got posts as nurses "and some of these have done very good work." (Pages 3 - 5 "of Statement.)

A Report of the Victoria Hospital for 1930 included in the file after giving a list of the Staff says there are 20 Student Nurses in training.

Statistics show that 1,211 Inpatients had been treated during 1930, the daily average of patients in Hospital being 101.8. There had been 39 major, and 153 minor operations. Of Outpatients there had been 4,649 Individual cases, with 8,171 Attendances.

The Report says:-

"The Work Partly Static, Partly Progressive.

"By a curious series of coincidences no less than five disease

"disease groups of Inpatients have the same totals this year
"as last, namely consumption 131 admissions; bronchitis and
"broncho-pneumonia, 78; pneumonia, 34; (all the chest diseases);
"also acute suppurations, 47; diseases of heart and vessels
"22.

"The fevers have gone down, enteric 37 as against 60
"and typhus 2 as compared with 12 the previous year. Cases of
"malnutrition (scurvy and debility) have also gone down, 76
"as compared with 103 in 1929 and 233 in the drought year 1928.

"Three groups are steadily rising, maternity, women's
"diseases and venereal diseases of women and children. The
"figures are. Maternity cases: 1927, 14; 1928, 15; 1929, 32;
"1930, 56. Women's diseases, 1927, 43; 1928, 60; 1929, 78;
"1930, 85. Venereal diseases, 1927, 22; 1928, 37; 1929, 61;
"1930, 78. The last group are isolated.....

"Tuberculous cripple children are being brought in
"increasing numbers.....

"Training of Native Nurses.

"The Victoria Hospital is recognised by the South
"African Medical Council as a Class 1 Training School for
"Nurses.

"During the year 9 of our nurses entered for the
"Medical Council's Examinations, 2 Seniors in April for the
"final examination and 7 Juniors in October for the Anatomy
"and Physiology examination and all passed.....

Additional accommodation at the Hospital is badly
needed.

The South African Health Society had held its Annual
Meeting in May at Lovedale.

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