

I have made visits to and enquiries about the medical services for Natives at various Government and Mission Hospitals and Clinics in Southern Rhodesia, and have compared these with similar services in the Union.

I find three main differences.

1. The Government of Southern Rhodesia has accepted its responsibility for the health of the whole of the people and is making a valiant attempt to make services available to the African population right through the country. There is no doubt but that the chain of hospitals, clinics and district services established and projected is well conceived and shows a liberal policy on the part of the country by no means richly financed. The South African position is much more haphazard.

2. While the Government support for Mission Hospitals and health services is by no means illiberal (again having regard to the general finances of the country), it seems to me a mistake that the Government is not taking more pains to secure the further help of the Missions in the conduct and development of health services. The attitude between Government medical services and Mission medical services seemed to me a somewhat strained and guarded one, not a full acceptance of the need, for many years to come, of complete understanding and consultation and cooperation so that all developments might be part of a great progressive plan. There is no doubt that in general the Missions can give medical and health services more cheaply, with greater understanding of the people and their needs and with more health propaganda as distinct from merely curative services or special measures in time of epidemic.

3. Southern Rhodesian medical services make much less use of thoroughly trained Native staff than does the Union. This is more obvious in Government than in Mission services. Also the Rhodesian plan provides almost everywhere for orderlies rather than for female nurses. I know that a few Native female nurses trained in the Union are at work in Southern Rhodesia (one or two with Medical Council certificates), that a few nurses with a Southern Rhodesian Mission Hospital training are in employment and that a few "Jeanes" women, whose course included some simple midwifery and home nursing, are doing good work - but the absence of trained African women and the consequent inadequacy of the nursing for the women and of District Nursing Services is to my one of the most outstanding lacks in the whole scheme.

Development of the secondary education of girls and facilities for their competent and full training and their subsequent employment in responsible positions will take time, but I should like to see comprehensive schemes planned in this way. The differences in type and employment of Native male labour undoubtedly make the question of the status of women different in Southern Rhodesia from that in the Union but I think that these differences in status will disappear and that a frank acceptance of modern conditions would make for progress rather than the attitude that old conditions and traditions can and will and should persist.

I have written these preliminary notes because they have their bearing on the position at Shangani.

The De Beers Ranch Shangani is not served by any Government Clinic, nor, except in case of emergency or epidemic, by any Government Medical Officer.

The Native residents number something between 1000 and 2000. They are the actual Native population of the extremely wide area of the ranch, are native to the District and live their own traditional life in a portion of the ranch set apart for them (and fenced off for the separation of stock) known as the "De Beers Reserve". The adult (and adolescent?) males are expected to give six months' service per annum to the Company either on that Ranch or on one a little further away to the north. Actually, because of their own preference, this becomes one year duty and one year free.

Wages (from 5/- per month to £2 per month) are paid during their service and they are provided with quarters and rations during their service. The women are not employed and do not come into the European portion of the Ranch except by permission at weekends to bring beer. The "Reserve" is about 20 miles from the Head Station on the Ranch - the maximum distance. It is therefore always possible for those men doing their year of service to visit their homes by permission at weekends, or when there is urgent family need, and when they themselves are sick they prefer to go home. (The northern ranch is further away but even here the distance is not impossible and many of the men have bicycles). The separation from family life is therefore not extreme.

Mrs. Bourdillon at the main station, and the wives of section managers at other stations, do a great deal to help in case of accident and sickness. The Company provides such dressings and medicines as are used free, and even the families in the Reserve are increasingly coming forward.

(N.B. On another Company estate near there is no European resident but a huge Native squatter rent-paying population. The needs of these people are great as are those of the Natives on the farms (without European residents) between De Beers and Shangani. How far such external Natives should use facilities provided by De Beers would need to be discussed between De Beers and Government).

There are no other social services on the Ranch. There are no regular religious services in the "Reserve" nor is there any school. There is no night school or Sunday School for the men and boys in work-residence. I understand that there is a great desire to learn to read and write.

The Native cultivation in the "Reserve" and the cattle position are fast approaching the point when for the preservation of the basic life of the people and also the land of the company, something should be done to provide training and guidance in better agricultural methods. The De Beers Company is at present organising the dipping for the Native stock efficiently and at little cost to the Natives.

There is great need for a clinic with some nursing facilities in the "Reserve" and for the beginning of health services there. There is an annual incidence of malaria; dysentery has been rife at various times; the streams are infected with bilharzia; there is probably the usual amount of V.D. The accidents from fire are very common and there is great need for maternal and child welfare work. Naturally there are the usual ailments and accidents both in the "Reserve" and as well among the men at work.

While I do not think the Government would in any way repudiate its responsibility for the health of such a community (indeed, the conversations of my husband with the Acting Director of Medical Services, Dr. Morris, make it clear that they do accept the responsibility) the Government Clinics are in the present circumstances being placed in towns or in or near the Government Reserves. It will therefore be a definite contribution to the health services of the country if De Beers Company should establish a clinic. A definite scheme submitted to the Government would probably bring forth some help, particularly with regard to medical supervision and the cost of drugs and dressings. If any population other than that definitely of De Beers Ranch should be treated (and already the help given by Mrs. Bourdillon is in demand by outsiders who walk long distances to get help and whom in common humanity it is difficult to deny), charges for these would obviously be a Government concern. It would be well for any plans to be discussed with the Principal Medical Officer while still in the initial stages so that approval and support could be assured.

There is always a certain amount of hesitation at first on the part of the Natives about the use of a clinic and this will have to be expected here. Nevertheless for several reasons it seems as if the time is ripe for a beginning for the following reasons :-

1. The kind offices of Mrs. Bourdillon and the wives of branch managers are already in great request and in addition to the advice given and dressings undertaken, a very considerable amount of medicine is dispensed. Much of the value of these services is lost because it is impossible to follow up in the "Reserve" and, in their increasing popularity, these services will

too heavy
soon constitute a burden/for the ladies concerned.

2. In general it does not seem wise to have considerable numbers of Natives coming to the Ranch houses for medical help. Not only does this mean very heavy travelling (and in urgent cases such as fire accidents delay may well mean death or lifelong disablement) for the patients, but their congregation at the Ranch houses would be inconvenient and follow-up work impossible. Special first aid arrangements for the labourers housed on the Ranch itself will always be necessary and perhaps regular clinics for special attention at such various points might be arranged.

3. The Natives send away a good deal of money to Alexander in Durban for his quack medicines which have a great repute.

4. Many already travel great distances to Government clinics and particularly to Mhene Hospital (Swedish Mission).

5. The Natives express themselves as anxious to have a clinic as long as they do not have to be put in beds. (Evidently the fear is of using even a felt on which someone has died).

The next point to consider is the type of clinic which it would be wise to establish. Various types must be considered.

1. Resident European doctor with adequate nursing staff ;
2. Resident Native doctor with adequate nursing staff ;
3. Resident European nurse with Native assistance and doctor's visits ;
4. Medical Aid with nurse-wife and doctor's visits ;
5. Female African nurse with husband useful for some other training and doctor's visits ;
6. Male orderly and doctor's visits.

To review these alternatives :-

1. In years to come I would like to think that this station might become a fully equipped one with resident European doctor. It would be a great service to the European staff to have an easily available doctor and once well accustomed to medical services, the numbers of Natives forthcoming would warrant it. A doctor would take charge of constructive health services (e.g. malaria prevention) to the district. But at present the amount of work would not justify a medical man and as long as the war lasts it is unlikely that a suitable one could be found. If a Resident doctor were available the nursing staff would still be necessary as, preferably, under 5 above.

2. A resident Native doctor would be to my mind unsuitable quite apart from the fact that there are none likely to be available for Southern Rhodesia for another four years at least. But a Native doctor could not be used for services to the European residents and their families; and he would probably not be as acceptable to the Natives as a European. He would be lonely and have no satisfactory position in the community.

3. I was much impressed by Miss Daly's work at Ndanga, and that station and several Mission Hospitals I know in the Union with only a European matron and Native staff would make me think this an excellent plan if a suitable European nurse could be found. But a woman who could live on the edge of the Ranch and who would care to do so would be very difficult to find during the war. She would in many ways be a comfort to the European residents but, on the other hand, she would not very easily be available if stationed at the Reserve. I should foresee very possible difficulties in such staffing arising from time to time and do not recommend the plan, at least until after the war.

4. I have given much thought to the possibility of using a Native

"Medical Aid" with a wife trained in Nursing and Midwifery, plan with Mr. Bourdillon. Such a couple would make an almost they would be competent enough to carry on with the minimum of doctor an important point, having regard to the depletion of the civil medical of Southern Rhodesia at present and the difficulty of transport in bad weather. Such a couple having their own home would probably make their places in the community, though they would miss civilised contacts. But an almost insuperable difficulty is that they would have to receive a rate of pay which would seem excessive to the European ranch assistants. Medical Aids (who have undertaken a 5 years' post-matriculation study) have been promised £180 commencing salary with a good house, etc. A well qualified nurse gets at least £8 per month plus quarters, board and uniform in the Union. In the couple I had particularly in mind the wife has already a salary of £10 and these allowances. A joint commencing salary of at least £25 per month, and I doubt if this much would attract such a couple to Southern Rhodesia, would seem to Rhodesian Europeans excessive for Africans. Their catering might be more difficult than for Europeans - they would require the same amenities and yet not be within the freemasonry of the European staff. It is with some reluctance that I put aside the plan, but Mr. Bourdillon agrees that it would not be satisfactory at present.

5. I therefore recommend that a well-qualified married African nurse be appointed with a husband either qualified in teaching or agriculture or both so that he might act as Secretary to the Clinic, start educational work, if possible with much practical and agricultural bias, to the Reserve, so gradually breaking down much of the ignorance and superstition which are a hindrance to health work, and making a better agriculture and nutrition possible in the Reserve. Such a couple might be found for a joint commencing salary of say £16 per month if a satisfactory house were provided. They would not be too far removed from the life of the people and if the right couple were obtained I am sure that their influence would be great. I myself should be quite satisfied to leave such a couple with a fortnightly doctor's visit; even a monthly visit. Mr. Bourdillon (and a telephone at his station) would be at hand for a certain amount of friendly supervision and could summon medical aid in emergency. The husband should include in his duties help where necessary with the nursing of male patients.

Even if without much delay a resident doctor can be found, some such nursing unit would be essential to carry out his programme.

Later a further nurse or a male orderly could be added as work warranted this.

If a suitable couple, with wife a fully trained nurse, could not be found, a "Jeanes" couple could be considered, though I do not consider the training of "Jeanes" women good enough for such responsibility. I believe there are in Southern Rhodesia a few couples where an "orderly" husband has married a wife trained in simple nursing at Morgenster or Mt. Silinda. Again I consider this training inadequate for such responsibility. I strongly recommend a fully trained African nurse with the best suitable husband.

The doctor's visits at whatever intervals are deemed suitable and possible should be arranged by the Government and I think that even in this present situation a minimum of such visits could be planned.

6. Nothing I saw at any clinic in Southern Rhodesia nor two years ago in clinics in Nyasaland and Northern Rhodesia would indicate to me that the type of orderly available is suitable to be in charge of such a clinic as is projected. The work with women and children and in the homes is obviously impossible and I should hesitate to recommend the establishment of a clinic at all unless better staff than that could be obtained.

Situation of Clinic :-

A suitable site with rock foundation and water supply from a spring is available very near the Ranch Reserve.

I regret that though Mr. Bourdillon had kindly made arrangements to take me to see this site I was not able to stay to do so. I am assured that the

water position would be satisfactory even for considerable developments with civilised staff.

Type of Buildings :-

Naturally the type of building and cost of these would vary with the type of clinic established and its staff. I am told that excellent bricks can be locally made. I should recommend a central building such as is usual in the Government Clinics, but without the wards to begin with, the plans being made to add these afterwards when the prejudice against hospitalisation passes away. This block consists of Dispensary, Theatre, and storeroom and two wards - a larger male and a smaller female. I recommend the addition of a consulting room for the visiting doctor as apart from the Dispensary, so that the Dispensary might be treated as a Duty Room by Native staff or a small Duty Room could be added.

Two huts could be built outside to be used as wards for such patients as should not leave the Clinic without further treatment or nursing. The number of these huts could be increased and/or the wards added as need developed. Grass sleeping-mats and wooden frames could be provided for those who would use them, and, if needed, felts be kept also for those cases where it seemed wise to use them.

The general layout would be as sketched.

The house for the workers would be, of course, dependent on just what workers were obtained. I have the specifications for some special tiles used by the Medical Department which reduce roofing costs.

Improved Housing for Urban Natives, Jennings,
Rhodesian Society for the Advancement of Science, 1941 ;

and

Model Houses for Africans, by the Agriculturist for Natives,
Demonstration Circular No. 2 of 1941 ;

give particulars of types of buildings found economical and durable in Southern Rhodesia.

I am informed that the cost of the whole layout according to Plan II with a four-room house on one of the approved plans, and the water installation, would probably be about £800 and the wards and huts likely to be needed in another two years would cost another £200. This would of course require accurate costing when the plans had been determined upon.

Other Services which might be provided from this Unit :-

1. There is a small Matabele Reserve on the Ranch. It is not too far away for the residents to go to the Clinic as projected, but a subsidiary clinic might be established once a week.
2. Some arrangements could be made for a regular clinic for the employees at the ranch stations if this were found advisable.
3. Workers on the other Ranch across the line could be sent to this clinic for attention, or later a subsidiary clinic could be arranged.
4. The social services provided could extend to night school and Sunday School for the workers. It seems that such services would greatly add to the content of the workers.

Transport :-

Bicycles would probably be needed.

Holiday Leave :-

One month's leave would probably be necessary.

Running Costs :-

Doctor's visits	?Government provision?
Drugs, etc.	?Government provision?
Upkeep of buildings	£ 50. -. - per annum
Wages	£192. -. - per annum
Relief during leave	£ 20. -. - per annum
Transport	£ ??
Cook and cleaner	£ 30. -. - per annum.

It is impossible to estimate at present most of the items. One might hope that doctor, drugs, etc. would be provided by the Government.

If school, night school, agricultural development were possible, grants for these might be obtained.

General :-

The problem has been discussed from the point of view of the De Beers Ranch, but if the plan is successful there, it would, with minor modifications, be suitable for other ranches and probably for the smaller country mines.

Attached :-

- I. Plan of usual Government Clinic ;
- II. Plan of suggested Clinic.

FN

10th December, 1941.

II PLAN OF SUGGESTED CLINIC.

LAV.

KITCHEN

HUT TO BE ADDED.

HUT

HUT.

THEATRE	DOCTOR'S OFFICE.	DISPENSARY & DUTY ROOM.	STORE.
---------	------------------	-------------------------	--------

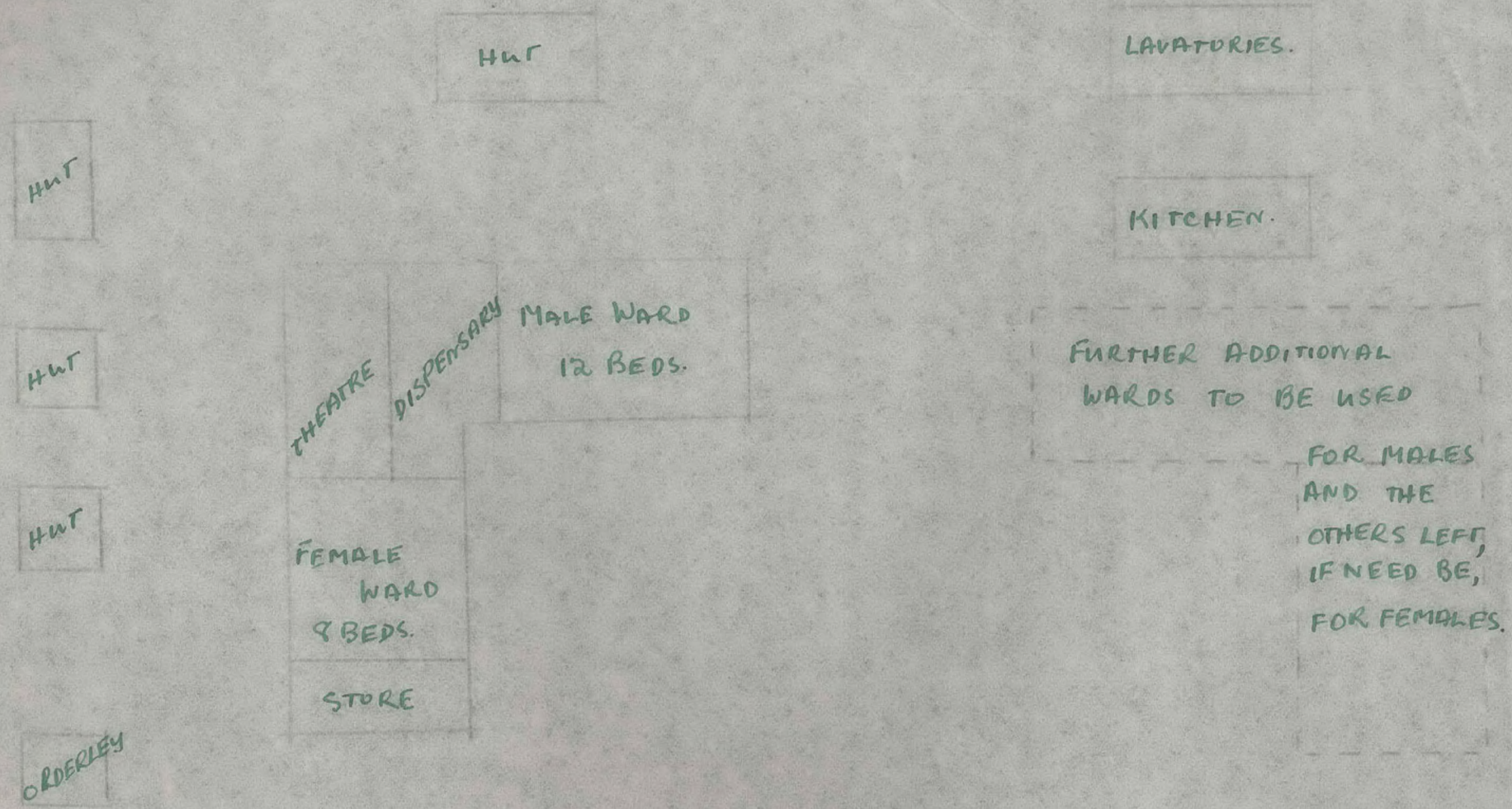
ADDITIONAL WARDS TO BE ADDED WHEN NEEDED.

HUT TO BE ADDED.

WARD TO BE ADDED WHEN NEEDED.

I

PLAN OF USUAL GOVERNMENT CLINIC



Collection Number: AD1715

SOUTH AFRICAN INSTITUTE OF RACE RELATIONS (SAIRR), 1892-1974

PUBLISHER:

Collection Funder:- Atlantic Philanthropies Foundation

Publisher:- Historical Papers Research Archive

Location:- Johannesburg

©2013

LEGAL NOTICES:

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

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

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

This document forms part of the archive of the South African Institute of Race Relations (SAIRR), held at the Historical Papers Research Archive at The University of the Witwatersrand, Johannesburg, South Africa.