

1926

THE TRAINING OF NATIVES IN MEDICINE AND
PUBLIC HEALTH.

In 1926 the South African Government appointed Dr. W. Darley-Hartley of Capetown, Professor R.A. Dart of the University of the Witwatersrand, Dr. A.W. Murray of the Union Health Department, Dr. J.C. Pretorius of Bloemfontein, Mr. W.G.R. Murray of the University of Capetown and myself as a Committee to enquire into the Training of Natives in Medicine and Public Health. We travelled all over the Union, took evidence from sixty-six witnesses including thirty-two medical men, spent a considerable time over our findings in order to secure unanimity, and finally reported in 1928. Two previous committees, namely the Committee of Inquiry re Public Hospitals and Kindred Institutions and the Hospital Survey Committee had, inter alia, commented on the inadequacy of medical and hospital provisions for Natives. The function of our Committee was to suggest ways and means by which this deficiency could most effectively and most economically be made up. Because Government publications are little read, I must ask you to bear with me while I attempt to sum up in four paragraphs the most salient points of a thirty-six page report, viz.:-

1. The establishment of a Government Native Medical Service incorporating existing Mission Hospitals.

For several reasons we held that the Natives' and the country's need could not be met without Government action. We therefore recommended the establishment of as many "Medical Units" as the country could afford. A typical "Medical Unit" would consist of one or more medical men, a small hospital, four or more "health stations" in remoter parts of the Native Reserve, each in charge of a Native nurse, and two or more Health Assistants. Of the staff the nurses and the health assistants would be Natives. The medical man would at first almost always be a European, but there was no reason why fully qualified Natives should not also be appointed, first as assistants and subsequently as heads of these medical units. There was no intention of excluding Europeans from this medical service, on the contrary the right kind of European would be welcomed but it seemed necessary to make definite provision for those Natives who even at present are being trained as medical men partly in order that a field of useful work should be found for them and partly that their practice could be restricted in terms of the prevailing sentiment of the country. It was felt that if Natives were enlisted in this service they could be prevented from practising on Europeans and that competition with European country practitioners would be lessened. Medical treatment under this scheme would be paid for on a scale to be fixed by Government and the Native Councils would be called upon to make provision for pauper patients. The Native Medical Service would be under Government supervision and inspection.

2. The Training of Natives as fully qualified Medical men.

Our report gives in full the reasons why we recommend the training in South Africa of a number of competent Natives as fully qualified medical men for practice among their fellows. First we believe that the need can not be met by white practitioners alone. Secondly the Natives

doctor must of necessity have a closer bond of understanding with his Native patient than the European. In the third place there is a moral obligation on us Europeans to satisfy the aspirations of those Natives who wish and are able to serve their people through the practice of medicine. Fourthly there is the cogent reason that if opportunities for training in medicine and public health are not given in South Africa, the Native will go overseas where he will become deracialized and find it difficult on his return to fit into his place in this country. Our Committee was unanimous in recommending that Native medical men should undergo the same training, submit to the same examination and receive the same certificate as Europeans. We steadfastly resisted the temptation to recommend a less complete training believing that Native medical men so trained, whom some of us had seen doing very useful work in other parts of Africa, would not suit a country so European or so Europeanised as South Africa. In the face of the evidence of our medical witnesses we could not do otherwise. We give in the report our reasons for preferring Johannesburg rather than Durban or Capetown as a centre for the medical training which we think should be given by the regular medical teaching staff of the University of the Witwatersrand. The University has agreed that if the Government decides that facilities for the medical training of Natives should be provided, it is prepared to undertake the work on condition that no additional financial burden is placed upon the University.

3. The Training of Natives as Health Assistants and as Nurses.

Inasmuch as a good deal of the discussion this morning will turn on the meaning of the term Health Assistants, let me explain shortly what the Committee meant by this name. A Health Assistant is a male Native of a certain age, who after passing at least Standard VI at school enters upon a three years' training in the following subjects:-

- (a) Elementary Anatomy, Physiology & Chemistry;
- (b) Elementary Hygiene and Public Health;
- (c) Simple Sanitation;
- (d) Laboratory Work;
- (e) First Aid and Dressing Work;
- (f) Principles of Nursing and Care of the Sick;
- (g) Dispensing of Stock Medicines.

As regards the duties to be undertaken by such health assistant when trained, the report is very specific:-

"These duties would be to administer public health regulations under the direction of the Department of Health and would entail, in addition to a knowledge of male nursing, the recognition of infectious diseases, deverminization of huts, clothes, and persons, the systematic treatment of malaria, venereal diseases, etc., under the Government Medical Officer or District Surgeon, and emergency first-aid procedure. It should be clearly understood that while these health assistants would be expected to administer emergency first-aid they would not be allowed to undertake anything whatsoever of the nature of medical practice."

In the opinion of our Committee these men should in no respect/....

respect be regarded as medical men. The report further recommends the training of Native Nurses and to deal with the present emergency, a number of Native Nurse Aids and Native Midwives.

4. Estimate of Cost and Provision of Funds.

The Committee estimated that the cost of the whole scheme for the training of both medical men and health assistants when in full working order would be as follows:-

<u>Non-Recurrent:</u>	Buildings and Equipment at University and Hospital	£65,000.
	Hostel for Students (with furniture)	£5,000.
<u>Recurrent:</u>	Additional Staff at University and hospital	£5,000.
	Materials	£2,000.
	Bursaries	£1,375.
<u>Repayable:</u>	Loans to Students	£14,750.
<u>Contingencies:</u>	£5,000.

Plans are under discussion whereby private philanthropy will erect and equip the hostel.

The Committee expressed the opinion that the costs of the training of Natives should be borne by the Natives through their direct taxation, that the cost of the salaries of officials in the Native medical Service be borne by the Union Government and that the cost of hospitals and health centres be a charge against the Provincial Administrations.

As regards the training of Natives in medicine and public health the way is now open, for last year the Rockefeller Foundation of New York very generously agreed to give the £65,000 necessary for the building and equipment of the training institution provided that the Government would supply the running expenses. These it is estimated would be £5,000 for the first year or so rising to a maximum of £10,000 per annum.

So much for the Committee's scheme. Your President has further asked me to comment on the criticism of our proposals and the alternative scheme set out by Sir Edward Thornton in his paper on "A Medical and Nursing Service for Natives in South Africa". Time does not permit me to do justice to all of Sir Edward's well thought out criticism and proposals, but I think the following points will deal with most of his objections:-

(1) In connection with the estimated cost of the establishment of the Medical Service which Sir Edward criticises as too low, the Committee contemplated that a beginning would be made with the medical men and the hospitals attached to mission stations. Just as Native Education is still to-day a mission undertaking aided by public funds, so for some years to come the medical units would be the state subsidized medical missions. This explains why it has been possible to keep the costs of the medical units so low. A

purely Government medical Service would naturally cost more, but mission enterprise could be enlisted in many places where no medical facilities exist provided a guarantee of regular Government support was forthcoming. Even if a Government scheme was considered necessary the cost even on Sir Edward's high estimate would not be out of proportion to the need.

(2) The possibility of the European practitioner suffering from the competition of the Native doctor was carefully considered by the Committee. As things are at present the Native doctor naturally gravitates to the town and villages where he is bound to come into competition with the European doctor, but the Committee believes that this competition will be minimized if the Native doctor can be attracted to and retained in the Government Service. It is maintained that a salary of £750 per annum with a house and pension rights will appeal sufficiently to a Native doctor to retain him in a Service where his practice can be controlled. When Sir Edward suggests that the resources of the State would be used in training these medical men and when he speaks of the specially subsidized invasion by Natives, let it be remembered how much the Native contributes to the wealth of South Africa by his taxation, both direct and indirect, and by the fact that he works at so low a wage. Even if the total cost of the scheme when in full working order amounted to the sum mentioned by Sir Edward, viz., £250,000 per annum for the training of Natives and the maintenance of a medical Service, this is considerably less than the amount collected annually in Native pass fees in the Transvaal Province to-day. It might be mentioned in passing that the Transvaal Pass Fee was originally instituted to provide medical attention for Natives though it has long since been diverted to other purposes.

(3) As regards the length of time it would take before a sufficient number of fully trained Natives would be available, those of us engaged in Native Education can confidently join issue with Sir Edward when he says that it would be years before twenty men would be available. Apart from the fact that we have eight fully qualified Natives already practising in the Union to-day and a number in training overseas, there has been a perfectly phenomenal demand for higher education on the part of Natives all over the Union. At the time our report was written there was only one institution where Natives could take the Matriculation examination -- now there are four; between 1926 and 1930 the number of Native pupils doing secondary work has doubled!

(4) While leaving to medical men the question of the nature of the training which should be given to them, I feel that I can subscribe to almost everything that Sir Edward Thornton has said with regard to the importance of health assistants. It was my privilege to be associated with Dr. J.B. McCord in the gallant but vain attempt he made some years ago to train Native health officials. Perhaps with Sir Edward's powerful help many of the difficulties which confronted us then can be surmounted, but there is one thing which I am sure cannot be overcome and that is the Natives' determination to get somewhere and somehow the full medical training. Let us by all means have the Native health assistants, but let us not delude ourselves into

thinking/....

thinking that this will satisfy the Natives. They are determined to get this full training and many Europeans sympathise with them in this aspiration.

Long experience as a schoolmaster, as educational administrator and as Native Affairs official has taught me the wisdom of controlling where you cannot check. An adequate controlling scheme is, I maintain, supplied in the scheme advocated by our Committee.

CT Loram.

CTL/KT.

MEMORANDUM OF THE PRESENT POSITION OF THE PROPOSED
TRAINING OF NATIVES IN MEDICINE
AND PUBLIC HEALTH.

By Dr. C.T.Loram, M.A., Ll.B., Ph.D., Chariman of
the Union Government's Committee of Enquiry
into the Training of Natives in Medicine
and Public Health, 1926.

It seems desirable to summarise at the present time
the position in which we are in with regard to this matter.

(1) The need for improved medical facilities for
Natives is generally admitted.

(2) There is also general agreement on the
necessity for making use of Native personnel in any
attempt to improve the present situation. Most
societies and other bodies have long been in the habit of
doing this, but now the Union Government itself is employ-
ing a number of Native Health Officers and from all
indications the number of these is likely to increase.

(3) The Government seems to recognise the need for
additional information on this subject by appointing in
1926 a Committee of Enquiry into the training of Natives
in Medicine and Public Health. The report of this
Committee has been before the Government for three years
and has been the subject of comment in Parliament and in
the public Press.

(4) The Rockefeller Foundation of New York has
very generously offered a grant of £65,000 for the
building and equipment costs as estimated by the Committee
of Enquiry, provided that the Government would undertake
the scheme of training *which the Government of the Union and
Johannesburg is prepared to carry out*

(5) I have brought this offer formally to the
notice of the Government and have interviewed Ministers on
the subject from time to time but up to the present no
formal reply has been received.

(6) In the Union Parliament of this year the
Minister for Native Affairs, in replying to the discussion
on the Native Vote, stated that the Government had not
been able to see its way to accept the offer on the
conditions laid down. It seems to me that the
Government has not appreciated the position that the
Rockefeller Foundation has left the matter of conditions
entirely open and is probably prepared to consider
suggestions made from this side.

(7) That the matter is very much before the
country is, I think, evidenced by the fact that the
South African Medical Congress, at its meeting in Durban
this year, made it the subject of full discussion in
one of its plenary sessions. I was honoured by being
asked to read a paper on the subject and was privileged
to listen to a most interesting debate. It seemed to

me that all the medical men admitted the need for improved medical services for Natives and were not averse from the proposal that Natives should themselves be trained to provide these services. The meeting seemed to me to be decidedly in favour of requiring Native medical men to take the same course of training and to obtain the same qualifications as Europeans. A few of the members present seemed to think that the matter impinged too closely on the political situation in South Africa to be prepared for action on the part of the Medical Congress. In the end resolutions were passed instructing the Executive Committee of the Medical Association to take up the matter. It seemed to be understood by the meeting that any proposals of the Executive Committee would be submitted to the various branches of the British Medical Association for consideration. I have pleasure in enclosing copies of the papers read at the meeting, with the exception of a very interesting and stimulating paper by Dr. Park-Ross which was not printed, but which I hope to have permission to duplicate and distribute.

(8) The question now stands at this point and it is necessary to decide what should be the next step. My own views on the matter may be summarised as follows:-

(a) I do not regard the remarks of the Minister of Native Affairs in Parliament as implying that the Government had finally turned down the proposal.

(b) I am asking the Rockefeller Foundation to be patient with us and not to withdraw their offer. Knowing as they do the special difficulties in the racial situation in South Africa, the members of the Executive of the Rockefeller Foundation are likely, I think, to accede to this request.

(c) I propose to keep in touch with the Executive Committee of the Medical Congress and to ask them to give early effect to the mandate imposed upon them by the Congress.

(d) There is obvious need for propaganda in favour of better medical attentions for Natives. Copies of this memorandum are being sent to the various Joint Councils with the request that they do what they can to arouse a local interest in the proposals. The large number of medical men who supported the proposals at the Congress will, no doubt, influence opinion within the medical profession itself.

(9) While I still think that the scheme proposed by the Government's Committee of Enquiry is the best before the country, I do not think that we should close our eyes to alternate suggestions. I would suggest, however, that for discussion purposes the Committee's scheme be made the basis and that unless

a complete alternative better scheme can be suggested that we agree to support the proposals of the Committee.

I need hardly say that I welcome any suggestions for giving effect to a scheme which will remedy the present unsatisfactory state of medical provision for Natives.

CTL/am.

CTL/KT.

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