(25)

R.R./56a./36.

MEDICAL MISSIONS COMMITTEE
of the
CHRISTIAN COUNCIL OF SOUTH AFRICA

PROPOSED TERMS OF REFERENCE

Consideration of the following matters as they call for attention:-

1. Survey of
   (a) Existing Mission Medical Services
   (b) Needs of the Non-European Population - regionally considered
   (c) Possible new mission medical centres.

2. Relation of Missions to Natural Medical Services
   (a) Rural Medical service scheme
      (i) Missions as centres
      (ii) Missions and the training of nurses, etc.
   (b) Appointment of medical missionaries as district surgeons, and use of missions for hospitalisation of Europeans
   (c) Government grants and their conditions
   (d) Mission clinics in relation to municipal health services

3. Relation of Medical Missions to the medical profession
   (a) Competition of medical missions with practising doctors.
   (b) Use of local practitioners for medical mission work.
   (c) Salaries of medical missionaries and doctors working for medical missions
   (d) Hospital and clinic fees

4. Relation of the medical work of missions to their general organisation
   (a) Organisation and finance
   (b) Aim: evangelistic and/or humanitarian

5. Training and use of Non-European doctors, medical aids, nurses, nurse aids and health assistants in
   (a) Medical Missions (as missionaries and/or secular practitioners)
   (b) Government and municipal services

6. Medical Missions in relation to
   (a) Tuberculosis
   (b) Venereal Diseases
   (c) Nutritional Diseases
   (d) Abnormal Midwifery
   (e) Child Welfare
   (f) Health Propaganda

7. Co-operation with the Standing Committee on Non-European Health of the South African Institute of Race Relations.

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PROPOSALS FOR THE SUPPORT OF MISSION HOSPITALS
TO BE SUBMITTED TO THE VARIOUS PROVINCIAL ADMINISTRATIONS.

We propose that in those areas where no public hospital exists and where the need for such is being supplied by a Mission hospital, the Provincial Administration shall enter into an agreement with the Mission Authorities to support such a Mission hospital on the following terms and conditions:-

1. The Hospital shall be under the control and management of a Hospital Board on which the Administration shall be represented.

2. The Hospital shall at all times be open to inspection by the Administration officials.

3. The Hospital Board shall submit annually to the Administration an audited statement of accounts for the completed financial year and estimates of expenditure for the ensuing year.

4. The Hospital Board shall agree to admit patients to the Hospital without any distinction of creed or religious sect, and to allow Ministers (or other accredited representatives) of other Churches or Missions access to patients who are members or adherents of such Churches or Missions.

5. The Administration shall contribute to the support of the Hospital on the following basis:-

The total annual expenditure of the Hospital on maintenance, including the cost of maintaining an out-patient department, or departments, and also including interest and redemption charges on loans sanctioned by the Administration, shall be divided by the total number of in-patient days for the year to establish the actual cost per patient-day. This cost per patient-day multiplied by the number of patient days for general medical, surgical and maternity cases, but excluding infectious cases shall be the amount to be paid by the Administration to the Hospital. The Administration's contribution to be paid quarterly.

6. The Administration shall assist the Hospital Board to secure from the Union Department of Public Health a contribution equal to the actual cost per patient day multiplied by the number of patient days for all infectious cases.

7. Recognising that all of the Mission hospitals have been under-staffed and have had to exercise severe economies in the use of drugs and dressings, and even in the xxx feeding of the patients and nurses, the Administration shall agree that these hospitals shall have the right to increase their nursing and technical staff and, if necessary, to pay salaries

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on the Provincial scale until they are staffed on the same basis (e.g. of trained to untrained staff, and of nursing staff to number of occupied beds as a public hospital of similar size). The Administration shall also approve increased expenditure on provisions in order to enable the hospital board to feed the nurses and patients in accordance with a scale of rations approved by the Provincial Director of Medical Services.

8. The hospital board shall have the right to accept such grants or loans for capital expenditure as the Administration may sanction, the buildings in each case remaining the property of the Missionary body concerned, but subject to the conditions that should the building at any time, through the default of the missionary body, cease to be used for the purpose of a hospital for Africans, the missionary body shall refund to the Administration such proportion as shall be agreed upon or determined by arbitration of any building grants or loans received from the Administration. The interest and redemption charges on such loans shall form part of the maintenance costs of the hospital (see paragraph 5 above).

9. The patients admitted to such Mission hospitals shall be treated free of charge. If desired by the Administration out-patients shall also be treated free, or, if a charge is made, all fees collected shall be credited to revenue and shall be deducted from the total cost of maintenance before calculating the actual cost per patient-day (see paragraph 5 above).

10. The church or mission responsible for the hospital shall undertake to appoint one or more doctors with suitable professional qualifications to carry on the work of the hospital.

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PROPOSALS FOR IMPROVING AND EXTENDING THE HEALTH SERVICES AVAILABLE IN THE SIBASA AREA (by R. D. AITKEN, M.D., D.Sc., MEDICAL MISSIONARY IN CHARGE OF THE "DONALD FRASER HOSPITAL", CHRUCH OF SCOTLAND, 60 BEDS. Dr. AITKEN IS ALSO ADDITIONAL DISTRICT SURGEON, AND IS THE ONLY DOCTOR IN THE SIBASA AREA, WHICH HAS AN EXTENT OF 3,500 SQUARE MILES, AND A POPULATION OF 153,000 NATIVES AND LESS THAN 50 WHITES.)

1. PUBLIC HEALTH SERVICES:

The most glaring deficiency in the existing Health Services in this area is the almost complete absence of any serious attempt at Public Health work. (I believe this is true of practically all the rural areas of South Africa.) Yet in this area many of the diseases, such as malaria and bilharzia, can be dealt with far more effectively by Public Health measures than by the usual Curative Services. I do not think, however, that too sharp a distinction can be drawn between preventive and curative medicine. Much preventive work is in reality early curative work, for example the treatment of syphilis in the infectious stage and the prevention of blindness by attention to conjunctivitis in childrem. Further, some prevention work, such as ante-natal and child welfare clinics, is more easily accomplished in close co-operation with a hospital than as an entirely district enterprise. Throughout this section I, therefore, prefer to speak of public health measures rather than preventive medicine, and I am of the opinion that there must be close co-operation between the public health services and the curative services.

My first proposal, therefore, is that there should be a Medical Officer of Health for the area, resident in the area. This Officer would be in charge of all Public Health work in the area. He would not carry out any curative work himself, but he would keep in close touch with those agencies which are responsible for curative work, and would endeavour to co-ordinate his work and theirs. Two of the biggest problems this Officer would have to tackle are malaria and bilharzia and he should be provided with a sufficient staff to enable a vigorous attack to be made on these diseases. Instead of having ten native malaria assistants at work in the area he should probably have at least fifty of these assistants. They should be given a more intensive training and their work should be much more closely supervised. For this purpose the Medical Officer of Health will probably have several Health Inspectors working under him. At the beginning it may not be possible to secure the full staff that will be needed for effective work throughout the whole district. In that case I would urge that attention should be centred at first on a comparatively small part of the area, and that a vigorous and sustained effort should be made to enforce anti-malarial measures in it. The next season another part of the area could be tackled, while a few of the malaria assistants see that the work in the first area is maintained.

Along with anti-malarial work the Medical Officer of Health will arrange for anti-bilharzia work. In this connection he will have to call in the services of the curative staff. Probably the most effective attack on bilharzia will be to

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arrange for small camps at which a hundred or more children can be treated at a time. Alternatively all the children in a group of schools might be examined, and arrangements made for those found to be suffering from bilharzia to receive the necessary treatment.

The Medical Officer of Health will also be responsible for arranging for regular vaccination throughout the area. He would probably employ a number of suitably trained vaccinators who would attend at specified points in the area at least once a quarter and propaganda would be made to encourage mothers to bring their babies for vaccination within the first six months or year after their birth.

This Medical Officer of Health would also be concerned with such matters as improved housing, sanitation and care of water supplies. He would work in close co-operation with the Education Authorities to improve the teaching of hygiene throughout the schools and to keep a close watch on the nutrition of the school children. It would also be his business to organise ante-natal and child welfare clinics, arrange for the medical inspection of school children, and also for venereal disease clinics. His central office in the area would also be a registration office for births and deaths, and through his staff of assistants he would gradually compile a register of vital statistics for the area.

At this point I should like to say a word in regard to the housing of the native people. In this area they build their houses with poles which are plastered over with mud. In two or three years the poles are destroyed by white ants and a new hut has to be built. As a result the forest and bush throughout the area is rapidly being destroyed with all the consequences that follow upon the destruction of the natural covering of the soil. During the last two or three years the Government has tried to control this by prohibiting the cutting of poles without a permit and charging a fee for such a permit. This gave rise to endless complaints, and was bitterly resented by the people, so that now the Government has abolished the fee, but still insists upon the permit being obtained. Surely alongside these measures there should be a strong effort to teach the people simple methods of building better homes and at the same time improving their general living conditions, and this would very properly be part of the work of the Medical Officer of Health.

It is quite evident that the work of such an Officer is going to be strenuous and exacting, and, if it is to be done effectively, he will require to have a sufficient staff under him. He will almost certainly need one or two assistant Medical Officers of Health, several Health Inspectors and a considerable number of native assistants. In an area like this where the population is almost entirely native, there is no reason why many, if not all, of the higher posts in this service should not be filled by natives themselves, provided they have the necessary qualifications and have proved themselves capable and efficient in the discharge of their duties. The more numerous native assistants who will have to do much of the routine work in the district should as far as possible be chosen

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from this area. They should be men of a reasonable standard of education (probably standard VII should be a minimum qualification), and they should be given a thorough training in the type of work which they will be expected to do.

The Medical Officer of Health for the area must not be so overburdened with administrative duties that he is not able to get out into the district. He must spend time amongst the people seeing for himself the effects of the work which is being done, making sure that the people understand and appreciate the need for every measure to be taken and that they are not being needlessly offended by impatient and tactless subordinates.

The work carried on by such a Medical Officer of Health will eventually considerably reduce the amount of sickness in the area and bring about a considerable improvement in the health of the people. It may, therefore, be expected that in time it will lessen the demand for hospital treatment. During the first few years, however, it is much more likely to have the opposite effect. As more and more cases of illness are discovered in the kraals and the patients are advised of the facilities for treatment the first effect should be to increase very greatly the number of patients being treated either at the hospital or the clinics.

In any case there will always exist the need for a properly organised curative service. Indeed it is through such a service that the confidence of the people can be most readily obtained, and their willingness to co-operate in preventive measures stimulated.

11. CURATIVE SERVICES.

In the light of the experience already gained in this area I feel confident that these services can be satisfactorily and efficiently provided by a central hospital surrounded by a fairly large number of subsidiary clinics. In spite of bad roads and unbridged rivers most parts of the area are reasonably accessible even now by car within a few hours, and, if the means of communication throughout the area (roads, bridges, telephones) are improved, one hospital will be sufficient for the whole of the Sibasa Reserve. I anticipate that this hospital will eventually require about 200 beds, and if the Public Health Services, I have outlined, function as they should, I do not think more hospital beds are likely to be needed. Associated with the hospital there should be a network of clinics all over the district. Instead of four as at present there should be at least fifteen or twenty of these clinics. I could suggest fifteen sites, where such clinics should be established immediately, each of which would serve a large population and yet be easily accessible by road. At each of these clinics there should be accommodation for patients awaiting removal to the hospital.

At the head of the curative services there should be a Medical Superintendent, who would be responsible for the general administration of the hospital, for the care and treatment of the patients, for the training of the nurses, and for the organisation and work of the clinics. As in the case of the Medical Officer of Health, the Superintendent of the hospital would require to have an adequate medical staff working under him. There should be at least two resident Medical Officers to assist in the routine work of the hospital and the clinics. Each clinic would be visited once a week by one of the doctors from the hospital.

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A dentist should also be attached to the hospital staff.

At the hospital itself there should be a Matron in charge of the nursing services, a Sister Tutor for the training of the nurses, and an adequate staff of sisters and staff nurses, the number depending on the actual number of beds in the hospital. There should also be a District Nursing Supervisor, whose work would be to visit the clinics, and supervise, and assist the nurses in these. Her visits to the clinics, should not necessarily be made on the same day as the doctor's. For each group of five clinics there should be six nurses, one of whom would be a relief nurse. Each of these nurses would get one month's holiday a year, and would return to the central hospital for a month's refresher course each year.

The hospital staff should include a dispenser and a laboratory assistant. There should also be a hospital engineer to attend to electric installations, sterilising equipment and the proper care of the buildings and plant.

While the clinics will be organised as a part of the curative section, they will also serve the Public Health section. Each clinic should be a registry office for births and deaths. In most cases the clinic will be near to a large school, or group of schools, and the nurse in charge will be able, at first at any rate, to act as a school nurse and keep records of the children's health. She will assist with ante-natal and child welfare clinics. The clinic can also be used for demonstrations in cookery, infant feeding and so on. When a case of syphilis or tuberculosis is discovered at a clinic, it will be reported to the health officials, who will arrange for the examination of all contacts, and will see that the patients receive adequate treatment. On the other hand, the health assistants, who come across patients requiring medical and nursing care, will report such cases to the nearest clinic, so that they may be attended as soon as possible. In fact, there will be thevery closest co-operation between both sections of the health services. The nurses will be in charge of the clinics and will do most of their work in the immediate neighbourhood, while the male health assistants will be a more mobile force ranging over a wider area, carrying on propaganda and preventive work and helping to bring patients to the clinics and hospital.

The foundation of a curative service such as I have described has already been laid, and the main need now, is to build upon it until the whole plan has been completed. Even now machinery already exists whereby curative services of the type I have described could be easily and rapidly extended. If the Provincial Council could be persuaded or compelled to subsidise the central hospital on a reasonable and adequate basis, and the Public Health Department would either increase the salary of the present District Surgeon or provide him with an assistant, and continue to subsidise the clinics, there would be very little difficulty in providing a far more adequate service than at present exists, even though it might fall short of the ideal which I have pictured. I have very little hope, however, that the Provincial Council will ever be prepared to shoulder its responsibilities in regard to hospitals in the Native Reserves, but it is necessary to emphasise that it is not so much a change

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machinery and organisation that is needed, as a determination to see that the needs of the native people for medical services shall be adequately met. If that determination had existed much more could already have been accomplished. The question has got to be faced as to whether Health Services for the native people are to be limited by the money available from the people themselves either in fees or from taxation, or whether they are to be a charge upon the general revenue of the country. As I have already shown, in this area more than 50% of the cost of maintaining the hospital is being borne by the natives themselves. Personally I have no doubt that adequate services cannot be provided until the Government is prepared to see that they are a charge upon the general revenue, no matter what political opposition there may be to such a step.

This raises the question whether the services provided at the hospital and the clinics are to be given free of charge or not, and whether, if they are to be free, some portion of the cost should be recovered in the form of a hospital tax. The arguments in favour of charging for medicines and treatment are: (1) that people do not sufficiently value what they do not pay for, and (2) that the natives are accustomed to pay their own witch doctors and herbalists for any services rendered. In this connection it should be remembered that payment is usually made in kind and not in cash, and is dependent on the success of the treatment given. On the other hand, the native people in this area at least are only beginning to gain confidence in European medicine, and if we wish to increase that confidence quickly and encourage the fullest possible use of modern methods, we had better put as few obstacles in the way as possible. I am satisfied, too, that fear of payment often leads many patients to delay seeking treatment for too long, and to neglect conditions, such as conjunctivitis, which may have serious and disastrous sequelae. Further, there are very large numbers of native people who are literally unable to find the money to pay for medical services. For these reasons, I am strongly in favour of the hospital and clinic services being free.

The question of a special tax may need to be considered, but here I must point out that, in proportion to his income, the native is already the most heavily taxed member of the South African community, and I am very much afraid that if a hospital tax is imposed on the natives, the health services provided for them will be limited by the amount the tax produces. This is what has happened in the case of native education and is perhaps the main cause of its backward state at the present time.

On the other hand it is very desirable that the people should feel some responsibility for and interest in whatever services are provided. This may be accomplished in areas where "local Councils" have been established by encouraging such councils to make a contribution to the cost of health services. In the Sibasa area we have no such council at present, but there is a movement in favour of creating one and it is slowly gathering strength.

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Further, if the necessary staff is to be found for services such as I have outlined, there will have to be a very considerable improvement in native education. So long as native education is financially starved and hindered, as it is at present, the native schools are not going to be able to produce either the number or the quality of the men and women who will be needed as Health assistants and nurses. I sincerely trust that this Commission will realise this and will press this point most strongly upon the attention of the Government.

SPECIALISED SERVICES

The foregoing represents a scheme of medical services for the Sibasa area alone and is my conception of the ideal service to be developed within that area. There remain to be considered certain special services which would have to be developed outside that area itself, and which would serve one or more districts such as, for example, the Zoutpansberg and Pietersburg magisterial districts. Three such services appear to me to be required :-

(1) Ophthalmic services
(2) Mental hospital and epileptic colony
(3) Orthopaedic unit.

Ophthalmic Services:

The high incidence of eye diseases in the Sibasa area has already been noted and I believe the same state of affairs is fairly widespread throughout the northern and western Transvaal. The increasing cost of pensions for blind natives has caused the Government considerable surprise and even alarm, and an investigation into the causes of blindness and its prevention is already in progress. It seems to me that the success of Dr. Rosset-Berdez' work has shown the need for a whole-time specialist in eye diseases to be appointed in the Northern Transvaal. This officer would have charge of ophthalmic wards in each of several hospitals and would spend a certain amount of time every month at each of these hospitals. The medical officers of the hospital would collect cases requiring the ophthalmologist's attention in time for his regular visit.

Mental Hospital and Epileptic Colony:

Reference has already been made to the incidence of epilepsy in this area and the absence of any satisfactory arrangements for its treatment. It is, I think, also generally accepted that the provision for mentally diseased patients throughout the Union is completely inadequate. The establishment of a mental hospital and more particularly of an epileptic colony for natives in the Northern Transvaal would be an immense benefit and I would strongly urge its desirability upon the Commission.

Orthopaedic Unit:

The need for orthopaedic services throughout the Union is now being more generally recognised, and plans for the establishment of such services are already being formulated. I

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strongly urge the claims of the Northern Transvaal for special consideration in this respect, and would suggest that Pietersburg would be a suitable centre for an orthopaedic hospital for this part of the province. The medical officer of this hospital should keep in close touch with the general hospitals and their associated clinics throughout the Northern Transvaal, and nurses from the clinics should be sent for special training, particularly in the following up and after-care of patients discharged from the orthopaedic hospital.

DEVELOPMENT OF PROPOSED SERVICES

It will be quite obvious that a scheme such as I have outlined cannot be brought into being immediately even in a single area, such as Sibasa. If, as I hope and believe, a scheme on similar lines can be applied in other native areas throughout the Union, it will certainly take several years to bring to completion. There will not be sufficient doctors or nurses or assistants to staff the service straight away. I wish, therefore, to make the following suggestions as to the means by which such a scheme can be developed.

In the first place the fullest possible use should be made of such agencies as already exist for the carrying on of medical services in the native reserves. In the Sibasa area, as we have seen, there already exists a central hospital and a small number of clinics. It would surely be the height of folly to scrap all this and start "de novo" a purely Government service. Rather every effort should be made to enlist the co-operation and good will of the authorities of the existing hospital in building up a greatly improved and extended service. The hospital is already under the control and management of a Hospital Board, and provision has been made for the Native Affairs Department and the Provincial Council to be represented on that Board. If, as a result of your Commission's recommendation some other body or Government Department becomes responsible for public health and hospital services, it can be arranged for that body to be adequately represented on the Hospital Board. Subsidies can then be granted to the Board on a reasonable and adequate basis to enable them to develop the curative services along the lines I have indicated. It may be objected to this that the Government (or whatever body is responsible) cannot work through the agency of a particular mission, as other missions will then expect to develop hospitals and to be treated in the same way. It could, however, be made perfectly clear from the outset that only already established hospitals could be treated on this basis. In any case, I should like to place on record that in my experience I have found the other missions in this area most willing to co-operate with me in my work here. Our hospital is open without any distinction to members of all missions or of none. Missionaries are welcome to visit patients in the hospital at all times, and no attempt has ever been made to proselytise from other missions. I have been granted every help in the establishment of clinics on other mission stations, and almost all the native probationers have been recommended by missionaries of other societies. I am quite satisfied that, if the missions are convinced of the sincerity and earnestness of the Government's intentions in regard to medical services for the native people, they will be united in wholehearted support for a scheme such as I have outlined.

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I suggest that where the foundations of a suitable curative service have been laid, development should be stimulated and encouraged as rapidly as possible, and that alongside this the Government should develop a public health service. It may not be possible at first to do this in more than a few selected areas, but a beginning should be made wherever possible. Once a start has been made in any area, young medical graduates should be given the opportunity of working for a year or two in the service, and once they have gained experience they should be used to inaugurate and develop similar services in other areas. In this way we could eventually build up a health service which would cover the whole country.

The training of native nurses is already well established, owing very largely to the efforts of mission hospitals, but training facilities will have to be greatly increased and improved. Every effort should be made to encourage local women and girls to qualify as nurses, and to give special attention during their training to the type of work they will have to do in the surrounding clinics.

It scarcely falls within the scope of this memorandum to discuss the training of all the personnel that will be needed for the proposed health services, and I shall refer only to the less highly trained, but, none the less vitally important, group of native health assistants. As in the case of the nurses I think every effort should be made to recruit these from the area itself and, if possible, to train them either within the area itself or not too far away. It will often prove difficult and discouraging work, and it might seem far easier to import a number of better educated and trained men from other areas. It is important, however, to make the local people feel that they have a responsibility for and an interest in the health of the community as a whole, and that the new services being introduced are not being imposed upon them by strangers from distant tribes and places. Account must also be taken of differences in languages and customs. A Xosa or a Zulu is just as ignorant of Venda language and customs as any European, and is often contemptuous of the Venda people and unwilling to learn their language. We must remember, too, that there will be a great mass of apathy and inertia to overcome amongst these primitive people and be prepared for progress to be very slow at first. The aim should be to start at the bottom and improve the hygienic condition of the whole mass of the people, and not merely to show spectacular progress amongst the more intelligent and advanced groups.

The complete scheme which I have described for this area may then be summed up as follows :-

GOVERNMENT....

GOVERNMENT HEALTH DEPARTMENT

or

HEALTH COMMISSION

Medical officer of Health, Sibasa.		Donald Fraser Hospital Board
Assistant M.O's.		Medical Superintendent
Health Inspectors		Resident M.O's.
Health Assistants	District Nursing Supervisor	Matron and nursing staff of hospital
	Clinic Nurses.	

COST OF PROPOSED SERVICES

I shall not at this stage attempt to estimate the cost of the proposed services in any detail. Provision would have to be made for the salaries of the Public Health officials to be paid by the Department concerned. The Hospital Board should be subsidised in such a way as to enable it to pay the salaries of the hospital staff. The salaries of the District Nursing Superior and of the clinic nurses should be a charge upon the Health Department, and the clinics themselves should receive a subsidy for their maintenance. Provision would also have to be made for the cost of travelling, but as all the officials would be in full time employment, and receiving adequate salaries, this need not be at the present rate of 1/- per mile.

R.R./56a./36.

MEDICAL MISSIONS COMMITTEE
of the
CHRISTIAN COUNCIL OF SOUTH AFRICA

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   (b) Needs of the Non-European Population - regionally considered
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   (c) Government grants and their conditions
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3. Relation of Medical Missions to the medical profession
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   (a) Organisation and finance
   (b) Aim: evangelistic and/or humanitarian

5. Training and use of Non-European doctors, medical aids, nurses, nurse aids and health assistants in
   (a) Medical Missions (as missionaries and/or secular practitioners)
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   (a) Tuberculosis
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   (f) Health Propaganda

7. Co-operation with the Standing Committee on Non-European Health of the South African Institute of Race Relations.

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(39)

Misc. 29/39

RESOLUTIONS OF CONFERENCE ON CRIPPLE CARE

June 5th 1939

Resolution:

(1) That a National Service for the Care of Cripples in South Africa is both desirable and necessary.

(2) This Service should be the joint responsibility of the State and voluntary organisations with a subsidy provided by the State and based on the work accomplished.

(3) That all voluntary effort be co-ordinated by the establishment of a National Council in order to correlate all the activities, and provide a responsible source of information and representation to the Government.

(4) That a Constitution for a National Council for Cripple Care be considered before Council adjourns and thereafter submitted to the Societies invited to the Conference.

(5) That the following be regarded as an essential basis for a complete National Service for Cripples:-

(a) Public education on the prevention of crippling conditions and the importance of early treatment.

(b) Prompt measures for the discovery and notification of congenital and all other physical defects.

(c) Close supervision of all Tubercular contacts.

(d) Early diagnosis and treatment of all physical defects and of any glandular or bone tubercular tendencies in tubercular contacts.

(e) Adequate facilities for hospital treatment and convalescence.

(f) Continuation through after care to the development of maximum capacities for both resident and non-resident cases.

(g) Association of mental and occupational stimulus with physical care.

(h) The provision of ordinary education to the full extent of each child's capacity.

(i) Provision of vocational guidance and the development of occupational and recreational training and provision of necessary schools, workshops and hostels in connection therewith.

Emphasis should be laid on the fact that these services should be available for adults as well as children.

(j) Placement in employment.

(k) Finding a market for all goods made by cripples not able to compete in the open labour market.

/PBC