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JOHANNESBURG.

23rd April, 1940.

VERY URGENT

CONFIDENTIAL

AS the question of the responsibility for the financing of hospital services for Natives will shortly be raised in the Senate by the representatives of the Native people, and as it will also be discussed again before long by the Consultative Committee of the Union Government and Provincial Administrations, my colleagues in the Senate have asked me to approach Mission Hospitals to help us by supplying information on the lines mentioned in the questionnaire attached hereto, and to give us such other information as will convince the Government that immediate relief must be given to the Mission Hospitals, and that, in any case, hospital services for Natives must be put on a more secure and adequate foundation.

Kindly fill in and return the questionnaire at the earliest possible date and address it to me at The Senate, Cape Town.

Your co-operation will be very much appreciated.

Yours sincerely,

J.D. Rheinallt Jones

JDRJ/MM

Enclosure: Questionnaire

with facts & details about is wanted (ie first 2)

THE DONALD FRASER HOSPITAL

(CHURCH OF SCOTLAND)

P.O. SIBASA

N. TRANSVAAL

15th July, 1940.

*22/7/40
S/P/A will investigate each case supported Remon on points + get more support with finances*

7 8 JUL 1940

Senator J.D. Rheinallt Jones,
JOHANNESBURG.

My dear Senator,

I am writing once again to ask for your help in connection with our hospitals. All three of our hospitals, Sulenkama, Tuge~~la~~ Ferry and this place, are having great difficulties in carrying on just now, and I think that the time has come for us to make a direct approach to the Union Government and place the position very frankly before them,

In the first place we doctors are feeling our position very keenly. As you know we are all supported from Scotland, and all the grants we do receive in this country are used for the furtherance of our medical work. In view of the present situation in Britain we feel that we cannot go on living in comparative comfort and security out here at the expense of people in Scotland, who are exposed to constant danger and who are having to bear such terrible burdens. We think that the work we are doing is of some national importance, and so we feel that the time has come for us to say that we cannot continue to do this work, unless we receive more adequate support in this country. Apart from that, if circumstances arise in which communications with Great Britain are temporarily suspended, we are likely to find ourselves in very serious difficulties, if arrangements are not made for more support to be given in South Africa.

As far as the Provincial Councils are concerned all our efforts to secure increased support have been of no avail. I have just heard from our local magistrate that the Native Affairs Department are considering the possibility of making an increased grant to this hospital, which will make a very great difference here. Even so it must be remembered that I am the only doctor in this district with its population of 153,000 and the Public Health Department pays me a salary of only £200 per annum. In other words they are content to rely on the charity of good folk in Scotland to maintain a doctor in this area, since it is obviously impossible for a man to live on the salary they pay.

The position at Sulenkama is also very serious. Dr. Paterson returned recently from Scotland to find the hospital in serious financial ~~straits~~ ~~straits~~. Funds he had raised in Scotland to equip the new block recently built have had to be used to pay off outstanding accounts, and

it is very doubtful whether the new block can be opened now at all.

In these circumstances our Mission Council has authorised the Chairman and the Medical Committee to meet in Pretoria to ascertain what increased support can be obtained for the three hospitals. We should like to meet there at the end of this month or the beginning of next, and I am hoping that it may be possible for us to interview Mr. Lawrence, Col Reitz, and Mr Hofmeyr. Do you think that you can arrange this for us? The most convenient time for me would be between the 29th July and the 3rd August.

The deputation to wait upon the Ministers would be composed of Rev. B. Jones, Chairman of the South African Mission Council of the Church of Scotland, and the following doctors:- Dr. Paterson, Maclay, possibly Dr. Macvicar and myself.

If you can arrange this, will you let me know as soon as possible, so that I can notify the others of the date and place of the meeting?

Thanking you very much for the help which I know you will gladly give if you can,

Yours sincerely,

R. D. Aitken.

22 JUL 1940

THE DONALD FRASER HOSPITAL

(CHURCH OF SCOTLAND)

P.O. SIBASA

N. TRANSVAAL

19. 7. 40

Dear Senator,

Just a very hurried note to let you know that after writing to you I got notice to report for one month's training on the 1st August. After completing the training I shall be liable for service anywhere at any time. I have succeeded in getting a post-ponement until September to give me time to make arrangements here. I feel more strongly than ever that unless the Government is prepared to recognise that I am doing national service here and to give me adequate support I should make preparations to go on active service, even if it means closing down here. You will realise that it is more important than ever to secure an interview with the responsible ministers. If you can do anything in the matter will you please send me a telegram, as I shall have to communicate with the other members & give them time to reach Pretoria. I hope to see you on the 26th at Sibasa. I think the 1st, 2nd or 3rd August would be most suitable for the interview in Pretoria.

Yours sincerely
R.D. Arthur.

(27)

1026 Pretorius St.,
Pretoria.

23. 7. 43.

Personal and Confidential.

Dear Senator Jones,

Rather hurriedly I have drawn up a draft of the kind of case which I think might make some sort of impression upon the powers that be.

My own impression, particularly since viewing things from within, is that the Government has a very inadequate idea of the value of the services which have been rendered by medical missions and of the fact that this country still sponges upon the goodwill and charity of people overseas for the carrying out of its obligations towards the people it governs.

I think the missions themselves are partly to blame for this. Their approach to Govt. is usually that of parties seeking favours. It would do good if the Govt. were told very plainly that it is it which has been receiving the favours.

We should abandon the appeal ad misericordiam and just stress the hard fact that Govt. has no right to leave the health of the people to charity, and that if the missions are compelled to close down it will be a disgrace to this country.

I need hardly say that the draft is intended simply for you and others to use as you will, amend etc., or scrap altogether. The suggestions in Paragraph 6 are all within the bounds of practical politics. We should get the central Govt. to bring the strongest possible pressure to bear upon the Provincers who are neglecting their duty. A grant of £/6 per patient per day would save all the hospitals with comparative ease.

With kindest regards to Mrs. Jones and yourself and best wishes for a good trip,

Yours sincerely,

(26(4)
in Memo,

Sect. 4 of Act 36/1927 reads, "Whenever the Minister is satisfied that, owing to lack of medical aid, prevalence of malaria or other disease or other special circumstances in any area, assistance from public funds in providing facilities for the medical treatment of the inhabitants of ~~such area~~ such area is justified, he may, out of moneys specially voted by Parliament for the purpose, provide for the periodical visits to a centre in such area by a district surgeon or other medical officer."

Hitherto, only D.S.'s and A.D.S.'s have been authorized to pay visits under this section: they receive 1/- a mile both ways, and must charge the same fees for consultation as they would at their headquarters.

GOVERNMENT SUPPORT FOR MISSION HOSPITALS.

- 1. The capital necessary for the establishment and equipment of mission hospitals has been provided by -
 - (a) Overseas philanthropy - particularly in the case of Presbyterian, Anglican, and R.C. missions.
 - (b) Local philanthropy - principally Methodist, D.R.C. and ? Anglican.
 - (c) Semi-official sources - principally the Deferred Pay Interest Fund, which of course means ultimately the Natives themselves.
 - (d) Government Sources - Native Affairs Dept. from Native Trust Funds (i.e. the Natives themselves), and, in one or two instances, the Public Health Dept. for T.B. blocks.
- N.B. - the last is the sole item derived from the general revenues of the country towards this very essential service.

The sum total represents a considerable investment, which, thanks to the skill and care in planning and in many cases the actual physical exertions of the missionaries themselves, has provided, in many areas otherwise totally neglected, a number of hospital beds far in excess of anything which could have been provided by the expenditure of an equal total by Government departments. The average cost per bed in Govt. Hospitals ranges from £500 to £1000; in mission hospitals from £50 to £200. Standards of construction and equipment in mission hospitals are admittedly lower; but in no case are they so low that there is interference with the effectiveness of treatment - any handicaps being overcome by the devotion and resourcefulness of the missionary doctors and nurses. Indeed, in many out-of-the-way places a surprisingly high standard of efficiency has been reached with regard to construction and also such essential services as water, lighting, and sanitation. Many of the hospitals boast such amenities as piped and purified water supplies, electric light plants, and water-borne sewerage: due in most cases to the direct efforts of the medical man in charge. The total effect has been to create entirely new local standards of hygiene and efficiency, an example not only to the Natives but also to local European settlers, traders, etc.

2. The maintenance of mission hospitals has always been precarious, and would have been quite impossible without -
- (a) direct financial assistance from the missions concerned;
 - (b) the monetary sacrifices made by missionary doctors and nurses in working at salaries far below those which are current in South Africa;
 - (c) the constant attention of the staffs to details of management and economy. Not only have they undertaken heavy professional duties in order to keep down staff and thus the salary bill, but they have also given personal attention to such items as building operations, installations of plants, garden and commissariat, laundry, secretarial duties, maintenance of engines - which ordinarily in hospital establishments are in charge of qualified ad hoc personnel.

It is worthy of note that the daily cost per patient per day in mission hospitals - which in Government hospitals is never less than 5/- and often considerably more - is never more than 5/- and usually considerably less. The standards of treatment are equal, the difference being due to the factors mentioned above.

3. GOVERNMENT ASSISTANCE has been received, often only after the hospital has been struggling unaided for two or three years, from the following sources -
- (a) Provincial Councils. With the exception of the Cape and, very recently, the O.F.S., this has been strictly limited to small annual block grants of £200 or £300 per annum or so. These work out at something like 6d. per patient per day or even less. Some hospitals have expanded their work 400% or 500% without any increase whatever in the annual grant from this source. The policy of the Transvaal and Natal would appear to be definitely to discourage Native hospital services in rural areas, notwithstanding the fact that these hospitals help to ease the pressure on the much more costly urban Native hospitals.

(b) /.....

(b) Native Affairs Dept., which -

- (1) since 1931 has made payments, ranging from £150 to £300 p.a. for all except a few very large hospitals, in respect of the training of Native nurses and nursing assistants. The principal payment is to the doctor and matron for the added duties of lecturing and tutoring; and they make it over to the hospital.
- (ii) as a result of appeals ad misericordiam has sometimes made grants from the Native Trust Fund. Acceptable as these are, the missionaries receiving them are aware that the source from which they are drawn is responsible for other social services - education, agricultural improvement, etc. - and cannot but deplore the fact that it is the refusal of the Provincial Councils to discharge properly their duties under the Act of Union which results in the imposition of still further demands upon an already overburdened Fund, which itself is incapable of expansion, whereas the Provinces have not reached the limits of their powers of taxation.

(c) Public Health Dept.-

- (1) qua hospitals is limited by law to payments in respect solely of cases of infectious disease isolated in order to prevent spread (this includes communicable forms of V.D.). These payments, though small in the total, are the only Govt. subsidies which are directly proportionate to the amount of work done, being at the rate, usually, of 2/6 per patient per day.
- (ii) in several instances has created a post of D.S. or A.L.S. for the local medical missionary, who contributes his earnings in this capacity (salary and allowances, chiefly mileage) to the hospital. and its nursing outposts.
- (iii) subsidises nurses or nursing assistants at outposts (Sect. 15 of Act 57/1935.) It is to be noted that the mission has to find the balance (usually 2/3rds of salary) as well as provide accommodation, medical supervision, and drugs and dressings.

The/...

The sum total of grants from Govt. sources is in no case sufficient to meet the maintenance charges. The balance is met by (a) philanthropy, much of it from overseas; (b) the surrender by the medical missionary of all income earned by him in his medical capacity, other than a fixed allowance which itself is often derived in whole or in part entirely from philanthropic sources; and (c) fees paid by the Native patients themselves.

4. Summarising the position:

Mission Hospitals have for many years past provided and are at the present time providing services which the proper authorities have failed and are failing to provide. Although the Govt. assists to some extent, the truth is not that the Government is subsidising mission medical services, but that the missions are subsidising the Government in the discharge of its statutory duty.

Today, the maintenance of the work of these hospitals still depends upon contributions from the war-stricken peoples in Europe who are already staggering under infinitely heavier burdens than the taxpayers of the Union. Such a position should be intolerable to the public and to the Government of South Africa. Social services for the Natives of this country should no longer be left a charge upon the charity of people in Europe.

In any case, events in Europe may well compel the cessation of all such support. This would necessitate the closure of the hospitals, the frustration of work well planned and carried out for many years past, and a very great loss to the Native peoples. Such closure surely could not be regarded with equanimity by the Government responsible for their welfare, and responsible too for the conservation, which the work of hospitals assists, of the human resources of the Union.

5. The services rendered by the mission hospitals extend far beyond mere treatment of the sick. They also include -

- (a) The training of Native nurses, each of whom, either in the full-time practice of her calling or as a married woman, becomes a centre for the propagation of enlightened ideas regarding sickness and health.
- (b) The maintenance of nursing outposts: each a centre for health propaganda, a check upon infant mortality and morbidity, and upon the development of minor ailments and injuries into serious and perhaps permanent disablement (e.g. blindness).

(c) /....

- (c) Many of the hospitals, through their maternity work and all that flows from it, are instrumental directly in saving child life, and often child-bearing women too - thus materially assisting the conservation of man power, labour supplies, etc.
- (d) Generally speaking, the hospitals not only render physical aid, but are also a valuable and potent agency in countering superstition and assisting in the uplift of the Native.
- (e) Qua treatment of the sick, it is to be noted that the mission hospitals provide this at a cost well below the average of that in Govt. hospitals. If the former are closed, some (admittedly not all) of those who would have gone to them will contrive to reach Govt. hospitals, taxing their already overstrained accommodation. From this point of view alone, it would in the long run be an economy if the Provincial Councils considerably increased their grants to the mission hospitals in order to ease the burden upon the institutions for whose maintenance they are wholly responsible.

6. If it is accepted that the mission hospitals represent a service of real value to the country, and that the time has now come when the country should relieve the overseas philanthropists who for years have carried a considerable share of the burden of their support, it is most strongly urged that immediate steps be taken to give effect to this view of the situation.

Suggested steps are:*

- (1) An increase of Provincial subsidies, preferably on a daily inpatient basis to be agreed upon.
- (2) An increase of nursing subsidies under Sect. 15(b) of Act 57/1935 - to cover the whole, or nearly the whole, of nurses' salaries instead of 1/3rd only.
- (3) Where the medical missionary is a D.S., a big increase in his salary in recognition of the fact that, although it is not practicable to secure a magistrate's order in every case, the vast majority of the patients seen by him as outpatients are paupers who pay nothing or next to nothing.
- (4) In places where the medical missionary is not a D.S., to apply Sect 4 of Act 36/1927 to enable him to receive mileage (1/- a mile) for periodic routine visits to nursing outposts, dispensaries, etc. (A medical missionary could be regarded as "other medical officer" inasmuch as he is med. supt. of a hospital receiving state aid and open to all classes of patient whether fee-paying or not, i.e. a "public hospital".)

(24)

51/40.

SOUTH AFRICAN INSTITUTE OF RACE RELATIONS (Incorp.)
SUID-AFRIKAANSE INSTITUUT VIR RASSEVERHOUDINGS (Ingelyf)

P.O. Box 97,
JOHANNESBURG,

July 30th, 1940.

TO MISSION HOSPITALS:

As Convener of the Medical Work Committee of the Christian Council of South Africa, and in other capacities, I am concerned with the maintenance and development of Missionary medical work among the African and other Non-European peoples in South Africa. The grave situation in which Christian Missions now find themselves as a result of the War makes it necessary for all who care for the welfare of this country to bestir themselves to save the work of the Missions. Medical Missions are in the gravest danger, and I have convened the Medical Work Committee to consider the situation and to decide what joint action should be taken.

The Native Affairs Department has already helped a few Mission hospitals out of the funds of the South African Native Trust, but this help can only meet the most immediate needs: the future of Mission hospitals and their auxiliary services must be ensured. The time has come to press urgently upon the Government the claims of medical Missions to regular and adequate grants from the Provincial or Union Government. The material which Mission hospitals have recently supplied me in response to a questionnaire is being used to prepare the case to be submitted to the Government; but if there are new facts arising out of the present War situation to be considered I shall be glad to receive the information in time for the meeting of the Committee which will be held on AUGUST 11th. Any arguments or other suggestions for the case to be submitted to the Government will be welcomed.

J.D. Rheinallt Jones

NMSD.
July 30th, 1940.

SUID-AFRIKAANSE INSTITUUT VIR RASSEVERHOUDINGS (Ingelyf)

P.O. Box 97,
JOHANNESBURG,

July 30th, 1940.

TO MEMBERS OF THE MEDICAL WORK COMMITTEE OF THE CHRISTIAN
COUNCIL OF SOUTH AFRICA:

The grave financial difficulties which many Mission hospitals are experiencing as a result of the War situation have necessitated appeals to the Government for immediate help, and the representations have been receiving very sympathetic consideration from the Native Affairs Department. Help has already been given from the South African Native Trust in a few instances.

This crisis has also made it necessary to consider how Mission hospitals are to be financed in future, and to decide what representations should be made to the Government to ensure the continuance and development of Medical Mission services.

In response to requests from members of this Committee I have decided to ask the members to meet at my home, GLANDWR, FOURTH AVENUE, FLORIDA (Near Johannesburg) on SUNDAY MORNING, AUGUST 11th, 1940 at 9.30. to discuss the position of Medical Missions and to decide on the actions to be taken on their behalf. The date and place of the meeting seem to be the only possible ones in the near future for some members of the Committee, and I hope that the other members will find it possible to attend. As the meeting may be prolonged into the afternoon luncheon will be provided.

Material for a memorandum on the position of Medical Missions has been collected, and Dr. R.D. Aitken of the Donald Fraser Hospital, Sibasa, has very kindly undertaken to draft the memorandum in time for the meeting.

Will those members who cannot attend please let me have, in writing, any information and suggestions they can supply before the meeting.

J.D. Rheinallt Jones

CONVENER

NMSD.
July 30th, 1940.

P. O. Box 182,
Queenstown, C P.

8 AUG 1940

Senator the Honourable
J. D. Rheinallt Jones,
P. O. Box 97,
Johannesburg.

Dear Sir,

Mission Hospitals.

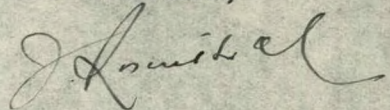
With further reference to your Circular NMSD. of the 30th July, 1940, I enclose copy of a letter sent by me to the Minister of Native Affairs.

I know you will exercise all the influence at your disposal to obtain my request to allow this staff, though mainly alien, to remain at the Glen Grey Hospital.

Assuring you of my sincere gratitude for your continued courtesy which is greatly appreciated,

I have the honour to be

Your Honour's obedient servant,



Prefect Apostolic of Queenstown, C. P.

Right Rev. Mgr. J. Rosenthal,
P. O. Box 182,
Queenstown.

3rd August, 1940.

P. O. Box 182, Queenstown,
3rd August, 1940.

The Right Honourable
The Minister of Justice,
Union Buildings,
Pretoria.

Sir,

Aliens in Native Areas: Glen Grey Hospital.

I have at great expense built the Glen Grey Mission Hospital at Lady Frere. My staff there is largely alien and I wish herewith earnestly to request Your Honour to allow its members to continue their work in that area.

The entire staff falls under four heads:-

- (a) Medical Staff
- (b) Nursing Staff
- (c) Domestic Staff
- (d) Workmen.

(a) Medical Staff

1. The female doctor in charge, Dr. Maria Kunz, is a Swiss who has worked under my jurisdiction for the last four and a half years. Being a Swiss she is not an enemy alien subject.

2. Her assistant is (female) Dr. Else Foullois. She is at present doing the last term of a Final Three Years' Course in Medicine at the Cape Town University.

Both these ladies are fully qualified overseas doctors. Dr. Maria Kunz also holds the British Medical Diploma of the Dublin University. They form the entire medical staff, and it is obvious that in an area so large and populous there must be at least two doctors on the staff. The need of the second doctor is obvious too for giving lectures to probationers in view of the fact that it is my desire to make Glen Grey Hospital a Training Centre chiefly for Natives.

(b) Nursing Staff

1. Matron: Maria Sauterleute, religion called Sister Mary Mancina, born 30th June, 1910, at Gebrazhofen, Württemberg.....

Württemberg, has been resident in the Union since the 5th Feb., 1934. She nursed first at the Convent, Kingwilliamstown; then at the Sanatorium, Pietermaritzburg, and is at present on the staff of Saint Catherine's Nursing Home, Queenstown. In addition to her overseas training she qualified at the Sanatorium, Pietermaritzburg, as a Medical, Surgical and Maternity Nurse.

2. Supervisor: Luise Hengge, in religion called Sister Mary Matthia, born 17th July, 1908, at Gebrazhofen, Württemberg, has been resident in the Union since the 8th Aug., 1934. Since her arrival she nursed first at the Convent, Kingwilliamstown; then at the Sanatorium, Pietermaritzburg, and is at present on the staff of Saint Catherine's Nursing Home, Queenstown. She qualified as a Medical, Surgical and Maternity Nurse at the Sanatorium, Pietermaritzburg.

3. Radiologist: Marië Feth, in religion called Sister Mary Gertrudis, born 9th June, 1910, at Speir in the Palatinate, has been resident in the Union since the 24th May, 1938. After spending a year in Kingwilliamstown learning English and Afrikaans, she went to Durban for further training. She remained there from July, 1939, to July 1940, and is at present in Kingwilliamstown. She had been Assistant to an X-Ray specialist before she came to this country.

4. European Probationers:-

(a) Magdalena Schmid, in religion called Sister Mary Engeltrudis, born 4th July, 1914, at Kleinkarnmusberg, Bavaria, arrived at Cape Town on the 24th May, 1938. Until the 13th January, 1939, she devoted all her time to the study of English and Afrikaans. She then went to the Sanatorium, 107 Chelmsford Road, Durban. There she passed the Preliminary Examination in Anatomy, Physiology, Hygiene and First Aid. At present she is on holiday at the Convent, Kingwilliamstown.

(b) Magdalena Eberhard, in religion called Sister Mary Quirina, born 2nd April, 1914, at Einhart, Hohenzollern, arrived at Cape Town on the 24th May, 1938, and spent some time studying English and Afrikaans at Kingwilliamstown. On the 13th January, 1939, she went as probationer to the Sanatorium, 107 Chelmsford Road, Durban. There she passed with honours the Preliminary Examination in Anatomy, Physiology, Hygiene and First Aid. She is at present on holiday at the Convent, Kingwilliamstown.

5. Native Probationers.

There are ten Native Probationers. The hospital has accommodation for 20; but only ten have been accepted for the present.

(c) Domestic Staff

1. Frances Ilg, in religion called Sister Mary Andrina, born 7th April, 1901, at Riedelbach, Württemberg, has been resident in the Union since 1932. She spent her time as an assistant in the Domestic Science Department at Kingwilliamstown, Cradock and East London. For the last two years she has acted as cook for the Glen Grey Hospital.

2. Bertha Bader, in religion called Sr. Mary Aquila, born 13th July, 1900, at Leggteringen bei Rudolfszell, Baden, has been resident in the Union since the 22nd August, 1930. She worked at Kingwilliamstown and Izeli. For the last 20 months she has been housekeeper at the Glen Grey Hospital.

(d) Workmen.

These are needed for building the Isolation Block.

1. Brother Hermann Lüke, born 18th August, 1882, at Nordborchen, Germany, has been resident in the Union since the 5th April, 1928, except for a holiday in Germany from the 3rd Feb., 1937, to the 18th June, 1937. He is carpenter and foreman.

2. Brother Alois Fietz, born 13th June, 1887, at Hengersdorf, Germany, arrived in the Union on the 27th Nov., 1929, and has not since left the country. He is a carpenter.

3. Brother Anton Stieler, born 20th Feb., 1894, at Darmstadt, Germany, arrived in the Union on the 24th Jan., 1938. Since that date he has not left the country. He is the electrician.

4. Brother Paul Berthold, born 22nd Sept., 1902, at Otterstadt, Germany, arrived in the Union on the 24th January, 1938, and since that date has not left the country. He is chief gardener.

5. Brother Moritz Gerig, born 29th May, 1905, at
Breslau.....

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