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N A T A L .

(Health and Child Welfare.)

Newcastle Sitting. 16. 9. 1930.

Mr. O. J. T. Schumann, speaking on behalf of the Municipality, says he has the report of the Medical Officer of Health. That gives the Native population as 1700, and the birthrate is 19.1. The death rate is 4.2, and the infantile mortality 49.3.

From the Doctor's report on venereal disease it is seen that an increasing number of Natives is being treated each year. They come from the surrounding districts mostly, and are receiving modern treatment. There are two iron huts for the isolation of Natives. Of infectious diseases, enteric fever for instance, four Native cases were notified. (Page 1161/2.)

These figures would be taken purely from the Municipal area, and he would be inclined to say that much importance cannot be attached to the birth and death rates. (Page 1165.)

Mr. J. N. Crook also is not sure that they can be taken as accurate. On a former occasion the Corporation had made some representations on the subject of venereal disease. They feel generally that there ought to be compulsory examination of the Natives. Some few gentlemen on a former occasion were opposed to that, but it is a very important and a very serious matter. The present state of things is most unsatisfactory. They would like the medical examination, particularly in view of venereal disease, of all Natives engaged in domestic work. The disease has increased very considerably.

(Page 1165/6.)

Mr. J. Griessel, speaking with regard to venereal diseases among Natives, particularly in regard to Natal, says his evidence is based entirely on his own experience over the last ten years in Newcastle. He has, in the interests of his family, whenever engaging domestic servants, had them medically examined, that was in connection with his private home. For the last two years his wife had been conducting a private hotel so that they have come into contact with Native servants to a larger extent than previously. Judging from these examinations he has come to the conclusion that venereal disease in Newcastle is rapidly increasing amongst Native domestic servants, and he supposes amongst Natives in general, but he is particularly dealing with the domestic servant. The Council appears to be powerless to exercise any form of control. Employers are not very anxious to report cases of servants suffering from the disease; a servant may be discharged, but in the majority of cases there is a great deal of ignorance with regard to the health conditions of Natives who are employed in the town in domestic service. He does not wish to exaggerate, but judging from examinations made over the last ten years, he thinks he can almost say that of Native males and females the percentage is about seven in ten; that is 70%; that is his own opinion based entirely on examinations he has had made. (Page 1173/4.)

Mr. Griessel advocates compulsory examination of all Native servants before engagement. (Page 1175.)

There is not, to Mr. Griessel's knowledge, any clinic or doctor who looks specially after venereal disease. He has seen boys whom he has discharged after the doctor's report that the boy was bad, working in the town afterwards. (Page 1178.)

Mr. A. Wood says the children of the Natives on the

farms all look healthy and strong.

(Page 1193.)

Mr. Philemon Yeni, exempted Native living at Newcastle, says when the beer monopoly system was started in towns they were told that the revenue derived would go towards benefiting the Natives - for example to the running of day schools and even evening schools; but so far as they are concerned in Newcastle, they are still waiting for that benefit.

(Page 1203.)

He says employers should care for their employees. Boys and girls working in towns get together at nights; some of them are young people who have come for long distances, and are diseased. In that way disease is spread among the rising generation, and when they become parents they transmit the disease to their offspring with the result that there is a high infant mortality. The Natives think that the Government should insist on Native females employed as domestic servants being cared for by their employers, so as to make it impossible for this kind of thing to happen.

(Page 1203/4.)

Mr. Petrus Nene, exempted Native living in Lennoxton, says on the whole Native education does not tend to benefit the Natives. His experience points to Natal being worse off than other places in which he has lived. So far as he knows, the only Government assisted evening schools are in Durban and Pietermaritzburg. The beer monopoly money was supposed to be used for helping the Natives, but this is an instance in which very little help is forthcoming. "Day schools, Government aided, 696: when they are all counted it is 1366 day and evening schools in the Province of Natal. Those that have been promised - the Government-aided - this year are 85 in number. "This year the number of additional schools is 75."

Schools that are in need of help, but cannot be helped for some reason or another are over 300 in number.

He goes on to point out the importance of education, and that the good things which the white man can provide for their people (in that respect) should be provided.

(Page 1208/10.)

Mr. Thompson Tembe, exempted Native living in Newcastle, says a married woman living on a farm is sometimes required to work for a farmer, even although she may have a small baby which she is carrying on her back, and it matters nothing whether the child gets ill through having to be carried about like that. Some of these children, of only four or five years of age may be occasionally called upon by the farmer to herd fowls, or if they cannot do that, to look after the ducks. The children of Natives on the farms are not allowed to go to school very often because the farmers say they get enough schooling through working on the farm. That is supposed to be their education. As soon as these children are old enough they run away from the farm, and go to towns, where they can get work, for which they are paid, and they may perhaps also be able to get some schooling.

(Page 1213/4.)

Mr. C. B. Dhlamini, exempted Native living at Nellie Valley, says the Natives are under a deep debt of gratitude to the Missionaries for such education as they have got, but the task is getting altogether beyond the reach and power of the Missionaries and they now look to the Government to carry on the work. They particularly appeal for free education up to Standard VI for the Native child. The white man, the coloured man and even the Indian get it. The Natives plead for compulsory education for all black children.

(Page 1219/20.)

Mr. Yeni says it is a very painful thing to a person seeking work to have to submit to a medical examination, and on that account he is not in favour of it

Mr. Nene is in favour of it.

Mr. Tembe is opposed to it.

Mr. Dhlamini is also opposed to it, because it is an indignity to the person who is subjected to it. If it is an advantage for a person to be able to produce a medical certificate let it be done with all people and not with the black people only.

They would approve if children seeking employment were to be taken by their parents for examination, rather than that the law should insist on their being taken by the employer.

They agree that it is a very bad disease and should be stamped out. (Page 1221/2.)

Mr. Tembe says that boys run away from the farms to the towns because they are not getting schooling on the farms. They go into service and work during the daytime. There are only two Government grant night-schools.

(Mr. Nene adds that there are many night schools, he does not know how many, but those are not supported by the Government.)

Mr. Tembe says the boys that go into service attend school at night, he does not know the percentage, but thinks that many go. (Page 1225/6.)

Dundee Sitting. 17. 9. 1930.

Mr. J. A. Graham, speaking for the Dundee Agricultural Society, the Dundee Farmers' Association and the Glencoe Farmers' Association says Native women on farms look to their mistress for anything and everything they need when in trouble: a dose of castor oil for a sick child, or a covering for a newly-born child. (Page 1264.)

He does not think the lack of education on the farms has anything to do with the young Natives running away.

(Page 1289.)

Mr. F. R. Vermaak says up to the age of 16 a father has control over the child. The head of the kraal has authority over him, the farmer's agreement is not made with the umfaan but with the head of the kraal. (Page 1294.)

Mr. W. Stein says the mortality both amongst adults and children is very heavy, but as long as medical teaching is not provided for the Natives no improvement can take place. District Surgeons are hopeless to touch the fringe of the necessity. £60,000 to establish a medical school for Natives was refused. Had the Chiefs been asked to levy a similar sum it would have been provided without difficulty. (Page 1317.)

Mr. I. W. de Jager, quoting from a report prepared for him for the Minister for Native Affairs, says Natives complain that their children must render service to the owners of farms for certain periods of the year, and where investigations were made it was found that usually these children had taken residence in towns under conditions inimical to their welfare and general good morals. (Page 1338.)

Mr. De Jager, referring to Native Villages, such as Fairleigh, Lennoxton and so on, says the Medical Officer of Health had been shocked at the conditions he found in these villages, and had reported on them, but the conditions are still the same and are even getting worse. (Page 1354.)

Mr. P. Mtembu, unexempted Native, says the Natives find that their girls who go to town marry all kinds of people - all sorts of nationalities. Parents have little power to control their children in these circumstances. (Page 1361.)

The Rev. E. A. Mahamba, exempted Native, Dundee District, says it is well known that the mortality amongst Natives is higher than amongst the white people, - and the cause is not far to seek - it is because they have not the same benefit as the whites have from doctors. In the Msinga District, for example, there are no fewer than five chiefs, all with large followings, but there is only one Doctor in the whole of that district. It would be a good thing if young Natives, both male and female, could be taught some elementary principles of hygiene, so that they could also spread knowledge among ~~the~~ the Native people in the locations, and help them to avoid various kinds of trouble from disease and death. The Government spends more money in connection with the dipping of cattle than on the health of the people. Native medicine men are good fellows in their own way, but unless they have had a great deal of experience and have learned the virtues of certain things, they are really harmful, and it is felt that the Government should step in, in a more pronounced way than it does at present in checking their doings. He believes that they are responsible for quite a number of deaths that are never brought home to anybody. (Page 1366/7.)

He appeals for better education for Natives, and says they are unable to understand why the Government provides free education for white people and not for Natives. He says when the general tax was imposed, they were told that this £1. per head which was being paid by their people was to be used also for education. (Page 1368.)

The Rev. E. A. Mahamba says what he proposes is that the health visitors should be under the supervision of the District Surgeon. (Page 1376.)

Mr. A. J. Oldacre, on behalf of the Dundee Town Council says on the farm "Doctor" where the Natives from the town live, they have not had any outbreak of typhus for the past five years. (Page 1387.)

The system of putting the Natives on the farm was condemned when the Medical Officer of Health was there, and he wished them to adopt the Act to bring them into the location. He thought they would be better looked after if they were in the location and if there were any sickness they could be doctored better and more easily, and it would be possible to give better superintendence. The Town Council argued that they were much healthier and better where they are. There is practically no bother about health there. The Superintendent who looks after that portion of the town said there was no trouble and no sickness. Women and children were very healthy. (Page 1389/90.)

Mr. J. McKenzie, representing the Town Council says the Swedish Mission, the Presbyterian, the Methodists and the Anglican Church all have their own schools. The Natives are well provided with schools. (Page 1392.)

Vryheid Sitting. 18. 9. 1930.

Archdeacon A. W. Lee, says the mortality amongst adults and children is very high. Among adults it is due to lack of hygienic knowledge and elementary medical knowledge, and to mal-practices on the part of Izinyanga - Native doctors. The maternity mortality is high. Midwifery is cruel and ignorant. Venereal disease is much on the increase in certain districts owing to the proximity of coal mine compounds, which appear to be very inadequately supervised. He does not say it is always the case. There are mines he knows which are models of cleanliness and supervision, but there are others which are certainly not. Tuberculosis is also increasing, owing to insufficient feeding, lack of ventilation, lack of adequate clothing and exchange of articles of dress. Where one person is infected he will infect the whole family. Infant mortality is shockingly high. Most of the reasons given above will account for this, - also improper feeding. Congenital malformations are very common.

The whole matter of the mortality of the Zulu people needs vigorous remedial measures. Provision of central hospitals in each magisterial division is necessary, with clinics in localities served by Native trained nurses, under the charge of the Medical Officer of Health, helped by European matrons. Venereal disease clinics should be free. T. B. treatment should also be free. Native nurses and certificated midwives are needed in numbers. The Archdeacon would like to enlarge on that because it is going to be a very serious matter. He refers to a report put forward by medical men two or three years previously which showed an utter lack of hospital accommodation for Natives in all Native areas, especially in Zululand.

Missionaries are doing their best to cope with this need; most of them are starting little hospitals in their centres. They are also trying to train Native nurses - not to any extent Native orderlies, because the Native man does not lean towards that kind of thing. They are doing their best, missions are poor, are hard up for money, but they are doing their best to start little central hospitals in each district and to train Native nurses to take little clinics. It is a Government job, but they do their best until Government support is available. There is one difficulty about training Native young men to minister to their own people and it is this: when a Native girl comes out after her training in medicine and nursing, there is no temptation for her to set up on her own as a medical practitioner: when a Native man is trained he will immediately go out and set up on his own as a qualified Native doctor.

In Zululand they (presumably the Anglican Mission) have a central hospital on one of their main stations, which had been training Native nurses for the previous fifteen years; and, speaking on the whole, with very good results. Some Native nurses are a credit, not only to their own race, but to any race and certainly to the medical profession. This thing can be done and the Archdeacon urges the Commission not to be misled by statements of the low state of morality of good Native girls. Their experience is this, that if Native girls are given a decent training, receive enough money to keep their self-respect and are made economical and independent (economically independent?) of their men-folk, one of the causes leading to immorality on their part will be removed, and they will prove satisfactory both as teachers and nurses, and in any other kind of profession. The Native girl is more intelligent than the Native man, and is much more conservative and ready to carry out any teaching she receives. There is another aspect of this

medical question, in connection with which we shall never get any improvement in Native health until it is remedied. He would point out that there are 1200 Native doctors and herbalists in Zululand and Natal. That is a very conservative estimate. Probably, on going through the country, one would find that there are 3,000 of them. These people act in opposition to the European doctors; they are medical practitioners in every sense of the word. He suggests, as a matter of practical politics, that licences to Native doctors should only be issued to them after some sort of examination by the Medical Officer of Health in conjunction with the Native Commissioner. Medical Officers on the whole would welcome it, although it would add considerably to their duties, but it can be done.

Any deaths from malpractices should be treated as manslaughter.

All licensed Native doctors should be obliged to keep written lists of patients treated, with some record of treatment. At present there is no check on them whatever. This should be submitted to the Medical Officer of Health at intervals.

Another important matter - the registration of births and deaths - needs looking into. The present practice is much too loose and easy-going. There is no possible check at present upon the practices of abortion, illtreatment of cases or poisoning. Any suspicious circumstances concerning a death might be reported to the head induna, and he may report it to the Chief or he may not. It is a very serious matter. We shall never check the terrible mortality among the Zulu people until we have some sort of check on these Native doctors; one kind of check is the registration of births and deaths.

(Page 1410/13.)

In the course of his remarks on education, after giving figures, Archdeacon Lee points out that not 12% of the children of Zululand is in touch with any kind of school education.

(Page 1419.)

Vryheid Sitting. 19. 9. 1930.

Dr. G. S. van der Merwe says he has a fairly extensive practice amongst Natives. Unfortunately he had not kept statistics over the whole of the ten years he had been in practice, but had done so for the previous ten or twelve months, and he considers that one in four of the Natives he had seen had symptoms of syphilis which could be seen by the naked eye. He points out that one in four is not a correct ratio because there are many patients suffering actually from it who do not show outward symptoms. If it were possible to have a blood test or a Wassermann re-action done the ratio would probably increase very considerably, perhaps to half. As far as he is concerned he is prepared to say that if they could have Wassermann's re-actions with all Natives who show any outward symptoms of syphilis the percentage would be raised to 50.

He makes a practice of asking them when they consult him whether they have it, but they will deny it sometimes. On examination there will be a sure sign of an old syphilitic infection although they do not show any outward symptoms. In the town he finds the percentage very high. Clinically he puts them at 25%, there are a lot of mines round the town and with the mine Natives - women as well as men - the percentage clinically remains also at about 25. He gets a fair number of raw Zulus, from the low veld, and the percentage amongst them is considerably less; he would put this at about 5%.

The raw Natives come to the town, pick up infection and go back to their own country, but the infection is not then spread so quickly. Dr. van der Merwe considers that in Zulu territory the infection will eventually increase to 30, 40, or 50 per cent; that is only a matter of time.

He is asked whether it is not the case that under tribal conditions there is less sexual promiscuity than in towns, and replies that that is rather a difficult question for him to answer, but he believes that those who know the customs of Zulus will agree with him that the answer should be in the affirmative. He says that since he started practising in Vryheid, in 1923 the ratio is most decidedly increasing; there is no question of it falling off, because there is no treatment being given, and it is a disease which, unless it is checked by treatment, must advance.

The Government does not supply a vaccine, but he believes they give, to the District Surgeon, "Nilsalvarsen", but that is only a drop in the bucket. He considers that no District Surgeon in a centre like that, no matter how conscientiously he goes about his work, will be able to check it, because it is not only a question of doing work, but there one has to do with human beings of whom some are keen to be treated and to be cured, while others do not care. It all depends upon what proportion will come to a District Surgeon and what proportion will stay away.

Native doctors treat anything, but the success is nil.

He considers that it is becoming endemic not only in the districts but all through the Union. Judging from the remarks of a colleague who had been practising in Basutoland for a considerable time, about 50% of the Natives in Basutoland are affected. There are more in Bechuanaland, the idea is that there are more infections in the North, but of course that is a very difficult question because in the Northern Transvaal there is the Elim Hospital, near Louis Trichardt, where a lot of excellent scientific work is being done by excellent men, with the result that they have statistics which are not to be had in the part of the country round Vryheid. That may account for the idea that infection is more prevalent in the North than it is there, although personally he doubts it.

Undoubtedly the disease is more prevalent than 25 or 30 years ago. He remembers an old German doctor in the Free State, prior to the Anglo-Boer War, once making a statement that he never saw a single individual with the infection. Since the Anglo-Boer War it has been gradually increasing, with the result that the ratio he has put in front of the Commission is more or less right. (Page 1471/5.)

Mr. J. C. Pretorius, on behalf of the Town Council, says there is no school in the location, the Council is prepared to build a school out of funds which they raised for the purpose, so long as the education Department pays them the necessary interest on the capital outlay. The Education Department hires a Dutch Native Mission Church building; the Dutch Church are rather anxious to get them out, and the Native Affairs Department are very anxious to get a school. (Page 1478/9.)

Mr. R. H. Smith, Compound Manager, Hlobane Collieries, says all Natives are examined for venereal disease periodically - every six months - and whenever the boy arrives. He had left a Compound at Hattings Spruit about six months previously, where it was very prevalent, they had about ten cases a month. At Hlobane during the whole year they had only had eight cases. (Page 1489.)

Vryheid Sitting. 20. 9. 1930.

Mr. W. W. Ndhlovu, Exempted Native, Vryheid, says there are two schools for children, and that the Natives are keen about education. (Page 1535.)

Dr. M. Kuper-Cooper, District Surgeon for Vryheid, and Medical Officer for New Tendega, Colliery, says as District Surgeon he has to vaccinate the Natives, he has to undertake the annual vaccinations, and he visits the gaol regularly. As a Mine Doctor he has to examine all the boys on the mine, - he has to examine the new recruits who come in to join the mine. For some time he had done Dr. Kennedy's work during the latter's illness. During the past few years he considered that the number of syphilis cases had been greatly reduced. There is an average of 87 to 90 Natives in the gaol, and usually he would say there is about one, sometimes up to three, cases of syphilis. Sometimes there are none at all. So far as the mine is concerned, between 700 and 800 boys go through his hands on the mine, making something like 1100 in all. Altogether there have been two cases of syphilis treated out of the 1100. As far as District Surgeon's work is concerned he was then treating five, of which three ~~xxx~~ were from one farm and seemed to have been infected on that farm. Most of the others had been cured. Further the arrangement with the Native Affairs Department was that every month the Natives had to pay their 1/-, and if the baases wished, they could send them to be examined by him, and quite a lot availed themselves of that, and every month he examined them, and since they had been doing that, out of 100 people that he had examined, there might have been one of syphilis. The Native Affairs Department send the Natives to him to be examined. All the Natives employed in town have to pay 1/- per month and boys bringing a note are sent to him. He has mentioned the matter to the official in charge of the compound, who says there are very few such cases there; at one time there were more. He would say that the percentage of syphilis in that district is between one and two.

Every Native who goes to the Mines is examined before going, Dr. Kuper-Cooper examines them for his mine; the Coronation Colliery have their own doctor there. Every boy who is recruited, before he is taken on, is sent to a doctor. Boys recruited there for Johannesburg are examined before being sent up. A boy recruited elsewhere for the local mines would be examined before coming there.

Referring to Dr. van der Merwe's evidence, which was very much in conflict with his, Dr. Kuper-Cooper says he may get more patients, but Natives know that they can be treated free if they come to him and are injected. A Native will not attend for treatment once the active signs have cleared up; of course once the active signs have cleared up he is no longer infectious. Dr. Kennedy, who had probably had the biggest practice of all, said that the position had materially improved. Dr. Kuper-Cooper had been there for ten years, and Dr. Kennedy longer, and the latter had been in active practice until about six months previously, so far as Natives were concerned, his knowledge would extend over at least twenty years.

The improvement is due to the treatment, to the fact that they are being treated by the mines when found to have the disease. It is not the boys themselves who have it - all the lower types of women gravitate to the mines, and any case will find its way there. If the mines are strict, and they are very strict nowadays, they will clear up the disease.

(Page 1537/9.)

Several Natives, giving evidence at this sitting, refer to education generally, but none of their remarks seem to bear on the subject of child welfare.

Nongoma Sitting. 22. 9. 1930.

Dr. W. H. Haupt, District Surgeon, says when it comes to the question of Natives' Health, the Native is ultra-conservative, and that is killing him off. He has most peculiar ideas as to medicine. He will believe in Native doctoring and in Native medicine, and like all country folks has his own ideas in regard to people being bewitched, to him everything is "tagata" He instances a case he had of a woman to be confined, she was very small and he could see that the child would have a difficult birth, he said "Let me take her home and treat her properly and I shall be able to get the child born alive" but the man said it was Native custom for the child to be born in his house. The child was born dead and the doctor could do nothing in the circumstances. The first thing the Natives say is that it was "tagata" that killed the child.

The Natives lose 50% of all the babies before the first year of their life, and the reason for that is that the Native has the most peculiar ideas about the child suckling from the mother. During the first week of its life the child must not take the mother's milk. They get this sour ~~and~~ milk, and the result is that the babies get diarrhoea and die. He has seen hundreds of poor Native children, and he has saved hundreds of them by getting the young women, when they were going to have their children, or when they had just had them, away from the old women, and by letting them come to his place and letting the children be born there. They come for a week and by that time they have learnt that the food from the breast is the best food for the child. He instances another case where after seven children of two healthy parents had died, he persuaded them to follow out his instructions and have the child Breast fed, with the result that there are now two perfectly healthy children.

Dr. Haupt says though Natives go to school and learn to read and write, they are not taught hygiene, - or the simple laws of health and cleanliness, of physiology.

Another thing going against the Native, and now against the children, is syphilis. It is killing off lots of these children. There was a case of a man and wife who had had six still-born children, and who came to him, on examination he found they both had syphilis, and after a course of injections they now have a child. There are lots of people among the Natives whose children are still-born through syphilis, he has found quite a number of cases like that in his area, as well as cases of blindness. There was one case where a man had lost fifty wives and children through syphilis, in the course of thirty years. There were some survivals, whom he had injected with salvarsan, one of them had been in the last stages and he nearly despaired of her condition, but after injections she is quite better,.

The Natives go away from their wives to the mines and when they come back are full of it, they then infect their wives and the children too, and in that way a whole kraal is infected.

He has made enquiries and finds that the gold mines are very particular about the Natives in this way; a Native goes there and if there is the least suspicion that he has contracted the disease he is given a course of injections, and the result is that nearly all the boys coming back from the gold mines come back clean. But the coal mines do not do that. Hlobane and Inyati are both hotbeds of syphilis. They call Hlobane "Skool-plas". There are any number of loose women about there, and they are the people who spread this sort of thing among the men there. That is where the mines and the people running them could help a lot in keeping the Natives clean; if a woman is a prostitute let her be a clean one; - it might be going a bit too far to license them. There is any amount of prostitution on these mines, it is illegal now, but the position is that these women go about

and give syphilis to the men. We must see to it that we prevent it from spreading, and that we keep the Natives in a healthy condition. It is the cause of still-births among the Natives: it is also necessary that the Natives should be educated up to reporting cases, unless they are taught to do so, there is no chance of eliminating the disease.

Another thing which Dr. Haupt finds has affected the Natives in that area is malaria, perhaps not so much there but in the low country malaria is killing them off and making them unfit for work. He finds they are full up with it, and they cannot work, it is a common cause of laziness; they are rotten with it. He has seen a Native with his spleen right down in the pelvis instead of high up, that man cannot help himself he cannot work. Unless we can do something to eradicate that, we shall have a class of folk who simply cannot work, simply through this condition of malaria.

He also finds that quite a few Natives have dysentery. Dysentery is carried about by water, a Native looks about him and likes to do his job near a river and that makes things worse. He has a case of a boy who cannot do a thing for himself, due to dysentery caused by his general way of living near the river.

Another thing which knocks the Natives out is tuberculosis. He has found that consumption is spreading rapidly among the Natives. That is another disease which he has got from the white man, and not only has the Native contracted it, but his mode of living makes it very much worse and prevents his developing that resistance which is so necessary in cases of that kind. His hut is damp and the smoke in the hut causes coughing, and once he is infected the disease spreads rapidly and that also is a cause of quite a number of deaths there. He had seen a large number of new cases in the previous five years. The Native spits on the floor, the sputum dries and the germ is set free in the atmosphere and the child contracts it too.

Then there are other diseases - measles for instance, and quite a number of deaths are caused among the Natives by it. All that is due to the way in which they live. Then there are bronchitis and bronchial pneumonia which kill the Native children. They are exposed to all sorts of atmospheres; they have smoke and dust in the hut and all these things. Whooping cough, too, causes death to a large extent among the Native children, they cannot stand it, their way of living goes against them.

(Page 1616/21.)

Dr. Haupt says "the more liquor you give the Natives the more syphilis you will have, because it is in his drunken state that both the Native, as well as the European, contracts diseases of that kind."

(Page 1622.)

Dr. Haupt says the Native requires a lot of teaching as to sanitation, he feels that these diseases amongst the Natives are largely spread through inadequate sanitation. Fortunately we have not hookworm, but if it ever comes it will be terrible. Flies live and breed in their thousands; and then we have sore eyes amongst the Natives. If one child gets it the whole of the kraal will be infected. Sanitation has to provide for all these things. If a Native were to live properly he would be a giant, not only physically but intellectually as well. Today they are absolutely knocked out because of their living conditions, but if they were to look after themselves, and learn how to live they would live longer.

In many respects they are superior to us physically, they are stronger men, beautifully built men the Zulus in that District, but the way they live knocks them out. They do not give themselves a chance because they do not live properly.

The practice of not putting the child to the breast for the first week of its life is universal round there. He has often tried to find out the reason for this practice but has not been able to do so; when he points out to them that

they do not take the calf away from the cow they say "No, but with the child during the first week of its life the mother's milk is bad for the child." Of course when they give the mother and the child to him they trust him and he gives a little muti and they say "Now all is well." What he gives them in muti does them no harm in that case, he may give them a little salt and water, and it does them good, but they think that that is the thing which makes the milk right for the child.

Dr. Haupt arrives at his figures for infantile mortality by asking a man who comes to consult him how many children he has had, and how many have died, and taking that as a basis 50% is not an over-estimate.

He sees on an average ten or twelve Natives a day and often more. He sees over 1,000 a year so it can be said he has so far seen 5,000 or 6,000 Natives. He would have seen about 3,000 or 4,000 married women. He would always ask as to the children, living and dead, that is the most common thing. The two things about which the women come to consult him are when they have become pregnant, or are pregnant, or that they have a sick baby.

He stresses the inadequacy of the teaching of hygiene.

He says some of these diseases, it is true, have been among the European people so long that we have developed a resistance against them, but of course it is new to the Natives, for instance tuberculosis is new to them. Syphilis is also new to them, they got it from the white man, it seems to affect them differently, general paralysis of the insane is very rarely found among them, but is found very often with the Europeans.

Taking it all round he considers the Native physically superior to the European. The Natives there on the high veld are not affected so much by malaria and dysentery.

Dr. Haupt says he thinks much more should be done than is being done to combat syphilis, and he thinks if they could establish a clinic there it would be a very good thing. He himself often has thirty Natives coming to him and asking to be injected for syphilis, but if they could establish a clinic it would be good. On the other hand it would be no good unless they could impress on the Natives that they must report themselves for it. But here again we allow the Native doctors to carry on. He thinks he pays £5 for his licence, and the Native doctor also pays a £5 licence and then according to the Natives can treat them as well as Dr. Haupt can. He instances Natives who had been to him and then had gone to a Native doctor and in the end had got into a frightful state. As long as Native doctors are allowed to attend to syphilis and other venereal cases the Natives will not come to the clinics. We must impress on the Natives the necessity of coming to European clinics for these diseases.

Dr. Haupt has to test the blood of some of the Natives who come to him. Syphilis is more often than not undetectable to the naked eye, it is really only detectable to the eye when it breaks out on the skin. Then it is easily seen, that is in the second stage, but there is an intermediate stage when nothing can be seen at all.. The Native comes to him when he finds that he is developing sores all over his body, or when he is getting a hole in his palate or his nose is rotting away. When he finds himself in that condition he will come for treatment, but as soon as the outward signs disappear he stays away. There is an in between period when there are no visible signs. On other occasions he comes to consult the doctor because he has no children, it is then that a blood smear is taken and it is discovered what is the matter with him. That is the time when the disease is not visible to the eye.

He could not estimate the percentage of able-bodied Natives who have syphilis, but it a very large one. Natives come to him because they have no children, and the young women do not have so many children as they used to do in the past. Natives do not go in for birth-control. He has had only one case where a Native woman asked if he could help her, as she had too many children.

Even the educated Native still believes in tagata. Recently an educated Native had brought him a child suffering from epilepsy, and in rather a serious condition, and when he started the treatment the Native said "I must call in a Native doctor as well, because I think there is something at the back of it all."

Dr. Haupt has come across quite a few cases of miners' phthisis in that district. In some cases the Natives knew what was the matter with them. They would come to him because they were bringing up blood or something like that. He would sound the lungs and find from their history that they had developed their trouble in Johannesburg, in fact they had been sent away from the mines because they had developed miners' phthisis. (Page 1623/30.)

The Rev. L. E. Oscroft, Principal of the Zululand National Training Institution, says he has had practically no sickness at his Institution and for some years they have had a most improvident sanitary system; yet their health has not suffered. The sun is the best sanitary agent.

(Page 1650.)

Mr. C. F. Adams, a General Trader in Zululand, says after East Coast Fever had passed through the country the mortality amongst the children was heavy, but now with cattle, milk and meat abundant the Zulu physique is improving greatly.

(Page 1670.)

Mtubatuba Sitting. 25. 9. 1930.

Mr. C. A. Wheelwright, formerly Native Commissioner for Zululand, referring to the absconding of young Natives without the permission of their parents, says he can only attribute this to general slackness about things, and instances three little lads who had recently turned up at his place, the eldest not more than 12 years of age and the youngest about 8. They had come right from the Portuguese border, and were now doing odd jobs, having been taken on in order to prevent them wandering about.

(Page 1722.)

Empangeni Sitting. 26. 9. 1930.

Mr. C. W. Dent, President of the Zululand Farmers' Union, says during the last few years malaria fever has been acute and appears to be on the increase. In parts of the Reserves whole families have been stricken down, and the mortality has been severe. Apart from the health point of view of the Natives concerned, its effect on the labour supply is most serious, labourers are unable to turn out to work, or else not able to perform their tasks efficiently. It is only right that the Government should use every means in its power to keep this disease in check. The previous year was the first year in which any attempt in this direction had been made. The steps taken appear to be on the right lines, but not sufficient to cope with a serious outbreak. This question of malaria is a most important thing. A Memorandum on malaria has been prepared but sufficient research has not been made to enable the Government to advise as to the best means to be taken to combat the disease. The previous year the Government had employed a certain number of rather more educated Natives whom they trained to diagnose malaria

malaria and give the necessary prescriptions and cures for it, and let them loose in the Reserves. That seems a very sound idea, but Mr. Dent thinks it ought to be enlarged a great deal and that more of them should be sent out.

As regards medical attendance on Native Labourers and Hospitals, the employer bears the cost of medical attendance on the labourers in his employment. There are two Native Hospitals in Zululand, one at Eshowe managed by the Government, the other at Empangeni, which is controlled by a Local Committee and partially subsidised by the Government. Its erection two years previously was entirely due to the repeated requests of farmers; it has to a certain extent been financed by them. The Farmers are most strongly of opinion that the Native Affairs Department should bear a portion of the cost of the maintenance of this Hospital to enable it to become more available to the Natives from the Reserves, who are not in employment, and also to permit of the Hospital training Native nurses.

The King Edward VII Order of Nurses does not work among the Natives as far as he knows, what he wishes to stress is that this Hospital is now erected and is being made use of by the Natives, and it is found by the Doctors that there are Natives who are prepared to come there but who cannot afford to come in from the Reserves, and he is very strongly of opinion that more ought to be done by the Native Affairs Department to help those Hospitals than at present. There is a great shortage of Native nurses in the country and this is an opportunity of training them. (Page 1816/8.)

Mr. Dent, referring to medically unfit labourers, says a very serious and general complaint is made that the recruiter sends to the farmer labourers who have been rejected from the mines. Frequently instances occur of boys being sent to work suffering from phthisis, syphilis or some other serious complaint. The farmer is not in a position to detect the disease upon arrival of the boy. He finds him unable to do the ordinary task, and continually absenting himself owing to illness. He calls in the doctor and the boy is perhaps sent to Hospital, and it is only then that the true state of affairs is disclosed. If the employer is fortunate he is able to persuade the local Magistrate that the boy is a pauper and that the expense in Hospital and his rail fare home are a charge upon the Government. (Page 1821.)

Mr. Dent wants independent medical examination of recruited labour by the Government. That is a thing which the farmers feel very strongly, they feel that in connection with the boys sent down by the recruiters there is no proper medical examination at all. He understands that the recruiters all have a medical officer attached to them, and they charge a guinea a time for the certificate, and it is a known fact that doctors have signed blank sheets and the boy's name has been put in over them. In other cases the medical man examines five boys, there is plenty of space left on the sheet for five boys' names to be filled in - and that has been done. He could not say in what District that was most common. (Page 1825.)

Mr. S. B. Forrest, also representing the Zululand Farmers' Union, says boys have come there who have been absolutely medically unfit. They have been rotten with phthisis and other disease, and it has only been found out after they have arrived, and these boys have been sent down as medically fit. (Page 1825.)

Mr. Forrest says the farmers take preventive measures as regards malaria in connection with Natives working on their farms. they have mosquito houses, and have been carrying out the recommendations pretty thoroughly - spraying and so on, and cutting grass along their irrigation furrows, and that kind of thing, and dishing out quinine and so on. Practically every farmer in the malaria area now has quinine supplied and everything else that is necessary. (Page 1830.)

Mr. G. M. Robinson, also representing the Zululand Farmers' Union says the Natives from the Transkei are more susceptible to malaria than the local Natives.

(Page 1836.)

Mr. E. Coppinger, Secretary of the Lower Umfolozi War Memorial Hospital, says some six or seven years previously they started an agitation to get a Native Hospital there, they very much wanted it there. There was one at the time at Felixton. That Hospital was condemned by the Medical Officer of the District as being quite septic. Every operation there was septic. Eventually they prevailed upon the Natal Administration and the Native Affairs Department to supply the capital. They did, it cost about £5,000. Then came the question of the maintenance of the Hospital. The Administration promised to give 1/6d. per Native per diem. They had no monies to start with. About 13 planters subscribed £10. apiece which gave £130 to cover current expenses. These advances are being gradually repaid by setting the fees of patients sent in by various individuals concerned against the amount advanced. They charge a Native an inclusive fee of 3/6d. a day, which includes medical attention foodstuffs and nursing. They have a European Matron, one doctor and three Native female nurses. Also the European Nursing Staff are all highly qualified home-trained nurses. After the first nine or ten months they made a slight profit. They estimated they would have an average number of 25 patients daily, but unfortunately it worked out to about 15. They made a slight profit during the nine or ten months from the 1st. May 1929 to the 31st. March 1930. The outstanding fees were £191.11.9., of which amount he considers £60. is quite good. The balance is made up of indigent Natives, assault cases and Natives from kraals and unemployed. The only subsidy they get out of their fees is the 1/6 from the Provincial Government. The Native Affairs Department refused to contribute at all. They are compelled to take these accident cases in. He considers it is up to the Native Affairs Department to contribute something towards the maintenance of the Hospital, and suggests 1/6d. a day, the same as is paid by the Provincial Government. That would give them a total revenue per unit of 6/6d. made up of 3/6d. from the patient, 1/6d. from the Provincial Government and 1/6d. from the Native Affairs Department. That would give a margin to meet the losses incurred on the indigent Native, assault cases etc. etc. and it is quite possible it might permit them to create a small reserve, which would perhaps enable them to train nurses and so on. (Page 1845/6.)

A Memorandum from the Zululand Farmers' Union, enclosed in the file, covers the same ground as the evidence given, and summarised above.

Melmoth Sitting. 29. 9. 1930.

A Memorandum by Mr. E. N. Bratvedt, Native Commissioner, says the mortality amongst infants is heavy due to the ignorance of the mothers and the total absence of skilled medical attention.

Collection Number: AD1438

NATIVE ECONOMIC COMMISSION 1930-1932, Evidence and Memoranda

PUBLISHER:

Collection funder:- Atlantic Philanthropies Foundation

Publisher:- Historical Papers Research Archive

Location:- Johannesburg

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