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A. THE DISEASES OF SCHOOL LIFE.

Various infectious diseases, it is well known to medical people, especially prevalent at school age. These include Scarlet Fever, Diphtheria, Whooping Cough, Measles and skin diseases such as Scabies and Ringworm.

Lack of proper nourishment causes children to be anaemic and undersized physically. That condition in turn brings about conditions favourable to the development of Tuberculosis affecting the life of that child and several other children in and out of school.

School children usually suffer from recurrent or enlarged tonsils, adenoids, nasal catarrh, defects of sight and hearing.

School work is often seriously disturbed by these physical maladies as is briefly indicated hereunder:-

- (a) Defective spinal cords may be due to faulty seating or faulty seats and desks at school.
- (b) Seeming dullness may be due to defects of sight and hearing, bad nutrition, want of rest and insufficient sleep.
- (c) Restlessness, fitful attention, colour blindness and spelling and reading mistakes may also be attributed to unhealthy conditions in the children themselves.
- (d) The cumulative result will be bad work in school and failure to profit by school instruction.

The teaching staff may do much to promote the health of the school children by attention to ventilation and school cleanliness by correcting habits at school in regard to seating, writing and reading, coughing and even playing which may lead to ill health, by using their influence before, during and after medical inspection, with the parents and the children.

It hardly needs to be mentioned, however, that teachers are not medical persons and cannot give to their children that medical and clinical treatment which doctors and nurses alone can give. For the detection and supervision of many conditions of ill health it is necessary that proper and adequate medical services should be available for the African children as well.

These facilities are all the more necessary in view of the binding nature of the Public Health Act of 1919 on African schools as well

B. THE PUBLIC HEALTH ACT OF 1919

The Public Health Act of 1919 has provisions in regard to the following points :-

- (a) The closing down of schools in any area or district where a communicable or infectious disease has occurred.
- (b) The exclusion from school of any pupil and teacher suffering from a dangerous disease.
- (c) The duties and responsibilities of Principals and Head Teachers in ~~xxxx~~ regard to communicable or infectious diseases.
- (d) The duties and responsibilities of Parents and Guardians.
- (e) The duties and responsibilities of medical officers in regard to examination and treatment of dangerous health conditions.

The Organisation of a school Medical Service is the responsibility of the Provincial Administrations who have charge under Section 85 of the South African Constitution of the Elementary and Secondary Schools. In some towns the Education Departments have provided for some medical service through African nurses but as far as the rural areas are concerned medical attention and service are sadly wanting. The Provinces are not really in a position to supply an adequate medical service for the African people. Thus the question of a satisfactory medical service for African children has to be considered in relation to the provision of general medical services for the African people in general. In this connection we would suggest the following considerations, :-

HOSPITALS.

- (a) That the establishment of the clinics of the type of the Polela Health Unit should be proceeded with right away and not await the end of the war.
- (b) That every Regional hospital should be surrounded by such clinics.

- (c) That from the Regional Hospital and from the clinics Mobile health units should be despatched regularly to outlying rural areas, villages and kraals.
- (d) That educational propaganda from the Union Council of Health Education should reach the country people through the Regional Hospitals and Clinics and not direct from central headquarters in Pretoria or the Provincial headquarters.

DISTRICT SURGEONS.

- (a) That District Surgeons should be subsidised more liberally and be required to visit all parts of ~~their~~ their district more frequently, say twice a month.
- (b) That more scholarships should be awarded to Africans to qualify as doctors and serve their people. The ~~Law~~ Loran Commission of 1928 stated that we required a minimum of 200 African doctors. If we are to get that minimum quota of doctors we shall need to increase the numbers that can be trained as doctors.
- (c) African doctors who are practising on their own in the rural areas and are enterprising and willing to set up small hospitals and nursing homes should be encouraged by the Public Health Department and given financial assistance to enable them to make a start and maintain the enterprise. ~~xxxxxxxxxxxx~~ This might be done in areas which are too large to be adequately served by a district surgeon or where there is no district surgeon at all.

THE NURSE SERVICES.

For Africans living in the Locations, Crown lands, Company lands and Mission reserves nursing services should be available at such places as would make it possible. (I) For sick or injured people to travel to them without undue difficulty. (II) For nurses to be able to visit in their own homes sick or injured people. (III) For nurses to be able to summon further aid when necessary with the minimum of delay. (IV) For the nurse to hold classes for instruction and demonstration either at the clinic or at some place.

The Department of Public Health should assume full responsibility for the employment and the salary of nurses and where that is not possible - where a nurse is engaged by a voluntary organisation it should be responsible for a major portion of the salary of the nurse.

NATIVES ON EUROPEAN FARMS.

AFRICAN JUVENILE DELINQUENCY.

According to the Union Year Book of 1940 65% of the Non Europeans who came under the designation Juvenile Delinquents had very little or no education before they were apprehended for anti-social tendencies. From this it is clear that the Native youth, which constitutes a large element of Non European juvenile delinquency, requires more schooling ~~opportunities~~ opportunities. What we require is to keep our Native youth longer at school than is the case at present. The crucial ages as far as Native youth is concerned are those between 14 and 19 years of age, and those are the ages also when school mortality is heaviest, if the schools are to hold their pupils longer it is necessary that they should become more interesting and congenial centres for adolescent persons. This is not only a matter of adopting suitable classroom techniques, but also providing attractive school building and school equipment and developing organised out-of-school recreational activities. This, however, can only be effectively done if more funds are provided for Native Education.

The school is not, however, the only source of influence on the lives of young persons. There is the home, the human associates and the social and economic environment. If these are bad or defective then conditions conducive to delinquency are inevitable; that is why so many of the Native youth are delinquents with or without schooling. The living conditions in the urban Native ~~locations~~ locations are for the most part such that proper upbringing of children is difficult; the location,

as is indicated in the Smit report of 1942, may itself be a slum; the neighbours may be undesirable persons and lack of space and overcrowding may deprive children and young persons of any recreational facilities. If more ~~xxx~~ sanitary living conditions could be provided for the Natives, if housing could be such that decent family relations could be maintained between the children and the parents and the between the sexes, if educational and municipal authorities could provide playing and recreational facilities under some organiser for the urban youth, we venture to suggest, that would go a long way ~~xxxx~~ towards reducing Native juvenile delinquency.

It is very significant that most Native juvenile offenders are driven by destitution to theft and housebreaking. Having regard to the poverty of the Native people that situation is inevitable. There is need for paying the Natives a living wage by which they can provide for their living in health and decency, otherwise the parents lack of adequate means for the maintenance of their families will result in the children ~~eking~~ out a living by illicit means and thus fall foul of the law. In addition to raising the wages of the Natives, it is also necessary to provide their youth with ~~opportunities for industrial~~ ~~necessary to provide their youth with opportunities for~~ education so that they can pursue useful trades and occupations to themselves and the community. Such facilities are provided for the youth of other races as part of their rehabilitation by the Native youth. Such industrial training should include the skilled occupations as well. Many Native youths come to live an abandoned life because disliking ordinary schooling, they have no hope of finding a proper niche in the economic system of the country. Hence anti-social acts prove more attractive than useful occupation and citizenship. Clearly there is need for increasing the job opportunities of Native youths and for assistance through Juvenile Boards.

The provisions of the Childrens Protection Act in regard to dependent and delinquent Native children need to be fully extended to the Native community and to do that it is essential that the Natives should be brought under the full scope of the Social Services of the country. It is unfair that the Natives who constitute four fifths of the South African community should bear four fifths of the burden of the country's poverty and yet be provided only with one fifth of the Social services by the state and local authorities. A dependent, destitute and delinquent Native child or youth is not less eligible for assistance than a European, Coloured or Indian child. The African people would like to have Social Services extended to them not as a privilege, not as charity but as a measure of social justice in a democratic state to showe wealth and productivity they contribute such a great deal.

HOSPITALS.

- (a) In view of the difficulties of the Provinces in financing hospital services for the Africans, there should be established a special fund ~~xx~~ for hospitals. The fund to be administered through the Provinces or direct by the central government.
- (b) That for the benefit of rural areas Regional Hospitals be established, preferably for each magisterial division.
- (c) That for purposes of finance the mission hospitals should be regarded as serving the state and be subsidized on a basis which would enable them to carry on effective work. The subsidy might come partly from the central government and partly from the provinces if the dual system of health administration is still to be continued.

CLINICS.

- (a) That the establishment of the clinics of the type of the Polela Health Unit should be proceeded with right away and not await the end of the war.
- (b) That every ~~x~~ Regional hospital should be surrounded by such clinic

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