MEDICAL SERVICES.

(1) Existing Native Medical Services.

The native is 'medicine minded' and suffers no lack of medical help from his own people, at any rate if he is prepared to pay for it. Medicines are for protection as well as cure; for rain, for the fields, for the cattle, for hunting, for the army: to secure favour and for success in love as well as for protection against hail, theft, the spirits, and even more recently against unemployment.

Similarly the Native is 'medically minded'. 'The Native doctor is an honoured person following an honourable calling, and only the chosen few are elected to follow in the footsteps of the practitioners'.

They also realize that some illnesses are caused 'naturally'; thus they avoid foods that make them sick, to some extent are aware that stagnant water is not good and even regard slight illness as being 'natural'; they appreciate that some diseases are infectious, that accidents 'happen' and so on. However, the dividing line between the natural and the intervention of ancestors, enemies or direct witch-craft is confused and uncertain.

Pondos have two types of doctor the igqira, or diviner and the ixhwele, or herbalist. Though their functions overlap, and both may be referred to as inyanga (= to treat), the former deals more with the magical side, the latter may be regarded more as a 'healer'. Both men and women are admitted to the profession and the training and initiation ceremonies are elaborate; there is also much rivalry between different practitioners.

It is customary to dismiss all Native medicine as useless superstition; we gathered that this is too sweeping. Not only have they a very serviceable knowledge of the use of herbs and other medicines, but some of their surgical knowledge is not to be despised. Thus several doctors related to us the success which attended the treatment by Native inyangas of cases which they had themselves given up as hopeless, and frankly admitted that such results, occasional as

.../ they

they were, had been quite awkward for their own reputation.

Unfortunately, amongst other failings, the inyanga appears to be unaware of the importance of suitable dosing and hence it follows that the more important a patient is the more likely he is to be made worse, or even killed by overdosing.

The position as between the Native and the European doctors has been put to us by one of the latter as follows:-

> "After eight years of constant effort, I estimated that I was seeing barely 25 per cent. of all the sickness there was. It is not merely ignorance and superstition we are up against, however, but geography. The inyanga is as ten or a hundred to one against the civilized doctor or nurse, and it is because he is more easily available that he gets the practice."

(2) <u>European Medical Service.</u>

There are about 30 European doctors in the Transkei, which amounts to one per 22,000 inhabitants. (See Table 6.) Many of these doctors, however, are much occupied with attending their white patients, with administrative duties connected with their hospitals, or with court cases and other legal work connected with the district surgeoncies, so that the amount of time available for seeing Native patients or for visiting outposts is limited. Moreover, indifferent roads and long distances greatly reduce their actual effectiveness even if time is available.

Moreover, it must be plainly said that in some cases at any rate we gained the impression that they had lost the enthusiasm they may have originally brought to their work and had become thoroughly routinized in outlook and activity.

Some of the problems connected with the European medical service that impressed us were as follows:-

(a) The attitude of the average Native towards the European doctor and his ways is still largely based on suspicion and dislike. It is a mistake to suppose that the Native population, at any rate in some areas, feels any particular need for a better medical service.

(b) If a Native does decide to ask for advice, more often than not he comes so late that little can be done. This is unsatisfactory for both parties. If he does improve under treatment he will not trouble

.../ to return

Table 6.

Approximate Estimate of the Number of Medical Men Practising in the Transkei, or at Transkei Hospitals.

East Griqualand.		
Matatiele	4	
Mt. Ayliff	1	
Mt. Currie	5	
Mt. Fletcher	1	
Mt. Frere	3	20
Qumbu	2	
Tsolo	2	
Umzimkulu	2	
Pondoland.		
Bizana	1	
Flagstaff	1	
Libode	1	
Lusikisiki	3	11
Ngqeleni	2	
P. St. Johns	2	
Tabankulu	1	
Tembuland.		
Elliotdale	1	
Engcobo	3	
Mqanduli	1	
St. Marks	1	11
Umtata	4	
Xalanga	1	
Transkei.		
Butterworth	2	
Idutywa	2	
Kentani	1	
Nqamakwe	1	9
Tsomo	1	
Willowvale	2	
Total.		**51**

Total Native population is 1,120,000 or 22,400 per doctor.

to return, even if he can afford to, whilst if he does not improve and that almost at once, he will most likely abandon the advice given and consult a local inyanga. Quite a usual method is to try several treatments at once.

The usual fee charged by the European doctor is 5/- and all outpatient work is discouraged, though probably most doctors treat many of their poorest patients pro deo. Although the fee charged by the inyanga is liable to be more than 5/- the fact remains that many really sick people postpone coming until they can scrape together the necessary cash; the most that can be afforded may be a single visit.

Supposing serious cases consent to be hospitalized the hospitals are so few and far between that the medical man loses touch and interest with the case.

It is seldom possible to 'follow up' cases and this in itself has a most unsatisfactory effect upon the practitioner.

(c) Then there are the limited facilities for laboratory diagnosis to be borne in mind. Although this is common to so much medical practice in South Africa the inevitable lack of precision to which it gives rise is a discouraging element. At the same time we could not help feeling that full use is not always being made of the simpler tests and existing facilities.

(d) A District Surgeon is paid a retaining fee of from £200 to £350, or more in some cases, by the Department of Public Health and in addition there are mileage and other allowances. The balance of his income must be obtained mainly from his Native practice, which is said sometimes to be very lucrative. At the same time we cannot believe that such a system is likely to lead to the development of a very efficient service, or that anything approaching a positive attack on the health problems of the district is expected from it. Unfortunately it seems difficult to combine the necessary checks against the abuses which are liable to develop, with the necessary support and encouragement of those who show energy and initiative.

Distances and bad roads have in the past tended to reduce the stimulus of contact with other practitioners and ensure a 'climate of loneliness', whilst the lack of opportunity for attending medical

.../ meetings

meetings and the difficulty of getting locums for holiday duty, all helps to produce a sense of impotence and futility, which means so much to the keener men.

(f) Working under such handicaps it is not to be wondered at that there may be a tendency to lose heart, or to revert to a system which as one man himself put it is "little better than that in vogue in Europe one hundred years ago." More subtle, is the temptation, when dealing with Native patients, to derive popularity by adopting much of his own outlook on disease. There is no need to retail the stories we heard, but there is little wonder that for some the only remaining incentive is to make the maximum amount of money from their Native practice and retire as soon as possible.

In view of the scant provision for medical services in these areas it is not surprising to find that both Europeans and Natives openly say that the Government is more interested in the health of farm animals, which if sick are often attended to with astonishing celerity, than of human beings.

(3) Medical Aids.

We visited Fort Hare. [illegible] were shown over the laboratories and met some of the students training to be medical aids.

We were informed by the Principal that the number of students now taking the course is:-

Third Year	(Pathology and Bacteriology)	4
Second Year	(Anatomy and Physiology)	4
First Year	(Scientific)	10

This means that instead of the minimum of 10 that should be available yearly after 1939 the present maximum output will be 4 for 1938 and 4 for 1940.

(4) Nurses.

On more than one occasion the view was expressed by medical men that we met, that an increased supply of nurses, midwives and health visitors was the most urgent need for the Territories, and was of more immediate importance than the extension of the purely medical services.

We were therefore particularly interested to learn about what is being done towards the training of Native nurses and their actual practical value.

.../ We often

We often asked whether Native nurses would be listened to by Native people and got contradictory answers. No doubt much would depend on the individual herself and the training she had received, but in the few cases where we were able to see such nurses at work there was every reason to suppose that they were making a real impression on their surroundings.

The subject is of such importance to the future health of the Native Territories that we do not think any apology is necessary for including the following quotations.

In a pamphlet issued by the Lovedale Press on the Training of Native Nurses, Dr. Macvicar writes as follows:-

> "In 1903 the opinion was almost universally held that, as one doctor expressed it, giving evidence before a Government Commission. "It is impossible for a Native girl to be a hospital nurse". The idea was that no Native girl could be trusted to do such work, unless indeed she was under the immediate eye of a White nurse. Unfortunately this view is still held by many people who have not the opportunity of becoming acquainted with the actual facts......
>
> It is true that at their own homes and at school Native girls as a rule have little sense of responsibility and little or no initiative. But the results of the nursing training have made it clear that it is possible in many instances to develop those qualities, and in particular cases to a notably high level.
>
> .....Apart from what they can do to mitigate suffering and save human life, the service Native nurses render to their people in the way of enlightenment is of first class importance. The influence of trained nurses is out of all proportion to their numbers."

The pamphlet also includes several quotations from those qualified to speak, regarding the after careers of nurses trained at Lovedale.

Writing in the Health Society Magazine in January, 1936, Dr. G.W. Gale, who speaks from experience, gives the following striking account of what such nurses are capable of doing:-

> " I wish to pay tribute to the Native nurses who have run the hospital during the past five years. With the exception of three months at the start, we have never had a European nurse, and I think it is worth noting that hospital work in a primitive Native area has been developed successfully with the help of solely Native nurses. We have never had more than one trained nurse at a time. She has been matron of the Hospital, giving skilled attention to the patients, practical training to the probationers (Native girls fresh from school), supervision to the kitchen and laundry departments; she has been anaesthetist for nearly every operation, has faced many

.../ obstetric

obstretic and other emergencies during my absences out in the district, and has never really been "off duty".

Latterly we have had 400 or so admissions a year, and a daily average of twenty-four (not counting the ever present "new-borns.") Our trained nurses happen to have come from all three of the principal training schools in the Union: Lovedale, Umtata, and the American Mission in Durban. All three came fresh from their training to a task which would have severely tested even experienced nurses. They each tackled it with courage and ability, never once complained of the long hours and irregular nights, and in addition to their professional skill they showed the true missionary spirit in the sympathy and tact with which they dealt with the fears and difficulties of people to whom hospital treatment is new and strange. Their knowledge of the vernacular has been of great usefulness, establishing the closest contact between patients and the head of the nursing staff".

Other aspects of this matter have been conveniently summarized by him as follows:- (Gale (1934))

One would stress the importance of Native nurses and midwives as pioneers of a Native Medical Service for several reasons. (1) The work they can do - simple daily dressings, infant welfare, midwifery - touches Native medical needs at points where the influence of the 'inyanga' is absent or ineffective, although these very needs are so widespread that almost every home would in this way be reached. (2) Their work would lie mainly with the very section - the women - who have fewer opportunities of enlightenment than the men, and yet whose influence upon the oncoming generation is so important. (3) They represent an entirely new calling in Bantu society, and therefore do not, by coming into direct competition with the diviners and herbalists, arouse the opposition of the forces of conservatism and entrenched superstition. (4) Native nurses are already being produced within the Union, and have already proved their ability to fulfil the roles suggested above.

Another expression of opinion was given us by a well qualified English nurse and in view of the fact that she had only recently come to this country it seems worth quoting her unbiassed opinion which is as follows:-

I have worked in close touch with two of them during several months of very busy and difficult work.

Nurse N. is State Registered, trained at Umtata. She has a most exceptional character and beautiful manners. I can trust her with any kind of nursing, surgical or medical and find she is absolutely conscientious in all she does, as well as kind and firm with the patients. She gives me sound advice on all sorts of questions when I ask her and keeps the peace among her fellow workers. I consider her as good as any English nurse I have known......

The chief failing I find in all the Native nurses I have known is that they have very little authority with those under them. They also have less sense of order....they need a great deal more individual, detailed and repeated teaching than English nurses so that there should be a Sister Tutor attached to every training-school to give this.

.../ The training

The training of Native nurses.

We learnt something of the difficulties encountered in the training of these nurses. As already stated, it was Dr. Macvicar who did the pioneer work in this field and proved that a Native woman can be made into a fully qualified nurse.

Gradually such an avenue of employment has become popular with the better type of Bantu parent and hence it is becoming possible to select candidates of better educational attainments, and of stronger character. Even now, however, as may be imagined, it is evidently far from easy to get them through their training successfully. Many become discouraged at an early stage, others are lost through marriage or pregnancy, whilst others find the examinations an insuperable barrier. It is obvious that strong motives and the greatest patience and persistence are needed, both by the medical and nursing staffs. Some idea of these difficulties are to be seen in the following record from one large training centre in the Territories. (Table 7.)

Table 7.

Annual Examination Results for Native Nurses.

Year	Entries	Passes
1928	3	2
1929	1	-
1930	3	2
1931	6	3
1932	5	3
1933	4	4
1934	4	2
1935	10	2
1936	9	-
Nine years	45	18

It would be interesting to know what became of the 27 who failed.

The language complication is sometimes raised as an explanation of the difficulty in training, but in view of the fact that most of these girls have already been educated in English, and also since

.../ the

the standard of educational attainment will become considerably higher as the number of candidates offering for training increases, it would seem that this difficulty is likely to be less formidable in the future.

Sister Tutors are now being appointed at more than one institution and this should be a help in reducing the wastage. It also appears that some recognition is required for those who have passed most of their training satisfactorily, and have become correspondingly valuable, but find themselves unable to pass the entire examination. Such individuals should not be entirely lost to the nursing profession, where they are so badly needed. We heard of several such cases, one in particular being evidently a born nurse, but finding difficulty with the theoretical work; in her case failure led to disaster.

We came across two Native nurses, who on completion of their training had married and had brought up families; later they had again sought employment as nurses and were apparently doing excellent work at infant welfare centres.

Finally there is the question of salary and status after becoming qualified. No doubt it would be unwise to expect or rely on any very strong altruistic sense at present and it seems to us that nothing is more likely to reduce the number of really ambitious applicants, or damp the enthusiasm of those undergoing training, than to discover as we did, cases where fully trained nurses are receiving little more than could be obtained in much less exacting occupations. One such Native sister was being paid only £3-10-0 per month. This is an aspect, the importance of which should not be minimized.

If the data in Table 8 are incorrect it would appear that as far as the Transkei was concerned less than 90 Native women were undergoing training as nurses during 1936. Allowing for the usual wastage, and for the probability that, as at Lovedale, some at least have come from and will be returning to other parts of South Africa, it will be seen that there can be but a small number of locally

.../ trained

TABLE D.

INFORMATION REGARDING TRANSKEI AND CISKEI HOSPITALS FOR 1936.

(Compiled from various sources, but excluding Mental and Leper Institutions.)

	[illegible]	Number of Beds and Cots.		Admission During 1936.		Daily Average.		Out-patients	Out Posts	Number of Native Nurses in training for:	
		Europeans	Natives	Europeans	Natives	Europeans	Natives	Native Only	Native Only	State Registration	Hospital Certificate
CISKEI											
[illegible] Sanatorium ([illegible])	M	12	18	61?	4[illegible]	7	21	Yes	No	No	No
Frontier Hospital (Queenstown)	P	62	72	1007	[illegible]	(86.4)		430	None	No	No
[illegible] Hospital (East London)	P	(87)									
[illegible] Hospital (Kingwilliamstown)	P	41	48	501	940	21.0	29.6	4426	None	No	No
[illegible] Hospital ([illegible])	M	10	64	20	500			6647	Yes(2)	Yes	
[illegible] ([illegible])	M	None	11	-	100	-	7.4	4569	Yes	No	No
[illegible] Hospital (Kingwilliamstown)	M	None	26	-	426	-	21.7	6507	Yes(7)	No	Yes(2)
[illegible] Hospital ([illegible])	M	None	26	-	161	-	14.3	3394	None	No	Yes
Victoria Hospital (Lovedale)	M	None	175	-	1320	-	140.2	[illegible]	Child	Yes(a)	Yes
			461					27,694			
TRANSKEI											
All Saints ([illegible])	M	None	20	-	190	-	7.2	[illegible]	None	No	Yes(a)
[illegible] Hospital	P	11	16	20	306	2.0	22.4	None	None	No	No
[illegible] Griqualand and [illegible] Hospital ([illegible])	P	20	20	240	211	10.5	14.9	240	None	No	No
Holy Cross Hospital ([illegible])	M	None	65	-	629	-	60.7	4444	None	Yes(a)	Yes(a)
[illegible] (Private)			10								
[illegible] ([illegible])	-	12	22				22	None	None	No	No
[illegible] ([illegible])	-	2	16				6	None	None	No	No
[illegible] ([illegible])	M	1	29	-	290	-	20	2127	Yes	No	Yes(a)
Sir Henry Elliot ([illegible])	P	20	236	[illegible]	2420	16.0	[illegible]	None	None	Yes(a)	Yes
[illegible] Lazaretto			11								
St. [illegible] ([illegible])	M	1	24	-	297	-	27.4	1200 (1400)	Yes(4)	No	Yes(*)
St. [illegible] ([illegible])	M	2	22	-	180	-	16.7	1300	Yes	No	Yes(*)
			571					13,604			

(*) Special Certificate.

trained nurses from which to draw for any advance in local health services.

(5) Hospitals.

In Table 8 some particulars regarding the hospitals that we visited or heard of in the Territories have been assembled; other information regarding proposed additions, or new hospitals, is also given.

How grossly inadequate such provision is, when judged by modern European standards will be obvious. Thus in the Ciskei, excluding hospitals on the borders of this ill defined area, there is a total of about 450 beds for the use of Native patients. In the Transkei there are about 360 beds to serve the needs of over a million people, scattered over an area of 16,000 square miles of difficult country.

To take a particularly striking example: The number of people nominally served by, and the distance from, Butterworth Hospital with its 16 Native beds is approximately a quarter of a million, distributed as follows:-

District	Distance (Miles)	Europeans	Coloured	Natives
Butterworth		778	128	29,698
Tsomo	35	234	60	39,009
Nqamakwe	18	254	46	46,121
Kentani	20	334	81	55,590
Idutywa	22	508	149	40,754
Willowvale	28	392	90	62,934
		2,500	554	273,936

The distribution of these hospitals, as well as that of the medical men in the Territories is indicated in Map No.3.

In addition to these recognised hospitals there are quite a number of clinics for school children, generally attached to the Practising schools run in conjunction with the Training Colleges. The educational value of these clinics must be quite considerable, apart from the useful purpose they serve in preventing and treating minor ailments.

.../ We heard

We heard of the following plans for the building of new or extension of existing hospitals:-

Department of Public Health.

Victoria Hospital, Lovedale	Tuberculosis block	90	beds
Sir Henry Elliot Hospital, Umtata		30	"
Nessie Knight Hospital, Sulenkama		20	"
Butterworth Hospital, (Provincial)	Additional	30	"
		170	

The Roman Catholics: are building a new hospital near Glen Grey, at which Native nurses will be trained. Proposals for hospitals at Bizana and Mt. Frere are also under consideration.

Seventh Day Adventists: Dr. H. Abbott has recently arrived at Cancele Mission, near Mt. Frere to start medical work. A hospital is planned at which Native nurses will be trained.

Shawbury Methodist Mission: at present has a clinic and contemplates building a hospital "as soon as necessary arrangements can be made".

Frontier Hospital (Queenstown): "It is hoped to establish an Out-patients Department at this hospital early in 1938".

What impressed us even more forcibly than the fewness in number of hospitals, was that in the majority of cases they are small and often so crippled by lack of staff and equipment. Most of them owe their existence to missionary effort and are still very dependent on their overseas grants.

The Bunga does what it can to support these hospitals by means of small grants, but is already beginning to exceed the allowance of 5 per cent. of its income permitted for that purpose. The Public Health or Provincial authorities are also prepared to give small grants or pay fees for certain types of case, but the responsibility for equipping and running the hospitals depend in most cases on missionary or charitable support. Although we were much impressed by the splendid service some of them are giving, it was obvious that their work is much handicapped by the limitations and

.../ uncertainty

uncertainty of their financial resources, which results in understaffing as well as poor facilities as regards buildings and equipment. Amongst other examples noticed, mention may be made of one hospital where the Native day and night nurses have to share a small rondavel, an operating theatre with no artificial light, a matron who was compelled to be nominally on duty by day and night for a whole year, of a ward which we estimated to be approximately 11 x 23 feet, designed for four and often accommodating nine beds closely fitted together, and an institution of some size where, owing to entire absence of isolation accommodation a case of whooping cough was being nursed in a tent.

Although some of these hospitals run outposts it seems too much to expect that such pioneer and ill supported work can be still further extended at present; in fact much of the value of such centres is being stultified, owing to the present policy of very half-hearted support.

A statment of income and expenditure for a few of these hospitals is to be found in Appendix 5, Table B, and speaks for itself.

Such hospitals must be doing much to break down suspicion about European medicine and in educating those whom they treat in matters of hygiene etc, it seems intolerable that in such isolated places, where versatility of knowledge and skill must of necessity be essential, there should be such unnecessary handicaps regarding equipment as well as inadequate staff relief. Surely the time has gone by when such a policy can be accepted as in the best interests either of white or black.

(6) Training of Teachers in Hygiene, First Aid, Simple Nursing and Mothercraft.

According to the syllabus issued by the Department of Public Education for the Cape, Native teachers should possess quite a serviceable knowledge of Physiology, Hygiene and First Aid.

We are not in a position to know to what extent such training is actually carried into effect, but we very much doubt whether the

.../ average

average teacher has become aware of the significance of this knowledge, or the many opportunities that he has for bringing it to bear upon the life of the community in which he is placed. Rightly or wrongly we gained the impression that as with Europeans such practical knowledge tends to be regarded as of minor importance compared with the 'book' education, which he is trained to impart.

However, this may not always be the case; for example at one such Training College we were told that the course included:-

(a) Training in mothercraft.

(b) Much practical work is given. The girls give both formal and informal lessons to classes in the primary schools from Sub - A to Standard IV.

(c) They are taught in their teaching practice to make daily inspection of the children at the time of their physical exercises, as to cleanliness and health.

(d) Each girl in her final year of training gets one month of practice as assistant in the daily clinic at one of our practising schools.

(e) When they leave the training school they are provided with a small supply of bandages, flowers of sulphur, boracic powder and permanganate of potash, so that they may begin a clinic in their own schools.

(f) Most of the girls have five months training in vegetable growing outside school hours.

(g) All students in their third year belong to the Wayfarer movement, where they get training in making health teaching attractive in all sorts of ways.

"We have evidence that some of our students do carry on this practical work faithfully, when they become teachers."

Even if the teacher is keen and suitably trained he finds himself greatly handicapped by the lack of equipment at the average school. For instance we were informed that owing to lack of funds for Native education an ordinary Native Primary school cannot now get free supplies of soap, disinfectant, first-aid equipment,

.../ garden

garden tools, seeds, etc., and without these it is difficult to see how the best teacher can get very far. However, it appears that some schools do get a grant to the value of about 5/- for first-aid equipment, where the attendance, on the average, is over 40.

In some cases both men and women teachers hold clinics in their schools, supported by private charity; though sometimes they are also able to get very small contributions from the parents. We have a list of twelve schools where this is actually being done, but were unfortunately unable to go and see the work for ourselves.

The value of such teaching in the prevention and treatment of the many minor accidents and ailments of country life is surely unquestionable and it seems to us to be folly to 'save' the small sums that are involved. Each school should be a centre for simple information about such matters.

Moreover if such work is encouraged amongst these receptive children it must all tend to bring about a change of attitude, as they grow older, towards personal hygiene, nurses, doctors and hospitals.

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