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ANNUAL REPORT

1940

BENEDICTINE MISSION HOSPITAL
REGISTERED NURSING AND MATERNITY HOME
NONGOMA ZULULAND

ST. FRANCIS' HOSPITAL
MAHLABATINI, ZULULAND

MBONGOLWANE MISSION HOSPITAL
REGISTERED NURSING AND MATERNITY HOME

ST. BENEDICTS' HOSPITAL
NKANDLA, ZULULAND



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ST. BENEDICTS' HOSPITAL
NKANDLA, ZULULAND

FOREWORD

In scanning the Annual Report page by page I find that it tells of successes tempered with failures, of gallant self-sacrifice on the part of the staffs of the different hospitals, of generosity on the part of the Government and private bodies. One hospital has made progress in this direction, another in that, another shows no outstanding achievement, while another is struggling against severe odds. Paradoxically enough, the latter has put in relatively more work than the others but has not been rewarded by visible success. While rejoicing at the progress that has been made I must issue a warning that this must not be the cause of our giving way to pride, for any success we may have recorded is due in the very first instance to a Higher Source, and reverses suffered are no doubt intended to remind us of this fact.

At the same time, due credit must be given to the Government and to our benefactors, without whose financial assistance our work would not have flourished; to the staffs of the various hospitals for the hard work, the often tedious and disappointing work, they have undertaken and fulfilled. Without willing, self-sacrificing staffs our work would have been impossible! I will say this to the staffs that if at times they feel dejected and discouraged at their work they should bear in mind that theirs is a noble and commendable task and will merit an eternal reward; that patience and perseverance in the midst of difficulties will bring their own reward in the fulness of time. The exercise of these virtues together with confidence in Divine aid will most certainly dispel dark clouds, of which there are no doubt many ahead of us in the coming year. The staffs must not be disappointed should expected improvements not materialise.

A word to the most important section of the hospitals, viz., the patients. I pray that they may bear their ills with fortitude and that they accept sickness as being the Divine Will as they do health. Both conditions have their purposes, often if not nearly always known only to God.

I look forward to another year of unstinting labour and self-sacrifice, which will not go unrewarded.

Benedictine Mission Inkamana,
P. O. Vryheid.
2nd February, 1941.

✠ THOMAS SPREITER
Bishop

Staffs of the Four Hospitals

(as on the 31st December, 1940)

BENEDICTINE MISSION HOSPITAL, NONGOMA, ZULULAND

Resident Medical Officers:	Dr. A. Ruben
	Dr. E. Katz
Visiting Surgeon:	Dr. F. Kevekordes
Matron: (General Hospital)	Sr. J. S. Kafer
Sister-in-charge: (Maternity)	Sr. F. R. May
Staff Sister:	Sr. Peltenburg
Three Sisters & 10 probationers	

ST. FRANCIS' HOSPITAL, MAHLABATINI, ZULULAND

Resident Medical Officer:	Dr. F. Kevekordes
Sister-in-charge:	Sr. F. Frey
Staff Nurse:	Miss Susanna Mbuli

MBONGOLWANE MISSION HOSPITAL, ZULULAND

Medical Officer:	Dr. Th. McHugh
Matron:	Sr. C. Hooper (form. of Nongoma)
Staff Nurse:	Sr. M. Seul
3 probationers	

ST. BENEDICT'S HOSPITAL, NKANDLA, ZULULAND

Medical Officer:	Dr. G. Abel
Sister-in-charge:	Sr. K. Winter (formerly of Mbongolwane)

Secretary for all Hospitals: Alan Geiger, P. O. Eshowe.

NUMBER OF BEDS

	Europeans	Non-Europeans
Benedictine Mission Hospital, Nongoma	14	65
St. Francis' Hospital, Mahlabatini	2	24
Mbongolwane Mission Hospital	2	22
St. Benedict's Hospital, Nkandla	1	14
Total	19	125

Benedictine Mission Hospital, Nongoma

MEDICAL OFFICER'S REPORT

The daily life of a medical officer in a bigger country Mission Hospital such as ours is as interesting as it is varied. The manifold services required of a country doctor are astounding. He must be an all-round man, both in medical and surgical cases. He should be a specialist in all aspects of his work as there is no nearby specialist to consult. An up-to-date library and the latest periodicals are the best sources of information when in difficulty.

Out-patients make a daily time-table impossible. The ward-round, for instance, is continually interrupted by calls to the European or Non-European out-patient departments. Again an emergency case may demand immediate attention. Laboratory work demands quite a good period of time. It is not unusual for me to be running from one part of the building to another. Nearly always there are serious cases in hospital requiring constant attention. Lectures to probationers take time, both in preparing and presenting, but lecturing has always been a pleasure to me. Medical students on vacation work turn the whole day's work into one long series of lectures, by no means an easy task for one man. In the evening a visit to the serious cases completes a hard day's work. With unfailing regularity, maternity cases disturb a night of well deserved rest.

The day's work would not be so difficult had one not to combat the inborn suspicion and fear with which, in nearly every case, the Native patient approaches the doctor. My personal opinion is that we still have to struggle hard and for a long time before the Native will reject his witchdoctor. Only when the witchdoctor is helpless does the Native come, and then, very often, my rapid diagnosis turns out to be "too late". I have in mind a particular case illustrating both this

point and serving as a grim warning to all Europeans.

A Native was on the way from Durban to his home country, Portuguese East Africa, and was found lying unconscious on the road near Nongoma. He was brought to the Hospital and died within two weeks. He had been suffering from pulmonary tuberculosis and was in the last stages. Subsequent investigation showed that this Native had been employed for eight years in Durban as a — cook. Similar cases are on record.

It is a pity that the Medical Officer has not sufficient authority to keep infectious cases isolated for a sufficiently long time. This is ably demonstrated by persons with bacillary tuberculosis of the lungs. Should such persons desire to return home they cannot be lawfully prevented from doing so. The whole period of isolation is thus forfeited and the patients become again a source of danger to those about them. The treatment of infective syphilitic cases is likewise unsatisfactory. Patients show desire for treatment. But there exists unforeseen danger if such patients are treated as out-patients, especially if they live far away from the hospital or clinics. Usually a course of injections is commenced, but irregular appearances or even complete non-attendance for further treatment nullify all preliminary efforts.

To my colleagues, especially Dr Kevekordes of Mahlabatini, the appointed visiting house surgeon for this Hospital, I am grateful for the performance of major operations.

Finally I should like to take this opportunity of welcoming and introducing my new assistant, Doctor Katz. She arrived a few days before the end of the year to assume her new duties.

A. RUBEN,
Medical Officer, Nongoma.

ANNUAL REPORT

Another year has passed, once more a year of successes and failures; indeed, a year of victories and setbacks, which is, after all, the lot of every single man and woman. The progress that the Hospital has made is due in the first place to God's help and then to the selfless efforts of the whole staff.

Progress has been registered all round since the end of last year, as may be judged by the fact that more Europeans, Coloureds and also Natives have been availing themselves of the Hospital's

from 3.6 to 5.3.

In connection with Natives we can but confirm the view of other hospitals viz., that the fear of European medical treatment is slowly dying off at the expense of the witchdoctor. It would be too optimistic to affirm that European medicine has triumphed, for by far the greater part of the Natives in the country first go to their witchdoctor before resorting to European aid.

A well-known (at the same time deplorable) characteristic of the Native is to



Benedictine Mission Hospital, Nongoma

services, thereby displaying increasing trust and confidence in this institution. New European patients have, by their experience, confirmed that wrong ideas about the Hospital spread amongst the local population have been without foundation and have expressed their amazement at the efficiency of the Hospital service; also amazement and complete satisfaction at the sympathetic and like treatment of all patients irrespective of creed. The number of admitted European patients increased from 59 in 1939 to 85 during 1940. The daily average of European in-patients likewise has risen

be ready to pay a whole ox to the value of £5 and more to his witchdoctor rather than one shilling to the European doctor. An example out of many of this attitude of the Native is well-worth recording:

The wife of the head of a kraal (he had more than one wife) was critically ill and required hospital treatment. The husband was consulted and informed that the treatment would cost about the value of one beast. (He is the owner of a few hundred head of cattle.) At first he flatly refused to undertake and pay for his wife's treatment. No amount of

argument could shake his stubborn attitude. He would rather save a beast and leave his wife to her doom. Only when it was shown that it would be more economical to lose one beast and save his wife than lose his wife and have to pay from 10 to 15 head of cattle for another did he see reason. He became profusely grateful for having pointed out this thrifty path to him, and soon his wife was admitted to hospital.

Many husbands have a similar attitude towards confinements, although the very low fee of one guinea is charged. Even after repeated micarriages and stillbirths, some husbands refuse to let their wives enter the hospital. Other Natives, again, go from one doctor to another because the first bottle of medicine did not bring immediate spectacular results and the medicine and the doctor are both discarded as worthless. Hence it is discouraging even to attempt to keep a record of the history of such patients. Either the patient appears after a long interval or he never returns at all.

Tuberculosis is undoubtedly a problem not only in this district but all over the Union. The greatest drawback of all is the fact that the diseased Native remains in his kraal so long till he has infected many others. The solution of this problem has baffled the highest authorities in the Union and will remain to be solved after the war. The Public Health Department and authorities cannot issue sufficient warnings to Europeans engaging Coloured or Native servants to look after their children to have such servants regularly medically examined, especially for Tuberculosis and V. D., since, as our personal experience during the past few years has shown, the danger of infection is very great.

The treatment of V. D. cases is carried out in our hospital only when both parties present themselves for examination and if necessary, for treatment. In other cases treatment is simply refused as otherwise our efforts are practically nullified by the untreated party. The number of Non-European in-patients has risen from 411 in 1939 to 441 during the past year. The daily average of Non-Europeans shows a large increase from

23.65 to 35.7. To sum up the separate statistics of the races, admissions increased to 526 against 470 for the year before, with the daily number of occupied beds averaging 41.0. The number of dispensed medicines rose from 3,787 to 4,851. The maternity department registered 155 births compared with 150 the previous year.

In connection with our financial state we convey our thanks to the Native Affairs Department for the grant towards the training of Native nurses; to the Provincial Administration of Natal for the only too welcome annual grant of £ 300; to the Public Health Department for the allowance in the case of T. B., V. D. and Infectious disease patients; finally to our various benefactors for donations totalling £ 160.2.6 against the £ 55.15.6 of the previous year. We value this magnificent effort especially, considering the many other calls on our benefactors. In deference to the wish of these benefactors we shall not publish a detailed list of sums or goods. It must not be interpreted that we are less grateful; on the contrary, we fully appreciate the sacrifices involved at this time. We extend our thanks to the Native Affairs Department and the local authority for the appreciation of our efforts they have shown. They will not be disappointed in their trust.

On the 29th July 1940, the Hospital Board, consisting of 9 members, held its first meeting and the local Magistrate was duly elected chairman. Since then two further meetings have taken place and we thank the Hospital Board for its advice and proper handling of hospital matters.

A special vote of thanks is due to the hospital staff for the magnificent work put in during the past year. As the return of Diseases shows, the unusually large number of infectious cases besides the others placed an extra strain on the whole staff.

From the financial statement it would be worth while mentioning that drugs and medicines to the value of £ 413.3.11 compared with £ 121.14.4 the previous year were purchased. The large increase is to be traced back both to the higher

prices and that we now carry a larger stock than formerly. As great a completion of our stock as possible was found advisable as the hospital is far from any supply centre and some days are required for the obtaining of any drug. Also the larger stock will eliminate risks in time of necessity where lack of a drug may cost a life. We were not able to decrease our liabilities to any

extent. Our creditors have shown us every consideration.

While realizing that the progress in 1940 was due to God's assistance, we hope and pray that His blessing may be upon us during the year lying ahead.

Eshowe, 3rd January 1941.

ALAN GEIGER,
Secretary.

RETURN OF IN-PATIENTS

(Figures for 1939 in brackets)

Patients	Europeans		Non-Europeans	
	Male	Female	Male	Female
Patients in hospital at the beginning of year	5 (0)	2 (0)	6 (8)	4 (11)
Admissions during year	46 (30)	39 (29)	140 (132)	301 (279)
Total	51	41	146	305
Discharges during year	49	37	115	273
Died during year	0 (1)	1 (1)	15 (8)	9 (6)
Remaining at the end of year	2 (5)	3 (2)	16 (6)	23 (4)
Total	51	41	146	305

DAILY AVERAGE BEDS OCCUPIED

	Total	Europeans	Non-Europeans
January	27.6	8.6	19.0
February	30.3	7.6	22.7
March	33.0	6.0	27.0
April	38.5	7.5	31.0
May	44.0	8.0	36.0
June	44.1	4.8	39.3
July	41.8	4.8	37.0
August	47.7	3.7	44.0
September	47.9	2.9	45.0
October	45.1	3.6	41.5
November	42.5	2.2	40.3
December	48.9	3.7	45.2
Daily average during 1940	41.0	5.3	35.7

MATERNITY WARDS

Deliveries: Europeans 10 Non-Europeans 145 Total 155
Ante-Natal Examinations: 502

The midwife spent 136 days in visiting mothers in the district.

OUT - PATIENTS DEPARTMENT

Examinations: Europeans 239 Non-Europeans 1016

Total 1255

DISPENSARY

Dispensing of medicines for In- and Out-patients: 4851.

HOSPITAL BOARD

1st Meeting held on the 29th of July, 1940

2nd Meeting held on the 9th of September, 1940.

3rd Meeting held on the 1st of October, 1940.

RETURN OF DISEASES OF IN-PATIENTS

(January 1st to December 31st, 1940)

<p>1. Infectious and Parasitic Diseases.</p> <p>Bilharzia 2</p> <p>Cerebro-spinal Meningitis 2</p> <p>Dysentery 28</p> <p>Erysipelas 1</p> <p>Gonorrhoea 4</p> <p>Influenza 3</p> <p>Leprosy 1</p> <p>Malaria 13</p> <p>Malta Fever 1</p> <p>Puerperal Fever 1</p> <p>Smallpox 1</p> <p>Syphilis 45</p> <p>Trachoma 1</p> <p>Tuberculosis (Pulmonary) 60</p> <p>Tuberculosis (other forms than Pulmonary) 15</p> <p>Typhoid 3</p> <p>Venereal granuloma 1</p> <p>Whooping cough 25</p> <p>2. Nervous System and Sense Organs.</p> <p>Chorea St. Viti 1</p> <p>Concussion of the brain 1</p> <p>Ear 6</p> <p>Epilepsy 2</p> <p>Eye 7</p> <p>Hemiplegia 1</p> <p>Mental Disorders 3</p> <p>Neurasthenia 2</p> <p>Neuritis 2</p> <p>Nose 1</p> <p>Parkinsonism 1</p> <p>Sciatica 1</p> <p>Tabes dorsalis 1</p> <p>3. Diseases of the Circulatory System.</p> <p>Angina Pectoris 2</p> <p>Arteriosclerosis 1</p> <p>Coronary Sclerosis 1</p> <p>Heart 4</p> <p>Hyperpiesis 3</p> <p>4. Diseases of the Respiratory System.</p> <p>Asthma 5</p> <p>Bronchitis 5</p> <p>Laryngitis 1</p>	<p>Pleurisy 3</p> <p>Pneumonia 8</p> <p>5. Diseases of the Digestive System.</p> <p>Appendicitis 1</p> <p>Catarrhalic Jaundice 1</p> <p>Chronic Enteritis 2</p> <p>Diarrhoea 2</p> <p>Duodenal Ulcer 1</p> <p>Gastric Neurosis 1</p> <p>Gastritis 2</p> <p>Gastro-enteritis 1</p> <p>Intoxication of Intestines 1</p> <p>Liver 1</p> <p>Pyorrhoea Alveolaris 1</p> <p>Stomatitis 1</p> <p>Tonsillitis 2</p> <p>Ulcus Duodeni 2</p> <p>6. Diseases of Skin and Cellular Tissue.</p> <p>Cellulitis 3</p> <p>Eczema 1</p> <p>Furunculosis 1</p> <p>Pemphigus 1</p> <p>Psoriasis 1</p> <p>7. Injuries and Surgical Cases 53</p> <p>8. Diseases of the Genito-Urinary System.</p> <p>Chronic Salpingitis 1</p> <p>Hydrocele 1</p> <p>Metritis 1</p> <p>Metrorrhagia 1</p> <p>Nephritis 2</p> <p>Pyelonephritis 1</p> <p>Tumour of Uterus 1</p> <p>9. Infants Diseases 2</p> <p>10. Rheumatism and various forms of Arthritis.</p> <p>Arthritis 1</p> <p>Rheumatic Fever 3</p> <p>Rheumatism 2</p> <p>11. Various Diseases.</p> <p>Anaemia gravis 1</p> <p>General Break-down 1</p> <p>Peritonsillar Abscess 1</p> <p>Septicaemia 1</p> <p>Snake Bite 1</p>
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STATEMENT OF RECEIPTS AND PAYMENTS FOR THE YEAR
ENDED 31st DECEMBER, 1940.

	£	s	d		£	s	d		£	s	d
To Balance: 1st Jan., 1940									2774	13	4
Cash in hand		80	0	0	Bank overdraft				78	6	2
To Fees:		2056	2	11	By Salaries				992	4	8
In-patients	1457	2	8		Doctors	538	5	0			
Out-patients	285	15	3		Staff	<u>453</u>	<u>19</u>	<u>8</u>			
Maternity	<u>313</u>	<u>5</u>	<u>0</u>		By Drugs & Medicines				413	3	11
To Grants:		750	0	0	By Provisions & Stores				709	6	3
Native Affairs					By Equipment				358	3	10
Department	450	0	0		By Instruments				65	0	3
Provincial					By Light				29	7	5
Administrat.	<u>300</u>	<u>0</u>	<u>0</u>		By Sundries				19	4	9
To Donations:		160	2	6	By Telephone & Postage				15	2	7
Balance carried forward		2608	6	9	By Travelling Expenses				20	5	6
					By Stationery				27	16	0
					By Clothing & Uniforms				74	2	9
					By Railage & Transport				51	9	0
					Cash in hand				26	5	9
									<u>5654</u>	<u>12</u>	<u>2</u>
									<u>5654</u>	<u>12</u>	<u>2</u>

Nongoma, 15th January, 1941.

Certified correct:

Alan Geiger, *Secretary*.

I have examined the records and vouchers of the Benedictine Mission Hospital, Nongoma and certify that the foregoing statement correctly summarises the cash transactions of the Institution during the year ended 31st December, 1940, according to the records and to the best of my information.

Eshowe, 12th February, 1941.

Theodos Schall,
Member of the Hosp. Board.

St. Francis' Hospital, Mahlabatini

MEDICAL OFFICER'S REPORT

The Hospital work continued steadily during the year under review. Apart from the ordinary diseases no serious epidemics nor anything exceptional can be reported.

Surgical cases which used to be dealt with here are now being taken to the Nongoma Hospital as the latter is much better equipped than ours.

The venereal disease clinic which is attached to the Hospital was well attended throughout the year. A lot of good work has been done in this line. The value of such a clinic can be realized by the fact that practically all the V. D. patients completed their treatment. Notwithstanding the good results thus obtained, the percentage of patients suffering from venereal disease is still high and much work in this direction has still

to be done. Natives are now getting more and more used to hospital treatment and it can safely be stated that their original bias is slowly being conquered. A Hospital in an outside place like Mahlabatini plays an important part in breaking down the hold, the Native medicine man has on the Natives and can be considered a bulwark in making the Native realize the superior quality of the European treatment of diseases.

I like to believe that by this means of propagating the modern ways of combating diseases much improvement in the general health of the Native population can be expected in future.

Mahlabatini, January 1941.

F. KEVEKORDES,
Medical Officer.

ANNUAL REPORT

First of all a sincere vote of thanks is due to the Medical Officer for his unceasing efforts. It is through him, the Sister-in-charge and staff nurse that an increase in the number of patients and in the daily average is on record. The accompanying Return of Diseases demonstrates that unusually heavy burdens had to be shouldered by the doctor and staff. The number of confinements is exactly the same as last year.

Like every other institution, our Hospital has its particular difficulties. Next year we have to build two sluice-rooms, septic tanks and a mortuary. Material is at hand but we are experiencing difficulty in finding a builder ready to continue the work. Another problem is the shortage of water and this problem must without fail be solved in the coming year. We hope that our next attempt in this respect by drilling a borehole will meet with success. Unfortunately our building fund, brought up to £ 300.0.0 this year, and a small balance at the bank will not be sufficient to meet these new liabilities entirely. We are thus compelled to cut

all other expenses to a minimum in the coming year.

The two rondavels mentioned in last year's report have, much to our regret, not materialised, but our equipment has been brought up to what we consider the desired level. A telephone has been installed so that doctor and nurse may be reached in the shortest possible time.

The maintenance and improvements of the Hospital are possible only through the grants-in-aid received from the Native Affairs Department and the Provincial Administration of Natal, for which we thank them very sincerely. We hope we shall continue to receive their support especially in view of our above-mentioned problems.

Notable is the splendid co-operation between the Benedictine Mission Hospital and ours. Patients requiring long and careful treatment and observation were transferred to Nongoma, where there is a much more extensive range of equipment and apparatus.

Eshowe, 25th January, 1941.

ALAN GEIGER, *Secretary.*

RETURN OF PATIENTS FOR THE YEAR ENDED 31st DECEMBER, 1940.

(Figures of 1939 in brackets)

Patients	Europeans		Non-Europeans	
	Male	Females	Male	Females
Patients in hospital at beginning of year	1 (0)		7 (6)	2 (8)
Admissions during year	9 (6)	3 (6)	84 (76)	152 (123)
Total	10	3	91	154
Discharges during year	8	3	85	142
Died during year			3	7
Remaining at the end of the year	2		3	5
Total	10	3	91	154

DAILY AVERAGE OF OCCUPIED BEDS

January	14.6	July	10.2
February	16.3	August	10.0
March	18.9	September	11.5
April	24.0	October	20.0
May	12.9	November	16.6
June	14.5	December	9.8

During the year 1940 average number of in-patients 15.0

19 Confinements during the year ended 31st December.

RETURN OF DISEASES OF IN-PATIENTS

(January 1st to December 31st, 1940)

1. Infectious & Parasitic Diseases.		5. Diseases of the Digestive System.	
Measles	1	Gastritis	1
Dysentery	21	Colitis	1
Influenza	26	Cancer of stomach	2
Tuberculosis	9	6. Diseases of Skin.	
Syphilis	70	Eczema	2
Malaria	2	Abscess	6
Whooping Cough	5	Cellulitis	5
Gonorrhoea	6	Scabies	2
Meningitis	1	7. Injuries & Surgical cases	25
2. Nervous System & Sense Organs.		8. Diseases of Genity-Urinary System.	
Conjunctivitis	1	Metritis	2
Eye	2	Dysmenorrhoea	1
Ear	1	Dropsy	1
3. Diseases of the Circulatory System.		Paraphimosis	2
Myocarditis	2	Nephritis	1
Cardiac Hypertrophy	2	9. Infants Diseases	13
Heart	4	10. Other Diseases.	
4. Diseases of the Respiratory System.		Neuralgia	2
Pneumonia	10	Psychosis	1
Bronchitis	8	Poisoning	3
Pleurisy	2	Burns	2
Laryngitis	1	Tonsillotomy	2

STATEMENT OF RECEIPTS AND PAYMENTS FOR THE YEAR
ENDED 31st DECEMBER, 1940

	£	s	d	£	s	d		£	s	d	£	s	d
Balance 1st January, 1940							By Salaries						
Cash in hand	34	18	3				Medical Officer	101	0	0			
Barclays Bank	67	6	6				Staff	60	16	3	161	16	3
Building Fund	159	10	1	261	14	10							
To Fees				396	10	5	By Drugs & Medicines				137	14	6
To Grants							By Provisions & Stores				93	3	4
Native Affairs							By Equipment				57	4	2
Department	165	0	0				By Instruments				4	0	
Provincial							By Light				1	4	0
Administration	75	0	0	240	0	0	By Sundries				6	17	9
							By Telephone & Postage				8	2	3
							By Travelling Expenses				48	19	6
							By Stationery				4	0	
							By Balance						
							Barclays Bank	82	15	6			
							Building Fund	300	0	0	382	15	6
				898	5	3					898	5	3

Eshowe, 20th January, 1941.

Certified correct:

Alan Geiger, *Secretary.*

I have examined the records and vouchers of the St. Francis' Hospital, Mahlabatini and certify that the forgoing statement correctly summarises the cash transactions of the Institution during the year ended 31st December, 1940, according to the records and to the best of my information

Eshowe, 12th February, 1941.

Theodos Schall,
Member of the Hosp. Board.

Mbongolwane Mission Hospital

MEDICAL OFFICER'S REPORT

The Mbongolwane Hospital continued to do excellent work during 1940. It is supplying essential medical services to a large and thickly populated area. Were it not for the presence of this institution these Natives would have to travel long, and in case of serious illness, impossible distances to secure medical aid.

Up to the end of July Dr. Holland paid his usual weekly visit. When he was called up for military service on 1st of August, I visited the Hospital but, unfortunately owing to the fact that I was single handed, a fortnightly visit only could be made. I am glad to say that since the services of Dr. Joseph as locum were secured in November last, it was possible to recommence weekly visits.

The number of in-patients shows a decrease. This is to be attributed to the financial straits to which the Natives were reduced owing to severe droughts and serious floods. Nevertheless the number of admissions during the year, namely 287, is good.

The attendances at the weekly V. D. clinic shows a considerable decrease. This in my opinion is a very serious matter as I believe that the incidence of syphilis is increasing and not decreasing. There was also a decline in the numbers at the out-patient department.

Several cases of pulmonary tuberculosis were sent to Nongoma for further treatment.

On account of the amount of work to be done in the Hospital it was decided in November to have a matron and one European Sister instead of the one Sister heretofore. On account of ill-health Sr. Winter therefore was sent to Nkandla and her place taken by a matron and Sister. We were very sorry to lose Sr. Winter, but hope that the less strenuous work in Nkandla will be of advantage to her.

TH. McHUGH,

Medical Officer.

ANNUAL REPORT

Famine amongst the Natives of the district and destructive floods in the area interfered to a noticeable extent with our work both in the Hospital and in the district. The drought during the spring and summer seasons resulted in complete failure of the crop. The Natives thus had very little to eat and nothing to sell. The great flood of May, which swept away over 2,000 head of cattle, left many kraals absolutely destitute. The famine and flood impoverished most of the population.

The assistance accorded these people can be expressed neither in financial figures nor in statistics. On the one hand the increased number of needy cases and sick calls put a severe strain on the working capacity of the Hospital; on the other hand the statistics revealed a decrease in the number of in-patients

and confinements at the Hospital. The decrease is due solely to the fact that the Native people were not able to pay even our very low fees, which are 1/- in the case of adults and 6d for children per day. Due to the undernourishment of adults and children, mothers and babies, two additional nurses would have been necessary to cope with the work.

In all this suffering and misery neither the Natives nor we received in the nature of substantial financial assistance. It was still more discouraging and depressing that, especially from the Native Affairs Department, instead of receiving a larger grant we were allowed a much smaller one than the previous year. During 1939 we received a grant of £135, whereas this year only £55.0.0. We nevertheless gratefully acknowledge this welcome assistance. In spite of repeated

urgent appeals to the Provincial Administration of Natal, this body found that the utmost it could do was to allow us an annual grant of £ 15.0.0. We are grateful to the Public Health Department for the sum of £ 24.0.0. towards the maintenance of a District Nurse. We thank the Native Recruiting Corporation for their donation of £ 25.0.0., nor do we wish to overlook our creditors who have displayed much patience.

In thanking the staff of the Hospital we thank first and foremost Major E. Holland and Dr. McHugh for the care and self-sacrifice they displayed during the past year. To Dr. Holland we extend our well-wishes for success in his new capacity and hope that he will return safe and sound to Eshowe. Dr. McHugh has proved himself a worthy locum tenens, displaying the same kindness towards us as we were accustomed to expect of Dr. Holland. With regret we took leave on the 31st December of our matron, Sr. K. Winter, who through ill-health has been compelled to take charge of the smaller St. Benedict's Ho-

spital, Nkandla. We thank her most heartily for all her efforts, in which she never once stopped to consider her own person. Her foundation work will not be forgotten in the history of the Mbongolwane Hospital. May she be spared for many years to pursue her beloved vocation. With effect from the 1st January 1941, Sr. C. Hooper will be matron and we take this opportunity of welcoming her. Sr. Makaria Seul, a very experienced nurse and Zulu linguist, will prove an able assistant.

Although the price of drugs and medicines has risen sharply, we dispensed drugs at the pre-war rate in order to assist the Natives, with the result that our stock has been depleted to a minimum and we are not in a position to renew it owing to lack of funds.

May God's blessing be on our work during the coming year.

Eshowe, 25th January, 1941.

ALAN GEIGER,
Secretary.

RETURN OF PATIENTS FOR THE YEAR ENDED 31st DECEMBER, 1940.

(Figures of 1939 in brackets)

Patients	Europeans		Non-Europeans	
	Male	Females	Male	Females
Patients in hospital at beginning of year			1 (2)	7 (9)
Admissions during year	(1)	(2)	71 (75)	209 (242)
Total			72	216
Discharges during year			61	206
Died during year			4	2
Remaining at the end of the year			7	8
Total			72	216

DAILY AVERAGE OF OCCUPIED BEDS

January	10.5	July	9.7
February	11.4	August	11.0
March	7.7	September	7.5
April	10.0	October	11.4
May	9.0	November	15.3
June	13.7	December	12.7

During the year 1940 average number of in-patients 10.8.

84 Confinements during the year 1940.

RETURN OF DISEASES OF IN-PATIENTS

(January 1st to December 31st, 1940)

<p>1. Infectious and Parasitic Diseases.</p> <p>Dysentery 8</p> <p>Syphilis 31</p> <p>Gonorrhoea 1</p> <p>Bilharzia 1</p> <p>Influenza 19</p> <p>Whooping cough 3</p> <p>Menigitis 1</p> <p>Tuberculosis (Pulmonary) 5</p> <p>Tuberculosis (other than Pulmonary) 1</p> <p>Mumps 2</p> <p>Measles 1</p> <p>Chicken Pox 2</p> <p>Erisipel 1</p> <p>2. Nervous System & Sense Organs.</p> <p>Epilepsy 1</p> <p>Hysteria 1</p> <p>Sciatica 2</p> <p>Conjunctivitis 1</p> <p>Apoplexy 2</p> <p>3. Diseases of digestive System.</p> <p>Tonsillitis 3</p> <p>Gastritis 2</p> <p>Diarrhoea 17</p> <p>Enteritis 2</p> <p>Hepatitis 1</p>	<p>Tumor of Pancreas 1</p> <p>Chronic Constipation 1</p> <p>4. Diseases of Circulatory System.</p> <p>Endocarditis 3</p> <p>Myocarditis 2</p> <p>5. Diseases of the Respiratory System</p> <p>Pneumonia 12</p> <p>Bronchitis 20</p> <p>Pleurisy 2</p> <p>Larngitis 2</p> <p>6. Diseases of Genito-Urinary System.</p> <p>Metritis 3</p> <p>Cystitis 1</p> <p>Salpengitis 1</p> <p>7. Other various Diseases.</p> <p>Rheumatism 7</p> <p>Anaemia 4</p> <p>Disturbance of Pregnancy 6</p> <p>Furunculose 1</p> <p>Tapeworms 5</p> <p>General Debility 3</p> <p>Abscesses 2</p> <p>Srofulose 1</p> <p>8. Injuries & Surgical cases. 14</p> <p>9. Deliveries 88</p>
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STATEMENT OF RECEIPTS AND PAYMENTS FOR THE YEAR ENDED 31st DECEMBER, 1940

	£	s	d	£	s	d		£	s	d	£	s	d
To Balance, 1st Jan., 1940				27	3	6	By Balance, 1st Jan.	1006	5	8			
Barclays Bank	9	9	0				By Salaries:				59	4	0
Cash in hand	17	14	6				Medical Officer						
To Fees:				412	3	6	Staff	35	4	0			
Natives	324	13	6					24	0	0			
P. H. D.	87	10	0				By Medicines & Drugs				78	16	7
To Grants-in-aid:				94	0	0	By Provisions & Stores	183	9	6			
Native Affairs							By Equipment	14	17	6			
Department	55	0	0				By Light				12	0	
Provincial							By Sundries				1	16	0
Administration	15	0	0				By Telephone & Postage				1	3	3
P. H. D.							By Balance				75	19	2
District Nurse	24	0	0				Cash in hand	4	19	0			
To Donation				25	0	0	Barclays Bank	71	0	2			
Balance carried forward				863	16	8							
				1422	3	8					1422	3	8

Eshowe, 4th January, 1941.

Certified correct:
Alan Geiger, *Secretary.*

I have examined the records and vouchers of the Mbongolwane Mission Hospital, and certify that the foregoing statement correctly summarises the cash transactions of the Institution during the year ended 31st December, 1940, according to the records and to the best of my information.

Eshowe, 12th February, 1941.

T. Schall, Member of the Hosp. Board.

St. Benedict's Hospital, Nkandla

ANNUAL REPORT

This "baby" Hospital is now one and a half years old and is beginning to make its presence felt. It has become a useful member of the community. It is nevertheless still a child and therefore not by any means self-supporting. But we are satisfied with the progress it has made; in fact, it was more successful than anticipated. Admissions of in-patients during the year totalled and there were 28 maternity cases. The numbers are small, but for the size and capabilities of the Hospital, quite good. The prospects for the coming year are excellent because confidence in the Hospital is growing slowly but surely.

We do not intend publishing a financial statement as sound business men would jeer at and charitably inclined people praise us for doing it. Our course will avoid both. Furthermore, there is nothing of exceptional interest to report.

Although the Hospital was erected chiefly for the Native patients, the Native Affairs Department has as yet not seen fit to assist us by a grant-in-aid, even though we maintain 14 beds for Natives. The Provincial Administration has not come to our assistance either. The Native Recruiting Corporation made a generous donation of £ 25.0.0. for which we are grateful.

After several changes the Matron's position will be occupied by Sr. K. Winter, a well experienced nurse who has been transferred from Mbongolwane.

To Dr. Abel we extend our thanks for his services during the past year.

We look forward to the increased flourishing of the Hospital.

Eshowe, 25th January, 1941.

ALAN GEIGER,
Secretary.

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