

Public Health and the Africans.

Hospitalisation.

The most important aim of State Public Health organisations is to maintain a satisfactory standard of health throughout the community. This can be achieved by a thorough study of the needs of the people and by statistics which are always a useful guide in carrying out large scale measures in prevention of disease. While therefore it is to be considered that prevention of disease is the principal duty of a Public Health Organisation, the actual treatment of disease must also be considered.

To deal therefore with actual treatment of disease in the rural and urban areas, many requirements are indicated: the first of these is a survey of the general health conditions among the people. It is shocking to note that among the Africans, there is no efficient recording of births and deaths. Some recording is done especially in the large cities but in the smaller towns no heed is paid to such a thing. In the reserves the only information that can be obtained is that which comes from the very few health centres that are there, and this only gives records of cases actually admitted to hospitals. It follows from all this that the annual death rate from various causes is totally unknown.

There is a glaring inadequacy of hospitals both in the reserves and urban areas, and this is more pronounced when one considers the largeness of the population which they are expected to serve. To carry out an efficient system of health services in the towns and reserves, a large number of trained nurses and doctors are essential. The following figures will give a rough idea of the state of affairs (1939). The hospitals mentioned here are training centres for nurses and midwives (up to 1939) which are recognised by the South African Medical Council

Population (1936).	No. of Hospitals ^{surgical} _{medical}	No. of Hospitals (Midwifery)
2,003,857 Europeans	44	21
7,586,041 non-Europeans.	14	4

These figures talk for themselves. While the proportions in the case of the Europeans are by no means satisfactory, in the case of the non-Europeans they are ridiculous.

Apart from ordinary hospitals, an important branch of the health services required is that which comes under the heading "Maternal and Child Welfare." This consists of district nursing, control of midwifery services, welfare clinics, creches and day

nurseries, nursery schools and ^{nursery} medical schools and medical examination of schools. "The simple division into periods is necessarily artificial. The whole welfare of the child from birth until the circle is completed, and the child becomes in turn the parent, is one process of growth and development which is favourably or adversely influenced by the surroundings and by the general treatment to which the individual is subjected at all times and seasons."

The Maternal and Child Welfare Branch of the Department of Public Health deals with ~~the~~ all ~~matters~~ matters of this nature, but, such services as the above-mentioned are extended principally to the white section of the population, and what little is done for the black race is mostly through charity from missionary and other sympathetic bodies. For instance in the case of district nursing in the Cape (1939) there are 14 hospital boards, each of which has:

- 47 European district nurses
- 10 European district midwives
- 8 non-European district midwives
- 2 non-European district nurses

In Natal, hospitals are not controlled by hospital boards, but directly by the State. District Nursing and midwifery services are found in three centres, each employing 13 European district nurses and midwives and 1 Bantu midwife.

Considering all these examples, the fact that very little is at present being done to ensure a satisfactory state of health among the Africans cannot be overlooked.

The hospitals in the towns and cities are usually overcrowded; many cases are denied admission while others have to be discharged before they are in a fit condition to go. There is to-day, with the exception of two or three centres, practically no provision for the isolation of patients with infectious fevers in non-European hospitals. Very often infectious cases are to be found in the same ward as ordinary cases. The existing hospitals are in other words, poorly financed, overcrowded and understaffed. Tuberculosis is to-day the greatest menace to the African People. Their general resistance is lowered by miserable conditions of poverty, bad sanitary conditions, starvation and lack of hygienic teaching. The rapid spread of the disease is the result of infective patients living in close communication with the rest of the community. This is the state of affairs also in several of the hospitals, and the lack of sanatoria for Africans makes their chances of recovery still less. The few examples quoted in this account give a general impression of the public health problems among Africans, with special reference to hospitalisation and district health services. It is obvious that drastic measures have to be adopted to prevent and cure disease and also to educate the masses to the principles of healthy & hygienic living. The present dire need for more and more medical men, nurses and financial aid from the state, cannot be over-emphasized.

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