

Mr. Hunter of Lovedale has made available a sum of £1,500 to be used to develop an After Care Home for selected cases upon their discharge from the orthopaedic wards in the Lovedale Hospital. It is Mr. Hunter's wish that the spending of this sum be spread over a period of about ten years, although he would agree to a shorter period if that should prove necessary or advantageous. When it has been possible to arrive at an approximate figure for the probable cost of erection and running of this Home, an approach will be made to the Native Affairs Department asking them if they will help us by contributing on a £1 for £1 basis towards Mr. Hunter's gift. If they will do this we would thus have available a capital sum of £3,000.

It is hoped that we may be able to feed and help twelve children and their foster mother for about £180 or £200 per annum. Also there would be the salary of the foster mother and about £60-£75 has been suggested. It will be seen that we hope to run the Home for twelve children for about £300 per annum. If £3,000 is invested to bear interest at 4% we would be able to spend about £400 on buildings and also £300 p.a. for ten years before our capital is exhausted. It is Mr. Hunter's wish to start this work and when other bodies see the benefits of it perhaps they may be persuaded to continue the project.

It was stated above that £400 only would be spent on buildings and this is because of the limited capital available. It is our intention to build with Kimberley brick but it is realised that such buildings are cheap only in their first cost and possibly our maintenance costs may be very heavy and thus shorten the life of this projected scheme. If more money were likely to be available we would build in solid brick to make a thorough job and this reduce maintenance charges.

The central building will be a long room which will comprise Dining Room, Kitchen, Scullery and Pantry all in one. On one side of the Dining Room will be a bedroom with mud floor for boys whilst on the other side will be a similar building for girls. Close to the girls' bedroom will be a rondaval for the foster mother, whilst just behind the scullery will be two bathrooms for showers. One will be for the boys, the other for the girls and the foster mother. Well to the rear will be the sanitation block.

This home will be built on a site about two hundred yards from the Lovedale Elementary School. At this school the children will be able to receive instruction up to and including Standard VI. Having attained that educational standard there are then several possibilities open to them. Girls could go to the Training School to train as teachers and this would be a very suitable employment for the great majority of our cases. Lovedale also runs a Domestic Science Course and if the girl desired she could take this and receive a training which would make her an exceedingly useful member of society. For the seriously disabled girls there is the Book Binding Department where all sit at their work. This would be eminently suitable training for those who have not the full use and power of their lower limbs. I have suggested Book Binding as an occupation for girls because Lovedale has found girls to be more thorough and reliable for this work than men but it is highly probable that crippled boys would do this work well if they realised it would enable them to earn a livelihood. For boys, in addition to the book binding already suggested as a possibility, there are also the same opportunities to attend the Training School to train as teachers. Then there are the trades to which they might be apprenticed such as building, carpentry, and printing, all of which are taught at Lovedale. Those who are more seriously crippled might do some of the lighter woodwork which would enable them to make some contribution towards their own maintenance even if it did not cover the whole cost.

It will be seen from the above that Lovedale is able to offer unusual facilities for orthopaedic cases. The great advantage to my mind being that I could have these patients under my care whilst they were in the After Care Home and I would know the personal history of each one. I would suggest that if the patient can be under the same surgeon from the moment he enters the Hospital to commence his treatment until he completes his apprenticeship he would have a great advantage over a patient who passes from one doctor to another in the various stages of his cure and education.

THE LORD NUFFIELD GIFT FOR THE DEVELOPMENT OF ORTHOPAEDIC
SURGERY IN SOUTH AFRICA

The Non-European Aspect

A conference of persons engaged in medical and social work, more especially among Non-Europeans, convened by the South African Institute of Race Relations was held at its offices at the University of the Witwatersrand, Milner Park, Johannesburg on Wednesday, December 29th, 1937 at 4.30. p.m. to meet Miss I. M. Nangle, Secretary of the Central Council for the care of Cripples, London, and to consider and make recommendations as to the best use to which Lord Nuffield's gift of £100,000 can be put.

There were present

Senator Rheinallt Jones of the South African Institute of Race Relations (in the Chair)
Miss I. M. Nangle
Mr. B.W. Martin, Director of Native Labour and Chief Native Commissioner, Witwatersrand
Miss M. Janisch) Johannesburg Municipal Native Adminis-
Mrs. Henderson) tration, Social Welfare Officers
Sister E. Katz, Johannesburg Indian Welfare Association
Reverend J. Murray du Toit, Secretary, Christian Council of South Africa
Dr. F. P. Fouché, Senior Orthopaedic Surgeon, Johannesburg Hospital
Mrs. Rheinallt Jones, Honorary Organiser Health Section, S.A. Institute of Race Relations
Miss R. Cowles, Nurse-in-charge, Alexandra Health Centre
Miss H.L. Troughton, Secretary, Children's Aid Society, Johannesburg
Dr. F. Brummer, Research Officer, Union Social Welfare Department, Pretoria.

The Chairman explained the purpose of the meeting, expressed the country's gratitude for Lord Nuffield's gift and warmly welcomed Miss Nangle.

Miss Nangle explained the terms of the gift and the lines along which the care and treatment of the crippled have developed in England. She made it clear that the gift was not restricted to any racial section of the population.

After very full discussion it was unanimously agreed to suggest

1. That the development of adequate hospital facilities for orthopaedic surgery on national lines should be pressed as an urgent need.
2. That the financial responsibility for these facilities should be accepted by the Government and the public of South Africa and that this view should be represented without delay in the proper quarters by a special committee representative of bodies interested in the matter.
- 3A. That a national organisation for the care of cripples should be established with the following aims:
 - (a) To conduct propaganda and to educate public opinion
 - (b) To ascertain and bring forward for orthopaedic treatment all remediable cases

- (c) To press for adequate provision of facilities for treatment
 - (d) To organise the "after care" of cripples
 - (e) To co-ordinate services (both State and voluntary) from which cripples can benefit.
- B. That the organisation to cover Non-Europeans as well as Europeans.
4. That some portion of the gift be allocated to this organisation, which should also be able to count upon State grants and public subscriptions.
 5. That if it is decided to devote a portion of the gift to assisting carefully selected young surgeons to obtain special training and experience in orthopaedic surgery overseas, similar help might be given to selected State registered nurses to proceed overseas for special training.

Dr. Brummer was asked to give Miss Nangle a memorandum detailing the State services from which the crippled can benefit.

The Chairman closed the meeting by thanking Miss Nangle and those who had attended for the help they had given in the discussion.

KC.

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