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THE MEDICAL ASSOCIATION OF SOUTH AFRICA
DIE MEDIESE VERENIGING VAN SUID AFRIKA.

(British Medical Association).

P.O.Box 1056,
JOHANNESBURG.

9th July, 1931.

Copy.

The Hon. Dr. D. F. Malan,
Minister of Public Health,
Union Buildings,
PRETORIA.

Dear Sir,

Memorandum on Medical Services for Rural
Areas with special reference to Native
Areas and the Training of Native Medical
Practitioners.

At the Annual Meeting of the Association, held at Durban in July of last year, the above question was given very careful consideration, and the matter was referred by the Meeting to the Federal Council for further consideration with a view to submitting the Association's view to Government. Since then a memorandum on these matters has been circulated to all the Branches and Divisions of the Association, and the following embodies the considered views of the Association, which I am instructed by the Federal Council to lay before the Honourable the Minister of Public Health.

INTRODUCTORY.

Whilst recognising that the financial resources of the country do not at present time permit of an ideal system, and bearing in mind the need for the utmost economy consistent with reasonable efficiency.— it is nevertheless considered that there is an unquestionable and urgent need to make immediate provision for more extensive medical and nursing services in rural areas for both Europeans and Natives, and this Association urges upon Government to give this matter its most serious consideration as one of outstanding public importance.

1. MEDICAL SERVICES IN RURAL AREAS (FOR
EUROPEANS AND NATIVES).

Recognising that the District Surgeon's system in rural areas undoubtedly provides a considerable measure of medical relief for poor people, it is nevertheless the fact that such relief cannot always be made available to those living in isolated places, and that furthermore this relief, consisting as it does of medical consultations only, is inadequate in the important point of not providing trained nursing facilities, especially in connection with child-birth and pre-natal care. It is evident, therefore, that an extension of of the District Surgeon's services in order to reach wider areas is essential, and that this can perhaps best be achieved by broadening the system of subsidies for visits to outlying places where this is necessary, and
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particularly by attaching to the District Surgeons in rural areas where the number of the population warrants it, one or more visiting nurses trained in general nursing and midwifery, either on a salary or on a subsidy basis, and these should be provided with transport facilities to enable them to visit patients in their homes. It should also be the duty of such nurses to organise instruction in home nursing among the people.

It is suggested that such a system of Visiting Nurses could be conducted in close co-operation with existing nursing organisations, and particularly with the South African Red Cross Society.

The provision of such nurses would not only greatly increase the sphere of service of the District Surgeons, but would also make these services very much more effective and provide avenues for dissemination of information on prevention of disease and elementary nursing in sickness, of the greatest value to the nation.

II NATIVE TERRITORIES:

There is undoubtedly a great shortage of medical and nursing attendance in certain Native areas, indeed, in some places, it is apparently non-existent for practical purposes. It is recognised that it would be impossible to maintain an effective medical service in such areas on any other basis but practically full-time appointments, as the Native population is not in a position to maintain medical men and nurses in a decent living. It would therefore appear that a sufficiently wide extension of medical services for Natives is not at present practicable from the financial point of view, and the following is suggested as a scheme which would give reasonable relief at a relatively low cost:-

- (a) That a corps of male and female Natives, to be designated "Nursing Aids" be trained to work under District Surgeons or some other duly authorised medical practitioner, and in selected areas where the density of the population warrants it, under a European Visiting Sister trained in general nursing and midwifery, the latter being directly responsible to the District Surgeon.

Arrangements could be made for the training of such Natives in existing institutions such as Lovedale, Umtata Hospital, Durban Native Section of the Government Hospital, the Hospital of the American Mission to the Zulus, the Native Section of the Johannesburg General Hospital. In this training the Medical Association would be very glad to cooperate. It is possible, however, that special training facilities would have to be provided.

- (b) The course of training to comprise:-

For Males: Elementary Sanitation, First Aid, Elementary Nursing.
Course to last three years.

For Females: First Aid, Elementary Nursing and Midwifery, Elementary Hygiene, with special reference to Infant Hygiene.
Course to last three years.

As a prerequisite for admission to this course, the completion of the sixth or perhaps seventh standard of Elementary Schools should be required. The pupils should be indentured for the period of training, with the necessary provisos as to termination of the indenture in the case of unsatisfactory attainment or conduct. During their training they should be maintained in board, lodging, and uniform, with perhaps a small payment after the first year. On the completion of their training they would enter the Service on a graded scale of pay and on contract.

(c) For immediate purposes a certain number of such personnel could be recruited from among Native males and females who have already undergone a certain amount of training in Nursing and First-Aid at various hospitals, including Witwatersrand mine hospitals. Such pupils would only require additional instructions in hygiene, and, in the case of females midwifery, which could be done in about a year.

(d) The Association is of opinion that the establishment of such a corps of Nursing Aids would be of the greatest possible value in Native territories and would fill a very great need, and that the cost of such a service, especially if provision is made for small charges to those who can afford to pay these, would be within practicable economic limits.

It is considered that in at least certain portions of the Native territories, additional District Surgeons are urgently required.

III. TRAINING OF NATIVE MEDICAL PRACTITIONERS:

As the question of training Natives to become fully qualified medical practitioners has been repeatedly brought forward, the opinion of the Association previously expressed would seem to require reiteration and amplifications.

It is the considered opinion of the Association that there cannot be established, without great danger to the public weal, an inferior qualification for medical practitioners solely on the ground of colour. It once more states that if Natives are to be trained as medical practitioners, they should receive exactly the same training and conform to exactly the same requirements as are imposed upon Europeans. It is definitely of opinion that there is not a sufficient number of Natives in this country in possession of the requisite educational qualifications, nor likely to be for a good many years, to warrant the large expenditure which would be necessary to enable their training in South African medical schools.

It also recognises the grave difficulties which would arise in having Natives and Coloured persons in the medical schools, especially in view of the fact that the hospitals in which they would have to be trained are public institutions in no way controlled by the Universities, and the presence of Natives and Coloured Students in such hospitals would raise grave and practically insurmountable administrative difficulties. It has been suggested that their hospital training should be undertaken solely in native wards. It must be remembered, however, in this

connection that the Native wards of the hospitals furnish very important material for the training of European students, that they are in charge of European Sisters and Staff Nurses, and that the limitation of Natives even to these wards would minimise but little the administrative and social difficulties alluded to above.

Another suggestion was that the Government should pay for the training of Native medical men in medical schools abroad, selecting such men carefully and paying for their training, on their undertaking to give, after qualification, a certain number of years of service to the Government at a stated stipend. This suggestion does not commend itself to the Association, for the reason that it would seem to offer to Natives advantages which would not be available to Europeans, among whom there must be also a number of poor young men with special aptitude for medicine, who at present are excluded from training for this profession, unless they make their own arrangements in the best way they can.

The Association therefore considers that whatever monies can be made available for providing better medical and nursing aid to the needy sections of the population, both European and Native, should be spent in the manner indicated in this Memorandum, rather than be devoted to the training of Native medical practitioners.

Yours faithfully,

Signed. A.J.Orenstein,
PRESIDENT.

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