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SOUTH AFRICAN INSTITUTE OF RACE RELATIONS

P.O. Box 1176,
JOHANNESBURG.

P R O C E E D I N G S

of

CONFERENCE

on

1. The Training of Non-European Nurses.
2. The Avenues of Employment for Non-European Nurses.
3. Medical and Health Services in Native Areas.

Held in the Council Chamber, Town Hall, Bloemfontein

On Friday, June 17th, 1932

Contents:

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REPORT OF A CONFERENCE

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2. Avenues and Conditions of Employment of Non-European Nurses.
3. Medical and Health Services in Native Areas.

Held in the Council Chamber, Town Hall, Bloemfontein

On Friday, June 17th, 1932

The Conference, which met at 9.30 a.m., had been convened by the South African Institute of Race Relations, and there were present:-

Dr. A.J. van der Spuy	Union Health Department.
Dr. Hamilton Dyke	Principal Medical Officer, Bechuanaland Protectorate Government.
Dr. R.C. Stevenson	Natal Provincial Administration Hospitals.
Mrs. Duncan Anderson	Port Elizabeth Municipal and Child Welfare Society.
Dr. A.J. Milne	Johannesburg City Council.
Dr. K. Mc Neill	Durban Municipality.
Dr. J. Bruce-Bays	East London Municipality.
Dr. D. Pfeiffer	Bloemfontein Municipality, Health Department.
Dr. J. Lovius	Bloemfontein Municipality, Locations etc.
Miss J. Frances Horn	Board of Health, Kimberley.
Mrs. H.C. Horwood	Cape Hospital Board.
Dr. Lewis S. Robertson	Pretoria Hospital Board.
Councillor Sol Harris	National Hospital, Bloemfontein.
Miss G. Lotz	National Hospital, Bloemfontein.
Dr. Alan B. Taylor	American Zulu Hospital, Durban.
Right Rev. Monsignor F.W. Demont	Roman Catholic Hospitals, Aliwal North and Herschel.
Dr. R. Sandeman	Roman Catholic Hospitals, Aliwal North and Herschel.
Miss B.G. Alexander	South African Trained Nurses Association.
Mrs W.G. Bennie	South African Trained Nurses Association and Cape Peninsular Joint Council of Europeans and Bantu.
Mr. F. Handel Thompson	S.A. National Council for Child Welfare.

Dr. E.P. Baumann	S.A. National Council for Child Welfare.
Rev. L.E. Brandt	S.A. National Council for Child Welfare.
Miss L.M. MacKenzie	S.A. National Council for Child Welfare.
Miss A. McD. Mitchell	S.A. National Council for Child Welfare (Mothercraft Training Centre)
Dr. H.A. Moffat	Cape Peninsular Joint Council of Europeans and Bantu.
Miss N. Dace	Boksburg Child Welfare Society.
Miss E.K. Macintosh	Grahamstown Child Welfare Society.
Miss A.M. Bayly	Kingwilliamstown Child Welfare Society.
Mrs. T. Wiley	National Council of Women.
Mrs. W. Eybers	National Council of Women.
Mrs. Rheinallt Jones	Girl Wayfarers' Association.
Mr. J.D. Rheinallt Jones	S.A. Institute of Race Relations

A large number of letters had been received from municipalities, hospital boards and other bodies expressing keen interest in the matters to be considered but stating that the existing financial stringency made it impossible to send delegates. A number of letters had also been received from members of the medical profession, Joint Councils and others, wishing the Conference success and making suggestions on the various topics.

The Conference unanimously elected Mr. Rheinallt Jones as Chairman.

The Chairman submitted the following memoranda which he, as Adviser on Race Relations to the South African Institute of Race Relations, had prepared on some of the matters to be discussed:-

(a) Extracts from various Government reports on Native Health Organisation.
(b) Native Girls and the Nursing Profession
(c) Copy of Union Circular 31/1929 regarding grants to hospitals for Native Medical Services.
(d) Copy of a letter dated 9/12/31 from the South African Institute of Race Relations to the Superintendent, Johannesburg General Hospital, regarding the Training of Non-European Nurses.
(e) Analysis of Questionnaire to Hospitals regarding Training of Non-European Nurses.
(f) Analysis of Questionnaire to Municipalities regarding Employment of Non-European Nurses.

Copies of these memoranda were handed to the members.

The Chairman explained that the Conference had been convened as a result of numerous discussions he had had with representatives of institutions and with individuals in various parts of the country. He had been encouraged to think that such a conference would be welcomed by all concerned with Non-European medical and health services. This had been borne out not only by the attendance of those present but also by the large number of letters he had received asking for a report of the Conference. He hoped that the day's discussions would result in definite suggestions in the following directions:-

(1) To educational institutions as to the educational pre-requisites for Non-Europeans desiring to enter the nursing profession and health services;

(2) To hospitals in regard to the nature of the nursing and health training of Non-Europeans;

(3) To municipalities and child welfare societies regarding the employment of Non-European nurses;

(4) To the Government indicating the most economical and effective means of developing national medical and health services for Natives.

The Conference then proceeded to consider

THE TRAINING OF NON-EUROPEAN NURSES

Considerable discussion took place on the question whether there should be differentiation between the training of nurses for urban and for rural work. While there seemed to be general agreement that the training for the full certificate in General Nursing or Midwifery of the S.A. Medical Council should not differentiate between probationers preparing for work in urban areas and those who would be employed in rural areas, Dr. Hamilton Dyke in a prepared statement (attached hereto) pleaded for some special form of simplified training for young Native women who could do something to meet the medical and health needs in the Reserves. The number of fully certificated nurses could not meet this need for many years to come.

Miss Alexander and Mrs. Bennie stressed the need for full training being provided by hospitals with the necessary facilities. The immediate needs of rural areas might be met by certain temporary measures but there was an immediate demand for fully trained general and midwifery nurses.

Miss MacKenzie emphasised that the demand for trained nurses exceeded the supply.

Dr. Bruce Bays, as an examiner spoke in favourable terms of the Non-European candidates he had examined. He realised that it would be some considerable time before an adequate supply of fully trained nurses would be available, and he would be prepared to support a scheme for securing large numbers of specially trained women to help in the Reserves. He thought that the training should be more practical; in any case there was too much theory in the ordinary nursing training.

Dr. van der Spuy pointed out that the Medical Council recognised no distinctions of race or colour. It would be necessary to find some other body to give a special certificate of the kind suggested. There was a demand for good well-qualified Non-European nurses, but general hospitals found it necessary to duplicate their training facilities where Non-Europeans were concerned. He spoke appreciatively of the good work done by Natives in First Aid on the Mines and in anti-malaria work in Natal. With only six months' training exceedingly good work had been performed by the Native assistants who had been engaged in combating malaria in Natal. Their reports were excellent. He recognised the need for a secondary certificate for the special needs of Native Reserves, but this could not be a certificate of the Medical Council.

Dr. Robertson emphasised that a minimum standard and a curriculum would have to be laid down for the lower grade certificate. Could not the Medical Council undertake this?

Miss Alexander pointed out that the S.A. Trained Nurses Association was not against special training for the special needs of the rural areas, but this should not permit of the lowering of the standards of the certificates of the Medical Council. The Association was concerned over the failure of certain hospitals to provide full training for Non-Europeans although they had the necessary facilities.

The Chairman drew attention to the Return on Training facilities he had laid on the Table, which included the following particulars:-

Number of Hospitals circularised	67
Number of Hospitals replied	61
Number of Non-Europeans in training for	
1) General Nursing Certificate of the Medical Council	57 (all years)
2) Midwifery Certificate of the Medical Council	25 " "
3) Hospital Certificate only	125 + ?(all years)
Number of Hospitals providing full training in	
1) General Nursing	3
2) Midwifery	3

The following resolution, moved by Miss Alexander and seconded by Mrs. Bennie, was adopted:-

"That in the opinion of this meeting all training schools which have facilities for training Non-Europeans for the full certificate of the South African Medical Council as General Nurses and Midwives should be urged to provide this training without delay."

The Conference then considered the possibility of a special form of training for rural areas.
Miss Lotz expressed a fear lest persons so trained should take the place of the fully trained European nurses.

A number of members expressed the view that this form of training should not entitle those trained to practise as nurses in urban areas. It was generally agreed however that the need for Native medical and health workers among Natives in rural areas is urgent and that this can only be met, at present, by providing nursing and health training of a much simpler kind than that required for a certificate of the S.A. Medical Council. Only a limited number of hospitals have the facilities for full training; but many Mine, Mission and small-town hospitals have facilities for the simpler kind of training. At present these give a "hospital certificate" to those who complete the training course. There is no recognised standard for these certificates and the training has not been designed to meet any special need.

After considerable discussion the following resolutions were adopted:-
Moved by Dr. Moffat:

(a) That a sub-Committee be appointed to draw up a scheme for training Non-European nurses, male and female, on a lower grade curriculum and examination than those of the S.A. Medical Council, those so trained to be termed "Health Workers" and that the Committee approach the Royal Sanitary Institute with the object of the Institute being the examining and registering body.

The following were appointed to the Committee: Dr.H.A.Moffat (Convener), Drs. Hamilton Dyke, A.B.Taylor, and R.H.Welsh, Miss B.G.Alexander, Mrs.W.G.Bennie and the Chairman of the Royal Sanitary Institute, the Committee to have power to co-opt.

Moved by Dr.Stevenson.

(b) That such inferior certificate be granted to Non-Europeans who will only be permitted to practise in certain defined areas and as officers under the adequate control of some recognised body.

The Conference then considered the Educational Pre-requisites for the full certificates.

The educational and age pre-requisites for the certificates of the South African Medical Council are:

(1) Medical and Surgical Nurses.
Standard VII (at least); 18 years.
In this connection the Conference expressed the view that Educational Institutions should encourage girls to take a full course in domestic work (or the so-called "Industrial Course"), or teacher training after Standard VII, as hospitals give preference to those who are so qualified, and the theoretical portion of nursing training makes severe demands on the educational capabilities of the nurse probationers.

(2) Midwifery Nurses.
Standard VI (at least); 21 years.
In this connection the Conference recommended Educational Institutions to encourage girls proposing to become midwives to remain at school until they have passed Standard VIII (or to take the "Industrial" or Teacher Training after Standard VII) as preference is given to those so qualified. Wherever possible girls should be encouraged to obtain the Medical and Surgical Certificate before entering on a midwifery course; the higher age qualification provides time for such training.

(3) Nurses for Mental Defectives.
Standard VII (at least); 18 years.

(4) Mental Nurses.
Standard VII (at least); 18 years.

Transfer of Probationers.
The Conference recommended that provisions should be made for easy transfer of probationers from one hospital to another for training purposes.

Training Methods.
The Conference made the following recommendations in regard to Training Methods (for the Full Certificate):

(a) Probation Period: Six months.
(b) Entrance Examination - in addition to the educational pre-requisites indicated earlier.
(c) Appointment of Sister-Tutor - especially desirable where there are many probationer candidates to be prepared for examination.

Sanitation and Mothercraft Courses for Nurses.
It was decided to defer consideration of suggestions

for special courses for Nurses in Sanitation and Mothercraft.

The Conference adjourned at 12.45 p.m.

The Conference resumed at 2.15 p.m. and proceeded to consider:

AVENUES OF EMPLOYMENT FOR NON-EUROPEAN NURSES.

A. In Reserves.

The Conference was of opinion that the low economic level of Native life made it impossible for trained Nurses to obtain a livelihood in independent practice in the Reserves, so that for these areas Government and Missionary employment would be the only practicable way of securing Nursing service.

B. In Urban Areas.

The Chairman drew attention to the Analysis of Municipal Returns in the hands of the members, which disclosed the following facts:

No. of Municipalities circularised	251
No. of Municipalities replied	183.
No. of Municipalities employing Non-European Nurses	22
No. of Municipalities not employing Non-European Nurses	161
No. of Municipalities -"no reply"	68
No. of Nurses employed:	
Native	34
Coloured	6
No. of Nurses fully qualified	
(a) General Nursing	
Native	11
Colourd	2
(b) Midwifery	
Native	7
Coloured	3
No. of Nurses with Hospital Certificate only	
Native	2
Coloured	1
No. of Nurses giving full satisfaction	34
No. of Nurses giving fair satisfaction	4
No. of Nurses giving no satisfaction	2
No. of possible openings for Non-European Nurses	8

A number of Municipalities had stated that as soon as times improve they will employ Non-European Nurses. One Municipality would probably require 10-12 nurses in the near future. A few Nurses were employed by Child Welfare Societies, often under Municipal Grants.

Dr.Lovius described the activities of the Non-European Nurses in the Bloemfontein Location. They were engaged in Child Welfare, Maternity, Creche, General Health and Sanitation work. The Nurses were in demand for confinements and ante-natal cases. A great deal of out-patient work was carried on in the Location Dispensary. The Nurses gave every satisfaction.

Dr.Milne said that similar work was carried on under the Johannesburg Municipality, except that there was not the same demand for midwifery. With the creation of a new township planned to accommodate 80,000 Natives there would, in the near future, be considerable extension of Location Health work.

-Miss -

Miss Macintosh said that in the Grahamstown Location there was a considerable demand for midwifery service.

The following further points emerged from further discussion:

(a) Municipalities should engage fully qualified Nurses as these are the most useful for location work in general health, midwifery and child welfare.
(b) There is a growing demand in town Locations for trained midwives.
(c) The Creche in the Bloemfontein Location showed its value in the towns, and Native nurses should be trained in mothercraft to run creches.
(d) There is need for Nurses with knowledge of "Constructive Hygiene" and the question of training and certification was referred to the Committee already appointed.

The following resolution was then passed:-

The Conference expresses its warm appreciation of the excellent work which many Municipalities are doing in the organisation of medical and health services among Non-Europeans.

C. On Mission Stations.

It was agreed to draw the attention of Missions to the possibility of employing fully trained Non-European nurses
(a) As Staff Nurses in Mission Hospitals.
(b) As school Nurses in Boarding Schools to be used also for welfare work in surrounding districts.

D. In Non-European Wards of Hospitals.

The number of Non-European staff nurses employed in Non-European wards of Hospitals was found not to be greater than twelve. It was felt that more could be done in this direction; also that there is a limited field of employment for Natives as orderlies at mental institutions and for male orderlies in certain hospitals.

The Conference then considered

MEDICAL AND HEALTH SERVICES IN NATIVE AREAS.

The Chairman drew attention to the Memorandum giving extracts from the following reports:-
Hospital Enquiry Committee 1925
Secretary for Health Annual Report 1926 - 1927
Hospital Survey Committee 1927
"Loram" Committee on Training of Natives in Medicine and Public Health 1928.
all of which drew attention to the hopeless inadequacy of medical and health services in Native areas.

The Loram Committee had recommended that a Government service be organised on the following lines:
(1) European or Native medical officer at a centre with adequate hospital.
(2) Village nursing stations staffed with a Native health assistant and Native nurse-midwife and very limited bed accommodation.
(3) Mission hospitals and staff should co-operate in this scheme.
(4) Additional Destrict surgeons to be appointed until the Native medical services are fully established.

(5) Native councils should be urged to help in financing the scheme.

In July 1931 the Federal Council of the Medical Association of South Africa (British Medical Association) had advised the Minister of Public Health in the following terms:

A. Europeans and Natives in rural areas.

1. Extension of the services of District Surgeons in rural areas to reach Europeans and Natives in outlying districts (not Native Reserves), with increased remuneration.

2. Nurse (or Nurses) with general nursing and midwifery qualifications to be attached to District Surgeons on a salary or a subsidy basis with transport facilities, for visits to homes of the people and to give instruction in home nursing.

B. Natives in Reserves.

"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 the position to maintain medical men and nurses in decent living."

Therefore the following recommendation is made:

Corps of Native male and female "nursing Aids", trained to work under district surgeons or some other duly authorised medical practitioner. Training scheme suggested.

The Chairman expressed the view that a great deal could be done to build up a national organisation by using all the existing facilities and by taking advantage of the Medical Missions. Just as a national organisation had been built up in Native Education upon the services provided by the Missions, it seemed possible to go a long way by using the services of Medical missionaries, mission hospitals as well as district surgeons and public hospitals.

Dr.Taylor supported this view from his experience as a medical missionary. In his Mission Hospital at Durban he was training married Native women as midwives. They could return to the Reserves to wait for cases since they were married and not dependent upon midwifery work for their livelihood. He did not think that medical services should be given free Natives except in extreme cases.

Dr.Lovius spoke of the large number of midwifery cases that came into the Bloemfontein Location from the country. District surgeons should have Native nurses under their direction. In the Location medical services were charged for in most cases. Dr.Bruce-Bays agreed that Natives preferred to pay for medical services. There was general agreement that there should be no additional taxation imposed on Natives for medical services, but that some charge should be made in ordinary cases.

Dr.van der Spuy thought that there would be no opposition from either the Provincial or Union Government to the suggestion that grants be given to Missions in a national scheme. Already grants were being given for specific purposes.

Dr.Moffat spoke of the great poverty of the

Native people: medical attention was beyond their means and often resulted in a heavy load of debt. A really constructive scheme of medical service was required, and he thought that it would be wisest to start with the Missions.

Mrs.Bennie in supporting, drew attention to the heavy incidence of Miners Phthisis in Native areas.

After further discussion on certain details the following resolutions were adopted:

Moved by the Chairman:

(a) That as part of a national organisation of Native Medical services the Government should be urged to subsidise approved mission and public hospitals and mission stations in order that they may develop the district organisation of medical and public health services in their areas.

Moved by Dr.Taylor:

(b) That the Union Government be approached to call a Conference of those concerned to discuss the schemes under such subsidies.

It was agreed to send these resolutions to the Secretary for Health, to be supported by a deputation, if necessary, the Chairman to make the necessary arrangements.

It was also decided to send a copy of the proceedings of the Conference to the"South African Medical Journal" and the "South African Nursing Record."

Continuation of the Work of the Conference.

The Chairman was asked to arrange (in consultation with the Committee appointed to prepare the special course for "Health Workers" in rural areas) for a similar conference in 1933.

Conclusion.

The Chairman in closing the Conference expressed satisfaction at the achievements of the Conference. It had been able to indicate to educational institutions,and Nursing training schools the lines they could follow in the preparation of Non-Europeans for the Nursing service; it had given a lead to Municipalities and other bodies in regard to the employment of Non-European nurses; and a practicable, economical method of building up a national organisation of medical and public health services had been suggested. This was a good record for the day's work, and he expressed warm appreciation of the response which had been given to the invitation of the South African Institute of Race Relations. All had worked in the keenest spirit to achieve practical results.

Votes of thanks to the Chairman for his services, to the Bloemfontein Municipality for the use of the Council Chamber and to the Bloemfontein ladies who kindly provided tea at both sessions brought the Conference to a close at 5.p.m.

TRAINING OF NATIVE NURSES.

by

Dr.Hamilton W.Dyke
(Principal Medical Officer, Bechuanaland Protectorate Government).

I have made a few notes on the subject of the training of Native nurses in the hope that I should not require to use them as I have come to learn from those who have had far more experience than I.

Professor Julian Huxley in a message to the National Conference on African Children held last year in Geneva, says: "Unlike the other Continents Africa is only at the very beginning of its development with the main lines of its future destiny still undetermined. The two most important influences for its future are with-out doubt native health and native education. Most of these have their most important application in early life".

The subject now under review very materially affects the destiny of the future of our South African races and presents so many aspects that one realises that there must be a great divergence of opinion. In the course of conversation with those who up till now have undertaken the training of native nurses, the impression I have gathered is that most of the training that has hitherto been accomplished and which would appear to be the aim of those responsible for the training, has been the supply of certificated trained nurses for work in Hospitals and town native locations, as this training offers the best opportunities of employment. But I venture to put forward certain ideas from the point of view of the natives living in rural areas where facilities such as obtain in municipalities do not exist.

Within the last few weeks the Native problem has been set forth in a very comprehensive report by the Native Economic Commission. In this report the economic aspect has been the dominating note, but fortunately the Commission went further afield and investigated more comprehensively than one would have considered the terms of the Commission indicated. Among the conclusions come to in that report two outstanding features can be summarised as follows:-

(1) That there is a great deterioration of the land occupied by the Natives.
(2) That this deterioration is a result of the delayed or non-existent development of Natives in their Reserves for which the Commission is inclined to blame the system of education which has been given to natives in South Africa.

Professor Lestrade classifies the various schools of thought on the Native question as "repressionist", "assimilationist", i.e. trying to make a black European, and "adaptationist" i.e. taking out of the Bantu past what is good and even what is neutral, and together with what is good of European culture for the Bantu, building up a Bantu future. The Commission favours the "adaptationist" form of development in preference to the "assimilationist", and in this they are in agreement with the ideas of the present line of thought of most leaders of native development in Africa and which, it seems to me, we should keep in view in our deliberations.

In approaching the question of the training of Native nurses one must not lose sight of these conclusions drawn by this Commission and we should endeavour to adapt our proposed scheme of training to meet the requirements of natives in their present stage of civilisation on lines which will give the

best results for the mass of the people and not only for the benefit of a specialised few.

The Commission has drawn special attention to destruction of vegetation and soil erosion, and I do not think it would be amiss to apply this analogy to the health and physique of the present South African Native, particularly as one has seen has seen it in Native Reserves of the Suto group - I cannot speak for the Xhosa or Zulu. Unfortunately very little scientific investigation in this direction has been made, and those of us who have lived for any length of time amongst these Natives are concerned with the deterioration of their physique and powers of resistence. The causes of this deterioration are many, but the principal one - to my mind - is improper diet, particularly in the early stages of life, due mostly to lack of knowledge; and I regard this bodily deterioration as being quite as great a menace as that of land deterioration. Unless some very serious steps are taken to counteract it South Africa will within the next few decades be saddled with a decadent and unproductive Native element.

Contact with Europeans has deprived most Natives in South Africa of many elements which in the primitive state of the Natives were to their advantage; and in so far as their physical wellbeing is concerned can we conscientiously state that our systems of education and development have made up for these losses? Before the advent of the European no doubt the law of "the survival of the fittest" prevailed, and for a considerable time after settlement in South Africa by Europeans, the physique of these people was of a good standard.

More recently, however, due to economic pressure and being forced into small Native areas, the original food supplies which they were in the habit of using - wild game, large quantities of milk, wild foodstuffs - have become to a great extent a thing of the past, and the Native has acquired the habit of using both for himself and his small children the least expensive and most easily acquired form of nourishment - maize and kaffir corn. A few of them, by contact with and through the example of Europeans, are growing vegetables and fruits, but these are very much the exception. So that from/time before/the a child is born and through the periods of infancy and childhood, it is deprived of these essentials - the vitamins - and the result is what we now see, a deteriorating race. Add to this the ravages of Syphilis and Gonorrhoea and very little is left to complete a picture which calls for urgent and immediate action.

At the Geneva Conference of 1931 on African Children, the Rev. Father Guilcher of the African Missions of Lyons made the following remarks which I think should be kept in mind by all those studying this branch of Native education: "This educational policy, however, must be carried out with discretion for if the movement is unduly forced we run the risk of bringing down the whole existing fabric. We must not put into brains lacking proper preparation a mine which may one day explode and which we cannot prevent from exploding." By proper preparation I should think he meant not only education but cultural development which generally is not an attribute that can be acquired in a few years at school but which can only come by contact with civilizing influences over two or three generations.

While heartily recognising the magnificent work of Missionary bodies in educating Natives at Institutions, one wonders if ther has been something lacking in the system of education when one sees so little real development amongst the masses. Is it possible that the system of education has laid undue stress on the scholastic attainments and the passing of examinations applicable to European pupils rather than on development ? Therefore, in approaching the subject before us

- the -

the training of Native nurses - we should guard against such a possible error. It is generally recognised that the Native has a great aptitude for book-learning and the passing of examinations and one is therfore not surprised at the fact that a number of them are now able to pass the Trained Nurses' Examinations. But are we going to attain the best results for the country as a whole if we insist on their taking only this recognised course and certificate?

As one has briefly indicated, there is a great and urgent need for instilling into the masses elements of hygiene. Who are the people who can do this? Only a very few have had or will have the opportunity of going to schools and colleges where they come into contact with European teachers and the right elements for stimulating these ideas of hygiene. The greater mass of the school children stop short at day schools; and, excluding a few lessons, very imperfectly given by the Native school teachers, they grow up without any conception of true elements of hygiene.

It would appear, therefore, that if we are going to reach the masses in their kraals and villages we require to use properly trained Native agencies that will be continually in their midst as living examples and will help them to a better knowledge of the requirements essential to health. To wait for such time as there would be a sufficiently large supply of fully qualified nurses would be simply shutting ones eyes to the urgent need and so allowing disaster to occur.

In the field of agriculture it has been abundantly proved that without taking a diploma or degree such as is required of European students, Native Agricultural Demonstrators who have had a practical training are now working in many rural areas and are already making their influence felt in the areas where they have been stationed; and should not we, who are responsible for the health of these people, do something in the same direction in improving their standard of hygiene and health?

As things are at present, there are only three or four Hospitals in South Africa where Native girls can take a full Nurse's Training and obtain a certificate. But there are at least a dozen or more institutions where a training is being given without aiming at the full certification. Many of the latter Institutions, owing to shortage of staff and lack of other requirements, are not in a position to train native probationers for their full course. But they are quite capable of giving them a very sound practical training with only such theory as will give these probationers an intelligent appreciation of what the practical training is aiming at. Unfortunately at present there is no set curriculumm or no definite standard at which the Institutions can aim, and I venture to plead very urgently that this meeting should consider whether it would not be on the right lines for us to attempt to formulate a definite curriculum of a certain set standard and to have at the end of that course an examination by a recognised body, be it the Government, the General Medical Council or the Trained Nurses' Association, who would give to successful candidates a certificate to show that they have completed such course. In such a curriculum the main object would be to equip the pupils for work amongst their own people, and which would not require many of the refinements that are necessary for a full Nurse's training, such as efficiency in all that pertains to the operating theatre, or for nursing in a Hospital, or for cultured people, but which would be more in keeping with the present day stage of development of the mass of Natives in the Reserves.

I have taken the opportunity of discussing this subject with Missionaries and others, including a qualified Native medical practitioner, and they are in agreement with me that there is a very serious risk of so educating and detribalising ative nurses who have to go through the full course training at Institutions remote from their own people that they will not willingly go back and live and work amongst their own people in their kraals and villages. As the Native Doctor to whom I referred said: "Anyone who knows the Native intimately must recognise this fact as it is a certainty."

(Here Dr.Dyke quoted from his experiences in Palestine).

The employment of Native nurses both of the full Nurses' Certificate or of a possible modified certificate as suggested above must be considered.

In the first place it cannot be denied that, for economic reasons, the employment of fully trained native nurses by locations or in Hospitals would very soon reach saturation point and it is unlikely that many of them would be able to command sufficientt ly attractive remuneration in their native Reserves. Therefore those of them who could not get employment in locations or Hospitals would no doubt endeavour to obtain employment in civilised areas. This would only accentuate the present difficulties that are being experienced with Native trained artisans, and would result in a two-fold danger (a) That these girls who have had the ambition and the ability to obtain a full certificate would be debarred from the reward that white nurses are able to command, and (b) possibly they would find it necessary to work at such reduced fees as would compete against the minimum standard wage of European Nurses - thus giving ground for additional discontent on the part of the Natives themselves and creating antipathy towards them on the part of European Nurses. Whereas girls who have not obtained the full certificate and probably without the intellectual attainments of the fully trained nurse would be more willing to go and work among their own people in the Native Reserves at a lower rate of pay and would therefore be more willing to remain in these Reserves, thus avoiding the serious state referred to by the Commission - that of exodus of Natives with brain and education from their Reserves which one witness said is having a terrible effect on the Territories.

I have very little doubt that without much expense or change of policy it would be possible to find employment for those trained on a lower grade in native rural areas where they would act as leaven to stimulate the women of those villages. It would not take very long for people to find out that girls with such a training would be able to give them advice on questions of everyday hygiene, as well as aid in confinements and times of sickness. They would be invaluable to the Education Department in giving such simple lessons in hygiene as the children could appreciate and which the present-day teachers - through lack of proper training - are unable to supply. And further, one feels that this ty pe of nurse is the one who will become the wife of the future teacher and catechist, and though no longer in actual employment, she will be able, by her example and influence, to stimulate those about her to a higher standard of living.

I have recently discussed this aspect with a Government Commissioner of over twenty years' experience in purely Native areas and he is most emphatic that there is a dire necessity for the supply of such women, and he has not the slightest doubt but that when they are trained, ways and means will be found for their employment until such time as they are married. He regards the training of an unlimited number of such nurses as being of the utmost importance and that there should be no delay in doing so.

Their employment would be greatly facilitated if some scheme were formulated for their salaries being paid partly out of tribal funds, partly by the Medical Department and partly by the Education Department.

In conclusion I beg to emphasise the absolute necessity for complete co-operation between Government Departments in this as in all matters of development, educational, administrative, agricultural and medical, and Missionary bodies working in the Territories, particularly the inclusion of the latter. For those of us who have experienced conditions in native Territories realise that the Europeans who have the greatest opportunity of contact with and influence over Natives are the Missionaries; and if any scheme is formulated with any hope of success, it must include a sympathetic Missionary co-operation.

Were it possible, one would like to see in all Governments dealing with Native people a comprehensive Department of Native Development which would include Administrative, Medical, Educational and Agricultural sub-departments and, so far as is possible, a Missionary Board of Advice each sub-department under its own head.

At the risk of being considered reactionary I venture to plead more for mass production to meet the urgent need of Natives in the stage of development as it exists at present in their reserves rather than a few specialised articles whose sphere of usefulness must of necessity be limited to a small section in the civilized areas. Let us by all means have our ideals as high as possible and not deprive the few who wish the highest qualification the opportunity to do so, but in our endeavour to attain to high ideals let us make haste slowly and thus help to shape the future destiny of our Native races on the sound foundation of health.

SOUTH AFRICAN INSTITUTE OF RACE RELATIONS.

PROVISIONAL STATEMENT. on TRAINING OF NON-EUROPEANS.

RETURNS OF HOSPITALS.

No. of Hospitals circularised. 67
" " " replied 61
No. of Beds for Non-Europeans Replies incomplete..
No. of Hospitals giving full training for
(a)General Nursing Certificate of Union Medical Council 3
(b)Midwifery Certificate do. 3

No. of Non-Europeans in Training for
(a)General Nursing Cert.of U.M.C. 57 (all years)
(b)Midwifery (U.M.C.) 25 (" ")
(c)Hospital Cert. only 125 plus (all years)

Minimum Age of entrance ranges from 17 to 22 years.

Minimum Educational Qualification
(a) G.U.C. Standard Vll and Vlll
(b) Midw. " Vl and Vll
(c) Hosp.C. " V, Vl,& Vll by Hospital Training Schools.

Minimum suggested.
(a)For (a) Standard Vlll or equivalent.
(b)For (b) " Vl or Vll but preferably Vlll.

Length of Training : G.U.C. - 3 to 5 years
Mid. C. - 1 to 2 years (one year if previous nursing training)

Percentage of Probationers who complete period of Training varies e.g. Std. V 10%
" Vll 50%
Percentage of Entrants who qualify ranges from 25% to 100% in different hospitals.
Probationers who gain G.U.C. e.g. Std Vll 50% Entrants (Umtata)
" Vlll 100% " (Lovedale)

Probationers who gain Midwifery Certificate e.g.
Std. Vl up to P.T.3 - 77% (St.Monica)
Std.Vll - 32% (Bridgman)

Salaries of Probationers
Minimum £6 p.a.
Maximum £48 p.a.
Mostly £12 - £18 - £24 - £36 p.a.
Nurses trained are employed by
(a)Municipalities (see Memo)
(b)Hospitals (a few)
(c)Child Welfare Societies.

SOUTH AFRICAN INSTITUTE OF RACE RELATIONS.
EMPLOYMENT OF NON-EUROPEAN NURSES.

RETURNS FROM MUNICIPALITIES.

PROVISIONAL STATEMENT -

Questionnaire sent to 251.
Replies received:
"Nil" Return) 161
"Yes" Return) 22
No Reply 68

MUNICIPALITIES EMPLOYING: Native Nurses 17 No.Empd. 34
Coloured " 5 " " 6

Municipalities doing Gen.Health Work - Native only 6
Coloured " 1
All Non-Eur. 14

" " Maternity Native only 2
Coloured " Nil
All Non-Eur. 10

" " Child Welfare Native only 4
Coloured " Nil
All Non-Eur. 10

No. of Municipal Nurses with G.U.C. (Union) - Native 11
Coloured 2

Midwifery Cert.--Native 7
Coloured 3
Hosp. Cert. only-Native 19
Coloured 2
No Cert. - ---- --- Native 2
Coloured 1
Doubtful ---- -----Native 4
Coloured 1

RATES OF PAY.

Ranging as follow:-
Native unqualified £5 p.m. + F. +Q + U to £6 p.m. + Q + U.
" Hosp. Cert. do. to £7.10.0 p.m. + Q.
" Hosp. Cert. and Midwifery ") £7 p.m.) Q + U to £9.10.0 p.m. without R.

" G.U.C. £6 p.m. + ? to £7.10.0 p.m.+ Q +U.

" G.U.C. and Midwifery) £6 p.m. + Q + U to £11 p.m. + Q.

Coloured unqualified £6 p.m. + Q
" Hosp. Cert. & Midwifery) £8 rising by £1 to £10 p.m. + ?
" G.U.C. £7.10.0 plus.?
" G.U.C.& Midwifery) £12.10.0 p.m. plus?

NURSES WORK UNDER M.O.H. at 20 out of 22 centres.

-Nurses-

NURSES GIVING SATISFACTION:	Native	33	
	Coloured	1	
" " Fair "	Native	1	
	Coloured	2	
" Not " "	Native	2	(unqualified)
No information re	Native	3	
	Coloured	1	
POSSIBLE OPENINGS		8.	