

MEMORANDUM

o n

THE NEED for OUT-PATIENT TREATMENT

of

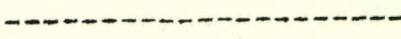
VENEREAL DISEASES AMONG NON-EUROPEANS

on the

WITWATERSRAND.

Issued by the Witwatersrand Committee for Health
Work among Non-Europeans.

December 1928.



For many years social and religious workers labouring among the Non-European people in Johannesburg have been gravely concerned over the incidence of Venereal Diseases in this section of the community. But it is only recently that there has been anything like organised medical help for these people so that the actual extent to which they are affected has not been ascertainable, and even now since the Non-European Hospital and the Clinics established by the several Missions cannot be said to cover anything like the full needs of Non-Europeans, it is not possible to make anything like an accurate assessment. Medical aid has been far too expensive a service for them and has only been called in at the last possible moment or not at all. The remarkable growth in the number of patients at the Non-European Hospital shows how far Non-Europeans have been starved of Medical help. It shows too that they are quick to realise the value of skilled medical treatment - a most important development in their mental attitude towards civilised knowledge. -

The Clinics are necessarily limited in their capacity to deal satisfactorily with all the cases which come before them. Apart from those cases which have their origin in ignorance or disregard of health rules, both of diet and sanitation, the main categories dealt with by the Clinics are Obstetrical and Gynaecological on the one hand and Venereal on the other.

For the Obstetrical and Gynaecological cases the Bridgman Memorial Hospital now makes provision. In the short history of this Hospital, which was only opened in July 1928, there is abundant evidence of the grave extent in which Venereal Disease complicates the cases under treatment. An examination of the records of the Hospital from July 14th, to September 14th, 1928, shows that out of 57 admissions there were 19 cases in which a Venereal Disease was present.

10 cases of Syphilis in the Mid-wifery section; 5 cases of Congenital Syphilis in the New-born section; 4 cases of Gonorrhoea in the Gynaecological section. The exact proportion of cases dealt with by the Clinics that were affected Venereally cannot at this moment be ascertained, but the following statistics from records throw some light on the position:-

<u>Group A.</u>	<u>No. of cases recorded.</u>	<u>No. of cases ascertained to be affected by a Venereal Disease.</u>	
	365	43	
	756	127	
	611	102	
	321	58	
	243	42	
	576	117	
	126	44	
	94	15	
	<u>3092</u>	<u>548</u>	
<u>Group B.</u>	333	52) Syphilis only.
	<u>642</u>	116	
	<u>975</u>	x. <u>168</u>	

- x. In no case was the Wasserman test done in this group, only such cases as gave obvious clinical manifestations being selected for the purposes of their data in Group B.

Group C. The following is a statement made by a Doctor attached to one of the Mission Clinics:-

"Out of 104 Wasserman Tests taken from every patient that came for treatment of various kinds, though the complaint was not suggestive of V D., 79 were positive, 2 were doubtful, 23 were negative".

The evidence shows that at least 15% of all the cases treated at the Clinics covered by the figures given are venereally affected. In the vast majority of cases the patients attended at the Clinics for other ailments. In view of the living conditions among Non-Europeans - overcrowding, bad sanitation, etc., - the effects of this incidence of Venereal Disease on their health must gravely threaten their welfare. Many are women working in European homes as washerwomen or nursemaids. Others augment the family income by laundry work in their own homes. The majority in one way or another come in contact with European homes and in a very special and intimate manner.

It is impossible to gauge the number or proportion of those Non-Europeans suffering from a Venereal disease who do not submit for treatment, but the figures given above do suggest that the number must be very large, so large as to demand the attention of those responsible for the health of the community as a whole.

The following statement has a special significance in this connection:-

Extract from a Report by Mr. R.W. Swarbreck, Inspector of Native Schools, included in the Report of the Transvaal Education Department for 1927:-

"The predominating disease need not be named, but it is as well to say that its intensity occurs near the large labour-employing towns and that this is therefore a matter which concerns the European population very closely..... And when the Missionaries affirm their experience that the evil is spreading and that 80% of the Native population is infected, the obvious deduction will be drawn that it is far from well with the Native child in Government-aided Schools."

Today the only facilities for treatment for Non-Europeans in Johannesburg, are those provided at the Rietfontein Hospital and by the Mission Clinics.

In regard to Rietfontein, the following statistics have been extracted from the Annual Report for 1926/7 of the Department of Public Health:-

Non-Europeans Only.

<u>In Hospital.</u>			<u>Out-Patient Attendances.</u>		
'Syphilis'	Gonorrhoea & other V.D.'	'Total.'	'Syphilis'	Gonorrhoea & other V.D.'	'Grand Total.'
2180.	739.	2919.	3250.	-	6169.

It should be noted that out-patient treatment at Rietfontein is not in accordance with the policy of the Union Department of Health which regards this work as one which falls on the urban local authorities.

The Hospital is 9 miles from the centre of Johannesburg, and is therefore hard of access for Out-Patients, particularly as Natives are not permitted to travel on the Orange Grove trams. Since, for the effective treatment of Venereal Diseases early treatment is of great importance, it is obvious that the inaccessibility of the Rietfontein Hospital deters Natives from submitting themselves until their condition is such that they cannot delay any longer. In the case of the Non-European, as in the case of the European artisan, absence from work even for an hour involves serious financial loss, and in most cases results in loss of employment. Employers, when they become suspicious that their Native servants are victims of a Venereal Disease, dismiss them summarily, leaving the next Employer to find out for himself that the Native is suffering from a dangerously contagious disease. Small wonder that the Native employee will do all he can to hide his condition from others.

The Mission Clinics deal almost entirely with women and children, and their Staffs are women doctors and nurses. The financial resources of the Clinics are quite inadequate for the calls made upon them. They receive no assistance from public sources, although the Public Health Act provides that they may receive grants to the extent of two-thirds of the cost of anti-venereal drugs. They do what they can but they cannot hope to meet the need for clinical treatment even among women and children. For male Non-Europeans there is no clinical provision.

All the factors in the situation militate against the early treatment of Non-Europeans for Venereal Diseases, and the facilities for combating the evil in our midst are hopelessly inadequate.

And yet the experience of the medical members of this Committee goes to prove conclusively that the Native is a good patient and that, with a little encouragement, he is willing to submit himself to treatment. In the rural areas Mission hospitals find no reluctance on the part of the Native people around to submit to treatment and to follow instructions. (x).

In the towns, where clinical facilities should be more available, and where active propaganda can achieve a great deal in educating the people, there would be a greater readiness to submit to treatment.

(x) The Report of the Union Department of Health for 1926/7 shows the following figures of Venereal cases in rural Mission Hospitals in the Transvaal:-

<u>Bochem:</u>	-	1168	Syphilis in Hospital.
		11	Gonorrhoea.
		<u>1179</u>	
		10220	Syphilis Out-patients.
		<u>11399.</u>	<u>Total.</u>
<u>E l i m:</u>	-	621	Syphilis in Hospital.
		2.	Gonorrhoea. "
		<u>293</u>	Syphilis Out-Patients.
		<u>916</u>	
<u>Jane Furse.</u>		170	Syphilis in Hospital.
		8510	" Outpatients.
		4	Gonorrhoea "
		<u>8684.</u>	

It has been said that Natives will not continue with treatment once the symptoms of disease are removed. This is not the experience of the medical members of this Committee, and the following statement, restricted as it is regarding numbers, is not without value in this connection.

Statement by Dr.....

Out of 25 Patients: 16 finished the course of V.D. treatment.
 1 had 5 injections and stopped it because her mistress could not spare her. She is now receiving treatment again.
 3 had 4 injections and stopped as they had "No Money".
 4 had 3 injections and stopped for the same reason.
 2 had one injection.

That is to say 68% continued with treatment.

The Committee is fully aware that In-patient treatment is the most satisfactory method of dealing with individual Venereal cases. But, as in the case of Europeans, such treatment is only possible in a fraction of the cases requiring attention. The great success of the Venereal Clinic for Europeans at the Johannesburg General Hospital shows that with

proper organisation and suitable propaganda, Out-Patient treatment can be made a most valuable manner of combating the Scourge. Any other view would be the counsel of despair.

The Committee therefore urges that provision be made for Out-Patient treatment of Venereal Diseases among Non-Europeans. This can be done in three ways:

1. Establishment of an Out-Patient Clinic at the Non-European Hospital.
2. Provision for Venereal Clinical treatment in connection with the Municipal Medical Service for Natives now being organised by the Medical Officer of Health.
3. Supply of Drugs to the Missionary Clinics now being conducted in the various parts of the City and along the Reef.

This Committee has already conducted health propaganda among Non-Europeans, and it will do all in its power to encourage sufferers from Venereal Diseases to submit themselves for early treatment and to persist with treatment until cured. But propaganda work of this kind, without clinical facilities easily accessible, is of little value, as has been shown among Europeans.

The main responsibility in this matter rests with the Johannesburg and Reef Municipalities. The Union Government will only make grants for venereal work through the Municipalities, and however eager the Mission Clinics may be to undertake the treatment of Venereal Cases, the cost is one entirely beyond their resources, whereas they can relieve the Municipalities of some of the burden if they are given the grants, the greater part of which the Municipalities can recover from the Union Government under the Public Health Act.

For the sake of the health of the Native people, no less than for the preservation of European homes, we appeal to the City Council of Johannesburg and to all the Municipal Councils on the Witwatersrand to make adequate and satisfactory provision for the out-patient treatment of Venereal diseases among Non-Europeans.

I met the Government Commission about mothers' pensions, and I think they see that they cannot possibly reduce the grants. One question which came up there was "what was Child Welfare doing for the Locations in the Free State?" and I had to confess that we in Kroonstad were doing nothing, though the death-rate among native children was about 500 per 1,000. They felt the time had come when we ought to do something even if only from selfish motives, for infection in a location soon leads to infection in the town among the white people.

Watch the Kidneys!

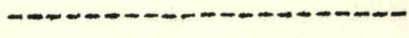
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should take Doan's Pills.

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