in charge of the exceedingly important work of organizing and directing the health services of their districts. These officers would of course in turn be under the Assistant Medical Officer, who is to be appointed, and would have all the resources of the Department of Public Health behind them as regards information, equipment, relieving staff etc.

We fully realise that this suggestion, besides being very expensive, would meet with great opposition from individual District Surgeons, but the fact remains that it would be less expensive to the country than the inevitable consequences that will follow if the present policy of drift is allowed to continue much longer. Moreover, it ought not to be impossible to meet any real difficulties of individuals who might be affected by such a change.

It seems to us essential that each of these Medical Officers should have access to some hospital accommodation, however simple. If, as in many cases, a mission hospital is already available this might suffice, but if not the provision of a small hospital of the cottage type, where a few selected cases could be studied and treated would need to be made.

Much more important, however, is that the Medical Officer should be required and enabled, either to train or to use Native health assistants etc., and to co-operate in the general scheme of health education worked out by the Assistant Medical Officer.

Apart from the above we feel that much might be done at once to improve the position by the appointment of Assistant District Surgeons in the form of recently qualified graduates, as proposed by the Witwatersrand Medical School; by assistance with locums during more regular leave, and, as suggested by one keen District Surgeon, by the holding of an annual conference of District Surgeons in the Territories at which local problems could be discussed and perhaps lectures by visitors could be arranged.

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From personal observation at quite a number of institutions

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we should like to put on record that like the Departmental Committee we too ' have been much impressed by the amount of medical work performed at the mission hospitals.'

Similarly the Annual Report for the Department of Public Health for 1936 remarks that:-

> " A vast amount of really good work has been, and is being undertaken by many of the missions, and there can be little doubt but that missions undertaking medical work with qualified staff have done much to break down the power and influence of witch doctors in their respective areas."

Moreover, as the former Committee points out there is ' State recognition of the existence and usefulness of these institutions, which may now be regarded as forming part of the hospital system of the Union.'

This being the case it is surely essential that unless or until the work that is being carried out by these institutions is undertaken by the Government, more adequate support must be made available for them.

Information collected in Appendix 5, Table B, for a few typical examples shows that many of these hospitals are at present in a most precarious financial position. It is surely unthinkable that work of this kind, the value of which is generally admitted, can be allowed to remain dependent upon overseas charity for its very existence.

We would like, however, to draw attention to the fact that some of the suggestions made in the report of the Departmental Committee as to the giving of grants and fees to such institutions, imply the acceptance of additional responsibilities. It is felt that if such hospitals are to continue to give of their best and even extend their responsibilities more appreciation will be needed of their fundamental requirements for staffing, equipment and other basic necessities. As matters stand to-day financial difficulties are a constant and unreasonable source of anxiety, as well as absorbing much time and energy which could be spent to much greater advantage on the work in hand. This does not of course mean that we are unaware of the necessity for strict control and due economy in the expenditure of public money.

(4) Development of 'Health Centres.'

The provision of more adequate financial assistance would provide an excellent opportunity for encouraging the existing hospitals (whether missionary or otherwise) to develop into something more adequately described as 'Health Centres.'

Not only would these centres receive such sick Natives, often past hope, as chose to seek their aid, but, working from the basis that prevention is better than cure they would be designed and equipped to make as positive an attack as possible upon the health problems of their district. Though realizing the high propaganda value of the more sensational surgical cures, they would regard the wards as being of secondary importance, though of course essential for the proper training of the nurses, nurse-aids or dispensers that they would require. The main work would be the training and sending out of these propagandists into the surrounding countryside to teach practical hygiene, simple nursing and other aspects of preventive medicine. They would, in turn, work from small and extremely simply equipped centres of their own, all being under the direct supervision of the centre.

The Health Centre would also be vitally interested in the health instruction given at the nearest Teacher's Training College and would very definitely work in co-operation with the schools as essential links with the homes of the people. Finally, such enterprises as the Visiting Teachers, Home Improvement, Vegetable Growing and other societies would all find in the centre a source of support and encouragement. Moreover, the many possibilities associated with health propaganda by means of posters, leaflets, and films would be the subject of constant experiment.

From what we have already seen we believe that in some such way as the above a great deal of really constructive work could be accomplished at a comparatively low cost, though here again we do not wish to minimize the expense which would necessarily be involved. On principle, however, all buildings and equipment would be of the simplest type compatible with efficiency, the constant aim being to

.../ demonstrate

demonstrates by example what can be accomplished without expensive and hence to the majority, unobtainable equipment.

It is perhaps scarcely necessary, or even advisable, to mention any particular place where such a centre might first be developed.

However, we gained the impression that there was a particularly noticeable openness of mind and willingness to experiment along new lines at the All Saints Hospital near Engcobo, whilst its comparative smallness and the various associated activities already in existence might make it a suitable place for such a scheme to gather shape.

(5) Dispensaries.

Closely allied to the above scheme, whereby small and simply equipped sub-centres are organized, is the Dispensary scheme, which has proved so successful in other parts of Africa.

This system is well known, but the following very practical description by Sir Walter Johnson, late Chief Medical Officer of Health of Nigeria, is contained in recent recommendations regarding medical conditions in the Bechuanaland Protectorate.

He writes:-

> " In order to amplify the work of the travelling dispensaries and of the hospitals in other areas I consider that a series of fixed dispensaries are required as an urgent public health measure to combat the ravages of syphilis, and to form a basis for a 'follow up' system for the control of tuberculosis. Wherever I went a wish for some such system was expressed by chiefs and village headmen. I would suggest that, for a start, too high a standard is not aimed at; the dispensaries can be ordinary village huts, the equipment can be of the simplest and the drugs should consist of only a few simple and harmless stock mixtures, together with syringes and a bismuth preparation for the treatment of syphilis. I believe that boys with Standard IV education can be trained to staff these dispensaries, providing that they are taught only to use the simple drugs provided and are well trained in the technique and dangers of bismuth injection.
>
> At the same time the opportunity should be taken to make dispensaries the beginning of a series of health centres. The huts should be of a type plan approved by the health officer, modified for certain districts such as the Kalahari, owing to difficulties with building material. Well constructed and ventilated huts, following as far as possible local design will act as a model for the first advance in village sanitation. Moreover I think that the dispensary attendants should take a course under the Sanitary Inspector in order that they can at least set an example themselves in cleanliness and sanitary habits ...... Provision should be made for boiling water, and the attendants should be given good overalls and be made to have them washed.

.../ It

It is difficult to estimate accurately the cost of such dispensaries. There can be little doubt that village headmen would erect the buildings without cost to the Government, as has already been done at Madinare and Shushong in the Bamangwato Reserve and at several places on the circuit of travelling dispensary No.2. The attendants would probably require pay at the rate of 30/- per mensem during the training (one years training is desirable) and £24 x £3 to £45 per annum afterwards. The drug bill would be from £30 to £50 per annum for each dispensary against which would be set the fees collected. It has been the experience in Nigeria that provided printed receipts are given the boys can handle the fees, so long as reasonably frequent inspection is made by medical officers".

With regard to the staffing of these Dispensary sub-centres we may quote the following written by a doctor who has had experience of work in a purely Native area:-

" My ideal scheme would have a base hospital at the centre of the district. Two doctors: one, the more experienced (and preferably with knowledge of the vernacular) to tour the dispensaries, the other to stay at the hospital. The latter might simply be a house surgeon, working under the guidance of the senior man. There might be a succession of house surgeons, but the senior should be more or less permanent, as the Natives prefer the man they know well."

(6) Travelling Dispensaries of Mobile Clinics.

Early in our visit we were much impressed by the practical advantages of a travelling dispensary, such as that fitted up so simply and effectively by Dr. Kuntz, near Queenstown. Such an arrangement brings the doctor to within measurable distance of the patient and hence ensures that many cases which would probably never be dealt with at all are seen, and seen at an earlier stage. Moreover, if regular days are kept it leads to many other possibilities. Shortly afterwards we heard of the Mobile Clinic started by Dr. K. M. McNeill, the Medical Officer in charge of the Child Health Department, Durban. This consists of a large caravan fitted up fairly elaborately as a clinic suitable for European patients, which tours the district. The following information is quoted from her reply to our enquiries.

" I think our Mobule Clinic could very easily be modified to suit Transkei and Native conditions ..... We have this caravan fairly well equipped with demonstration apparatus dealing with all branches of Child Health work, including the supervision of midwives, and literature of all sorts. My idea is that if a service of this sort could be started for the rural areas the Caravan should make schools its headquarters in the different districts and the staff accompanying it give a Mothercraft demonstration to the older

.../ school

school girls as well as seeing the mothers of the district and supervising the local midwives ...."

The cost of the caravan is given as £450, with an additional £100 spent on equipment.

Later on we heard of the Travelling Dispensaries used in Bechuanaland and had the opportunity of discussing their management and use with Dr. B. Squires, who is in charge of the Francistown unit.

The following information regarding them is quoted from Sir. Walter Johnson's Report, already referred to :-

"Travelling Dispensaries used in Bechuanaland.

Two units are at present in use. Each consists of two vans a 2½ ton Dodge chassis with special body constructed in Johannesburg. Tents which hook on to the sides of each lorry act as sleeping quarters, consulting room etc. With each unit is a pygmylyte lighting set with an output of 150 watts. In each unit one van is fitted with shelves and cupboards and is fully equipped as a dispensary; the other van is not specially fitted and carries loads, petrol drums etc. The capital cost of each van was as follows:-

Chassis	£305
Body	135
Accessory water and petrol tanks	15
Two side tents	25
Camp equipment	16
Spare parts	32
	£529

For each unit in addition the Pygmylyte set, axes, tools etc. cost £75.

The Kalahari unit covers roughly 1,000 miles a month, but owing to the immense distances between centres of habitation only about 300 patients are seen monthly.

The other unit is based on Francistown and follows four routes with an average cruising time of 22 days in the month and covers about 800 miles.

The staff of each unit consists of one medical officer, one European chauffeur-mechanic, one Native mechanic and one Native dispenser.

There can be no doubt whatever that these travelling dispensaries have been of the greatest value, particularly as propaganda units, and that they have paved the way for the establishment of fixed dispensaries."

Both these examples seem to us to be more elaborate than anything that would be found necessary in the Transkei, but what we saw of the outpost work confirms our belief in the value of this type of propaganda and there can be no doubt that a travelling unit, suitably planned out and working strictly to time-table would be an experiment that would be most worth while making.

.../(7) The

(7) The Extension of Native Nursing Services.

In the foregoing we have remarked more than once that in our opinion an extension of the Native nursing services is more urgent and would accomplish more than an increase in the number of European doctors, except in so far as the latter are essential for purposes of instruction, supervision and advice.

It may also be pointed out that such development would also be a good deal less expensive.

However, the extension of the nursing service involves both the training of more nurses and the arrangements that must be made for their employment.

(a) Training of Native Nurses.

At the present stage it seems that a good deal of attention would have to be paid to the development of the supply of Native nurses, for although fully qualified women, many of an excellent type, are already being turned out by existing institutions, the present output and the number in training is totally inadequate to meet any substantial increase in demand.

There is no reason to fear a lack of candidates, for, as noted in the Departmental Report :-

> the importance of education and training for remunerative work is being realized by the Native.......Recently at Inanda school out of two hundred and fifty girls no fewer than two hundred volunteered for training as nurses.

We also learnt that the old difficulties about taking up nursing as an occupation are being rapidly overcome, whilst the present tendency to emphasize Hygiene etc. at some of the Teacher's Training Colleges must be likely to direct the attention of students towards the nursing profession. Moreover, as already stated, wastage during training will be less noticeable in future provided a higher standard of education is required and careful selection of candidates is enforced.

We, therefore, suggest that the existing hospitals, wherever this is at all practicable, should be encouraged, or required to train Native nurses and the difficulties frankly faced e.g. by the

.../ appointment

appointment of Sister Tutors, if necessary. A less highly trained grade of nurse, nurse aid, or health visitor should also be turned out by a smaller institution.

We know of instances where nothing is at present being done in this way but where such training would be willingly undertaken provided facilities were forthcoming. We also heard of one fairly large and long established hospital where such training is resolutely opposed.

Part of the expenses involved in the training of Native nurses can already be recovered by Government grant. Thus :-

In Union Circular No.31 of 1929 it was laid down that grants-in-aid to hospitals would be made on the following basis :-

(a) For each necessary and approved medical practitioner who gives instruction of not less than six hours per week to probationer nurses ....£100 per annum.

(b) For each qualified matron supervising the training of probationers (learners)...............£50 per annum.

(c) For each qualified nurse or other approved person supervising the training of Native probationers... £25 per annum.

Note: When an allowance is paid in respect of a matron, the allowances to nurses will depend upon the number of probationers. on the following scale :-

(a) 4 to 6 probationers, 1 nurse
(b) 7 to 9 probationers, 2 nurses
(c) 10 to 12 probationers, 3 nurses.

That the Native Affairs Commission are at present dissatisfied with the situation regarding the training of Native nurses seems evident from their recently published Report for 1936, for after pointing out that such grants-in aid are dependent on funds being available from the Native Development Account, they remark that some new arrangement will have to be found for the promotion of health services of this kind.

(b) Employment of Nurses, Midwives etc. that are Already Trained.

When suitable nurses could be obtained much could be done to make use of them through various organisations already in existence, such as rural child welfare societies etc. The particular value of small grants to such bodies lies in the fact that it would often enable them to take advantage of certain provisions of the Public

.../ Health

Health Amendment Act (No.57, 1935).

Section 15 of this act offers real scope for the development of a Native nursing service in rural areas and we strongly recommend that the possibilities contained therein should be carefully explored. (See Appendix 5, Annexure 11) for relevant sections and Explanatory Leaflet issued by Public Health Department).

According to this section the Government is prepared, under suitable conditions, to refund or to subsidise the salary of both registered Native nurses and nursing assistants who are not registered, provided that the latter have had three years training in a hospital approved for the purpose by the Department. As pointed out in the explanatory leaflet referred to above this section is intended mainly to help Native Territories and places where the work is largely carried out by Missions,' whilst the wording of the act allows of some elasticity when considering individual cases.

Dr. R. D. Aitken of the Sitasa Mission Hospital, Northern Transvaal tells us that he has three nurses, whose whole salary (£4 per month) is paid by the Department of Public Health under Section 15 par. (b), whilst the mission provides board and lodging. In another case at the same hospital the Department pays half the salary and the mission the other half.

Moreover, according to the Annual Report of the Department of Public Health for 1936, " one or two nurses in private practice are now receiving small subsidies under the same section to encourage them to practise as private midwives among their own people."

In spite of the elasticity of these provisions and the urgent need, we understand from the Department that in many instances it has been found most difficult to make up the remainder of the nurse's salary and expenses from the limited local resources. So much is this the case that money ear-marked for such subsidies has not been made full use of.

To take an actual instance. At Middledrift there is a small Child Welfare Society which is 'anxious to establish a Native nurse in the district.' According to Dr. H. Bokwe, recently appointed

... / Assistant

Assistant District Surgeon (and incidentally the first Native to be appointed to the district surgeon service of the Union), whilst the salary of £50 per year would be partly met by a Government grant of £30 it would be extremely difficult to meet more than half of the balance locally; moreover some additional expenses for equipment, medicine etc, would be inevitable. Hence nothing is done. This is not the only case of its kind that we came across. We think it will be obvious that there is an opportunity in such cases for the most fruitful co-operation between the Government and other interested bodies.

We came across one or two existing welfare clinics that would willingly and immediately extend their work if the relatively small sums required for simple medicine etc. were forthcoming.

<u>(8) The Use of Male Nurses, Dispensers or Health Assistants.</u>

With the exception of section (6) above, where reference was made to the dispensaries which it is proposed to set up in Bechuanaland, we have mainly confined our attention to the employment of Native females. There is also a very good case for the training of males to act as male nurses, dispensers or health assistants.

We appreciate that on the one hand such Native men would tend to be regarded as fully trained doctors by the ignorant and would be tempted to act accordingly or, that their own people, realising that they are neither one thing nor the other would tend to ignore them and prefer either the European medical man or the witch doctor. Nevertheless it is also true that they could be made use of in ways which are not possible with female nurses, whilst the fact remains that in other parts of Africa, and to some extent even in the Union they have already proved their value.

The success already obtained with such men and the simple and inexpensive way in which they have been trained is such a good illustration of the principles that we are advocating that it seems well, briefly, to mention some particulars regarding them. This information was mostly supplied to us by the Assistant Medical Officer of Health, at Maritzburg.

../(a) <u>Native Malarial Assistants.</u>

(a) Native Malarial Assistants.

The excellent work these men have accomplished in Natal was very favourably commented on by the Departmental Committee and has, indeed become well known. We are informed that :-

(a) They were trained and thrown into the breach all within six months.

(b) They were trained, before being sent out, in methods of propaganda that would suit their audiences.

(c) They were a highly selected group, not on an educational basis, but on a basis of character and ability to do the work they were expected to do. There was a ruthless weeding out, something like fifty per cent. being rejected

(d) They were mobile, not static; they got to know the country-side and the people; they slept and lived in ordinary huts and the people felt that these men were of themselves and listened to them more readily.

Commenting on what they accomplished the Departmental Committee wrote : -

" Native chiefs in Natal and Zululand were converted from active opposition to the measures adopted for the prevention of malaria to a spirit of willing assistance and co-operation. The propaganda and educational work of and the practical demonstrations given by the trained native malarial assistants have been instrumental in securing the cordial assistance of the natives generally in spraying their huts, in tracing the breeding grounds of the mosquito and other measures designed to combat the ravages of malaria.

Supporting the above the Assistant Medical Officer of Health says:-

" Moving amongst a people essentially conservative, illiterate, superstitious, they managed, with very little immediate supervision by white officials, to make a rural Native malaria-minded. They convinced him of the mosquito's role in malaria and persuaded him to action based upon that conviction ....thanks to the propaganda of the N. M. A's the rural Natives of Natal and Zululand do in the main to-day believe that the mosquito carries malaria; and hut spraying and the taking of quinine is practised actively all over the country. I think this is a remarkable achievement and unless I had seen it done I would not have believed it could be done."

He then continues :-

" I am now sure that, mutatis mutandis, we could do a lot to combat enteritis, dysentery, intestinal parasites, and tuberculosis along the same lines."

(b) Native Health Assistants.

A closely similar experiment has been the employment at Maritzburg of two Native Health Assistants, at a salary of £4.10 per month, chiefly on anti-venereal and anti-tuberculosis work.

Though admittedly working with an urban and hence presumably

.../ more

more progressively minded population, they are evidently doing excellent work in persuading patients to come for treatment and following up those who fail to continue regularly.
As a result we learn from the same source :-

> " We have scores of cases (female and male) who are now well on in their second year of courses of treatment. This is due solely to the follow up work of the Native Health Assistants.........These are not infectious cases, and therefore we cannot exert coercion, only persuasion.
>
> Thus for £9 per month we in Maritzburg are finding out and treating to a successful conclusion nearly all the Non-European V.D. that exists."

(c) Dispensary Assistants.

We were also impressed by what we learnt and saw in Basutoland regarding the use of quite simply trained Native males, who act as Dispensary Assistants.

In Basutoland in 1935 there were ten of these Dispensers and five pupils. The one we met was highly spoken of by the doctor in charge and was obviously busy. He was being paid £12 per month.

Nigeria has 137 'Dispensers of various grades' and other parts of Africa have already established beyond doubt the possibility of using Native males in this way to good advantage.

Taking such evidence into account it is obvious that much can be accomplished by means of these quickly and inexpensively trained Native men and our suggestion would be that they should be given a fair trial as one means of dealing with the health problems of the Territories.

(9) Medical Inspection of Children.

At present there is no medical inspection of Native school-children in the Territories. Dealing with the need for such a service the Report of the Inter-Departmental Committee on Native Education (1936) comments as follows :-

> Statements by medical authorities with wide experience show that health conditions among Natives are generally poor, and in some areas serious enough to cause alarm. Although there is no statistical evidence as to the occurrence and evidence of physical defects amongst the pupils in Native

.../ schools,

> schools, it is common knowledge that such defects are prevalent even to a larger extent than in the European schools, for Natives, as a rule live under conditions hygienically inferior to those of Europeans. (Para. 630).
>
> The Committee urges that attention to this very important service in Native education should not be deferred any longer, and recommends that action be taken as soon as possible by the appointment of Medical Inspectors and trained nurses. The Committee is further of opinion that in this field the employment of Native medical officers and Native nurses would be advantageous. (Para. 631).

We also understand that the Cape Advisory Board for Native Education has likewise recommended recently that a Native doctor assisted by one or two Native nurses should be appointed by the Department to visit the Native Primary schools.

Mere inspection and the recording of physical and other defects will not, however, do much to improve the situation. All that the Committee has to suggest regarding treatment is as follows :-

> The question of following up the medical inspection with the necessary treatment of the defects found, will cause serious difficulties, for medical service in many parts of the reserves is not easily obtainable and even when such service is available, Natives, both in the reserves and in urban areas, are seldom able to pay for treatment. It is felt, however, that much could be achieved if a system of close co-operation could be evolved between the Education Departments and the authorities in charge of the hospitals and clinics that have been established for Natives.(Para.632)

This brings us back again to the great opportunities of the Health Centres that we have already suggested.

The extension to Natives of the system whereby school children are given a ration of milk or cheese has already been referred to. The use of oranges in some districts would also be most valuable and sometimes probably easily arranged.

(10) Extension of Knowledge about Nutrition, First-aid, and Simple Nursing.

(a) A lack of appreciation of the importance of nutrition and its relationship to agricultural and other aspects of Native life is still far too common amongst Government officials, employers of farm and other labour. Still more is it lacking amongst the Native Chiefs, Councillors and Headman.

Efforts to overcome this are necessary, otherwise those in

.../ authority

authority can hinder or oppose developments which might otherwise be quite feasible.

(b) <u>Teachers</u>. We have previously dealt with the training available in these subjects and the efforts some teachers make to hold clinics in their schools. The small sums of money needed to provide the necessary equipment ought not to be withheld and it is suggested that the supervision of this valuable work would be an obvious function of the Health Centres.

At one of the Training Colleges we learnt that students who wished to do so could take additional training in such work in conjunction with the small local hospital. The Matron told us that she was so impressed with the response and the possibilities of this arrangement that she was quite prepared to extend it, so that those who had completed their tea[illegible]r training, but were perhaps waiting for an appointment might be put through a special short course with the view of granting a suitable certificate.

(c) <u>Traders</u>. Naturally most Europeans living far from medical help acquire a certain amount of very practical knowledge and skill in first-aid and home-nursing; during our visit we became personally acquainted with several traders and trader's wives who were obviously doing their best to pass on such knowledge to their Native customers, when they came to them in difficulties. Moreover, various simple home remedies and patent medicines are stocked at most stores and these when sold are often accompanied by personal advice and special directions.

Store-keepers also sometimes provide a room for the local doctor to use as a dispensary, though one told us frankly that he "didn't want sick Natives about his place."

There are some 600 Traders in the Territories, and as might be expected they are a very mixed lot. We made frequent enquiries in the districts visited and gathered that on the whole there is a general willingness to help in such simple ways; indeed it is obviously in the trader's interest to do so, for, as is well known, Natives will go far out of their way to deal with a particular

.../ trader

trader who has gained their approval.

As may be imagined, though some useful work is being done in this way it is apt to be rather crude, and is often far less satisfactory than it easily might be.

Thinking this matter over it occurred to us that it was worth while considering whether anything could be done to foster and develop this simple form of health service, for, particularly in the more remote districts, the store is literally the centre of civilization, a place for the exchange of news and gossip and of contact with the white man and all his ways; at the same time it is free from any complications arising from association with missionary enterprise. We discussed the matter with storekeepers that we met and gathered that some at any rate were interested and would be definitely prepared to improve and extend their efforts in this direction; some frankly admitted their ignorance, whilst others asked questions about points that had puzzled them.

In order to pursue the matter further we discussed it with a friend, who undertook to make enquiries in his district; as a result we have since received a list of no less than 14 traders in his particular area with whom the matter was discussed and who gave a favourable reply. There is no reason to suppose that a similar measure of support would not be forthcoming from other districts. The fact is that many of these men are a good deal concerned at the present state of the health of the Natives and probably feel that they would be glad to be doing anything reasonably within their power to improve the situation.

There are at least three directions along which these stores might become of increased value to the district (a) they might be informed about and encouraged to try and create a sale for certain particularly valuable protective foods such as dried milk powder, mixed cereal meal, orange juice concentrate, cod liver oil etc. In some cases, in order to encourage sales, prices might perhaps need to be reduced by means of direct subsidy, as in the case of good quality dried milk, already referred to. (b) An attempt might be made to provide them with suitable information regarding the

.../ best

best treatment for minor ailments, first-aid etc. by means of books and pamphlets, if necessary specially written for the purpose. At the same time they could be encouraged to stock and recommend the simple medicines, ointments etc. advised in the foregoing, whilst (c) the dangers of some of the patent medicines that they are at present selling could be pointed out. As an example of the latter, we were credibly informed that a very strong sedative mixture, apparently containing opium, is being popularized at the present time with disastrous effects when used by mothers, almost regardless of dosage, on ailing infants.

We were reliably informed that the yearly profits on the sale of patent medicines is usually quite small.

Admittedly the whole idea is somewhat novel and might, on further investigation, prove to be impracticable, but we feel that it should at least be mentioned here.

(d) Mothers. The value of simple societies such as the Home Improvement Association (see Appendix 6, Annexure 2) should not be under rated, as it is a definite movement on the part of the Native women themselves to improve the standard of home life. The organization might be encouraged by means of a small grant, or by the provision of literature, or other equipment required.

The need for a milk-containing baby-food has already been discussed as well as the suggestion for the sale to mothers of high quality dried milk powder at reduced prices.

Finally, the support and extension of infant and child-welfare clinics by taking advantage of the Government's partial subsidy for nurses has also been dealt with.

There is no necessity to make any detailed suggestions regarding the prevention or treatment of the many conditions of ill-health or disease to which attention has been drawn in previous pages. Many of these conditions are well known to be entirely preventable and whether they are to be prevented, or at least reduced, depends upon the action which is taken regarding the more general proposals

.../ with

with which this report deals.

Special attention may, however, be drawn to the following :-

(ii) Infant and Child Mortality.

It is important to distinguish between the deaths which occur below the first, or perhaps the second year and those taking place between infancy and adult life. The former may perhaps be accepted as almost inevitable amongst a community ignorant of the first principles of sanitation and infant welfare; the latter are particularly amenable to some measure of enlightenment and we believe could be greatly reduced with a minimum of effort. Indeed we are convinced that provided sufficiently energetic measures were taken it would not be difficult to reduce the death rate in both groups, though particularly amongst the older children, to an appreciable extent.

This is likely partly because Native mothers are very fond of their children, and are much more willing to learn than is often supposed, and also because the inyanga is not so much concerned with infant and child welfare as with adult health.

As Dr. Gale (1934) has pointed out :-

> " Nearly all Native babies are subject to intestinal disorders at some time or other, and even Native credulity would stagger at the proposition that every baby with diarrhoea is the victim of witchcraft. The mothers are none the less concerned enough to be willing to accept advice and simple medicines sympathetically offered, particularly by one of their own sex and their own tongue."

We were much impressed by what is already being accomplished in this direction by doctors and nurses who have gained the confidence of Native women, and we feel sure that if a service of midwives, nurses and simple infant welfare clinics could be established, combined with a well directed campaign of propaganda, the improvement in health would be prompt and striking.

It must, however, be pointed out that whilst the temporary results would be an increase in the labour supplies the more permanent effects of a larger population would only serve to intensify and hasten the deterioration of the land, which is already taking place.

.../ Hence

Hence it is most important to realize that any efforts to improve child mortality must be accompanied by vigorous measures for improving the agricultural situation; indeed in an area where conditions are already so critical as in the Native Territories such measures ought unquestionably to precede any attempt to increase the population.

(12) Tuberculosis.

This disease is regarded as a very serious menace by medical men in the Territories and it is natural that they should have given a good deal of thought to the subject of its prevention and treatment.

Mention has been made elsewhere of the recent decisions to increase the hospital accommodation at three centres in the Ciskei and Transkei and the great expense which this will entail. As far as we could judge these schemes find little enthusiasm or support in the Territories themselves and many are sceptical as to their real value.

There seemed to be general agreement that whilst these projects may be regarded as a welcome addition to the means available for treating surgical tuberculosis, or for the reception of a few very advanced cases, they are not only totally inadequate, in spite of their cost, for grappling with the real problem, but unfortunately cannot even be regarded as being a step in the right direction. For example, the 30 beds to be provided at Umtata could be filled at once and without difficulty by patients drawn from the immediate neighbourhood. If this is to be the future policy it was suggested that sanatoria containing some 20,000 beds would be required to cope with the cases estimated to be already needing treatment.

Apart from the prohibitive expense it is well known that those willing to attend such institutions are apt to be mainly in the later stages, for whom in any case but little can be done; moreover it is common knowledge that Native patients unless very ill are more or less unhappy when in hospital, and are continually

.../ hankering

hankering to return to their homes. The adverse effect of such a state of mind upon the rate of recovery must not be lost sight of.

There is a conviction amongst those working in these areas that if this problem is to be tackled seriously the approach must be along much broader and at the same time much simpler lines. Whatever may be found to be necessary or practicable for the advanced case the main effort <u>must</u> be concentrated on the preventive aspects and on the treatment of the early case, who must be given some form of inexpensive home-treatment, where, under suitable supervision, he may be encouraged to carry out a regime of life calculated to promote recovery as well as lessen the risk of infection to others.

It was also urged that such an approach is also really more practical, because it does not meet with the active opposition towards hospitalization so natural to the primitive mind; moreover it is educational to all concerned.

In the course of our visit we came across several schemes, all of which have at least the merit of being advocated after much thought by those whose daily work over long periods of time has brought them into intimate contact with actual conditions; secondly, they embody the principles of simplicity and cheapness, which are essential if any impression is to be made on this problem in a reasonable time; and thirdly, they show an appreciation of Native psychology, without which, it seems to us, needless difficulties will be encountered.

The first of these schemes was described to us by Dr. Hannah Irvine, of the Mtlaza Hospital, near Umtata; as she was kind enough to put her ideas into writing we give them in her own words :-

<u>Suggestions for an Anti-Tuberculosis Campaign.</u>
<u>by Dr. Hannah Irvine, St. Barnabas Hospital, Ntlaza.</u>

" Hospitals for the treatment of cases of tuberculosis, of all degrees of severity, and affecting several tissues of the body, would have to be so numerous that their provision and staffing and upkeep would be impossible, moreover, many tuberculous people are able to live to some extent a normal life, yet at the same time they are spreading the disease by their unrestrained coughing and their casual way of spitting wherever they may be. Some degree of education in health

.../ matters

is necessary and in addition the desire for cleanliness and fresh air must be instilled or at any rate the benefits of such things must be clearly demonstrated, and made to appear available to everyone. Boiled down to an irreducible minimum the new method of living comes to be the obedience to 5 short rules. (1) Don't cough in other peoples' faces. (2) Spit into a vessel which can be emptied out-of doors, or into the fire, or spit on to some dry earth which can be thrown away and renewed daily. (3) Don't cover your face with your blanket. (4) Have a window open, and (5) Eat plenty of good food.

The first three rules can be taught in a few weeks in a hospital. The mission hospitals nurse phthisical patients on verandahs, which are excellent for the purpose. Simple hospitals under the charge of a Native nurse could be built in places easily accessible to cars, so that the District Surgeons could pay occasional visits. Hospital treatment should aim more at teaching the patients to treat themselves than at curing them.

Natives are very averse to open windows; any small windows that may have been made in the walls are almost invariably kept shut. Even if a hospital-trained person wants some fresh air when he goes home, other people who sleep in his hut will not allow it. Hence special provision must be made. Two tuberculous men known to the writer have thought out a way to do this: one had his own small hut, of which he kept the door open day and night; the other built a verandah joining two huts and open towards the north, in which he slept. In neither case has any other member of the family been infected. A simple and cheap way to meet the need would be a hut with 6 to 8 feet of the side facing north carried up to about 4 feet only, leaving a large open space. The roof over this space would be supported on a wall-plate held up by 3 poles, built into the low wall. The door should be at one end of the open space. (see sketch). The space should be filled in with wire netting attached to the door-frame, the poles and the wall-plate. Such a hut could be put up for about £6, even if labour had to be hired. But most Natives build and thatch their own huts, and would have to buy only the door, door-frame, and wire-netting.

For furniture it would be essential to have a grass mattress and pillows, a cupboard or shelf containing cup, spoon, plate, medicine bottle etc. Bedsteads are highly desirable but not essential.

A hut 16 feet in diameter would be big enough for two bedsteads.

When a person has died in such a hut, the door and wire netting would be removed and the thatch set alight, thus disposing of any lingering infection.

Our supposed patient is thus able to keep rule No.4, as regards fresh air. His only remaining problem is how to get plenty of good food. For this, it seems he must have help. His staple diet of mealies and milk is good as far as it goes, but in winter the milk supply is scanty or fails altogether, and what little milk there is is kept for the children. If an allowance for every certified case of tuberculosis could be made, a great improvement might be expected. For 5/- a week, such supplementary foods could be bought as condensed milk, tinned beef, sardines, rice, sugar, bread, treacle etc. An order for food-stuffs could be given, to be signed by the district surgeon or other doctor, to be handed to the nearest trader. This order might be made conditional upon the use of a "sun hut". On it there might be a space for the weight of the patient to be entered if he attends the shop personally; probably most traders would be willing to do this small service for a

.../ regular

regular customer.

The other necessity besides food is warm clothing in winter. Each person would require two new blankets a year, and one or more woollen caps to lessen the temptation to cover the head with the blanket.

A scheme very similar to the above is in force in the East Ham Borough in London. The Council builds an open-air shelter for tuberculous people who have gardens, and makes them a subsidy, and supplies the services of a doctor and a health visitor.

Summary:

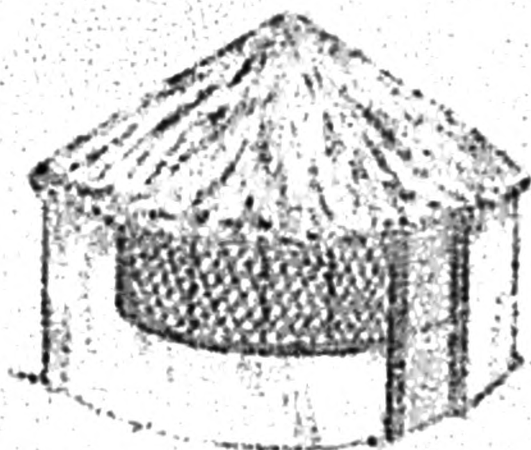
To assist tuberculous Natives to regain health it is suggested :-

(1) To give them a few weeks in a hospital which provides open-air treatment, mainly for the purpose of teaching them better hygiene.

(2) To build, or encourage them to build, huts which allow plenty of air and sunshine to enter.

(3) To pay them a small pension (say 5/- per week) in order to supplement their diet."

Suggested Hut sketched by
Dr. Irvine.



These suggestions are very similar to those made by Professor Lyle Cummins in a report on the Problem of Tuberculosis, submitted in 1927, for an 'Experiment in Voluntary Segregation', to be carried out in conjunction with Dr. Drewe of Holy Cross Hospital.

The second plan is that brought forward by Dr. Park Ross for dealing with the closely similar problem in Natal and Zululand. His scheme is outlined in a memorandum 'Disposal and Aftercare of

.../ the

the Tuberculous Native in Natal' copies of which we have available. Briefly this proposal, which has since been adopted by the Natal Anti-Tuberculous Association, is to return the Native tuberculotic, wherever he may be discovered, to supervised rural conditions, where he can live with his own kith and kin, either in his old home, or if necessary in a special tuberculosis reserve. A particularly interesting feature of the scheme is the reliance placed on the pressure of informed Native public opinion. He writes :-

> At bottom the Native conception of disease prevention is nearer the public health standpoint than that of the average European, including many doctors.
>
> The European is apt to look only at the sick man. The Native is looking for the 'ntagati' which may affect his kraal and its effect on the individual is a mere incident. A typhoid carrier sent back to his kraal with his potentialities to the tribe defined, is in no happy position. Warnings as to the potentialities of a tuberculotic, tactfully put over, will not be disregarded. But the individual will not be treated as a pariah.
>
> I hold that the best preventive policy is to teach the people how to avoid getting tuberculosis by instructing them how to make patients take precautions, and this I certainly can do with Natives.
>
> I can teach them to avoid malaria, not by taking drugs but by getting at the root cause of the disease - the mosquito, and I can make them force a patient who gets back to his kraal to live in a hut by himself, to sterilize his sputa and to use separate eating utensils. It is not as difficult as one would think, but you will note that I am not very keen on teaching the patient what to do as teaching the others what to make the patient do.

Finally there is a scheme brought forward by a group of enthusiasts who a year or two ago formed the Transkei Tuberculosis Committee. They want to experiment with a very simple form of the farm colony idea; here infectious cases could be segregated, early ones could be cured, all could be educated as to how to live the tuberculotic life. Very often occupational therapy could be instituted. They had managed to arouse a good deal of interest amongst Europeans in the Transkei for their scheme and had more than one offer of suitable land free of cost, as well as other facilities. It is most unfortunate that owing to lack of interest from the Department of Public Health the scheme has had to be dropped.

We appreciate that the whole subject of the treatment of tuberculosis bristles with difficulties, but as laymen, we cannot help being impressed by the fact that these three schemes have so many points in common, although arrived at independently, by those who have gained experience through years of close contact with the situation they are proposing to tackle. We believe that the root of the matter lies in their ideas and would urge that no further time be lost in giving some very practical encouragement to some such scheme. We feel most strongly that the time for drift, or even for enquiry has passed, and that what is wanted is action in the form of experiment, made by those who are closely acquainted with local conditions. Elaborate hospitals could come later.

PROPAGANDA METHODS.

Again and again throughout this report we have stressed the necessity for education by means of direct propaganda, and it is our belief that this means of approach is of vital importance if the needed changes are to be brought about within a reasonable period of time.

The problem of how to persuade an ignorant and backward population to improve its agricultural methods and look after its health is, after all, no new one and of recent years has been extensively studied in Europe, as well as elsewhere.

Methods of direct propaganda by means of travelling propagandists, by posters, pamphlets, films and by various other means have been developed to a high pitch of efficiency in such countries, and it is felt that some of these methods might be applied, with every prospect of success amongst the Bantu in the Territories.

We could not fail to be impressed with the enormous difficulties with which those who are attempting to educate Native opinion are faced; indeed it is evident that at the present pace irretrievable damage will be caused before any substantial change of outlook is achieved. This is all the more reason why careful attention should be given to the possibilities of applying modern methods of propaganda to the situation. We therefore recommend that this matter should

.../ receive

receive special attention and offer the following tentative suggestions as to some directions along which effort might be directed.

(1) An organizer, if possible with overseas experience should be obtained to take this aspect of the work in charge.

(2) Posters and Pamphlets.

We were impressed with the interest shown by Natives, wherever we went, in illustrated reading matter, particularly if coloured. It was not at all unusual to find cuttings from newspapers, advertisements, or calendars hanging or pasted to the walls of the huts we visited. The Native Recruiting Corporation calendar was of course first favourite, but various advertisements for patent medicines etc. were also freely used. One hut was almost completely papered out with the illustrated literature of the Seventh Day Adventist Church, whilst others contained an assortment of pictures from daily newspapers, magazines and so on. Of course the 'Dressed' Natives predominate in this sort of thing, but it is quite a mistake to assume that the inhabitants must be able to read. Pictures need no translation, whilst the coloured diagram makes a special appeal of its own.

We are convinced that simple but attractively got up posters of a size suitable for hanging or pasting to the walls would find immediate welcome for the decoration of huts; if carefully thought out, say in a series, each of which made a single simple point they would lead to endless discussion and would be of definite educational value. Whilst the number of those who can read may not be large it is not an exaggeration to say that someone in the group could usually be found to read the very simple phrases that might suitably accompany some of these posters.

Similarly, very brief pamphlets, dealing with some specific subject have a definite place and are already being exploited by the vendors of Patent Medicines and to a much less extent by educationalists.

In Appendix 6, Annexure 1, we include a few examples of the kind of thing we have in mind.

(a) The first is a coloured poster, which is much in evidence in the Territories, advertising Patent Medicines. Every picture

.../ tells

tells a story and enables you to make your own diagnosis.

(b) The second is a health poster published some years ago by the South African Health Society.

(c) The third is a cleverly illustrated pamphlet dealing with the rather involved subject of infant feeding and again advertises a patent preparation. We were assured that the simple and clear way in which information was conveyed has done much to popularise the food in question.

(d) A few health pamphlets in Xosa and Zulu are also included. There is no need to elaborate the point, whilst an experienced man would probably greatly improve on these somewhat crude efforts.

Mission stations, stores and post offices offer excellent opportunities for the display of educational posters, but although on the look out for them we saw nothing of the kind except as mentioned those displayed by commercial firms.

(3) Literature.

For the more educated Native there is a fairly wide range of literature both in the vernacular and in European languages, but these seem to be obtainable only with difficulty and are seldom if ever displayed for sale. Pamphlets and inexpensive literature dealing with agricultural and health subjects ought to be brought within the reach of the potential reader. They must be displayed in an attractive way and must be on sale at exceedingly low prices. We believe that it is a mistake to say that there would be no demand for such reading matter.

Moreover, existing bodies, such as the Home Improvement Societies, Farmers' Associations and others might be encouraged to make use of such publications; if attractively produced they could be used as a basis for reading and discussion.

We have not given this matter much attention but a few typical booklets etc. we have come across are listed in Appendix 6, Annexure 3.

Umcebisi, the little journal published by the Agricultural Department of the Bunga has had a small circulation for a number of years and no doubt does useful work in providing an avenue for the

.../ exchange

exchange of ideas, particularly between Native contributors themselves. In addition something with a much wider circulation and less formally set forth is also needed, to reach a less academic public. Several Native newspapers accept agricultural articles and would no doubt develop this side if suitably encouraged. Father Huss finds hospitality for a series of articles in Umtetali wa Bantu, whilst we were told that Umlindi we Nyanga ("The Monthly Watchman") published in East London would also be willing to consider this type of article.

The subject of library facilities for Non-Europeans is dealt with in detail in "South African Libraries" (1937. 5. 49-55) from which we learn that a library service is just beginning to develop in the Eastern Province, following upon a grant of £1,000 by the Carnegie Corporation. There are centres at Aliwal North, Cradock, East London, Grahamstown, Fort Beaufort, and Healdtown, Kingwilliamstown, Kokstad, Port Elizabeth, Queenstown, and Umtata. The Transkeian Native Reference Library at the latter town has ten branches, which serves the whole of the Transkeian Territories.

In addition there is the Howard Pim Library at Fort Hare. However, these are all more or less in the experimental stage; the demand for books is said to far exceed the supplies which can be met by the very restricted finances so far available.

Here again there are many opportunities for arousing interest in the Agricultural and Health problems of the Territories.

(4) Films.

The remarkable progress that has already been made in the use of the film for the instruction and recreation of the Bantu in Eastern Africa has been quite recently described in 'The African and the Cinema' by L.A. Notcutt and G.C. Latham (1937). This book is a revelation of what can be done, whilst the value of the method for arousing a vital interest in health measures as well as improved methods of agriculture and animal husbandry has been kept clearly in view. The co-operation of other areas with similar needs is invited and it is probable that some of the films already made could be bought or hired.

.../ There

There can be no question that this means of approach has a great future before it and is one that must not be overlooked.

It is satisfactory to read in the current Annual Report of the Department of Public Health that the subject of Health Education and Propaganda is now receiving particular attention by the Department, both as regards the extension of the use of printed matter and the use of films. We should like to make the suggestion that when such activities are being planned for the Territories the close relationship between Agriculture and Public Health should be kept constantly in mind.

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