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MEDICAL TRAINING AND MEDICAL SERVICES FOR NATIVES

BY

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I wish to describe in some detail the organisation to which proposals for a revised Medical Aid Scheme may be expected to lead, and particularly to show that it is possible to make a start with such a scheme almost immediately. In order to do so I propose to describe briefly the existing medical and health services in the district in which I am at present working, and then to outline the changes which are needed and the methods by which they can be effected. I submit this in the hope that a practical example of the way in which these proposals would operate may be of some value to the Committee.

The Sibasa area, to which I shall particularly refer, is probably fairly typical of many areas in the Transvaal. In this area we have at the present time the following medical services:-

I. EXISTING MEDICAL SERVICES

A. CURATIVE.

(1) There is a central hospital (the Donald Fraser Hospital) which has recently been enlarged to 60 beds. This hospital is controlled by a Hospital Board, consisting of representatives of the mission responsible for founding and maintaining the hospital, and of the Native Affairs Department. The constitution of the Board can easily be altered to provide for representation of the Public Health Department and of the Provincial Council (as long as this remains responsible for hospitals). It is in charge of a Medical Superintendent who is at the same time Additional District Surgeon for the area. The hospital undertakes the training of local girls as Native nursing assistants, but is not yet registered as a nursing training school, the main reason being that it is not yet possible to get girls in this area with a sufficient standard of education to satisfy the Medical Council requirements.

(2) Associated with the hospital are five medical outposts or first-aid stations at each of which a Native nursing assistant is resident. Each of these is visited once a fortnight by the doctor from the hospital. The nurse in charge of these stations sees patients every day, does simple dressings, gives out a few simple medicines, advises patients who need hospital treatment, and tries to get all her patients to see the doctor on his regular visit.

In addition to the above there are five outposts which are visited once a fortnight by the doctor, but at which no nurse is stationed. It is hoped eventually to place nurses at each of these.

The doctor visits these outposts in his capacity as Additional District Surgeon in the course of "periodical tours" which are sanctioned by the Department of Public Health and for which he receives a travelling allowance.

Much of the work being done is unsatisfactory and inadequate owing to lack of funds and lack of staff, but if these difficulties can be overcome there is at least a framework on which a more complete curative service can be developed.

One point calls for special mention. The doctor at present is both Superintendent of the hospital and District Surgeon. This arrangement has its advantages and disadvantages. While it enables the doctor to visit the outstations and to bring patients back to hospital, it makes heavy demands on the time and strength of one, who has in addition to manage the hospital, treat hospital patients and train nurses.

A postmortem examination in a remote part of the district or a day's attendance at court may upset the usual routine, and seriously interfere with the doctor's regular work.

On the whole, however, the arrangement works very well and has the great advantage of bringing all the curative services in the district under one administrator.

B. PREVENTIVE.

At present the only form of preventive work being undertaken is anti-malaria work. A number of "malaria assistants" are employed in this. These are young men who have passed Standard VI and have been given a few weeks' training in anti-malaria work. At present, as far as I can ascertain, this training consists of working with another assistant for a month or two and learning how to take blood films. These assistants roam about the district, distribute quinine and pyagra spray, take blood films and send them to the Malaria Research Station for examination. This anti-malaria work is under the direction of the Malaria Research Officer, who has his headquarters at Tzaneen, some 200 or 250 miles away. The assistants are to some extent supervised by a European malaria assistant (non-qualified) who has his headquarters at Louis Trichardt, 60 miles from the centre of the area. No attempt is made to correlate this anti-malaria work with the curative services already described.

II. PROPOSALS FOR IMPROVED SERVICES

There should be in the area two closely co-ordinated services each under its own medical officer, one curative and one preventive. An outline will now be given of the proposed organisation.

A. CURATIVE SERVICE.

This would consist as at present of the central hospital and a network of first-aid posts with a Native nurse resident at each.

The central hospital would continue to be managed by a hospital board, on which the Department of Public Health, the Department of Native Affairs and the Provincial Council (if the Council remains responsible for hospitals) would be represented. The Medical Superintendent of the hospital would be responsible for the maintenance and supervision of the hospital and its nursing outposts and for the training of nurses to staff these. The hospital would be adequately subsidised to enable it to be efficiently staffed and to carry out its functions adequately. The Medical Superintendent would either continue to be District Surgeon as at present or would receive a travelling allowance for visiting the surrounding outposts. He would have one or more doctors (who may be European or African) working under him to assist in the work of the hospital and its nursing outposts.

The curative service would therefore consist of the following personnel:-

Medical Superintendent (District Surgeon)
Assistant Medical Officers
Matron, Sister Tutor and Staff of Hospital
Native nurses or nursing assistants at outposts

As already pointed out the nucleus of this service exists already, and the complete scheme can be realised if the central hospital is adequately subsidised. As District Surgeon the Medical Superintendent can develop and visit the nursing outposts, and the Native nurses at these posts can be subsidised as at present by the Public Health Department. No new machinery is needed to bring such a service to completion. The chief obstacle to its fulfilment at present is the failure of the Provincial Council to subsidise the hospital on a reasonable basis.

- B. PREVENTIVE SERVICE -

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For the development of an adequate and efficient preventive service the first essential is the presence in the area of a whole time medical officer of health. For obvious reasons this official must be a Government officer with the full authority of the Government behind him. It would be his duty to organise anti-malaria and anti-bilharzia campaigns, to arrange with the officers of the curative service for the development of venereal, tuberculosis, ante-natal and opthalmic clinics, to conduct propaganda in regard to better housing, sanitation and protection of water supplies, to investigate and deal with outbreaks of infectious disease, and if possible to collect vital statistics for his area.

His staff would consist of a certain number of "Native health assistants" (who would replace the present "medical aids"). These would be men who have passed the Junior Certificate and then been given a thorough training in public health work, with special reference to rural areas. These assistants would not be stationed at fixed points in the area, but would constitute a mobile force working under the direction of the Medical Officer of Health.

In a large area such as this it may be necessary, as the service develops, to post one or more doctors (European or African) at selected points in the area. These would be given the rank of Assistant District Surgeons and would for a time at least undertake both curative and preventive work.

Co-ordination of Services.

With a view to ensuring adequate co-ordination and smooth working, a Health Committee would be formed for the area. This would consist of the Native Commissioner, the Medical Officer of Health and the Medical Superintendent of the Hospital. This committee would be responsible for the development of the services as a whole, for recommending extensions of the services where necessary and for keeping the various interests (administrative, preventive and curative) in close touch with one another. They would have the power to co-opt for special purposes representatives of the missionary, educational and agricultural services and also of the Native people themselves, whenever this seems desirable.

APPLICATION OF THE SCHEME GENERALLY

In the above outline I have dealt with a specific area (Sibasa), in which a framework of medical services already exists, but I think it is evident that such a scheme could be extended to the country as a whole. The complete scheme for the whole country can, however, be developed only gradually as the necessary staff is trained for the work. It will require doctors, trained in Public Health work, with special emphasis on the needs of rural areas, and also Native nurses and Native health assistants. A start can however be made even now, and I would urge very strongly that it be made in an area where there is at least the nucleus of a curative service.

The health units which are to be established provide a starting point for the inauguration of a preventive service, and I urge that one of these units be started in an area where it can work alongside an existing curative service. It will then be able to concentrate attention on the preventive aspect, whereas in an area where curative services are inadequate or non-existent, the officers of the unit are bound to become swamped by the demand for curative services. Sick and suffering people want immediate relief, and are not likely to be interested in or impressed by long-term policies for the prevention of disease. Moreover if this step is taken of linking a health unit with an existing curative service, all the necessary machinery already exists for making a start on the lines I have suggested. No new legislation will be called for. All that is needed is to insist on the Provincial Council giving a reasonable measure of support to the central hospital.

Once the scheme is started in a given area, young medical graduates should be encouraged to spend a year or two as assistants in that area, devoting say one

year to the curative service and one year to the preventive service. These men can then be used to develop similar schemes in other areas, until gradually the whole country is supplied with a preventive and curative medical service. In regard to curative services use should be made wherever possible of existing hospitals and clinics as indicated above, but in some areas it may be found necessary to start new hospitals. It may be necessary to control in some way the establishment of new hospitals, or to make it clear that such hospitals can not expect support or incorporation in the scheme, unless their establishment is approved by the Central Advisory Board, if such is created, or by the Public Health Department.

It is clear, I think, that in the scheme I have outlined there will be scope for the employment of doctors, European or African, and of specially trained Native health assistants. I suggest that where African students are given bursaries to enable them to take the full medical course, it should be a condition of such bursaries that the Government has the first claim on their services for a period of say five years after graduation. African students who take the course at their own expense cannot be compelled to enter Government service and must be free to choose their future career for themselves in the same way as other qualified practitioners. If, however, a Government service on the above lines develops, most, if not all, these students will probably prefer to accept posts in such a service than face the risk and difficulties necessary to establish themselves in practice on their own.

SUMMARY

In this outline I have tried to indicate the desirability of setting up in one area parallel preventive and curative services, and to show that there is nothing to prevent this development taking place in at least one or two selected areas immediately. If this is done the experience gained will be invaluable in framing a policy for the country as a whole.

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JM.