MEMORANDUM ON MEDICAL SERVICES FOR RURAL AREAS

By

Federal Council of Medical Associations

WITH SPECIAL REFERENCE TO NATIVE AREAS

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The Federal Council submits to the Branches and Divisions the following Memorandum, with the suggestion that this Memorandum, if and when adopted, with such amendments, if any, as the Federal Council may desire to make, should be submitted to the Government as the opinion of the Association :—

1. The Federal Council considers that there is an unquestionable and urgent need to make provision for more extensive medical and nursing services in rural areas, both for Europeans and Natives, and that the time has arrived to give serious consideration to this need.

2. The Council recognises that the financial resources of this country do not at present permit of an ideal system, and in drawing up these recommendations has constantly kept in mind the need for the utmost economy, consistent with reasonable efficiency.

3. The Council is guided in its recommendations by the debate which has taken place on this question at the last Annual Scientific Meeting, which was participated in by some of the most outstanding authorities on the problem, and which was conducted in a spirit of helpfulness and full appreciation of all the difficulties concerning the problem.

4. **Europeans in Rural Areas.**—Recognising that the District Surgeons' system in rural areas undoubtedly provides a considerable measure of medical relief for poor people, the Council is nevertheless aware that such relief cannot always be made available to those living in isolated places, and that furthermore this relief,

consisting as it does of medical consultations only, is inadequate in the important point of not providing trained nursing facilities, especially in connection with child birth and pre-natal care. The Council therefore considers that some extension of the District Surgeons' services in order to reach wider areas is required, by means of extension of the subsidies for visits to outlying places where this is necessary, and particularly by attaching to the District Surgeons in rural areas, where the numbers of the population warrant it, one or more visiting nurses trained in general nursing and midwifery, on a salary or in receipt of a subsidy, who should be given transport facilities to enable them to visit patients at their homes. It should also be the duty of such nurses to organise classes of instruction in Home Nursing.

It is suggested for consideration that such a system of Visiting Nurses could be conducted in close co-operation with existing visiting nurses' organisations and particularly the South African Red Cross.

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

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

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

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

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

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

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

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

(*d*) The Council is of opinion that the establishment of such a corps of Nursing Aids would be of the greatest possible value in Native territories and would fill a very great need, and

that the cost of such a service, especially if provision is made for small charges to those who can afford to pay these, would be within practicable economic limits.

6. **Training of Native Medical Practitioners.**—The Council reiterates its previously expressed opinion that there cannot be established, without great danger to the public weal, an inferior qualification for medical practitioners solely on the ground of colour. It once more states that if Natives are to be trained as medical practitioners, they should receive exactly the same training and conform to exactly the same requirements as are imposed upon Europeans. The Council is definitely of opinion that there is not a sufficient number of Natives in this country, nor likely to be for a good many years, to warrant the large expenditure which would be necessary to enable them to be trained in South African medical schools.

The Council also recognises the grave difficulties which would arise in having Natives and Coloured persons in the medical schools, especially in view of the fact that the hospitals in which they would have to be trained are public institutions in no way controlled by the Universities, and the presence of Natives and Coloured students in such hospitals would raise grave and practically insurmountable administrative difficulties. It has been suggested that their hospital training should be undertaken solely in native wards. It must be remembered, however, in this connection that the Native wards of the hospitals furnish very important material for the training of European students, that they are in charge of European Sisters and Staff Nurses, and that the presence of Natives even in these wards would minimise but little the administrative and social difficulties alluded to above.

Another suggestion was that the Government should pay for the training of Native medical men in medical schools abroad, selecting such men carefully and paying for their training, on their undertaking to give, after qualification, a certain number of years of service to the Government at a stated stipend. This suggestion does not commend itself to the Council, for the reason that it would seem to offer to Natives advantages which

would not be available to Europeans, among whom there must be also a number of poor young men with special aptitude for medicine, who at present are excluded from training for this profession, unless they make their own arrangements in the best way they can.

The financial aspect of both of these proposals also weighs very strongly against them in the minds of the Council. The Council therefore considers that whatever monies can be made available for providing better medical and nursing aid to the needy sections of the population, both European and Native, should be spent in the manner indicated in this Memorandum, rather than be devoted to the training of Native medical practitioners.

Johannesburg,

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