

NATIONAL TUBERCULOSIS CONFERENCE

TO BE HELD AT

M E D I C A L H O U S EESSELEN STREET JOHANNESBURG.MONDAY: SEPTEMBER 25TH AT 8.00 P.M.

1. OFFICIAL OPENING
2. GENERAL INTRODUCTION TO TUBERCULOSIS IN SOUTH AFRICA -
PROFESSOR E. H. CLUVER.
3. FILM ON TUBERCULOSIS. - SHOWN BY S.A. RED CROSS SOCIETY,

TUESDAY: SEPTEMBER 26TH
MORNING SESSION: 9.00 A.M.

1. THE ANATOMY OF THE LUNGS IN RELATION TO TUBERCULOSIS -
LIEUT. B. WEBSTER.
2. THE PATHOLOGY OF PULMONARY TUBERCULOSIS AND TUBERCULO-SILICOSIS -
PROFESSOR A. S. STRACHAN.
3. TEA INTERVAL.
4. THE PATHOLOGY OF NON-PULMONARY TUBERCULOSIS - DR. B. J. P. BECKER.
5. DISCUSSION.

WEDNESDAY: SEPTEMBER 27TH.
MORNING SESSION: 9.00 A.M.

1. EARLY RADIOLOGICAL DIAGNOSIS - DR. OSLER.
 2. CLINICAL ASPECTS OF TUBERCULOSIS - DR. STORR.
 3. THE VALUE OF MASS RADIOGRAPHY - CAPT. COLLENDER.
- EVENING SESSION: 7.30 P.M.
1. RADIOLOGICAL PATHOLOGY - DR. DORMER.
 2. MEDICAL TREATMENT - PROFESSOR W. H. CRAIB.
 3. SURGICAL TREATMENT - LT. COL. PHILIPS.
 4. ENDOTOXOID TREATMENT - DR. GRASSET.
 5. DISCUSSION AND TEA.

THURSDAY: SEPTEMBER 28TH
MORNING SESSION 9.00 A.M.

1. THE REHABILITATION OF THE TUBERCULOTIC - DR. VAN DER HORST.
 2. THE PROBLEM OF TUBERCULOSIS IN SOUTH AFRICA - DR. SMIT.
 3. A CONTRIBUTION FROM A TUBERCULOSIS HEALTH VISITOR - MISS POURNARA.
- EVENING SESSION: 7.30 P.M.
1. THE SOCIO-ECONOMIC ASPECTS OF TUBERCULOSIS - DR. T.W.B. OSBORN.
 2. HISTORY AND INCIDENCE OF TUBERCULOSIS IN SOUTH AFRICA - DR. GALE.
 3. THE FUTURE OF THE PROBLEM IN SOUTH AFRICA, - DR. L. S. WILLIAMS.
 4. DISCUSSION.
 5. VOTE OF THANKS TO SPEAKERS ON BEHALF OF STUDENTS' MEDICAL COUNCIL

ALL CONTRIBUTIONS WILL BE PUBLISHED IN A SPECIAL ISSUE OF "THE LEECH".

"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. "
		293	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.

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