

Miss Macintosh said that in the Grahamstown Location there was a considerable demand for midwifery service.

The following further points emerged from further discussion:

- n.b.*
- (a) Municipalities should engage fully qualified Nurses as these are the most useful for location work in general health, midwifery and child welfare.
  - (b) There is a growing demand in town Locations for trained midwives.
  - (c) The Creche in the Bloemfontein Location showed its value in the towns, and Native nurses should be trained in mothercraft to run creches.
  - (d) There is need for Nurses with knowledge of "Constructive Hygiene" and the question of training and certification was referred to the Committee already appointed.

The following resolution was then passed:-

The Conference expresses its warm appreciation of the excellent work which many Municipalities are doing in the organisation of medical and health services among Non-Europeans.

#### C. On Mission Stations.

It was agreed to draw the attention of Missions to the possibility of employing fully trained Non-European nurses

- (a) As Staff Nurses in Mission Hospitals.
- (b) As school Nurses in Boarding Schools to be used also for welfare work in surrounding districts.

#### D. In Non-European Wards of Hospitals.

The number of Non-European staff nurses employed in Non-European wards of Hospitals was found not to be greater than twelve. It was felt that more could be done in this direction; also that there is a limited field of employment for Natives as orderlies at mental institutions and for male orderlies in certain hospitals.

The Conference then considered

#### MEDICAL AND HEALTH SERVICES IN NATIVE AREAS.

The Chairman drew attention to the Memorandum giving extracts from the following reports:-

- Hospital Enquiry Committee 1925
- Secretary for Health Annual Report 1926 - 1927
- Hospital Survey Committee 1927
- "Loram" Committee on Training of Natives in Medicine and Public Health 1928.

all of which drew attention to the hopeless inadequacy of medical and health services in Native areas.

The Loram Committee had recommended that a Government service be organised on the following lines:

- (1) European or Native medical officer at a centre with adequate hospital.
- (2) Village nursing stations staffed with a Native health assistant and Native nurse-midwife and very limited bed accommodation.
- (3) Mission hospitals and staff should co-operate in this scheme.
- (4) Additional District surgeons to be appointed until the Native medical services are fully established.



- (5) Native councils should be urged to help in financing the scheme.

In July 1931 the Federal Council of the Medical Association of South Africa (British Medical Association) had advised the Minister of Public Health in the following terms:

A. Europeans and Natives in rural areas.

1. Extension of the services of District Surgeons in rural areas to reach Europeans and Natives in outlying districts (not Native Reserves), with increased remuneration.
2. Nurse (or Nurses) with general nursing and midwifery qualifications to be attached to District Surgeons on a salary or a subsidy basis with transport facilities, for visits to homes of the people and to give instruction in home nursing.

B. Natives in Reserves.

"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 the position to maintain medical men and nurses in decent living."

Therefore the following recommendation is made:

Corps of Native male and female "nursing Aids", trained to work under district surgeons or some other duly authorised medical practitioner. Training scheme suggested.

The Chairman expressed the view that a great deal could be done to build up a national organisation by using all the existing facilities and by taking advantage of the Medical Missions. Just as a national organisation had been built up in Native Education upon the services provided by the Missions, it seemed possible to go a long way by using the services of Medical missionaries, mission hospitals as well as district surgeons and public hospitals.

Dr. Taylor supported this view from his experience as a medical missionary. In his Mission Hospital at Durban he was training married Native women as midwives. They could return to the Reserves to wait for cases since they were married and not dependent upon midwifery work for their livelihood. He did not think that medical services should be given free Natives except in extreme cases.

Dr. Lovius spoke of the large number of midwifery cases that came into the Bloemfontein Location from the country. District surgeons should have Native nurses under their direction. In the Location medical services were charged for in most cases. Dr. Bruce-Bays agreed that Natives preferred to pay for medical services. There was general agreement that there should be no additional taxation imposed on Natives for medical services, but that some charge should be made in ordinary cases.

Dr. van der Spuy thought that there would be no opposition from either the Provincial or Union Government to the suggestion that grants be given to Missions in a national scheme. Already grants were being given for specific purposes.

Dr. Moffat spoke of the great poverty of the  
- Native -



Native people: medical attention was beyond their means and often resulted in a heavy load of debt. A really constructive scheme of medical service was required, and he thought that it would be wisest to start with the Missions.

Mrs. Bennie in supporting, drew attention to the heavy incidence of Miners Phthisis in Native areas.

After further discussion on certain details the following resolutions were adopted:

Moved by the Chairman:

- (a) That as part of a national organisation of Native Medical services the Government should be urged to subsidise approved mission and public hospitals and mission stations in order that they may develop the district organisation of medical and public health services in their areas.

Moved by Dr. Taylor:

- (b) That the Union Government be approached to call a Conference of those concerned to discuss the schemes under such subsidies.

It was agreed to send these resolutions to the Secretary for Health, to be supported by a deputation, if necessary, the Chairman to make the necessary arrangements.

It was also decided to send a copy of the proceedings of the Conference to the "South African Medical Journal" and the "South African Nursing Record."

#### Continuation of the Work of the Conference.

The Chairman was asked to arrange (in consultation with the Committee appointed to prepare the special course for "Health Workers" in rural areas) for a similar conference in 1933.

#### Conclusion.

The Chairman in closing the Conference expressed satisfaction at the achievements of the Conference. It had been able to indicate to educational institutions, and Nursing training schools the lines they could follow in the preparation of Non-Europeans for the Nursing service; it had given a lead to Municipalities and other bodies in regard to the employment of Non-European nurses; and a practicable, economical method of building up a national organisation of medical and public health services had been suggested. This was a good record for the day's work, and he expressed warm appreciation of the response which had been given to the invitation of the South African Institute of Race Relations. All had worked in the keenest spirit to achieve practical results.

Votes of thanks to the Chairman for his services, to the Bloemfontein Municipality for the use of the Council Chamber and to the Bloemfontein ladies who kindly provided tea at both sessions brought the Conference to a close at 5 p.m.

#### Conclusion.

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TRAINING OF NATIVE NURSES.

by

Dr. Hamilton W. Dyke  
(Principal Medical Officer, Bechuanaland Protectorate  
Government).

I have made a few notes on the subject of the training of Native nurses in the hope that I should not require to use them as I have come to learn from those who have had far more experience than I.

Professor Julian Huxley in a message to the National Conference on African Children held last year in Geneva, says: "Unlike the other Continents Africa is only at the very beginning of its development with the main lines of its future destiny still undetermined. The two most important influences for its future are without doubt native health and native education. Most of these have their most important application in early life".

The subject now under review very materially affects the destiny of the future of our South African races and presents so many aspects that one realises that there must be a great divergence of opinion. In the course of conversation with those who up till now have undertaken the training of native nurses, the impression I have gathered is that most of the training that has hitherto been accomplished and which would appear to be the aim of those responsible for the training, has been the supply of certificated trained nurses for work in Hospitals and town native locations, as this training offers the best opportunities of employment. But I venture to put forward certain ideas from the point of view of the natives living in rural areas where facilities such as obtain in municipalities do not exist.

Within the last few weeks the Native problem has been set forth in a very comprehensive report by the Native Economic Commission. In this report the economic aspect has been the dominating note, but fortunately the Commission went further afield and investigated more comprehensively than one would have considered the terms of the Commission indicated. Among the conclusions come to in that report two outstanding features can be summarised as follows:-

- (1) That there is a great deterioration of the land occupied by the Natives.
- (2) That this deterioration is a result of the delayed or non-existent development of Natives in their Reserves for which the Commission is inclined to blame the system of education which has been given to natives in South Africa.

Professor Lestrade classifies the various schools of thought on the Native question as "repressionist", "assimilationist", i.e. trying to make a black European, and "adaptationist" i.e. taking out of the Bantu past what is good and even what is neutral, and together with what is good of European culture for the Bantu, building up a Bantu future. The Commission favours the "adaptationist" form of development in preference to the "assimilationist", and in this they are in agreement with the ideas of the present line of thought of most leaders of native development in Africa and which, it seems to me, we should keep in view in our deliberations.

In approaching the question of the training of Native nurses one must not lose sight of these conclusions drawn by this Commission and we should endeavour to adapt our proposed scheme of training to meet the requirements of natives in their present stage of civilisation on lines which will give the



best results for the mass of the people and not only for the benefit of a specialised few.

The Commission has drawn special attention to destruction of vegetation and soil erosion, and I do not think it would be amiss to apply this analogy to the health and physique of the present South African Native, particularly as one has seen has seen it in Native Reserves of the Suto group - I cannot speak for the Xhosa or Zulu. Unfortunately very little scientific investigation in this direction has been made, and those of us who have lived for any length of time amongst these Natives are concerned with the deterioration of their physique and powers of resistance. The causes of this deterioration are many, but the principal one - to my mind - is improper diet, particularly in the early stages of life, due mostly to lack of knowledge; and I regard this bodily deterioration as being quite as great a menace as that of land deterioration. Unless some very serious steps are taken to counteract it South Africa will within the next few decades be saddled with a decadent and unproductive Native element.

Contact with Europeans has deprived most Natives in South Africa of many elements which in the primitive state of the Natives were to their advantage; and in so far as their physical wellbeing is concerned can we conscientiously state that our systems of education and development have made up for these losses? Before the advent of the European no doubt the law of "the survival of the fittest" prevailed, and for a considerable time after settlement in South Africa by Europeans, the physique of these people was of a good standard.

More recently, however, due to economic pressure and being forced into small Native areas, the original food supplies which they were in the habit of using - wild game, large quantities of milk, wild foodstuffs - have become to a great extent a thing of the past, and the Native has acquired the habit of using both for himself and his small children the least expensive and most easily acquired form of nourishment - maize and kaffir corn. A few of them, by contact with and through the example of Europeans, are growing vegetables and fruits, but these are very much the exception. So that from time before the a child is born and through the periods of infancy and childhood, it is deprived of these essentials - the vitamins - and the result is what we now see, a deteriorating race. Add to this the ravages of Syphilis and Gonorrhoea and very little is left to complete a picture which calls for urgent and immediate action.

At the Geneva Conference of 1931 on African Children, the Rev. Father Guilcher of the African Missions of Lyons made the following remarks which I think should be kept in mind by all those studying this branch of Native education: "This educational policy, however, must be carried out with discretion for if the movement is unduly forced we run the risk of bringing down the whole existing fabric. We must not put into brains lacking proper preparation a mine which may one day explode and which we cannot prevent from exploding." By proper preparation I should think he meant not only education but cultural development which generally is not an attribute that can be acquired in a few years at school but which can only come by contact with civilizing influences over two or three generations.

While heartily recognising the magnificent work of Missionary bodies in educating Natives at Institutions, one wonders if there has been something lacking in the system of education when one sees so little real development amongst the masses. Is it possible that the system of education has laid undue stress on the scholastic attainments and the passing of examinations applicable to European pupils rather than on development? Therefore, in approaching the subject before us



the training of Native nurses - we should guard against such a possible error. It is generally recognised that the Native has a great aptitude for book-learning and the passing of examinations and one is therefore not surprised at the fact that a number of them are now able to pass the Trained Nurses' Examinations. But are we going to attain the best results for the country as a whole if we insist on their taking only this recognised course and certificate?

As one has briefly indicated, there is a great and urgent need for instilling into the masses elements of hygiene. Who are the people who can do this? Only a very few have had or will have the opportunity of going to schools and colleges where they come into contact with European teachers and the right elements for stimulating these ideas of hygiene. The greater mass of the school children stop short at day schools; and, excluding a few lessons, very imperfectly given by the Native school teachers, they grow up without any conception of true elements of hygiene.

It would appear, therefore, that if we are going to reach the masses in their kraals and villages we require to use properly trained Native agencies that will be continually in their midst as living examples and will help them to a better knowledge of the requirements essential to health. To wait for such time as there would be a sufficiently large supply of fully qualified nurses would be simply shutting ones eyes to the urgent need and so allowing disaster to occur.

In the field of agriculture it has been abundantly proved that without taking a diploma or degree such as is required of European students, Native Agricultural Demonstrators who have had a practical training are now working in many rural areas and are already making their influence felt in the areas where they have been stationed; and should not we, who are responsible for the health of these people, do something in the same direction in improving their standard of hygiene and health?

As things are at present, there are only three or four Hospitals in South Africa where Native girls can take a full Nurse's Training and obtain a certificate. But there are at least a dozen or more institutions where a training is being given without aiming at the full certification. Many of the latter Institutions, owing to shortage of staff and lack of other requirements, are not in a position to train native probationers for their full course. But they are quite capable of giving them a very sound practical training with only such theory as will give these probationers an intelligent appreciation of what the practical training is aiming at. Unfortunately at present there is no set curriculum or no definite standard at which the Institutions can aim, and I venture to plead very urgently that this meeting should consider whether it would not be on the right lines for us to attempt to formulate a definite curriculum of a certain set standard and to have at the end of that course an examination by a recognised body, be it the Government, the General Medical Council or the Trained Nurses' Association, who would give to successful candidates a certificate to show that they have completed such course. In such a curriculum the main object would be to equip the pupils for work amongst their own people, and which would not require many of the refinements that are necessary for a full Nurse's training, such as efficiency in all that pertains to the operating theatre, or for nursing in a Hospital, or for cultured people, but which would be more in keeping with the present day stage of development of the mass of Natives in the Reserves.

Does it require her to work among these people?

Train one to pay attention to sepsis whether she never see. She will see wounds, etc.

are trying to keep up with the people or to lead them up



I have taken the opportunity of discussing this subject with Missionaries and others, including a qualified Native medical practitioner, and they are in agreement with me that there is a very serious risk of so educating and detribalising native nurses who have to go through the full course training at Institutions remote from their own people that they will not willingly go back and live and work amongst their own people in their kraals and villages. As the Native Doctor to whom I referred said: "Anyone who knows the Native intimately must recognise this fact as it is a certainty."

*Is not that because the village offered no scope for the nurse in salary*  
(Here Dr. Dyke quoted from his experiences in Palestine).

The employment of Native nurses both of the full Nurses' Certificate or of a possible modified certificate as suggested above must be considered.

In the first place it cannot be denied that, for economic reasons, the employment of fully trained native nurses by locations or in Hospitals would very soon reach saturation point and it is unlikely that many of them would be able to command sufficiently attractive remuneration in their native Reserves. Therefore those of them who could not get employment in locations or Hospitals would no doubt endeavour to obtain employment in civilised areas. This would only accentuate the present difficulties that are being experienced with Native trained artisans, and would result in a two-fold danger (a) That these girls who have had the ambition and the ability to obtain a full certificate would be debarred from the reward that white nurses are able to command, and (b) possibly they would find it necessary to work at such reduced fees as would compete against the minimum standard wage of European Nurses - thus giving ground for additional discontent on the part of the Natives themselves and creating antipathy towards them on the part of European Nurses. Whereas girls who have not obtained the full certificate and probably without the intellectual attainments of the fully trained nurse would be more willing to go and work among their own people in the Native Reserves at a lower rate of pay and would therefore be more willing to remain in these Reserves, thus avoiding the serious state referred to by the Commission - that of exodus of Natives with brain and education from their Reserves which one witness said is having a terrible effect on the Territories.

I have very little doubt that without much expense or change of policy it would be possible to find employment for those trained on a lower grade in native rural areas where they would act as leaven to stimulate the women of those villages. It would not take very long for people to find out that girls with such a training would be able to give them advice on questions of everyday hygiene, as well as aid in confinements and times of sickness. They would be invaluable to the Education Department in giving such simple lessons in hygiene as the children could appreciate and which the present-day teachers - through lack of proper training - are unable to supply. And further, one feels that this type of nurse is the one who will become the wife of the future teacher and catechist, and though no longer in actual employment, she will be able, by her example and influence, to stimulate those about her to a higher standard of living.

I have recently discussed this aspect with a Government Commissioner of over twenty years' experience in purely Native areas and he is most emphatic that there is a dire necessity for the supply of such women, and he has not the slightest doubt but that when they are trained, ways and means will be found for their employment until such time as they are married. He regards the training of an unlimited number of such nurses as being of the utmost importance and that there should be no delay in doing so.

*Is this in the interests of the Native or in the interests of the white nurse and almost establish a principle of a sub-black nurse.*  
*But how would that work be done they are following the clients*

*How might I take a person with lower intellectual attainment less than to what the staff require.*  
*Many doctors cannot attend a difficult case of labor.*



Their employment would be greatly facilitated if some scheme were formulated for their salaries being paid partly out of tribal funds, partly by the Medical Department and partly by the Education Department.

In conclusion I beg to emphasise the absolute necessity for complete co-operation between Government Departments in this as in all matters of development, educational, administrative, agricultural and medical, and Missionary bodies working in the Territories, particularly the inclusion of the latter. For those of us who have experienced conditions in native Territories realise that the Europeans who have the greatest opportunity of contact with and influence over Natives are the Missionaries; and if any scheme is formulated with any hope of success, it must include a sympathetic Missionary co-operation.

Were it possible, one would like to see in all Governments dealing with Native people a comprehensive Department of Native Development which would include Administrative, Medical, Educational and Agricultural sub-departments and so far as is possible, a Missionary Board of Advice, each sub-department under its own head.

At the risk of being considered reactionary I venture to plead more for mass production to meet the urgent need of Natives in the stage of development as it exists at present in their reserves rather than a few specialised articles whose sphere of usefulness must of necessity be limited to a small section in the civilized areas. Let us by all means have our ideals as high as possible and not deprive the few who wish the highest qualification the opportunity to do so, but in our endeavour to attain to high ideals let us make haste slowly and thus help to shape the future destiny of our Native races on the sound foundation of health.



SOUTH AFRICAN INSTITUTE OF RACE RELATIONS.PROVISIONAL STATEMENT. on TRAINING OF NON-EUROPEANS.RETURNS OF HOSPITALS.

No. of Hospitals circularised. 67  
 " " " replied 61  
 No. of Beds for Non-Europeans Replies incomplete.  
 No. of Hospitals giving full training for  
 (a) General Nursing Certificate of Union Medical Council 3  
 (b) Midwifery Certificate do. 3

No. of Non-Europeans in Training for  
 (a) General Nursing Cert. of U.M.C. 57 (all years)  
 (b) Midwifery (U.M.C.) 25 ( " " )  
 (c) Hospital Cert. only 125 plus (all years)

Minimum Age of entrance ranges from 17 to 22 years.

Minimum Educational Qualification  
 (a) G.U.C. Standard VII and VIII  
 (b) Midw. " VI and VII  
 (c) Hosp.C. " V, VI, & VII by Hospital Training Schools.

Minimum suggested.  
 (a) For (a) Standard VIII or equivalent.  
 (b) For (b) " VI or VII but preferably VIII.

Length of Training : G.U.C. - 3 to 5 years  
 Mid. C. - 1 to 2 years (one year if previous nursing training)

Percentage of Probationers who complete period of Training varies e.g. Std. V 10%  
 " VIII 50%

Percentage of Entrants who qualify ranges from 25% to 100% in different hospitals.

Probationers who gain G.U.C. e.g. Std VII 50% Entrants (Umtata)  
 " VIII 100% " (Lovedale)

Probationers who gain Midwifery Certificate e.g.  
 Std. VI up to P.T.3 - 77% (St. Monica)  
 Std. VII - 32% (Bridgman)

Salaries of Probationers  
 Minimum £6 p.a.  
 Maximum £48 p.a.  
 Mostly £12 - £18 - £24 - £36 p.a.

Nurses trained are employed by  
 (a) Municipalities (see Memo)  
 (b) Hospitals (a few)  
 (c) Child Welfare Societies.



SOUTH AFRICAN INSTITUTE OF RACE RELATIONS.  
EMPLOYMENT OF NON-EUROPEAN NURSES.

RETURNS FROM MUNICIPALITIES.

PROVISIONAL STATEMENT -

Questionnaire sent to 251.

Replies received:

"Nil" )  
Return) 161

"Yes" )  
Return) 22

No Reply 68

MUNICIPALITIES EMPLOYING: Native Nurses 17 No. Empd. 34  
Coloured " 5 " " 6

Municipalities doing Gen. Health Work - Native only 6  
Coloured " 1  
All Non-Eur. 14

" " Maternity Native only 2  
Coloured " Nil  
All Non-Eur. 10

" " Child Welfare Native only 4  
Coloured " Nil  
All Non-Eur. 10

No. of Municipal Nurses with G.U.C. (Union) - Native 111  
Coloured 2

Midwifery Cert. -- Native 7  
Coloured 3

Hosp. Cert. only - Native 19  
Coloured 2

No Cert. - - - - - Native 2  
Coloured 1

Doubtful - - - - - Native 4  
Coloured 1

RATES OF PAY.

Ranging as follow:-

Native unqualified £5 p.m. + F. + Q + U to £6 p.m. + Q + U.

" Hosp. Cert. do. to £7.10.0 p.m. + Q.

" Hosp. Cert. and ) £7 p.m. ) Q + U to  
Midwifery " ) £9.10.0 p.m. without R.

" G.U.C. £6 p.m. + ? to £7.10.0 p.m. +  
Q + U.

" G.U.C. and )  
Midwifery ) £6 p.m. + Q + U to  
£11 p.m. + Q.

Coloured unqualified £6 p.m. + Q

" Hosp. Cert. & )  
Midwifery ) £8 rising by £1 to £10 p.m. + ?

" G.U.C. £7.10.0 plus.?

" G.U.C. & 7 )  
Midwifery ) £12.10.0 p.m. plus?

NURSES WORK UNDER M.O.H. at 20 out of 22 centres.

-Nurses-



<u>NURSES GIVING SATISFACTION:</u>			
		Native	33
		Coloured	1
"	" Fair "	Native	1
		Coloured	2
"	<u>Not</u> " "	Native	2 (unqualified)
	No information re	Native	3
		Coloured	1

POSSIBLE OPENINGS

8.

It is more important to make sure that there will be bodies who are prepared to engage this inferior nurses and that besides these sub-nurses will not be employed in preference to the qualified for the sake of economy. Inadequate experience - no body to employ his health assistants - temptation to go for independent practice



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