OFFICE OF THE PRINCIPAL MEDICAL OFFICER,

MBABANE,

SWAZILAND.

P.M.O.

6.1.37.

Dear Mr. Rheinault Jones,

I must apologize for the delay in answering your letter of the 4th. of December about the question of employment for Dr. Adolfsson in the Swaziland Medical Service. I returned quite recently from long leave Overseas and had lots of arrears of correspondence to overtake and in addition owing to the fact that we are short of a Medical Officer in the Southern District I have just come back from doing three weeks relieving duty to enable the only Doctor at present there to take his annual leave.

The law with regard to registration in Swaziland is that any person eligible for registration in the United Kingdom Northern Ireland or in the Union of South Africa may be registered in Swaziland. The actual practice is to submit the name of any Candidate about whom there is doubt to the Medical Council of South Africa and ask for a ruling as if the Application were being made for registration in the Union. If Dr. Adolfsson however is entitled to be registered in the United Kingdom she is ipso facto entitled to registration in Swaziland.

The matter of employment is a different one. I had a talk with His Honour The Resident Commissioner about it and we decided that as the Dominions Office had been asked to find a man from the United Kingdom to fill the only vacancy existing at present in the Swaziland Medical Service no action could be taken unless the attempt from Downing Street to find a suitable person should prove a failure.

I remain Sir,

Yours Faithfully.

Principal Medical Officer.
If the Deo ember, 1936.

The Principal Medical Officer,
MBABANE,
Swaziland.

Dear Sir,

I have taken the liberty of encouraging Dr. M. Adolfsson to apply to your Administration for appointment as a medical officer in one of your hospitals, and I should like to commend her very warmly to your sympathetic consideration.

As no doubt Dr. Adolfsson has informed you she has been penalised by a recently introduced regulation of the Union Medical Council regarding the registration of medical practitioners from outside Great Britain and the Union. On behalf of all the medical missions and the Christian Council of South Africa, I recently interviewed the Executive Committee of the Union Medical Council and pleaded for special consideration being given to the case of Dr. Adolfsson. The Committee were satisfied that Dr. Adolfsson was fully qualified, and expressed sympathy with her in the unhappy situation in which she has been placed by the regulation, more especially since she had complied with the previous regulation and had delayed coming out to South Africa only because the Swedish Mission delayed appointing her owing to lack of funds.

I have met Dr. Adolfsson and have formed a very favourable impression of her personality, and she appears to have made a favourable impression upon all who have come into contact with her. I feel sure that you will find her a conscientious and capable worker.

I have to remain, Sir,
Yours faithfully,

JDRJ/ML.

ADVISER
Dear Mr. Rennett Jones,

I have just returned from a holiday at the coast - Honolulu - I have your letter of 31st ult. Thank you for your kind wishes in 1937 which I cordially appreciate. I am sure your holiday at Muntali has been very successful to Mrs. R. J. Y. yourself.

Regarding Dr. Adolphson - Our regulations for the registration of doctors are much the same as Swaziland - to the effect that we only register persons who are registered in the U.K. or in the Union 1934.

Perhaps she could send me a letter stating what British Diploma or degree in Medicine she has - I am acting for a Czech lady, afraid I have no work in the U.K. - but I can offer her. This is an "off chance." That if she can satisfy our medical act, she might be able to get a post with the
PEMS in Assilah—There is a scheme on foot for opening Medical Missionary work on hospital at Monja—

when are you going down the way—?

My wife joins me in sending you our heartfelt ones our kind regards

Yours sincerely

Nemoela Phe—

Leave a very kind scuttle.
My dear Mr. Jones,

Thank you very much for your kind letter, for your good wishes, and for your generous offer of hospitality in Johannesburg. My wife is writing to Mrs. Jones about the latter.

Medical Aids! — as you will gather, if you have the time to peruse the accompanying missive, I am really very concerned about the present position, and especially critical of the way in which — I do not say deliberately — the local authorities of Fort Hope are coming perilously near to
Wednesday Combined Medical Aid Scheme

On Dec. 31 I had nearly 2 hours with Sir Edward McArthur. They were really vexed by our Ft. Here has "let them down"—i.e., has not supplied the number of students which, Cluna says, he was promised at his meeting with them in 1934. They are all for an immediate return to

new I.C. Standard prepared by

their own Committee. Personally, I am in sympathy with Ft. Here's desire to keep it [the Marine (glad to be in sympathy with them about something!), but their present policy will force

P.R. Dept. to go against Nature.

Cluna is anxious to meet,

at Dunbar in February, Mr. Macioc,

A.B. Taylor, Helen Russell (Mrs wast
apprentice to Mr. Hare) to myself

to discuss the whole question
of training, including that of location— at Durban. But Mr. Ken
goes off leaving it pretty
clearly understood that he want
no important decisions— or even
discussions— in his absence;
and Murdoch (Acting Principal)
seems scared of doing anything.
I've nothing against them all,
except that they don't seem able to realize how risky it is

to go against the expressed opinion
of the Medical Association— and how
important the whole matter is.
I am very glad to have
your support of the view I
expressed as Fr. Hene (it was post -
posthum), that the Native people
are boycotting their Oking, or
Tending to do so. It has been
wrongly presented. I wish I
could do a little propaganda in
the Institutions, but I am so out
of favour as Fr. Hene that they
are frightened to send me as
an official deputy anywhere.

I saw Githen, and we
agreed that, in view of the
improbability of there being a
very full meeting on the 17th
or 20th, I might as well
stay on here till the 21st in
order to give him a longer
holiday - which he needs.

If there is a meeting he
will be there; and I am
Sending you a copy of this memorandum. I've underlined statements which seem relevant to any decision. I don't think it should all be made public, in view of the uncertainty as to the ultimate outcome.

I wonder very much whether that will be... if we can get this meeting in Durban. I think we may get the site moved. I am very keen on doing so, because it see such tremendous possibilities as a Centre in Durban, and none...
at all at Fort Have. In fact, I shall clear out if you insist on keeping it at Fort Have, though I have not yet told so to them. I should very much like to have a talk about it all with Mr. Jones and you. Forgive me for occupying so much of your time with my vexatious and grievances.

With kindest regards,

Yours sincerely,

[Signature]

The details in my memorandum have been put in writing for the benefit of Dr. Helen Russell.
Church of Scotland Hospital,

Tupela Fong,

W2 Greenway,

Dec. 1. 39

Dear Mr. Jones,

Enclosed is a memorandum, rather than a questionnaire, dealing with Medical Aids. I am sorry it is not too well composed, but I have had very little time, having landed me in the midst of a very busy medical week here.

Most of the criticisms of Medical Aids have been based on what they are not to be. Some are critical because they will not have as much training as doctors, and therefore will make lots of mistakes; others, because they are not to be trained as practical as nurses, and therefore will be of little practical use. I have tried to put forward a positive conception of what they really could do, and for which I hope we shall be allowed to train them. In order to do this, it has been necessary to go into detail, and I hope the memorandum is not too long on.
In that account, if all the medical missionaries would reply to these suggestions, constructively, it would be very helpful. I feel that we do need to get the benefit of the experience of those who have been in closest touch with the conditions which will confront the Medical Acts.

With kindest regards,

Yours sincerely,

[Signature]
In announcing the Medical Aid Scheme, the Minister for Public Health stated that where possible use would be made of already existing mission hospitals as a basis for the work of the Medical Aids. From this it may be assumed that medical missionaries will have to act as supervisors of the work of Medical Aids in some districts. Since medical missionaries are in close touch with the peculiar problems of medical work among Natives, the Medical Committee of the Christian Council at its last meeting gave some time to the discussion of the type of work which might usefully be undertaken by Medical Aids. The Committee invites comment on the following memorandum drawn up by one of its members. If the replies indicate strong unanimity of opinion on any or all points, possibly representations of such opinion might be made to the Public Health Dept.

1. The mere provision of more hospitals and/or outdoor dispensaries, and even of more doctors and nurses, will not be effective in meeting Native health needs in rural areas if, as is at present the case in most of those areas, the Natives only make use of them as a last resort after the failure of methods, based upon ignorance and superstition, which are not only ineffective but also allow time for the development of chronicity and complications in the cases before they do finally come under proper care.

2. The principal function of the Medical Aid should be to bridge the gap between the ignorance and superstitions of the people and modern rational concepts of the causes, treatment and prevention of disease.

3. In order to command the confidence of the people the Medical Aid should know -
   (i) the symptoms and treatment of everyday ailments
   (ii) how to give first-aid treatment in accidents and minor emergencies, and expectant treatment in graver emergencies.
   (iii) how to distinguish the common acute infectious diseases, and how to prevent their spread in the community.
   (iv) the cardinal signs and symptoms indicative of grave medical, surgical, and obstetrical emergencies.

   They need not be trained in the differential diagnosis of diseases, with the exception of acute fevers; nor in the treatment of an illness from its commencement to its termination, without reference to a superior medical officer; nor in any but minor operative procedures.

4. The Medical Aid should not be static, waiting at a dispensary for people to come to him on their own initiative. Ideally, a rural dispensary should be accessible by good road (and, if possible, by telephone) from a centrally situated hospital. The static personnel should be one or two nurse midwives who would give minor surgical treatments (ulcers, eyes, ears, etc.) to outpatients attending regularly for courses of treatment prescribed by the central medical officer when
paying routine visits. The Medical Aid should be the mobile unit, going out daily among the kraals, his duties being -

(i) with regard to infective diseases of major importance - tuberculosis, leprosy, syphilis, typhus & typhoid, etc. - follow-up of contacts of primary cases diagnosed by the medical officer, at the hospital or branch dispensary. He would have legal powers to deal with these.

(ii) with regard to minor infective diseases - home isolation and treatment of cases. In this he would have to depend upon his persuasive and educative powers.

(iii) with regard to non-infective chronic diseases - e.g. tumours, paralytic and other bedridden cases, chronic osteomyelitis, dyspepsias - to get them into hospital or even as far as the dispensary, against opposition of relatives. For this he would require persuasiveness and exact knowledge, in order to meet the objections and questionings which arise at such times. Most of these cases would probably be seen first of all by the Medical Aid in pursuance of his duties under (i) and (ii). There are many more of them hidden away in the kraals, than is commonly realised.

(iv) as opportunity offered, and in ever-increasing measure as he won the confidence of the people, the Medical Aid in the kraals should teach and demonstrate personal and community hygiene - e.g. preservation of foodstuffs from contamination, methods of infant feeding, disposal of rubbish and excreta, improvement of water supplies, house architecture and village planning.

Thus the Medical Aid should be a propagandist by word and by practical example. It is for this reason that his knowledge of the vernacular, and of Native ways of thought and modes of expression, will give him an advantage over even fully-qualified doctors ignorant of Native languages and customs. In the selection and training of Medical Aids, great regard should be paid to their capacity in this direction. Men who have already proved efficient school teachers should receive strong preference.

Work of this kind requires a different type of training from that which prepares for either the (full) medical or nursing professions. Harm has already been done by labelling the Medical Aid on the one hand as a "half-baked doctor", on the other as a "glorified male nurse". The foregoing suggestions as to his duties, if adopted, would make his duties complementary to - NOT competitive with - those of both doctors and nurses, whose work will centre mainly in hospitals and dispensaries. The Medical Aid will (i) search out cases of sickness, (ii) persuade them to attend dispensary or enter hospital, and (iii) by teaching hygiene in the kraal prevent many more cases.

It would be economically wasteful to train men to the standard of a full medical degree to prepare them for such duties. It is almost as economically wasteful, at present, in the more backward areas, to station doctors and equip hospitals neither of which are used to their full capacity owing to the backwardness of the people.
As conceived in this memorandum, the Medical Aid is a new and specialised type of medical personnel designed to meet the special conditions (language barriers, cultural backwardness, scattered nature of rural population) which prevent the people from seeking proper medical aid even when available. Thus the task of the Medical Aid is nothing less than to lead people still barbarian in their ideas and practice, into an acceptance of twentieth century ideas and practice. Such a task calls not only for medical knowledge and skill, but for sympathetic yet discriminating understanding of primitive beliefs, and for ability and tact in personal dealing with individuals reared in those beliefs. Such a task should be handled by men so well-educated themselves that there is no danger whatever of their relapsing into the very beliefs they will have to combat. Thus the best type of "preliminary" education would be Matriculation (for general cultural background) plus one year of science of university standard - a good antidote to the illogical superstitions which have been found clinging even to Bantu graduates in Arts. With so substantial a foundation, a three years course in medicine proper would give them all the technical knowledge they would require; and the end product would be superior, for the work in view, to a J.C. student who straightway began a course in medicine lasting even five years - much of which could not but be empiric.

8. The calling of Medical Aid should be presented to the ablest students in Bantu institutions, NOT as a pis aller for, NOR as a devious path towards, the full medical profession, but as a vocation full of interest and pregnant with possibilities within itself, in the pursuit of which a man may well find the work of a lifetime, honourable to himself, and of first-class service to his people.
Sega Hospital

P A. Zwartalsogi
14.11. 1937

Dear Mrs Bridgman,

We understand that the Christian Council meet in Johannesburg this month to discuss important questions regarding registrations of Mission Doctors etc. It has come to our notice that the Mission Doctors are by law forbidden to receive their salaries from abroad, that they have to depend upon their practice for their living. That means they have to charge much more from the natives and consequently the poorest and most needed are rubbed from being helped. That law seems no- meaning amongst the poor natives as a heavy blow against Christian work and spirit.

If you attend above meeting, will you please convey these thoughts.

Kind regards,

Yours very sincerely,

[Signature]
Deaconess
Institute of Race Relations
Harare

Dear Sir,

Will you please convey to the Medical Board Committee my thanks for their kind message of sympathy.

Yours sincerely,

Neil Manacress.
The Under Secretary
for Public Health,
Dept. of Public Health,
P. O. Box 386,
PRETORIA.

Dear Sir,

I beg to acknowledge with grateful thanks the report of the Inter-departmental Committee on Native Medical Education which met in 1933, enclosed in your letter of the 5th instant.

Yours faithfully,


(Mrs).

ACTING SECRETARY.

8th Feb; 1937.
Sir,

With reference to your letter dated 30th December, 1936, I enclose herewith for your information a copy of the report of the Inter-departmental Committee on Native Medical Education which met in 1933.

I have the honour to be,

Sir,
Your obedient servant,

[Signature]

UNDER SECRETARY FOR PUBLIC HEALTH.

The Adviser's Secretary,
South African Institute of Race Relations,
P.O. Box 1176,
Johannesburg.
1. The Committee, which consisted of Sir E.N. Thornton (Chairman), Dr. A.J. Crenstein, Major J.F. Herbst, Dr. S.F.N. Gie and Dr. E.H. Cluver, met in Pretoria on 7th September, 19th September, 9th and 30th October, 1933.

2. The urgent need for medical and nursing services in the Native Territories is generally realised. The services at present available are entirely inadequate and have only a very small effect in reducing the preventable ill-health and suffering which prevail. Attention has been directed to this deplorable state of affairs by various bodies. Thus in July 1931 the President of the Medical Association of South Africa, expressing the considered view of the Association, stated that there was an "urgent need to make immediate provision for more extensive medical and nursing services in rural areas for both Europeans and Natives". And the Association on several occasions urged the Government to give the matter its most serious consideration as one of outstanding public importance. The report of the "Loram" Committee issued in July 1928 advocated the training of natives as medical practitioners, health assistants and nurse midwives.

3. As the population concerned consists very largely of persons who are unable to pay at ordinary rates for medical services, such service will necessarily have to be supported in whole or in greater part by the State.

After careful consideration the Committee decided that the most satisfactory way of providing these services would be by increasing the number of nurses and nurse aids trained in obstetrics, and by the training of Native Medical Aids who would work for the State under an increased district surgeon service, as further set forth hereunder. Representations have already been made by the Department of Public Health regarding an extension of the district surgeon system, which is urgently needed to meet the requirements of Europeans as well as natives.

4. Nurses and Nurse Aids: The number of registrable native nurses must for many years be very small owing to the very limited number of native females available for the lengthy course of training. For that reason facilities should be provided for the training of a large number of nurse aids with special reference to obstetrics. It is strongly felt that the best way of providing additional native nurses and nurse aids is by subsidising to an increased extent the various mission hospitals that are already doing most praiseworthy work in this connection. Non-European hospitals under the Provincial Administration should also be induced to increase the training both of registrable native nurses and also of nurse aids from whom a less severe preliminary education is required. To carry out the scheme recommended in this report a considerable number of native nurses and nurse aids will be required, but it is impossible to furnish an accurate estimate of the number likely to be required by the State until the scheme commences to come into operation.
5. Native Doctors: The provision of a sufficient number of properly qualified native doctors to meet the requirements of all the native areas cannot yet be regarded as practicable. Even if all financial difficulties could be overcome, the difficulty of providing the necessary medical training would still remain insuperable. The difficulties in connection with the local training of native doctors may be briefly enumerated:

(i) The number of native students who would be available and suitable for the full medical training must for many years be small, too small to justify the establishment of a separate native medical school, even if adequate funds and clinical material were available.

(ii) Even parallel classes at the medical schools of either Capetown or Johannesburg would be unjustifiably expensive in view of the relatively small number of students.

(iii) The racial difficulties in connection with the admission of non-Europeans to the two universities are considered insurmountable.

(iv) If a scheme could be devised for fully training natives in Johannesburg or Capetown, it would yet be rendered impracticable by the shortage of clinical material at the two centres. It is already at times insufficient for the present students. If a large amount were to be directed for the exclusive use of native students (e.g. the whole of the non-European Hospital in Johannesburg), teaching would be seriously interfered with. The mine hospitals, which are often mentioned as an additional source of clinical material, would not be of use in this connection; they are private institutions whose co-operation could not be relied on, and, most important of all, the range of clinical material is limited to male adults, with no pediatric or maternity material. It is the shortage of maternity material which is most acutely felt, even with the present number of European students.

Apart from this the number of natives who could qualify fully as doctors is unfortunately too small to meet the medical requirements of the native areas and because of the urgent necessity for providing medical relief as early as possible, we are forced to the conclusion that the only effective scheme attainable with the greatest measure of utility would be one providing for the special training of suitable, selected, natives for incorporation in a State medical service.

The economic position of the native does not permit him to obtain skilled medical treatment. Private medical practitioners, apart from the district surgeons receiving remuneration mostly from Government sources, are not as a rule available in the native areas. The result is the
native is driven to so-called native doctors who render themselves liable to criminal prosecution should they charge for their services, except licensed inyangas in Natal.

The employment of a sufficient number of suitably trained native medical aids, trained and certified as herein proposed, as adjuncts to and working under the direction of the district surgeon will, in our opinion, sufficiently meet the needs of the native population for a long time to come and will afford a number of native students an outlet for employment amongst their own people at what should be made an attractive wage.

The course of training should be sufficient to ensure qualifications to undertake first aid and treatment of illnesses and injuries, preparation of blood smears, etc., vaccination, public health measures and lectures, etc. Their education in such matters would have to be fairly complete, though not so technical and detailed as that of the ordinary medical practitioner.

The main object of the course would be to provide, as early as possible, a sufficient number of qualified natives to attend to the wants of the large native population at present receiving no medical aid whatsoever.

6. Since facilities for medical training in the Union for a medical degree can not be made available for natives, as they are for Europeans, it follows that some State aid for a limited number of specially recommended individuals for the cost of such education overseas should from time to time be given.

7. Native Medical Aids: Since the number of natives who could fully qualify as doctors must necessarily be much too small to meet the medical requirements in the Territories, and because of the urgent necessity for providing some medical relief as soon as possible, special training of suitable natives in a shortened course not leading to a medical qualification is considered the only practicable scheme. This course would at all stages differ from the corresponding stage of the medical curriculum. Apart from the elimination of study unnecessary to the future activities of the medical aid, it is important to meet probable opposition from the medical profession because of a "cheapened" medical degree or diploma. The course would have no relationship to that which leads to a registrable medical qualification. The training would differ fundamentally from the medical curriculum in that it would not be concerned with principles on which the practitioner subsequently builds. The medical aid would be trained to do a certain limited number of duties very well. Thus he would be specially trained in first-aid treatment of illnesses and injuries, careful preparation of blood smears for malaria examination, of nasal smears for leprosy examination, sputum for tuberculosis examination, etc. In these matters high technical skill will be required for the medical aid. He would be capable of dealing with most of the ordinary ailments and injuries, and know when to call to his aid a medical man.
2. It is considered essential for the success of the scheme that a definite salary be laid down for the trained medical aid. He must be in full-time Government employ, though he may be seconded to a local authority or other body concerned with health administration. He should be paid by the Government only and private practice must be precluded. Any fees due by patients for services should be collected by Government or the local authority.

The training of a medical aid would be of the same length as that of native B.A. teachers in secondary schools who take a five years' course after Junior Certificate. They are on a Government scale of £175-10-300. The same scale is recommended for medical aids. In addition, suitable houses provided with a dispensary and consulting room would have to be erected. A high social status for the medical aid in the kraal where he is stationed is essential. For that reason a house costing some £500 will be necessary. This represents an additional annual charge of approximately £50.

9. The proposed course will extend over five years with Junior Certificate or its equivalent as the entrance requirement.

First Year: Pre-professional course in biology, chemistry, physics, mathematics and the language in which the professional instruction is to be given. The teaching of these subjects should be, not on the usual academic lines but should conform to the practical needs of the students further in their course.

Second Year: Anatomy and physiology. In the anatomy course there would be no dissection on the part of students; they can receive all the training they need from models and previously dissected bodies. In the physiology course all experimental work on the part of students would be dispensed with. Demonstrations of experiments illustrating physiological processes can be carried out by the lecturer. The chemical physiology course would, however, have to be fairly full — including examination of urine, blood, foods, etc. The preparation of histological slides would also be necessary; a set of prepared slides could be used for demonstration purposes.

Third Year: Pharmacy, pathology and bacteriology. These subjects would also be taught largely by "demonstration". The laboratory work would be of a strictly practical nature having for its aim solely the training of the student in the work he would be expected to perform as a medical aid, i.e. preparation of the common medicaments, collection of specimens for subsequent laboratory examination, and their preparation for transport. Examination of urine, sputum, faeces, blood, etc. in some of the most commonly met with diseases, in which the examinations are relatively simple.
Fourth Year: Elements of medicine, surgery, midwifery and gynaecology. During this year a considerable amount of the student's time would be spent on clinical work in hospital wards.

Fifth Year: The final year will be spent entirely in clinical work in the hospital.

The Examination should be conducted, jointly by the Education and Health Departments of the Union, the Secretaries of which would issue and sign the certificates. A register of certificated medical aids would be kept by the Department of Public Health.

10. The only institution which could satisfactorily conduct such a course is the South African Native College, Fort Hare. Principal Kerr agrees that with certain additions to staff and equipment the complete course could be provided there.

During the final year it would be desirable to distribute the students over several native hospitals such as that of the American Board Mission in Durban and the Native Hospital at Umtata. Such distribution would be guided by the area in which the medical aid would subsequently have to work. It would e.g., be particularly desirable that those to be stationed in malaria areas should have training in a hospital where much malaria is dealt with.

After certification further specialist training would be necessary for some of the students according to their subsequent regional distribution. Thus those whose duties would be chiefly in connection with malaria might be sent to the Health Department's Field Station at Tzaneen. Others might be sent for periods of training to leper institutions, etc.

11. Number of Medical Aids: It is suggested that initially 10 medical aids should be certificated annually. This number could conveniently be placed in the Territories each year. It would therefore be desirable for 15 or more students to commence the first year so that careful selection of suitable individuals could be made. This selection should be made at the end of the first year on the results of an examination and consultation between members of the staff at Fort Hare and Government representatives.

12. Buildings and Equipment: Principal Kerr states that the accommodation and equipment for the teaching of Biology, Physics and Chemistry is at present overcrowded, and the Committee has reason to believe that these are indeed totally inadequate. Representations have been made by him for increasing these on the ground of inadequacy for present requirements. Should these additions be made available as set forth in his memorandum to the Departmental Committee appointed to consider the needs of colleges as would seem to be essential, then he considers that an initial/....
initial expenditure of an additional £5,000 in respect of the medical aid classes would be sufficient, especially if this extension were kept in view when the new science blocks were being planned.

13. Running Costs: Three additional members of staff, at a commencing salary of £600 each, will have to be appointed. One of these will take charge of the second, another of the third year, and an additional medical officer will be needed at the Victoria Hospital so as to allow the staff (at present three medical officers) time for teaching and demonstration. An annual sum of £200 should be provided for staff contingencies. The annual expenditure on laboratory material would be approximately £1,000.

14. Students’ Fees: It is considered that under the economic circumstances of the native in the Union, bursaries would have to be provided for practically all, if not all, of the students taking the course as medical aids. At present bursaries are awarded to the students at Port Edward by various bodies in the Transkei, Glen Grey, Natal, Transvaal, Orange Free State and Basutoland. These cover either the whole or two-thirds of the fees, which are £34 for the academic year, including board and lodging valued at £20 per annum, tuition £10, laboratory fees £4. It is understood that these fees are likely to be raised shortly to about £40 per annum.

Representations might be made to the bodies now providing bursaries, either to increase the number of bursaries for the benefit of future medical aids, or to earmark a certain number of existing bursaries for this purpose. The Deferred Pay Board might also be approached to provide a few bursaries. In addition the Government should provide bursaries for say three students in each year, to become available after the pre-medical year, i.e. for four years. These bursaries should be subject to review at the end of each year and might either cover the whole of the annual fees or say a fixed sum amounting to about three-quarters of the fees.

15. The Cost to the Union Government for Providing a Course for Medical Aids: The estimated cost to the Government of the proposed course, on the basis of 15 students in the first year and 10 students in each subsequent year would, when all the years have their full quota of students, be as follows:

(a) Annual Expenditure:

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
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<tbody>
<tr>
<td>3 Lecturers</td>
<td>£1,800</td>
</tr>
<tr>
<td>Contingencies in respect of the above</td>
<td>200</td>
</tr>
<tr>
<td>Laboratory Material</td>
<td>1,000</td>
</tr>
<tr>
<td>Say 12 Bursaries</td>
<td>480</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£3,480</strong> per annum</td>
</tr>
</tbody>
</table>

(b)
16. Students from other Territories: It is very probable that neighbouring native territorial administrations will desire to send students to attend the course at Fort Hare. The Committee considers that no objection should be made to this, provided that it is clearly stipulated in the agreement with the Fort Hare College that the students from the Union of South Africa must have preference to the full extent of the provisions made by the Union Government for the training of such students.

17. The Cost of Running the Service: The amount to be expended by the Union Government for providing a native aid service would, of course, be a progressively increasing one, the maximum being reached in approximately twenty-five years when some 200 medical aids would be in the service. At that stage the Government would have incurred approximately the following capital expenditure:

- **Housing Accommodation**: £100,000
- **Dispensary Equipment**: £10,000

And the running costs per annum would be approximately as follows:

- **Salaries of 200 medical aids**: £50,000
- **Drugs, Dressings and other material**: £15,000
- **Maintenance of Buildings and Equipment**: £5,000

**Total**: £70,000

Against the running costs might be offset certain amounts which would accrue from payments made by patients. This of course must be purely speculative and would probably not make any material difference to the annual cost.

(Sgd.)  E.N. Thornton  
S.F.N. Gie  
J.F. Herbst  
A.J. Orenstein  
E.H. Cluver
R.R./17/e. March 8th, 1937.

Dr. H.S. Gear,
Department of Public Health,
P.O. Box 386,
PRETORIA.

Dear Sir,

Mr. Rheinallt Jones has asked me to acknowledge and thank you for your letter of the 22nd instant. Unfortunately, owing to his activities in connection with his election as Senator representing the Natives of the Transvaal and O.F.S., he will not be in Johannesburg during the whole of this month and it will therefore not be possible for him to have an opportunity of meeting you until April. He hopes however that you will be good enough to let him know should you be coming to Johannesburg so that he may arrange to be in when you call at the University.

Yours faithfully,

ADVISER'S SECRETARY
J. D. Rheinallt Jones Esq.
S.A. Institute of Race Relations
Johannesburg

Dear Mr. Rheinallt Jones,

I have to thank you for your letter and the minutes of the medical board committee. It is satisfactory for me to know that the committee showed such interest in the non-European and in the training of health auxiliary assistants, two subjects which bear directly on my interests.

As I may be in Johannesburg during the course of the next fortnight, it would probably be more convenient if I called at your office at the University. If I cannot get over let me know, and we could meet—I Pretoria.

With kind regards, yours sincerely,

H. J. Geo.
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