Conference

on

Rural Nursing

summoned by

The President of the King Edward VII Order of Nurses

His Excellency the Governor-General

held at

Government House
Cape Town

Wednesday, 30th May, 1934
at 10.30 a.m.
Representation at Conference on Rural Nursing.

The President of the King Edward VII Order of Nurses—
  His Excellency The Governor-General.

The Chairman of the King Edward VII Order of Nurses—
  Her Excellency The Countess of Clarendon.

The Minister of the Interior, Public Health and Education—
  The Hon. J. H. Hofmeyr.

Members of the House of Assembly—
  Dr. Bremer, M.P.
  Dr. Baumann, M.P.
  Dr. Steenkamp, M.P. (Deputy, Mrs. Steenkamp).

Department of Public Health—Lt.-Col. Sir E. N. Thornton, K.B.E.

Provincial Councils:

The Executive of the Cape Provincial Council—Mrs. Conradie.
The Executives of the Provincial Councils of the Transvaal, Orange Free
  State and Natal did not send representatives.

Societies:

The King Edward VII Order of Nurses
  Mrs. K. C. Wright (Deputy).

The National Council of Women of S.A.
  Mrs. W. F. Grant (Deputy).

Die Federale Vroue-Raad
  Mrs. Roome (President).

The S.A. Red Cross Society
  Mrs. Bairnsfather (Deputy).

The S.A. National Council for Child Welfare
  Miss Mackenzie (Deputy).

The S.A. Trained Nurses' Association
  Mrs. Alexander, R.R.C. (President).

The S.A. Women's Agricultural Union
  Mrs. Ackerman, R.R.C. (President).

The St. John Ambulance Association and Brigade
  Miss Woof (Deputy).

The Railway & Harbours District of St. John Ambulance Brigade
  Mrs. Watermeyer (Lady District Superintendent.)

The Girl Guides (Extension Branch)
  Mrs. Wark (Commissioner).

The S.A. Institute of Race Relations
  Mrs. Rheinallt Jones (Deputy).

District Nursing Associations
  Mrs. Horwood.

Individuals:

Dr. Moffat.

Dr. Elsie Chubb.

The Secretary-Superintendent of the King Edward VII Order of Nurses—Miss J. E. Pritchard.

Members of the General Council of the King Edward VII Order of Nurses had individual notifications of the Conference on Rural Nursing.

The Deputy Convener of Conference on Rural Nursing,
  Mrs. E. R. McILWraith.
Conference on Rural Nursing.

I. OPENING OF CONFERENCE BY HIS EXCELLENCY THE GOVERNOR-GENERAL.

His Excellency stated that the Conference was the outcome of the need felt of a wider expression and understanding of the call for nurses in the rural districts. It had been summoned at the instance of Her Excellency, as Chairman of the Executive of the King Edward Order of Nurses, to bring together all interested in the subject, not to promote the interests of any one organisation represented at the Conference, but under the segis of the King Edward Order of Nurses, with the objects of:—

(a) Mobilising the units working to establish District Nurses in Rural Areas, and
(b) Collecting and collating all available information, in order to arrive at a basis of co-operative effort.

His Excellency stressed the importance of the second point.

He welcomed Delegates, especially the Minister of Public Health, Mr. Hofmeyr, and Sir Edward Thornton, the Director of Medical Services. The presence of the Minister, in spite of pressure of public duties, indicated that he viewed the subject of the Conference sympathetically.

The Executives of the Provincial Councils of the Transvaal, O.F.S., and Natal were not represented, but letters received from them showed their full sympathy with the objects of the Conference.

His Excellency drew the attention of Conference to the Map which had been prepared, illustrating the work done by the Federale Vroue-Raad, the King Edward Order, the National Council for Child Welfare. The sparseness of the flags showing where Nursing Services and Health Committees were in operation prove the necessity for united action.

His Excellency stated that a Report of the Conference would be prepared in Afrikaans and English. The King Edward Order would contribute to the expenses of the Report, but he suggested that delegates might ask their Associations to contribute.

He thanked delegates for their attendance, especially those who had come long distances. He felt the attendance proved that the subject was much in the minds and consciences of thinking people, and he trusted that the activities of the Conference would serve a useful purpose and help the Government in any undertaking in this direction.

2. HER EXCELLENCY THE COUNTESS OF CLARENDON

spoke next.

Her Excellency said that she could not claim to be an expert, but she claimed the indulgence of the Conference to make an explanation and to pay honour where it was most due.

As Chairman of the King Edward Order she had been brought into relationship with the desperate need existing in many rural areas for skilled nursing, especially in childbirth, and for general health education. In travelling through the country she had come face to face with the needs of the people, not only in the big centres, but in the
dorps and lonely farmsteads. The Conference had come into being as a means of meeting these needs.

The King Edward Order had done a good deal, but it was not the only organisation working for this end. The Order had called the Conference together. Her Excellency paid a sincere tribute to Mrs. McIlwraith who, when Her Excellency went overseas, undertook to organise the Conference, and worked without stint to make the Conference a success. Others had helped nobly, but she was the focal point, and Her Excellency felt she owed her a debt of gratitude, both personally and on behalf of the King Edward Order.

Her Excellency concluded with a reference to her visit to England. Her experience there had made her all the more determined to do all that was possible in the time she would still be in South Africa, to bring it about that the same skilled nursing and care which her daughter had received would be available for every mother in this country irrespective of colour, religion or means. The life of the baby had been saved and her daughter’s future health assured. But for the skilled help she had received there would have been one more victim of maternal mortality.


Mr. Hofmeyr welcomed the action of Their Excellencies in making this Conference possible and inviting the co-operation of various interests in building up national welfare. The presence of Lady Clarendon, so soon after her return, was, he said, characteristic. She had won her way into the hearts of the people of South Africa.

Speaking of the disadvantages peculiar to rural areas, viz., lack of medical and health services, he said the Government could not bring about a complete equation of conditions in town and country, but it was their obvious function to see that national wastage, and wastage of national resources, were prevented.

Quoting from Sir Edward Thornton’s Report he said that the infantile death rate for Europeans was 90.17 per 1,000. This had steadily declined to 63.07 in 1931, but had gone up to 68.69 in 1932. He compared this with New Zealand where the rate was 34 per 1,000. No figures were available for non-Europeans, but they would probably be 200 per 1,000.

Maternal mortality had risen to 5.34 per 1,000 in 1932 from 4.46 for the previous 10 years period. This compared badly with Scandinavian countries where it was 2.5. For maternal morbidity there were no figures, but the numbers were probably excessive. These figures, he said, reflected inadequate provision of rural medical and nursing services. The increase in infant and maternal mortality in 1932 pointed to increased poverty and malnutrition.

Dealing with the question of State action in this matter, he said the State had made a step forward in providing £5,000 for salaries of 20 additional District Surgeons, and £4,000 for the extension of the District Surgeon system by periodic tours in outlying country districts.

There was no great evidence, he said, of overcrowding in the medical profession in the rural districts. The men needed are chiefly
those who are prepared to find in their work a great part of their reward.

On the nursing side, he said, the map showed that only the fringe of the work had been touched. It was limited by two considerations—lack of funds, and, to a large extent, unwillingness on the part of those in rural areas to take advantage of facilities offered. It was clear that two things were necessary before expansion was possible, the attainment of a measure of clarity on the extent of the responsibility of the Union Government or the Provinces in this matter. One Province had accepted responsibility and the Provincial Commission, as one of its results, would determine the allocation of this responsibility. The other need was for education—teaching the people in up-country districts to avail themselves of their opportunities.

Mr. Hofmeyr referred to the appointment of Dr. Marion Thompson and three competent Nurse Lecturers as an important forward step. The Government could not do everything, he said, and voluntary effort would continue to be essential. The mobilising of this was the purpose of the Conference—the preparation of the ground for the Nursing Service of the future, education, co-operation with Sir Edward Thornton, collecting and collating information, and the co-operation of Nursing Services as and when launched.

He noticed that Natives were not excluded; they could not afford to let one section of the population suffer without the whole suffering.

4. ADDRESS BY THE DIRECTOR OF MEDICAL SERVICES, LT.-COL. SIR E. N. THORNTON, K.B.E.

Sir Edward Thornton regretted that Government plans for future development could not be produced for the Conference; they were ready in skeleton form, and could be dealt with when the word came to go ahead.

Referring to the need for Rural Nurses he said that in travelling about the country he knew the need well and many speakers would emphasise it. In connection with the recent Government appointment of Dr. Marion Thompson and the three Nurse Lecturers, he knew this was criticised by some people as "putting the cart before the horse," but he did not agree, because their primary purpose was education. He hoped they would be able to mobilise public opinion of the women of this country, from which a district nursing service would soon follow, especially now that women had the vote. Meanwhile they could do much useful work, and get in touch with women's organisations; they would, he said, form an Inspectorate of the service when it was established. He hoped they would serve to rouse the interest of those responsible for the education of our children. He looked forward to the time when every child would be taught the elements of Home Nursing and Hygiene at School. He hoped young teachers would be taught the elements of health in such a way as to be able to pass it on to the children.

To provide a satisfactory District Nursing Service in the rural areas, he stated, approximately 600 nurses would be required. There were 300 District Surgeons; there were very few districts which did not require more than one nurse. He said that it was generally held that the best way to provide such a service was to organise it on the
lines of part-time District Surgeons, to provide subsidies for midwives which they could supplement by private practice. Such a service would not be possible to-day, even if the funds were available. They would not be able to find forty District Nurses with the double qualification in South Africa. They would have to be content to employ nurses as midwives and vice versa.

Any forward movement, therefore, would have to be accompanied by greater training facilities: the scheme to be evolved should be the establishment of a Provincial centre to undertake the training of Nurses and Midwives. At present the Hospital Boards could only train for their own institutions. They should aim at getting them to pool their efforts in order to provide for National rural as well as local needs.

Dealing with the non-European problem—Sir Edward stated that the Government had set on foot a scheme for Medical Aids. This would have to be associated with a scheme for Nursing Aids. He hoped the T.N.A. would take the same material interest in this as the Medical Association had taken to provide Medical Aids.

In the case of the Coloured community, he said, there was no training school for Coloured Nurses (there were a few for Natives). It seemed to him that the Hospital Board would have to be called upon to inaugurate a school for Coloured Nurses in the Peninsula.

5. THE ROLL WAS CALLED, ALL REPRESENTATIVES BEING PRESENT.

6. Representatives were asked to speak under four headings:

A. THE NEED FOR SKILLED NURSING IN RURAL AREAS.

1. DR. BREMER, M.P.

Dr. Bremer said he realised the serious need, which was unfortunately not as apparent to people outside the Conference as to the people concerned. Even where services were supplied there were difficulties in the way of getting people to avail themselves of them on the ground of expense or a preference for existing methods. Death frequently resulted from ignorance and delay in seeking help, but he was confident that skilled nursing and the education brought by the skilled nurse would remove the difficulties. He maintained that native women with no help were better off than coloured people with their superstitions and ill-informed help in childbirth. The so-called civilised influences were definitely to their disadvantage.

He welcomed the Minister’s statement that divided control in South Africa had been the biggest obstacle to getting to grips with the problem. The State should not be expected to do everything, but the people of the country should formulate a scheme under State guidance, and he was sure that the money spent on pleasures by the ordinary person would far exceed the amount required for a nursing and medical service. He felt that the Doctor and Nurses recently appointed should make known the need and the remedy in their journeys through the country.
2. MRS. STEENKAMP.

Mrs. Steenkamp welcomed the opportunity of telling the Conference of the crying need of the rural areas where she was well acquainted with existing conditions. To give some idea of the position she quoted the following figures:—From Calvinia, the chief town of the North-Western districts, Brandvlei is 104 miles; Williston—80; Middelpost—52; Elandsvei 75; Doornbosch—80; Nieuwoudtville—80; Vanrhynsdorp—80. In all this area there is one trained nurse, the King Edward Nurse at Vanrhynsdorp.

Further North Port Nolloth is 90 miles from Springbok. There is no nurse at Port Nolloth and only one at Springbok, and in travelling over vast areas in that part of the country she had seen scenes of heartrending misery, poverty and ill-health. There is no pre-natal care, no health advice at child-birth and after. Through the complete lack of medical services in most places a healthy home is rare and without health a happy home, she said, was impossible. Happy families were the basis of all social work.

Nurses would be a source of education, would teach dietetics; such teaching is sadly needed. She told of cases of malnutrition through ignorance as well as lack of means. She gave cases from her own experience of a young mother of a large family ruined in health, of a blind child who might have been saved, and of a terrible cripple—all direct results of lack of help and lack of knowledge. There are often epidemics on these vast plains where in the lonely farms there is no means of obtaining help. The result is the growth of a sickly rural population.

Amongst the Coloured people of those districts there is always sickness prevailing and they are pitifully underfed. She referred to a petition sent by 400 white people of that district for a nurse for the area. She thanked the Governor-General for calling the Conference to stir up public opinion.

3. DR. ELSIE CHUBB (of the Education Department of the Cape Provincial Council).

Dr. Chubb said she realised the urgent need for skilled nursing in the rural districts in the tragedies of maternity cases, and the crises of acute illness, but she wished especially to emphasise the urgent need of education, and prevention by early discovery, in any rural service. She gave concrete examples from her experience—in one place 200 miles from the nearest rail, in a school where were collected about 80 children of Trek Boers, one child was brought to her whose deformity was such that he seemed hardly human, he could not walk, and had a horror of being looked at. At another was a child with a facial deformity which might have been dealt with, had it been taken in time. There were many similar cases—such as she had never seen in her overseas work. A nurse visiting their homes could have got into touch with some means of dealing with such cases. She quoted one case where a child had been at the Michaelis Home* for two years, and had at last been considered fit to return home. A year after it was found that the boot had been discarded, and the work of two

* The Michaelis Home in the suburbs of Cape Town deals with orthopaedic cases.
years was completely undone. She referred to an epidemic of measles where the sufferers were in a deplorable state through ignorance of the most elementary points of hygiene.

Referring to the suggestion that teachers should spread a knowledge of hygiene, she said they could not be expected to do everything. She made the following suggestions:

(1) Arrangements for talks and clinics at times such as Nagmaal, and at Agricultural Shows.

(2) The formation of a Health Committee in every big area, to act as a bureau of information, keeping in touch with institutions. It would then be possible to refer cases leaving hospital to this committee. At present there is no definite authority to which such cases can be referred.

(3) Arrangements of transport for nurses, as time is a vital consideration.

(4) Making it possible for nurses to have time allowed to do some educative work, through talks and clinics.

(5) Planning refresher courses for nurses, to counteract the effects of life in remote parts of the country.

(6) Providing bi-lingual nurses. English nurses were learning Afrikaans, Dr. Chubb said, and more Afrikaans-speaking girls were taking up nursing than used to be the case.

(7) Provision of a subsidy.

4. MRS. W. F. GRANT (National Council of Women).

Mrs. Grant, speaking for the National Council of Women of South Africa, said that her Society was alive to the serious state of affairs in the rural districts, and the urgent need to meet the problem. They had, therefore, passed the following resolution at their Biennial Conference in Cape Town in April:

“That this Council continue its efforts, in co-operation with the S.A. Trained Nurses’ Association, the National Council for Child Welfare and other active organisations, to secure adequate nursing and midwifery services under a national scheme whereby trained and registered nurses and midwives are subsidised to practise in rural areas.”

Mrs. Grant paid a tribute to Her Excellency the Countess of Clarendon (Honorary President of the N.C.W.), whose grave concern for the welfare of the women in the rural areas had encouraged them to do their utmost to alleviate their sufferings.

She said it was not the province of the N.C.W. to work out any definite scheme. This they would leave to experts, but she assured the Conference that, when once such a scheme was evolved, her Council would support it with all the weight of its numbers and influence.

She read the Report drawn up by Mrs. W. A. Murray of Pretoria on the subject under discussion, as it would give the case for the provision of a rural nursing service better than she felt she could do.

Mrs. Murray’s Report (outline).

Owing to the scattered nature of the population spread over enormous areas, to poverty arising from various causes, the isolation and lack of the barest necessities of life, there has been a shedding of the old traditions of the pioneer families and a lowering of the standard
of life. Among the people in the remote parts of the country there is found ignorance of the elements of hygiene and resignation to deplorable conditions.

Expense, arising from distance, makes medical and nursing help impossible; only the indigent can obtain free service, and some are too proud to ask for it.

The mother, the State's greatest asset, is able to carry out few or none of her duties to children, husband and home. Owing to lack of skilled nursing the people have to resort to "Huismiddels"—sometimes useful—often harmful—and the complete ignorance of dealing with the commonest diseases is resulting in many families growing up suffering from malaria, bilharzia, worms, typhoid fever, etc., etc., all of which are preventable. The results of unskilled help in childbirth are a high rate of infantile mortality, maternal mortality and puerperal septicaemia.

The Medical Inspection of Schools is unsatisfactory, owing to the long intervals between visits, through lack of funds, and the follow-up work is not done owing to the absence of nurses.

The areas requiring help most are: Knysna, George, Namaqualand, Lichtenburg and other Diggings, Northern and Eastern Transvaal and possibly parts of the O.F.S.

**Objects of a Rural Service:**

(a) Education of families and communities in health matters, in order to develop facilities.

(b) Visiting work in connection with maternity work. (In the N. Transvaal the first Health Visitors have been appointed to teach the rural population preventive measures in regard to malaria).

Mrs. Murray urges the need for the appointment of full-time District Surgeons.

**Suggestions for Scheme:**

(1) Supervision by Assistant Health Officer of Public Health Department.

(2) Appointment of a Health Visitor, Nurses and Midwives to a district, responsible to A.H.O., not to a local rural lay bureau.

(3) Arrangement for a centre in a district to act as a clearing station to nearest hospital, and a clinic.

(4) Service not entirely free—fees regulated according to means—payable to magistrate's office.

(5) Health Visitor's monthly statement of work done to be given to local magistrate.

(6) Adoption of Government's method of supplying motor transport.

5. **MISS ALEXANDER, R.R.C.** (President, S.A. Trained Nurses' Association).

Miss Alexander said she realised the position and recognised the need for a rural nursing service. She thanked Her Excellency for the invitation to the Trained Nurses' Association. The great difficulty was that nurses could not make a living in the rural districts.

She said that the Conference was being held at a propitious moment, as the Central Governing Board of the Trained Nurses' Asso-
ciation would meet in the middle of June, when the information available from this Conference would be put before it, and they would do what was possible to help in this matter. It was, she said, one of the major subjects on the Agenda.


Miss Mackenzie said she could bring to the Conference only the point of view of the National Council for Child Welfare, i.e. preventive work in child and maternal care.

She urged the necessity for the double qualification—nursing and midwifery—as often nurses were called upon to do work for which they were not trained. Even where both qualifications were held, neither qualified nurses to educate mothers in parental care and the feeding of children. Hence the need of mother-craft training. Working in tremendous areas, alone, a much wider knowledge was needed than that of the average nurse.

She felt that the question of the lack of appreciation of the value of training had been over-emphasised—when it was procured the public would automatically be trained to the need. The reasons for the nurses’ services not being used were often difficulties of transport. It was often difficult for a nurse to make contacts among the people of the district owing to her busy life; this lack of social intercourse affected her work and her own health.

Miss Mackenzie, while agreeing that provision of nurses was very necessary, emphasised the need for supervision. She said that in four centres where demonstrations had been thus far carried out by the Rural Child Welfare Nurse of the S.A.N.C.C.W., she reported in June 1933 that she had found no untrained midwife and only two trained midwives, who carried supplies of silver nitrate or protargol in their bags. Their bags were either lacking or not in order.

She enumerated the difficulties in organising work in the rural areas:

1. LANGUAGE—Nurses need to teach as well as nurse. Not enough are bilingual.

2. Dislike of working in rural areas.

3. Local communities not equal to meeting the expense; salaries commensurate with the qualifications needed, and the responsibilities and strain involved.

4. LACK OF RECREATIONAL FACILITIES.

5. FINANCE. Lack of local resources. The N.C.C.W. gives a limited subsidy for a time to centres wishing to be provided with a nurse—for the first year, a half; the second year, one third; for the third year, one-quarter. After that they are expected to stand on their own feet, but this is generally impossible in the rural areas. Any service, therefore, that is built up cannot be left entirely to voluntary effort. In the case of an organisation the resources would not be equal to it.

7. DR. MOFFAT (representing non-European needs).

Dr. Moffat said that the need of the Coloured and Native sections of the population was as great as that of the European, as a glance at
the memorandum prepared by Mr. and Mrs. Rheinallt Jones (*) would show; but the work must be done by their own people. There must be Coloured and Native nurses for their own people, but supervised by European nurses for many years. They would nurse their own people better and influence them more.

Dr. Moffat paid a warm tribute to S. Monica's, Cape Town, where, for so many years, they had trained Coloured nurses and a few Native nurses. Without ostentation they were doing valuable work and their nurses were known throughout the Union.

He urged that the Cape Hospital Board should make a start in training Coloured nurses; he knew there were difficulties, but they were not insuperable. A beginning might be made by training a few, in the Coloured wards of one of their local hospitals. It should not be left for three years, but be taken in hand at once.

With regard to Native nurses, he suggested that the Minister might be asked to include in the Scheme for Nursing Aids the subsidising of Native nurses and placing them at Mission Stations under conditions suggested in the Memorandum on Non-European Nursing (page 5).

Dr. Moffat drew a comparison between the extent of the work done in Tanganyika and in the Union. In Tanganyika the work done in ten years was astonishing. In places a hundred miles from the railway there were excellent clinics—ante-natal and others, and thousands were treated there. The Union, he said, was lagging far behind. In Uganda the development was still greater.

Referring to Miss Mackenzie's statement that a double qualification was desirable, he said they must aim at a triple one. In Tanganyika they held Health Visitor qualifications as well as the other two.

8. DR. BAUMANN, M.P.

Dr. Baumann welcomed the extension by the Government of facilities of all kinds to the rural areas—the extension of the District Surgeon system and of periodical tours by District Surgeons. The newly appointed A.M.O.H. and Nurses would provide the necessary education and pave the way for a full system.

Referring to the Old Age Pension Scheme and the National Health Insurance Scheme now before the Government, he considered them faulty, and hoped they would not be put into operation. He outlined a scheme which he hoped would come before Parliament next Session, under which doctors, nurses and dentists would serve as Civil Servants. This scheme would remove some of the difficulties referred to by several speakers—the limitations imposed by living in remote districts. There would no longer be the necessity of remaining in the same place for life; doctors and nurses would be sent out to small places, and promotion to larger places would follow evidence of good work.

9. MRS. HORWOOD.

Mrs. Horwood asked to be allowed to give information with reference to the training of Coloured nurses which had been discussed by several speakers.

She said that in 1912 the Cape Hospital Board had inherited twelve buildings. These were not designed or divided so as to make possible in them the training of Coloured and European nurses side by side.

* Each Delegate was provided with a copy of this Memorandum.
When the Cape Hospital Board had been approached in connection with the training of non-European medical students a list of available buildings had been referred to the University; the reply was that the facilities were not considered to be adequate.

While the Trained Nurses' Association wholeheartedly supported the desire for non-European nurses, she considered it undesirable that they should be trained together.

End of Morning Session.

Conference resumed at 2 p.m.

B. WHAT IS BEING DONE TO MEET THE NEED.

1. MRS. CONRADIE (Deputy for the Executive of the Cape Provincial Council).

Mrs. Conradie said that the Provincial Administration was alive to the urgent need for better nursing services in rural areas, and although there was no properly co-ordinated nursing service throughout the Province, the Administration (as far as funds allowed), had dealt sympathetically with the efforts of Hospital Boards and Charitable Associations to provide these services. A few Hospital Boards had availed themselves of the Provisions of Ordinance 5 of 1912, which permitted them to appoint District Nurses “for the purpose of attending sick persons elsewhere than in an Institution”. The Cape Hospital Board, she said, had a well-organised District Nursing Service of 32 nurses under a Supervisor—the cost being about £9,000, of which the Administration paid approximately 70% in subsidy. The Hospital Boards of Kimberley and Barkly West, she stated, also had District Nurses, Barkly West having two—one at Boetsap, in the Divisional Council area of Barkly West, and one at Windsorton.

Besides these subsidies to Hospital Boards, subsidies are given, under Ordinance 4, 1919, to charitable institutions. There are about eighty registered societies receiving such subsidy (on the £ for £ principle), and about twenty of these are doing nursing work. Lack of funds has resulted in grants not being given to new societies. Thirty societies applying for a subsidy had been refused; some of these, particularly the Gesondheids Komites of the A.C.V.V., had as one of their objects the provision of medical and nursing services.

Now that the outlook was better she hoped more would be done, and she was glad that at last the vexed question would be decided as to which authority was responsible for district nursing.

2. MRS. ROOME (President of Die Federale Vroue-Raad).

(a) Mrs. Roome referred Delegates to

(1) The Report of the A.C.V.V. presented a few years ago to the then Minister of Health, and handed to the Department of Public Health with a warm recommendation for its consideration.

(2) The report of Mrs. Rothman, embodied in the Report of the Carnegie Commission re the Poor White question in South Africa (Vol. V, part 2), in which the whole question under consideration was fully explored.
(b) What is being done:
The work of the hospitals being limited in maternity cases to paying patients, and the work of the District Surgeons in thinly populated districts being necessarily inadequate, some other provision is necessary. Some provision is made by the National Council for Child Welfare and by the King Edward Order.

The following is an outline of the work done by Die Federale Raad:

DIE A.C.V.V. have formed Health Committees; there are twenty-three in existence, spending a total of £2,495. Further development has been stopped by non-payment of subsidy (Ord. iv., 1919).

23 branches employ whole or part time nurses.
53 branches have given help and nursing to 232 cases.
DIE O.V.V. have given help to 115 maternity cases, 178 other.
DIE FEDERASIE has trained maternity nurses for every district in the Transvaal except eight.
DIE MOEDERSBOND, started in 1918 to meet the need felt, now runs a beautiful hospital which replaced the small one with which they began.

METHOD ADOPTED.—"To get the branches to pick trainees of an approved stamp, and to pay their year's fees (first £20, now £30 to £40 yearly), and to put them under contract to serve for a specified time in the district that sent them. There they work on the lines of private nurses, but with the interest and support of the local organisation."

"The Moedersbond has since its inception put 149 midwives at work in the country."

DIE A.C.V.V. has placed a few trainees in the Peninsula Maternity Hospital, Cape Town, on the same system.

DIFFICULTIES:
(1) The tendency of workers to leave the country districts. Even if a nurse remains three years, it is difficult to get another through the same Training School in time to replace her.

NEED, therefore, for more Training Hospitals and more facilities and inducements in existing institutions to those undertaking rural work. Mrs. Roome suggested that fees should not be remitted until the expiration of part of the period of rural service.

(2) There was evidence of inability of existing organisations to make rural labour conditions sufficiently practicable for nurse or midwife. To meet the serious difficulties attending work in remote places, co-operation between the various societies, helped by a sympathetic Government was essential.

(3) Increasing weakness was also evident in organisation in proportion to the poverty of the district. Intelligent local co-operation was necessary: without it schemes failed.

GOVERNMENT AID AT PRESENT AVAILABLE:
(1) District Surgeons.
(2) As a result of the Round Table Conference 1931, the Cape Province, by Ordinance 4, 1919, gave some help. It is really
for Poor Relief and the Child Welfare Society benefits, but it
is seldom granted for District work. Under stress of need the
authorities were prevailed upon to extend this Ordinance to
include partial or entire support of a nurse. Financial stress
has since prevented the extension of this work to new
societies.

3. MISS MACKENZIE (S.A. National Council for
Child Welfare).

Miss Mackenzie spoke of what had been done by the National
Council for Child Welfare:

(a) There are 11 Child Welfare Societies employing full time
nurses; these only do child-welfare and maternity work, and
are not serving a truly rural area, but small municipalities and
in some cases the surrounding district.

(b) The National Council carries out Demonstrations in small
municipalities and rural areas. They send a nurse holding
General, Midwifery, Mothercraft and Health Visitor Certifi­
cates. She is an experienced Health Visitor, and is fully
qualified to demonstrate the best way of meeting the nursing
need. She shows the type of work that is possible and is able
to establish a nursing service. In some places she can serve
the surrounding district as well as her centre.

(c) ITINERANT LECTURERS are sent visiting into rural areas,
to speak on mothercraft and child-welfare. They teach what
services might be secured. There has been an enormous
development in this scheme of teaching to the community in
the last five years. They take advantage of the opportunities
offered by Agricultural Shows and any other rural meetings,
such as Nagmaal, for doing propaganda.

(d) DIRECT SUBSIDIES are given by the N.C.C.W. to small
centres to enable them to establish a local Child Welfare
Nursing Service.

(e) GRANTS are given for local clinics.

(f) MOTHERCRAFT TRAINING CENTRE.—About 130 nurses
are provided with postgraduate training in preventive work, in
maternal care and infantile dietetics. The training received
is of more practical value, as additional training, than that of
Health Visitor alone.

IT IS PROPOSED:

(1) To continue the present work.

(2) To limit demonstrations, trying to get local bodies to establish
a permanent nurse, and then resuming demonstrations after
she has been appointed.

(3) It is also proposed to reduce the number of general tours, in
view of the appointments recently made by the Public Health
Department.

4. MISS WOOF (St. John Ambulance Association
and Brigade).

Miss Woof said that her Association was a teaching body, giving
instruction in First Aid, Home Nursing, Hygiene, Sanitation. The
chief aim of the Association is to get at the children. Classes have
been held at Stellenbosch University, Cape Town University, Paarl (112 teachers), Wellington, and at the non-European Colleges at Lovedale, the Wesley Training College, Zonnebloem, Harrington Street, and at Ndabeni. The teachers receiving instruction thus carry it to the rural areas.

Free practical demonstrations are given, without distinction of race, creed or colour, to all kinds of organisations. The work includes preventive work in Tuberculosis, etc.

In Kimberley the ladies of the City Nursing Divisions, at great trouble and expense, equipped Maternity Bags for mother and child in the outlying districts, River Diggings, etc.

In Natal, during the malaria epidemic, a hospital was organised under the auspices of the Durban Railway Division. There are Divisions in most of the towns of the Union and in a number of outlying places.

It is hoped, through the High Commissioner, to arrange later to give instruction to the Natives in the Protectorates.

5. MRS. WATERMEYER (Railway & Harbours District of St. John Ambulance Brigade).

The Railway Ambulance Division, Mrs. Watermeyer said, had been organised primarily for the travelling public, in cases of accident or illness. As it was financed from public money its activities were of necessity largely restricted to Railway areas; but in their spare time its members had always been willing to co-operate with the Town Division in all its activities—Home Nursing, Home Hygiene, Free Practical Demonstrations, etc.

As far as nursing in rural areas was concerned the Railway members were mainly business women, and therefore, not in a position to undertake nursing duties. Mrs. Watermeyer referred to two instances where the Administration had given assistance in epidemics—the Malaria Epidemic in Natal in 1932, when two Brigade members were released for nursing work among Railway families, and the Influenza Epidemic of 1918, when a number of employees were released from their ordinary duties to nurse stricken families in various parts of the country.

She thought the best way in which help could be given in the rural districts would be in the way of railway employees, who were encouraged to acquire the knowledge required, passing on their teaching. Again, Railway families transferred from large centres to country stations might be able to help in the vicinity. On request, classes could probably be arranged by these where there were not sufficient Railway people for a Division.

6. MRS. RHEINALLT JONES (S.A. Institute of Race Relations).

Going back to section A of the discussion, Mrs. Jones drew the attention of Conference to the numbers of non-Europeans concerned—4,500,000 Natives in rural areas, excluding the territories.

137,000 Indians, mostly in Natal.
330,000 Coloured in rural districts, mostly West Cape districts.

For these practically nothing was done. As to the Indians few knew how these were living, or what their needs were.
NATIVES.—Mrs. Jones said that there were a number of hospitals, but they were trying to cope with millions. A considerable number would not make much use of services, but there were many who did see the need and make use of help. These hospitals, though primarily intended for Natives, were, in most cases, giving help to Europeans as well. They were chiefly at Missions, and financed mainly from overseas. There were, she said, forty-one institutions where some help was given, a few in the Eastern Province of the Cape, a number in the Transvaal, and a small number struggling about Kuruman.

A few areas were training native nurses who would serve their own areas, but it was impossible to get many who were fully trained and qualified. Apart from trained nurses, she said, the natives were not as free from unskilled interference as one speaker had stated. They were the victims of the ignorant help of the old women.

Grants were given by the Native Affairs Department to some hospitals, but the resources of this Department, drawn from the poorest section of the population, could hardly be expected to supply its needs. Provincial grants were also given to some hospitals, but none of the existing provision was adequate.

Red Cross Societies were growing up, giving instruction to native children. She referred to a very interesting health exhibit at a recent Pietersburg Show arranged by native children from a wide area.

The difficulties rising from scattered populations did not obtain where natives were concerned. The districts were densely populated, and if only a nursing service could be established, large numbers could be dealt with.

7. MRS. WRIGHT (The King Edward Order of Nurses).

The King Edward Order, which has been engaged in rural nursing for twenty-one years, has pioneered trained nursing in thirty-seven remote areas and at the present time King Edward Nurses are working in thirteen rural areas. As experience has shown that the work is beyond the power of voluntary organisations it is felt, however, that the time has come when some share of the responsibility should be borne by the Union Government.

The Order has done valuable work in educating the people, as well as nursing. In many cases, she said, the work has been started by the combined efforts of the A.C.V.V. and the King Edward Order, and the A.C.V.V. is represented on most of the local committees of the Order.

The total amount expended by the Order during the last ten years was £54,531 on the European side of the work and £2,615 on the non-European side. Out of these sums local contributions and fees earned by the nurses were to be deducted, but the larger amount has been provided from the funds of the Order.

The financial difficulty could be met by a combination of voluntary effort and State aid. The existing organisations could be subsidised by the Government, other Societies (including Mission Stations) prepared to organise rural nursing could also be subsidised. She referred to the difficulty of keeping highly trained nurses in isolated places, and advocated the subsidising of existing organisations which had had the courage to undertake their work against overwhelming odds.
Mrs. Wright emphasised the point that **whatever scheme was evolved** it was essential that there should be regular and systematic inspection of every subsidised nurse by authorities engaged and maintained by Government. The work would be checked, a high standard maintained, and the nurse would receive inspiration and help—both invaluable in the case of rural work. She also advocated the setting up of a small Advisory Board of people thoroughly conversant with the matter, to work in connection with the Public Health authorities.

She felt the object of the Conference was to determine how far the several agencies were prepared to sacrifice preconceived ideals and pool their resources for the general well-being of those they wished to help.

To summarise:—

(a) Government to subsidise existing organisations doing rural nursing.

(b) Government to subsidise other organisations willing to institute rural nursing.

(c) Government to institute periodical inspection of subsidised Nursing Services.

(d) An Advisory Board composed of those conversant with nursing requirements in rural areas to be appointed to work in conjunction with the Department of Public Health.

The advantages of the scheme outlined would be—

(1) It can be put into immediate operation.

(2) It makes full use of existing material.

(3) It tends to co-ordinate Societies working for the same end from widely different angles.

(4) It ensures for that body providing the subsidy the right to determine the standard and method of work.

(5) It can be readily extended, modified or abandoned to make way for that ideal scheme of rural nursing which may one day come into operation in South Africa.

(6) It contemplates co-operation on the part of the Government with what may be rightly described as national work.

C. WHAT IT IS PROPOSED TO DO IN THE IMMEDIATE FUTURE.

1. MRS. BAIRNSFATHER (S.A. Red Cross Society).

Mrs. Bairnsfather said the Red Cross Society realised the need, which Dr. Orenstein had stressed at their Conference.

The help they could give would be educational. Their Junior Red Cross Divisions were taught a sane outlook on health which they would carry with them always. Through their Association information was spread, literature was circulated. The Society would do all that was possible by means of propaganda, and increasing knowledge by adding to their Red Cross members.

She hoped they would be able to organise V.A.D. detachments in the rural districts. One had been started in Villiersdorp by a retired King Edward Nurse. V.A.D.'s so trained would be able to help the
nurse, and give assistance in after-care work in cases going back from hospitals.

The Society would work to further public interest in the need for rural nursing.

2. MRS. HORWOOD (District Nursing Associations).

Mrs. Horwood said that the future depended on the findings of the Provincial Finance Commission. At present there was no money forthcoming from the Union Government or the Provincial Administration. They were evading their responsibilities through political considerations. She reminded women of the power of their votes to bring about legislation.

There was, as yet, no recognition of Nursing Training as Education; grants to hospitals were for the care of the sick, and nursing training was only recognised as providing cheap labour for the hospitals. Facilities for training were limited, especially for Health Work. Plans were always cut. The Cape Province was the lowest subsidised Province. There was no provision here for training District Nurses, but the conditions of life on the Flats would provide ample material and a wider range than anywhere else for training nurses to work under difficulties, with little or no equipment. Granted funds, it might be done under the Cape Hospital Board, allowing three or four months after other training.

There would be no lack of work for those so trained in semi-rural areas, but the trouble was that midwives were starved out—they could not earn a living. Cognisance should be taken of midwives at present trying to work in these areas when a scheme was formed.

She supported the suggestion that remittance of fees to midwives on completion of training should be dependent on their return to the rural areas.

3. MRS. WARK (The Girl Guides—Extension Branch).

The Girl Guides Extension has a contribution to make to the problem, even if it is only a small one. It works among the handicapped sections of children and is concerned to a great extent with after-care work. Companies are formed in hospitals and other institutions, and when the girls leave eventually for their homes, they are sponsored by a Guide and they are kept in touch by correspondence. Their work lies among the blind, deaf, in hospitals, sanatoria, and among mental defectives. Handicrafts provide an interest which often grows into a means of earning money, and in any case gives a healthy occupation for the mind and a sense of achievement—a great thing in the type of case with which this branch of Guides deals.

Doctors, matrons and nurses have shown their approval of the work done. There are forty Companies and Packs—twenty-two in Institutions, eighteen Post Companies, i.e. worked by correspondence. They do not pretend to be skilled workers, but their teaching in hygiene and other subjects makes them a useful auxiliary to the Nursing Association.

Camps are arranged for invalid children from far country districts.

4. MRS. RHEINALLT JONES (S.A. Institute of Race Relations).

Mrs. Jones said there was no need to wait for the findings of the Commission in the case of Native Services. Funds were to be allocated
for Medical, Sub-Medical and Nursing Schemes in Native areas. It was necessary to begin at once—some of the work was already prepared—there was scarcely a Mission where someone did not do simple nursing. There were many hospitals where girls were given a certain amount of training, though this was not registrable, and every country hospital must have some probationer Native nurses. These had difficulty in getting work, though they were useful people in a large number of cases.

She urged that a beginning should be made immediately—that such as were available should be subsidised and given a salary, and stationed at Missions where they could be looked after. The difficulty of the lonely life affected them as well as Europeans.

She urged the need for increasing supervision, increased training facilities. In conclusion she begged that the Public Health Department would take responsibility, not leave it to the Native Affairs Department entirely. It should be the care of the whole community.

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D. WHAT IS THE ULTIMATE IDEAL.

1. MRS. MALHERBE, M.P.

Mrs. Malherbe said she supported Mrs. Horwood in stressing the urgent need for more Training Schools. In dealing with Unemployment Schemes she had been struck with the scope there was for girls in nursing.

She agreed that it was essential that a girl, when trained, should go back to her district; she would understand conditions there. She also agreed that Native girls should be trained for Native work, and Coloured girls for their own people.

She made two suggestions—

1. that the teaching of simple Home Nursing and Dietetics should form part of the curriculum of every school—definitely in rural schools, and
2. that for mothers a system of simple lectures should be arranged.

Quarterly letters might be circulated dealing with pre-natal care, and others for the use of young mothers. These should be clearly and simply illustrated, and be available in English and Afrikaans. There should be State Aid for these pamphlets.

2. MRS. ROOME (Die Federale vroue—Raad).

Mrs. Roome put before the Conference a Scheme drawn up by her Association for rural Social and Health Work, taking the Knysna district as an example of extreme need of help, which cannot possibly be given by any one social organisation. The scheme had been laid before the Minister of the Interior, and favourably considered by him; it had also been laid before the Provincial Finance Commission. In the latter case the suggested support from Government was to come from the Provincial funds.

The main ideas underlying this proposal were:

1. The desirability of getting united local effort to study and combat social retrogression, and, therefore,
(a) The vesting of authority for administration in a local council consisting of representatives of the Union Government (magistrate and district surgeon), Provincial Government (member of Provincial Council), Educational authorities (District Inspector of Schools), Divisional Council, Municipality and the churches and organisations doing social work.

(b) The appointment of a trained worker as investigating officer, and of one or more competent nurses acting under whatever medical authority serves on the council.

(c) The strong necessity of combining the social and nursing services in such areas. A nursing service which at the same time can study and advise housing improvements, school feeding, instruction in home making, etc., etc.; and has a chance of getting these things done. Such an organisation has a tremendous pull over one which can only do nursing.

(d) All salaries and running expenses to be borne by:
   (a) Union and Provincial Government—three-quarters.
   (b) Local authorities and organisations, plus patients' fees—
       one-quarter.

The report continues—

"The above scheme was the result of the combined study, investigations and experiment of our Societies. It was passed by the Congress of the four Societies at Bloemfontein in July 1933, a Congress attended and helped by representatives of the Departments of Education and Public Health. It will again be put forward by us at the coming Volkskongres in October. It is the result of long deliberation and careful thought.

"We welcome this opportunity of putting this scheme before this Conference, and will gladly submit it for discussion. We laid a fully-worked-out scheme before the Provincial Finance Commission and can supply you with a copy in English."


Miss Alexander, confining herself to the nursing aspect of the problem, laid stress on the need for special training and equipping of nurses for rural areas. The nurse had a great responsibility, far from medical aid. Not only was the double qualification necessary, she said, but a course in Public Health, Mothercraft and Welfare Work was desirable to meet modern requirements.

She referred to a course arranged overseas in 1925, attended by nurses from all over the world, including five from South Africa. It extended over an academic year and cost £250 and travelling expenses. The points emphasised were Field Work, Clinics (Pre-natal, etc.).

She would not suggest the introduction of such a course immediately in South Africa, but there was material here for a nucleus of such a course, which should last at least six months—three was not enough. Nurses would learn such things as methods of approach to families, dealing with the poor, tact, understanding, all of which were very important. She stressed the need for
   (a) Training in Field Work, coping with lack of equipment, etc.
   (b) Having a Focal Point for the nurse to work from. The school would be in connection with the whole area.
(c) Co-operating with any organisation doing the same kind of work.
(d) Arrangement for lectures. Here a grant would help.

As far as Natives were concerned, there were certain institutions in South Africa which had all facilities to enable them to train Native nurses. They were not carrying out their obligations. Conferences might make some suggestion in regard to this.

Miss Alexander said that it was necessary to begin gradually but at once; that the Cape Hospital Board should be asked to arrange a course for nurses after the three usual branches, to equip them for school nursing, rural nursing, etc. One woman should be able to do all that came under the aspect of nursing. She feared she would have to be a super-nurse, but she maintained that it was possible to train people in sympathy and understanding, and she felt confident that, given the proper training, South African nurses would not fail.

She asked, therefore, that those responsible for compiling hospital budgets should press for an amount for Educational purposes, and she assured the Conference that their proposals would have the whole-hearted support of the Trained Nurses' Association.

4. MRS. REITZ, M.P.

Mrs. Reitz dealt with three points—allocating the responsibility, finance, co-operation.

She stressed the importance of local effort, and felt that, even if a subsidy were granted, some method should be adopted to recover part, at least, of this from the local authority. In the Cape Province the Divisional Councils would meet the case, but in the Provinces where there was no such body, only municipalities, and beyond them large areas without any form of local authority, some arrangement would have to be made.

On the financial side, she suggested that a proportion of any grant, a quarter or a half should be borne by the local authority. As in the case of rates for roads and water, the Divisional Council might add a small amount for Health Services.

Dealing with the need of co-operation, she said voluntary effort should go on, even if Government help were obtained. It would be a tragedy if it ceased, but she emphasised the necessity of educating public opinion to the need for Trained Social Workers, and suggested the setting up of a Social Welfare Bureau. She had welcomed the statement by General Smuts that the Government would have to co-ordinate charitable institutions, subsidising them, and working through them.

5. MRS. ACKERMAN (The S.A. Women's Agricultural Union).

Mrs. Ackerman said that in a State Rural Nursing scheme the educational side was most important. It was necessary to educate our people, to raise the moral standard. She considered it should be supported by a general health tax.

She felt the urgent need was for an Emergency Medical Service. There was an almost total absence of this. It was needed in cases of maternity, sudden illness, accidents, snake-bite, etc. In this type of work time was the chief factor, and she made the suggestion that there
should be hospitals, serving a radius of fifty miles, fully equipped for First Aid. Arrangements would vary with local conditions, but in the wide, thinly populated districts, she advocated the use of aeroplanes to serve as ambulances.

6. MRS. HORWOOD (District Nursing Associations).

Mrs. Horwood agreed with the importance of supervision especially as a source of stimulation and encouragement to those working in isolated places, but it would be impossible for the Hospital Board to undertake the training of the Supervisory Nurse, of the highly qualified type visualised by the various societies. It would be a levy on the institution, and would be of no use to themselves. It would necessarily be a charge on whatever public body was responsible.

Salaries.—Mrs. Horwood asked that adequate salaries should be arranged. A woman who had spent six years' training should not be given a pittance. District Nurses began with £240 and went on to £300. They held the double qualification. If they wished to induce women of suitable training and temperament to undertake the work they must not expect too much from them. There should be reasonable salaries, pensions, arrangements for exchange, and they should carry governmental recognition, or the authority of some public body.

HIS EXCELLENCY read a series of resolutions, drawn up by Sir Edward Thornton, arising out of the work of the day. They dealt with:

(1) The need for better facilities for teaching First Aid, Hygiene and Home Nursing in the Schools.
(2) The need for an increased nursing service in the rural areas and the establishing of this on a national basis.
(3) The establishment, in connection with this, of a small committee to assist the authorities in co-ordinating local effort.
(4) Provision, as a basis of such service, for the training of additional nurses and midwives.
(5) The taking of immediate steps to provide training for Coloured nurses in the Cape Province, and of Indian nurses in Natal.
(6) Provision of Native nurses and nursing aids for Native areas.

It was decided not to put these resolutions to the Conference in view of the resolution to follow concerning the formation of a Committee.

DR. MOFFAT withdrew his resolution, as it was covered by those of Sir Edward Thornton, but he urged that the Cape Hospital Board should give the question of the training of Coloured nurses their attention. This, he said, was long overdue, and if they waited for the completion of the new hospital, i.e. about three years, it was problematical if the provision for this training would be any easier.

MRS. McILWRAITH (Deputy Organiser of Conference).

Mrs. McIlwraith said that when the Conference was decided upon it was felt that an excellent purpose would be served by meeting in consultation—it would be a clearing house for their ideas; but it was not possible to put before delegates resolutions for them to vote on,
as they would not be in a position to vote for any one scheme brought forward, having no mandate from their Associations for this purpose.

She commended the scheme of the Federale Vroue-Raad, which was before the authorities and would probably be their ultimate ideal. She referred to the other schemes brought forward, which could possibly be put into more immediate effect.

In order, therefore, that delegates might have time to digest what had come forward, and to take back a report of the proceedings to their associations, an adjourned conference was proposed.

The following Resolution was therefore moved by Mrs. McIlwraith:

"That a Committee be appointed to ascertain to what extent the existing voluntary associations are able to meet the nursing needs of the rural population of the Union, and report to an adjourned Conference the steps, if any, which should be taken to extend and develop this very necessary service."

MR. SMUTS, Chairman of the Finance and General Purposes Committee of the King Edward Order, in seconding the Resolution, said it would have been impossible to adopt a definite policy after hearing so much. There was no question of enquiring into the working of the organisations represented at the Conference, but the delay would give time for mature consideration, and the resolutions brought forward by the Director of Medical Services would be brought up for consideration at the adjourned Conference.

LADY CLARENDON informed the Conference that a condensed Report would be available for Delegates before they dealt with the Resolutions drawn up by Sir Edward Thornton.

The Resolution, Part 1, was unanimously carried.

Resolution, 2nd part. Moved by Mrs. McIlwraith, seconded by Mr. Smuts:

That the Committee consist of representatives of the following associations, viz.:

1. The King Edward Order of Nurses.
2. Die Federale Raad.
3. S.A. Red Cross Society.
5. S.A. Women's Agricultural Union.
7. S.A. Institute of Race Relations.
8. Public Health Department—an officer to be ex-officio on the Committee.
9. Medical Association of S.A.
10. S.A. National Council of Women.

This was agreed to.

VOTES OF THANKS.

MR. SMUTS, in moving a vote of thanks to Their Excellencies the Governor-General and Lady Clarendon, said that it was unnecessary to commend such a vote to this Conference. They all appreciated the
work they had done since their arrival in South Africa for the betterment of the people, irrespective of race, creed or colour. They had shown special interest in all that concerned the alleviation of sickness and suffering. The King Edward Order was specially indebted to them. His Excellency had recognised the limitations imposed on their work through lack of funds, and he thanked him for calling this Conference.

He expressed his deep gratitude to Mr. Hofmeyr for coming to address the Conference; they valued his presence, which was a sign that the Government was ready to co-operate in the work they had so much at heart.

He thanked Mrs. McIlwraith who had organised the Conference on behalf of Her Excellency; she had devoted much time to it and brought it to a most successful conclusion.

He thanked the Kindred Societies attending the Conference for readily responding to the invitation.

The Vote to their Excellencies was carried with acclamation.

HIS EXCELLENCY, replying, said that he could not lay claim to an intimate knowledge of the matters discussed, but he had listened with great interest; as a human being he was intensely interested to know the state of affairs and to hear how to make it better. He hoped the Conference would accomplish a useful purpose, and be a step forward.

He associated himself with Mr. Smuts in his thanks to Mrs. McIlwraith.

He expressed his thanks to Miss Pritchard of the King Edward Order.

He had been glad to welcome Sir Edward Thornton, whose excellent resolutions they would consider.

Conference then adjourned.
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