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which I would rather not express an opinion.

Is there any demend among the Natives for freehold, or for any other form of perpetual title ?- Yes, that question has been raised on several occasions. They have, of course, perpetual leashold at present and their rights are now, to a great extent, protected by the Native Urban Areas Act and, of course, under the common law, they are also protected. If the Municipalities should remove them, they are supposed to compensate them, but that does not satisfy their longing, you might almost say their craving, for freehold rights. On the other hand, they probably do not realise that if freehold rights should be given to them, their rates and taxes would go up considerably because they would possibly have to pay the same rate as the Europeans pay at present.

And then they would become entitled to a lot more services than they get today ?- Yes, that is so.

Would you say it is a matter to which the Natives attach much importance ?- Yes. Under our conditions, I think, however, that the Native is better off as he is.

You say that they would be entitled to compensation. Do you know how this compensation would be calculated ?- It is calculated on the removal value of the building.

That is very different from the value of the building ?- Yes. But if the Native disputes that, he has the right to demand arbitration at the expense of the Local Authority.

But the most the arbitrators could give him would be the removal value ?- No, it is not laid down what the removal value should be.

You are actually moving him from an old location ?- Yes.

And have any of those who have been removed received more than the removal value ?- Yes.

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Have any of them received the value of the house as a house ?- Yes.

And have some of them received that and others not?- That has not been the governing principle.~~x~~ We have erected a house, estimated the value of the house and we have been guided by what it would cost him to erect another house in the case where we have demolished the location.

Is that the basis which you go on ?- Yes.

Now, I believe that you said you had a lodger's fee?- Yes.

Is that a cause of dissatisfaction in your location ?- It was the cause of dissatisfaction at one time, because the Native did not understand this fee. They felt that it was interfering with their natural parental rights over their children and that it was a taxation on the children. Well, the population has increased so tremendously and the cost of running the location and providing all these services which were being carried out for the standholder was getting heavier and heavier. The standholder was only paying 6/6d per month. Many of the standholders were paying this fee and, at the same time, they were making a goodly amount out of their houses and their lodgers. These lodgers were enjoying the amenities of the location and they were paying nothing. The next man who had a very nice house and who had no lodgers, was also paying 6/6d. Well, the services increased to such an extent that something had to be done. It became a question of raising additional taxation.

Did the Natives realise that ?- Yes. I considered this question very carefully and I did feel myself that the Native, without some means of augmenting his income,

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could not carry any increased taxation as his earning capacity would not allow him to pay more. I carefully considered the matter and I came to the conclusion that we must have some indirect form of taxation and I, therefore, made the suggestion to the Natives themselves, that we should introduce this lodgers' fee. First of all, they did not like it, but I am pleased to say that they have now seen the wisdom of it and that they are quite in agreement with it. Only those who make money out of the Natives, money which is not paid by the standholder but out of his rent, bear the extra cost of the extra services necessary for the running of the location. I want to make this clear, that those people who have lodgers, have extra services rendered to them and pay for those extra services. It is natural that a stand where there are a dozen people or half a dozen people does not require the same service but requires more service than the one where there is only a man with his wife. I recommended to the Natives that that was a most equitable form of taxation, without increasing their charges and they all realised that and they are quite prepared to pay it.

Are you aware that the lodgers' fee is the cause of considerable dissatisfaction in some of the other towns?- Yes, I know it, but I do say this, that if it had been properly explained, the Natives would not object. The Native here realises that he cannot enjoy rights without subjecting himself to obligations, he cannot enjoy amenities without paying for it. The idea is not to increase his direct taxation, because we realise that, once a tax goes up, it is very difficult to get it down again.

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The Urban Areas Act is meant to apply to any urban area ?- Yes.

Looking at it from a financial point, is it possible for a small town to apply the Act ?- Yes, it is possible for a small town, if it can foot the bill.

That is just the point ?- Well, it is extremely difficult for a small town. I do not see how a location with less than 5,000 can carry out the spirit of the Native Urban Areas Act, that is to improve the conditions of residence, of Natives in urban areas, because they cannot afford to pay the average country Native a high enough wage to allow them to impose taxation to cover the essential and necessary services.

SENATOR VAN NIEKERK: What class of child is brought up in your location, what is the stamp of the children in the location ?- Of course, it varies - do you mean physically or morally ?

I am referring to both physically and morally; do they tend to become useful citizens ?- I am afraid that the younger generation is shewing a great sense of irresponsibility, due to a great extent to the economic conditions in many cases compelling mothers to go to work,and the lack of parental control, and secondly the fact that great numbers have not received any education at all, they have not had any training and they have not attained a sense of discipline, they have not had a real opportunity in life.

Has there been any pressure in this area on the part of the Natives for compulsory education to be introduced?- I can say that they are crying out for more education.

Have they been crying out at all for compulsory education in the location ?- Yes, they do cry out for it,

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and, as a matter of fact, they have offered to tax themselves at the rate of sixpence a head so as to ensure that the children shall get education.

Do you think that the time has arived for compulsory education for Natives ?- I think the time has arrived that every Native child, in his own interests and in the interests of inter-racial relations should be in school.

Now, what standard would you go to in such compulsory education ?- I would say that any standard they want to go up to, but I should revise their curriculum.

Yes, but what standard would you go up to for compulsory education ?- Not be an educationist, I am afraid I cannot tell you that.

What proportion of the Native children here go to school?- In Bloemfontein, the number of children of school-going age is 4680, and the number of Native children on the roll is 2563. So that practically 50% of the children of school-going age, that is between 7 and 14 years of age, are out of school.

It has been said to us over and over again that the Natives are running away from the farms so that they may get educational facilities for the children and yet we find here that the Natives in the location themselves send only 50% of their children to school. To what do you attribute that ?- You must bear in mind that the Native has not got free education like the Europeans and, in Bloemfontein, there is no accommodation for the whole of the population. To prove that statement, a reference to the country schools shews a number of facts. Bothaville, for instance, has 135 children of school-going age only in the village. It has 163 children in the school out of an urban population --- (number inaudible). Viljoenskroon

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has 63 children of school-going age, and there are 154 children in school. Then you have Brandfort with 167 children of schoolgoing age, and no fewer that 337 in school. And you find the same sort of thing right throughout the Free State.

What is your point with these figures ?- I am shewing the number of children in excess of those in the urban area of school-going age. Those numbers in excess come in from the country.

Do you think that the application of Native law would tend to greater morality in the location ?- There are certain Native sanctions, presumably under Native law, which may have a very desirable effect in increasing parental control, but in a civilised community such as we have here, where you have a large percentage of Natives who are strangers to Native custom, whose whole lives have been spent in contact with European civilisation, who have the European outlook on life, I am afraid the introduction of Native law would create confusion and chaos. Take, for instance, the question of inheritance. Many of our Natives insist upon the application of the Roman Dutch Law and to introduce the Native table of succession would be in conflict with customs which have been followed by them for years. They no longer know their Native customs.

Now, take the case of seduction ?- Yes, that is an interesting point and I just want to say that there was a request made to me that representation should be made to the Government in the case of seduction to allow the Natives to impose a fine on the perpetrator of the offence. As I say, it would be very awkward. You cannot have it 50/50, you must either have Native law or European law.

Is that a common offence in the location ?- Yes,

fairly frequent.

What percentage of the Natives in your location fall under the wage determination award ?- All male Natives practically, over the age of 15 years. The Wage Act fixed no minimum age.

A large number of your Natives work as houseboys ?-Yes.

What I want to know is what percentage of the Natives in the location fall under the Wage Determination Act ?- (No answer):

MR. LUCAS: You said this morning that 983 Natives were domestic servants ?- Yes, about 90% fall under the Wage Determination Act.

SENATOR VAN NIEKERK: Are the Natives keen on having their own businesses ?- Yes, they are very keen on that.

They have the right to apply for a hawker's license?- Yes, they have that rights.

And does not that supply some of their needs ?- Undoubtedly, but they feel that they are entitled to have trading rights and they have applied for trading rights.

Are Natives inclined to trade with their own people in preference to trading with Europeans ?- Well, if they have the opportunity, I should think that they would be inclined to trade with their own people, but they have not got that opportunity today.

Would they trade with their own people in preference to trading with other people ?- Yes, I think so.

But they surely would not pay more to a Native tradesman than to an European ?- There are some Natives who would.

One of the difficulties against giving a Native a license in the location was put to us that the Native would undersell the Europeans in town on account of their cheaper

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living conditions and that Europeans would then come to trade in the location. Would you be able to stop that ?- I am on very dangerous ground now. My Council have taken a resolution on that and I would rather be excused from expressing any opinion.

Do the Natives manage well now with the 3/6d per day ?- There is undoubtedly an improvement since they have been having the 3/6d -- there is an improvement all round.

Do you think that they can save on their 3/6d a day?- No, I do not. I do not think a Native can save on 3/6

Are there none in the location who have a savings account ?- There are some who are very thrifty, but the average Native is not thrifty, he cannot save. That I know. Old residents, standholders who have been here for forty years and who have never failed to pay their debts, may have been out of work probably through illness or some other cause and have come and asked me for a couple of months to pay their accounts. They may have been very thrifty people, but they have saved nothing.

They live from hand to mouth ?- Yes. The demands in the urban areas are increasing in the same way as with the Europeans.

Does the Native spend a good deal of money on amusement - is he extravagant ?- No, I do not think so.

Does he spend money on bioscopes and unnecessary things ?- No, especially in Bloemfontein they do not. The only amusement for which they have to pay here is the bioscope, because most of the other amusements are provided for them free. Of course, they have to pay a small fee when they go to see a cricket match, but in Bloemfontein you can say that the Native does not waste much money on amusements.

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MAJOR ANDERSON: What happens to them in their old age?- They have to depend upon Native hospitality, which is prolific -- which is always available. They have to depend on their children. I may say that, in Bloemfontein, there are only three Natives receiving pauper grants from the Government.

MR. THOMAS MTOBI MAPIKELU and
MR. BEN MPOLONGWANA

called and examined:

CHAIRMAN: We have seen your memorandum and, of course, we have obtained evidence on the same subject which you raise at various centres, so it is not necessary to go over the same ground again, but there are certain points which are not dealt with in your memorandum, about which the Commission wants some information. Of the members of your community who are trading now in Bloemfontein, how long have the men who have been in trade on their own account been trading ?- (Mr. Mapikelu): Some of them who have eating houses, started, as far as I can remember, before the Urban Areas Act was introduced. They started before 1923.

And some of them have traded regularly since then as eatinghouse keepers ?- Yes, right up until now.

One of the difficulties which has been put to us is that the Natives hitherto have had so little experience of carrying on business, that they frequently make a failure of it. What is the experience of your members ?- Have you a large proportion of failures ?- Not at all. In 1925 we had 123 on the list. There were no insolvencies among

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those in that year. Now, in 1929, from January 1929mto December 1929, we find that there were only three insolvents and there was an increase in the number of our members -- we had 73 hawkers and 73 eatinghouse keepers. These eatinghouse keepers and hawkers are paying £5 per year in license fees and that money goes to the Government revenue. Then, also, we pay taxes to the Native office for inspection of the building and such things.

You say that you have had no insolvencies?-This year, I am referring to 1929, we had only three insolvencies and last year we had no insolvencies, while the members increased to ninety.

Have you had cases where the trader had sold out his place to another Native owing to his getting into financial difficulties ?- No.

So your members have, most of them, been trading for a considerable time?- Yes.

Another objection raised before this Commission, a difficulty which Native traders are subject to, is this, that the Native is a hoppitable man and his friends hold that even the trader should be hospitable to them and give them things for nothing ?- No, not nowadays.

Do they realise now that a trader must be paid ?- Business is business, and charity is charity.

So you have no difficulty on that score ?- No, I cannot say that we have.

Did you have any difficulty with that before ?- Not to my knowledge.

SENATOR VAN NIEKERK: Have you got any Natives who have capital to start their business with ?- Well, a man starts very low and he has to work himself up. I can work myself up if I can start business with £5. We know these

Coolies have come here from overseas, some of them have had only a shilling to start.with. They start business, carry on and make thousands of pounds.

You have no Coolie competition here ?- No, none at all. We are fortunate in that respect.

CHAIRMAN: Now, in your eating houses in the location, you are allowed to carry on a certain amount of general business ?- We are not allowed to do so according to law.

But, in actual practise, does it make any difference?- Well, we are naturally at the mercy of the police if we do so. At any time they like, they can take action and they can come arrest all of us.

DR. ROBERTS: Are they kindhearted men ?- Very kindhearted, exceedingly so, sir.

CHAIRMAN: You want the right definitely established to have general dealers' licenses in your areas ?- Yes.

You saw what objection was raised in Kroonstad ?- Yes.

That it might open an avenue for European trade which would be carried on surreptitiously through the Native servants of Europeans ?- Well, that is only said to frighten the people and we do not think there is anything in it. It is a very unfair objection.

SENATOR VAN NIEKERK: At Kroonstad they told us that the Native will have a shop in his name only, but that the capital will be supplied by a European ?- I emphatically say "No" to that, because we know that the law is there at the same time.

But there is no law to prevent it ?- A law can be made. The Natives know that, if they come into town and trade there, they will lose all their privileges. We all know that that is so. There is just one point which I want to raise. It is only in the Free State that this attitude

is taken up. In the Transvaal, Natal and the Cape Province, the Natives are allowed to carry on general dealers licenses. Why not here?

MR. AMOS MATLHAVE, representing the Teachers' Association, called and examined:

DR. ROBERTS: We have seen your statement. With regard to bursaries, I suppose you know that there are many bursaries given to Native students. You say that there are none ?- There is only one bursary in the Free State. I am only speaking from the Free State point of view.

There are very many bursaries given elsewhere and it is not correct that the Native is without bursaries ?- Are those bursaries available to Free State scholars too?

Yes, they may be if they can get them ?- I think the Andrew Smith bursary is a competitive bursay and it is not everyone who is able to get it.

CHAIRMAN: Do you think that the Free State Natives have less brain than the other Natives ?- I think there are only about seven bursaries given for a certain class of Native.

DR. ROBERTS: Then there are a great number of bursaries given to other students - -- ?- They are not available to Free State people. There is only one bursary of £5 available to Free State students. I have personally tried to get a bursary but I have failed.

Then there is a second question I want to put in regard to medical students. There are three ways in which medical students - Native students can be trained ?- Yes, I know that.

First of all, they can finish at Fort Hare and get their training at the hostal there. Then the second is

that they can put in two or three years at Fort Hare and then, perhaps for the rest of the time, they can go to Johannesburg. The third is that the Government gives bursaries of £200 per year and send them to England or to Scotland. Have you any preference with regard to these things Have you thought of these things ?- I have mentioned it on my statement and I prefer that they should be trained at Johannesburg.

DR. JOHAN LOBIUS, Location Medical Officer called and examined :

CHAIRMAN: You have put in a statement in regard to your duties and the conditions in the location ?- Yes.

All matters pertaining to public health, as such, are under the jurisdiction of the Medical Officer of Health of the town and do not fall within the scope of this report. Regarding medical services in the locations, the Native dispensary is situated in the locations and is in charge of an European doctor, whic is a full-time man and is in the employ of the Bloemfontein Municipality.

At the dispensary, patients are examined and treated and a charge of 3/6d made. This is very elastic. A large number of patients, however, are treated free. Approximately two fifths of new patients every month are free patients, other being paying patients. The average number of new paxtients is approximately 350 per month, and by new patient I mean a patient not seen within four weeks. The average monthly attendance is 950 to 1,000, the maximum up to now being 1,300.

The location Medical Officer reports monthly to the Native Affairs Committee and Public Health Committee. This report gives details of attendances, venereal diseases, notifications, the work of nurses, visits of doctors, deaths

and still births certified at the dispensary and any special subject that may occur.

Besides the examination and treatment of patients, the nature of the work done at the dispensary is as follows:-

The L. M. O. gives lectures fortnightly on any appropriate subject, for example, fly nuisance, personal hygiene, and talks on any prevalent disease. The attendances are fair, but improving, as ignorance and apathy are gradually being overcome. The average attendance is 15-20.

Special lectures are given with the help of slides and pamphlets in Native languages. They are given periodically and are excellently attended by both sexes. Great difficulty, however, exists in obtaining suitable slides and pamphlets. The average attendance at these lectures is approximately three hundred.

Regarding maternity work, approximately 18 cases are attended by nurses during each month. Each case is seen by the Location Medical Officer, the number of visits varying according to the case.

No provision whatsoever exists in Bloemfontein for the reception of non-European maternity cases. At present, the Municipality hires rooms in the locations for special cases, this is, either patients having no home or friends and/or the case requires special treatment. A special fee is charged for maternity cases, but is not insisted on. A large number of women still cling to Native customs and beliefs pertaining to childbirth and after, to the detriment of both mother and child. Grandmothers and others are still recognised as midwives and confine women as they themselves were confined many years ago, contrary to the laws of sepsis and hygiene. A very pleasing feature,

however, of this branch of the work is the fact that there is a decided increase in the number of women booking nurses beforehand for their confinement. To my mind, it is an excellent sign.

An increasing number of women attend the dispensary for ante-natal care and advice and one good result of this is the fact that there is a decided decrease in the number of still births, that is even allowing for non-notifications.

Venereal diseases are treated at the dispensary and also at the isolation hospital, Tempe, which is in charge of the Medical Officer of Health.

Venereal diseases are extremely prevalent here and one finds it either in its congenital or acquired form in all classes and the percentage of infected is very high. Amongst the Bantu and Coloured, syphilis and gonorrhoea are unfortunately still thought as little of as the measles or similar ailments. In a large percentage of cases, no sense of shame is evident and parents whose children are born tainted treat the matter in a surprisingly casual manner. It is still an extremely difficult matter to persuade a mother of an infected child to undergo treatment herself as well as allow her child to be treated. The terrible after effects of venereal infection are not yet realised to any extent and I am convinced it will take years to combat and overcome the ignorance and to beat down the barriers of prejudice and superstition that exist in the minds of the mass of the Bantu and Coloured. I cannot emphasize too strongly that, to my mind, venereal disease infection is spread here to a great extent by drink, immorality and also lack of parental control. We have confined girls of 15 with infected children. From the European point of view, it is astounding the risks that

are taken. Very few European women with children in homes take the trouble to have their servants examined before engaging them. I have often been asked to examine a servant "as mother is terribly anxious for the sake of baby". On enquiry, how long the servant has been working, I am told "Oh, only a few months". When these folk are told their servants are infected, the blame is always attached to the servants and never themselves. Although venereal diseases are treated free at the dispensary and at Tempey yet I am convinced that the ideal effect will only be attained by a clinic inside the locations free and open at suitable hours. The average number seen per month is between 40 and 50. This number is far below what it should be.

The Non-European Child Welfare Society was started about the middle of 1928, and is controlled by an elected committee of Native women, representing various blocks of the locations, plus representatives of the Town Council Native Affairs Department and Location Medical Officer. A grant of £50 was obtained from the Town Council and approximately £30 collected in the locations. Membership is approximately 100 and the members are gradually learning the work and objects of the society. As far as possible, an endeavour is being made to train the Native members of the committee to do the work of health visitors, etc., same as in European societies. Like other work of this nature, it will take time to fructify, but results are already apparent. Babies are brought regularly for weighing, pure milk is being asked for and signs are not wanting that in some homes at least the baby is coming into his own, and it is hoped that the dummy soaked in beer to quiten baby will soon be a thing of the past. Unfortunately,

as in many other questions of health, the economic factor plays an enormous part. It is no use telling mother to buy milk for her baby when she cannot buy the ordinary necessities of life. However, I am convinced that this society with the help of the nurses will be an active force in combating infantile mortality.

On the question of special diseases, the most important of these is entiritis (summer diarrhoea). The desthrate from this is very high, but here again many causes are to blame, the chief of these being, to my mind, -

1. Economic,
2. Appalling ignorance, apathy and uncleanliness on the part of moth;
3. Lack of hospital facilities,
4. Environment,
5. Work of nurses.

Three non-European nurses are employed by the Municipality and are responsible to the Location Medical Officer. All are trained in midwifery and general nursing and have been found to be capable, tactful, of good character and willing to work. Health and maternity visits are made daily and attendance at the dispensary in rotation. Reports of cases visited are submitted daily and a detailed report of maternity cases attended during the month is made at the end of each month. Nurses are required to help the Child Welfare Society and do all they can to further the well-being and health of the inhabitants of the locations. Uniform is worn when on duty and visits to town are only allowed when off duty. Nurses are available at any time.

Special examinations of Municipal boys aremade periodically at the request of the head of the Department.

First aid classes are held regularly at the dispensary, lectures being given by the Medical Officer.

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Regarding hospital facilities, infectious diseases are treated at Tempe Hospital. Apart from the above, only two wards, one male and one female, (bed capacity about 55) are available for a non-European population of over 27,000. As mentioned before, no facilities exist for maternity cases. I need hardly mention what a handicap this is to any community and how infantile and ordinary death rates can be swollen. It is to be hoped that sufficient accommodation will be found in the new hospital.

In regard to sanitation, etc., pail and slop water carts are used for the removal of night soil and slop water. The system is not ideal.

Notifiable infectious diseases are notified to the Medical Officer of Health in the usual way.

On the question of infantile mortality, this is still very high, but shewed a decrease last year. The deaths are particularly numerous during the months of November, December and January. I append the following figures:-

1926-7	Popul.	Births	Deaths	Infant Deaths
1926-7	23,186	497	835	325
1927-8	24,633	467	890	312
1928-9	25,514	533	1223	430
1929-30	26,394	506	744	303

I admit that, although registration is compulsory, figures cannot be relied upon as there is not complete registration of births and deaths.

Infantile mortality is, to my mind, the most important problem to be tackled and examining the causes I am convinced that one of the main causes is the appalling amount of ignorance, superstition and prejudice that exists, although I have no hesitation in saying that this tremendous barrier

is gradually being broken down, as is shewn in one instance I have mentioned alone. But we have a long way to go before we can abolish some of the non-European customs and beliefs and convert the "Don't Knows and don't cares" into thinking individuals. Another important factor is the economic one, which is more important today than ever. Unemployment is rife and we have children sick in homes where means are not even available for making fire, much less food or other necessities. Lack of hospital facilities is an important consideration and a child born in conditions requiring hospiral treatment which is not obtainable, has little chance of becoming a healthy citizen and an asset to the community. A further factor, which is directly concerned with the economic question, is that of mothers having to work to augment the family income. The result is that babies are left in charge of other children, relatives or neighbours and receive no proper attention. The same thing applies where mothers are removed to hospital, gaol or other places. The welfare of the children has perforce to be left to foster mothers and others. The child is always the victim. Wrong food and wrong feeding play their part, too, in this drama. We know that new-born babies have been given tea, coffee and even beer. Even when milk is bought, it is not always kept under the best hygienic conditions. Overcrowding and insanitary conditions are, of course, always a factor in infantile mortality. Venereal diseases I have already spoken about.

To counteract the above, I would suggest regular lectures and clinics with slides and pamphlets in the appropriate language. More support for child welfare societies, better facilities for maternity cases. We have

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no rescue homes or creche and I would suggest a scheme on similar lines where children could be kept whilst mothers are working, are in hospital, or are removed elsewhere. Lastly, I would suggest more cleansing and sanitary facilities.

In general, I would say the non-European lives in an environment and atmosphere different from that of the European/and it is useless to compare their respective birth and death rates, especially when there is the known factor of the unreliability of the statistics for the non-European. In Bloemfontein, there has certainly been an improvement in the standard of living, but it will take a great deal of time and a vast amount of money to better the conditions of the non-European in order to enable him to reach the level, that is, in health, both public and personal, of the European.

CHAIRMAN: I want to ask you a few questions on the position of mortality in the locations. I take it that all your deaths have to be registered ?- Yes.

There is no way of disposing of the corpse without registration ?- No, but I do know of cases where children have died and have been taken to farms and been buried there.

Is not that illegal ?- Yes, but it has been done.

But that would be rather an exceptional case, would it not ?- Yes. I have rather an interesting point in connection with that. There is a certain house in town here which I have actually seen a burial order framed. I have asked the parents of the child for whom the burial order was, what had happened to the child, and they said, "The child has been buried on the farm". That is an instance which I have seen with my own eyes.

Would you consider that a thing like that could

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happen frequently ?- No.

Generally speaking, one could take your death statistics as being fairly accurate ?- Yes, I think so.

And as regards birth statistics ?- I am quite convinced that, especially up to a year ago, there were a great number of births not registered, but some time ago, I should say about a year ago, the system was adopted of registering birth and death at a pass office here and we certainly have had a good deal of improvement. It is done under the jurisdiction of the Superintendent of the Location and, apart from that, we send in from the dispensary a list of the births that we know of, and if those births are not registered, the Native Affairs Department sends round an official to see why these births have not been registered. In that way, we are getting a great many more births registered than used to be the case, but still they are not all registered yet.

Do you think the Natives in the location are aware of the fact that it is a punishable offence if they fail to register a person ?- Yes, we have had pamphlets printed and distributed in the location, explaining the position, and I think that they all know it today.

Then why do you think that, in spite of that, they do not yet all register ?- I do not know, whether it is that they do not want to register, I cannot tell.

That happens amongst the Europeans too. Your infantile mortality rate seems to be something in the neighbourhood of 600 per 1,000. The last report was 598 per 1,000 and the previous report shewed 806 per 1,000. These are the figures of actual deaths. The actual figure last year was 598.8 per 1,000.

That is the lowest for the last four years ?- I

cannot tell you that.

DR. ROBERTS: It would give a very false impression if you took the number of deaths against birth, if all the births were not registered. Would you not rather take the figure of deaths as against population ?- We have to take it as against births registered.

Were the infant deaths 303 or 403 ?- 303.

Your figures are above 60% for the last four years. Now, there must be a large number of births that are not registered - there must be a very great shortfall in the registration of births ?- Yes.

If three children died out of every five in the location, you would not have many Natives who wanted to stop there. They would all want to quit ?- Yes.

As a going concern, the location would not shew that death rate and keep on, because the people would flee from it as from a plague stricken spot ?- Yes.

I would urge that it is absolutely fictitious to give this number of births if they are not all registered. Rather base your death figures on population and not on births ?- I am only giving a figure on the births that are actually registered. It is no good my saying so many people have died, and I think that so many are born.

CHAIRMAN: The point is this, to compare the deaths with the registered births is entirely fictitious ?- Yes, I agree with you and I say that in my report. I have a letter here which ends up by quoting the fact that these figures are entirely unreliable and misleading. It is a letter from Pretoria from your office, Mr. Chairman.

I make the point particularly because it has become fashionable in the newspaper to give fictitious birthrates ?- I am glad to hear it.

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Now, I want to take your total number of deaths. For 1926-27, you give 835 deaths as against 23,000 of population and so on. Now, of these deaths that took place in the location, did they include any number, any appreciable number of people from outside, who had come here for medical attention and died here ?- Yes, especially from the surrounding parts here. We get a large number of cases coming in from Shannon, Lake View, Bayne's Vlei and Glen, and from surrounding farms and other parts. We do get quite a large number of these Natives coming in.

MR. LUCAS: Out of your 835 deaths, how many would be deaths from these outside places? Would it represent, say, the 35 out of that 835 ?- No, it is more than that.

CHAIRMAN: You have no information on which one could build anything ?- I might get you some information from the Registrar of Births and Deaths.

So that, again, your deaths figure would be higher than the deaths figure of the population resident here ?- Yes. The actual number of deaths shewn there does not mean that all these people are people from Bloemfontein.

DR. ROBERTS: Your average is about 30 per 1,000 ?- The deathrate last year was 21.89 per thousand and the year before it was 40 per thousand. Those are actual deaths. They are not only infantile deaths.

SENATOR VAN NIEKERK: On the other hand, are there sick Natives who go into the countryside and die there ?- Yes, but not many. Most of them, when they are ill, stay here. As a matter of fact, very few Natives go away and I have known that Natives from elsewhere, who have relations here, are brought here and are treated here. If they die here, they have to have a burial order. It is a big 'do' among certain classes of Natives when there is a funeral,

and there is more scope for that here than outside.

CHAIRMAN: Now, apart from diarrhoea, what are the main causes of infantile mortality ?- As I mentioned in the statement, there is first of all the tremendous amount of ignorance and a sort of feeling of don't care and don't worry among the Natives. We have a large number of women in Bloemfontein who are not married and who have children. A great number of them are young girls of 16 and 17 years of age. Parental control has been lost for a long time and they become pregnant and have youngsters. They do not want them and they do not care what happens to them. We have noticed a great deal of that in connection with our child welfare movement. We tell them what to do, how to feed the child, and we even give them milk, but, what happens. We know of cases, definite cases, where these young girls have not even given the milk to the children, they have taken it home and drunk it themselves, or they have made porridge with it. They do not want the children and they have not the slightest idea how to bring the child up or how to look after it. We have had a lot of that and it is a very serious position.

MR. LUCAS: Is that a substantial proportion of the number of mothers ?- Yes, a large number who have illegitimate children.

Would it be more than 5% of the total ?- It would be very hard to say. Some of them are living with men. You will find them living with a man for a couple of months and then they leave that man. Well, of course, we cannot enquire into their morals, and it is difficult for us to say whether they are married or not. Another very important factor is the lack of hospital facilities. In the

whole of Bloemfontein, we have only two wards for the Natives, one male and one female add that actually includes the children's ward. That ward consists of a couple of beds on the verendah and sometimes we have had two children in one bed. Of course, it is hopelessly inadequate and to get a child into hospital suffering from this infantile diarrhoea is absolutely hopeless. When you come to the hospital you find that all the beds are needed. They have to have beds for imergencies for accidents and so on and when a child is brought in suffering from one of these diseases, you simply cannot find accommodation for it. Of course, it is no use blaming the staff. They have not got the beds and it is not their fault. We have no creche and we have no rescue rooms. We have only two rooms which we keep for urgent maternity cases because they require instrumental help . Then we find that an employer in town may ring up and tell us, "My servant girl is in labour, what am I to do?". We look after them, the Municipality does. We have no other facilities and whatever we have is quite inadequate. We have three nurses and we do everything we can. I feel that we are doing a lot of good and, as a result of our efforts, the number of deaths has certainly gone down, but still we have a lot more to do. There is this ignorance, superstition and prejudice which play a tremendous part against bringing down infantile mortality and there are so many other factors that one realises that the task is an immense one. Still, we are hopeful of bring about improvement and we certainly have done so already.

DR. ROBERTS: Supposing the unmarried mother runs away, what do you do with the children, do you send them to

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the grandparents ?- That is often done, but it is an extraordinary fact and that proves what has been said before, we never have any difficulty about placing the children. We have even cases here where children have been taken even from the Coloured people. You can always get a home for them.

CHAIRMAN: The child is always regarded as an asset, but evidently not so by the unmarried mother?- No, the child is certainly not always regarded as an asset by the unmarried mother.

But in those cases, there is always another Bantu family which is invariably prepared to take a child ?- Yes, that is so. We get reports and we are told so-and-so is lying in the street and we can always find a home. Then, there is another aspect, there is the economic question. A woman becomes pregnant and she works to the last stages and two weeks or so after the child is born, she has to go and work again. What can she do with the child? She cannot take it with her. She has to leave it with the foster mother or someone else. What is to become of the child? It is taken off the breast, it gets milk, threequarters full of flies , it gets porridge which it should not have, and what can you expect. The child gets very ill and very often dies. We have had a large number of cases where children have been given kaffer beer to quieten them. Well, you can quite see that that is a tremendous handicap and this plays a big part in the mortality among the children, large numbers of whom die ot enteritis. In another report, I mentioned a case where the mother has gone out to work and has come back to find her 2-months' old child dead in the house. This child had been left in charge of some other

children and those children did not even know that the child had died. The same thing applies where cases are removed to institutions like the gaol, the hospitals - to any public place where the care of the child is left to other people. I should not say hospitals - hostels were in my mind. That child has no hope at all. Another point causing infantile mortality, is the actual condition of life which one finds in some areas. In some areas, we often find the child in a room, the room abutting on to a yard or a sort of a fenced-off place containing a cow or two. Slop water all about. The child gets sick. There are flies in the million All the food is contaminated. All the medical attention in the world will not help that child. These insanitary areas, I must admit, are not found all over the locations, they are not found in the new location, but they are in the old locations, which are very much over-crowded. The sanitary arrangements are unsatisfactory. We have the bucket system and that is not a system that is conducive to the well-being of anyone, whether it be child or grown-up. And that, also, plays a very big part in the matter of infantile mortality.

Then, also, there is another big factor, that is venereal disease. We find any number of women, especially now, who come in wanting to be treated for syphilis. They come in for this ante-natal treatment. When you test them they are definitely positive and their children will be born probably syphilitic as well. They are told to go to hospital or to come for injections, but they tell you point blank, "I cannot do it, I have to work". They have not the means. That is the economic question all over again. They cannot afford to go to hospital for a couple

of weeks, because they cannot afford to leave their employ. The child is born a congenital syphilitic, develops convulsions and dies. Venereal disease is, of course, a very important aspect of this branch of medicine and it is unfortunately very rife here too.

Then, I have mentioned in my report that immorality plays a big part in spreading disease. It also tends, to my mind, to swell the ranks of those dying from enteritis - the sale of drink also adds to that. A great number of the parents undoubtedly do drink. They get drunk, the children are neglected and what happens. I am referring to married and unmarried women. The child suffers and very often dies. That, of course, is a factor which it will take many years to eliminate. They believe in their freedom to drink as much as they can afford to, and the end of it is that the child is the victim, it is the inevitable end.

SENATOR VAN NIEKERK: What is the condition in the location of the children who are grown up, I mean physically ?- Generally, it is good. We do occasionally find schools where they have an outbreak of skin diseases, but generally it is good.

MR. LUCAS: Are they reasonably well nourished ?-Yes.

Have you found a tendency among women that the number of children born to them is decreasing. We have been told that, in some parts, women cease bearing children at 35?- I would put it this way, that families are smaller. They do cease bearing children at an earlier age.

Can you give us any idea of the age at which they cease bearing children ?- It is very difficult to find out what the ages of these women are. There is this. We are

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getting an increasing number of women who come along and say, "I have had only one or two children, what is the matter, what is wrong with us? We want more children, what is the reason why we do not get them." We find more and more women coming to us with that complaint and, with some of them, one has to go right back and trace the whole history. They may have had some disease, they may have had venereal disease, syphilis, and they may have been infacted with consequent sterility. That, of course, is one aspect of the whole matter and there is more of that nowadays than at any time in the past.

CHAIRMAN: I believe that you have an European practise as well as a Native practise ?- No, I do not do any other work except that appertaining to the Location medical officer.

Have you had any experience of European maternity work ?- Yes.

Now, the number of children born to an European woman, after she has reached the age of 35 tends to decrease ?- That is so.

One has to bear that in mind, but isthere a bigger dropping off in the number of children born to a Native woman after that approximate age than to a White woman ?- No, I do not think so.

Do you think that the Native woman goes on bearing children during the whole of her fertile period ?- Yes. But we do get a certain number of women coming in now who have stopped bearing children after they have had two or three. There is just one other point that I want to mention in connection with venereal disease, and that is the number of young boys and girls who have contracted the disease. There is a tremendous number of them and one of the reasons is the fact that they have to go out and work and the

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parental control has been completely lost and these young people contract the disease and we have very large numbers of them suffering from it. We have had young girls of 15 years confined with syphilitic children.

Is that in the Bloemfontein location ?- Yes. There is a great deal of it here and it is an evil that requires dealing with very drastically.

MNR. MARTHINUS HENDRIKUS RAATH(opgeroep en ondervra).

VOORSITTER: U is 'n boer en U woon in die Witzieshoek distrik?--Ja; daar is 'n paar punte wat ek graag onder die aandag van die Kommissie sou wil bring.

Dit is herhaaldelik vir die Kommissie beweer dat onder die Naturelle Grond Wet van 1913 een derde van die naturelle dit nie langer moontlik gevind het om op die plase te bly omdat hul nie langer op dele het kan ploeg, en dat baie van die naturelle na die reserves of na die stede getrek het. Sou U vir ons enige getuienis kan gee op daardie punt?--Ja, ek denk dat die posiesie is dat 'n hele deel van daar die naturelle weg getrek het; daar het van hulle in die reserves ingekom, maar ek geloo nie, dat daar baie van hul in die stede ingekom is; ek geloo dat baie van hul uitgegaan het as arbeiders; in u vrae praat u van die mense as "plakkers2, maar is dit nie "labour tenants". By voorbeeld 'n labour tenant is 'n man wat sy dienste gee vir die voorreg wat hy kry op die plaas; hul praat hier van die mense as"plakkers", maar dit is nie die regte woord nie-- soos ek dit verstaan.

DR. FOURIE: Sou U liever die term "woonkaffer" gebruik?- Ja, ek meen dit sou beter wees.