

INSTITUTE OF CURRENT WORLD AFFAIRS

PBM - 9
New Native Hospital

42 Fereday Drive
Eastlea,
Salisbury,
Southern Rhodesia
October 14, 1953

Mr. Walter S. Rogers
c/o Institute of Current World Affairs
522 Fifth Avenue
New York 36,
New York

Dear Mr. Rogers:

At noon on Tuesday Julie and I were waiting in Mr. Robertson's high, sunny office in the Salisbury European General Hospital. Mr. Robertson would be a little late, his secretary told us. He was at court, testifying at an inquest. Julie settled down with a couple of medical pamphlets she found on a table. I, being incurably curious, was weighing myself when Robertson bustled in, apologizing for being late.

"Before we go, I think you ought to take a look at the plan of the new Native Hospital," he said. He led us to a large architect's plan hanging from a wall in his secretary's office. "This is what is happening out at Harare. Or, I should say, what we hope will happen.¹ There is only one building completed and in use, the Maternity Block. We'll go through that building, then look at the others that are under construction--the power plant, laundry, kitchen, out-patient block, and the hostels. That should be enough for one day."

After a false start--Mr. Robertson had to go back and tell his secretary where he would be--we piled into the front seat of his government-owned brown Austin auto and headed for Harare. He talked as he turned left from North Avenue into Moffatt Street and headed towards town under the lavender-blooming jacaranda trees.

"It's too bad that the new hospital hasn't been given much attention by the press. Everyone knows about the old place on North Avenue. It's been there so long that almost every person who has grown up in Salisbury has taken a sick Native there at one time or another. No one has had the brass to mention within my hearing that the place is inefficient or poorly run, but they are all quick to point out the small wards and the ramshackle old buildings. They're perfectly right too, the place is about to fall down. Damn!"

The last expression seemed to be directed more at a bicycle-borne Native who was threatening to charge the Austin than at the hospital. There may have been a little of both in it.

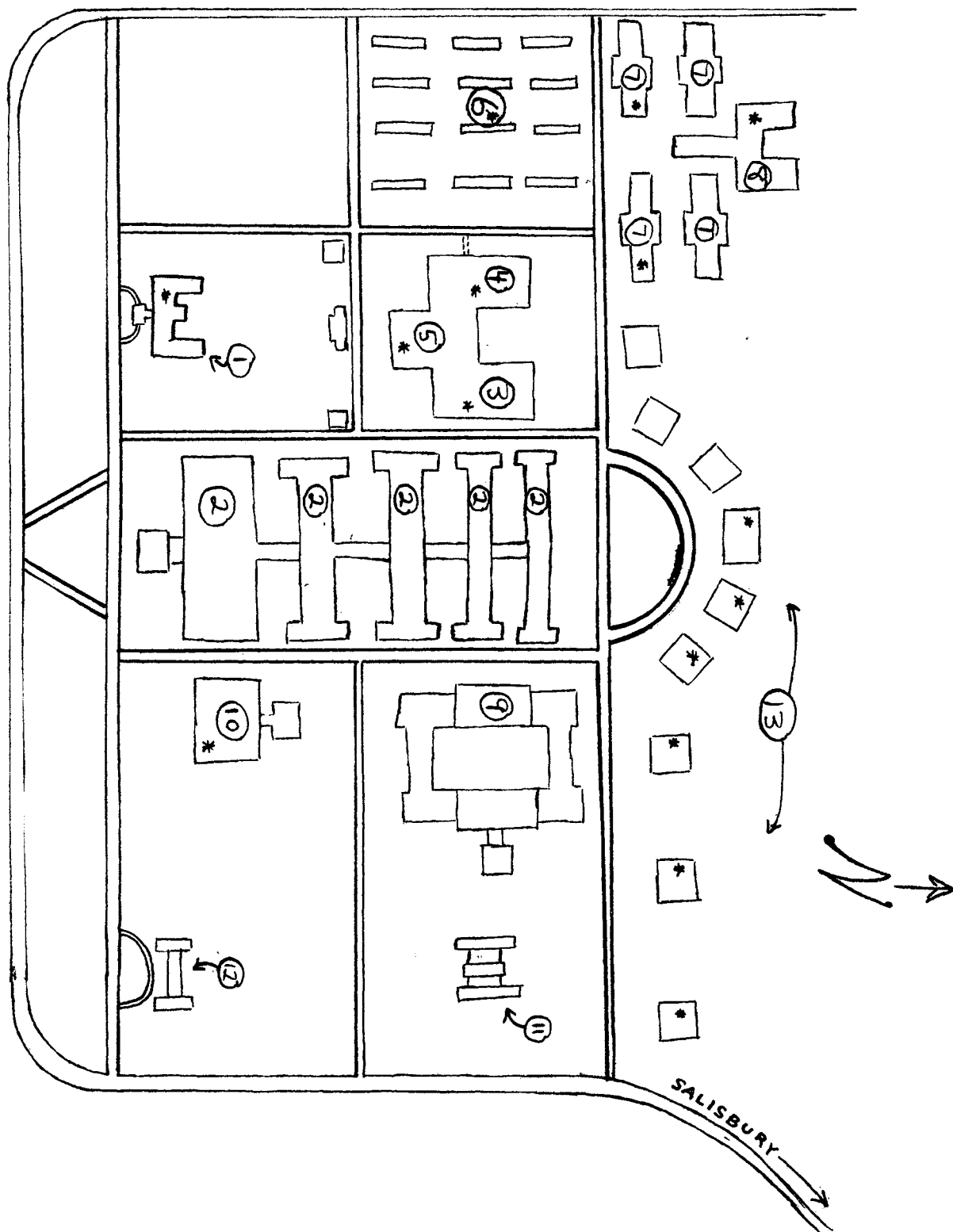
"Those braggarts in Nyasaland and Northern Rhodesia are always dancing around their puny little hospitals singing proud songs about what great medical benefits they are bringing the Natives. No one seems to realize that we spend more on the Native Hospital at Bulawayo in one year than the government of Nyasaland spends on all their medical services for both white and black.

"I suppose there is some reason that not much has been said about Harare (the Native Hospital) but it pains me just the same."

We were passing through the edge of Salisbury. We crossed the railroad tracks
1. See map on next page.

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|-----------------------------------|--|---|
| *1. Maternity block | *6. Married Native quarters | 11. White nurses' quarters |
| 2. Administration and ward blocks | *7. Single Native quarters | 12. Home for man in charge of entire hospital |
| *3. Kitchens | *8. Dining halls and kitchens for single Natives | *13. Homes for hospital's medical officers |
| *4. Boiler house | 9. Native nurses' quarters | |
| *5. Laundry | *10. Out-patient block | *= built or under construction |

NATIVE HOSPITAL AT HARARE



and swung sharply west through the industrial area of the city.

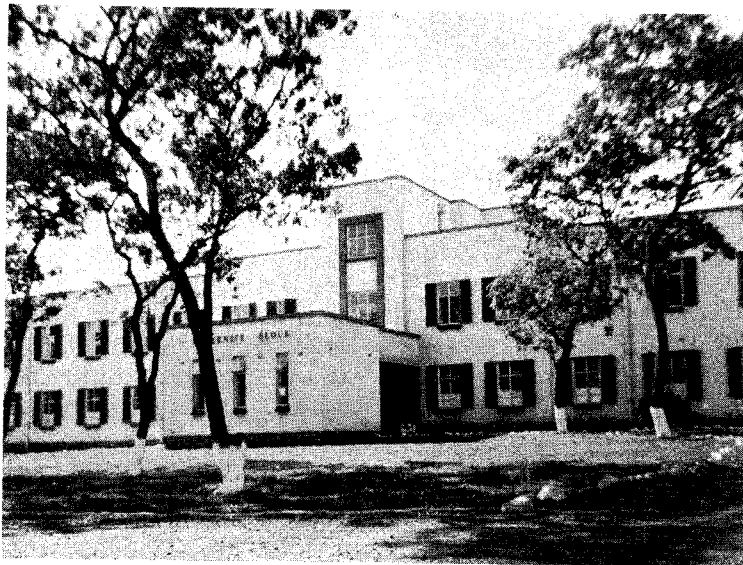
"It seems to me," I ventured, "that the Native Hospital, when it's finished, will be about 15 times as good as the present European Hospital. Perhaps all the silence arises out of the fact that the government doesn't want the Europeans to feel discriminated against. The Confederates would be sure to jump on this if they knew about it. They would love to prove that Sir Godfrey's government is taking better care of Natives than it is of Europeans."

The doctor nodded dubiously as we left the Beatrice road and bounced onto a dirt and rock track that led past a sign which read "Native Hospital. No Trespassers." We were on the road to the east of the hospital group, at the bottom of the map. As we jounced along we saw on our right a handsome, two-story building, obviously a home. "What's that?" I shouted. Apparently the maintenance department of the Southern Rhodesia government forgot to tighten something last time, for a large piece of metal was loudly threatening to drop out on the road.

"Medical officer's home," came the reply. "They'll be going up all along that road soon." He pointed along a road leading to the right. We continued on through scrubby little trees and brown grass, swinging around a curve to the right and coming to a stop in front of an angular building labeled MATERNITY BLOCK. The place was painted what I have come to call "government yellow"--a grapefruitish color which was apparently overstocked in 1904 and has been daubed on government buildings ever since.

Mr. Robertson took us under the ambulance porte-cochère and through the wide glass doors leading into the building. In the sublimity of my male ignorance, I always thought that maternity hospitals would appeal most strongly to

two of my senses; smell and hearing. My experience is still limited, but in this, the first maternity hospital I ever entered (it is the second, really, but my impressions of the first are, to say the least, hazy) the silence was overwhelming.



The Harare Hospital Maternity Block

The hospital smell was there all right. A clean smell of disinfectant, soap, and warm tar (workmen were busy roofing a nearby building) moved through the wards and down the yellow hallways on a slight breeze from the open windows, but there was no noise. No cries of women in labor and, most surprising of all, no babies crying.

We walked down a corridor in what I later learned was the center bar of the "E" shape in which the hospital is built and turned into a busy office. Beside a

desk stood a tall man. He apparently had got up when he heard us coming.

"This is Dr. Fraser-Ross. Mr. and Mrs. Martin." When the introductions were finished Robertson explained our purpose in dropping in.

"Glad to have you," Fraser-Ross said. There was no doubt of his origin--his Scottish accent was soft but apparent. After a bit more explanation of our interest in Native babies, I asked about the silence. Wasn't the hospital being used yet?

"We have about 2500 births a year," he said, "and the hospital has been operating for $3\frac{1}{2}$ years. We'll be able to handle more eventually, but right now we must use the top floor of the building to house the staff."

We were out of the office and walking down a corridor that led around a courtyard, open to the sky. Dr. Fraser-Ross, a young, sharp-featured man, was wearing a Robertson-type white duster coat over his street clothes. He stopped in front of a double door and said, "I suppose you could call this a typical ward."

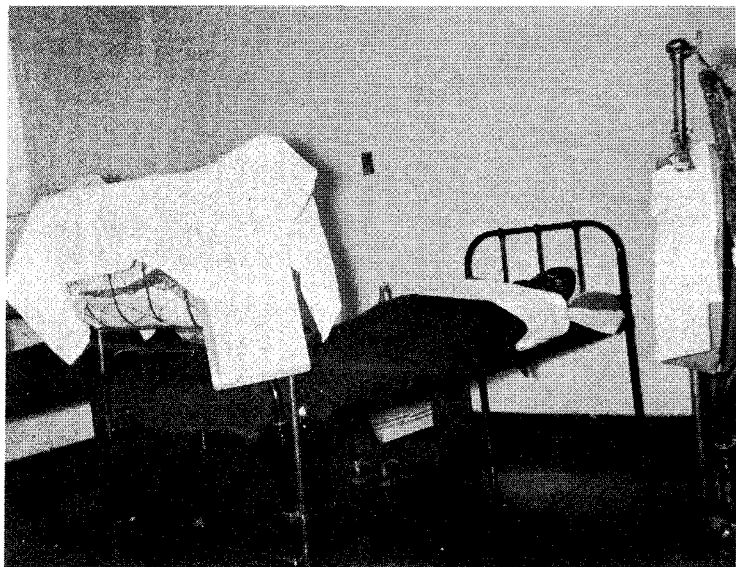
He opened the door and we walked inside. On both sides of the room were four dark-painted, iron beds--the type usually found in hospital rooms, except for one feature. At the foot of each bed, suspended by iron poles that ran up from either side of the bed itself, a wire basket was hung.

All eight beds were occupied by Native mothers, who looked at us with what

appeared to be mingled apprehension and interest. Seven of the eight baskets were filled with new Natives, all asleep. The basket on the bed nearest the window was empty for a very good reason--feeding time.

The mother was sitting up in bed with her baby in her arms, holding it to her breast. With one hand she held the baby tightly--with the other she continually patted it on the back.

"A very good practice," said Dr. Fraser-Ross. "It's one of the reasons it's so quiet here." I gathered that the patting kept the child well burped (I hope my terminology



Native mother in ward at Maternity Block. Baby is in covered basket at end of bed.

is correct) and, at the same time, happy.

"Another reason that it is so quiet is because every child who weighs over four pounds is immediately given to its mother. The mother takes care of her own

child, and it is always in her sight in the basket at the end of the bed. It makes the mother happier--and the baby seems to enjoy it, too."

It seemed like a very pleasant arrangement, and although no babies were crying at the moment, it was pointed out that it was very easy to pacify a noisy child by rocking the basket occasionally with the foot. Or the mother can tie a piece of string to the cradle and rock it that way. If all this fails, the mother merely picks up the child and feeds it.

We filed out of the ward and continued along the corridor. The ward next to the one we had visited was empty and Fraser-Ross explained that it was kept open to accomodate women in labor who were brought to the hospital at the last minute. We came to the end of the corridor and pushed through two swinging doors. In a very spick-and-span setting were eight or nine plexiglass boxes on legs, the temporary home of some of the tiniest babies I've ever seen.

"All the premature babies and other babies that weigh under four pounds are brought in here," Fraser-Ross explained. "We had to invent our own incubators--the manufactured type cost more than we could afford."

The boxes seemed very simple. They were fitted with lids that could be lifted off. Small holes had been drilled into the clear plastic to accomodate rubber tubes that led from an oxygen pipe running around the wall.

"This is the runt of our latest litter," Fraser-Ross said, pointing at one of the boxes. "His mother has already lost several children and we're doing our best to save this one for her." The baby was about seven inches long and was breathing deeply as it slept.

"If he lives, and when he weighs more than four pounds, we'll give him to his mother in here." He led the way through a door and into another ward. The beds were all filled, but there were no babies in the wire baskets. "We keep a careful eye on the children when they come out of the incubators and come in here. If it looks as though nothing will go wrong, we put mother and child in an ordinary ward until they are ready to go home.

"In spite of all those stories you hear about Native women bearing their children one hour and being back at work the next, the mothers stay here about as long as the average European. And another surprising thing is the large attendance we get at our pre- and post-natal clinics. About two-thirds of the women who have their babies here have been to at least one clinic before they come.

"A lot of other superstitions have disappeared, too. For instance, it used to be that the mother didn't begin feeding her baby until its umbilical cord had dropped off. A lot of children starved to death that way."

We went out into the corridor again and walked past a hissing machine that looked very temporary and out of place. "Sterilizer," Fraser-Ross said. "Temporary. As a matter of fact," he continued, cocking a humorous eye at his medical superintendent, "It's been temporary for the past 3 years."

Other facts and figures were thrown at us as we walked back to the hospital entrance and Julie copied them as fast as her shorthand would allow. There are now 56 beds in the hospital, but when the nurses' quarters are finished the top floor will be opened and the number of beds will grow to 110. The maternity block cost £40,000 (\$112,000) to build. The staff of the maternity hospital now stands at 3 Europeans in charge, 7 fully trained African sisters, and 26 African assistants. The assistants have been through two years' training as "maternity assistants." They are not qualified to practice as midwives--that training takes several years longer.

We said goodbye to Fraser-Ross at the big glass doors and he invited me to come back and take as many pictures as I liked.

As the Austin ducked under the porte-cochere and headed west along the road that leads along the front of the hospital, Mr. Robertson told us more about Dr. Fraser-Ross. "A very able man," he said. "I couldn't mention it inside, but he invented those incubators himself--saved us a lot of trouble and a lot of money."

I mentioned that the week before I had seen an article in the Saturday Evening Post on a new type of incubator that eliminates the need for taking off the lid and replacing it.¹

Robertson almost snorted. "Pardon my saying it, but I've never seen any people so enamored of gadgets as you Americans. The more gadgets a machine has on it, the better the machine is. The beauty of our incubators lies in their simplicity and the ease with which they can be repaired. If we had one of your complicated machines that breathes for the baby, eats for the baby, and practically wets nappies (diapers) for the baby, it would be like a millstone around our neck. One of those gadgets would break down and it would take us months to get another part."

The car stopped beside a low, sprawling (need I say yellow?) building. From one wing a tall, square chimney protruded. Obviously the power plant. And obviously still under construction, judging by the mess of sand piles, wheel barrows, and cement mixers scattered about outside. We picked our way through the debris to a loading platform. Robertson was still talking about gadgets.

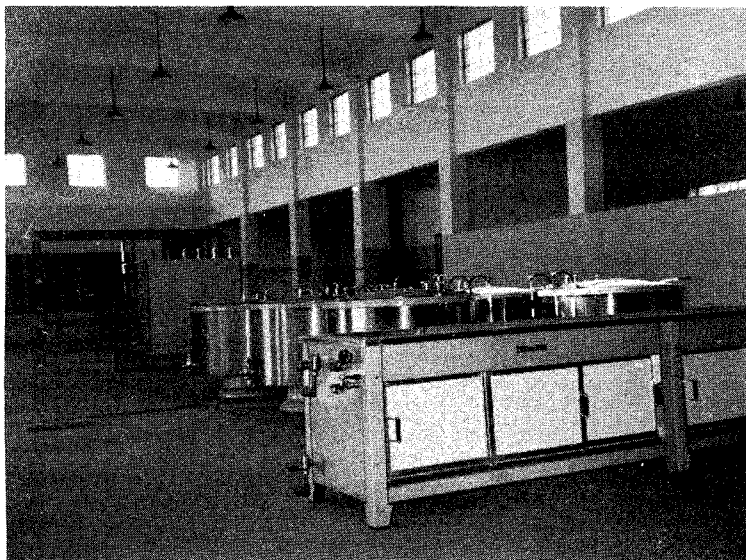
"As you probably know, one of our big problems in the mines is silicosis. Now, the Americans invented a machine they claimed would almost surely cure the worst case of silicosis, and they put out wonderful pamphlets praising the machine to the skies. Later, when complete tests were run, it was found there were some flaws in the machine--darned important flaws, too. I know that the machine will not do everything it's supposed to. But do you think I can convince the miners who have been reading these pamphlets that to purchase one of these machines would just be a waste of money? I can not. It's a real headache."

By now we were in the power plant--which turned out to be, in addition to a boiler house, a laundry and a kitchen. The first thing that caught our eye was a round, steel door, about seven feet in diameter, fitted with bolts and rollers for close closing and easy opening, respectively. It turned out to be the entrance to a sterilizing room into which whole cartloads of soiled mattresses, bedding,

1. Kobler, John; They're Saving Those Premature Babies, Saturday Evening Post, Aug. 22, 1953.

and surgical gowns can be wheeled. At the other end of the room was a door leading into the laundry. After the bulky material has passed through the sterilizer, it can be taken out in the laundry and put through the ordinary washing process. The laundry itself was filled with complicated, new machinery, gleaming with brass. "This equipment can handle all the laundry for the entire city of Salisbury, if it has to," Mr. Robertson said. Great washing machines, as high as a man can reach, were lined up back to back and ironing machines, rinsing tubs, and dryers were lined up against the walls.

From the laundry we went to the kitchen, equally as impressive. Six giant vats, capable of holding 50 or 60 gallons of soup or stew were lined up behind a long steam table.



Steam-heated soup kettles
in the hospital kitchen

"The orderlies will wheel their trollies in here," we were told. Robertson pointed to three-foot-high square posts that were scattered across an open section of floor. "The trollies will contain their own electrical heating systems and wires will plug into those posts. The trolley will get hot while the food is being placed on it and it will stay hot while it is being wheeled back to the wards.

"Back here are the storage rooms," he said, leading

us to a line of windows at the back of the kitchen. "Here's something we're very proud of." He threw open a large, heavy door, thickly insulated.

"Freezing rooms," he said. "There are two of them, capable of holding tons of frozen meat. The rest of these rooms are for dry food storage." We moved back into the kitchen past a line of doors.

"You certainly are doing things well," I said. "There are lots of hospitals in the United States that would be glad to be so well equipped, gadgets or no gadgets."

Robertson grinned. "We have a new system of hospital-building here," he said. I wonder why we didn't think of it before? The way hospitals are usually built, the first thing that goes up is the ward-block--the actual hospital itself. Then years go by. One after another hospital superintendents go to the government and say, 'How about building us those nurses' quarters?' or 'How about those kitchens you promised us three years ago?' The answer always is, 'You have the hospital, that's the important thing. You'll get the rest when we come up with a surplus.'

"We're going about it backwards. First we build the nurses' quarters, the kitchen, the laundry, the boiler house, and the out-patients' block. Then, when everything is ready, or almost so, we put up the hospital itself. It'll save future superintendents a lot of bother."

We were walking down a flight of stairs towards two metal boilers that looked like something out of the Queen Elizabeth. "One of these is sufficient to supply the hospital with all the steam and hot water we need," Robertson said. "We have two so that we can alternate--use one while the other is being cleaned or repaired. Electricity we get from the city, but of course we have our own battery system and a recharger in case of power failure."

Back in the car, we pulled up in front of the two new hostels, still under construction. Built for single Native boys, the buildings (of which two more are to be built) are four-storied affairs which will sleep two Natives to a room.

I mentioned this to Mr. C. Paver, the head of African Newspapers, Ltd., during a conversation we had the other day. He said, "It's about time," and showed me a letter-to-the-editor he had just received. The letter, signed "S. Chitaukire," pointed out some very obvious facts. Before the white men came to Central Africa, no single Native ever dreamed of sharing his hut with another single Native. Today almost every city housing program for Natives requires that five or more Natives live together in a single room. According to Mr. Chitaukire,

"The housing available for single men is so crowded that it is impossible to maintain a proper standard of decency, the people so put together having such varied tastes and standards of living that any compromise among themselves is out of the question."

The accommodations for single Natives at the hospital are a big step in the right direction. Each man will have his own bed and his own built-in closet. If desired, a blanket or similar partition can be hung down the middle of the room to supply the privacy that is lacking when even two men live together.

The buildings are not yet painted yellow, but soon will be. They are being roofed, and large contrivances on wheels are standing about melting down the tar and giving out clouds of strong, black smoke.

As we were leaving Mr. Robertson leaned down and picked up a large chunk of tar which had been discarded. "Have to caulk my boat," he said, answering the question in our eyes.

Leaving the hospital grounds we drove along the road that leads in front of the line of medical officers' houses. Four were already up and two more were being built as we drove by. Then we were back on the road to Salisbury.

"Things are moving along so smoothly now that they should be inviting tenders (bids) for construction of the wards some time in the next few weeks," we were told. "A good thing about the building of this hospital is that we weren't limited to any fixed sum for the whole job. We're allocated a certain amount of money each year and we build as much as we can with it. And when building

materials are cheap, we can buy enough to take care of the requirements of the units we haven't begun yet. For instance, last year piping was cheap, so we bought enough to do for a large part of the main hospital buildings."

The doctor didn't want to be pinned down, but he finally said that the whole project would cost between £750,000 and £800,000 (\$2,100,000 to \$2,240,000).

Back at the European Hospital, Mr. Robertson told us a little story which showed very clearly his feelings for Natives as patients, people, and political factors.

"About a year ago we had to fire a Native orderly named George for petty thievery. I called him into my office and gave him a heavy tongue-lashing--fired him and forgot about it. I just wrote him off as a bad boy and vowed never to hire him again.

"Two months ago, when I was in Bulawayo at the exhibition, I was walking down the street when suddenly a Native boy came up to me and greeted me with such enthusiasm that at first I thought he must be a patient whose life I had saved, but try as I could, I couldn't place him. He said, 'Hello, boss,' and stood there with a big smile on his face, waiting for me to answer him.

"I tried to look as though I remembered him, but I guess I wasn't convincing enough. 'Don't you remember me boss?' he asked. I had to admit I didn't. 'But boss,' he said, I'm George. I worked at hospital.'

"All of a sudden I remembered. And I must admit I was a little taken aback, for, after all, we didn't part on the best of terms. 'Yes,' I said, a little sharply. 'We had to fire you for stealing.'

"A look of contrition mingled with irrepressible good humor came over his face. 'Oh, I forgot all about that, boss,' he said. And he told me how glad he was to see me again--and he really meant it, I think--then he walked off after saying goodbye as though there had never been hard feelings between us.

"I couldn't help but admire the boy and feel a little ashamed of myself. The boy forgot all about the unpleasantness of a year ago. He was genuinely glad to see an old friend. But I was still nourishing a grudge against the boy. That's why I think we white men have a chance of staying on here. No matter how badly we treat these poor Natives, they're always willing to forgive us and let us try again, if we will just give them a chance. I wish some Europeans could develop the same feeling."

We shook hands on the hospital steps. "You must come and see us when you get back from Northern Rhodesia and Nyasaland," he said. "I'll be interested to hear what you think of the hospitals up there."

Sincerely,



Peter Bird Martin

Received New York 10/23/53.