

Table 12.

Record of Admissions, for Dietary Deficiency Diseases, to Victoria
Hospital, Lovendale, for period 1913-1936.

YEAR	TOTAL ADMISSIONS	DIET DEFICIENCY
1913	418	-
1914	496	-
1915	520	47
1916	527	53
1917	449	13
1918	606	26
1919	628	52
1920	871	92
1921	686	35
1922	662	29
1923	824	6
1924	703	101
1925	839	117
1926	751	44
1927	632	134
1928	1094	233
1929	1109	103
1930	1130	76
1931	903	56
1932	953	51
1933	890	36
1934	1027	25
1935	1039	42
1936	1029	57

as a manifestation of this deficiency (see for example Nicholls (1934), Frazier and Hu (1936))

It would be interesting to learn whether the somewhat similar skin conditions met with amongst native patients have a similar origin.

There is no particular reason why the diet should be deficient in Vitamin A where yellow mealies, containing the pro-vitamin carotene, are commonly used, as in many parts of the Ciskei and Transkei; moreover, mafine is a rich source for the summer and yellow pumpkin for the winter months.

Vitamin B deficiencies. In general it is unlikely that Natives living in these areas should suffer from a lack of the vitamin B complex. Not only do they so commonly eat whole maize, or nearly whole maize, but the yeast contained in the drinks such as maresu, kaffir beer and leting, is also a very rich source of the various vitamins in the B complex. Green leaves and milk would be an additional source when used. Finely sifted meal or some types of highly 'purified' machine-made meal would of course be much less satisfactory, but these seldom constitute the predominant part of the diet.

We were not informed of the occurrence of any cases of beri-beri, though some of the nutritional oedemas may have been somewhat akin.

Pellagra.

In view of its curious association with maize-eating populations the incidence in South Africa is of great interest. On inquiry we found a certain amount of difference of opinion regarding the occurrence of the disease.

The usual opinion was that it was never met with, but a few said that they had occasionally come across cases they suspected to be mild pellagra, whilst much more rarely they had been satisfied that the disease had been definitely present; even such cases were but mild, and seldom failed to clear up when suitably treated.

Owing to the mental symptoms which are such a prominent

.../ feature

features of the well established disease we made a particular point of inquiring about the position from Dr. Choyns at the Queenstown Mental Institution, but he also reported that only a very few cases had been sent to him.

There is no mistaking the disease when fully developed and even in recent years the deaths in the southern states of America and also in Roumania have run into several thousands per annum. We conclude that in South Africa it occurs at present only in a mild form. There are indications, however, that either these mild cases are being better diagnosed, nowadays, or else the disease is becoming more common. Writing in 1935, Dr. MacVicar stated that although he realized the possibility of its presence and had been on the look out for it he had not been able to identify it until recently, but during that year two or three mild cases and one severe one had come to his notice. During 1936 he admitted 4 cases. In 1929, Dr. Allan reported that Dr. Drows of Holy Cross had seen some cases. Dr. Soga, whom we met at Idutyua, was emphatic that the disease is quite commonly met with in his area and in view of the difficulty in early diagnosis we have reproduced in full some notes that he kindly sent to us, together with a recent and valuable review on the subject by Stannus (1937). (See Appendix 4, Annexure 5) Quite recently it has been claimed that pellagra, even when well advanced, can be cured in a dramatic manner by the giving of such an inexpensive substance as Nicotinic acid.

Vitamin C. Next to a seasonal shortage of calories and an inadequate supply of good quality protein there can be no doubt that a low intake of the anti-scorbutic vitamin is the outstanding deficiency in the diet of the average Territory Native. There were few, if any, medical men we met who had not seen their cases of scurvy, whilst some have had many such cases.

In our experience, obtained by means of appropriate tests, Natives on the gold mines appear to possess very low reserves of this vitamin and although at the present time it is impossible to say with any certainty what the effects of such continual shortage may be, it may be presumed that it is a factor which must handicap

.../ patients

patients when attacked by other diseases, even if it does not, as some claim, lower their resistance to attack.

The marvel is that scurvy does not occur on a wholesale scale in some districts in the Territories towards the end of the drought periods, but no doubt, if the truth was known, many serious cases do occur which are never seen by European doctors.

Records are extremely scanty, but mention may be made of the experience in the Victoria East district during the great drought of 1927-8, when an examination was carried out on small children below school-going age, but above that of breast feeding. This examination showed that no less than 435 out of 849 presented signs of scurvy, or xerosis; undoubtedly many would have died had they not received attention in hospital. Presumably many did die in other less favoured areas.

In the 1915 drought, in the same area, many women were also affected with scurvy and we heard of one infant at the breast who developed the disease.

This is the type of thing, though fortunately usually in lesser degree, which must accompany every drought and quietly takes its toll of young life, since it is the children who are particularly susceptible to scurvy.

The imifino are very rich indeed in vitamin C, whilst milk and kaffir beer also contain small but significant amounts; doubtless it is these foods, together with the many other minor sources such as wild fruit, roots and tubers that prevent catastrophe, combined with the fact that it takes several months of almost complete deprivation of the vitamin before the condition usually becomes acute, and usually by that time food supplies begin to improve again.

We were not infrequently informed that Native miners returning to their kraals sometimes contract scurvy quite soon after their arrival. This statement was made to us on several occasions by medical men and we actually came across one such case, who assured us that he had been eating the full ration, vegetable included. Most people admitted, however, that this is much less common now

.../ than

than formerly.

It is not within the scope of this report to comment in any detail upon diseases other than those associated with food deficiencies, hence it is hoped that the suggested medical inquiry will be carried out in due course. At the same time it has been thought worthwhile to add a few comments on some of the more closely related conditions which came to our notice.

Diseases of the endocrine system. These appear to be uncommon amongst Natives, but two doctors in widely separated districts reported that they had come across several cases of simple goitre, whilst another spoke of meeting with occasional cases of diabetes, presumably amongst 'Dressed' Natives. At Qacha's Neck we were shown and photographed a well developed case of cretinism-myxoedema; his growth was stunted, there was a slow pulse, low temperature and extremely dry skin.

Parasitic diseases.

Both lay and medical folk testified to the extreme prevalence of such parasites as tape-worms amongst children, whilst bilharzia occurs, but not malaria. Amoebic dysentery was 'very, very common' in an area not far from the coast. It is scarcely necessary to point out how debilitating such parasitic conditions may be.

Dental caries. The comparatively low incidence and mildness of dental caries in Transkei males of age-group 18-44 is well shown by the following extract from data obtained by Osborne and Morisikin (1937). These findings are of the greatest interest, both as a criterion of the condition of these individuals, and as a comment on some current conceptions of the causes of this common disease.

.../ Table 13

Table 13.

Incidence of Dental Caries amongst Native Recruits from the Territories. (Abstracted from Osborne and Moriskin (1937)).

	<u>Transkei</u>	<u>Xosa</u>	<u>Fingo</u>	<u>Pingo</u>	<u>Basuto</u>
Cases examined	609	411	113	76	27
Percentage of Carious cases	41	41	40	47	30
Number of Carious teeth per case	1.3	1.2	1.4	1.4	1.0
Number of Carious teeth per carious case	3.0	3.0	3.5	2.9	3.5

We were informed, however, that there is an area in the hills near Engcobo, where the disease is rampant, even amongst the 'Red' people who live there. Further inquiry as to the possible cause of this local incidence would be worth making.

One doctor informed us that he found very little rheumatism amongst his patients, but quite a good deal of infective arthritis.

Enteric.

That enteric and related diseases are fairly common is clear, but the extent to which they occur and the damage done is impossible to assess. Occasional bad epidemics draw attention to the insanitary condition of water supplies etc. but the lack of close touch with the population and absence of laboratory facilities makes any very definite statement impossible.

.../ Though

Though similar to other remarks contained in the reports of District Surgeons, previously quoted, we would draw attention to the following comments addressed to the local magistrate by a particularly keen District Surgeon regarding locations we actually visited.

28.5.77. re Outbreak of Infectious Disease
Location: School.

As requested, I proceeded to this location on the 18th instant. It was reported that there had been 20 cases in all, 10 still ill and 2 deaths. I examined 14 cases, most of whom had recovered. I took bloods from 4 cases who were still very ill, all of which proved positive to enteric.

I examined 2 fountains where these kraals got their water supply; the one had a very nice cement wall built in a semi-circle, and the fountain was also fenced in. The position of this fountain was on a fairly steep slope and as there was no protection on the upper side of the fountain, surface water from the hill above has free access to it. On enquiry I found that the first case of Enteric was in a hut about 50 yards above the fountain. I am satisfied that the fountain was contaminated from this case, and that most cases contracted the infection from here. This fountain is also the school's supply.

The other fountain had a loose stone wall built round it, and was not protected from contamination by surface water.

Vaccine pills have been issued to all contacts, and instructions given as to the disposal of excreta etc. The teacher at the school informed me that the usual daily average was 229, but it has now dropped to 73.

The only solution that I can see to prevent these outbreaks that we have every year, is to appoint an intelligent Native to go round and show these people how to build a wall to prevent surface contamination. As you know, Natives are very careless and primitive as regards their sanitary disposal; in dry weather it is alright because the sun kills off all the germs, in the rainy season, surface water rushes down and carries infection into the fountains. When once infested, they remain so for about 3 weeks.

Veneral Diseases.

Opinions as to the prevalence of veneral diseases varied widely. Some doctors were emphatic that it was not very common in their areas, or even rare, whereas others thought it was one of the most serious problems with which they had to deal. The differences of emphasis were so striking that it can only be concluded that it really does vary considerably, but in the absence of laboratory tests it is impossible to say more.

Table 14.

The following results were obtained in an investigation carried out at the Institute in 1927 (Annual Report, S.A.I.M.R., 1928, page 66) on Native male recruits passed for service.

Wassermann Tests

	Number Examined	<u>Percentages</u>		
		Strongly Positive (++)	Positive (+)	Doubtful (?)
Xosas	199	2.0	0.0	3.0
Fongos	200	7.5	1.0	2.0
British Basutos	176	27.2	2.8	4.2
Transvaal Basutos	200	28.5	3.0	3.5

During 1931 a series of Wassermann tests was carried out by Dr. Drewe of Holy Cross Mission, Fongoland, in collaboration with the South African Institute for Medical Research, on 205 Fongo Males of average age 35. Most of these men were heads of kraals and about 10 per cent. were 'Dressed' Natives.

Examination gave 13.1 per cent. Positive
4.3 per cent. Doubtful

Whatever the incidence may be it was generally agreed that syphilis is most difficult to treat properly, since after a few injections the patient regards himself as cured and fails to return.

Gonorrhoea is said to be rampant in the towns bordering on the Territories.

Tuberculosis.

The subject of tuberculosis seemed to be uppermost in the minds of so many medical men that we have felt compelled to record some of the comments and information given to us. Moreover, whilst we realize something of the complexity of the subject, it has a nutritional aspect; it undoubtedly is one of the important factors
.../ influencing

influencing the health of the children and adolescents whose well-being was one of the objects of our visit.

The whole subject of tuberculosis in the Native Territories was exhaustively dealt with in the report published by the Tuberculosis Research Committee, five years ago. We could not help being astonished to learn that in spite of the practical recommendations made in this report no significant steps have been taken to deal with the situation, which, since that time has continued to deteriorate.

Tuberculosis and Diet.

It is unnecessary to labour the casual relationship between tuberculosis and insufficient, or unsuitable diet, but we may quote Professor Cathcart (1937) who recently remarked that 'tuberculosis is the one disease to which there does seem to be fairly good evidence that a well-fed body is more resistant'.

The value of good food in treating the disease was also referred to by Dr. Peter Allan, when reporting on conditions in these areas some years ago. He said 'I have noted on many occasions that the repatriated tuberculous who returns to a well stocked kraal has the best chance of recovery'.

In 1935, in response to a questionnaire issued by the Chamber of Mines, District Surgeons in the Territories reported with a considerable degree of unanimity that although tuberculosis was prevalent as far as they could judge 'there was no evidence of any alarming increase' in the ravages of the disease.

During the last year or two, however, owing to the exceptional drought and to the privation that has occurred, the general opinion seems to be that there has been a definite deterioration of the position.

At any rate attention was again and again drawn to the extreme prevalence of the disease and it is this aspect which so much impressed us as newcomers, unacquainted with the situation.

Evidence as to the position is given in the following extracts:-

.../ Extract

Extract from Presidential Address, by Sir Edward Thornton, to
the S. A. Health Society, May, 1937.

"The extent to which tuberculosis is rife in the rural populations is not known with any degree of certainty at present, but sufficient is known to make it clear that the position has substantially altered for the worse in recent years in the large Native reserves and locations.

When Dr. Allan made a survey in the Native areas some eight or nine years ago, he found that the disease was already endemic and widespread and that Natives returning from urban areas with tuberculosis were adding infection to the pool.

The position has been materially aggravated by the years of financial depression which coincided with years of drought and such loss of resistance to disease amongst the Native peoples."

The Medical Superintendent, Mt. Coke Hospital, Kingwilliamstown.

Writes:-

The fact that the general physique of the Natives in this area has been steadily declining during the last few years cannot be denied. The astonishing increase in Tuberculosis and the marked increase in poverty, with malnutrition as its natural sequel, create a situation which demands immediate and large scale measures being taken to prevent the first and alleviate the second.

Valuable clinical evidence regarding the position in the Ciskei is contained in a paper by Dr. Neil MacVicar (1935). An abstract of this paper is given in Appendix 5, Annexure 3.

According to these records he received into hospital from the Victoria East district alone an average of 8.3 patients per year with bone or joint tuberculosis over the period 1927-35; he estimates this to be about 0.53 per thousand of the Native population in that district.

It is difficult to believe that this particular district can be so very much worse than many others in respect to this condition.

The notifications of the disease by District Surgeons are given in Table 15.

Table 15.

NOTIFICATION OF CERTAIN INFECTIOUS DISEASES BY MEDICAL PRACTITIONERS IN CAPE AND TRANSKEI, 1934 - 7

(Abstracted from Annual Reports, Department of Public Health)

	<u>Eu-ro-pean and Euro-European</u>	<u>Non-European Only</u>	
	<u>Union</u>	<u>Cape (excluding Transkei)</u>	<u>Transkei</u>
<u>Diphtheria</u>			
1934	8,247	1,126	733
5	4,377	879	303
6	4,404	629	121
7	4,205	744	131
<u>Lep-tospi-ri-typhoid</u>			
1934	105	18	15
5	112	27	14
6	755	59	236
7	686	62	237
<u>Tuberculosis</u>			
1934	7,692	3,554	1,047
5	8,806	3,683	1,758
6	8,765	4,270	988
7	10,551	4,437	2,615
<u>Typhus</u>			
1934	3,158	696	628
5	6,024	1,682	1,178
6	1,605	489	327
7	1,057	267	400

An interesting sidelight on the extent to which these figures reflect the true incidence of the disease is gained from some data we obtained in the Lady Frere District. Here the notifications of tuberculosis for 1936-7 (Glen Grey) were 140 cases. Naturally a large proportion of such notifications are usually based on the examination of patients who have attended a surgery for advice.

However, this is the area in which Dr. H. Kuntz was carrying out her remarkable out-post work (see abstract of report in Appendix 5 Annexure 6), which brought her into remarkably close contact with the life of the countryside. Her findings for this area are given in Table 16 and it will be seen that no less than 60 per cent of the total notifications for the whole of this great area, covering

.../nearly

nearly 1,000 square miles, were obtained by this one observer by means of a closer contact in her own district:

Table 16.

Tuberculosis Notifications by Dr. Maria Kuntz in the Lady Prore District, April 1, 1936 - May 15, 1937, arranged according to sex and age groups.

(These cases merely represent those patients who consulted Dr. Kuntz on her fortnightly tours to about 17 improvised out-stations)

<u>AGE GROUPS</u>	<u>NOTIFICATIONS</u>	
	<u>MALES</u>	<u>FEMALES</u>
0 - 4 years	4	4
5 -17 "	12	8
18-44 "	15	23
45-50 "	10	3
60 - "	6	4
	<hr/>	<hr/>
	49	42
	TOTAL 91	

Eastern Pampolani.

We found Dr. Westlake Wood, of Bixans, much interested in tuberculosis amongst school children. With the consent of the Department of Public Health, he had recently been conducting a survey of the schools in his district. He kindly gave us a copy of his report, the essence of which is reproduced here, (see over) together with some additional information which he kindly placed at our disposal :-

Survey was carried out on 2,352 children in the local schools and also included 62 teachers. Diagnosis of tuberculosis was made by physical signs combined with a very close personal and family history, taken by Dr. Woods and his interpreter and 'often accompanied by some sub rosa detective work on the part of the school teachers'. In many instances sputa were also examined. For obvious reasons, the cases only represent those detectable by clinical means.

Further observations abstracted from Dr. Wood's report:

- (a) 31 cases of venereal disease were met with, also pleurisy, bronchitis and asthma, the last being common.
- (b) The better school buildings and the less overcrowding the less the tuberculosis. Regarding overcrowding, Dr. Wood mentions that he found a female teacher and 49 children in a wattle and daub hut measuring 16 feet in diameter; there were two windows not more than 2 feet square, both permanently closed, and the door was also closed during work time. The children ranged in age from 5 to 10 years.

.../ (c) Unfortunately

Table 17.

Tuberculosis Survey of Children in Bizana District.

		<u>Tuberculosis (All forms) detected.</u>	
<u>Teachers examined</u>	62	1	(3 doubtful)
<u>Total children examined</u>			
Boys	1,137	50	or 4.40%
Girls	1,115	52	or 4.70%
Total	2,252	102	or 4.53%

Of the 102 cases there were 60 Pulmonary and 42 Non-Pulmonary.

Pulmonary Disease.

	<u>Girls</u>	<u>Boys</u>
Right lung affected	24	16
Left lung affected	15	18
Both lungs affected	0	8
	<u>49</u>	<u>40</u>

Non-Pulmonary Disease.

Spine	2	5
Glands	2	4
Joints	0	1
	<u>4</u>	<u>10</u>

Table 18.

Age Incidence of Cases of Tuberculosis in Dr. Wood's Survey.

<u>Age of Child</u>	<u>Number Examined</u>	<u>T. B's Found</u>	<u>Percentage</u>
5	12	0	0
6	77	2	2.5
7	127	2	1.6
8	183	6	3.2
9	191	9	4.7
10	225	8	3.5
11	225	7	3.1
12	312	21	6.7
13	271	17	6.2
14	230	10	4.4
15	173	3	1.7
16	102	0	0
17	43	0	0
18	56	4	6.9
19	13	0	0
20	3	0	0
21	1	0	0
22	1	0	0

(c) Unfortunately no record of 'Red' or 'Dressed' was made for individuals but he gained the impression that the more the children were 'Europeanized' in their dress and ideas the less was the incidence of the disease. "This is even when comparing Ludoko, a very 'advanced' school with Munge, a backward one from that point of view. They are of a size, both over 200 children. In the former case we find only 3 cases whilst in the latter we get no less than 14 cases and 2 doubtful ones."

Table 19.

Incidence of Cases of Tuberculosis amongst predominantly 'Red' and 'Dressed' schools. (Dr. Wood's Survey.)

Number of 'Red' Scholars	Number of Cases of Tuberculosis	Number of 'Dressed' Scholars	Number of Cases of Tuberculosis
37	3	34	2
117	9	95	3
19	2	99	3
28	3	65	1
<u>201</u>	<u>17</u>	<u>293</u>	<u>9</u>
<u>9.5 per cent.</u>		<u>3.1 per cent.</u>	

(d) Another point already generally recognized is self-evident i.e. the importance of poverty and undernourishment as a contributory factor in the development of the disease. "The schools where the children are in rags and are underfed yield the largest percentage of tuberculosis."

(e) "I am a little surprised that the disease is not more prevalent among the school children, particularly when one considers the conditions under which many, if not the majority, live. It would seem that the 'Dressed' Native is acquiring some natural immunity to the disease, although the present raw native is very susceptible."

(f) In both sexes the early teens appear to be the critical years.

(g) Treatment. "I have given interviews, mostly in private, to the parents of these tuberculous children. So far I have given 53 of

.../ these

these....I have given instructions as to treatment....a modified form of the so-called Home treatment, and have met with a measure of success, as far as the carrying out of my instructions is concerned."

(h) The following is a translation of the simple instructions issued by him to each parent.

Your child is sick in the lungs.
The disease will give the child a cough. It will make the child lose weight. Later it will make the child spit blood. In the end the child will DIE.

You and your family can catch this disease from.....
To make your child well and strong you must:-

1. Feed the child on these:- Porridge made with milk.
Amasi.
Cow's milk.
Fruits (All kinds).
2. Let the child sleep on a verandah.
3. Let the child rest out of doors all day.
4. Let the child do NO work.
5. Let the child have an extra blanket when cold.
6. Make the child spit into a cup containing dip. (This can be emptied into a hole in the ground and covered up.)
7. Do not allow the child to sit over a fire...it brings on the cough.

(i) The kind of response he obtained is illustrated by the three case histories attached.

Case 1. A.N. Female. Age 9 years. 'Dressed' Native. Mother tuberculosis. Father alive and well.

Examined 10/6/36. Diagnosis...Tuberculosis of right lung upper and midzones. Child was very thin, with no subcutaneous fat, weight 47 lbs, gave a history of cough since winter, say June, 1935. Appetite poor, always felt tired, night sweats frequent, occasional spit, hoarseness at times, diarrhoea at infrequent intervals, physique poor. I found post-tussive crepitations at upper and mid region right lung. Sputum test... Negative.

Re-examined 24/3/37 and 9/8/37. On 9/8/37 physique and nutrition improved, weight 69 lbs. Cough nil. Appetite good, no night sweats, no diarrhoea, throat normal, no chest pains. Physical examination revealed a few crepitations at apex of right lung. Treatment adopted. Rest...lying in fresh air all day; sleeping on verandah all night, extra blankets if cold. NO sitting over fires in hut; plenty of Native foods e.g. Amasi, soup and beans, milk, mealie meal bread and porridge, sugar and some meat, combined with Malt and Oil and simple mixture for night sweats and cough if necessary. The child has improved considerably on that simple treatment which is cheap and effective and readily understood by the 'educated' type of Native.

Case 2. D.H. Male. Age 15 years. 'Dressed' Native. Mother dead (?) tuberculous and Father chronic tuberculosis having occasional small haemoptyses.

.../ Examined

Examined 3/6/36. Diagnosis...Tuberculosis of right lung, upper and midzones. The lad was very thin and flat chested. Complained of coughs almost since childhood or as long as he could remember, chest pains dyspnoea, (marked after exertion). Tiredness, no appetite, night sweats frequently, and two haemoptyses...small in quantity.

Re-examined 11/10/36 and 26/1/37. On 26/1/37 I failed to recognise the boy, his improvement was so marked. The physical signs were still present but his general condition was considerably improved. His symptoms had abated and he had no haemoptyses during the previous 7 months. He still complained of coughing at times, particularly at dusk. He had put on sufficient weight to have lost the flat-chested appearance and muscular development was good. Treatment as in Case 1.

Case 3. G.R. Male. Age 13 years. Sister (school child) died May 1936 from tuberculosis of the lungs. Mother died June 1936 from same cause. Father confirmed invalid with 'chest trouble and blood spitting.'

Examined 8/4/36. He complained of tiredness, dyspnoea (marked) chest pains, night sweats (about twice a week on an average) and he had had 3 haemoptyses of about $\frac{1}{2}$ a cup each. His physique was poor and nutrition bad. Diagnosis...tuberculosis of right lung and (?) left apex. Post-tussive crepitations were well marked.

Re-examined 22/9/36 and 4/8/37. On 4/8/37 physique only fair, nutrition improved, muscular development fair and subcutaneous fat plus. He had had no further haemoptyses and the cough had abated although there was still some dyspnoea on exertion. I consider he has made satisfactory progress. Treatment as in Cases 1 and 2.

Under the crowded conditions of the schools the importance of the disease remaining undetected and untreated amongst the teachers deserves emphasis. Dr. Wood finds one case and three suspects in 62 examined. In 1928, Dr. Leslie, of Tsolo, reported that the disease was not uncommon amongst Native teachers and with this opinion, Dr. Soga of Idutywa, was in agreement.

We understand that during 1936 similar surveys of the incidence of Tuberculosis in school children are to be carried out in the districts of Mtata, Tsolo, Willowvale, Mount Fletcher and Engcobo.

According to the Annual Report of the Medical Officer of Health for 1935, Tuberculosis in Basutoland increased from 1.03% of all cases seen at outpatients in 1934, to 1.78% in 1935. Commenting, the writer says:-

The increased incidence in 1935 is disquieting. It may be due to newly joined medical officers diagnosing as tuberculosis, indefinite cases, or it may be due to the resistance of the tribe having been lowered by the drought and semi-starvation of 1933,

combined with the increased lack of milk due to the death of very many cattle during the drought.

On a very much smaller scale, we shared the experience of Dr. Peter Allan in so far as although from the first we constantly requested to be taken to see kraals which had been 'wiped out' by tuberculosis, none were forthcoming.

Causes.

(1) Return of Tuberculous Miners. The impression we gained as to the significance of this circumstance being a cause of tuberculosis in the Territories is as expressed in the report of the Tuberculosis Research Committee (1932, p.240).

It is impossible to take up the attitude that the repatriated tuberculous plays no part in the spread of the disease, but it seems equally impossible to believe that he is the sole or even almost the sole agent responsible for its wide dissemination...

At the same time it is obvious that every miner repatriated for tuberculosis, even if he only lives six months, must be a potential source of infection for others. It astonished us that after so much investigation and discussion has been given to the matter so little seems to be done by the authorities concerned, to minimize this risk. Thus rightly or wrongly, a District Surgeon recently wrote as follows in his Annual Report:-

Tuberculosis is still increasing; the increase is due, I am convinced to the repatriation of tubercular mine boys, a good many of whom are very advanced cases, in fact, a few of them have died from haemoptysis on the train before arriving at.....

On enquiry from boys repatriated and compensated from the mines, I find that they are given no instruction whatever as to their mode of living, diet, and the dangers of promiscuous spitting, and it is not impressed upon them that it is inadvisable for them to sleep with others in the same hut.

The efforts being made by the Magistrate at Flagstaff to trace cases that show signs of the disease soon after returning from the mines, and to obtain compensation for them, seems to us to be a most practical way of arousing the interest of the Natives, and teaches them the nature and dangers of the disease.

We feel strongly that some system whereby each repatriated tuberculous miner was automatically put into touch with the

nearest source of medical supervision should at least be arranged, whilst the appointment of the Tuberculosis Officer, who should be specially charged with the duty of dealing with tuberculosis among repatriated mine Natives' as suggested in recommendation No. 2 of the Tuberculosis Research Committee Report, would be better still.

(2) Milk as a possible factor in the spread of tuberculosis. The importance or otherwise of milk as a source of infection in the Territories still remains uncertain. Doctors often remarked on the frequency with which abdominal infection is met with, especially in children and adolescents, the suggestion being that infection has been by ingestion rather than inhalation. The position in this respect appears to be very similar to that reported in India, where it is usually assumed that the bovine bacillus may be disregarded. It has occurred to us that the similarity in the sites of infection is all the more interesting in view of the fact that S. African Natives drink their milk unboiled, whereas it is almost a universal Indian practice to boil milk before consumption.

In view of the fact that a scheme is being considered whereby pure bred bulls are to be introduced into the territories it is felt that the greatest care should be exercised to ensure that these will be free of bovine tuberculosis, since it is well known that the disease is much more common amongst well bred animals than amongst the Native stock.

(3) Pigs as a possible factor in the spread of tuberculosis. In a paper written in 1934, Dr. Burton, of Kingwilliamstown, made the interesting suggestion that pigs, which are more commonly eaten than oxen or cows by the average Native, may possibly be a source of infection, since their scavenging habits are so notorious and at slaughter are not uncommonly found to be tuberculous. We endeavoured to follow this idea up but without gaining any further information. However, it is perhaps worth noting that according to data given in the Tuberculosis Research Committee Report, p. 422, 0.23 per cent. of pigs slaughtered at Johannesburg, in 1901-29, were infected with the disease, as against 0.15 per cent. of the cows for 1917-29.

.../ (4) Overcrowding

(4) Overcrowding. The steady increase in the population, with the emergence of a landless class, the growing difficulty of obtaining building materials, more especially timber and thatching grass, as well as the rising standard in the style of building, all tend to lead to overcrowding and hence increase the danger of infection. Similarly the handing on or purchase of clothing used by patients with tuberculosis is believed by Natives themselves to be a fresh source of infection.

Diagnosis. The lack of accurate information regarding the extent and age incidence of the disease remains as unsatisfactory as it was in 1932, meanwhile much valuable time has been lost.

With regard to this aspect we are in agreement with a District Surgeon, who in his Annual Report, wrote:-

'I think it would be a wise procedure to instruct Headmen and other responsible Natives to report all Natives who are suspected to be suffering from tuberculosis, in the same way as they do with syphilis, leprosy and the formidable epidemic and infectious diseases. These people in turn could be easily enlightened on the symptoms of the disease sufficiently to make them suspicious and be able to report. In this way alone can the number of cases in the District be estimated and some form of control be brought about.'

On the other hand better diagnosis is not of much avail unless treatment is also going to be improved and we sensed a strong feeling amongst medical men that the time for inquiry into incidence, whether the disease is increasing and so forth has now passed; it is sufficiently well established that the disease is very prevalent and probably increasing. Immediate and energetic steps to cope with the situation are now called for.

Treatment.

(1) Response. We were given fairly encouraging reports as to the response to treatment of cases taken in the early stages; indeed several doctors mentioned individual patients who had made astonishing recoveries, or were at least holding their own, though originally regarded as hopeless. This is mentioned by way of comparison with the rapid progress to a fatal end which one so often hears of regarding Natives. The keynote of treatment appeared to be good food and rest, accompanied, of course, by the medicine regarded as essential by all Native patients.

.../ (2) Hospitals,

(8) Hospitals, Sanatoria etc. The present facilities for the treatment of cases of tuberculosis in hospital are very meagre and cases are liable to occupy valuable beds for long periods, to the exclusion of more curable diseases. We were depressed by the number of tuberculous children which seem such a regular feature of the hospitals in the Territories. They take a great deal of time and patience to deal with and we gathered that on returning to home conditions are all too liable to relapse again. However, excellent work is being done, more especially we felt, in the training of the patients in the way they must live after leaving hospital.

The Department of Public Health has recently decided to enlarge the existing hospitals at Lovedale, Umata and Sulu-kama by the addition of special blocks containing 90, 30 and 20 beds respectively, for the sole use of patients suffering from tuberculosis. The cost of the Umata block has been estimated at about £15,000.

In concluding these remarks regarding the health of the people in the Territories, we can hardly do better than quote the comment made some six years ago in the Tuberculosis Research Committee's Report (p. 200),

Surely the health of these people ought to be one of the most urgent considerations for the Union Government and all the local authorities in South Africa, not merely on grounds of humanity, but as an economic problem of first-rate importance in which not merely the health but the financial interests of the dominant races are concerned.

Yet there is no organized medical service for the Native Territories and, at a moment of the world's history when medical science can do so much to ameliorate human suffering, the majority of the subjects of the Union Government have no help of medical aid beyond that which they obtain from their own witch-doctors.

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