

In 1917 he went to France with the Native Labour Corps, and was employed at Le Havre and Rouen. He escaped the influenza epidemic, and returned to his home in 1918. After his return he did not feel well, and did not attempt to go off to work till 1923. He was rejected as medically unfit for work on the mines. He had a cough at that time which has got worse, and on several occasions he has coughed up blood. He is now very hoarse and very short of breath.

Physical Signs.—Resonance generally impaired all over the left lung, where the air entry is poor; some crepitations are present at the left base.

He is unable to work, but is still fairly well nourished. He has a wife and four children alive. One child "died of cough" at the age of four months.

(8) MUDOKALWENI SHANDU, aged 50 years, single.—Has been ill for seven years. He had worked in the coal mines but never on the gold mines. He has a troublesome cough, and had coughed up blood. He stated that he was getting thinner.

Physical Signs.—Impaired resonance over both upper lobes, more marked on the left side. Numerous crepitations were audible over both upper lobes, the breath sounds were bronchial at the left apex, and feeble at the right apex. One brother is stated to have died of tuberculosis.

Tuberculosis of bones is stated to be rare in this area, and Dr. Wildish said that he had only one patient, an adult male with spinal caries.

General.

The Zulus are not tubercle-free, but the disease does not appear to be very common amongst them, and from the cases seen by Dr. Allan (as illustrated by those quoted above) he formed the opinion that the disease tended to run a more chronic course than among the Transkei Natives.

This opinion was not corroborated, however, by Dr. MacMurtrie, the medical officer in charge of the Marianhill Mission Station near Pinetown, which was also visited by Dr. Allan. Dr. MacMurtrie had previously been for many years in charge of the mission hospital at St. Cuthbert's, near Tsolo in the Transkei, so that he is in a position to make comparison between the type of tuberculosis in Natives in Natal and in the Transkei. In Dr. MacMurtrie's experience the Native in Natal had the more acute type.

6. SUBSEQUENT HISTORY OF REPATRIATED BOYS.

The third line of investigation was the tracing of Natives repatriated from the Rand with tuberculosis. Those who could be seen were examined and also as many contacts in their families as possible.

This work was very difficult, as Natives often change their names when going to work, and in other cases a boy will assume the name of some other boy. This happens when the latter has paid his taxes and the former has not done so. Natives are often very careless, and lose the discs and papers by which one could identify them, so that in many instances the help of a local trader or official had to be obtained to identify the boy.

For this line of investigation—planned to ascertain the ultimate fate of repatriated Natives and also to discover to what degree, if any, the repatriates were responsible for the spread of tuberculosis in the

Territories—Dr. Allan was kept supplied periodically from the Chamber of Mines with lists of Natives repatriated during the years 1926, 1927, 1928 and 1929.

These lists gave the dates of repatriation, names, residences and other necessary details for tracing the individuals.

The actual tracing of them was done in 1928 and 1929, so that for some of the earliest repatriates their condition was ascertained nearly as long as four years after their leaving the mines, whereas for the latest cases only a six months' subsequent history is available.

694 repatriates during these four years represents the total of the lists supplied to Dr. Allan, and of this total he was able to ascertain the fate of 475.

The details of this investigation have been filed with the Committee by Dr. Allan, but it is unnecessary to give these in full here.

The following summary, with some illustrative details and comments will sufficiently bring out the information elicited by this laborious piece of work.

Table 54 shows at a glance the fate of all cases traced, whilst Table 55 gives a percentage analysis of the survival periods.

Leaving out of account the 1929 repatriates, for none of whom a full year's subsequent history was available, and for whom even the six months' return is not complete, it will be seen that of the three years, 1926, 1927 and 1928 batches, information was obtained of 348 repatriated Natives, of whom 138, that is, *39.9 per cent.*, had died within *one year* of repatriation.

Of the two years 1926 and 1927 batches, 207 boys were traced, of whom 120, that is, *58 per cent.*, were dead within *two years*.

Condition of Survivors after Two Years' Repatriation.

Dr. Allan has divided the survivors into the following three groups :—

Group 1.—Cases of cure or arrest, the individuals being fit to return to heavy work.

Group 2.—Cases fit for light work at home.

Group 3.—Cases alive but unfit for any work and with a bad prognosis.

Group 1.—Cases of cure or arrest of the disease, to such an extent that the individual was able to return to industrial pursuits.

The majority of the cases coming under this heading were naturally not seen by Dr. Allan, but the information regarding them may be taken as reliable. The following are illustrative cases :—

(1) DISC 5396, JACOB ZAMANI, aged 40, of Middledrift district.—Repatriated 17th June, 1926. Examined 23rd November, 1927, 18 months after repatriation. Married, three children (healthy). He was compensated £35 10s. 0d.

Condition at 23rd November, 1927.—Well nourished and general condition very good. No cough and no sputum.

TABLE 54.
SUMMARY OF FATE OF REPATRIATED BOYS.

Year.	Total on Repatriated Lists.	Total Traced.	Total Examined.	Total Dead.	Died within 6 months of Repatriation.	Died within 6 to 12 months after Repatriation.	Died within 1 year to 1½ years.	Died within 1 to 2 years after Repatriation.	Lived 2 years or more and died within 3 years.
1926 ...	123	85	13	49	23		11	11	4
1927 ...	148	122	38	76	32	19	16	8	1
1928 ...	186	141	25	71	44	20	6	1	—
1929 ...	237	127	11	51	45	6	—	—	—
Totals ...	694	475	87	247	—	—	—	—	—

TABLE 55.
PERCENTAGE ANALYSIS OF THE SURVIVAL PERIODS.

Year.	Total Traced.	Dead in 6 months	Dead 6-12 months.	Dead 1 year to 18 months.	Dead 1½ to 2 years.	Dead 2 to 3 years.	Period.	Total Percentage Dead
1926 ...	85		23 or 27·0%	11 or 13%	11 or 13%	4 or 4·7%	3 years	57·7
1927 ...	122	32 or 26·2%	19 or 15·5%	16 or 13·1%	8 or 6·5%	1 or 0·8%	2 years	61·3
1928 ...	141	44 or 31·2%	20 or 14·0%	6 or 4·4%	1 or 0·7%	—	1 year	45·2
1929 ...	127	45 or 35·4%	6	—	—	—	6 months	35·4

Physical Signs.—Slight flattening over left side. Impaired resonance general over left side. Breath sounds bronchial at apex. Slightly impaired resonance at right apex and right base. Breath sound diminished at base. Some pleural crepitus in left axilla and some indefinite crepitations at both bases.

Dr. Allan considered this boy an arrested case. He went off to work at Port Elizabeth soon afterwards, and was reported alive and well on 31st December, 1929.

(2) DISC 5207, JOSIAH ZINTO, *alias* Colenso Sivundle.—Repatriated 4th March, 1926. Was stated by the relatives to be working on the surface at No. 15 Shaft, Crown Mines, on 13th January, 1930.

(3) DISC 5456, POLWENI REBI.—Repatriated on 15th July, 1926. Reported as having returned to the Rand in December, 1928.

(4) DISC 5610, DYABOSIMI QUNGA.—Repatriated on 7th October, 1926. Returned to Rand as a recruit, T.P. No. 182,985, batch 1,396 from Queenstown on 13th September, 1928. Dr. Allan was assured by his relatives that this is the same man who was repatriated.

(5) DISC 5646, QADOLO DAYALE.—Repatriated on 11th November, 1926. Was reported at work at Jagersfontein on 30th October, 1928. The local trader who knew the man well, stated that Qadolo was paying off a debt, and sent instalments periodically.

(6) DISC 6206, SHADRACK BUNGANI.—Repatriated on 30th June, 1927. Working with a road party on 30th March, 1929.

(7) DISC 6357, TAX INDEX No. 49.29.409, PERCY KANYU.—Repatriated on 3rd November, 1927. This man is exempted from tax payment on account of his illness. His relatives twice informed Dr. Allan that he is working in Johannesburg.

(8) DISC 6434, QAMA KHOTAMA.—Repatriated on 3rd November, 1927. Working on sugar estates in 1929.

Histories were obtained of a number of boys who had returned to work within two years of repatriation, but as their condition at the end of the two-year period was not ascertainable they are not included here.

The following case might be included in the Group, although the boy had not actually returned to industrial work. Dr. Allan's report on him is as follows:—

(9) DISC 5208, MKOKOTWANA MPOTYA, aged 24, a Pondo of Elliotdale district.—Repatriated on 11th March, 1926. Examined on 11th November, 1928. Married, wife and two children healthy.

Condition at 11th November, 1928.—No cough and no sputum, and said he was getting fatter.

Physical Signs.—Impaired resonance at right apex, where breath sounds bronchial. Impaired resonance right axilla, where a few crepitations were audible.

This looked like an arrested case.

Group 2.—Cases fit for light work at home.

The following are typical cases reported by Dr. Allan as falling into this Group:—

(1) DISC 5152, MPRINGOBOLA NOTA, aged 54 years, Kentani district.—Repatriated on 18th February, 1926. Examined on 22nd February, 1929, three years after repatriation. No history of tuberculosis known in family. Wife and three children healthy.

Condition at 22nd February, 1929.—General condition good. Rather short of breath. Has slight cough and some sputum. No haemoptysis.

Physical Signs.—Well-formed chest. Marked flattening over right side. Dullness at right upper lobe and at right base. Percussion note impaired at left apex. Crepitations throughout right lung. Breath sounds bronchial at right apex, and feeble at right base. In addition, there was some rib involvement, two sinuses being present, one below right nipple and one at lower end of sternum.

A Stage 2 case whose general condition was good. Food, including milk, plentiful. Man able to work at home.

(2) DISC 5270, MCIZWA SIBANJO, aged 25 years, married, Ngqeleni district.—Repatriated on 8th April, 1926. Examined on 12th September, 1928, and 20th January, 1930.

This boy said he had only been on the mines once, when he worked for six months underground pushing cocopans.

Condition at 12th September, 1928.—Sparsely-built man but quite active. He had a slight cough but no sputum, and is not short of breath.

Physical Signs.—Dullness at right apex and over right lobes. Crepitations lower two-thirds of right lung. A few crepitations in left axilla.

Condition at 20th January, 1930.—Very good.

Physical Signs.—Dullness as before, but crepitations diminished.

A Stage 2 case with very good general condition.

(3) DISC 5472, MALUMKO BAKABU, aged 23, Elliotdale.—Repatriated on 22nd July, 1926. Examined on 11th October, 1928. This man had walked over 20 miles just prior to being examined. General condition very good.

Physical Signs.—Dullness. Bronchial breath sounds and crepitations at the right apex.

(4) DISC 5499, TOM NGQKUMBANA, aged 43, of St. John's district, a Pondo.—Married, three wives and three children, all healthy. Repatriated on 29th July, 1926. Examined on 24th September, 1928.

This man appeared well-to-do, and when seen he was selling his crop of mealies. He is able to walk about and carries on his own farming operations. He had no cough and no sputum, and his general condition was very good.

Physical Signs.—Dullness over left upper lobe, where breath sounds are bronchial, and numerous crepitations present. Resonance slightly impaired at right apex.

(5) DISC 5505, MKOTSI MPULWANA, aged 32, a Pondo, of Umtata district.—Repatriated on 12th August, 1926. Examined on 10th September, 1928.

Condition at 10th September, 1928.—This man appeared very well. He was found at a beer-drink. He stated that he still had a little cough and spit, and occasionally his sputum was blood-stained. He was a thin man.

Physical Signs.—Flattening at both apices. Marked dullness upper third of both lungs, where breath sounds were low, bronchial and numerous crepitations were present, especially in the right lung.

A Stage 3 case with good general condition. Wife healthy. Food, including milk, was plentiful.

(6) FANASI MGQAKWE, aged 35, a Xosa, living on the sea-coast.—Repatriated on 12th August, 1926. Examined on 21st February, 1929. Married, 5 children alive.

Condition at 21st February, 1929.—Well-nourished, healthy-looking man.

Physical Signs.—Flattening over left side, where movement deficient. Impaired resonance over left upper lobe and at left base. Breath sounds bronchial over left upper lobe, where a few crepitations are audible. Air entry poor in left axillary area.

Food rather scarce. A Stage 2 case whose general condition was good.

(7) DISC 5524, JOHNSON GWAZELA, a Fingo, aged 39 years, married, no children.—Repatriated on 12th August, 1926. Examined on 19th October, 1928.

Condition.—Thin man, but otherwise appeared well. Had a slight cough, and said he was putting on flesh.

Physical Signs.—Dullness over upper two-thirds of right lung, where air entry is poor. Crepitations throughout right lung, and a few in left axilla.

Food is plentiful, including milk. This man was compensated £44. Hut was furnished in European style.

(8) DISC 6115, SANQI GABAYI.—Repatriated on 5th May, 1927. Seen in Johannesburg prior to his repatriation. He gave a mine history of about five years. He was aged 34 years. Weight, 128lb; temperature, 97°–100°F.; pulse, 108. He was seven days in the Mine Hospital and 22 days in the Witwatersrand Native Labour Association Hospital before coming home. His sputum contained tubercle bacilli. He was compensated £86 19s. 3d.

Physical Signs.—Marked dullness upper two-thirds of right lung. Low-pitched bronchial breath sounds at apex. Numerous crepitations throughout right lung. Percussion note impaired at left apex where the breath sounds were harsh. Crepitations present at left base.

The Bureau diagnosis was tuberculosis of lungs, but no silicosis.

Seen in the Transkei on 16th November, 1927, *i.e.*, six months after repatriation, his weight (clothed) was 147lb., and allowing 10lb. for clothes, he had gained 9lb. in weight. He said he felt quite well, and had no cough and no spit. He had two wives and three children, all of whom were well.

Physical Signs.—Dullness and breath sounds as at 5th May, 1927, but crepitations very much diminished in extent, and limited now to right upper lobe and left axilla.

16th October, 1928.—Again examined. He was looking very well and said he felt quite well. He had no cough and no sputum. Dullness and breath sounds as before, but crepitations only heard after coughing over a limited area in right upper lobe.

About the end of 1928, this man felt so well that he went off to work in Cape Town. He was employed at a pumping station at Maitland. After three months he became ill again and returned home in March, 1929.

22nd January, 1930.—Dr. Allan again examined this man on 22nd January, 1930. He had lost flesh and was rather hoarse. His cough was again troublesome. Temperature and pulse at 11.45 a.m. were: Temperature, 100.2°F.; pulse, 120. Weight, 131lb. (clothed), a loss of 16lb. since 16th November, 1927.

Physical Signs.—Dullness and breath sounds as before. Crepitations now present over right upper lobe.

General Condition.—Poor. This man has had no special treatment, and improved until he went away to work. His case is instructive, as it appears that if he had not undertaken comparatively heavy work in Cape Town, he would have continued to improve.

Group 3.—Cases alive but unfit for any work.

Two illustrative examples of this Group may be given:—

(1) DISC 5132, MAHLUMUWE MABAYI, aged 37 years, Mqanduli district.—Repatriated on 4th February, 1926. Examined on 19th October, 1928, over 2½ years after repatriation. Married, one wife and one child.

Condition and Physical Signs at 19th October, 1928.—This man was emaciated and was lying outside his hut. Marked dullness throughout left lung, with large areas of bronchial breath sounds over both lobes. Numerous crepitations throughout whole of lung. Dullness over right upper lobe, where breath sounds bronchial, and numerous crepitations throughout lung.

He was an advanced Stage 3 case, and had in addition acute spinal caries. All the lumbar spines were prominent, and there was marked swelling and tenderness over that area.

The prognosis was very bad. This family is stated to be leprosy. Food, including milk, plentiful.

(2) KONANA MPIKWA, aged 40, Pondo, living in Ngqeleni district.—Repatriated on 3rd June, 1926. Examined on 12th February, 1929. Married, wife healthy, no children.

Condition at 12th February, 1929.—Thin man, rather breathless, with marked clubbing of fingers. Cough troublesome and occasionally spits blood. Cannot walk far but goes about on horseback.

Physical Signs.—Extensive, practically whole of left lung being involved, and also large areas of left lung. Breath sounds are bronchial at both apices, poor air entry lower two-thirds of right lung. Numerous crepitations throughout left lung, and a few in right lung.

General condition fairly good for a Stage 3 case. Food, including milk, plentiful.

As a summing up of the whole of his work in tracing the fate of Natives repatriated to the Territories with tuberculosis, Dr. Allan gives the following round figures :—

Condition of Repatriated Boys at end of Two Years.

Dead	...	...	...	...	...	60 per cent.
Alive, fit to return to heavy work	...	...	...	...	...	4 „
Alive, fit for light work at home	...	...	...	...	...	26 „
Alive, quite unfit for any work	...	...	...	...	...	10 „

6. TUBERCULOSIS IN FAMILIES AND THE SPREAD OF TUBERCULOSIS BY REPATRIATED MINE BOYS.

Another line of enquiry pursued by Dr. Allan in the Native Territories was an endeavour to find out to what extent tuberculosis prevailed as a familial disease and how far this was attributable to infection spread by repatriated tuberculotics from the mines.

This objective was kept in mind throughout the whole period of his investigations, but in spite of the time spent there and the variety of districts covered, he has found it impossible to give a completely satisfying answer to this question.

It is impossible to take up the attitude that the repatriated tuberculotic 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. The truth would seem to lie somewhere between these extremes but exactly where is very difficult to ascertain.

The explanation of this difficulty is twofold :—

(1) The fact that there is now so much endemic tuberculosis among the Natives of the Ciskei and Transkei that it is, in many instances, impossible to be certain where the infection has been acquired, the possibilities being so numerous.

(2) The fact that in many cases the incubation period appears to be so long—two years or more. This further complicates the difficulty of tracing the source of infection.

It is perfectly clear to-day that the repatriated tuberculotic is returning to anything but a tubercle-free population.

The earlier introduction and spread, so far as it can be traced, has already been dealt with in Part I. of this Report and need not be further discussed here. Nor need we at this point dwell further on the question of how far the repatriated tuberculotics in the past have been respon-

sible for the spread of the disease. It will have been already noted from the evidence adduced in Chapter III, Part I, that there is divided opinion even on that point.

We have to deal with things as they are now and need only consider here how far the repatriated tuberculotics of to-day are responsible for the dissemination of tuberculosis.

The considered opinion come to by Dr. Allan after 2½ years' study of the question is that the part played by them is small.

In his reports to this Committee, Dr. Allan writes as follows :—

“ I have heard of several instances where a family of Natives has all perished of tuberculosis within a short period of the introduction of the first case from the mines. The statements have been made by people whose good faith could not be doubted, but I have never personally seen such an instance, and no such tragedy has come to my notice in the families of the boys with whom we are now dealing. On the contrary, I have been impressed by the few instances where there seemed a definite history of infection in the families of repatriated mine-boys. I do not intend to convey the impression that infection of such families does not occur, but that the Natives in their home surroundings and living their natural lives, have a certain degree of resistance.”

As examples of instances where, in all probability, family infections were originally brought from the mines, he cites the following instance of the Mapukata family :—

The Mapukata family living in Idutywa district. Two brothers in this family were repatriated from the Rand suffering from tuberculosis during the period of this investigation.

(1) DISC 6216, JAMES or MPUHLE MAPUKATA.—Repatriated on 7th July, 1927. This boy was seen in Johannesburg prior to his repatriation. He was about 30 years of age and married. He had a labour history in the mines totalling 45 months. He had been 7 days in the mine hospital, and was repatriated after 13 days at the Witwatersrand Native Labour Association Hospital.

Condition at Time of Repatriation.—Weight, 132lb; temperature, normal; pulse-rate, 80. He looked fairly well, but rather thin. Tubercle bacilli were present in his sputum.

Physical Signs.—Flattening at right apex. Percussion note impaired upper third of right lung, where his breath sounds were bronchial and crepitations were present. Crepitations were present at the left base.

Visited his home on 10th November, 1927. The boy was away from home, but his relatives stated that he was quite well. Again visited the kraal on 10th October, 1928, and was informed that James had died during the previous month. His wife returned to her own people.

The next time the kraal was visited was on 28th June, 1929, to see a brother, Bennett, Disc No. 7010, repatriated on 11th October, 1928.

(2) BENNETT MAPUKATA, aged 44, married.—Has had four children, three of whom died in infancy. One child, a boy, aged about 16 years, was still alive and healthy.

Condition at 28th June, 1929.—Man walked with difficulty on account of dyspnoea. He was quite unable to work. His cough was troublesome and he said he had coughed up a lot of blood about a week previously. He was thin and looked ill.

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