COVER SHEET

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NATIVE MEDICAL PRACTITIONERS

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I am pleased to be afforded the opportunity of conveying to the readers of the "Leech" an opinion on a subject which is related to one of the most important questions before this country. It is gratifying to find the youth in our universities seeking for facts on a question of practical importance and trying to face them. This is the only way to truth and it will lead to a correct solution of our problems.

The African community in South Africa had its representatives in the medical profession as early as the nineties. The increase in their numbers has since that time been very slow indeed. This is due to several factors, such as poverty of the South African native tribes, the state's inadequate support of, or its indifferent attitude towards, the education of the African in general, and finally the obstacles in the way of African students in being trained here in their homeland, South Africa.

There have been up-to-date less than a dozen qualified African native medical practitioners in this country. It will therefore be possible to give a brief biography of each of these, the study of which, I believe, will answer many questions and help to dispel any false notions and prejudice which may exist in the minds of your readers.

The pioneers of African medical practitioners were represented by Drs. William Anderson Soga, Nembula, and Gabriashane, who incidentally, represent the chief language groups of Union African natives, namely, the Xosa, Zulu, and Sesuto groups respectively.

The late Dr. William A. Soga was the son of the pioneer African Native Missionary, the Rev. Suga. He qualified at the Glasgow University in both medicine and theology, and for some time afterwards practised both professions. Finding this combination a severe tax on his energies, he abandoned the ministry to concentrate upon medical practice among his people, the Xosa-speaking group, until he died at Elliotdale, Cape Province. His was a great and magnetic personality, commanding the respect and reverence of those he came into contact with, irrespective of race or colour.

Dr. Gabashane took his degree in the United States of America and returned to South Africa to practice for some time in Basutoland amongst his own people. He went back to the United States for a visit, but died before his return.

Among the Zulus, Dr. Nembula was the first medical practitioner. He was trained at the University of Michigan, U.S.A. Here he left an excellent scholastic record, according to a report I received from the late Mr. Stephen Gumede who studied law at the same University. Mr. Gumede said: "The man's record was so good that I had to leave the University because the authorities seemed to expect the same high scholastic record from every black African student of those days." He returned to this country to practice amongst the Zulu peoples at Mapumulo, Natal, where he worked until his death. From authentic sources we hear that death cut short a very promising and brilliant career.

We come now to the group we shall call the present or the second generation of African native practitioners. Many have been in practice for over a decade. The oldest member, Dr. Mahlengeni, began his studies in North America and completed his course in Edinburgh. He returned to South Africa to practice among his people at first in the Western Transkei and later at Mount Frere, East Griqualand. He has now been in practice for 20 years.

The next was Dr. Wilson T. M. Sebeta, who received his training at Edinburgh, where he graduated in 1915. From that day until his death a little over a year ago he served his people faithfully at Malagotlog, Basuto-land. He spent his whole professional career in isolation in this mountainous district without a murmur of protest. Then there is Dr. Alexander R. B. Soga, who studied at Glasgow University and returned to South Africa to practice at Elliotdale. He is now stationed
at Idutyiva in devoted service to the people. Another young man, Dr James Moroka studied and qualified at Edinburgh University. He then returned to his home territory of Thaba' Nchu where he has been doing excellent service among his people for over thirteen years.

Only a year following Dr Moroka’s success at Edinburgh, Dr Silas M. Molema graduated at Glasgow University. During the years that he was a student at Glasgow University, besides successfully carrying on the prescribed curriculum in medicine, he had time to write a book on the Native Races of South Africa. After completing his work he returned to open his practice at the old homestead at Staadt Mafeking. He has spent a decade there among his kith and kin administering to their health needs. It is only since last year that he has one foot in Mafeking and the other in Johannesburg.

Dr Calvin C. M. Motebang was the next to join the group of practitioners. He was trained at Edinburgh University. On his return home, he opened his practice in the Leribe District, Basutoland. On the death of Dr. W. J. M. Sebela, he was called to Mokhotlong and is still there serving his people.

The writer received his training in America at the University of Minnesota, and at the Northwestern University Medical School in Chicago. He did some (operative) work in Gynecology, Midwifery and Surgery in Austria and Hungary before taking his British qualification in Edinburgh. He, unlike his colleagues and compatriots, broke the time honoured tradition of practising at his birthplace and came to Johannesburg. Even in his case, the idea was suggested to him for a particular appointment, but the final arrangements failed. He then immediately made up his mind to establish himself in private practice. He felt that he had not violated the principle of working for and serving his people, because in the Johannesburg area, within a 12 mile radius, there are some 100,000 African natives excluding those on the mines. Judging by the number of Africans in urban areas along the Reef there would be room and justification for more African Medical Practitioners to administer to the needs of their people if we were to divide our medical service along colour lines. However, I believe and hope that that will never be the case as it is a universal medical principle that the choice of the physician must be left to the patient.

The youngest of the African Native Medics is Dr Innes Gumede, a graduate of Birmingham University. He has returned to practice at his home at Quanda Mission Station, Phoenix, Natal. He is said to have rendered excellent service among his people during the recent malaria epidemic in Natal.

Thus it will be seen, that up to the present all African Native Medical Practitioners have had their training overseas, in the British Isles, especially Scotland, and in the United States of America. In all these cases going overseas was not a question of choice. There was no alternative for these ambitious students unless it was to go without the medical training, for local medical schools would not admit them into their classes.

We have heard it said more than once, in a parrot-like fashion, that education overseas “deracialises” or “alienates” the African native. It is said that Africans trained overseas tend to leave the rural areas and drift into the cities because the different environment in foreign countries has un fitted them for their former native environment. I believe that, after reading these brief professional biographies of individual African native medical practitioners, all my readers will agree with me that this statement is a mere prejudice against overseas training. It is not borne out by facts for we have shown that each of these men, except perhaps the writer, has been content to remain and labour in the native territories among their people. Anyone, therefore, who says that overseas training “deracialises” or “alienates” African overseas graduates is either ignorant or dishonest, or both.

On the other hand, overseas training for an African student has certain advantages over the training he might receive in his native surroundings. The advantage is in the environment itself rather than the curriculum. The new environment seems to have a stimulating and energising effect which lifts one up, as it were, so as to see himself, his own people, and their ways as others see them. He is emancipated from the thraldom of his native superstitions and beliefs. The companions and contrasts furnished by life elsewhere put him in a better position to pass judgements upon his own people in a more detached manner. He knows certain scientific truths and thinks along scientific lines, thus becoming a free, liberated man. Being himself emancipated, he is in a good position.
to lead his people to the "new way," the White Man's way to borrow Sir Carruther's Beattie's words. As Dr A. N. Gool says, "for the native this transfer will produce the greatest good by broadening his outlook and by giving him opportunities for freeing himself from the inferiority complex. He will mix with people who are prepared to judge him by human values of character and intellectual attainment and not from the depth of pigmentation of his skin."

Generally speaking it may be said, without fear of contradiction, that the African native medical practitioners are a silent, sympathetic, yet effective influence against certain superstitious practices among their own people. They understand the working and reasoning of the African native mind towards disease. They, trained and emancipated by science, are able to lead these people out of the land of fear and superstition, haunted by strange beings and strange animals. This they do without shocking the sensibilities of their compatriots because they understand.

It may be asked "What of the future judging by the present?" The writer believes that one would be a fool to prophesy about the immediate to-morrow, since one may live long enough to see the prophecy disproved. In this case, however, it is somewhat safe to say that for some time ahead most African medical students will have to go overseas for their professional training. However, sooner or later, and it is to be hoped sooner than later, provision must be made for their training in South Africa. It will the natural step in the evolution of education of African medical men. We cannot at present say whether classes when they are begun will be the same for all or whether they will be arranged as parallel classes along the colour line. Judging the future on the basis of present day attitudes it seems that the former idea is Utopian and that only the latter is likely to come within the range of practical politics.

Of those who enter the profession in the future, some will return to work in their native territories as has been the practice of almost all their compatriots before them; but perhaps an increasing number will drift to the city. This tendency can be justified now and will be more justified in the future, for it is a fact that a large number of African families are for various reasons leaving the rural districts for permanent residence in the towns. This is a tide that may be retarded but cannot be permanently checked for it is analogous to the world-wide migration of peasant population from country into town in accordance with the economic and industrial development of the particular country. Those who remain in the country will engage in private practice and may act as a foundation for the establishment of a rural medical service. They will be the torch-bearers for the "new way," the "white man's way" of combating disease. They will be better representatives of modern medical and public health ideas than any products of a "make-shift" scheme, based on the exaggerated idea that the medical needs in the native territories are so urgent that Africans must be given "short-cuts" and be passed through a "practical" course giving only the "essentials" in medicine and nurse training.

May I, in conclusion, emphasise certain important observations. The Africans have a different cultural background from that of the Europeans. They have a religion or set of beliefs of their own and a different conception of disease and its treatment. Being part and parcel of a modern community it should be the aim to impress them with and to win them as believers in the new method of treating disease. As far as this is concerned they are mere children and it will therefore take the best scientifically trained men and women black or white, to successfully and creditably represent to them the modern view of Medicine, Hygiene and Nursing. Some seem to believe that any partially trained nurse or practitioner will do for "natives," but experience has taught me that exactly the opposite is the case. Because of their backwardness they require better trained nurses and doctors than do the Europeans, who need less guidance and convincing in the modern way.

I believe that many will agree with me when I say that the best service to the Native Races of South Africa and the best protection for the Medical Profession and professional standards will be available only in so far as the profession clings to its first decision of one professional qualification for all, and refuses to recognise any inferior standard of training or qualification irrespective of the colour of the candidate.

Disease knows neither class nor colour. It attacks both king and peasant, rich and poor alike, and, in all classes and colours, the same knowledge and the same skill in its treatment is required. Only the best possible training is acceptable even to the African.