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Patterns of health and nutrition in South African Bantu. Introduction.

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PATTERNS OF HEALTH AND NUTRITION IN SOUTH AFRICAN BANTU

being an account of

investigations into the relationship between their

state of health and way of life,

and

the application of these findings in the development of a

Family Health Project.

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S C O P E

The material of the thesis presented for consideration has been arranged in three separate sections.

Section A. This section consists of a report and discussion of findings of a health and nutrition survey of South African Bantu schoolchildren. Carried out in 1938-1939, the survey included children of nine different areas of the country, namely:

Urban Areas:	Bloemfontein		
	Pietermaritzburg		
	Pretoria.		
Rural Areas:	Transvaal	-	Bochem
			Tzaneen
	Transkei	-	Kentani
			Qumbu
	Natal	-	Nqutu
	Orange Free State	-	Witzieshoek

As the clinician of this survey team I was responsible for the diagnosis and clinical evaluation of the nutritional state of the children examined. Analysis of the study demonstrated the prevalence of nutritional failure in each of the districts visited, but there were significant differences both in the degree and kind of nutritional failure syndromes found in the children of different districts.

This study, being the first of its kind undertaken in South Africa, provided an introductory picture of the state of nutrition of Bantu children in the country indicating the extent to which poor nutritional state was associated with various diseases, more especially endemic diseases such as syphilis, bilharzia and malaria.

Section B.

During the years 1940-45, when I was medical officer-in-charge of the Pholela Health Centre, and since that time as officer-in-charge of the Institute of Family and Community Health, Durban, opportunities were presented for furthering the studies undertaken in 1938-1939. By study of families in the rural community of Pholela over a number of years it was possible to direct attention to those features of family and community living which were seen to be expressed in the health and nutritional state of the people. The various investigations involved are discussed in the monograph 'Nutrition and Adjustment in the Changing Society of Pholela', which, together with the annexure including reprints of published articles on Pellagra and Syphilis, constitutes Section B of the thesis.

This study in nutrition and adjustment, having been carried out as an intrinsic element of the Health Centre's practice, has had a profound influence on the development of this practice. The next section of this thesis discusses these implications.

Section C.

This section is concerned with an approach of Medicine towards family health and medical care. The studies referred to in the previous section have formed the immediate foundation of this developing practice in that they have indicated the need for the development of diagnostic skill in the field of family health and the application of such knowledge in community health and medical care. Illustrative of this orientation of Medicine towards family care are five published papers which have been included as Section C of this thesis. These articles indicate the growth of this orientation in the family practice of the Pholela Health Centre as well

as in the broader field which has been included since the establishment of the Institute of Family and Community Health in 1945.

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First, I would like to pay tribute to Professor Raymond A. Dart for his patient interest in me during my years as a medical student, and for his friendship and encouragement since I graduated in 1936. It was he who introduced me to the broad field of work in which I have had the privilege to participate since 1938.

The Union Health Department was at that time initiating a series of nutrition surveys under the direction of Dr. H.S. Gear. To Dr. Gear I owe my early experience in this field as the immediate director of my work in the survey which has been included as Section A of this thesis, and it is to him that I am grateful for having had the opportunity of developing the first Health Centre of the Union Health Department. His initial direction of my nutrition studies and his subsequent influence on the early development at Pholela provided a foundation on which we have been able to build through the years that have followed.

To my immediate associates at Pholela, and later at the Institute of Family and Community Health, I owe a debt of gratitude which cannot be easily expressed. Apart from the many work projects in which we have been closely associated, there has been a most stimulating

interchange of views on the basic principles and philosophy of our approach towards family and community health. I have had the opportunity of presenting much of the material included in Sections B and C at seminars and staff discussions at the Institute and at the Pholela Health Centre, which is at present the rural centre of the Institute. The critical discussions involved have had considerable influence on the present development of the material.

I also had the privilege of discussing some of the material of Sections B and C at the Institute of Social Anthropology, Oxford, where Professors Evans Pritchard, M. Fortes and M. Gluckman offered the facilities of their Institute for further study of the social implications of our approach. In England, too, I had the opportunity of discussing this work in some detail with many stimulating workers, among whom were the late Dr. Scott Williamson of the Peckham Health Centre and the late Professor John Ryle of the Institute of Social Medicine, Oxford. To the Rockefeller Foundation I am indebted for the opportunity to visit the United States and meet with individuals working in related fields, and for having the chance to meet with Dr. J.B. Grant of the Foundation. His intense interest in the field in which we are working has been a stimulating force in its growth.

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