South African medicine in the 1890s

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At the beginning of the 1890s there was a lull in the efforts of the medical profession to unite itself. The first attempts at the formation of a South African medical association in 1883, entirely a Cape Colony effort, and at starting a South African medical journal in 1886, had faded out and all that was left were the overseas Branches of the British Medical Association in Cape Town, Kimberley and Grahamstown.

The impetus for a renewed and this time more successful effort came from Kimberley, then a thriving medical centre with a medical society and a hospital. In October 1892 (the exact dates are not recorded in the SAMJ) Kimberley organized an exhibition and the first South African Medical Congress, to which came representatives from various centres in the Cape Colony, the Orange Free State and Basutoland.

At the Congress Dr Arthur Fuller of Kimberley pressed for the formation of a South African medical association and the publication of a South African medical journal. The proposal for an association was turned down on the grounds that it would interfere with the working of the branches of the BMA, but the suggestion for a monthly journal was accepted and Dr Alexander Edington became the first editor. The journal appeared regularly until the end of the decade, when the Anglo-Boer War led to its temporary suspension. Subscription was one guinea a year, and the firm of Juta in Cape Town was entrusted with its publication.

It is interesting to note that only two reasons had been advanced for the formation of a medical association — the publication of a journal and the organization of an annual congress — and that both these aims were achieved long before the medical association was actually formed.

Public ill-health

At the time of the Kimberley Congress the main health problems were a multitude of infections and parasitic diseases and the failure of a totally inadequate public health system to deal with their prevention. There were fears, all too justified as we now know, that cholera — then present in Mozambique — would become endemic in South Africa, and that rabies, which had first appeared at a Port Elizabeth dog show, would also establish itself. The diarrhoeal diseases, typhoid fever, diphtheria, syphilis and gonorrhoea were all rife in the Cape Colony, as were tuberculosis and leprosy. Only recently a Bill had been passed in the Cape Colony, the Orange Free State and Basutoland.

Another recurrent theme, which remains topical to this day, was the question of dispensing by doctors and pharmacists respectively. Arguments then being advanced by the two professions dealt only with smallpox, syphilis, cholera, typhus and yellow fever, and nothing was done about notification of other infections.

For the business of administrator he is but ill fitted both by reason of his want of special administrative knowledge and by the character of his early training, and so far as my experience serves me — and I have had many opportunities of observing — the medical administrator is a miserable failure. There are, of course, brilliant exceptions but they are few and far between, and the chances are against their occurrence.'

Dr Gregory wanted as much done as possible by the people on the spot, but advocated compulsory powers for the central autho-
rity if the locals failed to do their work. He repeated the allegation that Parliament could not care less about public health, and with admirable vision called for an intercolonial board of health to co-ordinate health activities in the Cape, Natal, the Free State and the Transvaal. Tragically, for South Africa, such a farsighted request had to remain unfilled for many a year. That a central authority was needed to keep local councils up to the mark is well illustrated by the remark of a Cape Town councillor, on the proposal to appoint a medical officer of health, that 'there were enough stinks in the place without getting a medical man to point out more'.

To the vigorous attack on public health legislation at the Congress, Dr H. Clarke added some nasty remarks. He remarked about the existing Public Health Act that 'it was an abortion at the beginning, conceived in a state of nerves, and brought into the world in a paroxysm of hysteria, engendered by a threatened invasion of smallpox in 1882'. His comments on the state of municipal water supplies and sewage disposal arrangements are equally pungent: 'little or nothing is undertaken in sanitary work, as a rule, except in a state of panic', and he relates how his attempts at sanitary inspection of premises were foiled by a government edict: 'Of course, Government could not help themselves, for the Mayor, who carries on the business of a cowkeeper and baker, and whose premises I was about to inspect and report on, was master of the situation', a remark that might be applied today to the Ewings of Dallas!

In November 1894 the Cape Town Branch of the BMA met to discuss the unsatisfactory state of sanitation in the Peninsula. The water supply was good in the city but the same could not be said of the drainage or sewage disposal. It seems also that the recruitment of experts from England had done nothing to ameliorate a dreadful situation.

Someone pointed out that the insanitary state of the local health resorts 'must raise a strong prejudice against the colony as it became known in England, whence a great many invalids are sent by their medical advisers to this colony for the benefit of their health'.

The keen interest of doctors and their associations in the health of the community deserves notice, if only to counteract the idea that our forefathers were interested only in grubbing for guineas. Without their efforts, it is clear from the records that the authorities would have done little to prevent disease.

Problems in the Free State and the Transvaal

It will have been noted that the early issues of the \( \textit{SAMJ} \) carried little news of events in the other three parts of South Africa outside the Cape Colony. Things were, however, moving in the Free State, where the Volksraad was considering a Bill to supervise the medical profession. Dr Lawrence Herman of Cape Town, writing in the \( \textit{SAMJ} \) of April 1894, was very critical of the Bill and in particular of the attempt to draw up a tariff for medical and other services and for medicines. To produce such a tariff, said Dr Herman, passes all comprehension. The price charged by anyone for any commodity depended upon the value of that commodity, which is regulated by supply and demand: '... nowhere in the wide world except in South Africa, has any attempt ever been made to fix by law the price of medical advice and medicines. Again something new for Africa!' In his opinion, the most fatal omission from the Act was the failure to create a register of all persons practising as medical practitioners or dentists or apothecaries, or to make provision for the prosecution of unlicensed persons. Doctors customarily close their ranks in the face of unacceptable legislation, and in May 1894 we hear that medical practitioners had met in Bloemfontein to protest against this draft legislation, and even to consider forming a medical association for the Free State.

News from the Transvaal came in an article by A. Stockenstrom, a Pretoria barrister, about the position of medical men in the South African Republic (\( \textit{SAMJ} \) January 1895). Here there was at least an official register maintained by a medical board of doctors appointed by the President. Applicants for registration submitted their documents to a board of examiners, and successful applicants paid an initial £10 fee followed by an annual licensing fee of £25.

Doctors were compelled to render certain services on request by the authorities, and a tariff for these was laid down. For a certificate and report on a case of violent death the doctor got two guineas, and in a case of suspected poisoning ten guineas. Autop­sies rated five guineas, and the doctor's presence at a flogging was rewarded with five shillings.

However, the licensed doctors also had justifiable grievances, for the South African Republic was a quack's paradise. In 1852 the Volksraad sitting at Potchefstroom had declared that 'all persons are free to practise as doctors and to sell medicines', and even 40 years later the Volksraad had not been prepared to give up this idea. Although quacks not on the register were not allowed to advertise themselves as doctors, surgeons, dentists or apothecaries, they were perfectly at liberty to practise. The only disadvantage was that they could not sue for fees, but with a cash practice this disability was more theoretical than real. On the other hand, the quack had no licensing fee to pay and could not be punished by the Medical Board. He was therefore in a very happy situation, provided he did not call himself 'Doctor' or put up a brass plate.

Again the doctors eventually reacted. The Transvaal Medical Association appeared in Johannesburg in 1894, and, more important, the SAR Medical Association in Pretoria a little later. The latter had a wise clause in its Rules and Regulations: 'No political or religious subject shall be discussed'. It protested against the annual licensing fee of £25, and the latter was rescinded by the Volksraad in 1895.

The attachment of the Boers to their quacks and their home remedies was referred to by Dr W. T. F Davies in his opening address at the 1895 South African Congress in Durban when he reviewed the past history and progress of medicine in South Africa, a subject which he found difficult through 'a most lamentable absence of papers and records'. Referring to quackery, he said: 'The necessity for this class of men no longer exists, as there are now plenty of well-qualified men in the country; but it is easy to understand how the Boers, being as a whole a very healthy race and their ailments being recovered from by means of or in spite of the treatment of the unqualified man or the quack, became attached to them, and that it is really difficult to educate them out of a belief in them with a belief in the really educated and qualified men'. Ninety years later the unqualified still remain with us, and their activities are by no means confined to the Afrikaans-speaking community.

In the same address, Davies made a plea for greater unity in the profession. He said: 'What we medical men need is combination — Trades Unionism — call it what you will. We want to combine together to decide on our duty to each other, our duty to the public and the public's duty to us, and to see that these duties are properly performed.'

Medical societies multiply

Meanwhile, more medical societies were springing up. Durban formed a medical society in 1893 with Dr Addison as its first president, but it seems not to have been born of any emergency, for the second president, Dr Archibald McKenzie, remarked in his presidential address that 'We are not much troubled in Dur­ban by quacks, prescribing chemists, private dispensaries, low class club practices, abused hospitals, and various other evils'. In 1894 the Maritzburg Medical Society met, and its first president, Dr Charles Gordon, gave a scholarly address on malaria.

In 1895 Dr Meiring Beck delivered a significant presidential address to the Cape Branch of the BMA, and referred to this gratifying extension of medical societies in South Africa. He went...
on to emphasize the importance of the SAMJ as an instrument 'to bind the units scattered over this vast continent together' and escape from 'the comparatively undisciplined chaos that still rules for us largely'. He went on to say: 'Supposing we united all the various medical societies in South Africa in relationship to which the South African Medical Congress would occupy the same position as the British Medical Congress does to the British Medical Association; supposing we constituted the South African Medical Journal not the Journal of the Congress but the journal of the South African Medical Association... is it not reasonable that we could take a leap forward in the work of union...?'

Taking up the same theme, the editor remarked that 'We had to cool down before we could write this article. After listening to Dr Beck's address we became intoxicated with ecstatic visions of a firm, solid medical organization, embracing our profession in all South Africa...'. He then pointed out, as many did afterwards, that this would not mean that we be members of the BMA, 'the greatest medical organization that the world had yet seen, but that there was a sentiment of South African unity aboard, and ended by exclaiming: 'Floreat Societas Medicinae Africanae Australis'.

Planning for a South African medical association

One month later, in November 1895, the SAMJ published its suggestions for the formation of a council for a proposed South African medical association, and these suggestions were discussed in detail in later issues. But the time was not yet ripe. Discussions continued, and in September 1896 the Cape Town Branch of the BMA voted unanimously to approve the formation of a South African medical association, after Dr Fuller had calmed the fears of some members that this would mean a split with the BMA. It was estimated at this time that there were 650 - 700 doctors in South Africa (440 in the Cape, 80 in the Free State, 130 in the Transvaal and 72 in Natal). The auspices from Natal were also favourable, and at the Medical Congress in Grahamstown on 29-31 December 1896 the new South African Medical Association was launched with hardly a dissentient voice (one should add that only some 35 doctors were present at the Congress). In discussion, one of the points made in favour of an association was the beneficial effect on the circulation of the SAMJ, which then had 270 subscribers. It was proposed to send a copy of the journal to each member joining the new SAMA as part of his benefits from the Association. The motion to form the Association was proposed by Dr A. H. Watkins of Kimberley, who had long been active in local medical affairs, and was seconded by Dr E. B. Fuller of Cape Town, an equally active association man.

The new Association grew with remarkable rapidity and by May 1897 the Journal was able to print a list of 208 members, with representation from all over South Africa. Perhaps the most famous and most respected member (No. 17 on the list) was the aged and blind but still keen Dr William Guybon Atherston of Grahamstown (who is represented as a young man in the television series 'The Settlers'), although liberties were taken by the producer in respect of the first South African operation under ether).

In July 1897 the SAMJ records with pleasure that the organizers of the new national body had no intention of disturbing local associations but would prefer to encourage local societies such as the BMA Branches in the Cape Colony and Natal to perfect their own organizations: 'The SAMA will then be the thread on which they are all strung independently'. However, doctors being what they are, it seems that some were confused by the distinction between the SAMA and BMA Branches. The editor tartly remarks that a meeting of the Cape Town Branch of the BMA had nothing whatever to do with the SAMA: 'Some were under the impression that it had, and we were prompt to empty their minds of that error'.

A Council of the SAMA was duly elected at a total cost of £5, with contested elections in only 5 out of 9 areas. The voting numbers were small, on average 14 - 21 out of 25 possible voters, and Transkei couldn't be bothered to return its papers.

In September 1898 the SAMA held its first Congress in Johannesburg, the first 2 days being spent in hammering out a constitution. The first president was George Everitt Murray, P.R.C.S., who made several propositions in his presidential address, some of which have been fulfilled. He foresaw a medical council for South Africa on the lines of the General Medical Council in Britain, as well as a Parliamentary Bills Committee to advocate, promote and support legislation of importance to the profession. He wanted the SAMA to press for a research institute, and to help establish medical schools in South Africa. He advocated formation of a defence fund for the profession, and was anxious that the SAMA should have a powerful journal. He hoped that every doctor would consider it his duty to join the new Association. Again and again one is struck by the vision and imagination of our forerunners, of which the above is a good example.

Meanwhile old medical societies such as the Pretoria Medical Society were changing their names to Branches of the SAMA and new Branches such as those in Port Elizabeth and Uitenhage were becoming active.

Medical education

Ever since 1870 there had been at the back of some people's minds the creation of at least one medical school in South Africa. One of the SAMA Council's early tasks was to examine arguments for and against this, stimulated by a presidential address by Dr Dodds. One of the keen protagonists was Dr Darley Hartley, who, like Dr Atherton, seems to have stayed around for a long time, for nearly 30 years later we find him sharing the duties of editor of the newly formed Journal of the Medical Association of South Africa, the best known Louis Leipoldt. He advocated two things, that the early years of the undergraduate course should be taken in South Africa and that postgraduate education should also be organized here. He spoke of the chance to devote South African energy to something else than trade and mining, and rightly foresaw that a medical school would raise the level of practice and encourage research. He also thought that 'the student facing the temptations of London life at 19 or 20 would be infinitely less likely to go wrong than the raw lad two years younger'.

Others did not agree. Dr Greathead rated the value of the European experience highly, and was not satisfied that the temptations and evil influences of Cape Town were less than those of London. Dr Savage of Bloemfontein was also critical of Cape Town. 'What has Cape Town done for us? Practically nothing, except carefully avoid all thought or connection with education. We could excuse them in the past, when their time was so much taken up with how to avoid good sanitation.' Dr Fuller was all for concentrating on a single university, but Dr Watkins of Kimberley and others felt that Europe would continue to have more to offer than South Africa.

In 1899 a committee appointed to study the question reported in favour of allowing medical students to take their preliminary science subjects in Cape Town, with the hope that as soon as funds were available chairs of anatomy and physiology might also be established and that a short postgraduate course might be run on an experimental basis. We all know that the arguments would continue for many years before medical education in South Africa would become an accomplished fact.

Dispensing

Nobody has even now defined precisely that part of the supply of medicines which belongs to the doctor and that part which
belongs to the pharmacist, so that the disputes between pharma-
cists and doctors are as acrimonious in 1983 as they were a century
previously. For at least 4 years there were squabbles over a
Medicine and Pharmacy Act Amendment Bill, which finally got
through the House of Assembly in August 1899 but according to
the SAMJ was unlikely to survive. It was not liked by the profes-
sion before its passage and even less afterwards.

Darley Hartley discussed current practices before this Act
appeared in a paper on medical ethics read to the fourth South
African Medical Congress in 1897. He said: 'counter prescribing
by chemists is a growing evil, dangerous to the public and most
unfair to ourselves. In my own practice (in East London), al-
though lying almost entirely amongst the fairly well-to-do, I can
safely say that three-fourths of my work is of a class that would
find its way to a consultant in England — that is, of a grave nature.
All the rest, the routine work, goes to the chemist.'

He wanted to see prescribing by the chemist restricted but, as a
fair quid pro quo, 'we might submit to an enactment forbidding the
issue of a compounding licence to any medical practitioner
resident in a town in which a registered chemist is in business'. He
went on to say that if chemists' prescribing was restricted either
voluntarily or by compulsion 'we might and should give up
dispensing' as work hardly worthy of the doctor.

When the new Bill was published, the criticisms of both doc-
tors and pharmacists were set out in the SAMJ of June 1898. The
doctor taking out a licence to practise as a chemist and druggist
would be restricted to dispensing only for his or his partner's
patients, and the editor commented that he hoped fewer practi-
tioners would avail themselves of this clause, although he rejected
the chemists' plea that doctors had not the knowledge to do so.
The Bill also laid down that apothecaries, chemists or druggists
were not entitled to 'medically treat persons or prescribe medi-
cines'. The pharmacists rightly pointed out that this would be
impracticable: 'Customers will often ask immediate relief from
minor ailments which it is often not within the bounds of common
sense to refuse.' Thus, as so often, legislation did nothing to solve
the problem.

Commenting on the Act after its passage, an anonymous con-
tributor to the SAMJ of October 1899 remarked that two facts had
emerged during the debates on the Bill: 'One is the lack of
understanding of our profession and its aims shown by the mem-
bers (of Parliament); the other the absolute indifference of
medical members to medical legislation.' He then made some
nasty remarks about our profession which have an uncomfortable
ring of truth: 'Unlike the lawyers, we are apparently incapable of
anything like combination. We cannot sink our miserable little
jealousies. Our pettiness in this respect, and the commercialism
often apparent in our ranks, added to our lukewarmness in disci-
plining our own erring brethren' prevent the public from respec-
ting the profession. That was in 1899 — have we learned our
lessons since then?

One surprising feature of the 1899 issues of the Journal is the
total absence of any reference to the tragic events that were taking
place in South Africa, beyond an announcement in the August
1899 issue that the Medical Congress planned for that year in
Cape Town would be postponed, probably until 1900.

Finally, in December 1899, comes the bald announcement by
Dr Fuller, the Secretary of the SAMA, that: 'By reason of the
present dislocation of affairs in South Africa, together with the
fact that a large number of subscribers in the Transvaal, the
Orange Free State, and Natal cannot be reached by post, and are
too fully occupied otherwise to accord an active support, the
Executive Committee of the SA Medical Association has resolved
to suspend the publication of the SA Medical Journal for six
months (January to June)'.

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