

## THE DISEASE PATTERN IN URBAN AREAS

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Baragwanath Hospital has 2,000 beds, with all specialties represented; it serves an urban population of 95% Bantu, ranging from the primitive to the sophisticated.

When I arrived from the British Post-Graduate Medical School in London in 1948, clinical medicine at Baragwanath Hospital appeared to be beset with administrative difficulties and striking differences in pathology.

The overcrowded hospital was attempting to provide general practice and polyclinic, poor law, and specialist services.

I was told that the Bantu nurse was unlikely to provide a comparable service to the European, lacking sufficient knowledge of Afrikaans or English and lacking in sympathy.

I was also told that the work would be clinically unsatisfactory owing to the inability of the Bantu to provide a coherent history and his lack of realization of the need for repeated medical supervision in chronic disease.

I was led to believe that the clinical spectrum of disease in the Bantu differed strikingly from that in the European, i.e.:

- (a) Tuberculosis was a vicious disease and Bantu patients were unlikely to benefit by treatment.
- (b) 'All Bantu' had diseased livers.
- (c) The response to infection was poor since the Bantu was unable to invoke fibrosis.
- (d) Infective hepatitis was unknown.
- (e) Diabetes mellitus was rare.
- (f) With disturbed serum proteins the Bantu was unable to withstand serious infection and major surgery.
- (g) Vitamin and protein deficiency were common in a land of plenty.
- (h) With his low level of intelligence and education the Bantu would be unlikely to accept traditional advice and would attend hospital only for treatment after street accidents or disaster.

These statements were sometimes made by senior members of the profession, who at that time (1948) had not had an opportunity for detailed and maintained observation of the Bantu sick.

After 16 years of full-time unbroken service at Baragwanath Hospital, I can with authority say that the difficulties and differences between European and Bantu medicine are nothing like so great as originally believed. Indeed, apart from a few notable exceptions, the Bantu's response to disease (including tuberculosis), his ability to recover from serious infection and injury, and his willingness to accept advice from a sympathetic physician and surgeon are essentially no different.

The Bantu nurse, if trained by good and wise teachers, can equal London clinical standards. Her administrative deficiencies and lack of authority will be corrected by time.

By careful planning and a well-chosen staff, overcrowding of the wards can be alleviated.

With patient interrogation the patient almost invariably will provide valuable information regarding the history of his illness; sometimes indeed I consider he provides a better and less confusing account than the unskilled European labourer in London.

The patient and his relatives rarely disregard traditional advice and accept major surgical treatment if they are convinced of the doctor's sincerity and integrity, and they will attend regularly for outpatient observation if given a time of day which does not seriously conflict with their daily responsibilities.

The Transvaal Provincial Administration and the University of the Witwatersrand have provided very good clinical and academic support. Therapeutic supplies, technical equipment, teaching and research facilities and, above all, good and able staffing have satisfied my requirements. For 350 beds I have 4 physicians, 3 assistant physicians, 10 registrars and 20 residents. With this support a high standard of medicine has been

achieved. Clinical pathology, morbid anatomy and radiology have attracted very able colleagues. As an index of activity, my department alone has contributed 350 publications to medical journals in the Republic and in overseas countries.

Bantu medicine has provided experience only to be found in large textbooks, and the number of patients treated have made it possible to confound vague impression and dispel cliché.

Baragwanath Hospital has been providing a ward for patients suffering from pulmonary tuberculosis for years and outpatient follow-up facilities for the study of the behaviour and relapse rate of the disease have been available since 1948. After 16 years of experience I can say that the response to treatment and the relapse rate do not differ from that of the European, provided the disease is handled by experienced specialist surgeons and physicians. The incidence of tuberculosis in all forms in our nurses is slightly less than among the European nurses at the Broughton Chest Hospital in London.

The Mantoux conversion rate is the same as in any large city in Europe.

Widespread lymphatic involvement and gross caseous pericarditis, which are found in the Bantu, are also found in the city of Glasgow.

A study of the incidence of diabetes mellitus from 1951 to 1960 indicates that several years of study are required before a true reflection of frequency is apparent. An analysis of the complications is noteworthy in showing that the incidence of tuberculosis and non-specific infection (2 cases and 8 cases, respectively, out of 278 diabetic admissions in 1960) is insignificant when compared with the incidence of these conditions in the general population.

Figures reflecting the incidence of cardiovascular diseases in the Bantu present two of the few notable exceptions: Only 30 cases of myocardial infarction have been recorded in 16 years, and, by contrast, 'cryptogenic or idiopathic heart disease' is very common indeed, striking man and woman in the most productive years of life.

Protein and vitamin deficiencies are common and can, in my opinion, almost invariably be attributed to ignorance. The infant is fed on porridge because of the traditional confidence in its value. The labourer will live on mineral water and white bread. Those of poor mental fibre will resort to alcohol to solve their problems.

I should like to express my gratitude to the Transvaal Provincial Administration, the Witwatersrand University and my colleagues at Baragwanath Hospital for all the encouragement and help that I have had during my 16 years at the Baragwanath Hospital.