

General practice at its best

GUY DAYNES, M.R.C.S., L.R.C.P., D.C.H., M.R.C.G.P.

(Provost, East Cape Division, S.A. College of General Practitioners)
St Lucy's Hospital, St Cuthbert's Mission, Tsolo, Transkei

WHEN I LEFT MY PRIVATE GENERAL practice in Hove, Sussex, to take charge of St Lucy's Mission Hospital in South Africa I felt all too inadequate for the task that lay ahead. Now after ten years of doing the job, I still feel inadequate, for if the truth were told the task of doing 'real' general practice properly as judged by the modern standards of medical knowledge is beyond all but the very best of us. Nevertheless, there is no doubt in my mind that mission hospital medicine is indeed general practice at its best and its rewards in terms of fulfilment are as high as, if not higher than, in any other branch of medicine.

St Lucy's Hospital in the Transkei lies between Durban and East London in the foothills of the Drakensburg mountains just under 4,000 feet above sea level. In the past ten years the hospital has grown from 110 to 275 beds and the number of outpatient attendances, including district clinics, has grown from about 4,000 per year to about 200,000 per year.

About half a mission hospital doctor's day must be spent in seeing outpatients either at the hospital or in district clinics, just as time must be spent in doing surgeries in conventional general practice. Here are seen not only the usual infections as might be seen in Britain such as tonsillitis, otitis media, bronchitis, pneumonia, pyelitis, gastro-enteritis, measles, impetigo, scabies, syphilis and gonorrhoea but also infections such as amoebiasis bilharzia, typhoid and worm infestations of various kinds. There is also a fairly wide range of trauma to be seen resulting from burns, fights, falls from horses, donkeys or trees, motor accidents or drunkenness; these are similar to those seen in any hospital casualty department in Britain with the exception perhaps of the 'ping-pong ball' fractures of the skull that commonly result from blows on the head with knobkerries and the 'ox-poke' injuries, usually of the perineum, occasioned by the vicious horns of oxen used in ploughing. In addition to these there are medical conditions such as rheumatic fever with consequent rheumatic carditis leading to chronic valvular disease, rheumatoid arthritis, cirrhosis of the liver, malnutrition disorders arrested with a low protein diet such as Kwashiorkor, nutritional heart disease, pellagra together with scurvy (seen in men only). In a category by itself owing to its extreme frequency, is pulmonary tuberculosis and with it all other tuberculous diseases including those affecting spines, bones, joints, abdomen, pericardium and meninges. A recent radiological survey carried out at the hospital on a complete native location consisting of about 1,500 showed that over 20 per cent of the population were suffering from the disease. Unlike the surgeries of British general practitioners, nervous disorders are conspicuous by their absence. Pellagra psychosis with the occasional case of schizophrenia, paranoia, mania and a few cases of hysteria make up the sum total of the psychiatric disorders. Other conditions conspicuous by their rarity are peptic ulcer, coronary thrombosis, diabetes mellitus, varicose veins, inguinal hernia and diverticulitis. Until recently appendicitis was also rare but during the last two years it is becoming increasingly common. One of the first things I had to learn to do in the outpatient department in the absence of a dentist was to extract teeth painlessly and without breaking the crowns; there have been times when I have had to extract more than 30 teeth in one day!

Fortunately, with the ever increasing attendances, much of the sorting and routine work in the clinics is done by the senior nursing staff and in the outpatients department by a 'retired' doctor, now in his 70's, who spends his entire day there from 7.45 in the morning to 8.45 at night. When I suggested to him not long ago that he was working too hard, he replied "I do

not work, I have retired!" When he or the nursing staff meet a case that they feel needs a second opinion, it is referred to me with a note attached: "Would consultant dermatologist kindly see?" or "Would consultant ENT surgeon kindly see?" as though there were a full range of consultants at the hospital! Every now and then we do, indeed, have a consultant on the staff for I have been trying to encourage consultants, when they have to retire from the NHS to come out and work a year or so in a mission hospital rather than dying of coronary thrombosis at home.

Obstetrics in the Bantu people has exceptional interest because many of the 'rules' of European obstetrics are not obeyed; for instance the foetal head often remains high above the brim of the pelvis until full dilation has occurred and in a 'multip' this may be only ten minutes before delivery! This is thought to be due to the tilt of the pelvis secondary to their marked lumbar lordosis, so that the foetal head sits on the pelvic brim rather than the pelvic floor. In support of this contention is the extreme rarity of vaginal prolapse (I have treated only two cases in ten years) and the frequency of vesicovaginal fistulae.

Surgery held for me the greatest terrors at first, but once I got over the initial panic of doing my first caesarian section or craniotomy, the procedures seem to become much less formidable. Slowly one's repertoire of operations became larger according to the need and consequent upon those who were available and willing to teach. The possibility of referral to other hospitals has been strictly limited, owing either to lack of consultants or to lack of beds, and waiting lists usually being too long to be practical. Therefore the mission hospital doctor must be self-reliant and must try to cope with anything that comes in. A further incentive for him to do this is the refusal of patients to go any further afield than they have gone already. Malignant neoplastic conditions are perhaps exceptions because the teaching hospitals always take a lot of interest in such cases so referral to hospitals as far as Cape Town (900 miles away) is possible if the patients are willing to go. There is said to be the highest incidence of carcinoma of the oesophagus in the world in the Transkei and primary carcinoma of the liver is also common, so considerable research interest is taken here in these two conditions.

The mission hospitals of the Transkei and its neighbouring territory the Ciskei, formed an association some years ago and together we undertook research which showed that thousands of women in the district were developing silicosis as the result of inhaling silica-containing dust while grinding their maize with stones inside their huts. Recently a Transkei and Ciskei Research Society has been formed to stimulate more research in the territories and to give help in any way possible to those wishing to undertake such research. There would seem to be plenty of scope for general-practitioner research in many interesting fields which might well find the favour of a travelling grant from the Nuffield Foundation. Some general practitioners from Britain have been able to take sabbatical leave from their practices and work for a few months in one of the Transkei hospitals, finding it quite a change from their accustomed work in Britain but a very worthwhile experience. More will be welcome so that more can have a look at general practice at its best.

SEA-BATHING

Autumn is usually selected in this country as the season most proper for this purpose, in consequence of the greater warmth of the sea at this period of the year. The sensation of cold, and that of warmth which follows in healthy persons, constituting the glow, are equally the effects of immersion in the sea, or in the simple cold bath. The rules, therefore, to be observed in the use of the one, are also applicable to the other. In distant situations from the coast, it may be satisfactory to know that an artificial sea-water, possessing all the properties of the water of the sea, may be made for the purpose of a bath, by dissolving a pound of bay salt in four gallons of fresh water.

Several precautions are requisite to be observed in the employment of cold bathing; it should, therefore, never be had recourse to without medical advice.

JOHN SAVORY. A companion to the medicine chest and compendium of domestic medicine. 1840. London. John Churchill. p. 187.