

AFRICAN STORIES I NEVER WROTE (I)

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Greenville Mission Hospital, Transkei –
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Introduction:

As a final year medical student at University College Hospital in London I spent my three month elective in the Transkei at Greenville Mission Hospital, situated one and a half hours south west of Port Shepstone in Natal. The Transkei was one of the newly independent homelands set up at that time by the South African government. Its most famous citizen, Nelson Mandela, had already been incarcerated in Robben Island prison for over ten years.

The hospital was managed and medically staffed by a group of doctors from near Seattle in the USA. There were two physicians, Ben and Gary, and a hospital administrator. All of them lived inside the hospital compound with their families. Ben told me (Aug 2004) that his home church near Seattle had set up a missionary doctor fund which paid them each \$250 per month although the Transkei Government paid \$1500 to the church. Other doctors in the practice contributed to the church fund to help pay the mortgage, insurance etc., of those in Africa. This Free Methodist church-based group supported the hospital for ten years from 1968 with individual doctors staying for a maximum of one year. At that time any locally trained black physicians could make much more money practising in the towns rather than providing for the rural community. Other mission hospitals were reliant on European medical volunteers or South African army doctors doing their mandatory National Service.

Working in a black-run homeland during the 'apartheid era' in an American administered Mission Hospital was a fascinating time for me.

Medical Experience

There were medical and surgical beds, a tuberculosis unit (fig.1), a maternity unit, an operating theatre and a very active Outpatients/Accident Department where we all spent most of the working day. Common problems were fractures, congestive cardiac failure, pulmonary TB with pleural effusions, malnourished children (fig. 2) with signs of Kwashiorkor (derived from a Ghanaian word meaning 'first second' – when the second baby is born it receives all the protein containing breast milk and the first child often only has a diet of carbohydrate).



Fig. 1



Fig. 2

Fig.1.Potts disease of the spine

Fig.2. Severe Kwashiorkor

These were often complicated by chest infection, meningitis or measles, which was frequently fatal. I remember a woman in her twenties with a temperature of 104 deg F, a classic relative bradycardia and a perforation of the terminal ileum, all consistent with a diagnosis of typhoid. After laparotomy and treatment with chloramphenicol she recovered. A rare congenital abnormality I saw was cleido-cranial dysostosis (fig.3) and we also saw large round worms coming out of various orifices especially the anus (fig 4). I was regarded by the staff as an additional doctor and was allowed to prescribe drugs and perform some surgery under supervision.



Fig. 3

Fig.3. Cleido-cranial dysostosis

Fig 4. Large worm from anus



Fig. 4

Surgical and Anaesthetic Experience

I gained much practical experience, performing a total of five Caesarean sections and also doing my own weekly circumcision list under penile ring block for teenage boys who didn't fancy the ceremony with the local witch doctor (fig 5)! I remember after one of my



Fig.5. Ritual teenage circumcision

efforts the patient developed an erection and all my sutures cut out, so I had to start again.

I also did innumerable lumbar punctures and chest aspirations. This was all very useful when I became a houseman five months later.

Anaesthesia for surgery, including Caesarean section, was either spinal or intramuscular ketamine (4ml of 100mg/ml in each buttock). Perhaps this early experience influenced the start of my anaesthetic career which began at the Royal Free Hospital in London three years later. I am now a great advocate of spinals for elective caesarean section [1] and have used ketamine on and off for nearly 30 years including at road traffic accidents when I used to do some work with BASICS – my longest out of hospital ketamine anaesthetic was at an accident in 1990 on the M25 near Chertsey which lasted nearly four hours [2].

Even in the 21st century ketamine given by intravenous bolus or infusion is still the mainstay of anaesthesia in most sub Saharan African Countries. I also learnt how to perform dental blocks and extract teeth (fig.6), an ability which surprised a senior A&E sister at Hillingdon Hospital two years later when I performed an inferior dental nerve block and sutured a bleeding wisdom tooth socket!



Fig.6
Extracting
teeth
from a
lactating
mother

The Chapel

This is very much the core of the hospital. Every morning after about two hours work medical activity completely ceased at 10am for a 30 minute service. I remember the wonderful singing voices of the Xhosa nurses. This was not the time of day for a patient to have a cardiac arrest or be seriously ill!

One evening I accompanied our charming Zulu pastor to a fundraising concert at a hall in Bizana the nearest town. I was the only white person present but I remember someone in the crowd saying “*I will give some money if the white doctor sings a song!*”! I have a very limited number of abilities but one I definitely don’t have is a singing voice. The song I chose was ‘*ten green bottles sitting on a wall*’ which allowed me to incorporate the choir and most of the audience in a highly active rendition which totally drowned me out!

The Wedding

Another interesting event during my stay at Greenville was the wedding, or rather intended, wedding of one of the paediatric sisters. Everyone was waiting in the chapel but there was no sign of the groom who arrived four hours late and then the pastor refused to marry

him because he had not brought the divorce certificate proving his previous marriage was over. ‘*Lobola*’ (the bride price in cows) had been paid and there were consequently all sorts of arguments. Eventually the groom grabbed his intended and stormed off at high speed in his car. It was a great shame as it was meant to be a big day for the hospital. Everyone had put themselves out to prepare a huge banquet and people were wearing their best clothes. When the rather upset nurse/bride returned some days later, I was very surprised when the wife of one of the Christian doctors immediately asked for her wedding present back!

Weekends

I was allowed to borrow one of the mission cars, an old Peugeot Estate, to visit various contacts I had in Natal including the Wrights, a farming family from Nottingham Road just west of Pietermaritzburg. They had a beautiful stud farm called ‘*Kittle Cattle*’ and herd of pedigree Sussex cattle. They also owned a horrible snorting boxer called ‘*Mischief*’ (fig. 7) with obstructed upper airways which seemed to be much more important to the family than the attentive black servants.



Fig.7
“Snorting
dog”!

During another weekend I drove to Durban airport and flew up to Johannesburg to visit my sister who was living there at that time. I remember seeing an athletic display of Zulu dancing in a stadium close to one of the gold mining areas.

The other doctors

One family doctor/surgeon who was a manic depressive on lithium was also a keen jogger. When the lithium levels were too low he used to run a marathon distance before breakfast and then he was wiped out for the rest of the day! The other was a charming man who also practiced family medicine, surgery and anaesthesia in the same practice near Seattle. One of my greatest pleasures in 2003 was to meet up with him again over 27 years later in the Seattle area when I was lecturing at the University of Washington. I remember ringing him up and saying “*Ben are you still alive?*” to which he responded “*yes and I passed my flying medical again yesterday!*”

He not only flew but had also built his own Falco 140 aeroplane (fig.8) only five years before. He is now a very fit 86. I met the other doctor who was still in practice but was no longer running marathons!



Fig. 8

Fig.8. Dr Ben Burgoyne and his aeroplane, May 2003
Fig.9. Identical Xhosa twins



Fig. 9

Epilogue

This brief introduction to Africa, its charming people (fig.9) and culture sowed the seed which has resulted in my return on many occasions, initially to Edendale Hospital in Pietermaritzburg in 1983 as a senior medical officer in anaesthetics and then to work on the Mercy Ship 'Anastasis' [3] in West Africa for 2-3 weeks annually since 1991.

References

1. THOMSON KD. The use of CSE for elective Caesarean Section is a waste of time and money. *IJOA* 2001 :1:30-32
2. THOMSON KD, COTTINGHAM R. Use of ketamine in Prolonged Entrapment. *Journal of Accident and Emergency Medicine* 1994;11:189-192
3. Mercy Ships UK, The Lighthouse, 12 Meadway Court, Stevenage, Herts SG1 2EF Tel: 01438 727800. Web: www.mercyships.org