Tuberculosis in Rural Matabeleland

BY

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The increasing number of Africans found to have pulmonary and other forms of tuberculosis is a source of worry to most people—medical and non-medical I feel that there are many people who have the disease who never receive treatment and whose cause of death is not recorded as tuberculosis. This is specially so in the rural areas, where no certificates are issued on African deaths. The Native Department is informed of the name and other details of the deceased and a "cause of death" is given. If a person dies in a clinic this information is reasonably accurate, as also is the "cause of death" in a person who dies in the bush and has an autopsy performed at the request of the police. However, the majority of deaths occur on farms or in the reserves and, providing there is no cause for the police to be interested, the body is buried. An examination of the register of deaths in this area includes such causes of death as:

(1) Stomach.
(2) Chest.
(3) Cough (with or without blood).
(4) Headache.
(5) Natural causes!

I am convinced that many "tuberculosis deaths" are unrecorded. These people are a source of infection while they are alive, and in order to assess this problem better a more accurate knowledge of cause of death is necessary. However, at the present time there are a large number of difficulties to be overcome before the extent of this problem can be assessed or treated. These difficulties are briefly as follows:

1. *Distance and Inaccessibility*

The area I am medically responsible for is approximately 5,000 square miles in extent and there is an African population of approximately 50,000. In much of the area there are no roads and there are naturally no telephones. The problem of "getting to the clinic" when one is well is difficult, and when one is ill almost impossible in many cases. This is especially so in the rainy season.

2. *The Patient*

An African with tuberculosis is not an ordinary African patient. He is in a special category of his own, and this must be realised if diagnosis and treatment are to be made and carried out.

The lack of resistance to the disease is seen constantly. This is probably due to a number of factors: malnutrition, overcrowding in small huts, other diseases, e.g., bilharzia, lack of racial resistance, low standard of cleanliness, spitting indiscriminately, etc.

The African with tuberculosis, especially of the pulmonary type, is often acutely sick when first seen. Temperatures of up to 104° F. are seen and E.S.R.s of 150 mm. in one hour or more are also seen.

In rural areas, where distance from patient to clinic is very great and where there is really no transport available, the patient must decide to come for medical help at the "correct time." That is, he must be sick enough to decide to leave his home and yet well enough to make the journey on foot or by bicycle, or he may be fortunate enough to obtain a "lift" from a passing car or lorry.

He must be intelligent enough to bypass the witchdoctor or must only stay with him for a short time, as otherwise he is decreasing his chance of recovery. It must not be presumed that once a patient is in the clinic that he will stay until he is cured. The "spirit world" is very real to the average African and it is not uncommon for patients to request leave of absence to go to see the witchdoctor, though they are willing to concede that they are better since admission. One patient took her own discharge for this reason, and the ceremony of casting out the spirit which caused her illness consisted of dancing for approximately 12 hours, in company with a large number of other Africans, under the supervision of two females each possessing a spirit—*amadhlozi*—which can help to cure the patient. I was allowed to watch this ceremony and it was obvious that the patient was really too ill to continue, but was so gripped by the proceedings that she could not stop. Her only action other than dancing was to spit on the ground; the dust and sputum were then cast up into the air due to the stamping of many feet and was inhaled by the others present (including myself!). The result of this "treatment" was that the patient died a short time later.

Once in the clinic, therefore, the patient must be intelligent enough to withstand the pressure of his fears of malevolent spirits. He must also

be intelligent enough to realise that though he "feels well," he needs treatment lasting months. This is a source of great irritation to many patients who have become better—but not cured—with treatment. Some patients abscond at this time.

It is not possible to arrange occupational therapy, as many patients feel that if they are well enough to make small articles they are well enough to go home!

Another problem is getting the patient to accept treatment of various kinds.

They invariably refuse chest surgery and are also averse to bronchoscopy, though not in the same degree.

They feel that injections are wonderful, and while on streptomycin and I.N.H. or P.A.S. are content, but are not quite so convinced that they are being properly treated while on I.N.H. and P.A.S.! Some refuse to have plaster of Paris applied, and one patient with a tuberculous hip absconded when she was told she should have a plaster of Paris support.

The attempt to explain to the patients the infectious nature of this condition and the dangers of spitting have not been, so far, very successful. This is in spite of the fact that I have had two or three members of the same family receiving treatment for tuberculosis at the same time.

The majority of patients with this disease whom I see are men. These men often have wives and children and are genuinely worried about them. Some assistance can be given by the Native Department, but there are some difficulties which cannot be coped with. When the rains start the work of ploughing and planting also start, and some patients abscond at this time. Attempts have been made to get this work done by the headman or chief, but this has not been successful.

These are some of the difficulties encountered in a rural area in Matabeleland. We must appreciate these factors if we are to do our work properly, as "we do not treat disease—we treat *people* who are sick."

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