

INSTITUTE OF CURRENT WORLD AFFAIRS

JBG-16
Government Hospital

c/o District Commissioner
Bukoba, Lake Province
Tanganyika Territory
East Africa
7 January 1951

Mr. Walter S. Rogers
Institute of Current World Affairs
522 Fifth Avenue
New York 18, New York

Dear Mr. Rogers:

The Government Hospital at Bukoba is situated at the edge of the town, where it occupies perhaps an acre and a half of palm and eucalyptus grove. Its buildings sprawl through the green shade, uncrowded and clean, connected by catwalks roofed in galvanized iron. The buildings are of varying design and construction, having been put up one at a time; and most of them are windowed to take full advantage of the cooling, fresh breeze off Lake Victoria. Their stone, brick, and whitewashed cement give the hospital a cleanliness and permanency which contrasts noticeably with the unpainted boards and rusty iron sheeting of the business section of the town.

This is the best hospital in west-of-the-Lake Tanganyika, which receives the more serious cases from several thousand square miles around - and it is the only hospital which Americans would call a hospital, being entirely different from the mud-walled, poorly equipped aid stations in the outlying villages. It boasts an operating theater, a small laboratory, and wards with a total bed capacity of 140. It does not have electric lights for the wards or the theater - kerosene pressure lamps being used in the latter - but it does have a large Diesel generator to power a portable X-ray unit. If the ambulance service of one pickup truck, or the canoe-litter-lorry method of getting the sick to Bukoba succeed in delivering the patient alive, he has a very good chance of recovery here.

The supervisor of the hospital, as well as the outlying aid stations throughout the area it serves, is a rangy Swede named Moller, Stockholm trained. His assistant, whose ability as a surgeon is profoundly respected by all who know him, is a Makerere and Birmingham schooled African named Mtwali. The only similarity between these two doctors is their age; both are about thirty-five. Moller would have no trouble posing as an especially tall and good looking farmer from Minnesota (he reminded me in a way of Dick Nolte); Mtwali is squat, heavy, with a cheerful, wide-grinning face which would have given any ethnologists in his medical classes a convenient example of extreme negroid structure, and a skin-color just slightly this side of coal black. As we walked away from the operating theater, where we had left Mtwali preparing for his day's work, Moller was shaking his head in pleased incredulity and mumbling. "He's very good, very good."

He does most of the operating here; I'm on safari or buried in paperwork most of the time. And he does big stuff as well as little stuff - anything that comes along."

I asked what he meant by "big stuff" and Moller shook his head even more emphatically. "Caesarean sections, and worse, with all the complications you can have in this climate, and maybe after the patient has been bounced two hundred miles in the back of a lorry."

The next hour or so was very interesting. While Moller went on a sort of inspection trip through the compound I trailed at his heels, asked questions, and listened to his comment.

"No, we don't have many exotic or spectacular injuries here, not the rhino injuries that happened every week or so at Monduni. Did have a chap in sometime back with belly ripped by a warthog, but that's rare... No, the children in this ward aren't sick; it's just that they always have to be with their mothers. If a woman comes to hospital her child - they don't wean them here 'till four - she brings mtoto along... You see these iron frame beds, and no furniture - natives sit on the floor, and it's much easier to keep the wards clean when they're not cluttered up... No, it isn't human urine you smell here; it's the bats - thousands of them - roosting here every night; I've tried everything but can't make them clear out..."

"Maternity ward here; 201 deliveries here last year - not very many, because we encourage them to have babies at home. We attended 2,400 pregnancies last year on an outpatient basis; to deliver them all here would swamp us. Of course if it looks like there's going to be trouble we handle it here; Mtwali did 12 Caesarians last season - and (almost forgot to tell you) he did a wonderful job on the warthog rip. Looked hopeless to me, but the man's back hoeing potatoes now... Here's the latest big improvement, flush toilets; we've had a piped water supply for some time, now; the water's good, generally, but we boil it to make sure..."

We left the wards - with their high ceilings, clean concrete floors, walls with charts hanging near each bed - and I noted that they seemed generally to be as good as most overseas military hospitals I had seen. The hospital office, next visited, reminded me of every administrative, specialist, or police office yet seen in East Africa. It had an instrument cabinet, a sterilizing unit, and odd stethoscopes and scissors lying about - but the overwhelming aspect was the heaps of papers, charts, report forms, and maps which cluttered the desk top and walls. Moller looked at the place in disgust, and for the first time during the visit the good humor left his voice.

"Yes, it's the same for all of us, and I guess even worse for the administrative officers. Medical people get it in the neck only once a year, when the annual reports come due. Most

of the months I can get by spending half my time with paperwork, but in December and early January I'm chained to this desk. But this isn't so bad as the poor District Commissioner in a one-man station - he has to spend so much time at his desk that he is never able to get out and find what's going on in his district..."¹

"You want some general statistics?" (He picked up the thickest of the pencil-drafts from the desk). "Let's see - in 1950 there were 2,548 in-patients, daily average admission 59.6; and there were 21,700 new out-patients. The outstanding ailments? V.D. of course, by all odds; gonorrhoea and syphilis were 2,300 out of the 21,700 total. Next the helminthic infections, hookworm, ascariasis and so forth - 1,000 out of the 21,700... No, there are no diseases peculiar to this particular area except perhaps sleeping sickness. One notable absence is that of filariasis; it's rampant on the other side of the Lake, but we don't have it here..."

"Drug supply? No, there's no trouble there; we get all we need, including penicillin... Finance of this hospital? The shillings 10,000 for the sub-staff of gardeners and sweepers, the 12,000 for food, the 42,000 for drugs, etc. all come from Tanganyika government. This only concerns the doings inside the hospital; the Native Authority here is very rich, what with the coffee cultivation in Bukoba district, and the local authorities spend 300,000 on the outlying dispensaries. These dispensaries treated 149,000 new cases in 1950. They are manned by some 23 'dressers' and 23 sweepers; and they supply the pick-up ambulance for the district..." [7.1 shillings to the dollar]

"The patients pay? No. They pay nothing at all..."

"Cooperation between the Territories? That's a sore point with me. I could make use of the Uganda facilities, near me, just north in Kampala, with great advantage; but all sorts of red tape is involved. Samples for organic analysis can't be sent to Dar es

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1. On the basis of what I've seen to date, it would seem that the very existence of this demoralizing quantity of paperwork indicates a serious organizational flaw. The remedy most often suggested by the sufferers is that of more personnel - clerks and secretaries - which of course would not get at the source of the grief. Actually the manipulative figure, low down in the administrative or specialist chain of command, receives very little organizational protection. Everyone - the Game Department, Tsetse Control, Forestry, Education, etc. - is permitted to harass him with direct and unrestricted communication. The Chief of Staff in an American military organization often considers one of his more important functions to be the screening and reduction of the flow of communications to the combat unit commanders. If he were not there to waste-basket a good percentage of the directives, memos, etc. the Medical, Chemical Warfare, Communications and other Staff specialists would each demand 24 hours per day of the unit-command officer's time. The Tanganyika government could use this sort of an office; and the present staff privilege of freely requesting reports and statistics from field personnel could stand some restriction.

Salaam, obviously; the place is too far away. The logical laboratory for me to use is Kampala; but in order to do so I have to get special permission, each time, by communicating through Dar, down on the coast. Even if I send an emergency case to Kampala, a matter of life and death, I have to formally report and explain this action to Dar. Of course, there are efforts now to correct this; the High Commission wants a pooling of resources, and a standardization of personnel policy throughout the three Territories, but that demands agreement among the three governments, which seems hard to arrive at. One of the hitches, I understand, is the matter of salaries: we are paid less in Tanganyika, and the Legislative Council won't vote us more... It's a shame, because many of the 442 operations we did here last year were a little beyond our equipment, and were risky..."

"The organization? My chain of command? Well, I deal directly with the capital, Dar, the Medical office there, on most matters. There is a local, or rather an "in-between" office now in Mwanza, called the Regional Assistant Director of Medical Services. His area is Lake and Western Provinces. His office has been in operation for only a few months, but already it is obviously a great improvement over the old system. It gives me a better link with Dar, and if anything reduces the amount of paperwork. The regional idea came out of the report of Dr. Priddie, a Colonial Office wallah who recently did a tour here. It has helped a lot, and will probably help more. He also put his finger on the lack of cooperation between the Territories..."

At this point I looked at my watch, and the papers on Dr. Moller's desk, and excused myself. He had a lot of work to do, and since he had invited me to dinner that evening I would be able to get my remaining questions answered.

His house faces the Lake, a low, comfortable structure with big windows, a large garden, furnished inside with blond-wooded tables and chairs from Sweden. The walls were decorated with Japanese wood-prints and a few beautiful landscape photographs - taken with his own Contax and Rolliflex - in Lapland, Norway and East Africa. His wife is tall, blond, handsome, and their two young children, a boy of about three and a girl of about five, are tan and tow-headed. The dinner was distinctively national, with Aquavit and pickled herring. Some of his ideas came out in the conversation which I think might be of interest.

"Certainly the African is physiologically different from us. Quite apart from the apportionment of sweat glands and other climatic adjustments, I think there must be differences in the character of, for instance, the nerve tissues. Syphilis in an African takes an entirely different course from that of the same disease in a European. In four years I have watched hundreds of cases, and I have only seen one instance of the disease damaging, in due course, the nervous system of the African. In the European this will happen nearly every time. It is not due, either, to the particular quality of the East African spirochete. Italians in Abyssinia, by the dozen, have given me proof to the contrary. Of course it may be

some immunizing feature, but I think it may indicate some fundamental difference we don't yet understand...

"No, we don't have much trouble with cancer here. We do have a little trouble with cancer of the liver, and a lot of cirrhosis, possibly because of a vitamin B shortage in local diet. The reason for no cancer is obvious. The life expectancy is perhaps 35 years; people here never get old enough to have cancer...

"Yes, I have heard about the anti-malarial conference of the World Health Organization, and the arguments for and against a program of insect eradication throughout East Africa. Personally, I would be against such a program. I know it is un-Christian to say so, but the only things that are saving East Africa from overpopulation are the diseases and the high death rate. In Uganda, for instance, the 1948 census revealed the natural rate of increase to be something like two per cent. The most optimistic of the experts on hand see room in Uganda for only 10,000,000 people - twice the present population - and they are already talking about what they will do with the surplus...

"I know there are inconsistencies in our behavior out here. On one hand we save lives and on the other we try to lift populations above subsistence levels. But everything I do is inside the limits of Christian ethics; and I can't agree with your friend at Makerere that any solution lies inside those limits. You can't tell, though. Maybe atomic power or some other unforeseen improvement will make it possible to industrialize East Africa. Then, for a while, the population problem would be lessened..."

Sincerely,



John B. George

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