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INTRODUCTION

MEDICINE IN AFRICA: TODAY AND TOMORROW

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It is a privilege to write this foreword to the African Symposium of the POSTGRADUATE MEDICAL JOURNAL. I have practised for many years in equatorial Africa. During most of this time I have participated in the development of an African Medical School both before and after it reached university status and G.M.C. recognition. The problems of medicine in Africa, and not least of these problems is medical education, interest and concern me deeply.

It should be remembered that only in the last few decades has medical progress and modern transport permitted Tropical Africa full cultural contact with the world. Until recently the subtertian parasite formed a barrier which has successfully isolated Africa during the ages. Even in the early part of this century the life of the stranger in Africa was precarious and too often terminated by the malignant tertian or the hæmoglobinuric fever.

This short cultural contact with a vast continent is well to remember. It is as well also to recollect that when we speak of Africa and the races of Africa we tend to generalize unduly from a small

and particular experience. However, it is worth taking a superficial look at some of the problems of ill health in Africa. Epidemic diseases, smallpox, trypanosomiasis, relapsing fever, plague, though they still occur have now been largely controlled. The economy of Africa is still largely dependent on the hoe. Man remains vulnerable to the disasters of flood and drought and his cattle to the tsetse fly in vast areas of the continent. Malnutrition and starvation are consequently all too common. The standard of life is low and the diseases of poor hygiene, leprosy, hookworm, typhoid, and dysentery are widely prevalent.

Beneath this layer of disease which is slowly being attacked lies yet another. In African hospitals today there is little that is exclusive to the books of Tropical Medicine. Instead, illnesses still familiar to British medicine are prevalent. Infective illness, with phthisis now a major tropical disease, is common. Diabetes, renal hypertension, rheumatic heart disease, peptic ulcer, tertiary syphilis, aortic and cerebral, are all familiar in the wards. On the other hand there are notable exceptions.

Although it seems that the existence of a disease has only to be denied in Africa for it to appear, yet coronary heart disease appears virtually non-existent in those Africans whom one would expect to be at risk. Other diseases such as endomyocardial fibrosis, and certain malignancies such as the jaw tumours described in this number of this journal, appear truly African. The demographic and epidemiological studies on heart disease and malignancy in Africa may well have light to throw on these problems elsewhere.

Until recently the concept of tropical disease as largely a matter of tropical parasites has had undue emphasis. In the tropics too much reliance in the past has been placed upon the microscope, and too little in taking the history in the vernacular, an approach that has led to over-emphasis of the parasite as a cause of tropical ill-health.

The schools of medicine now emerging in the tropics have served as a useful corrective to this tendency. With the practice of the traditional disciplines of medicine the malaria parasite, the ancylostome, and schistosome take their rightful place in the pattern of tropical ill-health instead of obscuring and distorting other aspects of disease.

The medical problems which Africa faces in the future are enormous. Political development has recently been rapid. Population growth threatens to become explosive. The material resources of the emergent independent countries are small. Their resources in trained manpower are smaller. While desperately needing the assistance of the expatriate physician they find it difficult to offer at present the security of career which will attract him. In any case it is on their own graduates, at present so few, that ultimately they will have to rely.

In this situation we can today perhaps best help medically in Africa in the field of medical education. There may be a temptation to rush to quick remedies for these underdoctored countries.

Megatons of penicillin in the hands of those who only know how to handle syringes might save some lives but solve none of the basic problems. It should be remembered that the problems of ill-health have existed from time immemorial in the dark continent. It should also be remembered that illiteracy is still the rule and that a belief in witchcraft is, like the malaria parasite, still a holoendemic.

It is in this cultural environment that the African doctor will have to grapple with huge medical problems. Too easily in this environment can medicine degenerate to witchcraft practised with a syringe. To protect a man from these pressures of his environment he must be armed with a proper professional status. This is more than achieving the status symbols of the high diplomas, and more than learning the technical knowledge of complicated investigations or operations not necessarily appropriate to present African circumstances. He will need to be well educated so that he has a humanistic concern for the sick without distinction, and so that he can base his practice of medicine on the collection of a rational assessment of the factual evidence so available, incomplete though this may be.

This attitude of mind can only be acquired from the example of those senior colleagues in whose work he is a responsible participant. He cannot learn this on diploma courses, or by attachment without clinical responsibility, or the most recent textbooks. It is this education for a professional status which the new universities in Africa are undertaking for the undergraduate. The institutions of this country have this responsibility for the African medical graduate who comes to learn what is best in British medicine here. It is for us to see that he is educated as well as trained and that he does not return to Africa believing he has been educated when in fact he has only been trained. How the problems of health and disease in Africa are met in the future depends very much on the education the African doctor gets today.