



A window into the origins of the South African medical profession

Whether Dr James Barry, who practised medicine in the Cape during the years 1795 - 1865, was a man or a woman remains shrouded in mystery. It has been suggested that Barry was a woman who masqueraded as a man in order to enter the then strictly male medical profession. What is certain is that Dr Barry graduated from the highly regarded Edinburgh medical school in 1912. Edinburgh distinguished itself from the rest by combining hands-on clinical exposure with the traditional theoretical syllabus to produce adaptable, multi-skilled clinical practitioners. Dr Barry received further training in London as a pupil dresser to Sir Astley Cooper at Guy's Hospital.

Barry proved to be a hugely successful practitioner in the Cape. For one thing, 'he performed a caesarean operation on Mrs Wilhelmina Johanna Munnik to deliver her son, the first such wholly successful operation recorded in the British Empire', this according to the recently published book *The Cape Doctor in the Nineteenth Century: A Social History*, edited by Harriet Deacon, Howard Phillips and Elizabeth van Heyningen (The Wellcome Series in the History of Medicine; Amsterdam: Editions Rudolphi BV, 2004).

James Barry was a member of the almost exclusively white and male medical fraternity in Cape Town, consisting largely of British-born and British-trained doctors who now commanded numerical dominance over their Dutch and German counterparts following the intensification of British immigration after 1820. These were 'gentleman physicians', not to be confused with the drug traders, apothecaries and other unlicensed medical practitioners who practised in competition with them.

The Cape Doctor — an absolute gem for medical history buffs — provides a well-researched and well-written account of the evolution of medicine and medical practice in the Cape from the British colonial takeover in 1806 through to the establishment of Union in 1910, viewed in the social and political context of the time. It examines how medical practice evolved into an increasingly powerful profession protected by a variety of statutes even while medical thinking was still governed by the humoral theory of blood, bile, black bile and phlegm, whose balance could be influenced by 'airs, waters and places', and medical intervention was not demonstrably more effective than that of non-medical practitioners.

In a moving account recorded in his diary, Jeremiah Goldswain provides a glimpse of the horror of medical intervention in those days. Goldswain describes his treatment for broken ribs by Dr Allen of the Cape Mounted Rifles (the spelling is his): 'When the Dr came he stated that inflemation had taken place and that he must bleed me as quick as posable — "it may stop it". The Dr tuck from me two large basons of blood from me ... he asked me if I felt faint. I said: "No but if you take much more I shall soon have non left" ... Jest as the second basin was full they caught me as I was falling. My wife ... said to the Dr that I should never return to conchesnes. The Dr then

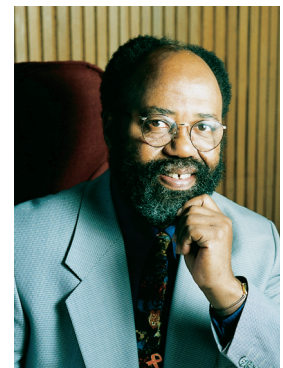
ordered a quantey of water to be thron into my face. It was more than an hour before I came to my self.'

The earliest doctors in the Cape during the era of the Dutch East India Company were Dutch or German-trained, or else were self-taught burgher surgeons or apprentices in the Cape Town hospital. These practitioners were linked more strongly to local creolised medical traditions than those of Europe. Given the scarcity of imported drugs, they began to incorporate in their treatment regimens indigenous remedies adapted from the Khoisan (Hottentot) and the Malay slave remedies. Even as late as the 1830s, Dr Samuel Bailey, a Cape Town surgeon, was reportedly using a 'Caffre medicine made of herbs from the Caffre country (Transkei)'. Yet I dare say that Jeremiah Goldswain might have been better off in the hands of these practitioners for his broken ribs.

Khoisan remedies were derived from local plants and included aloe juice for stomach aches (still widely in use even during my childhood, as I remember all too well!), powdered *buchu* for headaches, and extracts from such plants as *platdoorn* (flat thorn) and *kreupelhout* (crippled wood). The Cape settler community adopted these and other home remedies in what became known as Cape Dutch folk medicine.

At least two developments had a profound impact on medical practice in the Cape. The influx of British doctors, particularly after 1820, brought closer ties with Britain and its medical traditions and norms. The medical practitioners became better organised as a profession, licensing laws were tightened, and stricter training requirements were established. The second development was the germ revolution of the late Victorian era, which changed the face of medicine forever, and set medical practice on a truly scientific trajectory.

Even in those early years, the profession was grappling with the same problems that continue to plague contemporary medical practice: poor remuneration in the public sector; restrictions on foreign (non-British)-trained doctors; restrictions on dispensing by doctors; competition from alternative practitioners; politically contaminated district surgeons (Brit versus Boer); fierce competition in the private sector, and so forth, demonstrating the validity of the trite French idiom '*Plus ça change, plus c'est la même chose*' (the more things change, the more they remain the same).



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