



HISTORY OF MEDICINE

On the notable MD thesis of William Anderson Soga, first black doctor in South Africa

Anne Digby

William Soga, the first medically qualified black doctor in South Africa, wrote a fascinating Doctor of Medicine (MD) thesis in 1884 entitled 'The ethnology of the Bomvanas of Bomvanaland, an aboriginal tribe of the South East of Africa, with observations upon the climate and diseases of the country; and the methods of treatment in use among the people'. This was almost as much an anthropological as a medical study, and its personal interest is heightened by the fact that it is handwritten in an elegant copper plate style.

Soga's thesis indicates that he was very aware of the environmental, climatic and social issues implicated in disease causation; the thesis emphasised the adverse effects of sudden temperature change, the impact of polluted water on dysentery, and the beneficial effect of dry inland climate on consumptives. Soga showed a scientific attitude towards consumption (tuberculosis), which he clearly found a puzzling phenomenon, and attempted to resolve the problem by making cross-cultural comparisons between the lifestyle and prognosis of Europeans and Africans. The better recovery rates of the former were attributed to superior clothing, food, housing and nursing. He related the causes of consumption among black Africans to the habit of sleeping under blankets and therefore to the exclusion of fresh air; to sleeping on mats on damp floors, with the heat of the warm body serving to draw damp up through the porous rush mat; to the crowded state of the huts; and finally to the recent adoption of European-style clothes, which often became damp.

Among his black patients Soga also encountered several cases of the 'dreadful disease' of leprosy, and concluded that 'whilst it is not necessarily a hereditary disease, it is certainly contagious'. He observed that 'The people say it is a new disease and to prove the fact say that they have no name for it

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... it is known by the name of "Isifo Samalawu" or "Hottentot's Disease".' He also noted that while there were heart problems following rheumatic fever, and patients might have dropsy, fatal heart conditions were unusual among blacks. He attributed this to 'the fact that their life is simple and tranquil without fret, worry or push'. Soga concluded that strumous (i.e. glandular), skin, dyspeptic and parasitic diseases were common, while bronchitis and asthma were 'very common', and epidemics of smallpox, measles or, latterly, influenza leading to pneumonia, were also hazards.

Comparing Western and indigenous medicine

Among the most fascinating parts of the thesis are passages in which Soga compared Western and indigenous medicine. He analysed his own work as a Western doctor and that of local healers, 'having overheard some of them occasionally.' In the following passage a healer is described as searching for a witch who has allegedly caused sickness. The healer uses the classic indigenous technique of assent (*ukuvumisa*) – when he 'assembles all the grown up friends of the sick person at the village and seats them in a semicircle, so that he can command the faces of all. He instructs them to make only one answer to all his questions, "*siya vuma*" meaning "we assent", and at the same time clap their hands, all the while watching him narrowly ... They are perfectly oblivious of the fact that they in their ignorance are supplying him with all the information he wants.' Soga's hostility is clear from his description of the 'wily' healer, and his portrayal of blacks 'in their ignorance' hoodwinked into crediting the healer with knowledge they have themselves supplied. He goes on to speak of 'unsuspecting dupes' who helped the healer arrive at a 'false accusation' against a witch that would lead to the witch's death. 'Every one under this baneful system of witchcraft is uncertain of life, and they all live under a terrible burden of anxiety', he concluded.

Soga went on to describe several other features of indigenous healing, viz. treatment of a bewitched patient by sucking out 'deleterious material', treatment by a specialist herbalist who looks only at specified conditions, and a limited practice of surgery. Soga was critical of the first practice, and noted that it 'is extraordinary to notice how they [i.e. patients] profess to feel better after the suction and the exhibition of the well chewed twig which has after all never been any further than



the doctor's mouth.' With regard to the second practice he denigrated the fact that 'Dosage, idiosyncrasy, constitutional weakness, sex etc are seldom taken into account and the consequences of this is [sic] seen in the many fatal cases that have repeatedly been brought to our notice.' With regard to surgery, Soga found acceptable the indigenous treatment of fractures (using mimosa splints bound with grass ropes or bark strips), although he deplored healers' inability to help in cases of retained placenta after childbirth, or of stricture among the elderly. In contrast, Soga wrote proudly of his own professional experience with the latter condition. 'We have been able to relieve untold suffering and to save life in a number of cases with the "Catheter".' And in the one affliction where he compared Western and African remedies, viz. snakebite, he came down on the side of Western treatment, *Liquor Ammonia (fortior)*, rather than indigenous plant remedies, *Lemona Leonitotis* and *umfuica-mfeincane*, despite acknowledging their 'valuable antidotal properties'.

Dr Soga described the Bomvane as 'intensely superstitious. We have encountered great difficulty in making headway against their systems of treatment.' He also acknowledged their suspicion of surgical amputations. 'The people object to operations as a rule, and they would rather die or allow a limb to rot off, rather than suffer it to be amputated. Even with chloroform we have great difficulty in getting them to submit, they seem to have a horror of chloroform, in case they may not come out of it again.'

A positive conclusion

Soga ended his thesis on a buoyant note. Having invested

in a Western medical education, and being keen to distance himself from indigenous medicine not least because the examiners of his MD thesis would doubtless have regarded it as primitive, Soga summarised his professional credo as that of a practitioner of a self-confident, scientific medicine. At the same time he also imputed reciprocal feelings and attitudes to his black patients: 'By showing them new methods of treatment, in a rational way, we are dealing a deadly blow at superstition and witchcraft. Duped, suffering, dying, falsely

accused, tired of unsatisfactory methods of treatment, they turn to help to any one blessed with the power to heal, in this way we have been able gradually to gain their confidence, and to acquire an immense field of usefulness among them.'

1. Soga W. The ethnology of the Bomvanas of Bomvanaland. Glasgow: University of Glasgow, MD thesis, 1894.

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