

JUNGLE DOCTOR'S PROGRESS PAUL WHITE



A SEQUEL TO

DOCTOR OF TANGANYIKA

*Highlighting more than a quarter of a century
of progress in Missions, Medicine and Nationhood*

Jungle Doctor's Progress

By Paul White.

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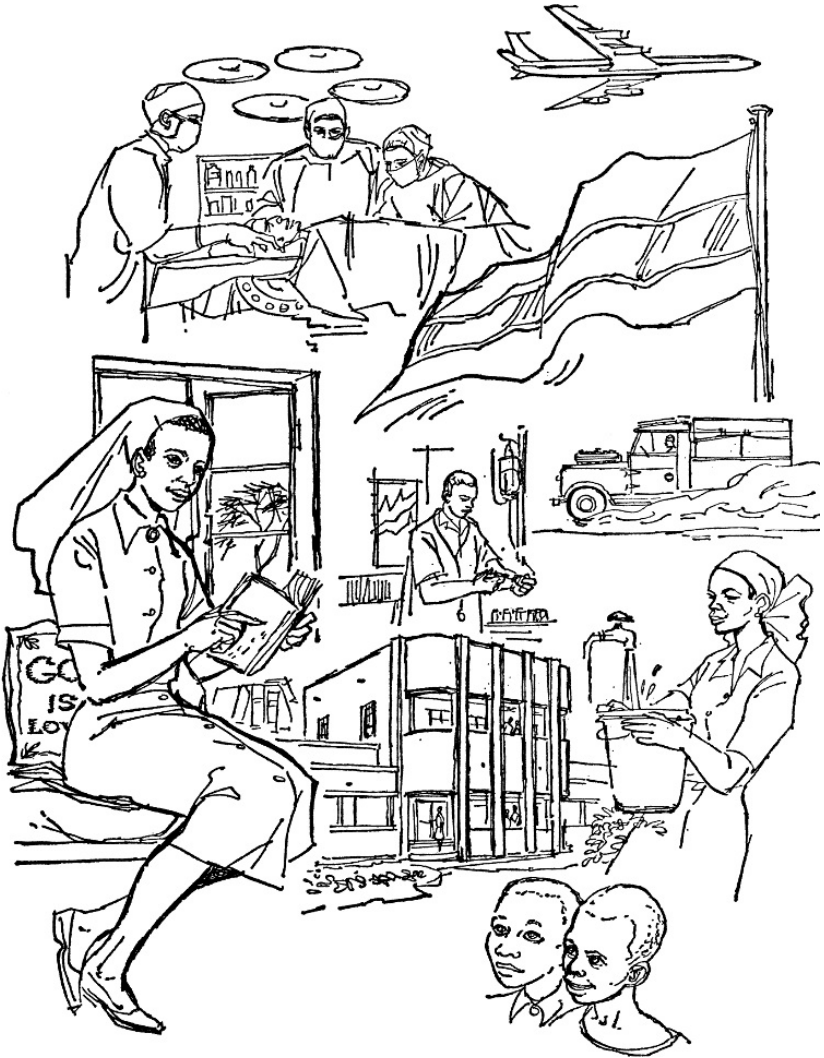
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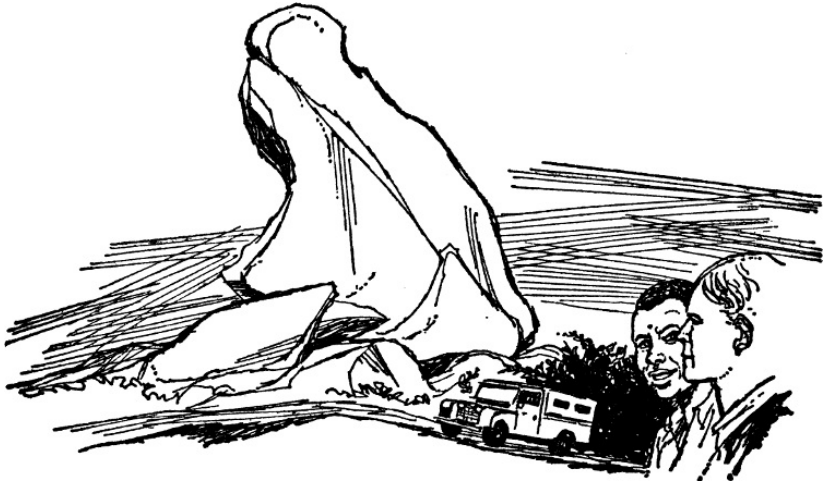




Contents

1. [Old Granite—New Shapes](#)
2. [Over the Shoulder](#)
3. [Long Shot](#)
4. [Freedom](#)
5. [Tropical Medicine](#)
6. [Ward Rounds](#)
7. [The Great Cough](#)
8. [Training](#)
9. [The Money-Trap](#)
10. [Sister-Tutor’s Angle](#)
11. [Kilimatinde](#)
12. [Blood Transfusion](#)
13. [African Radio](#)
14. [Hospital Routine](#)
15. [Women’s Lot](#)
16. [Preventable Disease](#)
17. [Leprosy](#)
18. [Opening Eyes](#)
19. [Corns of Wheat](#)
20. [Witchcraft and Muddled Medicines](#)
21. [Magic in Collar and Tie](#)
22. [Window Into Welfare](#)
23. [Bargain Basement Hospital](#)
24. [On the Edge and On the Brink](#)
25. [In the Balance](#)
26. [Looking Up and On](#)

Old Granite—New Shapes



“Truly, Bwana, the work of the hospitals here in Tanganyika has gone ahead greatly since you left.”

I grinned and from my seat in the back of the Land Rover looked over Daudi’s shoulder. Through the windscreen, on a hill five miles away, white buildings gleamed against the calm background of blue mountains.

My African friend pointed with his chin towards a hill in the foreground that was studded with granite boulders, thornbush and cactus. “There is the hill you called *Nhuguti*—sweat—*kah!* did we not work to roll down those large stones to build the hospital?”

“It was grand fun though, Daudi—pushing and pulling and digging and levering with crowbars; feeling those tons of granite budge from where they had been lying for centuries.”

“*Kah!* and the snakes we found and the large black ants that ran up your legs,

and the work songs we sang as the boulders moved a little. *Yoh*, how we heaved when, *mhola-mhola*, slowly, slowly, it would totter forward and hesitate...”

“That was the great moment. How we strained muscles and bent crowbars to keep them moving, and then on, they gathered speed and hurtled forward. Then came the slow, careful task of building the hospital with old granite cut to new shapes.”

I thought how Tanganyika herself as a nation faced a similar process.

We looked again at the hospital on the hill. There was the smell of recent rains. The thornbush jungle was intensely green and alive with small birds singing.

“*Kumbe!* Behold, Daudi, there has been progress over there at Mvumi. Like Africa generally we have moved forward with speed.”

Daudi was very serious. “But to know what’s happening you must see it with open eyes, eyes that understand; a word here on the radio, a word there in some newspaper, this is not enough.”

Suddenly he smiled. “There is the folk story of the four blind monkeys who had great desire to know exactly what Giraffe was like. One day they heard Twiga the giraffe was near, so first blind monkey walked, paws outstretched and found Twiga’s long leg. He felt it with inquiring fingers, and then said, ‘*Yoh!* I am satisfied, Giraffe is like a long strong slender tree.’

“Second blind monkey was shuffling his way forward, by chance he clutched Twiga’s tail. ‘*Yoh,*’ he chuckled. ‘Now I am satisfied Giraffe is like a rope with a knot in its end.’

“As third blind monkey came forward, the long-necked animal bent down. The groping monkey paws gripped the small horn on the top of Twiga’s head. ‘Mmm,’ he mused, ‘I am satisfied—after all I’d heard, Giraffe is only like a large toadstool of the forest.’

“Fourth blind monkey had come close and both his arms were round

Giraffe's neck; he walked slowly along, feeling the great neck foot by foot. When he was only inches from the body, he smiled, 'Yoh! And I too am satisfied Giraffe is like the long limb of a great tree.' "

Daudi leaned forward to switch on the engine.

"Is not Giraffe the emblem animal of our nation, and in the language of this part of the country, when a man is awake we say he has eyes."

"*Kumbe!* Daudi, I will use both mine with strength these days."

He nodded. "And let them instruct your pen."

We drove on past Chief Mazengo's village, across a river bed, through cornfields, and then very gingerly over a black soil swamp that was full of memories of ancient cars and near catastrophe.

"*Kah*, Daudi, there was a time when a *safari* in the rainy season meant the certainty of sticking in this miserable mud patch."

He shook his head. "Not now. There is a bridge. The road has a foundation. We travel with speed these days in Tanganyika."

He was right. Very much had happened since the day in 1941 when I said "*kwaheri*—good-bye," and left the Jungle Doctor job in the hands of Wellesley Hannah.

Daudi seemed to be reading my thoughts as we swung up the last hill through the baobab trees. He pointed with his chin to an ancient corrugated-iron-roofed building.

"Doctor Hannah lived in your old house there until five years ago. But now he lives in a real house at the top of this hill."

We stopped outside a modern house with a hedge, a lawn, and a garden of tropical flowers. Welles Hannah came striding towards me. "Welcome back to Mvumi, Paul."

I looked in the direction of the hospital but he opened the door and said,

“Tea first, and then you can have a look round.”

Inside I took in the efficient, economical house that had been built, but the hospital drew me like a magnet. I moved over to the window and stared at the two hundred foot long Nurses’ Home.

“You’ll find quite a few changes in the old place,” smiled Welles filling my cup. “We have a water supply, think of that! And taps, real taps, and plumbing and water, hot (from a forty-gallon drum) and cold (full of minerals), a laboratory and a theatre with electric light (from a battery), and new wards with real, genuine hospital beds (second-hand) from no less a place than St. Bartholomew’s Hospital in London.”

I looked through the southern window. The countryside of the central plains of East Africa was the same—the bills, the thornbush, the baobabs, the crows, the red winding road that passed the witch-doctor’s house.

“What about the people, Welles?”

As if in answer a voice came to the door, “*Hodi*, may I come in?”

“*Karibu*, come in.”

An African trained nurse came quietly into the room and said in excellent English, “Good evening, sir. A new admission.”

She handed Dr. Hannah a note. He read it slowly and looked at me over his glasses.

“You’ve arrived at the hospital at the right time. Sit here for a while and read this. I’ll send a note back to you by Daudi after I have seen the patient.”

Into my hand he put a rather worn book which I saw was my first effort at writing, *Doctor of Tanganyika*. “Look over the pictures and the first chapter. It will give you a chance to line up the past with the present.”

He moved off at a run towards the hospital. He still had the stride that had carried him to Olympic standard in his University days as a mile runner.

I lit the lamp and picked up the book. On the cover was a patchwork of photographs—a boy looking down a microscope, two babies in a bath. I thought to myself, “Those girls won’t thank me for that; they’ll be grown up now.” Thumbing over the pages I came to a picture of Daudi and his wife holding a twenty-pound tumour, the size of a large melon. What a job it had been removing that ugly lump and what incredible complications and adventures we’d had during that operation!

“*Hodi?*” came a deep voice.

“*Karibu.*”

“Bwana, they are preparing for a big operation—a Cesarean section. To see this work will open your eyes more than hours filled with words.”

The sun was setting. Daudi took the book to the window and held the picture to the light. Slowly he shook his head. “*Kah!* What a day that was! *Heeh!* The surprises and the trouble, but, Bwana, that woman, Peteka, still lives and is full of praise for your little knife.”

Daudi picked up the hurricane lantern. “Watch your feet. It is still of great importance to walk the path with open eyes. Wasn’t a woman bitten by a puff-adder on this very path only three days ago?”

He pointed to the deep shadow of a baobab tree just outside.

“What did you do, Daudi?”

“Have we not an anti-serum for snake-bite these days? Is it not kept in the refrigerator at the Pathology Laboratory?”

“Refrigerator, eh? That sounds better than the old asbestos meat safe.”

“*Eh-heh!* I keep telling you, things are different. The main trouble these days with snake bite is finding money to buy the serum. It works most successfully when you inject it with speed.”

Daudi pointed into the gloom with his chin. We could see the silhouette of the hospital buildings against the evening sky. The frogs were very busy and a

hyena not far away howled dismally.

“See, the old mud and wattle men’s ward has gone.”

“*Koh!* And that cost me a whole two hundred shillings to build. We must have saved hundreds of lives in it though. How long did it last?”

“It was there for twelve years and then they built those.”

He turned to two long white buildings. Nurses were hurrying here and there and the courtyard twinkled with moving lanterns.

“They haven’t pulled down the old office and the stores yet.”

I looked at these whitewashed buildings. “*Eh-heh!* Daudi, you can always recognise anything I built. The walls would never seem to go up straight, nor would the windows be exactly square.”

He grinned as we turned the corner. “Look, there is the new operating theatre. It’s built of stone. It’s cool. It’s a place of efficiency and convenience.”

“*Hongo!* That’s more than could be said for the old one!” I faced a mud-brick, whitewashed wall with a window in it the size of a news sheet—a window “glazed” with chicken wire and ancient mosquito-proof gauze.

Daudi’s voice was full of laughter. “*Koh!* Do you remember how hot it was that day and how the crows would walk on the corrugated iron with great noise? That was the first operation I had ever seen and truly it was the first time that my wife had ever held an ether-bottle in her hand. The smell of that stuff made her head go round one way and her stomach the other. Then you operated, a great long cut, and you showed me how everything inside was twisted. And hadn’t you just finished untwisting things and were you not ready to remove the lump when...?”

“I’ll never forget it, Daudi. There was a roaring noise outside. You could hear it gradually growing louder and then the roof seemed to be trying to drag itself off and you called out, ‘Quickly, cover everything! Much dust comes.’ And suddenly it did. Red dust swirled in through that mosquito wire like a

red fog.”

“*Eh-heh!* I can still see you, with your eyes shut, holding a green dressing-towel over the very large wound.”

“*Kumbe!* And it was a very large one indeed. The whirlwind rushed past us, Daudi, and as the dust settled, *eh*, were not all the instruments and dressings covered with red dust and red mud?”

“*Eh-heh!* And did I not set to work to re-sterilise everything, but, *kumbe!*, I didn’t know that it was a mistake to put ether into the bowl of the primus stove instead of methylated spirits until I struck the match, and then, BOOM! *eeh*, and everything was all over the place and all over the floor. We had no more hot water for our work and truly I had no more eyebrows.”

It had been a terrifying, inexpert, make-shift operation, but that tumour had been removed, that woman’s life had been saved, and so thorough had been the anaesthetic that next day, to her great fright, she had got rid of twenty feet of tapeworm.

Ahead of us in the darkness the door of the new theatre swung open. Light blazed out. Four male nurses carried in a stretcher. A jumble of figures hurried round to the theatre window and we were presented with a rear view of people peering eagerly and apprehensively through the glass.

“That is a good idea, Daudi.”

“It is a way of wisdom, truly. Behold, everyone can see everything that happens. There is nothing hidden. Doctor Hannah has great patience and explains his work and answers questions. Truly the people have much praise for this wide-open view of the operation.”

Quietly we went into the theatre and I could see faces pressed against the window. On a modern-type operating table lay a girl of twenty-two, her teeth set because she was in intense pain. No sound escaped her lips. Deftly Dr. Hannah gave a spinal anaesthetic. I stood back in the shadow watching every move.

The operating theatre was lighted by four 40-watt globes, battery powered—far from standard equipment in a home hospital, but wonderful light when compared to a small headlight run from small dry cells and a pressure lantern balanced on a nurse’s head.

“Everybody ready?” asked the surgeon.

There was a nodding of masked and capped heads.

“Very well. Before we start we will ask God’s help.”

His voice came quietly through the room in Chigogo, the local language. “Almighty Father, help us in this hour. Preserve the lives we fight for and help us all to understand the great things of the new birth of a soul as we see the birth of a new child into life.”

A Staff Nurse most efficiently supplied sponges and swabs. Another was in charge of the instrument trolley and handed over the required instruments while an African Medical Assistant stood on the other side of the table giving the surgeon expert help.

For some ten minutes I watched the silent, efficient working of the operation.

“Would you like a small finger in this pie?” came Wellesley’s voice.

“I would indeed.”

“Well, keep a check on the pulse and then will you be ready to give the intravenous injection of ergometrine when I say so?”

There came a grating sound from the open window. An overeager spectator had pushed too hard on the insect-proofed screen. The frame bent and a cloud of moths swept into the room. They clamoured around the lights immediately above my head and then crept down my neck and up my shorts as I made battle with them. It was essential to keep them out of the wound and away from my friend’s gloved hands.

“We still have problems, you see,” came his calm voice. “*Dudus* are still our

prime nuisance and they express themselves in a dozen inconvenient ways.”

A note of urgency came into his voice. “Injection in thirty seconds. Sucker ready?”

A nurse, classified as theatre scout, pointed to a tray beside me. I took up a syringe as she started to work the large foot pump with valves in reverse which created a vacuum in two half-gallon bottles. This made it possible for us to suck from the wound any fluid or material that might not be required. A strange hissing sound came from the middle of the apparatus. The nurse reached down and pushed three inches of glass tubing farther into the stout rubber but she was too strong. It shattered in her hand and blood poured from her thumb as it was speared by a slither of glass.

“Let me help,” I whispered trying to pull out the broken junction. In a twinkling my own thumb was bleeding most uncomfortably.

“Inject,” came the order from the operating table. I did so.

I withdrew the needle. Daudi had the sucker fixed and in a moment the high drama of a Cesarean section was over as a living baby filled his lungs with air and encouraged the room with his first cry.

“*Kah!* See that! *Hongo!*” came in amazement through the window as the family outside, wide-eyed, saw the child appear from between the dressing towels.

In a way that spoke of long experience the midwife on night duty coped with the baby. The surgeon and his team busily sewed up and Daudi put dressings on two bleeding thumbs.

The wound was covered while a large insecticide spray came into forceful action.

The surgeon peered over his glasses. “We’ll transfuse her. Prepare for it will you, Staff Nurse?”

“Yes, sir.” She moved quietly through the door.

“It’s as easy as that, is it?” I asked.

He nodded. “You really will be surprised when you see our blood transfusion routine, but neither you nor I have to stay up to watch this one. It will be done by the Medical Assistant here. Anyhow, it is much easier to get the full flavour of things when you see it all in broad daylight.”

I walked out into the moonlight. The African male Staff Nurse in charge of the theatre was already setting up for the transfusion and directing the clearing up process after the operation.

I took a deep breath.

“Well, what did you think of that?” asked Daudi.

“All African staff, Daudi, and everything in English. They have come to a very high standard.”

“Pity about those *dudus* getting in though, Bwana.”

I thoughtfully removed a selection of moths and other winged crawlers that had found their way into my shirt.

“*Eh-heh*, it wouldn’t be Tanganyika, though, if something didn’t happen.”

I looked up as great clouds swept over the moon. “No drums tonight, Daudi?”

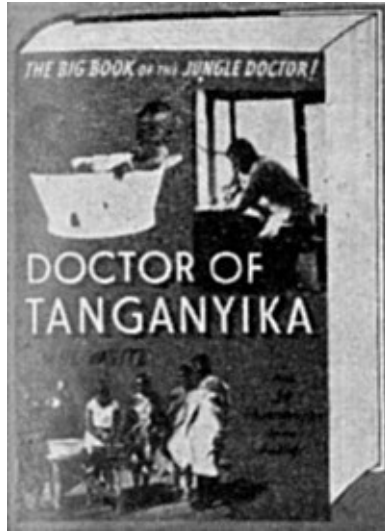
The African looked at me sideways. “It is not a thing of wisdom in the eyes of the old ones of the tribe to beat drums in the days of rain. Out there,” he pointed into the darkness, “in many ways things are still very much as they were ten generations ago.”



In 1937 Silvanus Kaaya, whose picture appeared on the dust-jacket of the first editions of *Doctor of Tanganyika*, was a laboratory technician. Now he is chief of the Meru tribe, who inhabit the lower slopes of Mt. Meru, near Arusha, in the Northern Province.



Staff Nurse Mwendwa Grace has been connected with the Jungle Doctor Hospitals since 1937, and she also appeared on the dust-jacket of *Doctor of Tanganyika* as a baby in a bath. Now she is a double-certificated nurse.



The cover of *Doctor of Tanganyika*.

Over the Shoulder



“*Mbukwa*—good morning.” In came Wellesley Hannah with a cup of tea.
“*Zo ’gono*—how did you sleep?”

“If you really want to know,” I yawned, “I slept remarkably badly. I meant to. You see, I wanted to hear the night noises and absorb the feel of things.”

“What did you hear?”

“Frogs for a while, then crickets, a hyena, some people going to the hospital apparently in a bit of a dither, and then that strange silence that comes about 3 a.m.”

“It wasn’t quiet at 3:30.”

“I’d dozed off by then.”

“You’d dozed very effectively then, because there was a very real night call. Two nurses came to tell me that the girl we operated on last night had had a reaction to her blood transfusion. It wasn’t much, although it was quite brisk while it lasted. I’d fixed her up by 4 a.m. The thing you would have liked about it was the gratitude of her people. They were overjoyed that the girl herself was alive and absolutely full of wonder because of the live baby.”

“How did they express their thanks?”

“The old mother took my hand and kissed it. She said, ‘Great One, our eyes have been opened to a new thing, to a new way. We praise it very deeply.’ She spoke in Swahili, but with considerable difficulty. As she did so her husband interrupted. ‘Speak our own language; does he not understand Chigogo? Is he not one of us?’ ”

“That was a high compliment.”

Welles nodded. “If we are to get into their lives it’s vital to speak their language as they do. After all, more than half the work we do here in Tanganyika is among the quarter of a million Wagogo people.”

“Yes,” I went on, “and in the various Jungle Doctor books and broadcasts I try to stress that we serve only a slice of the country. It’s important that people should understand that of our eight hospitals, six of them are in Ugogo or near it and the others are way out between the Great Lakes. When all is said and done, we are only a small part of the overall medical work done in Tanganyika by the Government and other Missions.”

“That’s right, but you’d be surprised how wide a contact we make and how much more expressive of all Tanganyika this work is. Come over soon to the hospital and get this thing into focus.”

Half an hour later we walked together over a green lawn—a thing I had never thought to see in Central Tanganyika, where four months of thunderstorms are followed by eight without a drop of rain, when trees are leafless, the countryside brown, and such grass as survives is the colour of a lion’s mane. The lawn stretched to the door of a long, airy building which was the Nurses’ Home of the Training School.

We climbed the stairs and stood on the roof. Welles said:

“Look out widely and you see Ugogo as H. M. Stanley first saw it when he came looking for Livingstone. Look close up and you see something utterly different. The church, the school, the hospital, dealing with soul, mind and body, and all teaming together. Look at the church, full every Sunday. There

are services in three languages. The pastor is a live wire. A man can find food for his soul in that church.”

I pointed with my chin. “The schools have gone ahead since I first came. The Girls’ School is twice the size it was and the Boys’ Middle School is entirely new.”

Welles grinned. “Not entirely new. They’ve taken over and done up the old house you lived in for four years and I did for twelve.”

“What a dump it was! Remember the bats in the roof and the white ants and the potholes in the floor?”

He nodded. “We’ve both lived some grim days in that old place. What a difference reasonable housing makes! You can work better and relax a bit. But back to the schools. There are four hundred boys and girls here from Kindergarten to Teacher Training, and a hundred nursing trainees. We’ve moved ahead.”

“Doctor Hannah,” called a nurse’s voice, “they want you quickly in the Children’s Ward; and also the septic tank is blocked.”

We hurried down the stairs. “Running water and septic tanks are a big advance on the pan-and-fly system,” laughed my friend, “but unfortunately, just as in your day, the doctor is also the plumber.”

We went down the path. Daudi came out of the Men’s Ward.

“*Mbukwa*, Daudi.”

“*Mbukwa*, Bwana. Have you been to see your grandmother yet?”

“*Bado*—not yet. There has scarcely been time since sunrise so much as to swallow my spit and you know what sort of a time we had last night.”

I heard a whisper in Swahili not meant to reach my ears, “His grandmother? Does she live here? Why have I not seen her?”

Daudi grinned at me and spoke over his shoulder in the same language. “Is

not Mama Sechelela his grandmother, for did she not teach him with care the ways of our people?"

"*Hongo!*", came a surprised chorus of voices behind me.

"She lives now, Bwana, to the north beyond the Baby Ward in a *kaya* of her own with its own garden on the hospital side."

I walked through the shoulder-high millet to the mud-roofed house that looked out over the green plain to distant blue hills.

"*Mbukwa*, Mama," I greeted at the door. "Good day, grandmother."

The old, bright-eyed woman looked up from where she sat preparing food. "*Kah!* Is it you, my son?" She chuckled. "Did I not always call you that?" She walked out into the sunlight and looked me up and down. "You're fatter than you were."

"Truly, is not my wife an excellent cook?"

She laughed. "There are some grey hairs around the clearing on the top of your head."

"Indeed this is so; but you, Grandmother Sechelela" (she was "grandmother" to the whole hospital) "are as young as ever."

The old woman put her hand on my arm. "I have seen the child of my grandchild's child."

"Wait; you make my brain turn over with your words."

"*Hongo*," said Sechelela, "these days I feel age heavily and my memory has worn thin. Where is the cloth I wear round my shoulders?"

"What is that folded on the table behind you?"

"*Yoh!*" she laughed. "You see how it is with me. But *kumbe!*, the hospital also has grown up. But it is not old like I am; rather it is young and full of vigour. Come and I will show you."

I helped her over the step. She was very old but still had that sprightly something which had made her one whose life had meant very much to very many. I walked ahead of her along the narrow path. The hill behind us was green with crops of peanut and millet.

“*Hongo*,” came her voice. “Look at that hillside. When I was her age,” she pointed to a child of about six with a baby on her back, “this was a hill to be feared. It was covered with bones, for here the Wahehe (a warlike tribe from the south) were slaughtered. Did not Bwana Briggs, the missionary pioneer himself, build them into great heaps and burn them and cleanse this hill? Truly it was a place of death then.”

“But things are different now?”

“*Ehh*,” she nodded, “this is a place of life, of very much new life. Listen!”

There came the cry of a new-born baby. The old woman smiled and tapped my arm with her finger. “Hear that?”

“I hear all right, but have not you and I heard that very same sound in that room a thousand times?”

“Words of truth, but things are changed. Why, this morning the child of Febe, one of the nurses here when you trod this path night after night, has come to have her first-born. Come and greet her.”

But the door of the ward was locked.

“*Hodi?*” called the old nurse.

“*Nani*, who is it?” came a young voice from inside.

“Is it not I, Sechelela, with a Great One?”

The door swung open and a smiling white-capped nurse said, “*Karibu*.”

I put my hat down on the table and greeted everyone.

“Do you know who this is, *heeh?*” asked Sechelela, her head on one side.

“*Ngo!* He speaks Chigogo like one of us, but his face we don’t know.”

“Is he not the Doctor who started the work in this place?”

“*Kah,*” said an old woman who was visiting her grand-daughter and brand new great-grand-daughter. “Surely it is Hwaiti!” (This is the nearest I can get in spelling to her pronunciation of White.)

She gripped my hand and in her enthusiasm trilled with her tongue.

“*Yoh,*” said another old woman. “Truly you were *nhambaku*—a slim youth—then, but now, behold you have grown old.”

“Grown old nothing, grandmother. Behold I have great strength. Did I not make a *safari* of 6,000 miles in two days to greet you and to see the growth of the hospital?”

“*Hongo!*” The old woman shook her head. “Truly you have large and capable feet.”

“He came with wings,” said Sechelela and cut short the conversation by taking my arm and leading me through the ward. She stopped in front of each bed. “There is a Masai woman with twins. There is a woman who would have died in the houses of the village if she had not come in.”

We passed into the room where the babies were looked after. Two blue-uniformed trainees were expertly bathing two very small babies.

In a special sort of fly-proof cot which looked like a meat-safe was a premature baby. There is no special need for heat or humidity in the rainy season when you are on a 3,000-foot plateau and 300 miles from the Equator, for the weather conditions supply both.

A baby was being test-fed. His weight was chalked up on a blackboard that ran the length of the room. Through the window I saw more blackboards, on one of which was written, “Marita Jumbe admitted 6:30 a.m.”, then came all the obstetric details that marked her progress.

I walked out onto what had once been a wide veranda which we had closed

in to make a very useful labour ward. It had cost, I remembered, 100 East African shillings to do this.

Everything was most efficient. An oil-stove supplied boiling water, two African Staff Nurses moved cheerfully and purposefully about the obstetric routine.

“*Hodi?*” came a voice.

“*Nani*, who?”

“Are we not the relatives of Nzugu?”

“One may come in, the others must rest outside,” said the Staff Nurse.

“*Ooh!* But may we not all come in?”

“One may stay. This is the custom.”

An old woman shuffled in and sat on a stool as many another had done over the years.

Sechelela sighed. “My legs grow tired. Come and talk, Bwana. This is a work that never finishes. Babies, babies, babies, day and night, all hours; babies, thousands of ’em.”

She walked carefully down the steps. I followed her to her house.

She brought out two stools, a small kettle and a teapot. We drank tea in silence for a while looking out over the Ugogo country. Then she said, “You have come to greet us all and we have joy. Is there no other purpose for your visit to Africa?”

“Books, Seche. I’m planning to write two of them. One to show with words the changes, the progress over twenty-five years of hospital life; the other, mainly photographs, called *Jungle Doctor Panorama*, to put as it were a window into our work. This book is to open eyes to see and understand what we do. Many people think that you and Daudi and the others aren’t people of flesh and blood, but people of paper and ink and imagination.”

The old nurse laughed. “The hospital has been alive with cameras; you will indeed show them our pictures, but what will you tell them?”

“I’m going to write exactly what we’ve been talking about.”

She nodded. “You should have words with Yohanna Kitabu from the school, who writes many words. But now tell me the news of your place.”

“The news is good. The children are as tall as I am.” I went into details.

“And your wife, Mary, is she well?”

“She is, thank God, she...”

Sechelela interrupted, putting her hand on my shoulder. “You should indeed thank God, for it was He who brought her back from very near to death in the days of her great sickness here.”

I sat in silence thinking of a very grim chapter of our lives.

“Did you ever tell about those days in the books you write in English so that I cannot read them?”

I grinned. “No, Grandmother, I didn’t. They are days I like to forget.”

“*Kah!* You like to forget, maybe, but what of those who travel the same difficult road and haven’t the help of God or do not think to ask for it?”

“Seche, it’s hard to write that sort of thing.”

“Truly, but it should be done. Tell me the story now, for my memory wears thin. Then you can put it into words with your pen.”

Sechelela sat down and rested her back against the smoothed mud of the wall. She looked out at the far line of hills. I walked up and down, forcing myself to recall those grim days now long past.

“We’d been out here in Tanganyika for nearly four years. Mary had been ill for eight months. Gradually she had become worse and worse. I had prayed

that she would recover, but the answer seemed to be ‘No.’ ”

“You had an answer you could hear?” Sechelela looked at me hard.

“No, Seche; as it says in the Bible, ‘the heavens were as brass.’ No answer, no help. I had to remind myself every day that God had promised not to test any of His children more than they could stand; and then to try to carry on here. You remember how it was?”

She nodded her old head. “I remember, the meningitis epidemic and the earthquake that cracked the water-tanks, the cockroach plague and the *safari* ants that came after them, and the nurses that went on strike and the war and our medicines lost at sea.”

“Then the days of asthma when I couldn’t breathe properly and they wheeled me about in the barrow.”

“*Yoh*, truly those were days of trouble; and then you had the *simu*.”

Looking down the hill it seemed to me I could still see old Luka the postman walking up that long winding path. Even in the distance I could see he carried a telegram in his forked stick and telegrams always seemed to be full of foreboding.

Sechelela broke into my musing. “What did it say?”

“I remember the words very clearly. ‘There is practically no prospect of recovery for your wife. We must regard her case as hopeless.’ ”

“Who was it from?”

“The Senior Medical Officer, a man of great wisdom.”

“*Hongo*, what did you do?”

“That was the trouble, I couldn’t do anything. I sat over there in my office and looked at those cold words on the yellow paper. It was as though I had been hit on the head with a knobbed stick. Then Daudi came in. I showed it to him, then to James the lame evangelist. ‘We must pray,’ said Daudi.”

“My mouth was dry and my tongue would not work properly. I croaked out, ‘I can’t, I can’t!’ But they did something, Seche, that I’ll never forget and I can never thank them enough for it. They knelt beside me and prayed and prayed. I felt like Moses when Aaron and Hur held his arms up, one on each side of him.”

“Did you pray for long?”

“I’ll never know; that day and the next seemed to float through my mind like a dream.”

“You did some big operations, though.”

“Probably, but that was the medical part of me working. Three days later the second telegram came and I was too frightened to open it!”

“What did it say?”

“It told me that Bwana Hannah was to arrive very soon. He came and brought with him new ways of using an old medicine that exactly suited Mary’s need, and before those two weeks that I thought would be fatal were over, she was up and better. It was amazing.”

A catch came in my voice. We were silent. I blew my nose and tried not to show my emotion.

“Was it a miracle, Bwana?” Sechelela was carefully looking away.

“Yes, in one way, because of God’s timing of things; remember about Abraham and Isaac and how the boy was saved in the nick of time? There was nothing supernatural about the medicine. It was just a useful drug we’d used for years for other sicknesses. It was not in short supply. But the thing that was wonderful was the string of circumstances that lead to Dr. Hannah’s coming and the timing of it. Remember, the war was on. His ship very narrowly escaped being sunk in the Indian Ocean; two others from the same shipping line were.”

Sechelela laid down her tea cup. “Were there many other things that came

into Dr. Hannah's coming that showed God's hand at work?"

"There were indeed. He was a very good runner, though thin and not very strong-looking. When war came he tried to enter the Air Force but they rejected him. Then came an offer for him to work with the Church Missionary Society in Persia but the Mission's doctor decided not to pass him. He then offered for the Army, but they said it was no use applying because he had been rejected by the Air Force. *Kumbe!* Seche, I remember the words of his letter very well—"I was truly amazed at all the signs God had given me that I was to work for Him overseas, and now this complete brick wall."

"What did he do?"

I summarised for her the contents of a letter which I had kept ever since, in which Wellesley Hannah wrote: "The answer to my questioning arrived in an airmail letter from Paul White a few weeks later: "My wife is seriously ill; I shall have to return home in five or six months. If God opens the way come, and come soon. You are urgently needed." "

I turned to the old woman. "And he came, Seche, just in the nick of time."

My mind went back to that tropical afternoon on the wharf of Dar-es-Salaam as his ship swung into the bottle-necked harbour. I squatted in the shade and read Hebrews 12 about God's love and discipline. I had thought how God wanted spiritual athletes. There was no place in His plans for spectators. Both Wellesley and I had found out that keen competition and solid, tough training were necessary to break running records and gain a University Blue.

Quietly I had thanked God for giving me whatever He saw best. I told Him I did not doubt His power but asked Him not to prolong the waiting time.

A rowing-boat was coming into the wharf. In a minute I was clasping Wellesley's hand. We had a cup of tea together and then knelt to commit the future to God. There was no train up country for two days. In the heart of Dar-es-Salaam we talked and talked, more than impatiently waiting.

Sechelela broke into my thoughts as she looked up at me quizzically. “Go on, my son, tell me what happened.”

“*Yoh!* Grandmother, how that train dawdled through the heat of the coast! It crawled over the mountains, where they plant sisal and, *yoh!*, how great was my relief when at last the Ugogo plains appeared and we stopped at Dodoma.

“Mary’s treatment started. Welles was with her day after day. For a time she gained ground only to lose it again. A week went by; then, dramatically, full recovery was reached. To me Mary’s recovery is as clear a miracle as anything in the Bible. It was a clear-cut, direct answer to effective, fervent, world-wide prayer.

“We had a wonderful reunion on my birthday, Seche. David was four. He said, ‘Mummy’s awfully thin, but she’s better now,’ and Rosemary, who was a year old when Mary became ill, was full of words and birthday cake.”

The old African woman wiped tears from her wrinkled face. “Surely He tests those He loves.”

“It was worth it all, Sechelela. Testing puts muscles on your soul. But the story was not over. God had plans for my future. In England there was a doctor, a friend of mine, who was a *fundi* in the matter of motor bikes. He rode one day through a village with winding streets. Suddenly around a corner came a car. Bang!—And he was over and he had lost one joint of his small finger. They paid him compensation for this, to the tune of £100. He prayed about that money and then sent it to me. Now those days my pocket was empty. But when this money came I decided that Mary and I would travel right through Tanganyika and see all the work. As I went I wrote things down and took photographs which as pictures were not good, but as food for the memory were very good. We travelled together to the west, over the lakes to Uganda then up north to Arusha and Kilimanjaro and then we said farewell.”

“And so you left Africa?”

“Yes, Seche, not only because of Mary’s health but because of my abilities to

sneeze and wheeze.”

“*Kumbe!* I remember you delivering babies and panting out ‘Inject ½ c.c. adrenalin into my leg quickly.’ You would be so puffed that we had to sit you on a stool and sometimes hold you up.”

“Odd complaint, asthma; never really kills you, but there is that feeling of a strong band round your chest getting tighter and tighter. It’s not really a help in a work like this.”

Sechelela wrinkled her nose. “Have you ever wondered why God allowed these things to happen?”

“Oh, yes; but I didn’t ask the question petulantly. He guides us often by shaping our health. I’ve always taken those wonderful verses, Proverbs 3, verses 5 and 6: ‘Trust in the Lord with all your heart’—all your emotions. Before I ever asked Mary to marry me I asked the Lord Jesus to show me the one He wanted for my life-partner. I trusted Him with my heart and so I knew that what looked like calamity was really a signpost to a new road.”

Sechelela slowly poured out a third cup and smiled. “It needs faith, though.”

“Certainly. Does not the Bible say, ‘without faith it is impossible to please God,’ and trust means to have faith. The Proverbs verse also says, ‘Lean not on your own understanding.’ Don’t trust your own thoughts and reactions, but in everything you do, what you see and hear, where you go, what you do, acknowledge Him and then HE WILL DIRECT YOUR PATH.”

“He has?”

“Oh yes, indeed. When Mary first was taken ill I came across the verse, ‘What I do thou knowest not now, but thou shalt know hereafter.’ Looking back the whole thing is as clear as day now. Sickness often comes when I am too pig-headed to understand God’s small signals—even boils!...”

Sechelela laughed. “Boils?”

“Yes, on the way back to Australia we had to wait weeks for a boat in Ceylon.

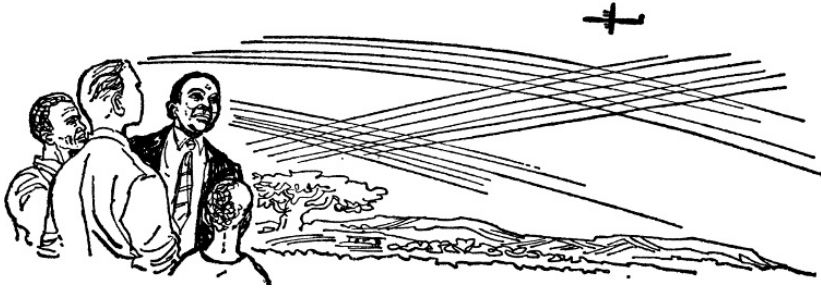
I developed a boil in such a spot that I bought a chair, cut a hole in it and sat with care. It hurt to walk, so I sat and wrote, and wrote, and wrote, pages and pages of the things that happened here. That was the beginning of the Jungle Doctor books. There are now twenty-four of them, and believe me, Grandmother, the money from those books has greatly helped to keep our cupboards here full of medicines.”



Sechelela literally means “joyfulness.” This Grand Old Woman of Mvumi Hospital, now in her eighties, has been doing medical work in the village since World War I. As a young widow she started to help in the dispensary when it was run in a mud-and-wattle hut. Both her daughter and granddaughter have been nurses in the Hospital. She has done much to bridge the

gap between the primitive thinking of the old ways and days, and the new impact of modern medicine, helping a score of new-arrival doctors and nurses from overseas to understand African ways and language. Although on a number of occasions her life has been threatened both by violence and witchcraft she has continued to show a tremendous zeal for God and a talent for expressing it.

Long Shot



Two thin, miserable children squatted in the dust. They were too uninterested in life even to brush away the flies which crawled round their mouths and into their eyes.

“*Kah!*” grunted Daudi, “The one with the sores is called after Doctor Hannah, and the father of the other is named Hwaiti.”

“Names don’t seem to do them much more good than the charms they wear around their necks,” I replied.

He grunted again. “They live here in the village, they were born in the hospital. Their relations have little understanding.”

A deep cheerful voice broke in. “*Hongo!* Do not make many words out of this thing. To hear you talk many would think that all our tribe are backward. Behold! Here are my children, they come for regular medicine to strengthen their blood and to control their malaria.”

Daudi was not impressed. “*Kah!* Yohanna Kitabu, but you are an Educational Supervisor; you’ve travelled overseas, you can read English without trouble, you’ve heard the ways of health and hygiene since you were a schoolboy and what’s more you’ve taught it and...”

Yohanna held up his hand. “Don’t say it! I know my sister is Staff Nurse in the operating theatre and she would make trouble if my children were like those two.”

He gripped my arm. “But you know differently. You know we are growing up fast here in Tanganyika, faster even than they did in your country.” His grip tightened. “And are there none in Australia or England or America who let their children become a playground for flies? Are these children so different?”

I laughed. “Yohanna, you’re very right; many are careless, although they have more available help than you’d find in any village in Central Tanganyika.”

The school inspector nodded and pulled out a printed broadsheet in the Gogo language. In large type was the name *WELA—The Dawning*. “I’ve been editing this and in it I have asked this very question.”

“Keep on asking it. Make it clear that there are many of the Wadunghu” (“The Red Ones” is the tribal way of speaking of European skin colouring) “who have grown up slowly, some who still haven’t learned the value of medicines, immunisations or hospitals. But there is no reason why the people of Tanganyika should follow the same slow path to wisdom.”

“*Kah!*” burst out Yohanna, “we look for better ways. We thirst for education, we hunger for schools, and your people care little for our country.”

“Truly, for they know so little about it. They have heard of Kilimanjaro—there was a film made about it—they’ve read travel posters about the Game Parks, but the people, the place, our problems, who will tell these?”

“I’ll tell them!” Yohanna brandished the Gogo news-sheet.

“But how? You can’t do it with *Wela*.”

He walked up and down and then swung round to me. “You tell them then. Write a book.”

“All right; but suppose I do write a book and tell what I see and feel, many of

your people will say, 'This is the work of a European; he tries to insult us,' when what I am really trying to do is exactly the opposite. Shall I give them only the cream and forget the milk, and if I find flies in it shall I ignore them?"

Daudi shook his head doubtfully. "There will be those who will have hostility in their minds and mouths if you criticise."

"Even if I tell only what I see and hear?"

"*Kah*, some will say that you have seen only a little; others will feel you have chosen what your eyes and ears report."

"Do you want me to be deaf and blind to weaknesses and failures?"

Yohanna led me quietly to one of the seats where the out-patients sat, and pointed to a brand-new pictorial poster warning of the dangers of malaria. "Look carefully. You don't see things as we see them. Now tell me what you think of that." He stabbed his finger at the pictures and diagrams.

"Too much in it, perhaps. Maybe it's a bit too technical, but the art-work is good. The man they've drawn is a good-looking chap; no one could take exception to that."

Yohanna looked at Daudi and they both shrugged their shoulders.

"Listen," said Daudi. "We try to be courteous, we say this is a good poster, for you try with sincerity to help us, but deep within we boil. The man in the picture is black as charcoal. We're brown, chocolate brown." He paused for a long minute. "It means little to you; to us it's an insult."

Yohanna broke in. "Behold also the spelling is wrong in the Swahili words. We," he put his hand on Daudi's shoulder, "we realise that this is a matter of carelessness or an honest mistake, but there are those in whom anger rises when they see those words. They feel it is a cheap joke against them."

"But they're *looking* for insult, surely; they imagine it."

Very quietly Yohanna spoke. "If a man sits or leaves his hat on when they

play *God Save the Queen* you would have anger and disgust, but what if the man did not know or did not recognise the tune? Would you imagine you were insulted?"

I put my head in my hands and groaned. "I see what you mean; then how can I write the book? I'll only make misery when I'm trying most to help. Will I help anybody by writing it? Or am I only making big sticks for the backs of those whose lives are in this work?"

"*Kah*," said Daudi, "do we hesitate to heal because of the hostile words of witch-doctors? Do we stop operating because of the slander of those who do not understand and don't wish to?"

"*Hongo*," Yohanna's voice was troubled. "Write the book, but don't expect praise. I will criticise; my blue pencil will itch to write hot words."

I gripped his hand. "You will assist me greatly by helping my green eyes to see things as your brown ones do. Talk words of strength; use surgery on my writing. Does not the Bible say, 'Faithful are the wounds of a friend'? It is the mark of friendship to talk openly without weighing each word before you speak it."

Out-patients suddenly became busy as Dr. Joe Taylor hurried from the operating theatre into the main room. People moved up to the door. That group of sick folk waiting for medicine and treatment was a cross-section of the whole medical battle. I walked inside. The doctor was listening carefully to a chest. He looked up at the nurse. "Another pneumonia; admit him into the ward and give him..." He gave a clear string of instructions. The trained African girl nodded and started to carry them out.

The high-ceilinged, whitewashed room was light and airy, the furniture solid. A faint smell of creosote came from it, blending with the odour of kerosene and antiseptics.

"*Yunji yaze*—next come," he called.

An old man leaning on a stick shuffled in.

“Sit down, Great One.”

“*Kah*”, came his reply with a tang of amusement in it. “Is there any joy in sitting on a boil?”

Brisk action came his way and ten minutes later he hobbled towards the door and said in the same dry tone, “Behold, that was a loss to bring profit!”

A mother brought in two children coughing in almost the same key.

“These look like plain common or garden coughs as found in any of the five continents,” smiled Joe Taylor, examining the first. “It’s amazing, though, how with a little malaria added they can blaze up into a fatal pneumonia.”

The room was transformed into a screaming match as he examined the second child’s ears. The pygmy-sized, funnel-shaped auriscope was firmly held in place. “Trouble,” he muttered. “If that went untreated there would be another tragedy.” Again he ordered treatment and saw it given expertly.

The next dozen cases written in the record book were, Malnutrition; Malaria—large spleen; Eyes—early trachoma; Lion bite (completely healed, sixth visit, discharged); Tropical ulcer (admit for skin graft later; Typhoid (admitted, tests positive); Lacerations (fall off motor-bike); Malaria and cough; Primary carcinoma of liver; Infected scabies; Malaria and anaemia and hookworm.

It was the same old battle, the things you might see anywhere, the things you would see only in Africa. Daudi was beside me. He said quietly, “The patients and their troubles are much the same as the first day you came.”

A voice came at the door, “*Hodi?*”

“*Karibu.*”

In came Yohanna. In the Gogo idiom he said, “My stomach jumps.”

Daudi chuckled. “The joys of *safari*, a variety of cooks and meals at strange hours are a strong cause of this trouble. Come, let it be examined that it may cease to jump.”

The school inspector grinned. “A dose of white medicine and it will quieten.”

“It would be wiser to let me have a look at it, Yohanna. We’ve never yet found a gastric ulcer here. What an honour to be the first!”

His deep voice replied, “It is only a small thing, give me a good solid dose and all will be well. I have confidence in my stomach!”

He swallowed the medicine, licked his lips and we walked down towards the school together.

Almost under the baobab tree where Stanley had fought with the local chief some fourscore years ago we were stopped by a smiling girl.

“Bwana,” she said, “you remember me?”

I looked at her carefully and shook my head slowly.

Daudi came up. I asked him, “Should I remember this girl?”

“You should indeed; why, you brought her into the world.”

I chuckled, “*Koh!* behold, she has changed somewhat since that day.”

We watched her moving gracefully up the path. “I’ve a feeling that this sort of thing is going to happen again and again as I move across Tanganyika seeing people and things and places,” I said.

“Truly,” said Yohanna, “you will find many things that will cause your eyes to open wide. Behold, Tanganyika is like Twiga the giraffe, our national animal; a head small but very observant, a long neck that makes some forget the size and strength of the body and the energy and speed of the legs. Behold, those of our people who have very great ability and high education still are but few. But each year will see more and more of them.”

Daudi stepped to one side to let some women with great gourds full of water on their heads walk past. Then he turned to me, “He speaks truly. There are those who laugh at giraffe when he moves; but he runs with great speed. Even

a lion fears the heels of giraffe.”

We stopped and exchanged afternoon greetings with four small boys who were driving home their father’s cattle. Daudi looked thoughtfully at them as they moved up the hill. “Some who were only that size when we started are now among the country’s leaders. One is Minister for the Interior. Many others are studying at East Africa’s university at Makerere. Very soon they will lead in the hospitals, in the matter of gardens and herds, and in the schools of the land.”

“Yes,” broke in Yohanna, “and are they not even now planning a university in Dar-es-Salaam?”

I turned and faced them. “That is why I feel this book is so important. Many do not know these things. I want to put a window into the whole situation, not only into our hospital here, and the other C.M.S. hospitals in Tanganyika, but into the whole country as we come to it, and it comes to us. Now if we were going to take a moving picture of the job, we would follow this wisdom. First you photograph a long shot, then a medium shot and after that many close ups.”

“*Hongo*, close ups? Does this mean coming very near to people to learn what they say and do and look like and think?”

“Exactly that. I’m going for word-pictures of local life in a village or a hospital, or on the slopes of a mountain or the banks of a river. I want to see and write about the things that happen in a town, or on a train, or in a coffee garden or a market.”

Yohanna raised his eyebrows. “And the long shot?”

“One way of taking this is to put a camera on a high place, move it slowly round and take a panorama of the whole countryside.”

High in the air above us soared an eagle without a trace of wing movement. Daudi pointed up to him with his chin, “He would have a long shot of the village of Mvumi now.”

There were great masses of cumulus cloud overhead, stark white in great cotton-wool-like patches, clouds such as I have seen only over East Africa. There was the faint sound of a high-flying aircraft. Minute in the still air was a four-engined plane.

I turned to Yohanna's small son, "See it, Musa?"

"Behold, *heeh*, it is no bigger than a dragon-fly, Bwana."

"Do you wonder? It is flying at more than four hundred miles an hour and it is more than three miles up, almost the same height as Mt. Kilimanjaro. An hour from now eighty people will climb out of it in Nairobi."

"How do you know these things, Bwana?"

"I was flying in one only the other day."

The small boy went on his way to the *duka*, the local shop, to buy some kerosene. The rest of us continued gazing into the clouds. I thought of the fantastic progress in the speed of travel. "When my wife and I first came to Tanganyika over twenty years ago," I said to Daudi, "it took us two months to get here. We sailed round the coast of Australia to Colombo, then to Bombay, and then across to the Seychelles Islands and down to Dar-es-Salaam and so to Tanganyika. But on this present *safari* it took two days, touching down on two islands in the Indian Ocean, then Johannesburg for breakfast and Nairobi for tea. Two months then, but only two days now."

"*Yoh*, and how did you feel when you started to fly over Africa?"

"My bones were filled with excitement, Daudi. *Kumbe!* I watched every mile of the *safari* as we flew over the Transvaal, across the great, grey-green, greasy Limpopo River."

Daudi's lips twitched. "Bwana, did you see the elephant's child?"

"We were a little high for him but we certainly saw the Zambesi and the Victoria Falls and then, for a long time, way beneath us were the waters of Lake Nyasa. *Kumbe!*, and then how my heart leapt when the blue changed to

green and we were over Tanganyika. I peered down through the window, my eyes hunting for landmarks, and then I saw the Ruwaha River and the Great North Road. We were flying over the country of Uhehe.”

Daudi let his breath out slowly, “And then you saw Ugogo, Gogo Land, our own country?”

“*Hongo*, Daudi, it is hard to tell you how I felt looking down on this, my second home, the place where they speak Chigogo, my second language. I thought of the very many Gogo people who lived in that vast sweep of country which I could see all at one time. Then through that jungle of clouds I looked down here at this very place, the hospital, the church and the schools. In a minute we were past and then came the railway and Dodoma and the road winding on past the game country and Arusha and Kilimanjaro, and behold, we were in Nairobi. In six hours we had travelled a greater distance than David Livingstone was able to cover in six months.”

Yohanna nodded quietly and tried to pick up the plane again but it was way out of reach of both eye and ear.

“Years ago when I was travelling west in the train I smiled to think of a printer’s error on a hymn sheet in the verse of a hymn that talks about martyrs and pioneers. It read:

“They climbed the steep ascent to heaven,
Through peril, toil and pain;
O God, to us may grace be given
To follow in *the* train.”

“*Heeh*,” said Daudi, “follow in the train, eh? Behold, we can in one hour in the mail train travel a day’s foot-*safari*.”

I nodded, “But many these days think mainly of travel by air, not train. We could change that last line and make it read ‘to follow in the plane.’ In that way you can do a month’s *safari* in an hour.”

Daudi whistled through his teeth, “*Hongo*, the ways of travel are truly amazing. Old Sechelela was a baby when Doctor Livingstone was making his

journey. *Kumbe*, there certainly has been colossal advance in her lifetime.”

“Well, Daudi, that’s what I mean by a long shot of the country. Tomorrow I am going in the train to take medium shots, to see places and schools and hospitals. But most of all I want close-ups of people. I want to sit in their homes to talk to them in their own language, to eat their food, to let them tell me what they think these days.”

Yohanna nodded. “I too will be travelling tomorrow. Perhaps we will meet on *safari* and can work on this book. Surely in writing it, as in the advance of our country, there will be growing pains.”

I thought of his words the next day as I stood on the Dodoma Railway Station. On one side of the Great North Road, once called the Cape-to-Cairo Road, was the Cathedral of the Holy Spirit with a cross above its dome. On the other side of the street, three times the height of the Cathedral, was a Mohammedan Mosque, built to the rejected design for Birmingham Town Hall, its noble tower graced by an elegant chiming clock.

A crossroads in East Africa, this spot. On one side the House of God, cross-crowned, speaking of eternity, and on the other side, a splendid and opulent building to honour the Prophet, surmounted by a clock, speaking of time.

I thought that if Africa is to go ahead at this crossroads in her career, the Cross must be in her heart.

The same point was graphically before me when, two days later, I stood on the banks of Lake Tanganyika and looked at the Livingstone Memorial. There was a deeply-carved cross in the very heart of the granite map of Africa.

I took off my hat as I stood under a tall kapok tree and quietly took in the scene of one of Tanganyika’s most historic places.

Within sound of where I stood, Henry Morton Stanley had coined the famous phrase, “Dr. Livingstone, I presume.” I moved across to stand

beneath a mango tree and read the plaque on the monument.

UNDER THE MANGO TREE
WHICH THEN STOOD HERE
HENRY M. STANLEY MET
DAVID LIVINGSTONE
10 NOVEMBER, 1871.

Kapok floated in the breeze which came across the very blue waters of the lake from the Congo side. Women walked past carrying firewood on their heads. A man with a leg of beef over his shoulder and another with an enormous fish, a forty-pounder, came up the road. I looked out and could see what looked like Arab dhows on the beach, and thought back over the days of the slave trade and the German occupation and of the struggle in 1914–18.

Overhead flew a huge transport plane carrying Indian troops to the Congo in the U.N. airlift. My thoughts were interrupted by an African dressed in modern European fashion who walked down Livingstone Street. He stopped in front of me. Since he was silent, I greeted him in Swahili. “*Jambo*.”

Abruptly he almost barked, “*Uhuru*—freedom,” and raised his arm above his head.

In Swahili I replied, “You speak wisdom. This is a place of freedom indeed. A great blow at slavery was made from this very place where we stand, and there...” I pointed to the monument, “is the way to the Great Freedom.”

In English his reply came back sharply. “Why do you sit here?”

“Thinking.”

“What about?”

“This Tanganyika of ours.”

“Ours? What have you to do with it? Do you own land and take money from the country that should stay within it?”

I smiled. “I don’t own enough land to stand on with one foot and as for money, I bring it in and take none out. Do I not love this country? Is it not full of my friends?”

He hesitated, and then in a more friendly tone, “Who are you?”

“I am a doctor. My work was at Mvumi in Ugogo and in a number of hospitals from the Coastal Mountains to the Congo border. We touch at least ten tribes.”

“Do you know how many tribes there are in Tanganyika?”

“I do indeed—one hundred and twenty, and they comprise more than nine million people.”

He nodded slowly. “Then you understand that ours is a great country of many people and we wish for freedom. We want to rule ourselves and we shall do so very soon.”

Kapok sailed past us. I caught a piece with its white fluffy parachute and its characteristic black seed.

“Look at this. It is the black that takes root and grows into a great tree. We Europeans can help for a time but it is you Africans who must take root and become trees of value in your own land. This kapok is a picture of the black and white, the one helping the other.”

He was silent for a moment. We both looked at the monument. His eyes seemed to be focused on that Cross, so I said to him, “Do you know the Great Freedom?”

“What do you mean?”

“In my country the average man dies at the age of 63, and the average woman at 67, while the average life of a doctor is 57 years. It’s less here.”

“But what has this to do with freedom?”

“Death comes to all, and death can be a grim thing unless you know the

Great Freedom that Jesus Christ came to bring. He is the Son of God. It is said of Him in the Holy Book, the Bible, 'If the Son shall make you free, you shall be free indeed.'

"Free from what?"

"Free from the disease of man's soul that God calls sin. There is no medicine for this thing, nor can you cut it out with a knife. Neither sweat nor tears can remove its stain or its scar. The only one who can is the Lord Jesus Christ who died on the Cross. He proved He was God because He rose from the dead. He *lives*, He did not merely set rules for life, He lives to be our guide, He maps out a path for each man who commits his life to Him and helps him to tread it."

The African shrugged. "You believe this?"

"I do. They are words of truth. They make life worth living and make all the difference to your dying. But God looks to those who believe these things not merely to do so with their heads, but to carry their belief into action."

My companion raised his eyebrows.

"That means to obey Him without quibbling. He tells us these days as He told David Livingstone seventy years ago to go into all the world and to tell the Good News to every person."

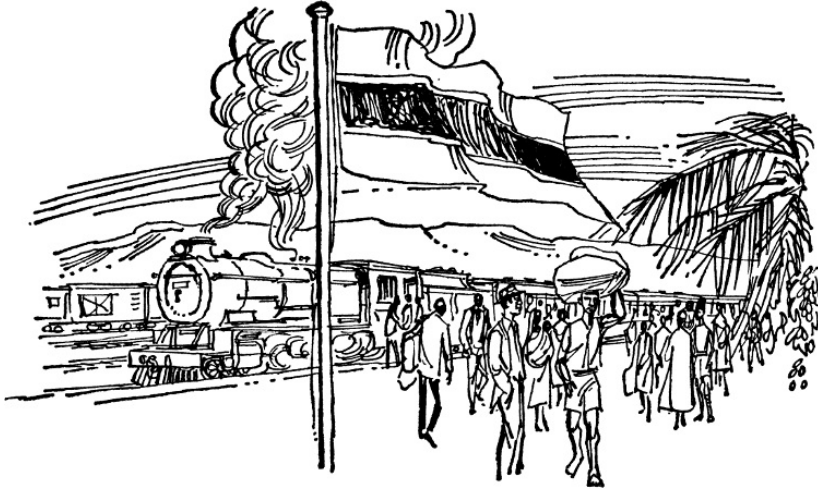
Abruptly the African changed the thread of conversation. There was a harshness in his voice. "There can be no freedom until the shackles have been sawn through completely."

"You speak truly. Who is to break that which binds in the matter of disease? Who is to help this great country in the matter of medicine? Why, in my country there is one doctor to every thousand people. Here there is perhaps one doctor to every forty thousand and your abilities for training enough men and women for the needs of this country are very slight. You can't do it in less than twenty-five years. It could well require fifty. You have a Swahili proverb which says, '*Mchimba kisima hakatazwi maji*—a well-digger is not refused water.' Remember the words of the Prime Minister, Mheshimiya

Julius Nyerere, when he said, ‘Greet with the word “*Uhuru*” and reply “*Uhuru na kazi*—freedom and work.”’ ”

He smiled a cryptic smile and bade me “*Kwaheri*—farewell.”

Freedom



I knew that the word *kigoma* meant a little drum, but why they should call this town at the far end of the railway line from Dar-es-Salaam “Little Drum” was beyond me. Seven miles south was Ujiji, within a stone’s throw was Lake Tanganyika.

I sat in a second-class carriage and looked across the blue waters towards the Congo and Angola on the other side, where “freedom” was linked with pillage and bloodshed. There was a grim, sinking feeling inside me. I watched a kaleidoscope of Africa with a touch of Asia set in the frame of the large, solid, German-built railway station.

Immediately outside the carriage window two men greeted each other. One was dressed in the long white *kanzu* of the Muslim, the other in trim khaki *safari* jacket and trousers.

They clasped hands and greeted with “*Uhuru.*” I had noted that I was to share the compartment with a Mr. Stephen Kasisi, and he turned out to be

the man in the *safari* jacket. I introduced myself. He spoke good English and asked was I a doctor of medicine or philosophy. I explained, and it came out that he had served in both the King's African Rifles and the police.

Outside the door came again the sound of talk. "*Uhuru*" came loudly, twice.

My companion pulled a book from his pocket. "Doctor, have you read this book?" I recognised the New English Bible. Before I could answer he went on, "May I read to you from it?"

I nodded, waiting with interest for what was to come. He turned the pages and read: "My friends, you were called to be free men, only do not turn your freedom into licence for your lower nature, but be servants to one another. Love your neighbour as yourself. But if you go on fighting one another tooth and nail all you can expect is mutual destruction."

He closed the book. "That is the real *Uhuru*, freedom, and it is my work to tell men and make them understand it."

I was silent. The train moved slowly over the steel-sleepered, metre-gauge rails.

Stephen Kasisi bent towards me. "Doctor, excuse me, but are you a Christian?"

This caught me quite unawares. After a pause I answered, "Yes, certainly."

"What makes you sure of that?"

I took the New Testament from his hand, turned over the pages to St. John, chapter 5, verse 24, and said, "These are the words of Jesus Christ Himself: 'In very truth, anyone who gives heed to what I say and puts his trust in Him who sent me has hold of eternal life and does not come up for judgement but has already passed from death to life.'"

He nodded quietly and then asked. "Have you a testimony?"

I raised my eyebrows. He nodded. "I mean have you words to tell of what the Lord Jesus Christ has done for you?"

“Yes, I have.” He looked at me quizzically for my answer was a little slow in coming.

“But, Doctor, is it stale? Is it merely things of times past, or is it of things that happen today and yesterday and these days near to us?”

“My heart is thankful for the things of then and the things of now, and my tongue is always ready to express it.”

“Tell me how you began in His way,” he went on.

“It started when I was nine. My mother was a Christian, she liked me to go to Church. I went and heard about God and His love and sin and its consequences. My father had died when I was four and I feared death. When I was nine, with fear in my voice I spoke to the minister of my Church. ‘Sir, how can I become a Christian?’ He told me, ‘You’re a good little boy; run along now.’”

The African beside me shook his head. “*Kah*, that was a great mistake. He should have known better.”

“Truly, for it was not till seven years later that I found the answer. Then one day in my school I picked up the newspaper and read, ‘Irish Evangelist calls Bishop a Stinking Polecat.’”

Stephen Kasisi chuckled and I went on.

“It seemed that the Bishop had a pipe which was strong, very strong. The Irish Evangelist, the Rev. William P. Nicholson, didn’t like it and said so. I thought he would be good to listen to, so I went. For ten minutes he told stories and jokes. I liked that, then suddenly he hit me with a verse from the Bible. ‘How shall we escape if we neglect so great a salvation?’

“Then he told the answer. ‘As many as received Him, Jesus, to them He gave the right to become children of God, to those who believe on His name.’ That is what I wanted, to become a son of God.”

“What did you do?”

“I went home and knelt beside my bed and prayed: ‘Lord Jesus, please forgive my sins, give me everlasting life, and show me how to live my ordinary life for you.’ And, of course, He did.”

Stephen Kasisi’s face beamed and for half an hour we talked about God and the things He did in the routine of our lives. It thoroughly warmed my heart. Then my travelling companion produced a book and settled down to study Greek.

The train moved slowly east towards the Indian Ocean. We were travelling through the old slave country, the land of the mango tree, as the explorers recorded it in their maps. From the next compartment came the sound of a radio. Mr. Julius Nyerere was making a speech. There was a Churchillian ring about it. Stephen Kasisi put down his book to listen as the forty-year-old Edinburgh graduate made point after point.

“He is a great leader, a fine man.”

I nodded. “My friend Dr. Hannah talks of him with words of great praise and enthusiasm, and he should know for he served under him in the Legislative Council when he was an elected member of T.A.N.U. (Tanganyika African National Union) and Mheshimiya Julius Nyerere was Chief Minister.”

Clearly came the words through the radio. “We have three great enemies in this country, Ignorance, Poverty and Disease. To this I add a fourth—Corruption.”

I thought of these things as the rhythmic clatter of the railway brought sleep closer. I thought how Medical Missions were a double-barrelled task; we fought disease of the body but didn’t neglect the disease of the soul.

The polish of the Prime Minister’s oratory made me try to put our task into epigrams. I scribbled on the back of an envelope. In these hospitals not only are men born, but they are born again. By surgery we give back the light of day to their eyes and minds but what is greater still we introduce them to the Light of the world.

I woke to find we had stopped at a station and Mr. Kasisi was getting out. I gripped his hand and said, “*Kwaheri* and God bless you.” As he moved down the corridor there came a deep voice, “Dr. Paul White, where is he?”

The conductor said something I couldn’t catch and through the door came the smiling face of Yohanna Kitabu. “Good morning, Doctor!”

“Good morning, Great One. This is a happy surprise!”

“I have been inspecting schools. I heard you were on this train, and here we are.”

He settled himself down in the corner, we went carefully through the full tribal greeting and then he said, “Wherever I went it was schools, children, parents, and people, people, people and people.”

“Hold everything,” I asked, groping for my pencil, “that is a grand bit for the book. People—*Kah*, think of the people I’ve met over here. There is Mwangi Silvanus Kaaya, once a helper in the hospital, now a chief, Mwendwa, the 3 lb. premature twin nobody wanted, who is now a double-certificated nurse. There’s the Bishop who is also a top ranking accountant, the hospital assistant in the Leper Settlement who has no fingers but wonderful morale.”

Yohanna Kitabu nodded. “What about Gideon Masimba, the bus proprietor, who is really the first Gogo businessman? Did you notice his expensive leather briefcase and that he never wears boots?” Yohanna’s laughter filled the compartment. “He drives better bargains that way.”

“Don’t stop me,” I groaned, scribbling hard. “There is the B.O.A.C. pilot who became a bookshop manager, the witch-doctor who became a clergyman, the African archdeacon who has a dozen Europeans working under his guidance and the Australian archdeacon who not so long ago was an international Rugby Union footballer.”

I looked up. “Go on,” chuckled Yohanna. “It sounds good.”

“Right: there was the chief who more than liked Handel’s *Messiah*, there were a collection of twelve-year-old girls who played the seven dwarfs to the

lead of a beautiful 'Snow Brown.' ”

Yohanna opened his mouth but I was still going. “The whole place is full of people, capable people, friendly people, interesting people.”

“*Kah!* It is a thing of worth that you should have said that, for we shall arrive in an hour at Kintinku, where is my car. Will you finish this *safari* with me by road?”

He had been speaking in Chigogo. I replied similarly. “What is the news of your car?”

In English came the reply. “You push to start, the springs of the chassis are strong but those of the seats appear where they should not. Her name, like your old car of long ago, is *Sekuma*—‘Push.’ But the thing is, at Kintinku we will see this woman whom you filmed as Snow Brown in the play. She is Bertha Senenge, a housewife of the new way. A teacher by training, married to a Medical Assistant, living in a new-type house with good furniture, with healthy children—*hongo!* Did she not have premature twins and do they not both live?” He paused for breath and we both laughed.

The railway twisted through tightly packed thornbush jungle; there was no rain forest about this, but a twenty-foot high tangle of vicious thorn with its quota of elephant and rhino and lion.

“Talking about the new way, the same thing is applying to the Medical Service. I was travelling along here twenty-five years ago and met a third-year medical student from Makerere. He was obviously an able chap then. I met him at Dodoma the other day—Dr. Charles Mtwali¹—and he was the Provincial Medical Officer. I was told he is a very fine M.O. and a first-class administrator.”

¹ See *Doctor of Tanganyika*, p. 159.

“He is very good indeed,” nodded Yohanna. “He did post-graduate studies in England. He will, I think, be very high medically in Tanganyika before long. His niece is in training at Mvumi Nursing School.”

The train jerked to a stop at a small station called Makutupora. Through the window in the heat-haze was the Rift Wall. I nodded towards this. “You wouldn’t think that in that thornbush there was a leprosy hospital with five hundred patients.”

“*Kah*, that is true; many, many things about this country are not understood by those who merely see it through a train window or a car windscreen.”

“I shall have my pen filled and ready to write many words when I visit that Leprosarium soon. You could write, not one, but ten books about the people there, for every one has a story.”

Yohanna was opening his briefcase. He produced two neatly-typed manuscripts. “I’ve written two smallish books in Chigogo myself; one on how to make a speech, the other on improving the community life of a village, but nobody will publish them.”

“A book must meet a need and it must have a reasonable chance of sale. Are there enough people in the tribe interested in these things?”

Yohanna shrugged. “They learn to read and then they find there is little to read in their own language. Truly there is the New Testament, the Prayer Book and some six small fifty-page reading books and the *Jungle Doctor’s Fables* which you wrote.” He grinned. “People read these with joy, they make clear many things, for words like ‘faith’ and ‘repentance’ are not easy to grasp.”

“I wrote them because Daudi told me my preaching was terrible. He complained that it was words and words and words, just *mabulibuli*, all clouds and steam!”

Yohanna threw back his head and laughed. “*Kah*, that is unusual, talking to a European like that.”

I went on. “But don’t you see, we were working for God together. What’s the good of wasting time and missing opportunities just because you are touchy about your weaknesses? What we did was to plan together how we could do better, to pool our brains rather than to criticise each other. It is team-work,

frank speaking, and sweat, that get you anywhere out here.”

“Team-work,” echoed Yohanna, “that’s the thing. We saw it in the literacy campaigns with this Laubach method. Many learned to read in a matter of days. We must try to see one of these campaigns or at least what has happened through it.”

The engine whistled shrilly; we pulled down our luggage from the rack and climbed out at Kintinku, where Yohanna’s car was. A dozen people pushed before it sluggishly awoke to dyspeptic life. We drove a few hundred yards and stopped outside the Senenge home. Soon we were drinking tea in a nicely-appointed sitting-room with its radio, its gramophone and its sewing machine. We looked at photographs from the Snow Brown film and admired the now very prosperous twins until a rumble of thunder hurried us on our way. “We’ll have no trouble with the rivers; there are bridges now, and instead of sitting and waiting for the water to fall or being stuck in the middle we drive over the top.”

“It is certainly better, but there needs to be more money than I care to think of spent on roads,” I said.

“Mmm!” grunted Yohanna, changing gear to avoid a large hole, “but education must come first.”

“What about medical services?”

“No—first of all people desire schools.”

Rain came down in a blinding sheet; it was hard to see and impossible to talk. A score of downpours like this represented the year’s rainfall of about sixteen inches. Rain beat in from a variety of directions. The windscreen wiper was hand operated and didn’t really do its job.

Yohanna shouted, “If we stop she’ll stall,” and stall she did as we skidded dizzily and came to rest ten yards off the road, facing the other way with both wheels sunk deeply in sticky black mud.

The mud was ankle-deep. I laughed and spoke in Chigogo. “O Educational

Inspector, we could have chosen a place of smaller difficulty.” My foot came out of the mud with a sucking sound and water oozed through the eyelets of my shoes.

“It could have been worse, O giver of pills and injections,” he laughed. “Beyond the tall thornbush is a place of friends.”

“If they have the muscles of elephant himself it will be a thing to appreciate.”

“Talking of elephant,” smiled Yohanna as we plodded along a narrow path, “I was thinking the other day about time and eternity and this is my home-made proverb. ‘As is the smallness of mouse to the largeness of elephant so is time when you look at eternity.’”

I nodded as we squelched on. “A word of wisdom, indeed, it is clear to the eyes of my mind.”

“Jesus Christ always talked with stories, and *hongo!*, did you not notice that His way was to work with people, training them, helping them, living with them always near and close?”

“He concentrated on twelve men, Yohanna. It is a way we would not have trodden, we’d have started schools and built churches and hospitals. But Jesus went for men.”

“True, but He told those men to go and preach and heal and teach. He...”

“*Mbukwenyi*,” came a voice and a tall man came down the path towards us.

“*Mbukwa*,” we replied together. Yohanna whispered. “His name is Chihembe.”

Ten minutes later we sat on three-legged stools outside his house; while his small son ran off to collect helpers, we greeted his wife and half a dozen others.

“We shall have the help soon, Bwana. Many have tasted the medicine of the hospital and have praise.”

“*Kah!* That is food for the ears, but tell me, what about the great medicine?”

His face beamed. “*Ngheeh!* I heard the words about *Yesu* but they did not come to rest in my mind until the days of reading.”

“The days of reading, what were they?”

Yohanna interrupted and said in English, “The Literacy Campaign. Miss Beryl Long ran it, using the Laubach method. It is very good.”

I couldn’t help feeling somehow that English and technical terms didn’t fit into that scene. Yohanna must have had the same idea for he turned to the man who was our host and said, “We would rejoice to hear your words, Bwana Chihembe.”

He sat down and started. “It was here, into this village, that they came—Bibi Long and three teachers.”

“*Kah!*” said his wife coming over towards me, “she is a European of great understanding. I greeted her and said, ‘Bibi, I should like to see your house,’ and she put her arm around me and said, ‘Come and see it.’ We went together. *Kumbe*, the word went round, ‘The European who has come to us really loves Africans.’”

There was a nodding of heads and varied expressions of complete agreement.

Yohanna had a grim look on his face. In English he said, “You wonder at this, you think it seems a small thing to talk about! Miss Long has great understanding. She speaks both Swahili and Chigogo well. Would not you be irritated by one of us who came to your country and made no real effort to learn your language?”

“*Kah!* Miss Long opened the door to this part of Ugogo for literacy by really caring for the people. This is the answer to so much and it does not happen enough.”

The people were looking at Yohanna oddly; his outburst in a language they

couldn't understand somewhat puzzled them. He suddenly laughed and said in Chigogo, "I am telling my friend that Europeans who wish to share our esteem should follow the wisdom of Bibi Long."

"*Ngheeh!*" agreed Chihembe, "this is a thing we would value."

"Tell me, Great One, did many come to this reading?"

Chihembe rolled his eyes. "*Hongo!* Were there not nearly five hundred, were not their names written down, did they not come with real desire to read?"

I turned to Yohanna. "But why, what is this sudden thirst to be able to read?"

"*Yoh*, you will start me off again with these questions. Words will pour from my mouth."

"Pour away, then, and don't choose those that would merely please my ears."

Yohanna spoke to the village folk. "Here is a European who says he has joy to know our thought in these things. *Kumbe!* And I tell him; *hongo!* How I tell him! Listen." He faced me squarely. "To the many in this country of Ugogo reading is the key which opens the door to a good job, not just to be a gardener or a labourer but work with money in it, so that we may buy the things we see in the houses of Europeans and that we see advertised. We want clothes, tea to drink, baked bread to eat, and sugar, gramophones, radio, a bicycle, furniture..."

He was interrupted by a chorus of agreement; there was nothing half-hearted about it.

Chihembe was nodding his head vigorously. "With the coming of reading came the understanding of cleanliness. I paid money for my books and *kumbe!*, they became dirty as soon as I handled them. It was then I shaved off my *nghusi*" (the red mud head-adornment) "and washed off the red mud from my body."

"Did Bibi Long tell you to do this?"

"*Ngo*, Bwana, my own mind told me; and did I not buy new clothes"—he

pointed to his shirt and shorts—“to take the place of my old red cloth?”

Chihembe was now really wound up. “They did not only teach us to read, they told us of God, of Jesus, of the Holy Spirit. The African teachers did it, they spoke as we speak, the stories they told us to open our minds were the stories of the tribe. It gripped us and we saw how this new message comes into our own lives.”

He hesitated in doubt as to whether he was saying too much.

I broke in, “Tell me their words and what all this did to you?”

He beamed. “It was at the end of five weeks of teaching one of those who helped us told of his life. He said, ‘I have long been the slave of sins like anger and drunkenness and adultery. I went to Church, I could read the Bible, my thoughts were, ‘I cannot leave this way of life, it is my habit,’ so I gave up trying. Then I met with Jesus; I saw Him in the men of the Literacy Team; they knew Him. Jesus set me free and now we walk together, Jesus and I. Because He is stronger than Satan He is always able to help me.’”

“What did this do to you, Chihembe?”

“Within me there was a stirring, my heart was warm. I stood and said, ‘I am just like you, I have always been the slave of Satan and I didn’t think any man could leave his evil ways, but if Jesus could free you, He can free me too, and I am coming to Him still.’”

Chihembe’s wife was a pleasant-faced woman. She was dressed in a black cloth with brightly-coloured beads round her neck. Beside her was a little girl ridiculously like her mother and dressed in the same way. She stood up and said, “And I also, I said, ‘If you are going after this Jesus, let us go together. Let us both follow Him.’”

“And we did,” continued Chihembe. “We walked home discussing what we had done and decided that if Jesus had come to live in our hearts we must welcome Him into our home also. I asked my wife, ‘Do you think everything there will please Him? We have just pleased ourselves so far, but now we want everything to be as He likes it.’”

“We came into the house with that thought in our minds.

“*Kumbe!* my wife pointed to the great clay beer-pots and asked, ‘What of these, will we need them, now Jesus lives with us?’ I told her, ‘No, they will not be wanted,’ so she took them outside and smashed them.”

“There were those in the village who thought this was an act of small wisdom,” asked Yohanna.

“Truly, and the words we told them of our reason caused heads to be shaken.”

“Did you take any other steps, Chihembe?”

“*Ngheeh!* I thought of my pipe and tobacco and asked myself, Can I sit next to Jesus and smoke my pipe? I talked of this with my wife; we agreed, and then put it in the fire.”

“Why did you think you should not smoke?”

Yohanna came in with a forceful reply. “There again is my point. This is a thing many Europeans do not understand about our country. To ask for or to give tobacco is the first step to adultery. A man asks a woman if she can let him have some tobacco; she may reply, ‘Come to my house tonight,’ and the plan is made.”

Chihembe stood up. “Behold, those who push motor-cars are close.”

A dozen stalwarts arrived; we greeted them and walked together to the bogged car. Ten minutes later we were out and on our way. We waved good-bye and called, “*Kwaheri!*”

Half a mile farther on Yohanna pulled up and said he felt ill. I took over the driving and was to see a classic attack of acute appendicitis develop under my eyes.

My poor friend was doubled up with pain when we reached Mvumi. An hour later we had removed as unpleasant an appendix as you could wish to meet.

“Nasty,” said the surgeon. “If we hadn’t spotted it there would be no Education Inspector. Appendicitis is rare over here, but we’re seeing more and more of it as time goes on.”

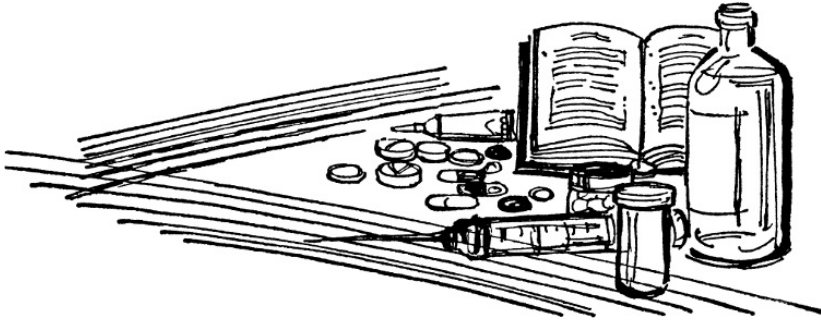


“Snow Brown and the Seven Dwarfs” was a presentation by Mvumi Girls’ Boarding School. Three of the girls in the cast are now trainee nurses in the Nurses’ Training School.



Mrs. Bertha Senenge, who played the title-role of "Snow Brown," with her premature twins.

Tropical Medicine



Joe Taylor pulled off his surgical gloves and wrote in the operation book: “Yohanna Kitabu. Acute Appendix. Anaesthetic, pentothal.” He pointed to the entries above it. “We’ve spent a string of nights in the theatre; look at these—ruptured uterus, ruptured ectopic, another ectopic, that one the chief’s daughter, and then a hydatidiform mole. The week before that we did six cataracts, a prostatectomy, four more eyes, another appendix and two Cesarean sections.”

He stood up, stretched and reached for the doorknob. As we walked through the dark courtyard I asked, “Come over to the drug storeroom and tell me about the weapons you use these days.”

He unlocked the door and shone his torch around. The beam settled on a shelf full of antibiotics.

“Those are the cream of ’em. By far the commonest we use is penicillin. We give millions and millions, hundreds of millions, of units. It’s our great standby, since it hits infections, pneumonias, syphilis, meningitis, anthrax,” he waved his hand, “a score of things. It works better here than at home and it’s cheap, cheaper even than sulpha pills which are useful in a smaller way.”

Farther down the shelf were a small pile of boxes. “Other antibiotics—we

can't afford many of 'em. We keep a little in case of typhoid." The light moved on. "Steroids for eye-work only." He came to the second shelf and rapped out the list. "Aspirin for pain, iron for blood, vitamins—we get them via diet wherever we can."

"For malaria, Joe?"

"Mepacrine and chloroquin by both mouth and injection; excellent. Eye ointments—we need tins of those. Anaesthetics—locals, wherever we can. This hospital is a place of one drug for one disease—we keep as small a list as we possibly can. Then the nurses learn their uses more rapidly, it's easier to order them in bulk, and we can buy them more cheaply."

He shrugged and smiled. "We have a stock of routine injections for hearts, collapse, severe pain, special sorts of tropical disease." He had locked the door and was striding to his house. We said good night.

I watched him. He was a staccato, quick-moving, highly efficient medical man, a surgeon who worked fast and accurately, a keen-minded Christian who could have risen to considerable heights in the profession in the homeland.

The countryside was deep-etched in the moonlight. From the Nurses' Home came the sounds of both gramophone and wireless. On the night wind came the rhythm of drums from the *kayas* just across the dry river-bed.

Back in my room as I undressed a hyena howled almost outside the window. Bed looked especially good, for it had been a heavy day. I settled down to read a chapter from the Bible. As I finished, some sixth sense warned me of trouble. I peered round and saw that a mosquito was inside the net.

Carefully I balanced on the none-too-secure mattress and with considerable satisfaction abated the menace, murmuring, "You malaria-carrying brute, take that!"

The mattress let me down with a bump and I collapsed, clutching a hurricane lantern above my head and overturning the bedside table, scattering a mixed collection of reading-matter all over the place. It included

a copy of the transactions of the Royal Society of Tropical Medicine and Hygiene. To woo sleep again I turned over its pages and came upon the report of the Manson oration given by Sir Philip Manson Bahr, a magnificent bit of writing. Sitting up with pillows propped against the mosquito-net, I must have been most frustrating to a score of eager mosquitoes. I grinned at their high-pitched eagerness and scribbled down some notable sayings:

Fifty years ago there were but three specific drugs, mercury in syphilis and yaws, quinine in malaria and ipecacuanha in amoebiasis. The last forty years has witnessed such a spate of them, some of great potency, that we claim that the majority of tropical disease has been mastered by specific drugs. In 1920 came Bayer 205 for sleeping sickness. In 1924 plasmoquin for malaria followed in 1931 by atebrin. Then the sulfonamides in 1935. Five years later came sulphones for leprosy.

My mind was full of rosy pictures of medical advance. I turned down the lamp and went to sleep. Next morning I pondered over the matter of medicines in the tropics and wrote down:

There are three main kinds; those that come in a bottle, those that greet you abruptly through a needle, and then the very important preventive variety wrapped up in words but with as many points of attack as a porcupine.

I went to see Yohanna. "He sleeps with comfort," said the Staff Nurse.

In the out-patients' room, Welles Hannah had removed a reluctant molar and was washing his hands when through the door came a purposeful-looking man of striking appearance. He had a black rag draped around his middle, a very off-white cloth thrown loosely over his shoulders. One pierced ear-lobe supported a heavy leaden weight while the other one carried a safety-pin. He was obviously far from satisfied, but with the courtesy of Africa he first asked after the doctor's health, his family, his house, and his appetite before he demanded, "*Namna gani Baba*—Great One, what's the meaning of this?"

I scribbled the dialogue down as Welles asked, “What is the word of your complaint?”

“*Sindano*” (a needle, an injection). “They give me only *dawa* (medicine) to drink. I came for *sindano*.”

“But what of your sickness?”

This led to a long string of symptoms which to the medical mind pointed clearly to hookworm, but to the man with the safety-pin in his ear the thing that mattered was the pain in his chest. He was firmly convinced that it could be cured only by an injection. I remembered Daudi’s words spoken twenty years before, “Great is the power of the plunging needle to the minds of many. Medicine to be swallowed will be accepted and it may have value to the patient’s body, but it brings little joy to his mind.”

Welles was very patient. He knew that if he explained fully and clearly many others would learn the facts about modern medicine from this man’s lips.

“Listen, Great One, not all sicknesses need the same treatment. Some truly need injections like *kichocho*—bilharzia—which enters your body, lays many eggs, as many as there are *buyu* trees in the country of Ugogo. Each egg has on it a barb like the hooked thorns of the jungle. These delight to go on *safari* from the kidney to the bladder and as they travel they delight to scratch and tear.” A woman was being handed four differently shaped and coloured tablets. Welles pointed towards her with his chin and continued, “Some need pills and others need *dawa* to be rubbed upon their skin like the small boy over there.” He put his hand on the man’s shoulder, “And for some sicknesses we have to split you open.”

The man recoiled, his eyes rolled, his lips fell apart. He gulped, “Not me?”

“No, not you, for the trouble is different. You have had medicine to kill the little snakes in your stomach and soon the pain in your chest will pass. Come back in two weeks when the moon is on the wane and we will examine you again and maybe there will be a few little snakes left. If so we will give you another dose of that very effective medicine, but no *sindano*.”

“*Yoh*,” said the man getting to his feet and nodding his head.

“It is a way of wisdom,” went on Hannah’s quiet voice. “Each sickness has its own remedy. We have medicine for stomachs, for chests and for ulcers of the skin, but do not think only of your body, for your soul also has a great disease. God calls this trouble sin, and there is only a single remedy for it. The words of God are these, ‘The blood of Jesus Christ, God’s Son, cleanses us from all sin.’”

For half an hour the whole matter was explained to him. He was very full of questions. Daudi joined us and very gently took over. Later he told me, “He has started to understand, he will come for reading lessons that he may read the Bible for himself. Behold, many text books are necessary to understand the diseases of the body, many medicines are on the shelf for its treatment, but God’s Book tells what to do for the soul.”

“Yes, Daudi, it gives everything—the diagnosis of sin, the way it affects body, mind and spirit. It tells of the only cure and goes very fully into the after-treatment. There is a grand translation of I John 1:7 by one J. B. Phillips which says, ‘If we say we have no sin we frankly deny his diagnosis of our condition,’ and in the New English Bible a little farther on is another verse with a medical flavour, ‘Jesus Christ is himself the remedy for the defilement of our sins and not our sins only but the sins of all the world.’”

We walked quietly into the dispensary. I pointed to the shelves. “A little different from the day we first took over the medicines in 1937?”

Daudi smiled. “Truly in those days we had very little when you see what there is now. And I remember how worried you were when you said, ‘No more will we have special flavouring in the medicines of the hospital. We will make syrup from ordinary brown sugar. This will save us much money.’ *Kumbe*, and you were delighted when those who came to the hospital said, ‘Ah, the medicines of this new doctor have great strength, peculiar strength.’”

“What they really meant was that they tasted worse than anything they had ever swallowed before.”

Daudi chuckled, “That may well be, Bwana, but they approved with strength.”

“But do you ever think now of the things that we couldn’t do? They came to us with typhoid and we had no real answer. We nursed them as best we could, we eased their pains, we could keep their temperature down, but we couldn’t get at the root of the trouble.”

Daudi nodded, “It was as though we had chased a snake into a hollow log. We could not kill it. We blocked up both ends and any hole that we might find. Then we had to wait, hoping that the snake would die all by itself.”

“True, Daudi, it was just that, a long and risky business; and you remember too how it was with pneumonia. We had to watch people grow worse and worse. As you say we could not kill the snake, we could only block up the holes. Sleep, yes, there was medicine for that, coughs could be quietened, if their hearts became weak we had injections that worked. So we did our best and would watch as their temperatures rose and rose and then stayed high. It was a great strain to see them go right to the gates of death before the crisis came and their temperatures fell.”

“Often they would recover, though.”

“Truly, but one in every three would not. Fewer people recovered than did pneumonia sufferers in my own country. Here most did not have just one sickness and their health already was poor because of much malaria.”

Daudi agreed. “We could do so little for things like tuberculosis and meningitis, which my people call ‘the disease of death.’ Then came the time when the sulpha drugs arrived. Do you remember how wonderful it was to have M&B 693—a pill strong to fight pneumonia and which brought no joy to the germs of meningitis? *Hongo!* How we rejoiced to be able to tell the people when that meningitis epidemic arrived, ‘We have the answer to this trouble.’”

“Many did not believe us, though, till they saw the results. We saved over a hundred lives that time at about ten shillings each.”

“We could treat many with gonorrhoea also. What a difference that has made to very many!—the women in misery because of childlessness and pain that did not stop. We thought the sulphas were good and how we welcomed sulphones for the leprosy hospital! But the best of the lot is penicillin, Daudi. Truly the medicines when we started had the strength of rabbit, but now they are strong as lions.”

“*Hodi, hodi,*” came a voice. A woman squatted on the doorstep with a sick child in her arms. She held up an East African shilling and said, “Give me medicine for the child, give him *penicillini* or *emandbi*.” (She meant M&B 693.)

The child was examined and treated. Daudi turned to me, “Bwana, with these strong drugs arises a new problem. This woman comes from away out in the jungle but even she knows these medicines by name. She will have an unsatisfied mind unless she is given them. She will think we are holding out for a bigger price. And even if we talk to her with many words and give her the medicine she really needs she will get them in the black market.”

“It is a deep problem, Daudi. These strong answers to disease need to be given by skilled hands. But if there is demand there will be those who supply furtively and at a high price. It isn’t only here that you find them, they are everywhere. Some are qualified and some are not, but in the soul of each is the stinking ulcer of greed!”

“*Kumbe!* But there are many who do not even bother to think about their souls. To them money, things they own or wear, matter more.” He shrugged and then went on. “Do you remember the day when we were walking over the dry country when the car had broken down and we had no water to drink and thirst became very great, the old man who was with us croaked at you, ‘Have you money?’ and you said, ‘Yes, a pocketful.’ He tried to spit but could not and then said with disgust, ‘It’s your money, why don’t you drink it?’”

I laughed. “He was right you know, money’s often useful but sometimes terribly futile. Here a little of it helps us to do a lot; for a penny we can treat a child with worms. Last week we did a *choo pima*—a stool examination on all the school children. Three-quarters of them had worms. One small thin boy

produced a tape worm twenty feet long, many had hookworm and nearly all had bilharzia. It is good to have cheap and strong medicines for these parasites.”

Daudi turned to a packet on the shelf. “Look at this stuff, streptomycin. We do not need to fear anthrax now, and even bubonic plague is conquered by this stuff. Truly the medicines of these days are very powerful.”

“And all the time newer and better ones are coming.”

“It is a thing of joy,” said Daudi.

Wellesley Hannah walked in. “Come to the window for a moment. See that chap squatting over there under the flame tree with that small boy?”

I nodded.

“He’s my friend for life. The child’s name is Karanga, peanut. He came in with high fever, vomiting and looking horribly sick. Mepacrine settled his temperature but next evening he was not so well. I ordered more antimalarials. Then we had quite a night. Six babies arrived including one set of twins who produced their own particular variety of bother. We finished at dawn and I thought it might be wise to have another look at Peanut.

“At the door was the Staff Nurse who said, ‘The mother of the small boy, Karanga, has made great trouble. She has refused the injection that you ordered and behold, even at this moment she and her husband are walking round the hospital looking for you. They will demand that the child be taken home.’ I examined the boy and had that odd feeling that we were in for trouble. His neck felt a bit stiff; the Staff Nurse had thought so also and had set out the instruments for a lumbar puncture. There was a distinct possibility that he had meningitis.”

“That’s one of the things that makes malaria such a trap over here, Welles. You can find malaria in the blood but your patient can have any one of the violent fevers as well.”

“That was my problem exactly, but when the neck starts to stiffen, that’s the

time to investigate fast. However, before anything could be done the mother was putting the child onto her back and stacking her cooking pots on her head. I tried to argue with the father as she started walking down the road.”

“‘*Nema,*’ he growled, ‘I refuse.’ And turning on his heel he followed her. I called after him. ‘*Yoh!* Behold, do you leave the hospital without any thank-you?’

“He turned back and started fumbling at the corner of his black cloth and asked me how much my medicines had been. I quickly thought of a sum which would be outside his scope and yet less than the fee charged by witch-doctors so I replied, ‘Twenty shillings.’ His jaw dropped and he called after his wife, ‘Come back, we will have to stay.’

“Karanga was soon back in the cot and we were ready to do our lumbar puncture. We put the child onto the table in the ward with the eyes of all the mothers of our infant patients fixed on us silently and, I felt, suspiciously. This was particularly true of Karanga’s father and mother. I swabbed the child’s back, picked up the long spinal needle and started to push it between two of his vertebrae. It was in about half an inch when Karanga suddenly gasped and stopped breathing altogether. The father whooped like a hyena just behind me and tried to grab the child. The noise he made quite unnerved me. I prayed desperately for the life of the child. The Staff Nurse rushed for a heart stimulant while I did artificial respiration. A minute went by.

“‘*Yoh,*’ ground out a hostile voice, ‘he is dead, he is surely dead.’

“The injection was given and another minute, one of the longest I have ever lived, went by.

“‘*Heeh,*’ rasped the father. ‘You have killed him.’

“At that moment the child drew a breath and then another and another. Inside me I thanked God and decided to give the child massive meningitis treatment without waiting for any further tests. In the afternoon he seemed a little better. Next morning his temperature had dropped and he had stopped vomiting. As the days went by he steadily improved and about a week later

he was ready to go home.

“His father was smiling and quite a different man. He gripped my hand, ‘Bwana, this is work of great wisdom. Your medicines truly have great strength. The matter is one of praise.’ I watched them walking down the path and thought what a different result there would have been if they had not turned and come back.”

Wellesley Hannah came away from the window and sat down. “It was no sudden decision, for today they came back because young Karanga had mildly inflamed eyes. ‘Yoh,’ said the father. ‘It is better that you should treat him. The medicines of the hospital are very good.’

“He arrived just as I was trying unsuccessfully to persuade another family to let their child stay in hospital. All my advice and arguments met with that most grim word, ‘*Nema*—I refuse.’ Then suddenly at my elbow appeared Karanga’s father. His face was set. ‘Leave this to me, Bwana. I will explain.’ He let out a stream of words, many of which I had never heard before; they were obviously extremely potent. The argument was over. The father of the sick boy shrugged his shoulders and said, ‘Bwana, I agree. My child shall stay.’

“Young Peanut’s father is a very real ally of mine. Confidence is a great thing and it helps because the sick come to us first rather than try the medicine man’s concoctions or patent medicines they buy in the *dukas* (shops). We are slowly making headway.”

“Doctor,” called a Staff Nurse, “you are wanted in the Maternity Ward.”

Daudi tiptoed over. “Bwana, listen to this.” A dozen small boys sat in the sun listening to a boy dressed entirely in a pyjama coat.

“Behold,” he said, “on my leg for many days was an ulcer as large as...” he held up his hand.

“*Kah!*” came a voice, “My brother had...”

“*Nyamale,*” came another voice. “Shut up, listen to his words. This ulcer was

not helped by the medicines of the tribe.”

“Did the *muganga* put black medicine on it with a feather?”

“*Heeh!* Did he not?”

“Did it hurt?”

“*Yoh, heeh!* Did it hurt? *Kah!*” the child spat. “But here it was a thing of wonder. *Yeeheeh!* The needle bit into me with speed and small pain. There was medicine to cover the place. The pain ceased but the great thing was when they took skin from here (up came the pyjama coat to show his thigh) with a great knife and now it grows upon my ulcer.”

“Show us,” came an incredulous voice.

“Did he not cover it with *ndongo uliya*, (“European earth,” alias plaster of paris). See, is it not hard as stone?”

There came a number of enquiring fingers touching and tapping the plaster cast.

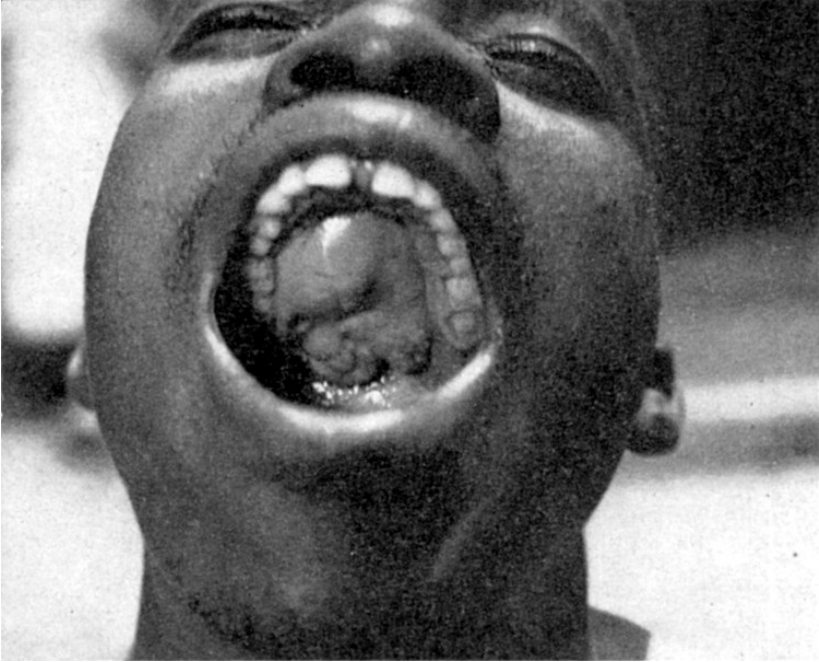
“Is it already healing?”

“Of course,” said the boy covering his exhibits again with the pyjama coat.

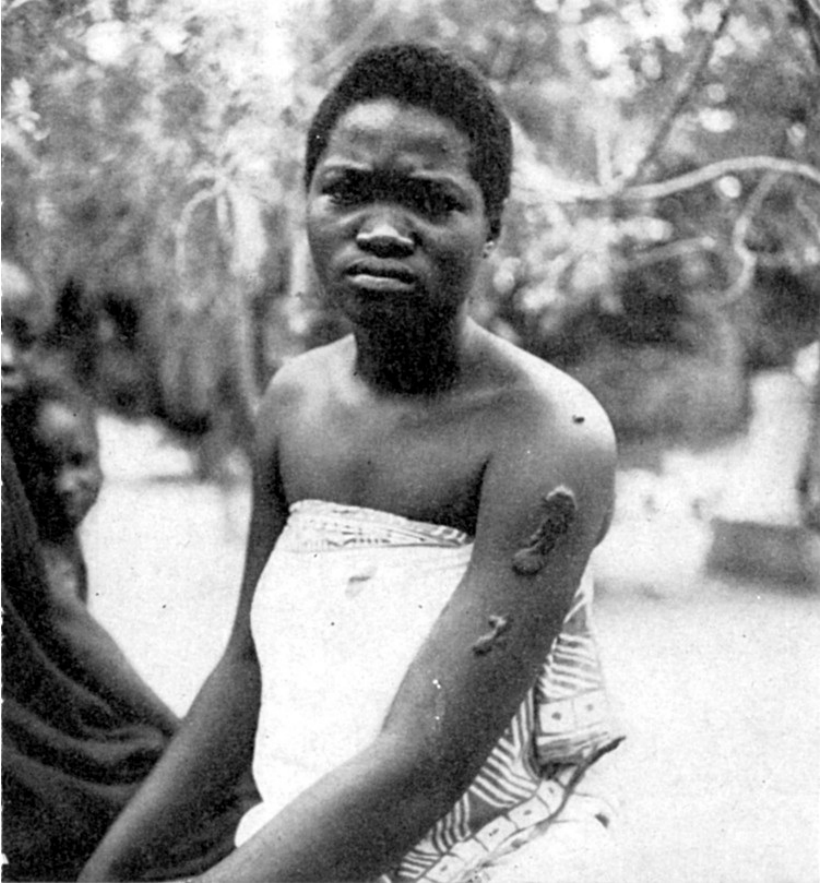
Daudi turned to me, “You see, confidence is the great thing, and we can gain it with these strong medicines.”

“Always allowing for the fact, Daudi, that we need trained minds and skilled hands to give it.”

“Doctor,” said the Staff Nurse, “Bwana Yohanna is awake; he has small pain and also,” her smile widened, “a desire to eat food.”



New growths of a wide variety affecting people of all ages, attacking them internally and externally, are tragically common. Cancer of the liver is common—a grim signpost to malnutrition.



“Keloid” is a nonmalignant growth which involves a scar. It usually follows Medicine Man’s activity, and is exceedingly difficult to remove by ordinary surgery.



Yaws is a generalised disease caused by a tiny corkscrew-like organism. Few portions of the body escape its activity. The W.H.O. reports treating 36,000,000 people in the past fifteen years. Penicillin produces dramatic results.



Anthrax is a disease contracted from animal skins and hair producing, first, extensive ulcers. It is readily controllable by antibiotics.

Ward Rounds



The baby deliberately grasped the business end of Wellesley Hannah's stethoscope and solemnly started to chew it.

The mother smiled. Welles said to me, "This children's ward is, I think, the most important place in the whole hospital. Child-health is the strategic medical opportunity in Tanganyika. The theme I keep harping on is that these people love children, they bring lots of them into the world, but of every hundred born only sixty will grow up, whereas at home ninety-seven will survive. This loss of child life is not necessary. Then I tell them how to save their children's lives by using things that are readily available, both for food and for proper hygiene in their houses."

The baby dropped the bell of the stethoscope.

"Will he be well soon?" asked the mother.

"He can return home tomorrow. His trouble was *ihoma*, the stabbing

disease (pneumonia).”

“*Assante*—thank you,” she breathed.

In the next bed was a little chap with a very inflamed throat and a mass of hot, swollen glands in his neck. He was suffering heavily from the results of native medicine. The medicine-man had treated him by dipping his fingers into cow’s urine and scraping the deep places of the throat. This horror is called *tula malaka*.

We moved on to a seven-year-old girl, her eyelids unbelievably swollen.

“There is a real risk of meningitis there?”

“A great danger of it; and look at this boy.”

I examined a ten-year-old boy who had three teeth knocked out by the kick of a calf. His lip was swollen to six times its normal size.

“There in the corner is a six-month-old baby who came in with brisk cellulitis of the right arm.” Welles picked up a small bottle. “All of those little people would have died but for penicillin. All of them saved for six-pennyworth a day.”

“Do you have many accidents?”

Welles nodded. “That small boy in the bed by the window fell in the fire when his parents were drunk. He burnt the skin of the abdomen very extensively. He had a stormy passage. We transfused him twice and skin-grafted twice. He goes home today with only scars to remind him of the happening.

“Next bed to him is another burn. She upset a pot of hot gruel over her arm.

“That baby in the next bed is about eighteen months old. He has a depressed fracture of the skull. Two women were fighting, the child’s head was knocked against a door-post.”

A woman came to the door, in her arms a two-year-old, painfully thin, his

head seeming larger than his body. Following her with papers in his hand was the Medical Assistant. Welles went across to him. "Remember that taking a careful medical history is especially important in the case of children. You must have eyes that see everything, you must look, and know what you're looking for. Your ears, your nose, your hands, all must play their part. Use also the instruments and remember that a drop of blood under the microscope tells many hidden things about sickness. I want a complete clinical examination and the whole thing well recorded."

The keen-faced young man set about the task in true workmanlike fashion.

Welles turned to me. "I'm most particular about histories. If the M.A. isn't absolutely meticulous in this I pull him up very sharply. If he hasn't counted the baby's teeth, if he hasn't looked at the throat and ear-drums, if he has missed some scabies in its feet, then he hears from me. It's one of our big jobs to help train these men who can later be upgraded if they have the ability."

He turned to the Staff Nurse. "Who else have we here?"

"Magdalena, aged seventeen months, who had anthrax, Doctor."

"Mm!" Welles perused the chart. "Came in a month ago, had a big ulcer on her arm, she was a poor miserable little soul. Both legs swollen. She's nearly well now."

Another Staff Nurse came to the door; "Doctor, a case has come, they need your help."

We went outside. The courtyard was full of people, some sitting about talking to convalescents, others bringing food for relations, still more coming for news of their sick. Overhead flew black and white crows and the sound of small babies crying came from the maternity ward.

"Let's see how Yohanna Kitabu is, Welles."

We moved over to the men's ward and spoke to the Staff Nurse. "He is asleep, but his chart is normal, sir."

“We’ll come back,” said Welles.

We walked under the pepper-trees. In front of us stood a donkey. It seemed unaware of a more-than-ugly stench.

A horde of flies rose into the air as we came near to the boy sitting dully on its back. One of his legs was normal but the other was grossly swollen. Below the knee was an ulcer, eight inches long and half as broad—a foul, stinking, craggy ulcerating mess. He’d had it for two months. In an hour’s time he lay quietly in bed. A bath, a bandage and medicine to ease his pain had made a dramatic change. Sitting up in bed opposite was a glum three-year-old named Sanga (meaning a bead). His neck bulged with tubercular glands. He was dressed in a rather shapeless pyjama top that hung round him like a limp bell-tent as he squatted on his bed with his legs crossed.

“He’s doing well,” explained Hannah. “The glands are going down. He sits there for hours on end looking surly and suspicious.” As he said this Sanga looked up at him and, for the first time in months, smiled.

In came the Medical Assistant with his report.

“Hm!” said Welles, reading carefully. “Two years old, evening fever, swollen stomach, large spleen. Abdomen scarred by medicine-man’s activity. Throat normal, blood positive for malaria, haemoglobin 36 per cent.”

He faced the M.A. “What do you understand by haemoglobin 36 per cent?”

The answer came straight back. “The strength of the blood should be 100 per cent. His is only about one-third what it should be. He cannot live that way with malaria as well.”

“What treatment would you suggest?”

“Chloroquin for the malaria and with that blood picture, iron injections.”

There was five minutes of technical discussion, then Hannah said, “Malaria itself is a bewildering disease to anyone who doesn’t understand its cause. A person is quite well in the morning but in the evening he develops a high

fever and feels horribly sick. Then in a few hours it has gone off again and he feels better. Many of the people who come in have the idea that a spirit gets into them, gripping them and then leaving when the sun reaches a certain place.”

“Right. Follow out that routine,” he continued to the M.A. “Watch him and report to me how he progresses.”

The M.A. nodded. “Yes, Doctor.”

We went towards a ten-bed ward and Wellesley Hannah remarked, “He has a reasonable hang of this sort of thing, but I want him to be able to develop a fine judgement with the borderline ones. It needs a lot of experience and a great deal of careful observation.”

He stopped and nodded towards the five cots along one wall. “Look at that collection; each and every one a save from the very brink. The first three had haemoglobins of between 30 and 40. At home we’d have given a transfusion of packed cells and that would have been that, but here we gave intravenous iron injections. It was life-saving; the blood strength doubled in a matter of two days and they were out of danger.

“With us manpower is our limiting factor. When things are hectically busy there simply isn’t time for finding donors, typing them and giving the transfusion. So when we can we use simpler treatment that gives time to cope with the desperately sick child with a haemoglobin of 25 per cent or under. In hospital at home I’d only seen one child with blood down in the twenties. But here at the end of the rainy season three or four may come in during a week. One afternoon two arrived within an hour.”

I nodded. “Mosquitoes are more deadly than anyone thinks. I read that notwithstanding all the efforts made they still kill four million people a year.”

Welles motioned with his head toward the office. “I have that report. Certainly, chronic malaria is our number one problem. Throughout the whole rainy season reinfection follows reinfection, the people are busy with their gardens, so the children are not brought for adequate treatment. They may get a couple of doses of antimalarials, but most of them live under the

umbrella of their own immunity until their blood can't carry the burden. It's a shabby fluid at the best of times. Malaria takes a big bite at the red corpuscles, bilharzia and hookworm nibble greedily at what's left. Malnutrition and a diet with very little iron in it finish off a sad little chapter of life."

He turned round. Lying quietly in bed was a boy mightily bandaged. Hannah felt his pulse and explained. "A leopard victim, rather badly lacerated. His father said, 'It is witchcraft this; why else would a leopard leap down off the roof onto the child? Why did he not choose the goats? Were they not there too?'"

The little boy's one visible eye gleamed between the bandages. "Were you sleeping outside, M'bili?"

"*Ngheeh!* Did not the ants come with strength into our house and did we not have to sleep outside?"

"Come," said Hannah, "let's have a look at our second leopard attack. We don't often have them, but here are two in a week."

As we walked towards the men's ward a batch of convalescents squatting in the sun slowly stood up and moved back into the ward.

Striding towards us was an elderly man who had authority in his bearing. "That must be Nzije, Welles."

"It is. He's a very fine person indeed. He's Chief of his village."

We shook hands and exchanged long greetings.

"*Kah!* Great One," I said. "Will you ever forget the day when you carried your father up this very path to the hospital?"

"*Yoh, heh!*" he laughed. "Those were the days when both you and the hospital were young!"

From the men's ward hurried a Staff Nurse in blue.

“Sir,” she said, stopping in front of Wellesley Hannah, “yesterday’s appendicectomy, Mr. Kitabu, now has a temperature of 104 and he is having a rigor.”

“Dr. Taylor will see him, I think; half a tick,” and he swung into a smooth stride which made me think at once of the slim Melbourne University athlete who twenty-five years before had broken records.

Through the theatre door they came together. We stood with the Staff Nurse and the Medical Assistant, watching a careful and thorough examination being made. First, the chest was most carefully gone over. Yohanna, although shivering and sweating by turns, contrived a small smile as he said again and again, “ninety-nine.”

Then he was lying on his back. His abdomen was minutely examined. At this stage blood was taken for pathological tests.

The central nervous system was next tested. Hannah whispered to me, “This is something you didn’t have—a colleague on the spot to consult with. Boy! We need four more like Joe if we’re going to make real headway in the future.”

Taylor walked over into the day-room and said to the M.A., “Well, what could it be?”

They went carefully into the multiple catastrophies which could but rarely did follow the removal of an appendix.

“What do you think it is?” In his enthusiasm Joe sounded brusque but actually wasn’t.

The Medical Assistant swallowed and then said, “I think it is malaria, sir.”

Into the room hurried a lad with a note. Joe read it and grinned. “The pathology people think so too. Treat him for malaria, but watch out for his abdomen. Medicine is full of tricks, you can’t make mistakes with lives.”

He went across and spoke to Yohanna and I sat down next to Nzije who

continued as if there had been no medical interruption.

“In the days of your arrivals was not the men’s ward of *tembe* (coarse wicker-work plastered with mud)? Was not the roof a new thing? Had we not put *bati* (corrugated iron) upon the mud and kept it there with great stones?”

“Words of truth, Great One, and was there not a concrete floor and windows that opened? It was a thing of joy.”

Nzije nodded. “*Kah!* My father had great trouble those days, far beyond the help of the *waganga* (medicine-men) of our tribe.”

“Even that of your brother Chibode? The words I heard were that his herd grew large because of the strength of the medicines he cooked.”

My companion’s eyes twinkled. “His strongest medicines had failed and my father had no joy. Was not his bladder large as a melon? Behold this is a thing of wide misery.”

Hannah came close and whispered, “This Chibode wasn’t merely a medicine-man; he was a witch-doctor, the genuine article. Many of the people were convinced that he could turn himself into a lion or a hyena.”

Nzije had already launched into his story, which was most dramatic and rich in sound effects and gestures that made me shiver as he described their attempts to catheterise the old man with a crow’s feather. When it came to dragging it out after agonising failure, the grimly realistic rendering of his father’s groaning made me sweat and shudder as I murmured to Dr. Hannah, “I tapped the bladder with a long needle and did a two-stage prostatectomy.”

Nzije gripped my arm. “You saved his life with that long needle! *Heh!* As his trouble became less, his relief became greater.” Only a sound-track could do justice to his story-telling. His voice slid from high-pitched calamity through gasps of unbelieving relief into long sighs of ease and satisfaction.

The old man went on. “Four days went by, then you cut him. He felt no pain and said so with many words. We watched it all through the window. Those

who spoke of witchcraft were silenced. All agreed it was medicine of great wonder.”

“What did your brother Chibode think?”

“What could he think except that it was medicine beyond anything he had seen or heard of? Also while we stayed here and when we visited our father we saw the great sicknesses and troubles of the land come for help.”

“Truly! Those were the days of great swelling, of huge scars, ulcers large beyond the belief of your eyes. There was the trouble we call hernia and the sickness known as elephantiasis, when men’s legs look like those of *nhembo* the elephant himself!”

“*Ngheeh!* Was I not there when the man came with his trouble which was so large that he wheeled it before him in a barrow?”

“*Hongo*, did I not take pictures of him? For there were those in my country who would believe little and say the matter was of small truth, but a picture is a strong weapon to break doubts wide open.” Aside I said to Dr. Hannah, “There was that incredible woman who Daudi said was ‘Lying in bed with her abdomen beside her.’ Her tumour was as heavy as she was and if anything larger. I wish I’d photographed her.”

Turning back to the Chief I said, “*Kumbe!* We saw some whose trouble was great beyond words when the hospital was very young.”

“*Ngheeh!* My eyes have been open to the going forward of the place and to the coming of the new medicines. Many times I come here to greet. There were the sick ones of my family, the sick of my village—”

Hannah smiled. “Nzije is one indeed whose eyes are wide open; in his memory are no holes.”

The Chief sat on a large smooth stone and rested his chin on his hands. “In the time two years before the famine...” (“1951,” said Hannah out of the corner of his mouth) “... did you not take up your knife and do the same work as was done for my father? I lay here many days seeing and hearing.”

“And these days of your son’s sickness while you have been in the ward?”

“My eyes and ears have not been shut.”

A three-ton truck roared up the hill, pulling up with a jerk outside the window. A woman was rapidly unloaded and hurried off to the Maternity Ward. They had barely moved away from the gate when a considerably battered Land Rover came from the opposite direction and disgorged two very sick people.

“*Hongo*,” said Nzije, “these are the new ways. Now they come on wheels, with dust. Times not long past saw sick ones arrive on the four legs of a donkey or carried by the four feet of two men.”

“Like that,” I interrupted, pointing down the hill with my chin. Up the path from the river came two stalwarts, a pole on their shoulder and suspended from it a canvas hammock. As they came closer we could see a great patch of blood that had seeped through. They carried the injured man direct to the theatre. One of those who had carried him in squatted in the shade beside Nzije and started straight in.

“*Kumbe!* He is a man of courage, that one. The horn of *kifaru*, the rhinoceros, as long as this”—he measured from finger tip to elbow—“right through his thigh it went, like a sharp spear. *Zeeck!*”

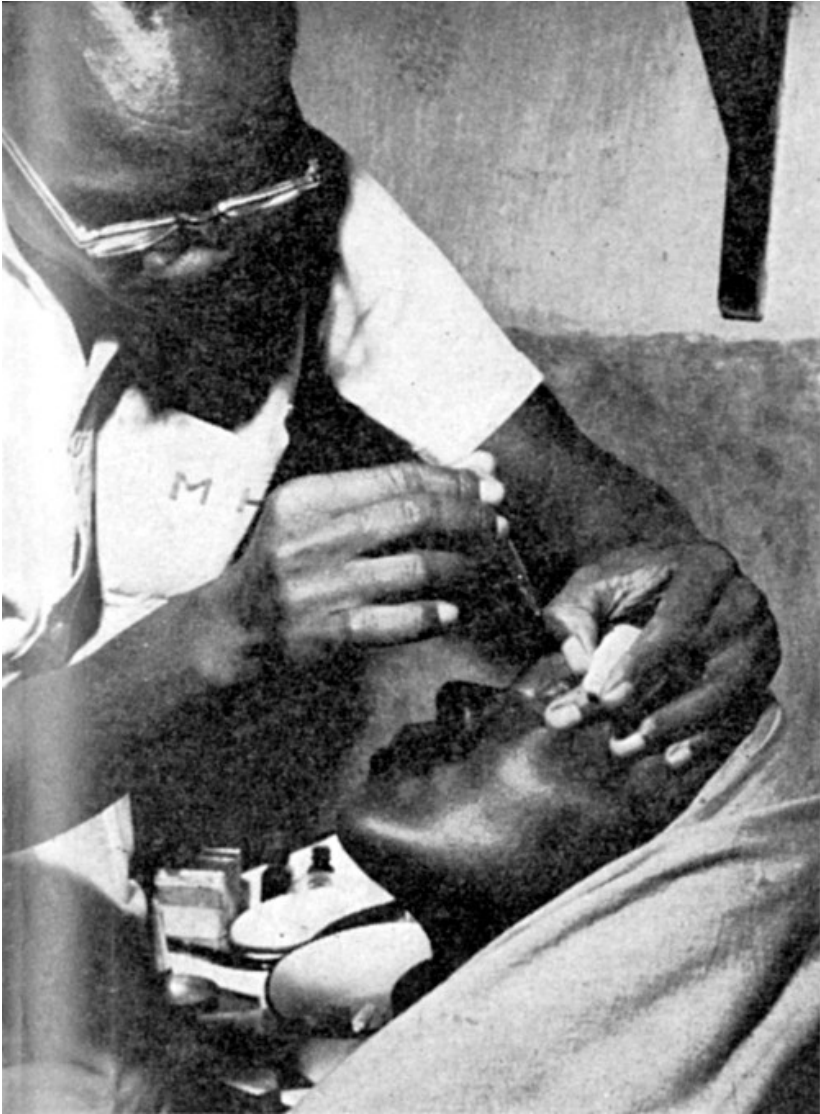
This was greeted with a chorus of amazement. “*Kah!*” “*Kumbe.*” “*Hongo!*” The storyteller spat accurately at a black-beetle and stood up, the better to reach the climax. “*Kifaru* grunted, tossed his head and his horn was free. Truly that man was *musugu*, a cunning one. Although blood poured from his wound he fell to the ground and lay *twi*—like one dead, *kifaru*’s little red eyes glared at him. He was still as a log. *Kifaru* snorted, turned and trotted off into the thornbush. It was the way of true cunning, but behold! his trouble was great so he tied a strip of his loin cloth over his wound and walked with the legs of weakness to his *kaya.*”

In the operating theatre Joe Taylor was giving a spinal anaesthetic. “We’ll need to clean up a wound like this very carefully. Tetanus and gas gangrene are not uncommon. This is where I’m thankful above all things for

penicillin.”

He was immersed in his surgery, and his staff, all Africans, worked fast and silently.

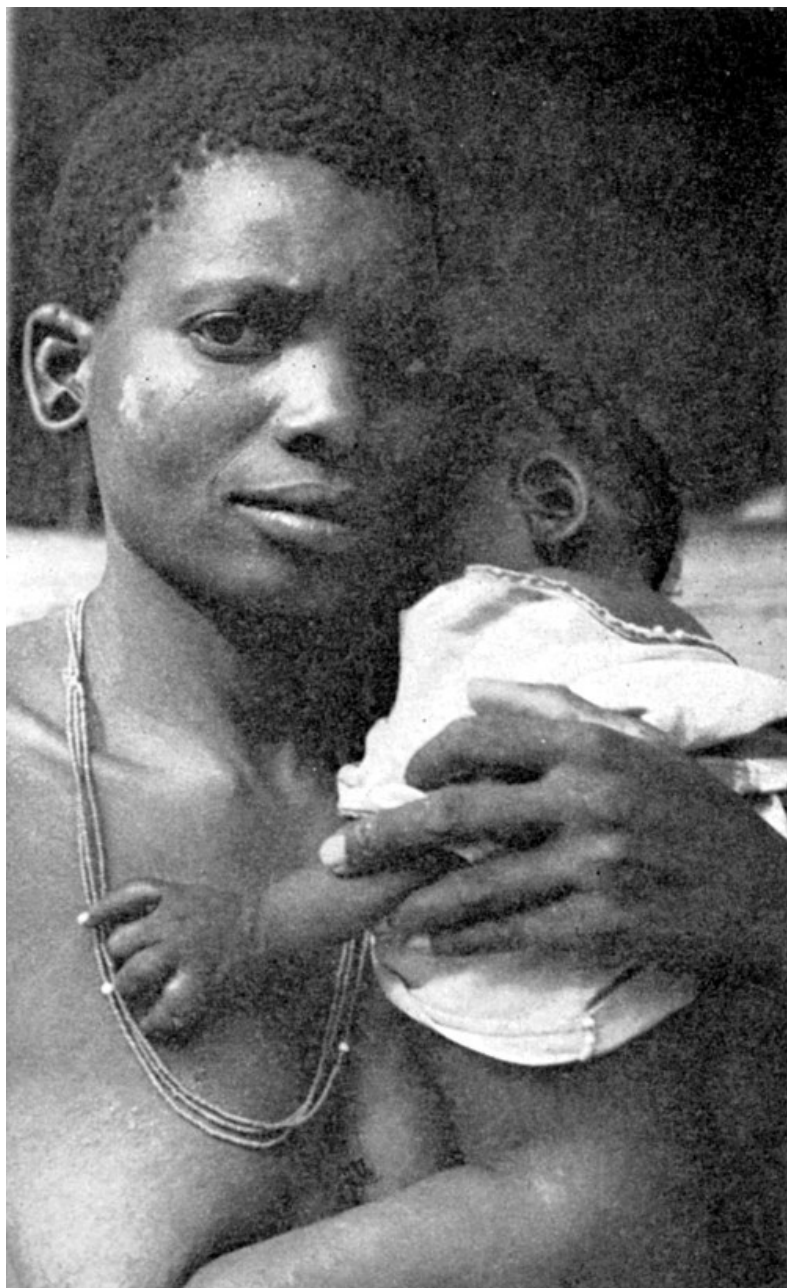
At last he looked up. “Not a vital structure touched; there’s always less damage done by the big creatures than the little chaps. Strange we should have all these animal attacks in at once; it’s quite unusual.”



Staff Nurse Gordon Makamba runs the Out-patients' Department at Mvumi Hospital, a job his father did before him.



“Say ‘Ah!’”—a patient’s throat is examined in Hospital.



This baby was admitted to the hospital, suffering from malaria and pneumonia. A blood transfusion, chloroquin and penicillin all combined to save yet another life.



Literacy work using the Laubach method is a major missionary activity. Sister Gwen Slade at Kilimatinde is teaching a man who broke his leg by tripping in the dark in an ant-bear hole. The first book many of them read is the Bible, and often they say, “The Book now speaks to me through my own eyes, and through this God has spoken to my soul.”

The Great Cough



“Which is the more dangerous disease, Staff Nurse, leprosy or tuberculosis?”

The calm-faced girl whose home was on the slopes of Africa’s greatest mountain, Kilimanjaro, smiled.

“It is easier to kill a snake than a vulture. Do not the germs of tuberculosis travel through the air with speed when people cough and spit? Are they not the more *kali*, fierce?” She moved across the ward to a sick patient.

“She’s right; tuberculosis is a very mobile menace,” said Joe Taylor. He took down a clip of charts and clinical histories from behind a bed.

“It was a vicious disease to fight when I nailed on this roof in 1940, Joe. We had no positive answer; you relied on rest in bed if you could talk them into it, plus good food, if you can call millet porridge that.”

“Things are better now,” Joe said briskly. “We use chemotherapy with all three of our effective medicines, PAS, INAH and streptomycin, if their sputum is positive. We stop streptomycin injections when no more germs

are seen.”

“You keep on with para-amino salicylic acid and isonicotinic acid, though?”

“Of course, and keep ’em in bed for six months; then they come as out-patients.”

“What about costs?”

“The drugs are quite cheap—streptomycin a shilling a day and the other two, £1 a month. It costs about two shillings a day for their food. We ask them to pay in advance, so we can be sure they will continue with treatment.”

“Do you use surgery much?”

“None of the extensive operations, but we rest affected lungs by crushing the phrenic nerve and pneumoperitoneum; we pump in 800 c.c. of air a week till their tummies are tight as a drum. We have good results, but they’d be much better still if we could stop ’em running away as soon as they start to feel better!”

Joe Taylor paused for breath. “This chap was one of the patient ones; came in thin, wasted, feverish, with what he called the great cough. Germs galore in his sputum, blood showing clearly how advanced the infection was.

“Different story now—sixteen pounds increase in weight, blood well out of danger-zone, no cough, chest normal to X-ray. The thing’s virtually cured if he comes for follow-up. That’s another weak spot. They’re fit, no cough, feel well, so they feel it’s a waste of time to come back and then the whole disease boils over again.”

He turned to the man. “You may go home, Madinda, but come and see us every Thursday without fail.”

“*Ndio*, Bwana; yes, sir.”

“In any garden, weeds grow unless you use your hoe all the time; it’s just the same with your chest and this disease. Understand?”

“*Ndio*, Bwana.”

“Next Thursday, then, be here at the third hour.”

“*Ndio*, Bwana.”

We went into the women’s ward. Joe sat down beside a bed and looked over the history of an anxious-looking, thin woman who was coughing into a paper handkerchief.

Joe grinned at her. “Keep swallowing pills, Nelli, we can’t have our schoolteachers doing their own cooking for too long.”

The woman smiled wanly. “Is it the great cough (the local way of speaking of tuberculosis)?”

“It is, but you came early, so it will be conquered. Eat plenty, rest plenty and swallow, swallow and swallow your pills.”

She nodded, coughing harshly again.

Joe stood up, turning over the history to show me the pathology tests. “Do you like these case-sheets, pink for women, blue for men?”

He went on without waiting for my reply. “Now she’s the other end of the story; she’s thin and worried but her blood’s all right. She has no germ in her sputum and the whole thing could have been called chronic bronchitis if we hadn’t been able to take an X-ray. It showed early trouble on the left apex, but she’ll be all right.”

“Did you ever wish you had an X-ray here?”

“It would be handy, but it would cost altogether too much. We’ve no electricity except the small emergency plant and the cost of X-ray machines, film and all the trimmings would be greater than all the money available for our drug allowance. We simply couldn’t afford it. We can get good co-operation with the Government, so they do our X-ray work. It’s not ideal but it’s workable.”

In the shade playing an instrument that looked like a bow with a gourd attached was a cheerful young man who stood up as we came round the corner of the ward. Joe stopped and listened to his chest. “Punghati came in a year ago at death’s door with fulminating tuberculosis. He was literally skin and bone, voiceless and so weak that he couldn’t lift his head. Frankly, I saw no point in starting any treatment, it looked hopeless. I didn’t give him more than twenty-four hours to live. Supplies were very short; we had six very sick people under treatment. Every pill, every drop of streptomycin mattered. But he had to be given a chance.

“It was just as well I did. After three days his temperature was down, in a week he started to eat normally again. In two months he walked, granted he wobbled, his voice was still a croak, and he was thin as a broomstick.

“For five months he improved, put on more weight and muscle, and gained more strength. While he was here he’d learned to read the New Testament.

“Yesterday I saw him running strongly back to hospital from the Christians’ class in that brisk thunderstorm. His X-ray shows that cure has taken place, and this isn’t only in his physical life.”

We walked over to the smiling youth.

“*Mbukwa*, Punghati.”

“*Mbukwenyi*, *Wadoctor*—good day, Doctors.”

He showed me his chest expansion and bunched up his shoulder muscles. “*Yoh!* Bwana, my strength has returned.”

Joe Taylor nodded. “You will soon go back to your village.”

“When I do, Bwana, I shall be baptised, and already I have chosen my new name.”

We waited, our silence asking the question.

“My new name will be Lazaro, for when I was brought here I was a corpse but I have risen again with new life like the brother of Maria and Martha in

the book of Good News.”

At tea Joe said, “He’s only one of very many. These new drugs are an outstanding advance. The Government wants us to build a special ward. If we could build they would subsidise each bed to the tune of £20 a year. There is a lot to be said for treating these chronic complaints. The patients are with us for a long time and they learn a lot about health and hygiene; they can learn to read and many, like young Lazaro, come to know God.”

Joe leaned forward. “Why don’t you inspire someone to come to light with the £5,000 to build that ward? It’s a wonderful investment—saving life, stopping infection, giving walking and talking demonstrations of the effect of modern medicine and its solid preaching of the Gospel.”

I said nothing but thought how much more practical a memorial the other wards had been than, say, marble or stained glass.

Taylor’s alert voice broke into my thoughts. “Remember, we find a lot of tubercular trouble in other parts of the human frame. There’s a lot of meningitis, and affected joints and spines are always in the ward.

“The boy under the window by the pepper-tree is Nzije’s son. Why not let the old boy tell you the story? He’ll do it with a lot of sparkle.”

Across the ward I saw Yohanna Kitabu lying. His eyes opened slowly and a ghost of a smile came over his round face. I went over.

“How is the Education Department today?”

His deep voice, somewhat muted, came back, “There is small joy in its stomach and small comfort in its stitches.”

I grinned.

“Don’t make me laugh! *Yoh!* To do that is a thing of small charity!” Then, very much more quietly, “I’m all right. *Kah!* It could have been different.”

I nodded. “Even disease is modernising in Tanganyika these days, but so are facilities. Take it easily.”

Daudi came and said softly, "Wait till the hour of sunseting before asking Nzije to tell you his story. Sit and watch and talk to the sick ones and then your pencil will have much work."

"All right, but here is some work for you. I want you to translate into Gogo: 'Cover up each cough and sneeze, otherwise you spread disease.' It's what we call a jingle. It helps people to remember that spitting can spread all over the place creatures much more dangerous than any rhino." I looked across at the man who had been attacked by that particularly aggressive beast.

Daudi chuckled. "This needs to be done carefully; still very, very many people here believe that all disease is caused by witchcraft."

"People generally are learning about the danger of the bites of mosquito and ticks and tsetse flies?"

"Those who go to school, yes; but those who live away in the hills are slow to learn and slower still to believe." He rolled his eyes. "Some of those who speak and read English do not believe that the medicine of the hospital is what we know it to be. They have doubts and will say so with strong words." A slow smile spread over his face. "Let me ask one of Yohanna's questions: 'In Europe and Australia are there none who have strange thoughts and ways in the matter of disease and its treatment?'"

"There are many whose minds are full of odd ideas about medicines and whose stomachs are irritated by pills of all shapes and sizes which no doctor ever prescribed for them. Also there are few who have joy in injections."

He nodded. "And are there those in your country who spit and sneeze without using handkerchiefs?"

"There are scores of them. We try to educate them by books and magazines and posters and talks on the radio. But here today we have a special happening—this rhino attack and also the people clawed by leopard and bitten by lion. Let's use the dramatic happenings to open minds."

"There is special need," nodded Daudi. "In this ward is a man of small

understanding in this matter of infections; Staff Nurse had much trouble with him.”

From the other end of the ward we heard her voice.

“*Kah!*—You must not do that. It is not the custom of the hospital to spit on the floor.”

“*Hoh,*” came the petulant voice of a painfully thin man, “but it is my custom.”

“To spit is a thing of small wisdom, and real danger to others.”

“*Kah,* what damage can you do with spit?”

The very neat, very clean African girl bent down with a cotton-wool swab and wiped up the floor.

“*Yoh,*” said Daudi coming through the door, “is it not known that his spit is full of tubercle bacilli, germs of great strength to kill people? If he did that round the village, or in his own house, it could spread the disease to many grown-up people and very many more children.”

Three-score of eyes watched as very carefully the germ-contaminated swab was taken to the incinerator and burnt, and the floor scrubbed with disinfectant. A sputum cup was brought.

“Use this, Great One,” said the nurse, “put your thumb on the little knob like this, see, and it will open. Spit into it, and then place it beside your bed.”

“*Kah!*” said the man in a surly tone, “a cup is made to drink from, not to spit into.”

“But these cups are special, they are for one purpose only; they are made to spit into, then they are washed and boiled, for boiling water means the death of these deadly small creatures.”

A look of cunning came over the man’s face. We heard him cough. He stood to his feet, went across to the window, which had fly-wire screening it, deliberately poked his finger through and spat forcibly and accurately

through the hole.

Daudi shrugged, picked up a hoe, went across, scooped up the dust that had been contaminated, carefully carried it to the incinerator and dropped it into the flames. He came back.

“Great One, you must remember that when you spit great damage can be done.”

The sick man coughed and fought for his breath. Before he could speak again, Daudi went on.

“When the man damaged by the horn of rhino came in, you said, ‘*Kifaru* is a dangerous creature,’ and you spoke truly, but the germs in your spittle are far worse. Which does the more damage, an elephant, walking through the gardens and tearing them up with his trunk, or the hordes of locusts? You know well that it is the locusts. Behold, there is not just one germ in your spittle, there are thousands upon thousands, and they attack bodies, even as locusts attack crops.”

Suddenly, with a big smile, Daudi recited in Swahili the jingle that I had given him in English. Everybody laughed.

Yohanna put his hands over his stomach, “*Hodu!* Stop it, if you were stitched up...!”

“Enough from you,” smiled Daudi. “This is special education.”

Nzije stood up. “Words of wisdom indeed,” he said, “this is a thing that helps us to understand.”

“So will this,” cried Daudi, leaping to his feet and waving his arms like an orator. “What man of you would throw a basket filled with scorpions on the floor of his own hut at the feet of his children? What man of you would cast a basket of scorpions at the feet of the people of the village?”

“*Ehe!*” said the quavering voice of an old man whose left eye was bandaged, “that would be a way of small wisdom which would bring great trouble to

you, great trouble indeed.”

Daudi whipped round on the man with the cough. “Therefore remember that every time you cough, there are worse things than scorpions in your sputum. We’ve learnt about them here in this hospital, we’ve seen them in a machine that gives special sight to your eyes, and now we tell you these things. I say it again, these small *dudus*, these germs produce sickness in your body. It is NOT a matter of witchcraft.”

Carefully he patched up the hole in the mosquito-proofed wire. Then his whole tone changed, “Use that special cup, it is the new wisdom.”

At sunset I came up to the ward. The Staff Nurse was writing up her report. “How is the rhino man?”

She stood up and smiled. “Comfortable, temperature normal, and also pulse, Doctor, as is also the leopard-bite patient.”

“And Bwana Yohanna?”

“He eats, therefore he improves.”

“How about Manati, son of Nzije?”

“No temperature for many days and *kah!*, he eats like an elephant.”

I watched the boy making short work of a meal of porridge and green vegetable relish, sharing it with his father. He certainly had an appetite. Daudi murmured over my shoulder, “Young Manati wouldn’t have been so sick if they’d brought him in earlier. The whole cause of the trouble was tuberculosis of the spine. The germs had eaten into the bones of his neck and he had an *ipu*, an abscess, pressing with strength on his spinal cord.”

“*Kah!* That sounds nasty.”

“It was. There were many stomachs filled with fear. We told Nzije that the sickness was great but that the medicines were strong.”

The Chief was coming down the ward. He took me by the arm and said,

“Come and talk beside the bed, Doctor, things of wonder have been done for my son Manati.”

We sat in the half-light. The boy smiled up at me. “*Nili ciba vilo vivi*—I am better these days.”

“True,” said his father, “but before it was a sickness of severity. He held his head on one side, there was no joy in his neck and his strength was small. Day and night he had misery in his shoulders and he could not breathe as do others.”

“It was like a great hand squeezing your throat,” interrupted Manati. But Nzije raised his voice and went on. “There were those who shook their heads when in a voice of difficulty he told of a swollen thing in the path of his food when he swallowed. *Kumbe!* But that was not all, his legs refused and to walk became impossible.”

Our young patient smiled up at me. “*Kah*, and when I touched them I felt nothing.”

“What happened?”

“They gave me needles and needles and great pills which were mixed in water.”

“And what did you see, Great One?”

“I had great dread. For a month the sickness held him, and then he struggled less in breathing.”

“*Eheeh!*” said Daudi, “and he grumbled because he said the needles started to bite him.”

“The paralysis became less?”

“Definitely, he...”

Nzije was not going to let the story be told by others. “He could feel, he could move, strength came back and the disease was conquered.”

“You stayed beside him all the time, Great One?”

“Every day and every night I slept here beside him. *Kumbe!* Many times I heard the words of God but they were words only until the day that Doctor Hannah brought *gramophoni* and the spinning plate. *Kah!* That was food for the ears. I was like Manati—to breathe was hard; the music gripped my whole body.”

“What was it, Daudi?”

“The *Messiah*. The Wagogo here listened with joy. More than any other they liked when many sang together with voices that blend.”

“*Ngheeh!*” agreed Nzije, “the song *And the Glory of the Lord Shall Be Revealed*. That, *kah!*” he shook his head, words completely deserting him. He had a far-away look in his eyes.

I made no effort to break the spell.

After a while the old man sighed and went on. “Bwana Hannah told me the words that they sang in our own Chigogo language. They were, *And we saw His glory*. He told me how Jesus was God’s only Son and that He had come to earth to show us what God was like. He talked of belief and faith and repentance.”

“But did you understand all these words, Great One?”

“There was time to do so, Bwana, to talk day by day with Danyeli, and the music, truly it enters right into the soul.”

He dropped his voice. “Bwana, I saw my child come back from the gate of death itself. My heart had deep thankfulness but at that time I did not know God clearly. Then one day Dr. Hannah brought the plate that had the music of *ndulete* (the *kudu* horn, the local form of trumpet) and words of great wonder, *The dead shall be raised never to decay*. When I heard the sound of the horn, *yoh!* I looked at the child and I understood. Behold! My back is no longer turned to God.”

Three days later three notable things happened. Manati was allowed to go home. As I watched the boy and his father walk down the path between the baobabs the Staff Nurse said quietly, “Watch the man who used to spit, Bwana.” The man coughed, reached out of bed, opened the sputum mug and spat into it, put it carefully back into place. There was a twinkle in his eye as he saw us watching him. He looked across at the window.

“Bwana, I have learned; *kah*, who indeed would throw scorpions in the path of others?”

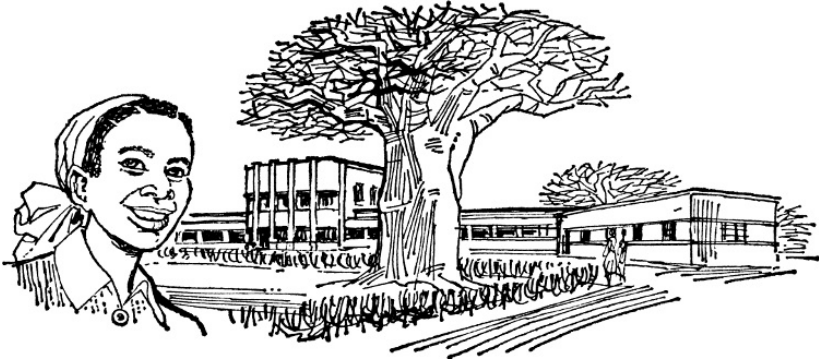
“*Eheeh!* And remember, when you cough, when you sneeze...”

“We learn,” said Daudi. “It’s a good thing, but it takes time.”

“And,” came Yohanna’s deep voice, “I had my stitches out—all three of them!”



Training



Yohanna smiled down at the newly healed scar on his abdomen. “*Kah!* It’s wonderful to feel that so much could be done through so small a hole.”

I nodded. “Do you feel like trying your feet today?”

He stretched, and then rather carefully stood up. “I have often thought that a day in bed would be good, but *hongo!* when you spend a week there your feet itch to walk.”

“Have a bit of practice, and then come over to Dr. Hannah’s office and drink tea.”

A little later he and I arrived at the office door together and walked into a small room with a large desk.

One wall was bookshelves and another was cupboards. I looked at the books. There was the Bible in three languages, theological books, medical books and journals and right up-to-the-minute volumes on East Africa. There were ancient books with threadbare bindings, their authors being the pioneers and explorers. Yohanna was looking at a pile of rather ordinary-looking note-books. “Are these the hospital records?” he asked.

Wellesley Hannah, coming in at that moment, replied. “They are indeed, and full of food for the memory, as they say here. You, Paul, handed me that log-book the day I arrived and said, ‘That will be interesting reading twenty years from now.’”

“And you agree it is?”

“Oh yes, and you were right about the most important job being to train men and women, but it was easier said than done!”

“You particularly, Yohanna, would remember our troubles as we grew?”

“Truly but you had some wonderful people to help. Folk with the hospital in their blood like old Mama Sechelela. *Kah!*—what she did. And Daudi, *yoh!*—he has done so much that you will never even understand.”

He broke off suddenly to clutch at his side and groan.

“Carefully!” I laughed. “Think of the work the surgeon will have to do if you burst open!”

His eyes had doubt in them till I reassured him. “It’s only the muscles that have become gummed together separating again. It nearly always happens.”

“*Kah!*” He carefully released his grip on his right side. “Talking of Daudi, was he not very small when he started with you?”

“He was about fourteen, I think, when he told one of our pioneer nurses that he could wash clothes better than the man who was doing it, so she gave him a job at the hospital for 4/- a month, and he soon showed that medicine was his interest in life.”

I picked up a faded picture marked “1941.”

“Our staff at the beginning certainly was a patchwork lot. There were widows, schoolgirls who weren’t up to becoming teachers, women from the villages who wanted a job, wives of dispensers, and some married teachers who worked part-time. Sometimes our patients became members of staff. One said to me, ‘Bwana, let me work in the hospital. I can do much better

than these who do it now. Have I not the understanding that comes only from those who have been sick and have had to lie in bed?"

Wellesley chuckled. "I always liked the way you used the Gilbert and Sullivan technique to 'make the punishment fit the crime.' When the staff would not clean patients' beds you made them sleep in those beds for a week."

"We tried the incentive method too. The ward that did best during the week was awarded a chicken on Saturday and the ward that did worst was presented with a crow."

"*Hodi?*" said a tall man in a vivid purple shirt.

"*Karibu*—come in."

Hannah talked quietly for a while and Yohanna said, "That man is a relation of one of your first nurses, 'one-eyed Elizabeth.'"

"*Kah*, do I remember Elizabeth! One day I found her lying in the sun outside the ward. Inside nothing had been done, so I strode out and said, 'What do you think you are doing?' 'Resting,' she said, 'and I will continue to rest. I like it this way.'"

"And if you had been ferocious with her she would have just walked off home."

"I was and she did! Those were quite grim days."

Dr. Hannah came back into the room and sat down again. "1943 was the year when training really started. I was having my holiday in Uganda and visiting that great piece of C.M.S. medical pioneering, the Mengo hospital. My head buzzed with ideas. I lay awake half the night thinking and planning, and praying about the future policy of the medical work in Tanganyika. Vague ideas began to crystallise. Mengo helped me to get things into focus. There were five points." He stood up and ticked them off on his fingers. "We can go ahead medically only by producing trained nurses. A training school must be attached to the hospital; it must have a specially trained Tutor-Sister whose time is entirely devoted to training and teaching. We must attract

nurses of higher educational standard and perhaps get them from tribes all over the Territory.”

He stood there with a far-away look in his eyes. Yohanna grinned—this was such a characteristic Welles Hannah look. Yohanna’s deep voice broke the spell.

“Those were the days when you nearly fell off the roof of the new Lecture Room which you were building.”

“That,” said Hannah solemnly, “was a near thing. It was my first roofing job. I put on a thousand tiles; they cost 15 cents each and the whole roof about £10. I’d only just finished when the Director of Medical Services, Dr. Scott, arrived on the scene. He stayed less than ninety minutes. He asked to see every member of the staff and made notes on each one—the number of years they had been on the job, and their educational standard. He asked them about themselves and what they thought about hospital work. He knew exactly what he wanted to look for, and look he did—the drains, the *choos* (lavatories), the water-supply.”

“*Heeh!*” grunted Yohanna. “I was in hospital with fever, never have I seen the place tidied quicker! It was well he did not look into the store-room. Daudi put all sorts of things, and even people, in there.”

Hannah looked over his glasses. “I didn’t know about that! I was too keen to show him the Lecture Room and the beginnings of the Nurses’ Training School, but he wasn’t impressed. Then he said, ‘You can’t have patients next door to nurses’ sleeping-rooms. You’ll have to make other arrangements if you’re going to get a *grant!*’”

Welles stood to his feet and waved his forefinger at me. “Boy, oh boy. A GRANT! That was music. Over a cup of tea he said to me, ‘You have the hospital; they are fine buildings. You have the material and medical experience. It seems an awful shame if you can’t get a grant just because you can’t fulfil all the stipulations!’ These were, a fifty-bed hospital, one medical officer, two fully-trained sisters and six trainees of five years’ education at school. Boy, I was having a grant *thrust* upon me!

“I believed then and I’m certain now that this Nurses’ Training School was God’s plan. He has opened up the way step by step.”

I broke in. “You know, Welles, when I was on my way out here at the very beginning, you wrote me a letter. In it you quoted somebody’s translation of Proverbs 4:12, ‘As you go step by step, I will open the way before you.’ That verse has been a real sheet-anchor to me.”

“It has to me, too, and looking back you can see how infinitely true it was then and is now. We started with six trainees. Sister Coleman had worked very hard fitting up the Training School. All the trainees were spick and span. But they were tough days. When trainees had really started to get somewhere then they would decide that they wanted to be married. It made me wonder how much good we were going to do. I was right in supposing that it would be years and years before we could expect anything different. Then we struck other problems. One of our most promising girls ran away because she did not like one brand of vegetable, another went off because she found the learning too much for her.”

“*Hodi?*” came a voice at the door.

A smiling young woman stood at the doorway, three small children with her and a baby peering over her shoulder. In Chigogo she said, “I have come to greet. You remember me?”

“Your face, yes, but your name? Wait, you must be the daughter of Timothy who used to be my cook. You’re Olivea.”

“*Ngheeh*, I am indeed. These are my children.” She smiled. “There are two more at school.”

“Would you have married, Olivea, if you had finished your training?”

“*Eh-heh*, Bwana. It is a thing of shame to a girl not to marry. Behold, is not my husband the assistant Pastor here?”

We chatted for a while and then she bade us “*kwaheri*—good-bye.”

The little procession moved down the path.

“You realise, don’t you, Paul, that Olivea was one of that first batch who did not finish the course? She was a bit of a problem then, but she is very good stuff now.”

“How did you plan out the course in those early days?”

“It was to be for three years’ general nursing, followed by a year’s midwifery. We realised that we had to start from scratch. The folk had little background as we know it. We had to give them guidance in very many things, including the use of their leisure time. I’ll always thank Miss Coleman for laying stress on punctuality and the necessity for trainees not to leave their wards when on duty.”

From up the path came the shrill alarm signal, not unlike an Australian coo-ee. Outside the window came a voice, “Bwana, help, *eeh, yayagwe*, I am in great pain, help!”

“What’s up?”

“There is pain, great pain, it is burning like strong fire, it bites me, it bites, it bites like fury!”

“Less words, and more explanation. What bites? What bites who? What bites who where?”

A hand came through the window. “My finger, Bwana! Here in this spot, see, it is great pain. Help!”

We both looked carefully but could see absolutely nothing. The would-be patient was jumping from one leg to the other and making a terrible fuss.

“Did you hit it with something?”

“No, Bwana, it was a *dudu*.”

A calm voice behind him said, “It is all right, sir, I will deal with this. It is a scorpion bite. I will inject novocaine. He will be all right. Leave him to me.”

And a neatly-dressed young African Medical Assistant led the patient away for treatment.

“Truly,” smiled Yohanna, “but the doctors now do less of the small work because of the ability of the M.A.”

“That’s exactly right,” nodded Hannah; “we do have a chance to cope with the bigger problems now. But not in 1945. That seemed to be a specially difficult year. One girl went home for holidays and became pregnant. This sort of thing happened all too frequently in those early days, but we must remember that in some tribes if a man makes advances a girl is not supposed to stand out against them. Then the rains failed and we had a famine; this stirred up more trouble. Food was hard to obtain, hard to eat, and was wickedly expensive.

“One morning the five unmarried boys we were training walked out. Then came the married dressers, as we called the male trainees then. They demanded in the most surly tones a rise, or else. Daudi explained to me that this was not rudeness, but their way of bargaining. This was the way things were done in a *shauri*, a discussion or bargain. ‘They don’t expect you to give them a five-shilling increase, Bwana; they are expecting you to barter with them.’

“Then came the girl trainees. ‘We can’t eat these beans, they’re as hard as nails. We’re going home,’ and three of them did. With a skeleton staff we carried on, and admitted only desperately sick people. A week later they were all back and became most indignant when they did not receive pay for the time that they were off.

“But we had our ups as well as our downs. I applied for registration of the Nurses’ Training School and we were given a grant of £250 a year for three years.

“It was that June that eight of our trainees, our first bunch under the registered training school, finished their preliminary exam. We were thrilled. All got over 80 per cent and one of them almost a possible.”

“Wait a moment, Welles,” I said. “Surely £250 didn’t go far, even if you only

thought of buildings.”

“And you put up a Lecture Room and a twelve-bed dormitory that year,” said Yohanna.

Hannah smiled. “We did indeed. We have built this place round penury. £250 does not sound much, I know, but it made a tremendous difference at that stage. And as time has moved on I have been conscious year after year that God was guiding us, planning for us in this project, but there were times when I was very restive. Once I heard that the Government intended to spend £11,000 capital expenditure on a Nurses’ Training School at Tanga on the coast. I felt like going hot-foot to Dar-es-Salaam and saying ‘give us the tools and we will finish the job.’ Nurses’ training is a job for the missions above all. I had a vision of the Government realising this and giving us both capital grants and more maintenance grants so that we could take in girls from all over the Territory. I felt then and I still feel that this training is useless unless we have the spiritual side brought out as well as the medical.”

Quietly my friend stood to his feet and pushed back his chair. “I feel that the hand of God has been upon us, the prayers and planning of fourteen years ago have become reality. Look through this window.”

There stood the Nurses’ Home, big enough to house a hundred nurses, and all built for £7,000.



With surgical examinations not far ahead of them, these two trainees watch carefully the technique of an abdominal operation.

The Money-Trap



“But, Bwana, twenty cents is too much for medicine!”

Now twenty cents is twopence and that was the fee for examination by the doctor and the giving of both treatment and medicine.

“Are you so poor, that you cannot pay?” I asked.

The voice of Mika, the hospital clerk, a local man of considerable knowledge, experience and humour, broke in.

“*Hodu! Simanyile izako?* That’s enough; do I not know your affairs?”

There were some broad grins, and Mika said to me in English, “Her husband has twenty cows worth three hundred shillings each.” He smiled. “But it’s always worth trying!”

Into the room came a man dressed with collar and tie and with polished shoes. He told a story of characteristic malaria. His blood was taken and under the microscope malaria parasites were seen. He was ordered pills to swallow and then when he reached the dispensary to collect them, his voice came loud and clear.

“You expect me to pay for the treatment? I protest! Does not the Government pay for the hospital? This is a racket. The doctors are growing

rich at the expense of the African community.”

“The Government doesn’t pay,” said Mika gently. “These medicines cost more if you buy them in a *duka*. Then what of the wisdom of the doctor, what of the examining of your blood, is all this worth nothing?”

“No,” burst out the malaria sufferer. “I refuse; I shall not make the Europeans rich with my money!” He stamped out of the door without his treatment.

Mika shrugged. “Yet he spent three times the cost of the medicine on a bottle of coca-cola. Truly, money does strange things to the mind.”

“When we started the work here, Mika, did they not always bring a thank-you?”

“Truly, some brought a couple of eggs, some a bundle of firewood, a bowl of millet, a corn-cob or a few cents in money. These days we ask them to pay with money only.”

“If they pay nothing for medicines, Mika, what do they think it’s worth?”

“It is valued at what it costs—nothing. But here comes one now who has praise for the hospital’s work.”

“What will he pay?”

“As all the others, two shillings a day.” Mika shrugged. “None pay with joy; money truly is a problem.”

I talked the matter over with Dr. Hannah at the evening meal. “Government grants help, but the total wouldn’t cover the cost of two beds in a hospital at home. The fees we charge sound like petty cash to you, but they’re all that the average family can afford. We use these to buy medicine which we purchase from Government stores at fantastically cheap rates. Aspirin, four shillings a thousand, iron pills at the same price, penicillin at about a penny a dose or even less. But without these fees from patients the place would be hamstrung. We’ve always run the place on a shoe-string with bargain-basement fittings and any supplies we could beg, buy cheap or catch on the way to the

rubbish-heap.”

My host stood up from the table. We walked into his pressure-lamp-lighted sitting-room. He carefully opened an account book: “I’m not sure that we still qualify as the cheapest hospitals in the world, as you used to say over the radio.”

“Early in the piece they must have been, Welles; actually what I said was ‘Our hospitals are more cheaply run than any others anywhere else in the world, including both Jerusalem and Aberdeen.’”

“That was probably helped by the size of your salary.”

“It wasn’t princely, but it was enough, just enough, to live on. I started on almost £4 a week and was given a rise of six shillings when our second child arrived. But we weren’t the only ones to make sacrifices. Our African staff were paid from 5/- to 12/- a month. Daudi and Sechelela were in the higher bracket. Twice we had nothing to pay either ourselves or them. We were bitterly poor. Nothing was thrown away. Packing-cases were turned into furniture. We straightened out old nails. Tins, bottles, wire, everything found a new job in the hospital. It was amazing what we managed to do in those years—buying stuff over here, making equipment out of junk, making do with instruments not planned for the task, and struggling to stretch out a very thin supply of drugs. But it could not go on, Welles. Things came to a head that disastrous year when our supplies were sunk. We ran out of catgut and had to use ordinary cotton for sewing, both inside and out, in our operative work, and raw cotton deputised for cotton-wool. Our lifeline then, as now, was the giving of the people at home.”

“Didn’t Government do anything at all?”

“One hundred and twenty-five pounds a year for each of the European nurses’ salaries. There were six of them, but nothing in the way of drugs, dressings, instruments.”

“Things have changed since then, we’ve had grants and worthwhile encouragement to go ahead. There is much better co-operation these days, and a great change in outlook about money which doesn’t really help. It’s

being said that the new heathendom is materialism.”

On the table he put a neat pile of East African shillings, the basic coin of the currency, made from an alloy of such a sort that if you leave it in the rain it will become green overnight.

I picked up one of these and looked at the lion on the back. “I met a very impressive African the other day. He had been one of the Mau-Mau, but had become a Christian in prison. He was very well educated indeed and he told me that before the emergency in Kenya, in his thinking the light of the world was the shilling, but since his conversion he’d found that it is the Lord Jesus Christ.”

There was the sound of hurrying feet. Welles went over to the window. “That’s the great discovery that puts the whole of your living into focus, and that includes your pocket.”

“I agree, Welles. And have you noticed that whenever the Bible talks about money it always speaks about a bonus to those who keep their finance moving along the lines God has laid down?”

A voice came through the window. “*Hodi*, Doctor; there is a very sick admission to the hospital. Staff Nurse requests you come at once.”

Next morning I met Yohanna Kitabu. I greeted him with, “What is the news of the place where your appendix used to be, Yohanna?”

“Good only,” smiled the African Education Officer. “And I had an interesting time in hospital that I did not tell you about.”

“*Hongo!* What sort of interest?”

“There were those who grumbled, one especially. Not long ago he was in my class in the Middle School. My ears were the right shape to listen but my tongue was ready to answer.” He grinned. “His words were ‘Why should the doctor live in a good house and I have one that is very much smaller?’

“*Kah!* I told him, ‘for years his house was not nearly as good as yours is now. Also he is the doctor, he carries the burden.’

“This gave him small comfort, for he started again. ‘Why should the doctor be allowed to tell me off as he did this morning?’

“‘Your work was poor and you know it,’ I told him. ‘I would have used stronger words if you had been under my hand.’

“*Kah*, and did he storm back at me? ‘Yes, you would too!’ he said. ‘You’re pro-European and anti-African since you have this big job with a car and a house...’

“But I interrupted. ‘*And* big responsibility! Also I have to pay taxes to Government. Who do you think should supply you with this new house?’

“‘The Government!’

“‘Who pays them?’

“*Hongo*, that stopped him. He is one of the many who feel the growing pains of these days. He wants this and that but has small desire to pay for it either in money or in sweat.”

He came into the office and sank down in a chair and groaned, “Money, money, money. *Kah!* Once our tribal money was cattle and goats; we hoarded them, but now it’s notes and coins and we spend and spend. It’s ‘Will you advance me a month’s salary?’ ‘May I have fifty shillings on account?’ ‘I have a problem that could be solved by a loan of only twenty shillings.’ ‘Is it possible to obtain credit?’

“And I close my heart and say loudly, ‘No.’ Yet tomorrow I’m going to try it myself to pay school fees for two of my children.”

“Do you prefer money on the hoof to money in the bag, Yohanna?”

He grinned, “Do shillings breed?”

“Yes, indeed, if you put them to work in the bank.”

“Many don’t trust banks, they bury their money or hide it. They’ll learn, but you’ll have to teach them. They need no teaching to spend money. Are there not many advertisements? *HEE!* How they catch your eye. *Hee!* How they are written to attract, to make you want to buy! They make you think beyond your needs and often you covet. These days my fellow men of Africa like good clothes with colour and style.”

Daudi came to the door; we invited him in and Yohanna continued. “These days women like frocks, not just cloths that they wrap around their bodies. They like to wear shoes, and carry handbags, and use cosmetics. In the papers that we all read are many words about shining teeth.”

“I noticed that, and laughed to read the advertisements. One tells of a lotion to make brown skin lighter, the other advertises suntan, to make pale skin browner. Also there are places where people with straight hair go to have it made curly, and other places where people with curly hair go to have it made straight.”

Daudi laughed. “And you see the change from the days when we started the hospital. Then the nurses would have their hair right off or clip it very short, but now—” He looked through the window—a dozen girls were sitting in the shade, each having her hair elaborately dressed by a fellow-nurse. He picked up a recent photograph taken near the hospital. “See, the best dressed man is one from the village. He wears a dark suit, collar and tie, while you wear shorts and an open shirt.”

“I like to be comfortable, Daudi.”

“True, but many of our people these days feel that good clothes open the door to a better job, which means more money and more good clothes, a better house, a gramophone, a wireless set and a bicycle. This is the sign of a well-to-do Tanganyikan these days, a man who owns things. Many are feeling that way.”

A twelve-year-old boy came running down the path. He stopped, stood at attention and said most respectfully:

“*Hodi?*” No Gogo would dream of bursting in on a conversation; he always

asks, “*Hodi?*” and stands a couple of paces away until he is invited to come closer.

“*Karibu,*” smiled Yohanna. He came close and said, “There is a *shauri* in Dr. Hannah’s office—”

“*Hoh,*” said Daudi, “do you know of what sort?”

“They talk many words about money,” said the child.

Daudi raised his eyebrows. “This may do much to answer your question, for these days there is much dissatisfaction and many strikes in many parts of the country. You know, of course, that we have trade unions here in Tanganyika these days?”

I nodded. “But how will Dr. Hannah deal with this *shauri?*”

“He is a man of Africa. The matter is plain to him. But when he first arrived, he didn’t understand. Once in 1940, when he’d been here only a year or so, he sent from the work some who came demanding double wages. He didn’t know that it is our habit to bargain, that those who demand much will be happy to receive only part of what they claim with many and loud words.”

We came to the door. The air was full of tension. A raised voice came in Swahili.

“What becomes of the money the Government pays to you for our training, Dr. Hannah?”

Hannah stood up. “I will give you the official figures, just one moment.”

He went across to a filing cabinet.

Daudi gripped my elbow. “This happens now and again. This is one of the blind spots of these days. The younger ones feel that all Europeans are rich, that their salaries are huge.”

Another loud voice came from inside. “Your salary, Doctor—you do not tell us about your salary.”

The Doctor's voice came back, very quietly. "I receive £650 a year. This is after twenty years' service, and is adjusted because I have a wife and five sons. Everything is according to a scale which is printed and brought before the Hospital Committee. Actually, an unmarried European doctor receives less than an African Middle School headmaster. There is nothing secret; you may see these figures for yourselves. They are fixed, they are here in print. There are no two ways about it."

He put a paper on the table.

"*Koh,*" came another voice, in an aside which was eminently audible, "I'll believe a European about many things, but not about money."

I caught Yohanna's eye. We would only make it harder if we joined in that discussion.

When we were well out of earshot I said, "You see what I mean about money-traps? This thing must be in focus, or it becomes rank poison. They had it out of focus in Ghana, when they put the inscription under the statue of President Nkrumah, 'Seek ye first the political Kingdom.' This is a mistake. In the matter of money God gives you the yard-stick, the measuring-tape. He says, 'Don't covet, don't steal.' He says, 'Seek first the kingdom of God and His righteousness, *and all these things shall be added to you.*'"

"In the matter of capital and rises in pay—see Proverbs 3, 'Honour the Lord with your substance, your capital, and the first-fruits of your increase, *then* your agriculture prospers.' The Bible says in Malachi 3 in the matter of interest as I see it, Give God 10 per cent of your net income and then comes an amazing challenge; God says, 'Prove me with this, see if I will not pour you out a blessing bigger than you can hold.'"

"Follow what the Bible tells you and you won't stumble."

"*Hongo!* Write those words down for me and where they come from; they make it very, very clear."

That evening I had dinner with Faith Ward and Dorothy Hughes, the Sisters

from the Hospital. I brought up this question.

“Quite a *shauri* Welles had with the students today.”

“It was,” agreed Dorothy. “Money is a very real problem to many of our students, and making both ends meet is a very big one for me. Each year when the results come out we are given a Government grant of so much for each student that passes. No pass, no grant. With this sum I have to run the training school, and this means very real economies.”

“And that’s where the shoe pinches?”

“It certainly is. ‘Why can’t we have new equipment?’ they ask. ‘Why can’t we have this or that? We need it for our teaching.’”

“Do you satisfy them?”

“I try to, by explaining just how we use the money. I stress that not one cent goes into European salaries or for European use.

“Then they ask, ‘Why isn’t pocket money the same as Government Training Schools?’” Dorothy poured herself another cup of tea and smiled. “This takes a bit of meekness, for I know they don’t believe when I tell them that it isn’t only African pocket money that’s less, but that my salary is just one-quarter of the Sister-Tutor of the Government Training School, who has been on the job the same number of years that I have.”

Faith Ward broke in, “And they’ll never really believe it until they see that we’re here really to work for God, and not for money.”

“That’s it,” nodded Dorothy; “why, today, one second-year girl came and asked for some new equipment. ‘Sorry,’ I replied, ‘I can’t do it, there’s no money for it.’ She looked at me with ‘Why haven’t you got any?’ written all over her face.”

“They think that you have bags of money, and that you’re sitting on it, and perhaps pocketing some?”

“That’s what it boils down to. They said to me last week, ‘Look at all those

students who passed their exams at the end of last year; where are all those shillings?”

I replied, “Yes, the money is there, like the grain in the storage bins in your homes. Now which of you would feast on your stocks of food, and then keep hunger at bay for the rest of the year by looking at the bottom of the bin? Do you not plan your eating over the year according to what you have? And we in the hospital, we can’t buy new things till we’re sure that we can afford them.”

“*They* wouldn’t mind taking a little risk?”

“Not in the least. Why worry about a little debt, if you can talk someone into giving you credit?”

“Is it still considered rather clever to run into debt?”

“Unfortunately, yes. It’s one of the worrying things. Some students run up debts all over the place, then come to me to pay them. Some even direct the bills to be sent to me. I try to tell them that little debts become big debts and often lead to gaol. That doesn’t worry them much; gaol has no fears nor does it leave any stigma, in the present way of looking at things.”

“What about bribery, and black-market injections?”

“We hear a lot about it; it’s common knowledge that some people in positions of authority receive bribes—not all by any means, but many. One of our Staff Nurses told me about her baby. She took the small child to hospital because it was sick. The medical officer saw it, and ordered an injection, but the dresser at that particular Government Hospital said:

“‘Oh, I have not this medicine here, but if you will come to my house tonight I will give you this injection for 10/- and it will cure your baby.’

“She let her concern for the child overcome her better judgement, the injection was given, complications developed, and the baby died.”

“Mm; the problem is, I suppose, to prove these things. The people who pay

bribes have a feeling of guilt, and so say nothing.”

“That’s it, and several have hinted regarding the deep-down fear of witchcraft. I hate to say it, but I know of two of our male Staff Nurse graduates who have been sacked from Government hospitals because they were found out taking bribes.”

“This ‘money-trap’ is a very real one in Africa.”

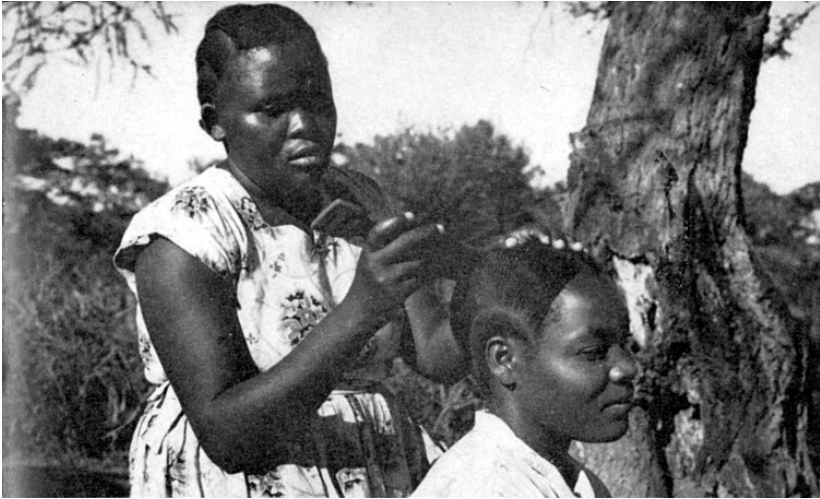
Faith Ward, who was the hospital Matron, broke in. “Bribery may not be the idea of the staff at all, but believe me, it isn’t always the fault of the staff. Only today one of the nurses came to me. She was smiling broadly. The relations of one sick infant had come to her and said, ‘If you look after our baby, we will give you money, or if you prefer it, bananas, mangoes, or even meat.’ She had hardly gone when another girl came telling me how she had been offered a tinful of grain if she would pass over one of the hospital sheets to a relation who had taken quite a fancy to it.”

“Do you think that bribery goes on here, in this hospital, and petty thieving as well, amongst the staff?”

“I believe it’s a constant and very real temptation, but in most cases the Christian outlook of the staff rises above it.”

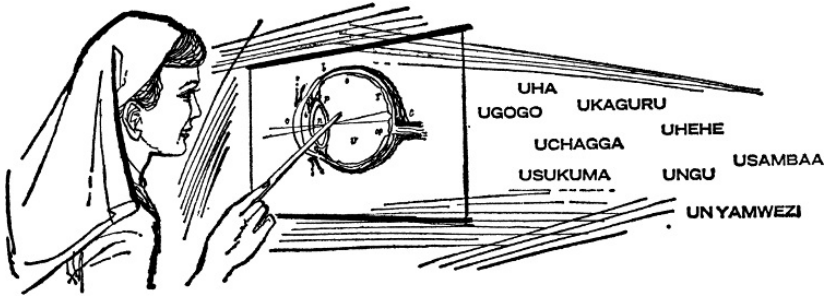
I put the same question to Dr. Hannah.

“Difficult question,” he said. “I don’t think there’s any doubt that it goes on. When the subject was broached, there was a very fierce reaction on the part of the Director of Medical Services. He said, ‘You hear all these things, but why not bring along the evidence?’ But the problem is to find people who are prepared to stand up and give evidence. For instance, there is the yarn, unproven as far as I know, of the nurse who demanded ten cents before she would bring a bed-pan. It was always a cash transaction, and nobody was allowed to run accounts.”



Staff Nurse Mwendwa Grace, off duty at Kilimatinde Hospital, produces a special hair style, on which there are a considerable number of variations.

Sister-Tutor's Angle



Dorothy Hughes, who was in charge of the Training School for Nurses at Mvumi Hospital, looked up. She was correcting examination papers.

“Here’s a beauty! ‘A parasite is a small animal without any self-control.’”

I laughed. “Is that the work of one of the local nurses?”

“First year,” smiled Dorothy, “but she is doing this examination in English, remember.”

“I’d hate to sit for a medical exam. in French, wouldn’t you?”

The Sister-Tutor nodded. “But that was the routine not long ago if you wanted to practise medicine in the Congo.”

I shrugged. “I’m glad I came to work in Tanganyika.”

“Language is one of the big problems out here. I read somewhere that there are a hundred and forty different ones spoken in Tanganyika alone. Most trainees speak at least four languages fluently: Swahili, then their own particular home tribal language, then Chigogo, the local tongue spoken by most of the patients who come in, and English.”

“And is the English they have to pick up so very different from everyday

English?”

“Very much so. I counted five hundred new words in anatomy and physiology alone that have to be learned in the first three months during the preliminary training-school stage. In my lectures to the Second-Year students half of each lecture goes in teaching new words, constructions and idioms.”

“They say you can speak basic English if you know 800 words plus technicalities.”

“If that’s so it’s a very real plus in this instance. By the time they finish the course they would probably learn some three thousand new words with a medical slant. A few minutes before you came in I sent for a report on a patient who was operated on yesterday. I’m a little worried about her. The nurse should be back any minute now and you’ll see what I mean.” As she spoke the nurse arrived at the door.

“Sister, the woman with the hysterectomy is comfortable. Pulse 102, respiration 20, temperature 99.6. She has been given 22 ounces of type O blood. Her haemoglobin before transfusion was 8.4 grams.” She smiled towards me and said:

“Mr. Kitabu has been discharged.”

“Thank you,” said Dorothy smiling at me, and as the nurse hurried away, “now do you see what I mean.”

“I do. That was rather impressive, but are their I.Q.’s all as high as hers?”

“Some are very bright, some are rather dull, but the majority are very good average.”

“Do they compare reasonably well with a similar group of Australian girls, say with your group when you were in training in hospital?”

Dorothy Hughes looked out over the countryside before replying, “They are quite as good as my year and some are even better. Girls here in Tanganyika

are beginning to realise that nursing is not just labouring; it is a profession with high standards, skills and responsibilities. The Government allows us to accept only those who have had at least eight years' schooling, and then they have to be from the top half of the examination results."

"What about a syllabus?"

"Practically the same as the English one. There are the same subjects and the same amount of material."

"And do they cope all right?"

"Last year twenty-six sat for general nursing and twenty-two passed. Eighteen midwives sat, all but one passed."

"That was pretty good!"

"It was, particularly when you consider what a leap forward it represents. Almost all our nurses come from little mud huts with mud floors and either grass or banana-palm thatch. Most have been to a boarding school for four years; but apart from that they have lived all their lives at home. We have chiefs' daughters here. Others are children of school teachers. But most of them come from homes where their parents can only just read and write.

"At the beginning the girls were from the local tribe, the Wagogo, or the neighbouring tribe, the Wakaguru, but this year there are forty different tribes in the Training School from every part of Tanganyika. We have Wachagga from the foot of Mt. Kilimanjaro, Wameru from the tribe that lives on the nearby extinct volcano, Mt. Meru, Wapare from the mountains that stretch down towards the Indian Ocean. Two come from Dar-es-Salaam, the capital on the coast, three from the Hehe tribe a hundred miles south of us. There are others from the west, from the lake-side, from the Congo border and several from the northern corner where the Kenya boundary cuts the shores of Lake Victoria."

"You touch all Tanganyika geographically, but what about the time factor? Have you any second generation trainees?"

“Yes, we have two, and there is also a family link. Last year four of our new people were either sisters or cousins of past trainees; this year there are three more. It happens like this. The girls go home on holidays. Their younger sisters are wide-eyed as they see the poise of the older girls, their neat frocks, their shoes, their handbags. They listen open-eared to the stories of the hospitals. They hear that a marriage has been arranged between this nurse and that Medical Assistant, or that school teacher or that Assistant District Officer. There is a sense of advance and attainment and a strong spirit of nationhood. A nurse is really ‘somebody’ in the new nation. Many realise the burden of responsibility that will be theirs in the not distant future. In every way we can we teach and stress the matter of responsibility.”

“How does it work out?”

Dorothy sat back in her chair. “At Moshi in the north one of our girls is Staff Nurse in charge of a hospital run by a Greek Doctor. There is no European nurse on the staff although there are often a number of European patients. Then there is a student who did very well in his training here; he is in charge of a ward at the Government Hospital in Dar-es-Salaam. One male Staff Nurse, an old friend of yours, has entered the Church and is earning something like half the salary he would receive healing bodies. Another who went to work at a Swedish Mission Hospital was able to help in saving the life of a doctor there who suddenly had a haemorrhage from a gastric ulcer. This Staff Nurse cross-typed his own blood with that of the doctor, pushed a needle into his vein, drew off a pint of blood and gave the transfusion. Then he rushed the doctor a considerable distance to another hospital where an emergency operation was performed and his life was saved.”

Through the window of the operating theatre I could see a masked and capped figure taking instruments from a cupboard. Dorothy followed the direction of my eyes.

“That boy has a story. He finished his training last year. When he first came to a C.M.S. Hospital as a very small boy he had leprosy, but he was cured at Makutupora Hospital. His father died there from the disease. Now he is in charge of the operating theatre. He spends hours reading *The Trade Union Movement in Nigeria*, and the *Life of Nkrumah*. Then there is another girl,

again the daughter of a leprosy patient. She is our first Standard Ten girl and is very keen to learn nursing because she feels that in all probability she will not marry. Her relatives have not been able to find any likely suitor because her father died from the disease. But she isn't at all worried about this problem. She told me, 'Perhaps I shall have all my life for nursing my people.'

"Do any of these folk plan to go in for nursing chronic diseases such as tuberculosis or leprosy?"

"Yes, some are interested in this. Two girls have gone to the Government Tuberculosis Hospital at Moshi. Three of our present trainees and one of our graduates are going to a new hospital in the south, near the Rhodesian border, built by Baptist missionaries. The graduate will leave a highly-paid job to go into this new task. She told me that she felt there was more scope for her Christian witness in this particular place amongst these patients who will be a long time under treatment."

Dorothy glanced up at the clock. "Time for inspection."

I followed her into the long dormitories of the Nurses' Home. Each girl stood at the foot of her bed. The whole picture was pleasing; wide windows, plenty of light, colourful curtains and bedspreads with matching covers on the bedside cupboards.

"Apple-pie order," smiled the Sister-Tutor. "Generally the pillows are under the bedspreads, but this is a rather special show because they were expecting you."

It appeared that decorated and embroidered pillowslips were a popular gift amongst the nurses. Quietly I jotted down some of the inscriptions. Side by side were two pillows announcing with suitable floral accompaniment:

"No sense in love"

"Love is the foundation of life."

Farther on were "Sweet dream" and "Kiss me, darling," while some very

industrious needle had recorded:

“I am still thinking about you.”

“Let them be ashamed and confounded that seek after my soul.”

The last two beds told me “Home is best,” and “Guide me, O Lord—Good luck.”

As we came to the Common Room, three Staff Nurses, white veiled with blue uniforms, came up from their quarters.

“Good morning, Doctor.”

As I looked at them, I said, “Dorothy, training African nurses is our greatest opportunity for helping the health of the people.”

“That’s how I feel about it too. Each trained girl can do so much more than just be a nurse. There are really only two main professions open to girls here in Tanganyika, teaching and nursing, and they’re proving themselves very good at both. We used to train quite a number of male nurses as well but our policy these days is to concentrate on the girls.”

“Won’t they marry very soon and be lost to the hospitals?”

“Many will, but they carry a sturdy message into their homes and they set a fine lead in the towns and villages. There are some, though, who in a quite new way are staying on here. Not long ago the marriage age was between eighteen and twenty, but many of our present staff are over twenty-five and most of them are giving at least five years to their profession. There are some who are looking at nursing as their life work. The hospital leaders of the future are here.”

“But you have some male Staff Nurses?”

Dorothy smiled her agreement and pointed to where a neatly dressed man in his early thirties was talking to a patient. “We’ve trained some fine men. That one, Samuel Makamba, was one of our early graduates. He teaches in

English, keeps our statistics, helps in both setting and marking examination papers and does much of the clerical work. But more than that, he is one of the few who have learnt so far not to knock off when the bell goes. He's going to Australia soon to do a Tutor's Course at the New South Wales College of Nursing. We'll certainly miss him when he goes."

"What will this fit him to do?"

"He will be able, if necessary, to take over this Training School."

"That sounds to me as though young Africa is getting its shoulder under the load."

The Sister-Tutor moved towards the Lecture-Room. "I must go and take a class now. Have a talk to Joan Eatch who is taking over from me when I go on leave. It is most important here that we not only have a full staff but also replacements for the eight months in every five years that we're out of Africa."

Joan Eatch was another Australian triple-certificated nurse with experience in teaching. I walked with her to the Tutorial Room which twenty years ago I had built as an operating theatre. We went through the door.

"What sort of equipment have you now, Joan?"

"It's grand. A lot of it was given by UNICEF." She picked up a plastic baby that I would have judged to be an eight-pounder. "A bounce or two does not hurt this child and that full-sized model of a patient never complains at the roughest handling or the chilliest sponging. Scores of our folk have learned how to make a bed and how to make sick people comfortable in one with his uncomplaining help."

I looked at the charts covering the walls, the articulated skeletons and an ingenious body for teaching anatomy. Joan walked over to this and gripped the top of the skull. It came away in her hand. "Look!"

I did, and inside were plastic brains. Intrigued, I lifted the chest wall and was not unduly surprised to find lungs and heart. Each came to bits or opened up

suitably. Peering from a plastic-topped box was a take-it-to-pieces eye the size of a tennis ball.

“Wonderful gadgets,” said Joan, “for both teaching and learning anatomy.”

“Rather interesting how we came by that equipment,” I said. “You know the Jungle Doctor books came out in an American edition. That supplied us with some dollars. With these and the help of one of those amazing American organisations who do so much in the matter of supply for missionaries, we picked up all this stuff. You won’t find better teaching material in the hospitals at home.”

Joan nodded. “And believe me, our students appreciate it.”

I walked round the room examining beds and equipment. Joan was writing on the blackboard, of which there were a score in the hospital, used mainly for teaching.

As she finished, I asked, “How does the academic year go, as far as your training scheme is concerned?”

She put the chalk into a box and turned to me, “Well, for the first three months it is a matter of dealing with new students who come in for the Preliminary Training School.”

“You weed them out?”

“Yes. The large majority are excellent but there are some who simply are not cut out for the task and we channel them into some other activity. After the Preliminary Training School the Third-Year Trainee nurses have six intensive weeks of lectures on the more advanced phases of medical, surgical, gynaecological and urogenital nursing. Then the Second-Years have a series of lectures and revision before they have their hospital exam half-way through their training.”

Joan laughed, “That’s the pattern we aim at.”

“*Hodi*,” came a voice. It was Staff Nurse Samuel Makamba.

In an undertone Joan Eatch said, "Have a chat to him about his end of things."

I found it hard to coax Sam into talking about himself, but when my questions turned to the hospital he was full of information. He told me how he taught hygiene, practical nursing and all the bandaging.

"You will realise, Doctor, that there are many things here which are new. For instance, it is not easy to understand the way of telling English time. It seems strange to the African to start the day in the middle of the night. We have always considered that the day begins at sunrise. In the hospital it is seven o'clock in the morning, but to the village people it is *saa moja*, the first hour of the day. This time-change has to be taught, especially for writing up charts. I also teach them to take pulses and to count respirations and to give medicines. This has to be done with great care and they have to learn to read the doctor's instructions."

I nodded. "Sam, when I first came here we had to have every medicine a different colour because more than half our staff could not read. We did not measure doses in medicine glasses—we had three different-sized sauce-bottle-tops, small, medium and large, and you filled those up according to the size and colour of the ticket which was pinned onto the patient's bed."

Sam smiled, "We have come a long way since those days." He looked through the window. "Over there is something that would interest you."

A group of about ten girls dressed in khaki uniforms with khaki berets were carrying out a variety of luggage. There were typical African woven palm-leaf baskets, leather suitcases that you can buy from the Indian shops for less than £1, and plastic airways bags. These were piled aboard Gideon's lorry and the girls climbed up after them laughing and chattering.

"They are going to Kilimatinde," said Sam. "Up there they do three months' nursing."

"Why bother to travel eighty miles?"

"In that part of the country they see different cases, and gain special

experience, for we treat many Arabs and Indians there.

“Also it gives everybody a lift to move around and across the country a bit.”

There was a great waving of handkerchiefs and shouting of farewells. The lorry rolled down the hill with a deal of singing going on inside it.

As Sam and I watched them go he said, “You should talk to Miss Paull, who is Matron up there. She has been many, many years in Tanganyika. She brought some of the nurses here into the world. I remember her giving me medicines when I was a very small boy. *Kumbe!* Not only has she seen *us* grow up, but the whole work as well.”

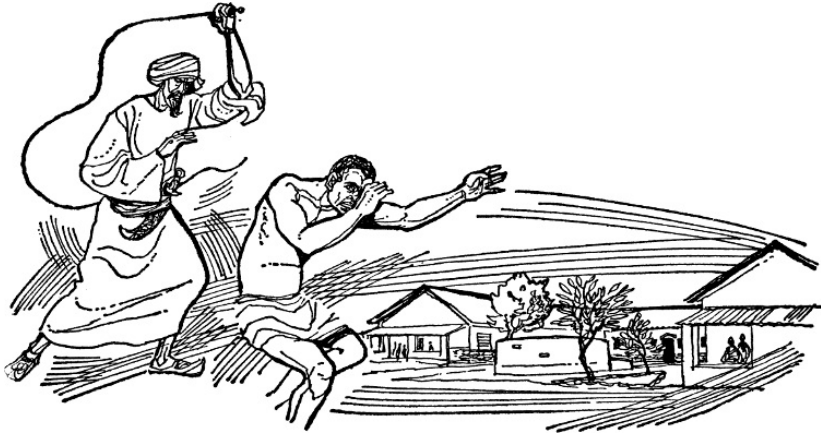


A member of the Girl Guide Troop at Kongwa, formed by Miss Narelle Bullard. This girl, like many of her fellow-guides, became a trainee at Kongwa Hospital.



At Mvumi Hospital in what used to be the operating theatre Miss Joan Eatch teaches trainees how to wash a patient in bed.

Kilimatinde



We sat on the roots of an immense baobab tree drinking tea out of paper cups.

“How is your wound standing up to this *safari*, Bwana?” I asked turning to Yohanna Kitabu.

“My wound heals without pain, but I have a problem.”

“*Hongo!* Tell me, what is it?”

“You called me Bwana just then. This is a thing of politeness and is correct though many Europeans do not call Africans that; they feel it is reserved for them, it is a term of superiority. I’ve always felt it was a term of respect and even something more; do we not talk about the Bwana Jesus Christ? We feel a step lower down when people just use our Christian names and we in turn call them Bwana this or Bwana that.”

“Listen, Yohanna, we are friends; it is the custom of friends to call one another by their Christian names, therefore don’t push me up a step. My

name, as you know, is Paul; please use it.”

“I will not find it easy to call Europeans by their first names. It is a new thing.”

“Try it, the strangeness will soon disappear.”

I stood up. “Now tell me, Yohanna, I too have a problem. Two years ago I started to write this new book. Then Kilimatinde Hospital was not what it is today. I wrote a whole chapter about things as they were then; how can I link that with what’s doing today?”

He laughed. “No problem there! Read the chapter to me now and then together this afternoon we’ll look at the present picture and cover it with words.”

I opened my battered airways bag, pulled out a manuscript and started to read:

Daudi and I toiled up the foothills that lay between the Central Tanganyikan Plains and the sharp thousand-foot rise of the Great Rift Wall, that geological oddity that stretches from the heart of Africa away up beyond the Dead Sea.

“*Kah!*” panted Daudi. “As we move with feet of slowness my thoughts are of how this Territory leaps forward like *mpala* the buck.” He turned and pointed behind us towards the winding, indecisive path that faded out in the heat haze. “For years this land of ours has been like that”—his eyes turned to the towering thornbush-covered volcanic wall ahead of us—“but these days for my country and my people it is a climb with adventure and danger in it. There are the few who lead, who travel with strength, and the many who look to them with eyes that shine. There are many, many who rise to their feet and follow, few sit and shrug their shoulders and do nothing. Once our word was ‘*bado*,’ not yet, but now it is ‘*sasa*,’ now!”

We walked on in silence past a typical Gogo house of sticks tied together with bark and plastered with mud. The door was a mere gap in the wall. The roof and the floor, like the walls, were of mud. Quite out of character with the

primitive house was the wireless aerial tied with rope to a thornbush pole. I paused and wiped sweat out of my eyes.

“*Hongo!* You can see the steps in the growth of Kilimatinde Hospital as we climb this hill. Did we not start our work here in a mud-house like that one?”

We moved on again; the road swung in a half-circle, giving us a side view of the hospital through the tangle of thornbush. At the start, women and children first had been the order of the day, for Kilimatinde then had been without a doctor and later had shared one with the leprosy hospital. As we topped the crest a notice confronted us:

Kilimatinde, 3,840 feet above sea level.

A boy was driving some goats along the road; we passed the market, the Church, and some Arab shops. At the end of the road, not quite hiding the hospital, were the ruins of the old German *boma*—the fort. The whole history of the town would unfold in a five-minute walk along that particular street. We came under the shadow of the three-foot-thick walls, the road swung sharply, and in front was the hospital. The Nurses’ Home had a distinctly Maori look about it.

“Eighty beds,” said Daudi. “Two European sisters, six African trained nurses and twenty-four in training.”

A horn tooted violently and a lorry lurched past. We arrived in time to hear how a 3-ton truck had turned over on the steep road up the Rift Wall and a boy’s leg had been broken.

“*Yoh!*” whispered Daudi, “now comes the problem. What will Dr. Dalley do? In the whole place we only have one frame that holds the pulley and ropes that fix broken legs. Truly, it is hard to run hospitals without enough equipment.”

Ken Dalley said quietly, “We’ve a woman who broke her thigh two months ago. I’ll put her in a plaster and that’ll free the fracture frame for this lad.

“Mika,” he beckoned the local carpenter, “collect your tools and come to the

women's ward."

We lifted the lad out of the lorry and carried him into the Men's Ward. Dalley said to me, "Perhaps you would go and supervise the taking down of the frame. I'll be over in a few minutes."

Mika, the carpenter, with hammer and screw wrench had already started to dismantle all the stout bits of 3 in. by 2 in. timber that were bolted to the bedstead and overhead. I took off the ropes and unscrewed the pulleys. The bolts were removed. The nurses and I held the beams while Mika tapped them apart.

"Here they come, Bwana. Careful!" he warned. Fortunately I was, for not only the beams came, but with them a shower of revolting insects. Every crevice of the frame was jammed tight with bed bugs. We hastily put down the timber. The nurses ran for insect sprays and boiling water.

"Mika," I urged, "bring the blow-lamp, the one that is used for doing the plumbing."

People had come to the ward but they moved aside with disgust. A junior nurse nimbly moved here and there crushing the invaders underneath her shoe.

"*Heeh*," said the woman whose leg had been broken, "did I not tell you that the nights are full of irritation?"

"Who brought those *dudus* here?" The Staff Nurse raised her eyes in the question, "Was it not your relations? Did we not tell them again and again that they must not sit on the beds?"

"*Koh*," retorted the woman, "the helpers of the hospital do not clean them properly."

"We do the beds regularly, Bwana," explained the Staff Nurse; "but behold, how can you kill *dudus* who hide in the very fine cracks? What broom will fit in there?" She sighed. "This is one of the great difficulties of this hospital where so many things are old and homemade and patched up."

“*Eh-heh*,” said Mika, who had arrived with the roaring blow-lamp, “behold, it is a thing of small difficulty to cook them now.” This he proceeded to do. “But when the bolts are in the holes who can squirt flame into a closed space?”

“Take the frame outside, Mika, sweep it, cook it, and pour boiling water over all the joints, then carry it round to the Men’s Ward and start to put it up.”

In half an hour the contraption had been re-erected.

“*Koh*,” said Mika, “there is not a *dudu* left in it and, behold, there is medicine in the place where the bolts go which will bring no joy to anything which tries to make its home in the same place again. *Kah!* Did you ever see such a shower of *dudus*?”

Dr. Dalley’s voice came, “Mika, I want a seven-inch nail with a flat head and a quarter-inch shaft. I want a very sharp one. Work on it with the file.”

“*Ndio*, Bwana—yes, sir,” came the businesslike reply.

The doctor himself finished cutting a piece of bamboo with a pen-knife and then started shaping a piece of thick fencing-wire with a pair of pliers taken from the car tool-kit.

He grunted. “A two-inch overlap in the fracture. We’ll have to give his leg a hearty pull and keep the broken ends in place with fencing-wire and a flour-bag full of sand. Rough and ready, but we’ll get a reasonable result.”

He gave quiet instructions to the Staff Nurse and handed over the nail and the hammer.

Yohanna changed position. “I can see it in my mind, therefore the writing is passed by the schoolmaster. You have shown makeshift, but do more of it to make it clearer still.”

“I have.” He settled back against the great trunk and I read on.

The evening was full of African sounds, animal noises, bird noises and insect noises mixed with a throbbing of drums. It was a warm night with a soft breeze which brought to my nose a mixed story of frangipani, ether and antiseptics, of scorched wood and kerosene. Near at hand was the hiss of a pressure-lamp and then came hurrying feet and an urgent voice.

“Will the Bwana Doctor help? There is a man who has been attacked by a lion.”

“Where is this sick one?”

“They are even now carrying him up the hill to the hospital. He will be here in a quarter of an hour.”

“We will be ready for him. Where was he attacked?”

“Just at the bottom of the mountain pass.”

“*Hongo*,” I said, “things happen on the side of the mountain, motor accidents and lion attacks.”

Ken Dalley looked up at me and smiled, “The ancient and the modern to be coped with as best as we can with what’s on hand. That’s the way things go here at Kilimatinde, our No. 2 hospital.”

The night noises had another new one added to them. Tap, tap, tap—short, definite and irregular. I could see African eyes peering through the window. The sound of tapping came from over the doctor’s shoulder. He was using the hammer to drive the seven-inch nail through the bone, so that constant traction could be made on the lower part of the fracture. Good position meant good result.

“Bwana, it is coming,” murmured the nurse who stood on the opposite side of the bed. The nail tip was appearing through the skin on the side of our patient’s leg, just below the knee.

“A few more taps and it will be just where you want it.”

The horse-shoe-shaped piece of fencing wire was attached to it and the

length of bamboo fitted appropriately. Then we hung the sandbag over the pulley.

The carpenter was at the door. "Come in, Mika, come and find your nail."

He came in. His eye lighted on the wooden pole at the foot of the bed. It ran along the beam to the top. Still searching, he looked all over the ramshackle apparatus. He could not find it and then his eye dropped to the patient and his eyes stood out as he saw his nail neatly fixed through the bone of his leg.

"*Koh*," he gulped and stood there with his mouth open.

Ken went across and scrubbed his hands in an enamel dish.

"The woman who was in this frame before had an unusual accident. She was hoeing in the field and nearly stepped on a snake. She jumped back in alarm, put her foot into a hole, fell, and broke her femur. She's all right now. It is just as well with our brand of makeshift that these things are suitably spaced out."

From outside the door came the long-drawn alarm signal.

"This will be the lion bite. Have you sterilised all the things necessary for this task?"

The Staff Nurse nodded.

"How does she know what is required, Ken?"

"We had a leopard attack the other day, and before that a child torn by a baboon. We have even had folk who have been savaged by rhinos. The staff may be short of experience in some of the things we call common at home, but they know exactly what to do when the zoo starts rampaging. Let's see what Simba the lion has done to this particular chap."

That lion bite was a matter of careful, surgical cleaning up, a number of large stitches and considerable penicillin. The hospital was peacefully busy. All was under control. The alarm-clock in the theatre showed the sixth hour of the night, midnight.

“Full moon tonight,” said Ken Dalley as we walked the half-mile to the doctor’s house. “You have a wonderful view from up there.” He pointed to the three-foot thick crumbling stone walls of the old fort. We scrambled up over the rubble to one corner of the ramparts which had been built when this part of the world was German East Africa in the early part of the century.

My companion stood looking down the steep slope of the Rift Wall towards the plains. It looked specially interesting by moonlight. I looked out to the east. Dense thornbush jungle sloped sharply away to what looked like a distant prospect of ocean and long white coastline. Fireflies flickered. All was still. From the flame-tree-lined road that passed through the village came the howl of a scavenging hyena.

Behind us the hospital looked neat and white.

“They ripped stone out of this old *boma* to build the first wards.”

Ken nodded and pushed a slab of stone with his foot. “The earliest hospital was actually within these walls, wasn’t it?”

“Not exactly. As I was telling Daudi this morning, things started in an ordinary Gogo mud-and-wattle hut. Then they graduated to this place, but there were ticks and snakes and scorpions and centipedes—all the hostile *dudus* you could think of, and so they decided to build up there on the hill. They followed through the ‘women and children first’ principle and had a ward for each, with only a tiny, two-bed room for men.”

Ken stood up. “It is a strategic spot all right. No hospital with a doctor for seventy miles east, or a hundred miles west, north or south. We look after people from at least five different tribes.”

“It is strategic indeed,” I said. “That has been realised for well over a century. History stares you in the face here.”

A vague turbaned figure moved out of the deep shade of a mango tree. I went on. “This was a halting spot for the Arab caravans. They planted those mango trees. It is the hall mark of the slave-trade. Why, the very name brings this out. *Kilima* means a hill and Tindi was a notorious Arab slave-trader.

Then the Germans saw how important the place was. When they built this fort it covered every road and track that led either up the face of the hillside or came in through the jungle across the plateau from Tabora. It was certainly adequate as far as spears and bows and arrows and local uprisings were concerned. But in World War I the Belgian artillery set up their guns way down the road beyond the church and the village, behind a great granite out-crop as big as a three-storied building, and they blasted this fort wide open.”

A cloud came over the moon and a long white line seemed to move straight across the wide plain beneath us.

“See the old slave-trail?” said Ken. “This whole place has the accent on history. It is all ancient, very little modern. Take tonight. There was no electricity for those surgical emergencies. It was worse still one night about a month ago. In the morning the old autoclave you brought out in 1957 blew up and we had to finish the sterilising in my wife’s pressure-cooker. At dusk they brought in an Indian woman in considerable trouble. We boiled things up over a fire outside the theatre. Our operation was lighted by a pressure-lamp balanced on a nurse’s head, and in the very middle of the Cesarean, when the baby had just appeared, the ancient operating table started to wobble and nearly folded up. I had one chap underneath holding it up like Atlas while others propped it up fore, aft and amidships with boxes.” He let out a deep sigh. “And the theatre itself, it is too small, too poky. The instruments, well, you can get away with them, but there is nothing there that makes it really easier to be a surgeon, and the water supply is still very *shenzi*—jungle-type.”

“Yes, I know. But there was a time when the first job was to drive to Saranda twelve miles away and collect a dozen kerosene tins full of water, and that was the whole hospital ration for a day.”

“It is a thing no one would tolerate at home. There would be an outcry you could hear across the Tasman Sea.”

“True, Ken; but remember when water is laid on here it will be one of us who does the plumbing. And talking of running water, look up there.” A great black cloud swept across the moon. Lightning danced across the sky.

Thunder rumbled ominously. We scrambled down and walked briskly through the darkness.

Ken's mind was fixed on the hospital, not on the elements.

"Have you seen our pathology room? It is a makeshift collection of bits and pieces. The microscope is a museum-piece. If only we had a colorimeter and..."

The trees stirred with the wind. There was the smell of moist earth and you could hear the rain beating down on palm leaves. We ran and reached his house only just before a heavy shower came cascading down on the tin roof in a way that was the complete end of all conversation.

Half an hour later when the storm was over the moon shone out on the whitewashed house built on sloping granite boulder on the very edge of the escarpment. I saw a light dodging in and out between the trees and then came the sound of running feet. It was one of the African male Staff Nurses. He pulled up outside Dr. Dalley's house and called out, "*Hodi, hodi?*" There was no immediate reply. His voice came higher pitched and louder, "*Hodi?*"

A door opened and a minute later a figure bumped off on a bicycle moving purposefully towards the hospital and I knew that soon another small African, lighted into the world with a hurricane lantern, would be lying in a cot made from packing-case-wood after being bathed in water that had been carried to the ward in a kerosene tin. And the whole dramatic happening in that hospital would cost about ten shillings.

Kilimatinde was a hospital doing splendid work but its progress was held up by makeshift.

Yohanna nodded. "I like it. That cascade of bugs must have been nasty. Don't you think you make our people out to be dirty, though?"

"Some are, Yohanna. They need better housing."

"Truly, Paul, but what would your people be like if their water was carried a

mile or sometimes even ten miles on the heads of their women?”

“They’d be dirty, very dirty,” I laughed. “I would be anyhow. That’s one of the great needs in Tanganyika—water.”

“It surely is,” said Yohanna. We both stood up and looked round; “See what can happen in seven hundred days.”

A crowd of people headed by the drum-and-fife band from the school was marching down the street singing, waving green branches. Seeing us they shouted, “*Uhuru!*” We gave them the V-sign Churchill had invented and called back, “*Uhuru na kazi!*”

“Tanganyika has done in 700 days a thing that took Australia about 80 years,” I said—“To change from colony to nation. It’s a great step, full of problems and responsibility.”

Yohanna sighed. “We have an old proverb that says, ‘Hurry, hurry, has no blessing,’ but these days we have the urge to stand on our own feet, with full dignity as free men.”

I started the car; we drove over the flat palm-tree-studded plain up the winding escarpment into the beginnings of the wide plateau that stretched to the lakes.

Up the last stretch to the hospital we went and it was obvious that hammers, saws and screw wrenches had been tremendously busy. Standing out was a new operating theatre. A nurse hurried past; she greeted us and said, “Dr. Dalley is operating.”

We came to the door and found him bending over the table in the new spacious operating theatre putting a plaster on the arm of a boy who had had an accident in a procession that morning. The surgeon moulded the plaster round the wrist and smiled, “Breaking your arm is no way to celebrate the day your country assumes responsible Government, especially when your father is the District Commissioner.”

“Didn’t you tell me that the first African D.C. at Manyoni opened this new

theatre?”

“He did indeed, and very dramatically too. The Pastor prayed, the staff sang special songs. Then with a decorated key Mr. Omari—a B.A. from Swansea University—opened the door. The crowd of Africans, Arabs and Indians were delighted when the District Commissioner quite spontaneously lay full length on this operating table while we showed all its tricks. We pumped it up fast and let it down slowly; everybody gasped and so did the D.C. when we turned wheels and pulled levers and it tilted in the middle and tipped sideways.”

He put the lad’s arm in a sling and turned to wash his hands. A nurse filled the hand-basin from a tap. We both looked at this process with keen appreciation.

“What a beautiful thing a tap is when you’ve been used to kerosene tins and clippers.”

Ken nodded. “It’s easy to take running water for granted till you haven’t got it, and it’s easy to take plumbing for granted till you have to fix the whole show, pipes, pump and cistern yourself.”

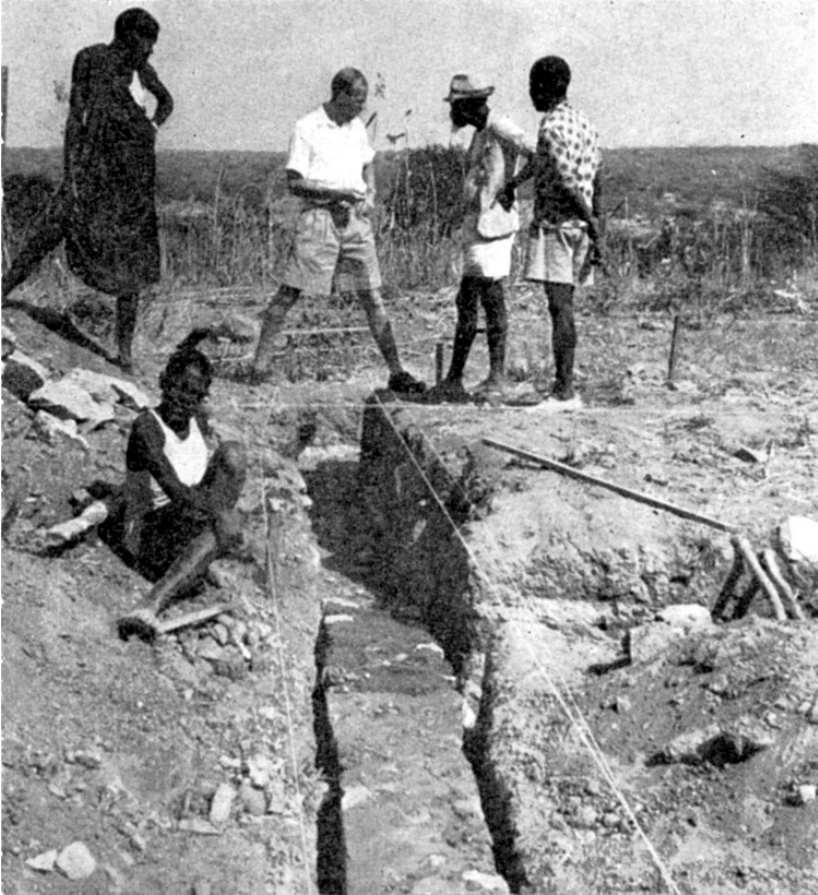
I laughed. “Your non-medical operations are as notable as your surgery. This theatre, the Nurses’ Home, the Staff Nurses’ House, are a grand step forward.”

“Add to that our new steriliser, the colorimeter, and some new instruments, and you will see we’ve made quite a dent into makeshift. But we need a new ward, a new microscope, an emergency lighting plant, two dozen more beds, and...” He sighed and dried his hands and we walked through the door. “We’ve a long, long row to hoe yet. This Jungle Doctor job demands that you are a very General Practitioner.” He nodded towards the building, “These bricks and mortar and corrugated iron will make a great difference in both helping and training flesh and flood.”

The Staff Nurse closed the door. It was brilliant scarlet.

“Why choose that particular colour scheme?”

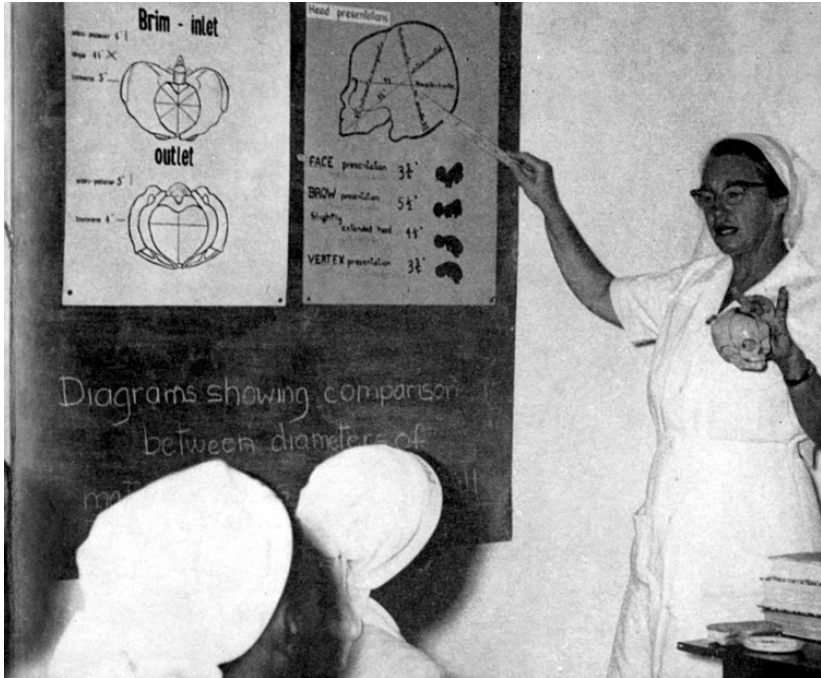
The New Zealander laughed, “Now, that’s a different story!”



At Kilimatinde Dr. Ken Dalley produced an up-to-date operating theatre for £900. He had to be his own architect, as well as doing the plumbing and fitting the emergency lighting.

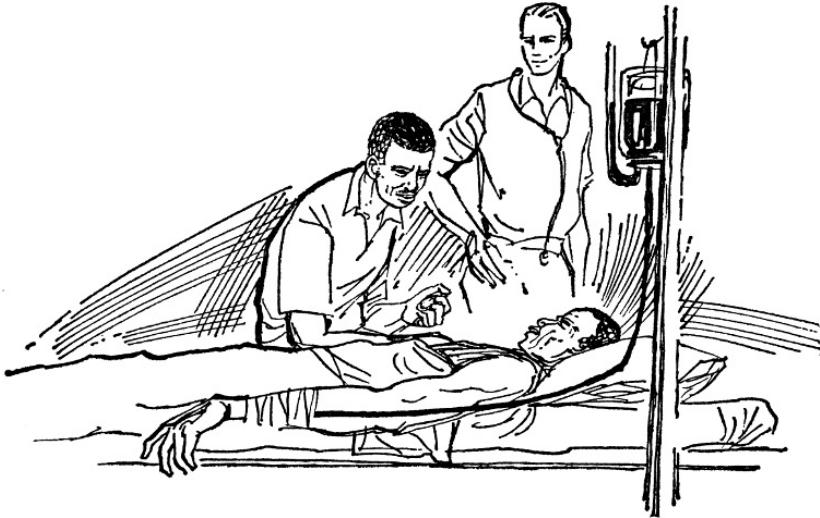


This Cesarean section performed at Kilimatinde Hospital is no unusual event. This operation frequently needs to be done in highly dramatic and often dangerous situations, due sometimes to the interference of the village midwives. These days there are those who, realising abnormality, will come to the Hospital and ask for this form of operative help.



Matron Margery Paull gives special midwifery lectures at Kilimatinde Hospital; the teaching is modern and thorough.

Blood Transfusion



“Speaking of those scarlet doors on the operating theatre,” said Ken Dalley, “it caused quite a bit of head-shaking at first. The yarn went round that they were painted with blood. This was only one of the queer stories. Some say that blood taken for testing or transfusion is drunk by the Europeans. It appears that some people were visiting a Government Research Laboratory near Lake Victoria. They saw lipstick-stained cups and that started a fine crop of rumours.”

“Did the doors scare people away from the hospital?”

“Not a bit of it. Here comes Daudi. He’ll tell you about it all better than I can.”

“*Mbukwa*, Daudi,” I greeted in the unescapable routine of this part of Africa.

“*Mbukwa*, Doctor.”

“Tell me the story of people’s thoughts these days in the matter of transfusion.”

“Many understand this thing and come with their sick ones prepared to give their blood. They’ve seen how it works and they know it saves lives.”

“Does everybody agree to give their blood?”

“*Kah*, no! But many of the Christians of the village and the country round about are on a list. We know their blood type and we call them when there is need.”

“*Hongo!* Are they paid for what they give?”

“No. At the very beginning Dr. Hannah was explaining this matter to the Bush School Teachers and Evangelists. He said, ‘My thought is that you will be given 5/- a pint for your blood for your wages are very small.’ One man jumped to his feet and said, ‘Bwana, you have just told us how people in England and Australia give their blood for nothing. We would prefer that you did not pay us or anyone else. Let people learn to give their blood to help their fellows. Jesus gave his blood so that we might have everlasting life. Surely we can give some of ours to save people’s ordinary lives?’ ”

“That is a fine thing, Daudi. The Christians of the place truly show a new path.”

“There is one of our donors, Luka.”

In the shade sat a tall man with his head in his hands.

“Daudi, did you hear the story of the man sitting outside the Pathology Room looking like Luka does now? His ear lobes were pierced but he had no tribal mark on his forehead. The doctor looked at him and said, ‘Are you a full-blooded Mugogo?’ The man shook his head, ‘Not at the moment, Bwana; I’m a pint short.’ ”

Daudi chuckled and then was suddenly serious. “There were times when things were very different. There was that woman who came from the village

near the swamp.”

A vivid picture flashed into my mind. Back in 1941 a woman had been carried in. She was a maternity case with severe complications. She had lost blood very heavily. A transfusion was the only thing that could save her. I took a little of her serum and cross-typed it with the blood of those who had come in with her, the husband first. His was the wrong type. But her son-in-law and her husband’s younger brother were both compatible. In no time we had the former on the table and had collected three-quarters of a pint of good blood. This was given to the sick woman. You could see her improve. Everybody thoroughly approved of the treatment until I said, “That’s a good start, but she will need more, much more. Where’s the second man?”

He was missing. There was a regular manhunt. An hour later he was brought, crestfallen, to the hospital. I started to collect his blood. He pulled his arm away and was most definite. “*Nema*—I refuse.” I explained how urgently his blood was needed. This woman would die if she did not have it. Again he grunted “*Nema*.”

“But listen, there’s no danger in it to you. You saw all that was done to the first man. It did him no harm, for you it is a small thing. For her it means life itself.”

Stubbornly he repeated, “*Nema*.”

Through all this the husband just squatted on the ground, apparently unperturbed. I turned round to him.

“*Koh*, what do you think of your young brother, unwilling to help your dying wife in this way?”

He shrugged his shoulders. “*Magu nye-nye*—that’s his affair. He is free to choose for himself.” With that he stalked off. That night the woman died.

The very next day a husband refused to give blood for his own wife who was another very complicated maternity case. She had suffered in silence till she heard him refuse. Then she sighed, and just gave up the fight and died.

The same grim story with variations could have been written a score of times in the early years.

Daudi was making patterns in the dust with the toe of his shoe. His thoughts were running parallel with mine. “They used to say, ‘It is not our custom; *bassi*—finish,’ and that was that.”

“These days there are other difficulties? What about this *machinga chinga*?”

“Truly the matter of the *machinga chinga* is one of dark fear. Come and sit in the shade and I will tell you!”

We sat on two big stones under the pepper-tree. Daudi went on, “The people think that there are those who wear uniforms but work in secret. They go round with rifles, kill people and collect their blood. Then they give it to the Europeans who make it into medicines and use it in the hospitals. These strange ones are called *machinga chinga*.”

“It sounds terrifying, but how do they work?”

“They admit that this is not understood, Bwana. There are rumours, even amongst those who train at the hospital here. Some when they first come believe in the *machinga chinga*. One new nurse told me that her uncle knew that they dug holes in the floors of their houses—deep holes which they covered with a mat. When people came into the house and stood on the mat—*Yoh!* they would fall in. Quickly their blood would be taken and also their brains.”

“The brains too? What for exactly?”

Daudi lifted one eyebrow. “The brain is used to make white pills, like the sulfa drugs, and quinine and aspirin—pills that are used to clear the heads of people. Those which take away fever and the other sorts of medicines are made from the blood of the man who has been trapped.”

“But that’s fantastic, Daudi.”

“Truly; but many believe it. It is commonly said in the towns, ‘If a man loses a

goat he will look for it. If a man loses a dog, he will look for it also. But if a person is lost he should not be looked for, for this is the work of the *machinga chinga*. People believe it and have great fear. All tell how they have heard what happened to others, but no one can point to anyone to whom it has happened. They say, 'Are they not killed and their bodies thrown away? How could they tell what has happened.'

He called a small boy, "Yona, tell the woman who brings firewood to pass this way."

A few minutes later she greeted us, swung the firewood down and leant against it.

"*Hongo*, we have been hearing how your life was in danger," said Daudi.

The woman looked furtively at me, swallowed and started in a muffled voice, "It was a thing of fear, there were three of us cutting firewood, away... out there—" She pointed towards the matted thornbush on the side of a hill. "Suddenly one appeared amongst us. He was tall and very strong. His head was large and his ears flapped like those of elephant. In his hands was a great gun."

"Did he speak?" asked Daudi.

"Speak? *Yoh!* He shouted at us with a great voice. Did not we throw down our wood and run with fear driving our feet? He was of those who drain blood from people's bodies to make medicine. There was no doubt about it, I saw it with my own eyes."

She carefully manoeuvred her firewood back on her head and moved off, trembling all over.

Daudi looked at me and smiled. "Truly she saw it with her own eyes, and so did I! Is it not my habit to take my old shotgun and look for meat? Was I not wearing an old wide-brimmed hat? Did I not call them to stop, but *yoh!*, they saw with the eyes of fear and *kah!*, how the story spreads!"

He stood up, "But see how we destroy these rumours without speaking a

word.”

In the pathology room the Medical Assistant collected blood from three relatives of a sick woman; none of them had been to the hospital before. He worked for a while with his pipettes and his testing tile.

“*Njoni*—come,” he called. They crowded round him. “See these little red grains like fine dust?” They nodded. “These show that your blood,” he nodded to the eldest of the group, “will not mix with hers.”

“*Hongo!*” they murmured in amazement.

“Now see this and this,” he pointed to tiny pink clear pools in two other dimples in the tile. “This tells that both of you, her brothers, may help her in a great way.”

“*Alu, cibite,*” said one of them standing up, “come on, let’s get on with it.”

In the operating theatre I watched a Staff Nurse who was working with the Medical Assistant quickly and efficiently collect a pint of blood from each donor.

Back in the ward the apparatus was set up and the blood given to the collapsed woman. Every stage of the procedure was carefully watched by the ten relatives of all ages who had come in with her. They were crowded round the ward window.

“*Mbukwenyi,*” I greeted.

“*Mbukwa,*” came the chorus.

“Have you seen this work before?”

“No, but it is a thing of worth. Do we not see her improve already?”

“Why did you agree to this being done? Are there not those who fear and talk wildly?”

One man pushed himself forward and shook my hand. “*Kah!* There are

those also who hear the words of the hospital and see those who live again. There was one such in our village.”

“Do you not fear the *machinga chinga*?”

He laughed. “We have seen all, nothing has been hidden from us, and now we understand.”

A nurse carried in a two-year-old child and placed him in a cot in the nearby ward. She came to me and said, “Doctor says to watch this child. He also has to have transfusion.”

The child looked dangerously ill. He was burning hot and his eyelids drooped open through sheer fatigue showing the stark whiteness of his anaemic eyeballs. His stomach was swollen and tense and his spleen half-filled his abdomen. The way the small boy gasped sounded ominous to me.

I shook my head, but the Medical Assistant coming up said, “You will be amazed at this new thing, Doctor. His haemoglobin, the strength of his blood, is only 16 per cent and his blood-slide is full of malaria parasites which are destroying his red cells.”

“And before long he will have pneumonia and die.”

“Truly, that is what used to happen, but blood does what no medicine can. He will live.”

I did not share his optimism, especially when there was an unexpected hold up. The child’s blood was an unusual type. A dozen people were tested, among them the doctor and his schoolboy son. This lad was the only compatible donor. All this typing and cross-typing had taken some time and the small patient had gone downhill alarmingly.

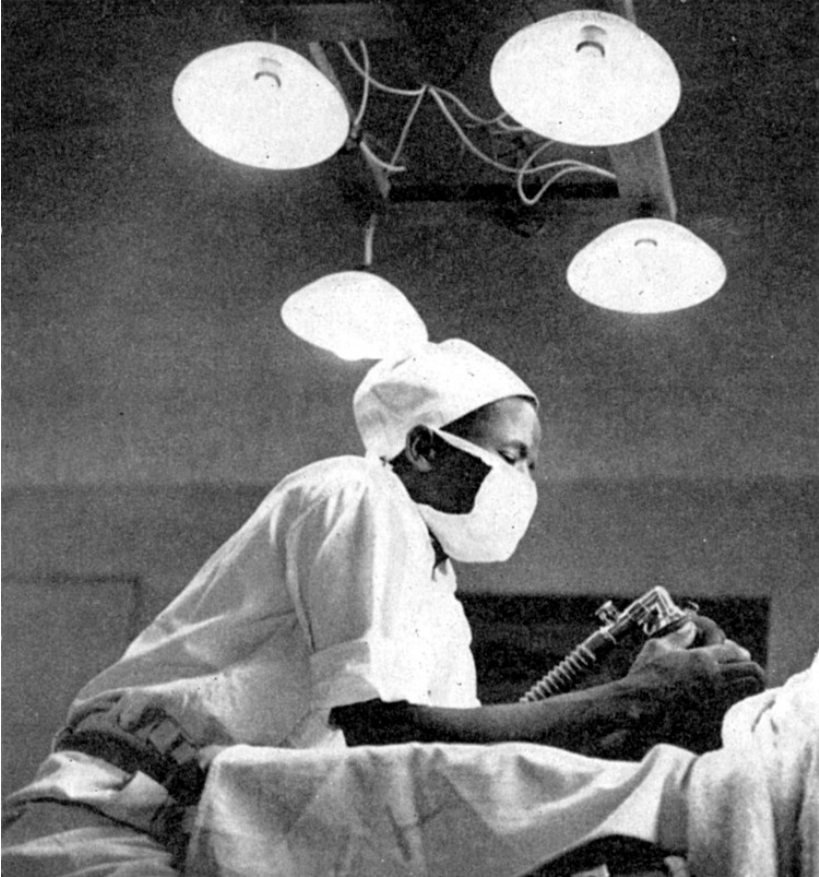
The transfusion, a pint of Australian blood, was quickly given into the thin collapsed veins.

Two hours later I was amazed to see a rather thin little boy, very much alive, sitting in his cot eating a banana.

His father, who was a Chief, stared at him open-mouthed and said, “Truly, this matter of giving and receiving blood is not a thing of fear, it is a way of life.”

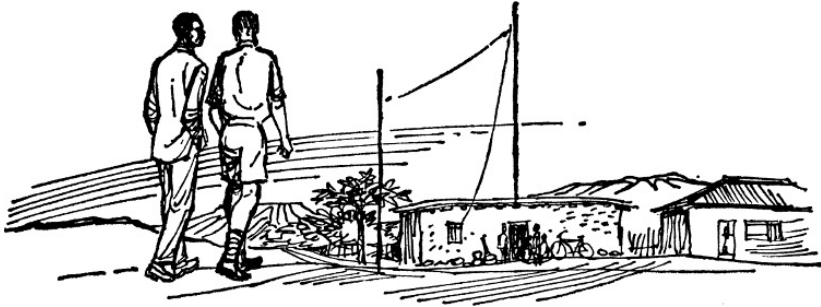


Martin Linton started the Pathology Laboratory in its present and more advanced state at Mvumi Hospital.



An African medical assistant gives anaesthetics using an Oxford inhaler, a very safe and useful apparatus for the tropics.

African Radio



“They will be playing *naga* at 4 p.m., sir,” said the schoolboy in careful English, “Mr. Kitabu sent this letter.”

I tore open the envelope and read:

Dear Paul,

My wife and I would like you to share our evening meal after the *naga* match; don't bother to reply, the bearer will take a message.

Yohanna.

The schoolboy was watching me intently as I folded the note. “Please tell Mr. Kitabu I shall be delighted to accept.”

A smile ran round the corners of his mouth and I repeated the message in Chigogo. Then changing back into English, “Tell me, how do you play *naga* these days?”

He pulled a palm nut the size of a clenched fist out of his pocket. “You throw it up and hit it hard with your knobbed stick. Your side try to hit it on and on, the others try to hit it back. The game starts middle way between two

villages and is won when the nut, after much struggle, is hit into the other village.”

“No referee or umpire?”

He grinned widely and shook his head.

“Don’t sticks hit people from time to time?”

He raised his eyebrows infinitely expressively.

“I’d better bring the first-aid kit.”

Still smiling he said, “Perhaps it will help. I will tell Mr. Kitabu.”

We watched as spirited a game as you could wish to see. It was full of action. Sticks flew perilously near to heads, but my only professional job of the afternoon was to remove a two-inch thorn.

As we walked back Yohanna Kitabu said, “Three of those boys who played are district chiefs. They will bring new ways into the country.”

“What about the old men and the wisdom they’ve built up over the years?”

Yohanna shrugged. “It’s the day of the young man, it’s the day of those who are educated. Are they not even now changing the headman of the village if they cannot read?”

“That must be tricky; surely there can be deep resentment?”

Yohanna shrugged. “The Gogo Council do this; they are younger people, men and women of wisdom and education. They choose men from the same family but they must be literate; we look too for character. Have you heard too that these days the Gogo Council has said, ‘No more red mud shall be worn in the hair: do this and you’ll be fined five shillings?’ ”

“If a British administration had ordered that, there would have been an outcry, Yohanna.”

“Truly, but this comes from the tribe, from those who love their countrymen and desire them to have dignity and not to be interesting photographic material for those who visit ‘Darkest Africa.’ *Kah!* Darkest Africa? Why, the sun shines eleven hours at least every day of the year. It should be thought of as a country of bright light and brighter prospects.”

We walked past a concrete-block-walled shop with a splash of colour advertising Coca Cola, Pepsi Cola, Simba Chai (tea), Aspro, Singer sewing machines and Pye radio.

On an old style mud-and-wicker-work flat-roofed house was a neat radio aerial. “As advertised in the *Tanganyika Standard*,” I thought.

Yohanna was looking at the far hills. “We have eighteen primary schools out there, but *kumbe!*, there’s still a long way to go.” He stopped short and clapped me on the shoulder as his deep voice boomed out, “But a long way we’ve come too. You’ve seen it, for you’ve watched. I’ve seen it, I live here with my eyes open.”

We passed a house from which came the sound of an orchestra playing Beethoven. “Do the people like that music?”

“*Ngheeh!* Some of them. Some listen to those stations also. I’ll show you a few things that will move up your eyebrows!”

He came to the door of his house. Iron-roofed, cement rendered walls, windows letting in light and air. On the table was a vase of flowers and a calendar inscribed “Gideon David Masimba, Mvumi, General Merchant and Shell Products.” On a polished incidental table was a battery-driven radio, geared to cover both short and medium wavelengths.

Yohanna twiddled the knob and we too were listening to Beethoven. My host glanced at his watch, “The world news in five minutes, you can listen on the Swahili service of the Tanganyika Broadcasting Service or the English. Many people...”

He was interrupted by a cultured female voice producing a most moderately worded but most skillfully contrived thrust at the external policy of the

United States, then she said, “You are listening to Radio Peking.”

Yohanna shrugged, and changed stations. “We pick up that sort of thing also from Radio Cairo in Swahili, also Radio Moscow.” He changed the wavelength. The speaker then produced the classical phrase, “This is the news from the T.B.C.” A twist of his fingers and we heard the same thing in Swahili from an obviously expert African announcer. We sat back listening, then Yohanna stood up and said, “Look at this!” Outside the shop were a dozen people listening. Old men nodded as the newscaster told of happenings in India and Cyprus.

“You don’t need to be able to read these days to hear the news, Yohanna!”

“That is true but how do you know what is behind the news unless you read? The louder a man speaks the more it impresses many people. Those who say, ‘Britain did you wrong,’ can make it sound true. Those who say, ‘America wants to buy your souls,’ can make it sound real if you only have radio. *Kah!*” He paused and walked over to the window. “How people listen! Every village, every *duka*, every man who feels he is of the new way has a radio. *Hongo!* I have here the figures of sets licensed. I am putting it in our news-sheet, *Wela*. Five years ago there were some 5,000 sets in Tanganyika, now almost a hundred thousand. And see, it isn’t one or two who listen.” He opened the door and we walked quietly here and there in the half-darkness. There were at least a dozen listening to each set.

We talked radio, television, literacy, magazines, film-strips and films in education as we strolled round the village.

Then we came back to drink tea; it was most tastefully served by Marita, his wife, who I discovered was in the direct line of rain-makers and could trace her ancestry back ten generations.

Yohanna was moving the knobs of his radio with great care. Suddenly a voice filled the room—it was *my* voice!

“*Yoh!*” Yohanna in his amazement lapsed into Chigogo, “*ukulonga zinghani zizi nhawule?* How is it that you are speaking?”

“You’re probably on a powerful station from the Philippine Islands, DZAS.”

He ran outside and returned in a minute with Daudi and two nurses. They listened intently until the final theme of the broadcast was played. There was a rumble of drums, the roaring of a lion, a hyena howled, and abruptly came a welcome song in Chigogo, more drums and finally the braying of a donkey. After a crackle of static a voice said, “You have just been listening to Jungle Doctor from DZAS Manila, the Philippines.”

Yohanna rolled his eyes. “Does your broadcast go right through the world?”

“It is on the air from four continents, over 85 radio stations every week.”

“For how long have you done this?”

“I did the 1,000th broadcast the other day, that means being on the air, once a week, for nearly twenty years.”

“Why do you do it, Doctor?” asked one of the nurses.

“It is a way to help people to understand about our country, our people and our work. Many have no real idea what medical missions do or how things actually happen.”

“You always bring in about God?”

“Always. Many people have found out how much they need Him, and also how they could become members of His family.”

“Do many help with money to buy medicines and equipment?” asked Daudi.

“Very few indeed, but those that do have helped greatly. But what is most important of all is that many are training to work with us.”

“Do they realise that when they come, they will not be the leaders but just part of the team?”

Yohanna was very serious about his question and I tried to answer in the same vein. “All I can do is to tell them in simple words that have no double

meaning and I do this both in books and broadcasts.”

Through the window from the village came the rhythm of drums, from closer still came the unlovely howl of a hyena.

I turned to the men and women standing round the radio. “That Jungle Doctor Broadcast, is it what you see and hear in the hospital here?”

A nurse replied, “It is indeed what happens, they are stories of the things we do and see and the words we use.”

Daudi nodded, “Also you explain the way we tell men and women about God; this is how it happens in the working of the hospital.”

As I walked back up the hill, I heard the sound of guitar music in the West African style coming from the radio in three houses. It would fade as I passed one and then grow louder as I came to another. Our Ugogo country was in close touch with the whole outside world.

Hospital Routine



Next morning I was still thinking radio when I was shown into the office of Miss Margery Paull, the veteran Australian Matron. She was saying farewell to a very voluble young man.

As he went out she said, "Well, that was something new! A union representative without credentials, who, as he put it, wished to inspect the amenities of the staff."

"What did you do?"

"I took him to have a look. It is wiser that way. He was telling me how glad he was that we had a suitable radio. Oh, excuse me for a minute."

She went outside and three of the staff came towards the door. First she spoke to a solid dependable-looking Staff Nurse in uniform, a slim girl most attractively dressed in blouse and skirt, and a perky little person in the pink print of a trainee.

She gave instructions to the girls who were on duty and said to the third girl, "Make sure you sleep today. Night duty will be very hectic."

As we watched them go on their various ways Margery said, “Two of those girls were unwanted babies. Both would have died before they were a month old but for the hospital. Yet look at them now. Both have certificates for General and Obstetric nursing and both are most capable. Whether they go to another hospital or start a home of their own they will be looked up to. This is something entirely new in African thinking.”

“You mean that a generation ago it was the old women who commanded this respect?”

“Commanded is the right word. They ruled the roost. Twenty years ago no unmarried girl was allowed to go near a maternity ward. They would insist that midwives must be old women. They used to look at me and say, ‘What does she know about it? She’s only a youngster,’ but because I was a European they accepted me. They told me, ‘If an unmarried girl sees a child born will she not herself be childless?’ Now they don’t think twice about letting these girls deal with anything obstetrical, whether a European is there or not.”

“Tell me about some of them.”

A girl was sitting under a spreading thornbush having her hair done in an elaborate local style. Margery Paull, out of sheer habit, pointed towards her with her chin. “Take that girl; she’s quite outstanding. She’s been a Staff Nurse for five years and had four years’ training before that. She’s engaged to a final year medical student from Makerere College. The marriage will take place a few days after his graduation at the end of the year.”

“Well, they will be in a strategic position to set a medical lead.”

“True. Another case in point is our Medical Assistant in the hospital here. He married one of the Staff Nurses just before Christmas.”

“Is that the general pattern?”

“Yes. Not so long ago a two-certificated girl married an Agricultural Instructor. Their home was at Morogoro in the coastal mountains. Another Staff Nurse had also gone there to live. I was on *safari* and thought I’d visit

them. I asked a prominent local African about them and where they lived. He pondered for a while so I said, 'They were girls who did their nursing training at Mvumi.'

"'Oh,' he said, 'yes, there are two houses in the road up the hill where nurses live. You will have no difficulty in finding them.'

"He was right. They were not expecting visitors, but each home was neat and tidy. Each had a new baby in an immaculate little cot with a mosquito net over it. It was a real advertisement for our training school and a shining example to those amongst whom they lived."

"Is that the general rule with your 'Old Girls'?"

Margery nodded. "Yes, and I've noticed the same thing with trained teachers as well. Most of their homes are very spruce, especially where they have married men who can afford to live in the nicer type of houses and who can make or buy furniture and are prepared to buy mosquito nets. One girl showed me a prosperous pair of twins who started life as premature three-pounders. Another brought me a cold drink from her refrigerator."

"But surely there are some failures?"

"Yes, there are bound to be. Amongst our male Staff Nurses some have gone to places where it is thought the thing to do is drink European beer and even harder stuff. I can think of two at the moment who have lost their jobs and have gone back to primitive living. There are at least three of the girls who are second wives of African policemen."

"Why do they go for policemen?"

"They seem to have a peculiar attraction! Maybe it's their size and their snappy uniform. Whatever it is, the girls have gone off and are living as the second wife in a Mohammedan or non-Christian family; but these folk represent only a small proportion of our former students."

"Graduation and moving out into life must have its problems."

“It has. These young men and women are away from tribal restraints and family ties. Some go into Government hospitals and find little in the way of Christian fellowship there. Only the other day I had a letter from one of them saying, ‘It is easy to slip when you are surrounded with apathy and antagonism and much of the old witchcraft business all done up in modern packaging.’”

“What about hostility?”

“They meet with that all right. Some come from fine Christian homes, others have nominally Christian parents. But all of them have pagan relatives. Whatever road they have come by—and for some it has been a very uphill path—their background is purely heathen. Take that girl with the comb over there.”

I looked across at the progressing hair-do and nodded.

“She is from the Berega district and just back from holiday. This is her story of what happened as she told it to me.

“ ‘After I arrived home I became ill. My grandmother called the local witch-doctor. But I said to her, “Not so, Grandmother; I cannot have anything to do with this man or his medicines. I am the child of the Lord Jesus Christ. I will not be treated by this man who follows the ways of *Shaitani*, the devil.”

“ ‘My grandmother was furious and said, “Very well, you can expect nothing from me.” I managed to walk three miles to the Berega hospital. They gave me medicine and I recovered and went home.

“ ‘On Sunday I said, “I am going to Church this morning.”

“ ‘My grandmother said, “You are not, you are going to pound maize for our food next week.”

“ ‘I said, “Oh no; did I not pound enough for three days yesterday? It is Sunday. I will gladly pound more tomorrow.”

“ ‘ “Very well,” she replied, “He who does not work does not eat.” So I was

forbidden to come to the family meal that day.’

“Being a follower of Jesus Christ is not easy out here.”

“Can you give me any idea of how some of these girls have become Christians.”

“Some have come into the kingdom of God just from reading the Bible. We encourage them to read it systematically, many are members of the Scripture Union. Some of them have been to conventions and become acutely aware of their sin and their need of a Saviour. Some of them tell me that they have committed their lives to God as they have been quietly sitting in Church or at daily prayers at the hospital. Others have gradually come to a knowledge of the truth from attending Bible Studies, because we don’t only try to train their minds, but their souls as well.”

“One young man told me he was converted through a most vivid dream.”

“Dreams are common in Africa. Some have told of dreams when the Lord came and spoke to them and showed them the evil of their ways, and others tell of how He showed them His beauty and His glory and how He could save them.”

An old man came out from the Out-Patients Department and beat eleven strokes on an empty oxygen cylinder with a lump of firewood. It was the eleventh hour of the day Swahili time, 5 p.m. by my watch.

On the veranda outside the Maternity Ward a nurse was winding up a gramophone. Patients came out of the ward and sat down. A crowd of visitors appeared and even as we stood watching some ninety people gathered round.

“You were asking about the impact that our staff made on the community. Don’t forget what they do in the hospitals. Look at that.”

The “Gospel Recordings” discs they were playing contained a hymn in their own language. They joined in lustily. Then the nurse who was on duty stood up, explained what was behind the words they had been singing, read from

the Bible and prayed, while everybody bowed their heads.

Softly I asked, "Do they often do this sort of thing?"

"Yes, every day."

"Do you see them reading to folk in the ward?"

"When they have time, yes. My feeling is that their most striking witness in the wards is the way they look after the sick. According to African custom you do not look after other people's relatives. This is the task of the elders of that family. But these girls, with their real bent for nursing and their Christian desire to help sick people, bring home a message which could not be understood in any other way."

"I saw that happen the other day in the ward. There was an old chap with a great scar below his Adam's apple. He had not paid his poll-tax and they were going to take him to gaol. He was so upset and depressed that he tried very clumsily to cut his throat. They rushed him over to Mvumi Hospital, transfused him, operated and really cared for him. When the whole thing had healed I saw him walking up the hill to the church, using a stick. He stopped one of the Staff Nurses, a girl of twenty-one, and greeted her, 'Grandmother, I have great joy to see you.'

"Believe me, she did not look much like his or anybody else's grandmother, but through her kindness and gentleness and her ability to make him comfortable she had done a very real piece of spiritual obstetrics."

Margery Paull smiled. "You have seen the motto on the badge of the trained people. In Swahili it reads, 'The love of Christ constrains us,' and many of these girls live out that motto in their lives and in their ward work. These sick people coming mainly from the Gogo tribe find it amazing that girls from all over the Territory come here and willingly help them. They say, 'What brought you to the hospital?'

"I heard one of the Juniors answer an old woman like this, 'It was the love of the Lord Jesus Christ that brought me here.'

“*Koh*, but what was your father up to to allow you to do it?”

“Is not my father a Christian? He wanted me to serve the Lord Jesus. He agreed with joy when I asked to go to Mvumi to be trained.”

Behind the group, who were singing again, stood a quiet, serene-looking, middle-aged woman. Quietly the Australian nurse who stood beside me and who had given the best years of her life to Africa said, “*Bilha* is the most important woman in this hospital. Her life and her living are outstanding. To the ‘ladies in waiting,’ as we call those who come in and stay with us for a month before their babies are born, she is a real mother. She cares for them. They look to her for everything and respect her and what she has to say. Many have said to me that they have come near to God because of her; many others say she has brought His light into their lives.”

I saw how she worked a few days later. For weeks the girls had been practising Christmas music and at three o’clock on Christmas Eve the nurses went round the wards singing Gogo and Swahili carols. Each time they stopped, *Bilha* told of the birth of the Son of God. After sunset they walked down to the Muslim village and sang more carols and again *Bilha* spoke. Her five-minute talks were splendid, very simple and very sincere.

Then in the flame-tree-lined road with mud-brick shops on each side they stopped and sang again. Some of the staff quietly and clearly told of their faith in the Lord Jesus Christ who had done so much in His short thirty-three years of life and had then willingly died that all might be forgiven. Arabs and Indians alike listened with interest.

On the Sunday morning again it was *Bilha* who set the lead. Patients who could walk sat in the shade. Those who could not had their beds carried to places where they could see. The girls gave a short Christmas play with hymns, carols and Scripture readings explaining the action. Some of them dressed as Mary and Joseph, the Shepherds and the Wise Men. They had a small baby from the Maternity Ward for the Christ Child.

At the end of it an old man recovering from tuberculosis stopped *Bilha*. I

heard him say, "You know, Grandmother, I learned a lot this afternoon from what those girls said and did. I have heard people talking about the Lord Jesus Christ. I have heard things about shepherds and all these other matters. But today when it was put before my eyes it came to me that our Lord Jesus was a little baby, a boy, a Man, that all the things that I have heard about Him became clear. I have never understood it before, but I do now."

"*Hongo*," said Bilha, "and what are you going to do about it?"

He said, "I must ask Him to forgive my sins. I must ask Him to come into my life, to be my Saviour and to be my Lord."



Dictating machines, typewriters, modern office routines, are all part of the new Africa. This young man from the Waha tribe of Western Tanganyika is typing out a translation of the Bible in his own language, Giha. Swahili or English would come equally to his touch-typing.

Women's Lot



“Eggs,” smiled the Staff Nurse, “may be full of vitamins and protein, but the old women of my tribe will have nothing to do with them.”

“Why not, Hewa?”

“Who among us wants to be childless?”

“Does eating eggs cause sterility then?”

“*Ngheeh*, so we are told.”

“Does your mother eat eggs?”

“Yes, she does.”

“Did she before you were born?”

“I don’t remember, Doctor,” she laughed, “but I know she did before my brother and sister were born.”

We were in the ward watching a bottle of fluid drop slowly into a child’s veins. The Ward Nurse looked at us a little oddly and said, “The student

nurses used to have eggs once a week. Matron taught us how to curry them. It was a gravy which brought joy to the stomach and we enjoyed them. Then new nurses came, words were whispered and many said, 'We can't eat eggs, it is not our custom.'

"*Ngheeh!*" agreed Hewa, "but only three out of thirty-six insisted; again this is a thing that is losing its grip."

A smiling face came round the door. "*Chai*—tea," she said and scurried off.

Bilha was pouring out from a large teapot. "I've been talking about women and eggs, Grandmother."

She put the pot down firmly and looked me squarely in the eyes. "You may know all the words of the thick books about sickness, and be able to operate and do many other medical things, but how can you, a man and a European, understand what goes on in the minds of these women? They suffer deeply within them. They have minds full of dark fear."

"You help me, Bilha; you can open a window for me."

She turned to the Staff Nurses. "Tell him of the things that seem strange to his ears but which you have heard and seen."

One tall Staff Nurse from a tribe a hundred miles from the coast said, "The words of our people are that if a wizard should walk round a woman during her pregnancy then her labour will be long and difficult. *Kah!* This holds the seeds of fear."

Another girl from the other end of the country said, "If a young child dies in our villages from vomiting and diarrhoea then its mother is branded an adulteress. Could this bring quietness to any mind?"

"Truly," said Bilha, "many a woman lies awake with the great fears of unlucky childbirth. Will the baby be born breech first, or will he be born with teeth? The words of the old women are that a child born this way must die. If not, the mother or another child will."

“They think that about twins where I come from,” said another nurse.

Bilha moved close to me. “There are many, many things that you would never even hear whispered that make the darkness very great for women here.” As she spoke a figure lumbered urgently past the window in the direction of the labour-ward. “Call Dr. Hannah,” exclaimed Bilha, springing into action.

When she came back she said, “I’m anxious about that one. She has tasted great sorrow. All her other four babies were born dead. This time she has come in and stayed with us for a month. She has done everything we’ve told her. A living babe will mean everything to her.”

Beyond a grove of frangipani trees were some well-built local-style buildings and about twenty women were busily preparing food.

“Your ladies-in-waiting?” I smiled at Bilha.

She smiled back and nodded. “Before those places were built often women would struggle in exhausted after walking for hours. Sometimes their babies would be born on the road; so we have this place for rest and preparation and teaching. They hear my words and understand very quickly the importance of the birth of the spirit as well as that of the body. The woman who has just gone into the labour-ward came from seventy miles away. She had not heard of Jesus Christ before these days but now her heart is full.”

“That’s why I liked to say that these hospitals of ours are places where men are not only born, but born again,” I commented.

Fifteen minutes later we were congratulating a radiant woman, “*Lushona—joy!*”

“*Lulo,*” she replied in the way of the tribe. Then I heard her whisper to Bilha, “You were right, your words were true, this is surely the way.”

As Dr. Hannah washed his hands he said, “We expected trouble with her but it was minimised by having her on the spot, quiet and relaxed. This doesn’t always happen though.” He picked up two carefully-written notes and

smiled. "A messenger arrived on foot with this one, which reads, 'Please send an immediate car to pick up my wife, birth is at once and lorry out of usefulness.' Before I could take any action a second messenger arrived on a bicycle in a cloud of dust. He thrust this second note at me; it was a beauty! 'Do not send car please. With great pain and inconvenience to myself my wife already bore me a son at home.' "

"Women's lot is no picnic out here, Welles."

"You're right. Last week they carried in a girl named Bibi from twenty miles out. It was her first baby. She had wanted to have the child in hospital as her four sisters had done before her. But her husband, an elderly man, would not agree. So Bibi's labour wore on into the third day, a second midwife was called in, then another and another till six in all tried to deliver the baby but without success.

"They accused her. '*Yoh!* you are a loafer and a coward.'

"They called in her husband and said, 'She fears to bear the child; you must make her. Whip her, deal with force, that she may bear.'

"The husband obeyed their instructions. The unfortunate girl, who was even then in a state of collapse, was tied to a post with her hands behind her and beaten. Fortunately, however, her brother and other relations arrived. They talked hard and effectively and then carried her in here walking all night to do so.

"Then we had a morning of transfusing and operating. We did a Cesarean under local anaesthetic and delivered a large dead baby. Then we gave antimalarials and antibiotics, but her temperature went up to 103.4 and pulse to 160. However, she showed interest in life, for as I bent over she pulled the fountain-pen out of my pocket to examine it.

"That night I found it hard to sleep. I couldn't chase out of my mind the thought of the foul infection introduced by the old midwives. But next morning she was obviously on the way to recovery. I sincerely thanked God for antibiotics."

“Not much progress shown in that chain of events, Welles.”

“I don’t agree. The old ways are hard to change, especially in these things that affect women, but she *wanted* to go to hospital; her own people *insisted*, they gave blood, they co-operated. This is grand advance. Drugs, equipment and a certain amount of know-how made it possible to justify this confidence. Best of all, perhaps, was that we were able to help both Bibi and her relations to understand about God.”

Bilha was walking over towards us. We greeted and she said, “A woman here needs much help. She is Ngalo who was one of our ladies-in-waiting. Before she came to us six of her children had died, some at birth, others soon after. But these days she has joy, she has a two-year-old daughter born in hospital and last month her son was born here; he thrives and prospers.”

“But,” interrupted Dr. Hannah, “her husband is in the ward dying from cancer. He will not live the day out.”

It was two hours later that he died. Ngalo came to me and asked in a voice numb with sorrow, “Bwana, can you help me to get him home?”

The local pastor came with us. It was a seven-mile drive over a sketchy track through thornbush jungle, the last half-mile through tall dry grass recently trampled by elephant.

When we arrived, with characteristic courtesy she brought us three-legged stools to rest while she opened the house. I sat and looked at her mud-and-stick two-roomed dwelling. In many places the mud had fallen away from the wicker-work. The earth roof had a patchy crop of grass which had grown there during the wet season. The courtyard was dust and manure in which a few extremely scraggy hens scratched. Here and there lay their only jugs and plates in the form of a few empty pumpkin shells. This Gogo woman, like so very many of her tribe who lived even a few miles from the town, had only one or two thin black cotton cloths which were wound round her body under the armpits. She was typical of very many, living a life of unremitting toil, digging, hoeing, harvesting, threshing, grinding, preparing food. During all this, she carried her baby on her back. Two-thirds or more of the babies that she bore would die. We did all we could to help, and as I drove slowly

back I thought of the very many unspoken tragedies of Mother Africa.

The pastor sensed my mood and sat silently till I stopped outside the teachers' house. We shook hands and greeted. Yohanna Kitabu took me aside, "Listen, Paul, hear those drums?"

"*Ngheeh!* I hear them."

"They are of the female circumcision. I have called some of our leaders that we may discuss this thing."

We sat around a table and drank tea. They were all old friends of mine, Miriamu the teacher's wife, herself a teacher, Doris a highly-educated woman, Calebi the pastor and his wife Anna. Then came a "*Hodi?*" at the door and in walked Bilha and Daudi.

The drums beat on. "How is it," I asked, "that you women know so much, and understand so much, and yet you say little about this female circumcision custom?"

Anna answered, "First, this is an African custom and hard for you to understand."

"True, but your Gogo Council have spoken strongly about the habit the young men had of putting red mud in their hair. You speak of fines and punishment. *Kah!*, if the British Administration had done this there would have been a great row!"

"That is the point," said Yohanna, banging the table with his hand, "you don't understand. When our young men decorate themselves in this way, there are those who rejoice to photograph them and we see those pictures in many places, on tourist posters and pamphlets and in magazine articles. It is a way for people to lose their dignity. We do not like to be specimens to be gaped at. This is not the zoo."

"With that I agree up to a point, but Scotsmen do not feel it upsets their dignity to be photographed in kilts; the Swiss have traditional costumes, old-fashioned to the eyes of many; in London those who guard the palace of the

Queen wear a uniform that is more than striking. They are photographed by millions and their pictures are in many magazines. As for wearing few clothes, and odd ways of wearing hair, take a look at European magazine covers. There are things that cause raised eyebrows and destroy a people's dignity more than mud in the hair."

Miriamu spoke. "You refer to the circumcision?"

"Yes; medically there is something to be said for this being done for males, although many would debate the point. But to mutilate girls as is the tribal way here is a thing that brings no dignity, no benefit. It is completely negative."

"*Yoh!*" grinned Yohanna, "you become heated!"

"*Ngheeh,*" said Daudi, "it was years ago that he and I discussed this. My daughter was then at the age of puberty and I said, 'She will have to be circumcised.' He was heated that day, too, and said, 'But, Daudi, surely you, with your knowledge of the uselessness of circumcision and the risks of sepsis and haemorrhage, would not agree to this thing?'"

Daudi so expertly copied my voice and gestures that everyone laughed and then were serious again as he turned to them all. "I talked it over with my wife. We hated the idea, but we could then see no other way out of it. If she were not circumcised her life would have been unbearable. No youth at that time would have wanted to marry her."

"But, Daudi, surely a youth belonging to some well-established Christian family would have been willing to marry her?"

Doris shook her head. "That sounds logical to your Australian thinking, yes; but this thing goes very deep. When the first family row would happen and anger came into their minds he would call her an uncircumcised barbarian and then the fat would be in the fire!"

"Yes," said Calebi, "that is all true. I have said, 'I will not have my daughter circumcised,' but if she went to stay with relations what can I do? They will take her to a camp. Also remember that many, many girls will go themselves."

This has great meaning to them.”

“But why?”

Doris answered, “The Gogo belief is that female circumcision helps fertility and makes for ease of childbirth.”

“Many tribes in Tanganyika don’t follow this custom and they are as fertile as the Wagogo. Europeans, Asians, Americans, millions of them, prove this point. And as for making it easier for childbirth, that simply is not so.”

The discussion went on for a long time. As I left, Yohanna said quietly, “The son of one who talked here tonight married only this month the daughter of another who was here. She was uncircumcised. They married knowing these things, willing to face talk and scorn. They will be pioneers in the new way. This custom will slowly die out.”

On the path back to the hospital Bilha said, “It is good for Christians to bring these customs into the open; there are many others too; for instance, many marriages break up if children are not born.”

“*Ngheeh!*” agreed Daudi. “There was one of our hospital people, a fine man; he married a schoolteacher, a woman of great character, but for years they were childless.”

“Were they happy?”

“It seemed so, but I knew the husband had trouble, for he was despised in the eyes of many of the men of his village, and scornful words were spoken behind hands because he had not fathered a child. After a long time his resistance broke down and he produced a child by another woman. Then one day, twelve years after marriage, his wife became pregnant.”

“*Yoh!*” laughed Bilha, “and here in hospital we had trouble. Her pelvis was small, her blood-pressure was high, but Dr. Hannah operated. Now the child grows and the family is one of joy and usefulness.”

Welles Hannah went more fully into detail of childless marriages and then

told me of a German doctor in the Bombuli hospital in Northern Tanganyika where much fine work is being done training Medical Assistants. It appeared that Dr. Muller had been married eleven years before his wife presented him with their one and only child which was the first white child to be baptised in the church there by the African pastor. At the ceremony he preached and pointed to the doctor and said: "This man's wife did not have a child for eleven years. But did he leave her because she did not produce for him a child? No. Why didn't he? Because he loved Jesus Christ. How many of you would stick to your wife if she didn't produce a child for eleven years?"

I chuckled. "It's good when you can set a lead in this way.

"Now what about cases of sterility in the hospital, Welles?"

"Venereal disease does a vast amount of damage in this direction, but we've been able to do very much by surgery and routine gynaecology to help many women. Sometimes we can get well ahead of trouble. It wasn't so long ago that a seventeen-year-old girl was brought in by a crowd of relations who, in Daudi's words, were 'Wagogo-gogo,' from the most primitive part of the tribe. Her marriage had broken down dramatically when it was found in the middle of the actual ceremony that she had an abdominal swelling as large as a full-time pregnancy. Her mother and brothers were most indignant and brought her to hospital. I examined her carefully and pronounced no pregnancy.

"*'Yoh!*' said the mother. 'Truly! a doctor of wisdom who agrees with us.'

"They urged me to operate on the spot, but they suddenly became apprehensive as she was taken to the theatre, and were even more so when she was brought back on a stretcher covered with a blanket. They watched carefully till she was out of the anaesthetic. Then I showed them the cyst we had removed. It fitted exactly into a kerosene tin. They were utterly intrigued, and Daudi turned this operation and the huge knobbly tumour into a practical parable to help them understand the Good News. He fired out questions:

"'Did it give you joy?'

“‘Could you cope with it yourself?’

“‘Did charms about your neck help?’

“‘Are you glad it’s gone?’

“He received all the suitable answers. Then he went to it again.

“‘Within each of us there is a greater burden still, an even uglier thing. It brings even less joy. It is beyond all human help. This, God calls sin. The doctor is unable to help, but we know One who can. He is the Bwana *Yesu Christo*. Listen and I will tell you about Him.’”

“And he told them, Welles?”

“He certainly did. They were here for two weeks and heard the story from Bethlehem to the Cross and from the empty tomb to Pentecost.”

“Did they understand it?”

“Of course, the Gospel is simple. You don’t have to understand the biochemistry of penicillin before it can save your life.”

“These days, do you have people coming back from the hospital to the villages and saying that they were helped there?”

“Only last week I asked the teachers from the districts around here that very question. They were most emphatic and started counting on their fingers. ‘Yes, there was Chido and the woman with the leg ulcer and the mother of the child with pneumonia and old Manyati. *Kah!*, what a change it made in him.’ The hospital certainly makes its impact for God.”

That evening I did ward rounds with the Staff Nurse on duty. I read the Report Book, written carefully in English. We saw three old women recovering from cataract operations.

“Grandmothers,” I asked, “have you joy?”

“We have joy,” came in chorus.

“Is there satisfaction in seeing light again?”

One of them chuckled. “You, Bwana, haven’t been in the land of darkness like we have.”

Staff Nurse Nelli smiled. “They know Him, each of them. It has been the double operation.”

Skillfully she gave injections to two women who were in no little pain.

“Cancer,” she whispered, “they are near the gate.”

I bent down and murmured, “Good night.” The younger of the two looked at me with eyes full of calm. “He has taken out the sting,” she said in a clear voice.

I didn’t grasp her meaning for a minute and said, “Truly, the medicine stops pain.”

She smiled. “It is the fear of death I mean. Jesus deals with that. My companion here is finding it too. I can help her as we walk this road together.”

Nelli picked up the lantern. I muttered thickly, “God bless you,” and have never meant it more.

We stopped at the end of the ward and Nelli wrote up some medical details. I listened to the night noises, the crickets and a distant hyena. From nearby came the cry of a new-born baby, the sighing of an old woman near the end of her road, the cough of a child with pneumonia and the creaking of a bed-spring. There was the smell of antiseptics and burning kerosene and the strong scent of frangipani.

Staff Nurse Nelli’s chair scraped as she stood up. We went out onto the veranda which had a wide view of the country. “You’ve been on the staff a long time, Nelli?”

“Yes, Doctor. I love nursing.”

“I’ve been working it out. You must be twenty-seven?”

“No, I’m twenty-nine,” she smiled. “Perhaps I won’t marry and nursing will be my work for life.”

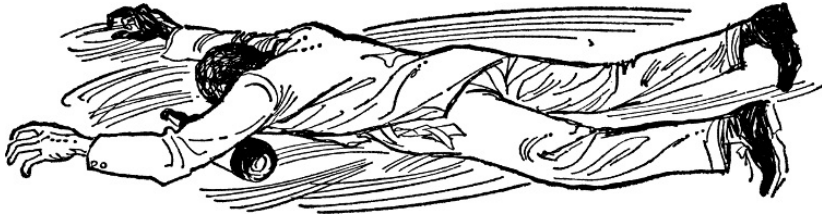
“That’s never happened before to my knowledge in this part of the country. Won’t your family object and start talking about cows for the dowry?”

Nelli smiled. “Not my family. If I choose this way, they’ll agree. I ask God to show me what He wants from my life and He always answers that sort of prayer.”

She picked up the lantern and said again, “Certainly, my family will make no trouble. You know my brother—Yohanna Kitabu? *Kumbe!* He is one who sees farther than the fence of the *ibululu*—the cow yard.”



Preventable Disease



“Yoh!” grunted the schoolboy who sat in the back of the Land Rover, “drive with gentleness, Bwana: I have had needles stuck into me and I am not even sick.”

I laughed. “It is said that in ancient times the Chinese paid their doctors when they were well and ceased when they became sick.”

“Yoh!” went on the boy, unimpressed. “But these made my arm sore and swell and my body burn with fever.”

“Which injection did that?”

“How should I know, Bwana? There are so many of them.”

“Truly these are the medicines that prevent. First, smallpox; many, many thousands of the people are vaccinated. Then whooping-cough and diphtheria; we immunise these days when these troubles appear.”

“Don’t forget typhoid and its friends the paratyphoids, Daudi. In the Boer War more soldiers died from these diseases than from bullets. Once to come here to Africa was to risk your life; some parts were called the White Man’s Grave, but now a dozen jabs and it’s a different story.”

“Truly,” smiled Yohanna, “the prick of a needle is soon forgotten, but within you appears a barrier through which these hostile things cannot crawl.”

“But how do they work?” asked the schoolboy, caressing his arm.

“Take your case. You’ve been vaccinated against smallpox. You’ve been given a mild attack of cowpox; this is as it were an umbrella that shelters you from the worse complaint. With many other injections you are given small doses of the dead germ; this produces what is called immunity in your blood.”

We swung round a sharp corner and as the road straightened out I said, “Be careful how you talk to people about God. To many it is their job to talk religion or to preach. They lose their fire, their love for God, their sense of urgency and they give those that listen to them frequent small doses of the message in a dead form and immunise them very effectively.”

Yohanna nodded. “I have seen this happen in both school and churches, carefully...”

There was a barrier right across the road and a notice which read “Tsetse Fly Post; Please Stop.” We stopped. The barrier was raised. We drove into a corrugated iron shed which was like an oven. The doors were closed and a very complete routine tsetse fly destruction went on with some pungent insecticide in very large spray guns. Then the door was opened and we drove out into the light and away.

“*Kah!*” grunted Yohanna. “That spray stinks but it’s better than the risk of Sleeping Sickness.”

“*Hongo,*” said Daudi, “I suppose many of the tsetse flies are killed, Bwana, and this is a good way of keeping them from spreading again into land reclaimed from them and settled by African farmers.”

“It is a good thing to be ahead of disease. Preventive medicine is the big one, Daudi. Stop disease before it starts and you have really done something.”

We were going down a mild slope. The road and the ground beside it was moist.

“Let’s stop and look at these,” said Daudi, pointing excitedly.

I pulled up. On the moist sand there were human footprints, the arrow-head-shaped ones of various birds, and the enormous pock marks of elephant's feet. Daudi, who was rather slim, squatted in one of these and grinned up at me.

"The foot of *nhembo* the elephant is a thing of weight."

Yohanna laughed, "*Eh-heh, nhembo* himself can weigh up to six tons and he will eat a hundredweight of grass a day."

Two days later tragedy occurred at this very place. One of our African patients on his way to hospital was trampled to death by an enraged elephant and then came the news that the Game Ranger had gone in after the great beast and shot him dead, only to discover that he had a bad bullet wound in his left shoulder. Ivory sells at 20/- a pound weight.

"*Koh,*" said Daudi, "poachers were the cause of the trouble. It was they who should be punished and not the elephant, but *yoh,* because he was a menace to life he had to be destroyed."

He looked into the Men's Ward. Four people were visible. One with a bandaged head, another with his arm in a sling, the third had his leg very thoroughly encased in plaster. The fourth was limping round on crutches.

Daudi paused under a frangipani bush. "Doctor, if there is the threat of plague, what do you do?"

"You put out a team of men, close off the area and make war on rats and the fleas that they carry, for they are the ones that spread plague."

He smiled and nodded. "And if malaria is a problem, do you not attack mosquitoes?"

"Yes, indeed."

"And you have pills and injections to kill the various parasites of malaria and the various worms, and other pills to deal with the germs of pneumonia and tuberculosis and meningitis?"

“Yes, that is all true.”

“Then why not stop the cause of broken heads, broken bones, people being stabbed and speared and even bitten? Let Pilipili, the man here on crutches, give you the answer. Did he not have both the bones in his leg broken by one of his friends? They had been drinking *pombe*, native beer. Their wisdom became twisted. They quarrelled. They fought, and his friend broke both bones in his leg with a knobbed stick.”

“Pili,” I called, “tell me what profit there is in drinking *pombe*.”

He shrugged. “You get a sore head, perhaps a broken leg and you finish your money quickly, but behold I like the taste, and behold I like the glow it gives me.” He turned and hobbled off towards his three companions who had arrived in hospital via the beer market which was less than half a mile away. We could hear the shouts and assorted noise from its crowd of customers.

“What a packet of trouble alcohol causes! But the Government license it. On every kerosene tinful of *pombe brewed* there is a tax of 50 cents. It is the biggest industry of the Central Plains and it brings in 60,000 shillings a year. The Treasury would be lost without this money and they say little harm comes if people drink with moderation.”

“The trouble is, Daudi, alcohol is habit-forming. Every bottle should be labelled, ‘This contains a habit-forming drug.’ An American authority the other day said that alcohol causes more trouble in life than cancer, tuberculosis and heart disease put together.”

“The people of the country drink more now,” said Daudi. “In our fathers’ day there were tribal wars. Then the young men could not afford to be drunk for the enemy could creep on them. The old ones of the tribe drank, but not the youths, but these days, Bwana, you can buy it at any of the shops. You will see the notices there. The only thing is you may not drink it in the shop itself.”

A voice called urgently, “Doctor, quickly, a man stabbed.”

“*Kah!*” exploded Daudi, “that *pombe* market is a place of trouble; when beer goes down the throat, intelligence goes on *safari*. Is 60,000 shillings a year

worth the pain, the misery, the death we see here?”

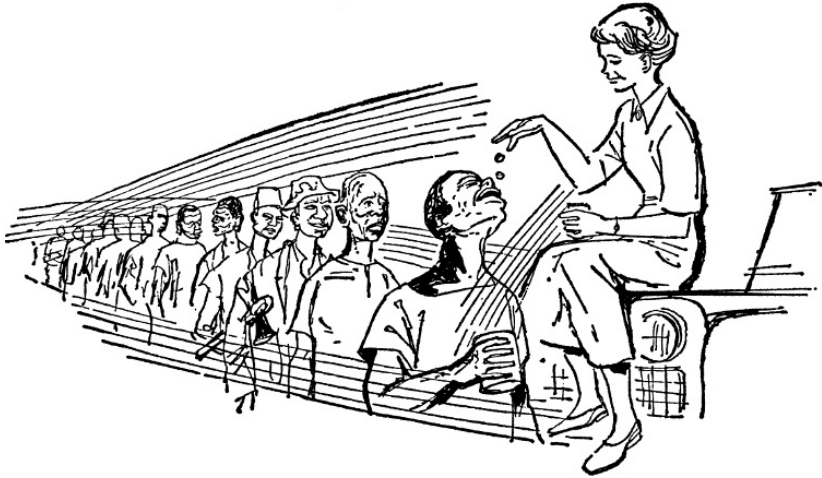
An astonished, bleary individual half an hour later stammered out, “But I didn’t mean to kill him, was I not drunk?”

Daudi watched the chief’s men escorting him away. He ground his teeth and said, “Come on; let’s go to a place where you can use preventive medicine.”



Dr. David Rodda works at Murgwanza in the west of Tanganyika, as Sister Genevieve Cutler looks on. Eye disease is terribly common, and it is estimated by W.H.O. that the eyesight of 500,000,000 people all over the world is threatened by trachoma.

Leprosy



Daudi, Yohanna and I walked down the steep hill towards the Makutupora Leprosy Hospital. I stopped suddenly in front of the dispensary. “Look at that chap!” I drew in a sharp breath. “That’s the most challenging thing I’ve seen this year.”

A cheerful Tanganyikan in a white apron sat on a stool doing dressings. Ointment was put on neatly cut squares of old linen and although he had only the stump of a hand and one joint on each thumb, the bandaging and knotting was done with considerable skill. He had been viciously attacked by leprosy, but he was living far above his disability.

Winnie Preston, the Sister who looked after the medical side of the work, followed the direction of my gaze. “He’s just one of the many here. Every single African helper in the place either has or has had the disease. We have schoolteachers, evangelists, dispensers, dressers, and laboratory technicians; some have had it and recovered, but very, very many still have active trouble and are under regular treatment.”

We walked up to the Open-Air Church that Dr. Cyril Wallace had built some twenty-five years before.

“We’ve moved a long way forward in the battle against leprosy since this was put up,” said Winnie, “and it’s been tough going.”

I nodded. “When this settlement was started I felt it was like attacking a leopard with a spear. It could be done, but the great cat had the better chance. All we could do was to choose our own battle-ground and make sure that everything controllable went our way.”

The man who had been bandaged walked past us. We looked back. The cheerful medical aid with the battle-scarred hands was starting a complicated bandage for a foot without toes.

Winnie said quietly, “These disabled people give the picture of what happened fifteen to twenty years ago. We have saved their lives and fought the slow fires of leprosy till the disease is burnt out.”

“Leprosy makes them sitting shots for pneumonia, and leprosy’s nasty cousin, tuberculosis.”

“That certainly happens here,” agreed Winnie. “Our people catch anything that’s going.”

I pointed to the tin she was carrying. “Speaking of cousins, the sulphones are a better weapon than the sulfonamides.”

“They’re great. We couldn’t attack until we had them; the days of chaulmoogra oil are almost gone.”

“The Journals are hinting at even better preparations being on the way.”

“We’ll snap them up. The ones we have now are good but they’re not the complete answer. They don’t kill the dragon but they certainly loosen its teeth. We badly want help from somewhere to buy the drugs we need to cope with all the anaemias and the allergies and the other complications. The only hand-out we have is the DDS pills, the sulphones.” She sighed, “Anyway,

come and see how we carry on the fight.”

Nimble she perched on the mudguard of a *safari*-bodied car, a book on her knee and two tins full of pills in her hand. Speaking the language fluently she said, “Now, everybody in line. You know the routine.”

From the shade I asked, “Why sit up there, Winnie?”

“It gives a bit more height and I can pop the pills into their mouths more easily.”

“Why don’t you just hand ’em out?”

“You can be sure this way that the medicine actually goes in and goes down. Watch!”

She called a name and a man came forward, his mouth wide open, pills were dropped in; he was given a drink; he swallowed and opened his mouth again for inspection.

“Right,” she said, and called another name. He came. His mouth opened. In went the pills, his Adam’s apple jiggled and he opened wide again.

“Lift your tongue.” She peered carefully and then smiled. “*Viswanu*—right. *Yunji*—next one.”

And so it went on right down the long queue of men. There was a good deal of laughter and banter. After they had taken their pills they went along to a medical aide in a uniform *safari* jacket and were given a dose of iron tonic. One man tried to slip past without taking his medicine. There was an immediate outcry and he swallowed his dose rather sheepishly. Suddenly the small white figure paused and spoke to one patient. He went and squatted down under a tree.

“Eye trouble,” she called. “He’ll need special treatment.”

“*Yoh!*” said a voice behind me, “there is no trouble with her eyes. She sees everything.”

The last man swallowed the last pill and I came up close and greeted everybody. They were a cheerful collection although it was obvious that the disease had gone far in many cases.

“So much for the men,” came the small Australian nurse’s business-like voice. “They’re not doing too badly. They all had their routine tests last week. We don’t only check for Hansen’s bacillus, but we do what the staff call a ‘*choo pima*’ of stools and urine for various worms and parasites.”

She called out six names. “You men must go to the dispensary on Tuesday and Friday for injections.”

A chorus came in reply, “*Heya, Bibi*—yes, Grandmother.”

I looked at the rank and file of men. They certainly seemed physically fit. “You feed ’em well, Winnie.”

“We have to. Medicine may be the right foot of progress, but the left is a combination of hygiene, balanced diet, contentment, encouragement, a good laugh now and then and a job of work they can do. But I feel the message of God’s love for them is the greatest thing we have to offer, and they are quick to understand it.”

There came the sound of hammering and I saw three carpenters hard at work. The way they used tools with their maimed hands seemed no real bar to their craftsmanship.

Under an umbrella-like thorn tree were four African musicians. Seeing that they were noticed they started singing very tunefully and playing instruments which they had modified to fit in with their disabilities.

Winnie slipped behind the wheel and started the car. We rolled down the hill swinging hard to the right to pull up in a wide clearing in the dense green undergrowth. Jungle creepers were growing side by side with pumpkin vines and tomato plants planted by the boys who lived in the long tin-roofed building in front of us.

“Thirty-eight to do here,” she said, turning over the pages of her treatment

book.

At that moment three grinning boys appeared. Each held out a long, flat-headed fish. "See," they said, "we have had success in our hunting."

"Where did you catch them?" I asked.

"Down in the big pool, Bwana."

Turning to me she said, "It sounds like a fish story, I know; but in the dry season they dig them up. These are lung-fish and they are a mighty good addition to the protein ration. We can't afford meat very often. When these people catch them themselves it is much better."

She perched herself on the mudguard and the routine of sulphone pills, vitamin B pills and iron tonic was gone through carefully again.

Again names were called. "Tapeworm," she explained. "Five of them have it and two have malaria. Our lad who uses the microscope is very capable and seems to spend his days with his eye glued to the eyepiece. With two hundred in-patients and about five hundred and fifty out-patients you can imagine he has a lot to do. Let's have a peep at the farm and then we'll see the women."

We drove three miles back across the edge of the plateau which spread right over to Lake Tanganyika. The track went through shady trees, cactus and thornbush scrub. We saw signs of elephant, rhino and leopard. Then the raw jungle suddenly gave way to prosperous gardens of maize, millet, peanuts and sweet potatoes.

"This is Sukumahela, our farm," said Winnie. "We're trying to follow out what Dr. R. G. Cochrane, the famous leprosy authority said, 'It isn't our job to try to meet the need, it is to show how it may be met.'"

"So you've started them off producing their own better nutrition?"

She nodded happily at the crops, the pawpaws, the young mango trees and the chickens scratching under them. "It's run by the people themselves. They

do enough to keep them busy but not to tire them out. Enochi here will show you around.”

The smiling evangelist took me first to the Church. Its mud-walled sides were in three tones of red earth. “*Kah!* Bwana, the people of the place built it carrying the timber and the mud and cutting the seats with their axes. But see that wall, we built with little faith for twice we have had to extend it. More and more people come to thank God. With this trouble they are with us for a long time, all for two and a half years and some for eight or more. The words of God sink in when they hear them often.”

Behind us a voice started to sing an old responsive song with many people joining in.

“Come and see this, Bwana,” laughed Enochi, “it is a new thing.”

It was. I’ve seen glove puppets, string puppets, rod puppets, finger puppets, but never till that moment toe puppets. A man heavily scarred by leprosy sat on the ground, his legs wide apart. A string went from big toe to big toe and to this were ingeniously threaded wooden jointed puppets. Slight movement of the toes made the puppets dance most amusingly.

We spent half an hour chatting with this one and that one. There was no hint of being either downcast or outcast. They were relaxed and contented.

In single file eight people were coming along a narrow path through the thornbush. The leader took off his battered hat and said, “Bibi, the Bwana Medical Assistant from our village has sent us. It is six months since last we came.”

“Walk on to the hospital,” nodded Winnie, “and we will do the tests. Are you all well?”

“We are well,” came the chorus.

“Do you swallow your pills with diligence?”

“We swallow truly.”

They moved on. She turned to me, "That's part of our outreach. Over a hundred people have been discharged in the last five years. This is how we follow them up. The Native Authority dispensaries give regular treatment and we make these checks twice a year. This goes a long way to stop re-infection."

We climbed into the Land Rover. "*Kwaheri*," called Winnie Preston. Spontaneously the smiling crowd sang a traditional farewell song. "They're wonderful people," she breathed. "I love them."

We travelled in silence until we came to the hill that led down to the Women's House. She slipped the Land Rover out of gear. "Let's keep out of sight for a while and watch what's happening. This is the big end of the treatment. The key person here is Mama Loyi, she's poor beyond poverty if you count possessions, but full of deep happiness and contentment."

I watched that middle-aged woman's beaming face as she led the women in singing, "*Ko yili swanu muno*." Her voice was rasping from the effects of her trouble, but it did not affect her enthusiasm as they sang this hymn, "There's a land that is fairer than day."

My eyes travelled down to her feet, thickened, shapeless and toe-less, resting in impromptu sandals hacked out of an old motor tyre. The singing was enthusiastic as the other women joined in and started swaying to the rhythm. They were oldish women and for the most part quite illiterate. To those seeing them for the first time they could pass as the blind, the halt and the lame, but we knew them to be the cheerful, the useful and the dedicated.

The hymn ended, and Loyi, who had no fingers at all, deftly palmed through the pages of a well-worn Testament to find Acts 10:35. She read, "But in every nation he that feareth Him and worketh righteousness is accepted in Him." It was a very simple message clearly given. As she finished they all bowed their heads as she prayed.

Seeing us they crowded round and greeted. Winnie pointed to a pile of green herbs drying on a sheet of tin and said, "We try to be as self-contained as we can. These women collect the *ilendi*, which they dry and then cook with peanuts as a sort of relish to eat with their porridge. They also produce all the

flour for the whole settlement.”

In front of us was a grind-stone and beside it a mat on which flour was spread to dry. A great mortar, the size of a bucket, was half full of millet seed which was being pounded by two of these women. The whole area seemed to be decorated with cooking pots. There were scores of them.

“*Hongo*,” I said, turning to Mama Loyi. “Behold, you eat much food here?”

Laughingly she shook her head. “*N’go*, Bwana. We make the pots here for everybody. But we have joy in food nevertheless. It brings strength to our bodies.”

“*Kah!* You show it. Behold, is there not much padding on your bones?”

They laughed.

The Women’s Quarters had pushed the jungle back. The buildings spread along a clearing that swept out on a ridge and ended in dense thornbush and tangled undergrowth. There were pumpkins and passion vines and tomato plants that were obviously cared for by hand. A few chickens peeked around and several of them were anchored to large rocks by rope.

Loyi followed by glance and nodded, “Food for leopards, Bwana, therefore we keep them with us and lock them up when the sun sets.”

The pill-giving routine was gone through again. At the end of it four women came up to me. “Bwana, look at our eyes.”

Obviously much had been done to those eyes. There had been surgery to their upper eyelids and there was a strange look about the cornea, the clear part of the eyeball which showed that there had been considerable trouble at some time, some of it due to leprosy itself and some produced by trachoma carried by the hordes of flies.

“Aureomycin,” said Winnie Preston, “has done tremendous things for their eyes.”

“*Eh-heh*,” said one old woman, “I used to walk around slowly with a stick

and with life a mere blur in front of me, but now I can see, not only up the path,” she pointed into the distance, “but right into the plains.”

The other three nodded their heads, “And we also!”

“You see,” Winnie smiled, “we can do big things with these new drugs.”

“You can indeed, but they’re costly. Do you realise that all this eye ointment you have been using was a gift to me from the firm that made it? This is a thing which would make their directors send us a kerosene tin full if they could see the change in those eyes.”

A voice came over my shoulder, “Bwana, while you are here, would you pray to God for us and thank Him for medicines that do so much for us?”

I looked round at the smiling face of Mama Loyi. “I will indeed,” I said.

Daudi and Yohanna came up. “We’ve been talking to a teacher who has been here only a few weeks. He is a man of faith and has many ideas for helping while his disease is being dealt with. We will go to eat food with him now.”

“Right, then I will go on up to the house with Mama Loyi.”

We walked together along the winding track that led up the Rift Wall to the Mission House. “*Yoh*, here comes Bwana Leach. *Mupiligazi ayu*—he is a diligent one. Has he not just returned from his *safari*?”

Through the door came a small, wiry sun-burnt man. We shook hands and he ushered us into a cool room which had an expansive view of the Settlement and the jungle behind it. I remembered that room very well. In Wallace’s day there had been no wireless, no refrigerator, no way to store food, only the inevitable tins and the hanging meat safe. I walked over and looked through the insect-proofed doors and window. A large eagle came in to land in the top branches of the baobab tree.

“There are plenty of animals here,” said Wally Leach. “That hill to the north is called Rhino Mountain. There are dozens of them there, as well as hundreds of baboons, and, of course, leopards. I’ve been over there since

early morning. I'm a sort of quartermaster here and look after water, food, upkeep, accounts, supplies and a hundred and one other things."

At that moment in came his wife and six-year-old son. We talked for a while and then I asked, "Tell me, why did you come out here? What did you do before you came out, and what made you come?"

Wally leaned forward, "I've always wanted to do this particular job. Joan was in the A.T.S. before we were married. I sold her the idea. Jonathan arrived while we were working in Uganda and baby Rachael last year."

"What training did you have for all this?"

"Well, to start with I was apprenticed to a stained-glass artist in London and worked for years at that. Then came the war and I joined the Navy."

"But after the war, surely there must have been money in stained glass?"

"Oh, yes, there was, but we both wanted action; we wanted to attack this particular disease."

"I see, you weren't content with, what Gilbert and Sullivan called, 'pious platitudes in stained-glass attitudes.'"

Wally Leach laughed. "No indeed, I've always been interested in leprosy so I linked up with BELRA, the British Empire Leprosy Relief Association. They sent us first to Nigeria for a short tour and then we worked in England for two years before going to Uganda where we worked in a big settlement for six years getting the feel of East Africa. Since then we have been here at Makutupora where things are going ahead. We've a huge task ahead of us. There are still ten million people in the world with this disease and about a quarter of a million of them here in Tanganyika."

We sat, relaxed and drank tea. As Joan Leach refilled my cup I said, "I have odd memories of this particular house. When Wallace was here I spent a miserable night listening to a wretched cuckoo clock that used to hang up on the wall there. It would strike twelve at every hour. It made me wonder if morning would ever come."

"I've had my share of odd things here too," said Winnie. "At one time there was a lot of local hostility and spears were stabbed through the mosquito wire of the windows. Then a hippopotamus, somewhat off its beat, walked round the place and squashed all our geraniums. And we've had lions' paw marks on the back veranda."

Joan Leach broke in, "Also witch-doctors have put charms around the place and hyenas have howled outside the windows all night long, so much so that a lot of our people were terrified and ran away. They think that hyenas are the messengers of witches."

Winnie nodded. "That was all rather difficult, but the thing I liked least was a couple of cobras that found their way into the bathroom."

I stood up, "These are the uncomfortable things. But what are your real problems, the deep basic things?"

Winnie considered for a moment, "Our greatest difficulty is the people who have nothing to show for their leprosy. They look well; they feel well. But they are a menace to others. You can't often talk them into staying in hospital. The easiest people to cope with are those with nodules all over their faces, the so-called 'lion' appearance. They clear up dramatically after only a few weeks of treatment."

"But the trouble is the bugs don't die as dramatically," I said.

"That's the point. The nodules just melt away. That's only the first step to cure. The leprosy germs still swarm on the skin and though they are fewer they're there for an uncomfortably long time."

"That must be very hard for them to understand."

Winnie thumped the table. "It's the primary problem. They come to us terribly disfigured, down and out, utterly miserable. Then after three months of swallowing sulphone pills they look in the glass and see a new man. They say, '*Kumbe!* I'm cured, I feel stronger, I look altogether different. I'm better, I'm going home.' All we can do is to urge them not to; but they're full of first class excuses. They say, 'Who will do the gardening? Who will mend my

house after the rains?’ and they just go. But most of them come back sooner or later worse than they were at the beginning.”

“It’s just as well the sulphones work a second time.”

“We find here that they respond even more quickly.” She sat back, sipping her tea and then went on. “Two things I’m always stressing are that a child is never born with leprosy and that a young child is more susceptible than an adult.”

Joan Leach nodded her head, “The thing that worries me is what goes on in the children’s minds. They see some of the older folk who’ve really made a fight of it, like the ones we saw today with no fingers, no hands, no toes, and often no feet, and they say, ‘Will we be like that?’ ”

Winnie nodded, “But isn’t it wonderful to be able to tell them, ‘No, you won’t if you are consistent with your pill swallowing.’ ”

“Look through the window,” said Wally, “there’s a problem right on the doorstep.”

Outside were four African girls in their late teens doing bead work expertly in the shade. They were a handsome quartet.

“Look at those girls and you’d be sure they’re cured,” said Winnie. “But take a swabbing from their noses and the germs are there all right. They’re still actively infectious. We don’t know how the disease is passed on, but close physical contact certainly comes into it. That makes marriage a high risk.”

“They’re strikingly good-looking girls.”

“That’s it. You can see their angle on the thing. They’re eighteen, the age when many of the local girls marry. They feel wonderful, and they can’t understand why we won’t let them go home. But we can’t, we just *can’t*, while the disease is active. Believe me, there is turmoil going on inside their lives.”

They looked contented enough to me, but looks meant little, for the very

next day those four girls had disappeared without “by your leave” or a word of thanks.

Winnie was a sad woman when we discussed this. I said, “Remember when the Lord Himself cured the ten lepers there was only one that came back to say ‘thank you,’ and if that happened to Him, I suppose we must think ourselves very fortunate to have a higher proportion.”

Joan Leach smiled ruefully, “And there are some very real villains. There was one, the man that ran a black market in native mats, *our* mats, made from pandanus palm, *our* pandanus palm.”

“Yes,” said Winnie, “that really was disheartening. And then there was Mombo!”

“What about him?”

“I was walking one day along Acacia Avenue in Dar-es-Salaam. There in the main shopping centre was a leper, very badly crippled, sitting in the shade begging most pitifully and successfully. So I said to him in Chigogo, his home language, ‘Mombo, you’re an ungrateful old man. We were treating you at the Hospital; you were doing well. And then one night you ran away with one of the hospital blankets, and here you are begging.’

“Quite unrepentant he grinned up at me and said, ‘Bibi, this is a very useful disease when it comes to begging.’ I discovered afterwards that his income was of a nature that made my salary look like petty cash.”

I chuckled. “Well, isn’t it? And talking of money, do you charge them anything?”

“If they come with money we encourage them to buy their own food and clothing. If they pay for a thing they appreciate it more and look after it better. Then there are a lot of folk who come and settle near here. They build their own houses, cultivate their own gardens and live their own lives and come up regularly for treatment. This is useful, but it isn’t ideal from the treatment or public health angle.”

“I can see that, but I suppose it does help with the costs. What are they, by the way?”

Wally Leach answered, “We are allowed two thousand four hundred shillings, or if you prefer it £120, a month, and that is to feed and care for two hundred people. Out of it we have to buy blankets and mats, produce a good, well-balanced diet—that’s flour, beans, nuts, salt, meat when we can get it, rice, and fish—and in addition to run the Land Rover to bring the water to the right spot. Believe me, you cannot waste a single cent.”

“And how much do you think it costs a year per patient?”

“I suppose about ten pounds a year, but to do the thing properly we would need twice that. It’s a case of poor equipment, poor buildings, everything poor but the results and the morale of the people and the spirit of our staff.”

“And you’re looking forward to advances?”

Wally Leach nodded vigorously, “I can’t wait to move on to the new project at Hombolo.”

Dr. Hannah had been listening to the East African News on his battery radio. He turned it off.

“You were telling me about the new Leprosarium, Welles.”

“Ah, yes.” He produced a bundle of papers. “There is room for great advance here. I’ve travelled hundreds of miles over this East African dust-bowl, as some people call it, to find a suitable spot, and it is no easy matter. We need a large area of good agricultural land with a reasonable water supply, but it must be country that is not already occupied by people.”

“You’ve found it?”

“Yes, an ideal place, and it is only twenty-five miles from Dodoma. Severe floodings in the rainy season and wicked soil-erosion made it imperative to build a dam at a place called Hombolo. Before long there’ll be a lake six miles

long. On the north side is virgin bush full of buck and kudu and rhino. We've been granted two hundred acres, and although there is a collection of problems we're moving ahead."

"What do you plan to do?"

"The Mission to Lepers are putting up the money for the building. It will deal with 300 infectious cases. There will be houses for the patients and a fifty-bed hospital for those who have to be put to bed for some reason or other. Then we'll build a pathology laboratory, an operating theatre and a dispensary and housing for the staff."

"What personnel do you need?"

"A doctor and two sisters. The medical man is the great need. He must be someone who will put all his life and energy into the fight against leprosy. He needs wide experience, because in these days leprosy is a full-time speciality. It involves knowledge of pathology and more than an acquaintance with physical medicine and public health. Then again he would need to be a physician capable of some orthopaedic and plastic surgery."

"There *are* people like that, and they could make themselves available. Who would look after detail as well?"

"We'll need a lay superintendent to deal with the routine. It would be grand if he could also bring experience of modern farming methods into the place so that we could produce crops as well as running a dairy herd."

"And," I chuckled, "I suppose a little angling for catfish in his spare time, rhinos permitting?"



Mama Loyi, who is in charge of the Women's Hostel at the Leprosy Hospital at Makutupora, grinds flour. Her trouble is no bar to routine activity.



The girls from the Leprosy Hospital who ran away—they looked well but were still infected.

Opening Eyes



The young schoolmaster and his schoolmistress wife were a handsome pair; their school was in excellent order.

Yohanna looked up from writing his report. “You realise, Paul, this is not an easy task to write up reports on the work of your son and daughter-in-law. I’ve been tough and criticised everything I possibly could. No one now can say I have respect of persons.”

He closed the book and stood up; “Here is a good title for a chapter, ‘The Tale of Two Teachers!’ ”

“Who—these two?”

“No, two blind ones, one who was a teacher and the other who soon will be one.”

“This eye-work is one of our special advances.”

“Medically yes, and also from the matter of keeping people useful whose eyes work only a little or not at all. Isn’t the word ‘to live with your disabilities?’”

“Yes, Yohanna, and we’re beginning to do it. Whenever I see a man using a

sewing machine or carving wood round the place I look to see if he's got a wooden leg. The blind are learning fast to make things of value so that they may be able to live their own lives, independent, free."

"Truly, they have a purpose now, whereas at one time blind people just sat, or begged, or died."

We had driven down the winding road that squirmed around the side of the Rift Wall. The plains stretched ahead of us, 50 miles to Dodoma, where we would turn sharply south for another 20 miles. Most of this journey we talked about eye disease and the way to combat it early.

When at last Mvumi came into view Yohanna smiled a wide smile. "That's a place to make an educationalist rejoice and an inspector work. See the primary school, the boys' middle school, the girls' boarding school, and the Teacher Training School."

We stopped and he picked up his briefcase and hurried off school-wards. I went to the hospital and found Daudi. We stood in the shade of the pepper-trees and watched an old man with his eyes bandaged being carried to the operating theatre.

"Another cataract, Bwana. They do very much eye-work these days. Some of those with eye sickness come from great distances. The news has spread regarding cataracts, and in the matter of trachoma, even beyond Africa. Not long ago an Arab came all the way from Aden for Dr. Hannah to treat his eyes."

"But that's fantastic, Daudi; there are many who could have treated him just as well in a score of closer cities and hospitals."

"Truly, but the point is that the people have confidence in us. We treat their eyes but do not overlook the blindness of their souls. They know that people matter in this hospital."

We watched the old man being carried carefully through the operating theatre door.

“Daudi, when I was at the University in Sydney, Dr. Cook, the pioneer of what was then known as the C.M.S. Mengo Hospital in Kampala, Uganda, came and talked to us. The thing I remember vividly was that he showed us a collection of eye-lenses he had removed from people with cataracts. Fifty dried-up, wizened bits of tissue, looking like mouse-nibbled split peas. It gripped my imagination to handle the cause of so much misery and blindness and to know that I also would be able to help in the same way one day.”

Daudi smiled. “If we threaded all the eye lenses we’ve removed in this hospital on cotton we’d need a reel. Truly, we’ve done hundreds and hundreds of them here.”

“You remember the first one I did here, how we put a pile of sandbags on each side of his head?” Daudi nodded. “Well, that was the first cataract operation I had ever done. I had removed very many lenses from pig’s eyes mounted in plasticine, but this was an entirely different matter.”

“I remember with great clearness. I remember James’ prayer before you started. He asked God to help the blind man, to give him courage and calm, but very specially he prayed for you. His words were, ‘Father in heaven, the Doctor particularly needs your help. See how his hand shakes!’”

“*Hongo!* Daudi, I shall never forget that prayer; it’s doubtful whether it really was a source of comfort to our patient. Believe me, those sandbags not only kept his head still, but I could rest my arm on them, and how that helped. There is no doubt God’s hand was on mine that day, for four days later when we took the bandages off...”

Daudi interrupted. “He sat up in bed, his face beaming. ‘*Yoh,*’ he cried, ‘I can SEE!’ and how we all laughed because your face had just as big a smile as his, as you said, ‘Can you? Really?’ You were as happy as he was!”

“Of course I was.”

“That was the beginning, and people have come in a steady stream ever since. They are doing it so much more easily these days with new techniques and pills before operation, but then or now, *kumbe!*—this cataract operation is a

splendid piece of preaching without words, Bwana!”

“I agree. Do you remember the old man who said that my small knife spoke to him more clearly than my tongue? These people are blind and they know it, there is no need to tell them the huge advantage that light has over darkness. They understand very clearly when you speak of the thick, clouded lens, a sort of a wall within the eye, that separates their minds from the light.”

“Truly, and you don’t have to tell them that they can do nothing to help themselves, or of the uselessness of trying medicines and charms.”

“That’s it, Daudi. They come because they have confidence in the hospital and faith in our surgeons. We operate, and take from inside the eye the thing that blocks, and suddenly the light comes in. With their fingers they can feel the cause of the trouble, and when the bandages come off they can see because it has been removed. I’ve told this story a thousand times in a thousand places.”

“Not only you, Bwana. In the villages many have spoken the same words: of the diseased lens blocking light from coming into your eye, and of sin, the obstruction to the Light of the World coming into your soul. Truly, it’s a parable of strength. Round the campfire scores of these folk who were once blind have said as the man did in the Bible, ‘Once I was blind, but now I can see.’ ”

“And how much easier it is to understand about the Light of the World coming into your life and into your soul when the ordinary light of day has come back into your eyes.”

Daudi nodded. “In these matters and also in the work of the blind school there is great progress.”

The words “great progress” rang through my mind as some days later I walked through Buigiri village with Captain Fred Varley who was in charge of the Wilson Carlisle Blind School for Boys, some 20 miles, as the crow flies, from Mvumi.

“Fred, since I came to Africa I have realised how precious eye-sight is.”

He nodded. “Have you noticed how few old blind people there are around the villages?”

“There are quite a few elderly folk with cataracts, Fred.”

“I agree, but what about the eyes that simply don’t exist, those tragic, empty eye-sockets, the terrible effects of witch-doctor treatment, the erosion and ulceration and scarring of trachoma, and the flood of eye damage that came with measles and smallpox.”

“You’re right. There are very few of those about the villages. What’s your explanation?”

“It’s rather a grim one. It points to the survival of the fittest. Blind people are not fit. They can’t cultivate, they can’t do any of the everyday tasks, so they just don’t survive, but” (he pointed with his chin, African fashion), “those will.”

We looked together at some twenty or thirty boys laughing and talking as they walked up the road from the Blind School to the Hostel.

“Fred, those boys will walk smack into that thorn bush, they’ll...”

Varley’s north-of-England accent had laughter in it. “They’re all right. Watch.”

The lads swung away from the thornbush. They dodged potholes, rocks and trees. They seemed to be equipped with radar.

“It must have been eleven years ago when you had seven boys in training up there in the old mud-brick garage.”

“It was. I had returned from the Royal National Institute in London and both Eva and I had had lessons in Braille.”

“It’s obvious to me that you are both *fundis*—experts—at all sorts of handicrafts.”

“Not all sorts, but we have tried to use any local handcraft like rope-making and then when they have become experts we teach them to make wool mats. We have concentrated on things that are useful or saleable. We want to make them independent.”

“And you and Mrs. Varley have built this up yourselves?”

“We had to. You know how things are out here. We only had £40 to start with, and a second-hand Braille writer and a Braille board. We did correspondence courses to increase our efficiency, and the job grew. There were fourteen boys in 1952 and we doubled the number in 1954, and then we built the Hostel in which these boys live. Slowly we have moved ahead. Gifts from this friend and that friend helped. It’s been the old, old story of makeshift for a lot of the time, but gradually we have reached this stage. This is the only school for blind boys in Tanganyika.”

I looked round the trim buildings. Behind them was a church building of concrete blocks and red tile. Immediately beyond were the rolling plains of Central Tanganyika, where Stanley and Mackay had made their laborious *safaris*. On the horizon were pile upon pile of blue hills and the tufty white cumulus clouds that ornament the sky in East Africa. It was a magnificent view, but it meant nothing to either the lads or the teachers from that school.

In front of me in rough bush shelters were a group of boys making rope from baobab fibre. Behind them others were climbing on a gymnastic frame, smaller boys were playing about, and in little rocking-boat affairs they were having a great time. Their laughter came clearly. There was no unhappiness about this place.

A whistle blew. Everyone left what he was doing and without collision or confusion formed into line and marched into class.

I walked quietly to the door. It was a Braille reading lesson. Fingers moved nimbly over papers, some by themselves, others guided. In order to save expense old glossy-paper magazines had been used to supply paper for the Braille writing-machine. Colourful advertisements meant nothing to questing fingers that moved over the raised dots on the art paper. They read quietly, the room was full of a busy murmur. There was a prodigious degree

of concentration. You could almost feel it. Paolo, the elderly senior teacher, was instructing a small boy. Two other teachers, both blind, were similarly engaged.

Through another door was a group of specially trained boys making colourful mats. The canvas and the wool came from England. Mrs. Varley had mapped out the design and with uncanny accuracy the boys worked, rarely calling to her for advice.

“They are slow at first,” said Varley. “It takes a man a month to do his first mat, but Yacobo over there can do one in ten days. He can be quite comfortably off with his mat-making.”

I watched their skillful fingers. “That lad on the end, Yonah, he’s familiar to me somehow.” I walked slowly down the line of busy workers. It seemed to me that these folk had eyes in their fingers and eyes in their toes.

“*Mbukwa*, Yonah.”

“*Mbukwa*, Bwana.” He stood up smiling, his hand outstretched. “You remember me?”

Suddenly my memory worked, producing a sorry picture of a pathetic figure coming through the hospital gate years before. I tilted back his head and raised his eyelids. The eyes were mud-coloured, scarred, and appeared to have been sand-papered. That day, seventeen years before, I had written “hopeless” on his card, but I had been wrong. Medically I was right. His sight was lost for life, but he was far from hopeless, and he proved that he was anything but helpless. Then he had been a ragged dirty little boy who had shuffled to the Blind School led by the hand. When he was fifteen I had seen him again, trim, tidy, neat, learning to read, but here he was, an expert in making woollen floor rugs. He was cheerful, he could read and write Braille, and as I talked to him it was very clear that he was no stranger to the Bible and its message.

“You can read with your fingers, Yonah?”

“Yes, Bwana.”

“How far up your arm do the words you feel go?”

I could only see his face sideways. His eyes did not feature in his smile, but it was full, and his teeth gleamed.

“The words of God went right up to my heart, Bwana.”

Through the door I could see old Paolo. He obviously came from the Gogo tribe. His earlobes were pierced and stretched and there was a scar in the centre of his forehead. His very capable hand was guiding that of a small boy whose face was vastly pock-marked and whose eyes were only deep hollows with scarred and closed eyelids. His voice came in a drone as letters were recognised and described. The small boy’s voice followed in a sort of verbal descant.

I watched and the old man said, “Rest now, Mosi, your fingers lose their keen touch if you use them for more than ten minutes.”

Before he could go to another pupil I stepped to his side. “*Mbukwa, Mwalimu*—Good day, Teacher.”

Unflinching and accurately his hand came to mine. “Good morning, Doctor.”

“I have been watching with growing wonder at the way the work goes on here, Bwana Paolo.”

“It is a joy to help.”

“You’ve been in this work for many years. Tell me the story of it.”

With most careful detail he traced his life. The landmarks were the great famine of 1904, the 1914–18 War, 1917 when he had suddenly become blind. The trouble must have been acute glaucoma.

“Many there were who tried to help me. Dr. Stones gave me much medicine and many injections. But none of them helped me. I was blind. This was a

handicap, but I have determined to carry on to do the work of evangelism. One week I went out on *safari*, preaching, the next I was back in my house reading, preparing and making notes in Braille.”

I knew it was this man’s zeal and ability that had caught Varley’s attention and stirred his imagination to start the school.

“But how did you come to learn Braille?”

“It was in 1931. Mrs. King, a missionary in Berega, learned Braille when she was on leave in England. She came back and taught a teacher named Shadrach, and he taught me. Now, behold, here I am teaching others, for the teachers in this place can do much.”

Of those who worked with him, one, a Mugogo, was patiently teaching small boys; the other was an albino from a tribe two hundred miles north. He walked towards me.

“You can see a little?” I asked.

“Yes, Doctor, a very little. Men move as shadows. I recognise night and day, but I cannot see writing on a blackboard.”

“You cannot teach in an ordinary school?”

He shook his head and smiled, “But it matters little, for here I can do so much more.”

A whistle blew. There was an immediate closing of books. Everybody moved out exactly as children from any other school would. They started playing, some kicked a football, other played chasings, and quite a number crowded round the Land Rover with enquiring fingers.

It was a goose-pimple-producing thing to see one lad take a gourd full of water and a safety-razor blade. He thoroughly wetted the tight curls of his friend and then set to work to shave his head with the unmounted wafer blade held between thumb and finger. I looked on in amazement waiting for the haemorrhage, but the job was done without the slightest nick.

The children were climbing nimbly up the gymnasium frame. They laughed and swung from bar to bar with almost incredible certainty. They dodged each other and then a hand slipped and a small boy swung out and fell heavily. I ran up. He was winded—nothing worse.

He struggled to his feet and walked a little uncertainly towards the classroom.

Varley looked at his watch. “That laddie is going over to Mvumi Hospital before long. They’re going to operate. Five of our boys have become sighted again through surgery this year.” He blew his whistle. The boys came running down the hill, sure-footed, avoiding one another, to the shade of a great umbrella tree.

We walked more slowly. “There are children from eight tribes here. We are going to have Bible reading.”

Four teachers, each with a Braille volume, stood with a group of lads squatting round them and read the same portion from St. John’s Gospel. Then the boys sang; and *how* they sang! It was obvious that this was not a place of disability, it was not a place of sadness. Here people did things and rejoiced in the doing.

Fred Varley looked at me and smiled. “And we have an outreach too, you know. There are many who have been here who are doing things for both blind and sighted in a variety of places.”

Over a cup of tea he told me of a lad with keen ambition who had done exceptionally well in his studies and who had been chosen to go to India for further specialised tuition.

“How old was John when he came here, Fred?”

“Thirteen. He went through Standards I, II, III and IV, and this included English instruction. Then he was taught typing.”

“Who taught him?”

“I did. After that he went into the C.M.S. office for a year and then we gave him a shorthand course in Braille. This meant over eight hundred characters to learn. Then one day came a letter from Dar-es-Salaam telling of an opportunity to go to India to be trained in special handicrafts. John was the only one in Tanganyika who qualified. His father was consulted. He said, ‘There is a great change in the boy since he came into your hands. He is open to you to do as you see best.’ Now he’s in training in the foothills of the Himalayas. When he returns he’ll be skilled in the teaching of weaving and cane-craft. We send letters to him in Braille and he types his replies. He tells how he went to a Church nearby. He said to the Chaplain, ‘Sir, if you are unable to be here at any time, may I take the services, and may I preach? This has been my habit at home.’ He does this and we have the unusual slant of an African preaching in English to Indians. That’s what I mean when I say we have an outreach.”

I was to realise that others, too, were being prepared for leadership when a week later, 100 miles away, I stood quietly in the back of the school at Kilimatinde. From the centre of the room came the tapping of a typewriter. Looking down I saw fingers flying over keys. Nobody took any notice of the noise.

The African headmaster said, “He’s blind, Doctor. He’s the only blind boy in Tanganyika who is in a sighted class.”

“Does he do well?”

“Oh yes. He’s the brightest boy in the class in everything but algebra, which is too hard for him to type on his machine.”

“And is he here all the time?”

“Each year he has a refresher course in English and typing at the Blind School. He is one who will go far.”

I sat on the veranda of Varley’s house looking out over the plains making notes of all that I had seen that day. The sun went down over the hills; soon it

was too dark for me to read or write. There was quiet activity going on at the Boys' Hostel. I went out with a hurricane lantern.

A score of boys sat with their backs to the wall, reading. I turned the lamp down. You could hear the murmur as they mouthed the words that their fingers were feeling.

Varley's hand was on my shoulder. Softly he said, "There's economy for you. Our kerosene bill is literally nothing."

"Fred, would they mind if I had a look at their eyes to see why these boys have become blind?"

"Carry right on."

Carefully I looked at eye after eye. Trachoma or sandy blight is the world's greatest cause of blindness. It picks out the under-nourished, flies cling to the eyes, and the child does no more than blink while they do their damage.

The boy into whose sightless eyes I looked would have been normal if he could have treated him six years earlier. Catch trachoma early and it is conquered. First had come the sulpha drugs and then the antibiotics—lovely medical weapons with assured results. I fingered a messy little tube of eye ointment affectionately and confided in it, "You are a beautiful little thing."

A boy walked over and touched my arm. He had no eyes at all. Witch-doctor's work was the cause of the lonely hollows between eyebrow and cheekbone. Other parts of his face were smiling and relaxed.

"Bwana, you speak our language with a nimble tongue."

He put his hand out and felt my ear. "The lobe of the ear of many of my tribe would be pierced." He smiled. "You are not a Mugogo."

I put his finger on the vaccination scar on my arm. "Well, what about this?"

He laughed. "If it were in the centre of your forehead, yes, but here it is only vaccination."

“Only vaccination,” I thought. I looked at a boy squatting in the shade singing quietly to himself. His face was heavily pock-marked and his eyes ruined by smallpox. Six others within ten yards of me were similarly blinded hopelessly. Vaccination would have completely put them on the safe side of things.

Next morning, back at Mvumi, I saw a slight figure with a white walking-stick was coming towards me along the avenue of trees that leads up to the hospital.

“*Mbukwa*, Danyeli.”

“*Mbukwa*, Doctor.”

His hand moved out in my direction. It was obvious that he was blind. For a while he chatted in Chigogo and then he said in excellent English, “I am these days doing the work of an Evangelist at the hospital. I visit each ward and talk to them and play my accordion. Also I speak to the out-patients. There are great opportunities of bringing people to God.”

A small boy of twelve passed us with a subdued, “*Mbukwenyi*.”

We both replied, “*Mbukwa*.”

“Daniel, you were his age when we first met here.”

He nodded, the movement accentuating the sightlessness of his eyes. “Truly, Bwana, and your work did much to save my sight till I had finished my studies and became a teacher.”

For twelve years Daniel had fought blindness which started as fly-borne trachoma. Slowly and relentlessly it had cut down his sight. As a schoolboy he had stood a pace away from the blackboard and had read and written with difficulty but with fixed purpose. If we had had the antibiotics then, Daniel would still have his sight. As it is, he is blind but reading from Braille books and doing perhaps the most important work in the hospital.

His voice broke into my thoughts. “When darkness was certain I went to the Blind School and there learnt Braille and also I taught the children.”

He was silent for a while for I already knew of the dark chapter which had covered blindness and his rebellion against it. There had been strife, a forced marriage, and the loss of his job.

“Why did you take on this work here at the hospital, Daniel?”

“Bwana, it is a thing I can do. Behold, did not that become clear to me when I understood that the Lord Jesus Christ had forgiven me? I thank Him that my eyes no longer see, for when I had sight I followed wrong paths. It is since darkness came that I have understood the true light.”

“James Chikata, who for years did the job that you are doing now once said the same thing to me. His words were, ‘If God had not touched my feet so that I could only walk with difficulty then I would have run along my own paths and not His.’ ”

Daniel nodded slowly. “God understands each of us very well indeed. We must thank Him for these things that He gives us.”

I thought uncomfortably of my own petulance because of small disabilities in my own health.

We had come to the path which led down to his house. “Doctor, is it not a thing that you call a paradox, I whose eyes are blind lead those whose souls are blind into His light?”

Two days later I quietly slipped into the Children’s Ward to see just how he did it. Daniel had no idea that I was there as he came to the door and called “*Hodi?*”

“*Karibu,*” replied the Staff Nurse. He came in, leaving his stick hanging on the door-handle. Carefully he greeted each and every child and their parents. It was as though he saw everyone in that ward. He knew with certainty who was in each bed. It was as clear as day in his mind. He asked how was this one

and that one? Was Merabi's fever less and was the cough of Ndebeto's baby still troublesome?

Then he picked up his ancient accordion, played over a verse and then sang:

“There is a city bright,
Closed are its gates to sin,
No one who is sin-stained
Can ever enter in.

Jesus, I come to Thee;
O Lamb of God, I pray
Cleanse me and save me,
Wash all my sin away.”

Everyone listened with the keen attention that comes only with deep interest. A father with red mud plastered in his hair quietly beat out the rhythm with his cow-skin-sandalled feet. Three anxious women with very sick babies leant over the sides of the cots following every word. Verse followed verse and then for perhaps two minutes, quietly the blind evangelist spoke.

“The door is wide open for those who come to God and ask to be forgiven. Jesus, God's Son, makes us free from our sin and from its punishment and He welcomes us to His Father's House. But the door will not always be open. It is now, so now is the time to walk through it.”

He sat down next to an African man and they talked earnestly in low tones. Later that day I presented Daniel with one of the Gospel Recordings' clockwork-motor-driven gramophones. His fingers went over each bit of it lovingly.

“This is a wonderful gift, Bwana. Behold, the records in so many languages are a wonderful way of bringing joy to many hearts. Every man rejoices to hear his own language when he is away from home. The words of God come clearly on these discs, they come with force, and behold, they are a great weapon for one such as I.”

I watched him a little later sitting with a group of convalescents around him,

reading to them in Braille from St. Mark. I happened to know that this was in English and that he was translating without hesitation.

My mind went back to the Blind School with its ever-growing outreach where we were helping so many to live with and above their disability.

“Doctor,” came the quiet voice of the Medical Assistant. “There are two cases of interest to you. The first is a woman who came with no eyelashes that you could see; they were all turned in and swept her eyes constantly like a broom. Both were extremely red and watery. She blinked without ceasing and was three parts blind.”

The woman smiled at me, her eyelashes were in normal position now, the redness was gone and her sight was almost normal.

In Chigogo I said, “Have you peace in your eyes now?”

“*Ngheeh*,” she laughed, “I see well, my tears are gone, and *yoh!*, what joy it is to have eyelashes where they should be.”

The Medical Assistant separated her eyelids. “It is only a small operation. We use local anaesthetic and the results are good. At once they feel better. They go home and tell a very strong story.”

“Do you do many?”

“Now, yes. But five years ago very few came for this operation.”

“People feared to have their eyes touched?”

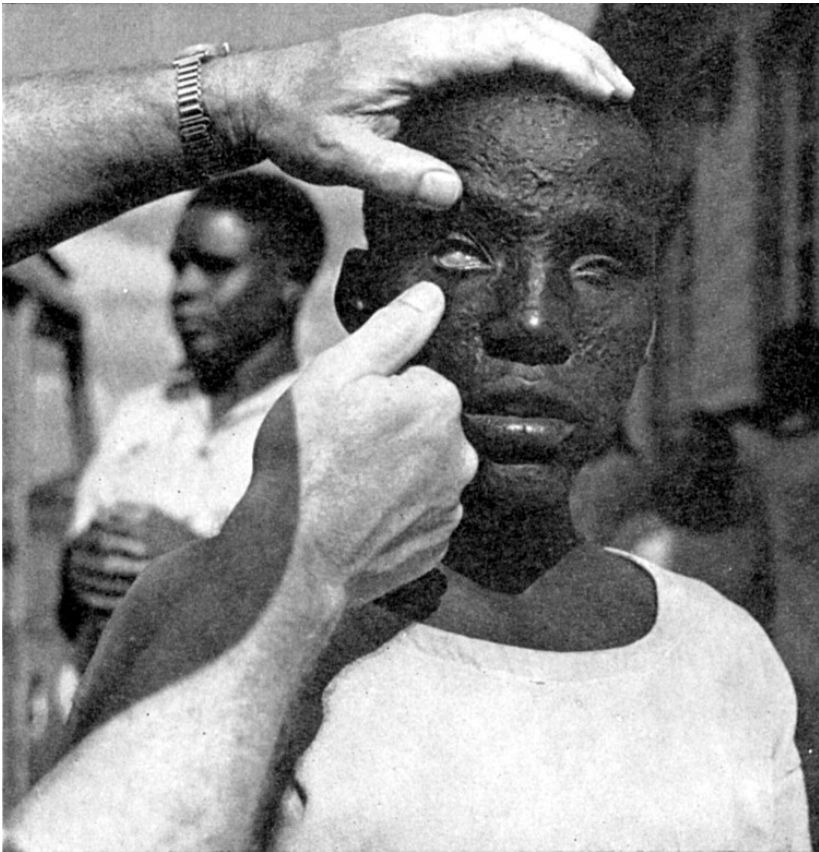
“Truly! At first we had to persuade them but now every day there are some who ask for this help to be given them. In the last three months we have done a hundred. Some seem hopeless; you say to yourself, ‘This man cannot see and will not see,’ but *kumbe!*, in a couple of weeks they have thrown their sticks away.”

We walked over to see the second case, a boy of five who had been brought in from two hundred miles away. At a glance it was clear that nothing could be done for him. He had already joined the ranks of Tanganyika’s blind. The

parents stood back as we examined him.

Very gently the Medical Assistant explained to them that nothing could be done. Blindness is so common that they reacted very little. The father murmured, "*Bassi*," the African equivalent of "O.K."

In his mind probably was a picture of still another futile, pathetic figure, squatting in the dust. But I knew for him there was a strong ray of hope, the Wilson Carlisle Blind School and Captain Fred Varley.



This boy was blinded by smallpox, which was much more common ten years ago than it is now. Great projects for vaccination have done much to save the

life and sight of many of the people.



This old man is recovering from a cataract operation. This operation has been one of the Hospital's specialities for many years. It is always a splendid practical parable—light to the physical eye helps the doctor and staff to introduce the seeing patient to the Light of the World.



Both of these children, pupils at Buigiri Blind School, were blinded during an epidemic of measles. The dreadful effect of native medicine is to produce a vast inflammation which destroys the eye entirely.



A boy blinded by fly-borne trachoma learns to read Braille. A similar blind boy, who did his school work with a typewriter, was trained at the Blind School at Buigiri and is at a Middle School at Kilimatinde. He will soon become a teacher, and may teach both blind and sighted schoolboys.

Corns of Wheat



There was a shop in Mvumi, or if you prefer the Swahili name, a *duka*. Walking from it towards the hospital was a stalwart figure, bare-footed, with a wide-brimmed felt hat.

Gideon Masimba was one of the locals. I had first met him as a very sick boy at the hospital. Now, years later, he was the leading businessman of the town. He had two large lorries and several smaller vehicles. He owned a shop and ran a bus service. Gideon was one of the new generation.

Not far down the hill was another shop, run this time by Samson Boyi, who at one stage had worked at the hospital.

I joined Gideon and together we walked slowly up the hill.

“Well, Bwana Gideon, are you going to visit some sick relations?”

“Bwana, I am just going to greet my small son. He has fever.”

We came to the door of the ward and looked in. Hanging on the wall was a

picture of Dr. Norman Powys. We both looked towards it. Gideon said very quietly, "He was one to whom I owe very much. You knew him well?"

"Yes. When he was a schoolboy he came up to me and said, 'I want to be a missionary in Africa, a medical missionary.' He had a purpose, he prayed and studied and prepared. Before he came he had seen something of the sort of work that this would be, when he was with the Australian Army in Borneo. Back in Australia he asked me many questions about this place—the water supply, the buildings and the sanitation. He had plans for this and for that. Always he was thinking out ideas."

Gideon nodded slowly, "And, Bwana, when he came here he learned both Swahili and Chigogo quickly. He would come and talk with us in our homes in the evenings. He was a small man with a big voice and he roared with strength and produced no fear but great respect. He said, 'The buildings must go up properly.' To make sure this happened he would work as hard as anybody.

"He taught me the things of business. He showed me about accounts and banking and the best use of money. He told me the ways of God in the things of business. His going was a great sadness to very many." Gideon sighed deeply.

"This ward, Bwana, he built it with skill. See how he planned things to be convenient. He put it so that the sun would not make the place too hot. He also had a Chief's room built because he was the friend of all the people. He was a *fundi*, an expert, at plumbing; the water from the bore, and the motor down there, did he not do much of this work with his own hands?"

An old man recovering from an operation had been listening. He broke in, "Bwana Powys had great kindness to old people. He would come through the villages, find the old folk who were blind and bring them back to the hospital for operation. Did he not work with skill on the eyes? And, behold, there were many ways in which he did things. He spoke few words, but there was great kindness in his hands."

"*Eh-heh*," agreed Gideon, "and do you not remember what he did in the days of famine in 1953 and 1954? *Koh*, he thought very cleverly then, and did he

not open a shop and help the local people to buy flour? He bought much grain and he forced the local traders to charge fair prices, because he did not seek profit but only to help the people.”

“What happened to the profits that he did make, Gideon?”

“*Heeh*, they were divided between the Church and the hospital, Bwana. Not a shilling went into his own pocket. He had great wisdom in making money but no desire to keep it for himself.”

“That is a great lesson to be learned in this country. Many here fall into the money-trap.”

Gideon nodded. “It is so. We need many more to help as he helped and show us in the way he showed us.”

He went over and talked to his son, then he came back to me. “Would you like to see my new shop?”

I nodded and we walked down to it together. In pride of place on the wall was another enlarged photograph of Norman Powys. I couldn’t help noticing that flanking it was a Shell calendar and a pictorial advertisement for Coca-Cola. Gideon stood beside me, looking up at the photograph. He spoke quietly, with deep emotion:

“He was my great friend. Did he not ask me to be godfather to his son? It was his *hands*, not his tongue, that pointed men to God. *Koh*, and did he work? He never made you feel that he was a European, and above you.”

“Norman worked till the day he died, Gideon. He was back in Australia on leave. It was a Monday morning. Twice the day before he had spoken in churches of the work over here. After the evening service he felt ill, and had to be driven home, but he did not call for help from a doctor. His thought was, ‘Should I disturb a man’s sleep?’ But in the morning while he talked to the doctor who had come to examine him, suddenly he died.”

Again there was silence for a long time, then I went on. “His wife, Mary, was even as he. The next Sunday Norman had promised to speak in a certain

church, Mary Powys asked that she might take his place in the pulpit. She did, and told of the goodness and faithfulness of God and of her complete trust in Him. Very many will never forget that morning.”

Almost in a whisper Gideon spoke, “It was a thing of great courage and of great faith. Truly Dr. Powys still lives by the things he planted in the lives of many of us.”

There was a broad stretch of rich, red soil between the baobab trees. A woman was planting maize. She dug the moist earth with her hoe, dropped a grain of corn from the cob she carried, and smoothed the ground over with a nimble foot. I had seen a woman doing the same thing not far from the Livingstone Monument at Ujiji, and then as now a thought came to my mind—“Except a corn of wheat falls into the ground and dies, it abides alone.”

David Livingstone had planted, but his paltry box of medicines wouldn't keep one of our hospitals going for a day. He had had great faith and vision, he had constantly tapped the power of the Almighty, and he had prayed nightly, “My Jesus, my King, my Life, my ALL, once again I consecrate my whole life to Thee.” Henry Morton Stanley, a blasé newspaper man, had lived with him and seen his life. Later, in his journals, he wrote that seeing the way the Scottish doctor lived had turned him to faith in God.

Half a dozen people came into the shop. I gripped Gideon's hand and walked down the path, almost into the arms of Dr. Hannah.

“I've been thinking over the real cost of the job, Welles.”

He looked at me over the top of his glasses in his characteristic quiet way, and said, “Anybody coming out here must face that too. You can't expect life to cost you nothing in Africa. Look at the people we've had at the hospitals, the nurses like”—he reeled off a list of over a score of names of women who had given the cream of their lives to nursing in Tanganyika—“some of them have been honoured by the Queen, and have M.B.E.s, all of them have worked solidly, often against incredible difficulties. There are thousands of feet walking the soil of Tanganyika Territory because of what those women did and taught, and many of those feet are travelling God's way and will

influence the new Tanganyika, and perhaps the world.”

“If ever anyone deserved honour it is these jungle nurses, Welles. They’ve had years lopped off their lives, and the edge taken off their health. They’ve lived on a wage that provided only basic living, without modern conveniences. They’ve lived in houses where there are scorpions, spiders and snakes, houses around which a menagerie stalks at night. They’ve bathed in zinc tubs, lived in all-kerosene houses; every drop of water had to be boiled before it was drunk, their diet was dull and without variety, and even sanitation involved a walk through various degrees of jungle.”

Hannah nodded. “I completely agree, but there is another side to it. There is no one who has given up home or wife, brothers, parents or children, for the sake of the kingdom of God who will not be repaid many times over in this age, and in the age to come have eternal life. Some things are lost but infinitely more is gained.”

“Norman Powys used to stress that. Do you remember his saying, when speaking to nurses, ‘None of you should go overseas with a hope in your mind of finding a husband. One of your sacrifices will be of home and of family.’”

Welles nodded. “He was completely right. I’ve heard the same thing, only from a different angle. An African student asked one of our pioneer nurses, ‘Did you come over here because you could find no husband in your own country?’”

I grinned. “Sacrifice isn’t made easier when your motives are not understood. Again and again these days that verse about the corn of wheat has come into my mind. If it does not die, it remains single—alone—but if it dies, it produces much fruit.”

“Do you remember how it goes on? ‘He that loves his life loses it, and he who hates his life in this world will keep it for eternity. If anyone serve Me, he must follow Me, and where I am, there shall My servant be. If anyone serves Me, the Father will honour him.’”

I looked out to the hills at the north. On the skyline directly above the spot

where a woman was planting was a hill shaped like a pyramid. “Whenever I see that hill Chikanga, Welles, I think of Bill Wynn-Jones.”

He raised his eyebrows questioningly.

“I was looking at Chikanga’s triangular top from way over near Kongwa, fifty miles away on the slopes where the Chinyasungwe river rises. It was somewhere there that Bill lost his life. He was one of Tanganyika’s great men, Bishop to five million people and the personal friend of thousands.”

Hannah nodded. “*Msafiri* they called him—‘the traveller’—and everywhere he went he seemed to know people by name and the whole of their family history. He understood their personal problems, and always had time to talk and pray with them. The only time he was in a hurry was when he was in a car.”

I chuckled. I too had travelled with him. “You know, Welles, if I had to write an epitaph for him, it would be ‘To William Wynn-Jones people mattered.’ ”

We started walking down the road again, each with his own thoughts. Winding away through the hills, now green after the rains, was a red ribbon of road. I thought how nineteen years ago Wellesley Hannah, his wife Marjorie and their baby son Lister had driven along that road one morning on a visit to the hospitals east of us. That same night Marjorie was suddenly attacked by tropical dysentery and had died before sunset the next day.

As Hannah opened the door of his house he said:

“You realise, of course, that this cost is not only to us. Africans who choose to follow the Lord Jesus Christ pay very heavily in their own particular way. I will never forget our Staff Nurse, Mary Simon, who came from a Christian Chagga family. She lived on the slopes of Mt. Kilimanjaro. Mary was a most pleasant girl, good at her classwork and an excellent practical nurse. She had no difficulty in passing her general nursing exam. and her midwifery. Above all, she was wonderfully kind to her patients. We did not hesitate to make her a Staff Nurse.

“Mary had always been interested in God’s way. Her life had been exemplary,

but one day she came to me. She was worried. How could she be sure that she was a Christian, that she really was a child of God, that she had everlasting life? I explained it to her, and gave her that wonderful verse from I John: 'He that has the Son has life. He that has not the Son of God has not life.' I told her that, 'To as many as received Him, to them He gave power—authority, right—to become sons of God.' I told her how He stood at the door of man's heart and knocked, and said, 'If any man hears my voice and opens the door, I will come in.' After a while she turned to me and said, 'I know whom I have believed. He will keep me.' After that there was extra joy in her life and also in her nursing. Her face showed it. She was a tremendous influence for good amongst the others in the place. One morning she came along and said:

“ 'I don't need to go off duty, Sister, but I have a little malaria.' She was given anti-malarial tablets. The next day was her day off, so she rested. The third day she was on duty as usual, and at midday she said, 'Sister, I'm afraid I simply can't go on any longer.' Her blood-slides showed malaria parasites still present. That evening it was the routine picture of an attack of malaria, but the next morning, quite suddenly she went into a coma. We did everything we could, but she just quietly slipped out of life. It struck us all a terrific blow. None of the nurses who lived with Mary will ever forget her. Her living and her dying made a profound impact on this Training School.

“Then there was James Chikata. What a wonderful job he did while he was hospital evangelist. You told his early story in *Doctor of Tanganyika*, but not the whole of it. For twelve years he was a power for God in the wards here. His complaint, Madura foot, gave him great trouble, and he had to hobble round on sticks. Once he nearly died from septicaemia. His feet became worse and worse and at last I had to amputate, but there was a peace and calm about James, and not an ounce of self-pity. He said to me, 'Bwana, if you suffer yourself you can help other people who are sick. They know you understand.'”

Later on Daniel, the present hospital evangelist, told me story after story of James' effective work, his smile accentuating his sightless eyes that had been ruined by fly-borne trachoma. Looking at him I began to feel how tragic it was that he should be blind. Even as I thought this, he said, “You know,

Doctor, I thank God for my blindness. When I could see I chose to walk in dark ways, but now that I've lost the ordinary light, the eyes of my soul are wide open to the Light of the World."

"You're right, Daniel. Sometimes there is no other way God can stop us from slipping. These things come to make us more useful in our special job."

Daniel leaned forward. "Yes, that's it, God chips rough bits off with His axe, or smooths us free from splinters with His plane and His sandpaper; then he can use us safely in His building."

Yohanna came striding up. "*Hodi!*"

"Come in," said Daniel and I in one breath.

"You talk words of seriousness?"

"We do indeed, we're talking about the cost of running this work, not merely money but the sweat, the tears and the blood."

"Yes," grunted Yohanna, "and the spit upon your hands. But then there are all the matters you seldom think of—things that twist an African's soul inside him."

Daniel tapped with his stick on the ground. "It costs more here to live for God than to die for Him. It is hard to explain but there is deep fear, a great struggle to turn and go God's way, and often words of scorn and the kind of laughter that cuts jaggedly."

"*Kah!*" burst out Yohanna, "if you can't make it clearer I can. It is customary here to lie to make life easier, to grow rich by 'making friends,' yes I'll call it bribery—this thing is everywhere. To loaf and shirk is common, dreadfully common, and to travel the road of lust and adultery is the way of the majority. To the many who go this way the hospital motto 'the love of Christ constrains us' is complete nonsense."

As I nodded in agreement his eyes flashed and he jumped to his feet and stood, hands on hips, looking down at me. "You, too, make the price heavier,

you simply don't understand so much of our thinking. *Kah!*, how many things you do not grasp."

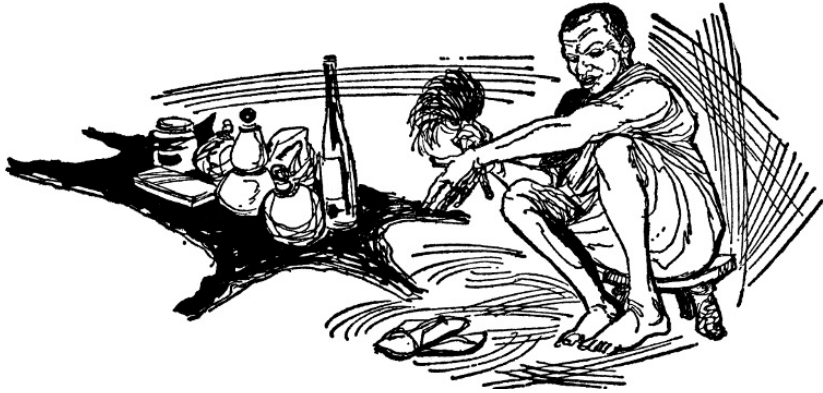
"But, Yohanna, I've tried. I have read all I could and talked with people and..."

He interrupted me with a sweeping gesture, "You, Paul, yes, you try; you know many things about Africa, but your understanding of us is still clumsy. You stumble and bruise and trample where you should not."

I grinned ruefully. "The trouble is, Yohanna, you're right and I know it. This all goes to show that you men and women of the new way in Tanganyika must put your shoulder under the new responsibilities. We from overseas will teach the special skills while we're needed but this calls for many shoulders and much muscle."

"And faces turned to God," said blind Daniel. "Backs turned on Him is the easy path, but going His way with Him is uphill and *hongo!*, there is high cost."

Witchcraft and Muddled Medicines



“Trouble!” groaned Yohanna. “This job of being an Inspector of Schools is not easy. His school was below standard and I told him so. *Kah!*, how I told him! And then I wrote a scalding report with a scowl on my face all the time I wrote it.”

He leaned back in the chair in the headmaster’s office and put his hands behind his head. “And then he started talking!” Yohanna’s voice copied the tones of the teacher. “*Kah!*, we thought it would be easier with you as Inspector; you are one of us, one of our tribe; you have suffered under the tongue of European Inspectors, but *kumbe!*, you are more *kali*, fierce, than any of them.’

“So I replied, ‘Truly, I have pride in my country and my people. They need education, they want education, you’re giving them education and you must give it to them well.’”

Yohanna grinned. “But inside me a small voice said, ‘Not so long ago your work was very much like his. The reports on your school were as his are.’ But it’s different now, Paul, I cannot stay inefficient or let inefficiency pass. I *have* to be fierce when I find bad or slipshod work. So I stood up and waved

my hand just like the Inspector who used to supervise my school, and said in a stern voice, 'Stop talking, get on with the job.'

I laughed, but Yohanna was suddenly serious. "These teachers may grumble, but they mean little by it. However, in the place where I stayed after one of those visits when my report was full of strong words, behold, when I went to lie down there was a large cobra under my bed. Many said this was witchcraft because of ill-will towards me."

"What did you do?"

"Borrowed a gun and shot it!"

"What about the witchcraft angle?"

Yohanna chuckled as he stood up and stretched. "I knew it was pure *bahati*, pure chance. One thing must be made clear to those not of this country. There is a great difference between medicine-men, *waganga* as we called them, and *wachawi*, witch-doctors.

"Medicine-men cook roots and bark, they kill chickens and goats and have a black bag full of different medicines. They also make charms to counteract magic. But the *wachawi*, they are a very different matter." Yohanna started to pace the floor. "Witchcraft, black wisdom, magic, call it what you will, is deeply feared and seldom forgotten. I can introduce you to a score of medicine-men, but seldom to a true *muchawi*; even the small children know who they are but nobody talks about it or them."

"Then you don't believe that it was witchcraft that sent that snake to your room?"

"It is absolutely untrue. I don't believe men can send snakes, owls, hyenas or chameleons as their messengers. There are a convenient number of these creatures about. But there are families of people who are believed to be witches. People fear them. A man can be a Christian and a communicant yet he will be terrified if a *muchawi* uses a word to him that suggests magic. There are cases where Christian teachers do not want to work in some villages because known *wachawi* are living there."

He stopped and leaned over the arm of a chair. "In the work in the schools, with the help of the Lord, I am doing all I can to make the boys believe in Him and thus lose their fear of witchcraft.

"Many boys come to me and tell how they have had the skin cut over their wrists and knees and over their hearts and had special powder rubbed in, believing that this would protect them from spells. Many of these boys believe now that the Lord guards their bodies as well as their souls."

He sat down like a man who had done a heavy piece of lifting, and we were in silence. Outside the crows hoarsely called from the baobabs and the sun beat down on the tawny-coloured grass that flanked the red earth path. Onto this stalked a bright yellow creature that looked like a miniature dragon. It moved in a peculiar jerky fashion and its eyes swivelled weirdly. A grasshopper landed in front of it and out shot a long tongue with a sort of a nob on the end, and in a split second the grasshopper was being swallowed by this chameleon.

"*Lwivi*, the chameleon, is on *safari*, Yohanna." I heard the scrape of his chair and his voice came in little more than a whisper. "So is the old chief. Watch this and you'll see something new."

Sedately up the hill came the old man. With him were six of his elders and a red-fezzed, khaki-uniformed younger man, his personal policeman.

They turned the corner not twenty yards from where we sat. The chameleon lurched forward and stopped directly in his path. The man in the red fez stepped forward briskly. We had a grandstand view of the whole performance. He took a small gourd from his pocket, poured tobacco snuff over the tip of his knobkerrie and, holding it out, walked deliberately towards the chameleon. One little beady eye followed that slowly approaching stick. The small reptile opened its mouth and hissed softly. The chief's man slid the tobacco-covered point forward between the dragon-like jaws which instantly fixed themselves round the wood. There was tense silence. The canary yellow of the chameleon became muddy; it staggered and slumped over, dead. The policeman carefully threw the little creature on the school rubbish heap and spat on the tip of his stick.

“That’s to sterilise it, Yohanna?”

He nodded. “The matter is not finished yet, they will consult medicine-man to see who has sent this messenger of evil. He will throw the shoes and divine where the hostility comes from.”

“I’d like to see that done, Yohanna. It is all very well to talk about this throwing of the shoes; it’s a different thing to see it done.”

But three days later I witnessed a performance. Yohanna had been inspecting a school, I had been recording bird noises. We stopped at an Indian *duka* and bought two bottles of iced orange squash and sat drinking it through straws. Out of the corner of his mouth Yohanna said, “Look to the west, Paul. There is a man of much interest.”

Casually I did so, and saw a very ordinary-looking Gogo tribesman with pierced earlobes, dressed in a most nondescript black cloth knotted over one shoulder. He turned and looked in my direction. His face was shrewd, but there was a twinkle in his eye.

Yohanna beckoned with his hand in the local way, palm down. The man slowly stood to his feet, cleared his nose by blowing violently down each nostril separately, and then came across, his face a blank.

I greeted him in his own language. “*Mbukwenyi, Muwaha*; good day, Great One.”

An immediate smile came over his face, he took my hand, and for two minutes we exchanged polite greetings.

“We would have joy to talk with you and hear the words of your medicines and see you at work.”

The medicine-man spat thoughtfully at an inquisitive chicken and said nothing.

I jingled a few coins in my pocket.

He cocked his head to one side and said, “*Nhawule?*—just why?”

“The Bwana has heard that your medicines are very strong, not only for the bodies of men but also to take the strength from spells cast by the *wachawi*, the wizards.” Then aside to me in English, “He is a good man, this one, of wisdom and kindness. He will agree to tell you much, and to show you more for a small gift.”

I nodded. “Do not the wise ones say, the unfed chicken produces few eggs?”

He looked at me sideways and said, “How do *you* feed chickens?”

I counted out ten shillings very deliberately.

He nodded and smiled. “It is a good food, truly.”

The bargain included transport. Before long medicine-man was wedged between Yohanna and myself and was directing us towards a particularly large baobab tree with beehives in it. We drove through a garden of castor-oil plants and pulled up outside a squat, mud-plastered, wicker-work house. He led the way inside, brought us stools and he then squatted down with a round black box at his feet.

“That is his *cbibogolo*—his medicine-box,” said Yohanna.

“Bwana, my name is Mwana Ngholo—son of a sheep,” he said. “These are my medicines.” He spread them out. There were two egg-timer-shaped gourds with wooden stoppers, and a large selection of old bits of different coloured cloth tied up with wisps of baobab-fibre.

They looked like minute plum-puddings. There were a couple of rolls of fine brass wire, two small beeswax-tipped cow’s horns, a very sharp, cheap clasp-knife, some bits of quartz, a fragment of tortoise shell, a nondescript, dry, brown lump of stuff which he assured me was lion’s vomit. Then he produced two bottles corked with corncobs and containing powder, which made Yohanna grin, for they were labelled “Pepsi Cola” and “Contents guaranteed pure beer.”

As he unpacked his medicines there was an aromatic smell with a vague tang

of fermentation about it.

For an hour he went into their uses and then he showed me how he dug roots, prepared them and cooked them. He let me watch him cup a patient using the small horns of a buck from his bag. As he finished I asked: "Tell me, Bwana Mwana Ngholo, what is your fee for this treatment?"

Blandly he replied, "Three shillings when he arrives and two more when he feels better."

In English just loud enough for me to hear Yohanna whispered, "That's why they buy patent medicines at the *dukas* these days. Aspirin is cheaper."

A rumble of thunder came over the plains. Rain came pelting down with a sound like an express train. We rushed for shelter into the medicine-man's mud hut. Inside was gloom, the smell of cooking and of goats, cow manure and wood smoke. Around my feet struggled two small children, half a dozen chickens, and a very mangy dog. Farther on in the gloom was the most miserable of dogs and a collection of diseased sheep, with what looked like goitres. At the far end of the place, some fifteen feet away, crouched five people. The rain started to drip through the mud roof, sweat ran down my face, and the atmosphere became a crescendo of smells. Then the rain eased off. We went outside. Water dropped from the trees and trickled down the paths. A small boy splashed in the deep hole that supplied mud to plaster the wicker walls of the hut.

"Great One," I said, as medicine-man settled himself again on his stool, "if a chief were to find his path crossed by a chameleon, what then?"

The shrewd little man's face was a complete blank.

I reached over to a great mortar full of corn and threw a little to some very skinny hens. They rushed for it.

In a flat voice he spoke after I had placed five more shillings on the rim of the mortar.

"A chief would visit a *muganga* to find what spell is cast, who has done it and

what medicine needs to be made to protect him.”

His hand closed over the shillings, a smile flickered round the corners of his mouth and I said, “If I were to tell you that a large yellow chameleon stood in my path?”

He shrugged his shoulders, and said nothing so I went on.

“Great One, remember, I too am a doctor. I also have ways of wonder.” I took a shilling from my pocket, palmed it and held out my two closed fists. It looked obvious that the money was in my right hand.

“Choose,” I said, “if you have the seeing eye. If you select the hand in which the money is, it is yours. If you fail, then the money remains where it is.”

Mwana Ngholo’s smile spread into a grin. “*Koh*, my eyes need no medicine.”

“Would you care to throw the shoes to see in which hand the money is,” I said, “just to be completely sure?”

His grin became wider. “It is unnecessary. I will have the hand that points to the east.”

That was my right hand. Slowly I opened it. A look of utter astonishment came over his face, for the hand was empty. I held the other hand open, and the money was there. I dropped it back into my pocket.

“Behold, you will agree that this is rather powerful medicine.”

“*Koh*,” he said, looking at me with a new wariness and a measure of approval, “come on the other side of the house and I will throw the shoes.”

Then it seemed that a change came over him. He crouched outside the door. A mask seemed to come over his face as he took two ordinary, cowhide, native-made sandals, spat on them, tapped them on the ground four times, his lips moving in a wordless mumble. Then he threw them flat on the ground. The sweat stood out on his forehead. Almost tenderly he stroked the soles, and looked up into the sky.

Slowly he relaxed. Picking up the shoes, he put them carefully back into his bag.

Down the path came a man carrying a muzzle-loading gun which someone had made for him out of old water pipes. He greeted:

“Great One,” he said to the medicine-man, “I have a nose that is blocked, my head aches, and I sneeze with strength.”

“Did you bring a fee?” asked Mwana Ngholo sourly.

“*Hongo*,” said the hunter, “what should I bring?”

“A hen.”

“I will bring it tomorrow.”

The medicine-man shrugged his shoulders and lost interest, but when I offered to buy a hen and pay the man’s fees, he was all smiles. He picked up his *panga* again and walked off to the jungle. He was away about five minutes, and he came back with a slip of wood about four inches long, cut from the branch of some tree. The bark was already removed. He came up to the hunter.

“Sit down and put your head back—farther back.”

He twirled the stick vigorously between his clenched teeth, producing a kind of coarse powder, which he held between his lips. Abruptly he stepped forward and grasped the big man’s head, forcing it back still farther. Then he spat vigorously up each nostril.

The hunter reeled back, sneezing violently, tears pouring from his eyes. Then he struggled to his feet, grasped his gun and his jungle knife, and staggered off still sneezing.

When we had said our farewells and were driving slowly along a track through thick thornbush, Yohanna said, “There you saw medicine-man and some of his work.”

He gripped my arm and said, “Stop.” We were under a large euphorbia that looked like an ancient eastern, many-armed candlestick. It stood out starkly against the background of the jungle. A limb of it had been hacked off. Yohanna pointed this out and spoke in Chigogo. “That may well mean witchcraft. If two people curse one another and one is offended, he then goes to the track along which his companion is in the habit of walking, or he will come to the door of his companion’s house by night. Then he strips himself naked to the buttocks as he sets out charms. It may be that he cuts a piece of a tree like that—a piece as long as your arm. He may bury it beneath the path or across the doorway of the man he has cause to dislike. When the man finds this charm, behold, he may become ill and die, possibly his feet will swell, or again, perhaps his manhood will dry up within him as the juices of the plant wither.”

“What is the next step, then?”

“You call on Mwana Ngholo and he throws the shoes.”

“You know, Yohanna, I’d very much like to meet one of these *wachawi*.”

“Perhaps,” he smiled suddenly, “I could arrange that also.”

Magic in Collar and Tie



“In our tribe every form of disease is thought to be caused by a spell.” The speaker was a graduate of Makerere University College and was completing a Doctorate of Philosophy at Cambridge.

“Does that apply to tribal people from the villages or to men who have been through schools and the university?”

He spoke quietly. “I don’t like to admit this, but many of these graduates would believe it deep down inside them although they laugh it off if you face them with their credulity.”

Yohanna brought up this conversation as we sat on a stone bench outside the out-patient’s room.

“He spoke words of truth. The other day I was on the far side of this building. Some of the older girls from the school were having their hair cut. One of the European teachers came past and said, ‘When you have finished, girls, sweep up that hair carefully and burn it.’ Now these girls spoke English, they came from Christian homes, but they said, ‘We do not burn hair.’ ‘Oh,’ said the teacher, ‘of course you do, it’s the hygienic way.’ But they would not agree; they said, ‘We will put it down the rubbish hole or under a special tree but we

never burn hair.’ There were many words but they insisted, ‘WE DO NOT BURN HAIR.’ And at last with hesitation they explained, ‘If a witch should go past does she not receive the smoke of the burnt hair and are we not bewitched?’”

“The fertility business again, Yohanna? They fear spells producing childlessness?”

“That’s it, and it is very, very real to them. There are many things of this sort. Not long ago in the newspaper was a long story of the mortuary attendant at Dodoma Hospital. He was accused of cutting off the especially female parts from dead bodies and drying them before grinding them into powder and selling them to youths, for this stuff is said to have great power.”

Up went my eyebrows. “Power, Yohanna?”

“This is what I mean. If a young man found that a girl refused him then if he sprinkled this powder in her path,” the corners of his mouth twitched, “she could not resist his advances. He received one year in gaol from the judge for this work. That man had been employed at the hospital for years.”

To the door of the out-patients’ came a neatly dressed man in his thirties. His *safari* jacket and khaki trousers were carefully ironed and his shoes highly polished.

“Now there is a new thing,” said Yohanna, “that is Juma, a medicine-man from the nearby tribe. He has brought in his child with malaria because his own medicines have produced no result. He also has fever himself.”

“His charms are very expensive, I hear. Let’s ask Daniel.”

The blind evangelist had the whole story. “He charges ten shillings for *mapigi*, charms that keep you from evil happenings and bring you good luck. They used to be worn on string or baobab bark but now you see them on men’s wrists above their watches tied with coloured plastic.”

“That is so,” agreed Yohanna. “Many who wear coats, collars and ties even on the hottest days, have charms in their pockets.”

“You mean the man from the country wears these charms round his neck or ankle or wrist but the town man in a Government job prefers to have them where they will not be seen?”

“*Ngheeh!*” he nodded, “I know one who has several charms for which he paid a lot of money. He keeps them in small separate cellophane envelopes. Did I not see them when they fell out when he pulled out his handkerchief?”

“He was very full of explanations and I knew he was ashamed for others to see. But he was not prepared to live his life without these little bits of wood and goatskin which give him hope.”

“So much for the educated ones, but what of the man in the village who lives in the old ways?”

Daniel answered, “He wears charms openly; also it is common to find a charm tied in black cloth over the door of a Gogo house. There is only one door and anyone who enters is prevented from harming you because of that medicine above your head as you enter.”

“What would be in it?”

Yohanna shrugged. “Crushed insects, and a certain part of it comes from snakes, for snakes are very useful to witch-doctors.”

Yohanna looked at me quizzically. “So much for the people of the tribes, but what about the educated ones of Europe?”

“They go in for charms in a big way—rabbits’ feet, little silver things round their necks—”

Dr. Hannah had heard the last few words as he came in. He said, “We have a problem along this line at the moment. The day before yesterday a man came here to this out-patients’ room. Come in and I’ll tell you about it.” We walked in and everyone sat down except Wellesley who strode up and down as he told the story. “This man looked wretched. He lay down on the couch there and complained of pains all over his abdomen, his heart beat hard, he talked in his sleep, he felt dizzy. I examined him most carefully but there was

nothing unusual or abnormal to be found. The more I thought about it, the clearer it was that he had an illness which wasn't organic. So I asked Daniel here to talk to him."

Daniel lifted his head, "You were right, Doctor; we talked for a long time, he and I. After many words he told me that six months ago his wife cooked maize cobs in a large clay pot. She covered them with another clay pot and left them all night. Next morning they ate them; when their meal was nearly finished they saw with great fear that each pot had a hole bored in it."

"*Kah!*" broke in Yohanna. "That meant only one thing—an enemy had somehow got to the pots, made the holes and left his deadly medicine in them."

"You speak truly," nodded Daniel. "They knew the food they had just eaten was either poisoned or bewitched. From that moment on they both had a terror in their living. They were haunted in their minds as to what would happen, and the husband in particular had dark worries both by day and night."

"There you have it," said Wellesley. "As so often happens his mental anguish produced very real symptoms, he had these pains round his belt-line, his heart thumped and raced..."

"And this made him think he was bewitched," interrupted Daniel, leaning forward on his white stick. "He said to me, 'Urge the doctor not to conceal it from me if I am about to die. I want the truth.'"

"Surely he would have gone to a medicine-man and the shoes would have been thrown," I said.

"No." Yohanna shook his head vigorously. "He is a Christian. What he needs..." He started to his feet. "*There* is a man who will help more than any other."

Hannah and Danyeli went over to talk to him.

"That is the answer to your question." Yohanna's voice was excited. "That

man is a *muchawi*, as were his father and grandfather.” I looked at the very ordinary-looking, middle-aged man with rather large, pierced ear lobes. He wore a battered felt hat, a khaki shirt and shorts and sandals made from old motor tyres.

“There is nothing ominous about him, surely; why does Dr. Hannah ask his help, anyway?...”

“I will arrange for you to meet him.”

It was late afternoon when I did so. He had been to see the man who thought himself bewitched, and everyone had been very reticent about telling me anything. He came forward and shook hands. “I am Asheri Matata, Bwana, it gives me great joy to speak to you.”

I replied, “And I, Great One, have much pleasure in greeting you.”

He smiled, “It says in God’s book that those who love and obey God and who hate sin talk often to one another, and that God listens and hears it and that He writes a book of remembrance.”

I couldn’t produce a word. I expected something so utterly different.

He looked at me, “Do you really love God and do you taste of the peace that He brings to a heart that is cured from sin?”

My tongue slowly came back into working order.

“*Yoh*,” I said, “truly, the words that you say are joy to my ears, and I agree with them with a full heart. To love God, to obey Him, to hate sin, to have fellowship together, to talk about the One we love, are the big things of life, but I wish to talk to you about witchcraft.”

His face suddenly became mask-like, as I had seen Mwana Ngholo’s face, and then he relaxed and smiled.

“Why do you wish to know these things, Bwana?”

“When I fight ordinary disease, I try to find out its cause, so that I might fight

it better. If there is a lion or a leopard in the jungle I do not fire shots and hope I find the wild beast. I watch it carefully along the sights of my rifle, and then I am able better to deal with the menace.”

We all sat down in the shade of a spreading thornbush.

Yohanna grinned. “It was a joy to see your face when Asheri spoke as he did—your eyes very wide open, and your mouth also. *Kumbe!*, these days he is a pastor, which makes things different.”

Asheri Matata nodded. “I was a witch-doctor. I learnt the ways from those of my family, these are dark ways and very secret. They bring deep fear and often death. The strength of *wachawi* is that no one knows exactly what it is or looks like. Some think it is a white powder, others are sure it is black, all know that it is deadly.

“People are bewitched by witchcraft in their food or drink, by witchcraft on their doorstep or on their path. Fear is always close.

“When I was still quite young I had both wealth and power. It was in these days that I heard readings from the Bible in my own village. The one who read was a European. That book spoke stern words and filled me with wonder.”

“What did it say, Bwana Asheri?” I asked.

He pulled a New Testament from his pocket, turned almost to the end and read Revelation 21.

“Now at last God has His dwelling place among men, He will dwell among them and they shall be His people and God Himself shall be with them.

“He will wipe away every tear from their eyes; there shall be an end of death, and mourning and crying and pain; for the old order has passed away.

“Then He who sat on the throne said, “Behold! I am making these words trustworthy and true, I am the beginning and the end. A draught from the water-springs of life will be My free gift to the thirsty. All this is the victor’s

heritage, and I will be his God and he shall be My son.” ’ ’ ”

Asheri looked up at us. “These particularly were the words that cut like a sharp knife: ‘But as for the cowardly, the faithless and the vile, murderers, fornicators, sorcerers, idolators and liars of every kind, their lot will be the second death in the lake that burns.’ ”

He put the book down and stood up urgently. “My mind asked, ‘What is this book with news of sorcery? What was this lake which burns with fire? Was I, a *muchawi*, to have part in it?’

“These questions stirred within me. I went into the jungle to think it over. I came back to my house, and there I found those who wanted my help. This made more doubts within me. I went to the Mission and talked with many words till I understood. Then I decided I would follow Jesus Christ.

“I have found His way is not easy, there was a whip, scorn, spitting in the face, a cross and death in His own path. But to those who obey His word there is strength to follow in His steps.

“These were my words to the man who was bewitched. Jesus is stronger. He is able to protect you to the very end of the road.”

Window Into Welfare



The well-dressed young African woman stood looking down at the tiny baby in its mosquito-net-covered cot.

“*Hongo!*” said Sechelela, “and she was little bigger herself when she was born.”

We sat in the shade on the veranda of the women’s ward. I turned my chair to look directly at the old nurse and said, “Come on, Grandmother, tell me the story.”

“Her mother was one who followed the ways of the hospital, and it was just as well, for there was trouble with the arrival of this child. For two days without result she battled and then became completely exhausted. At last a three-pound baby girl was born, limp as a wet rag, blue, and showing no sign of life. *Yoh!*, how we worked, for her mother was haemorrhaging.”

Sechelela paused and sighed feelingly. “But, *kumbe!*, the bleeding stopped, the baby breathed and cried and how she grew! There she is now, Winifred Chilewa.”

The young woman looked up as she heard her name. For quite a while we

chatted and a number of things were jotted down in my small note-book. Women began arriving for the welfare clinic. Winifred hurried off and Sechelela said, "Sit here, Bwana, where we can hear and not be seen."

"That's all very well, Seche; but I want to see as well."

"Your eyes will have their opportunity. See here, have we not a window?"

There was a large mirror so arranged that from where we sat we could see everything, yet our chances of upsetting the normal way things happened was very small indeed.

"Who is the Staff Nurse in charge here today, Grandmother?"

"Her name is Marita, the daughter of Elija, who was the teacher at Malolelo. He was one whose life was all but lost in the days of meningitis, but we had the medicine. *Kah*, Bwana, how often I have said those words, 'his life or her life, or the child's, or the baby's life, was lost, but for the medicines we have.'"

"Do the people have as much confidence as you have, or...?"

She tapped my arm slowly. "They agree that many things have value, but very often, deep inside, they mistrust our ways and lean towards Chigogo *chetu*, our Chigogo tribal customs."

She pointed with her chin to a humped hill three miles away. "Over there, within sight of our hospital, is a place of deep darkness. But quiet, here comes the first one."

I looked into the mirror. There sat a nurse with veil, carefully writing in a book. The room was light and airy, and smelled of honey, as did the yellow flowers outside the door. There were scales on a long table and baby weight cards.

"*Hodi!*" came a voice. A mother with a baby on her hip stood at the door.

"*Karibu*," said Marita, standing up and smiling. "*Mbukwa*, Ndalú."

"*Mbukwa*."

“Are you well?”

“I am well.”

“Is the child well?”

“He is well, but he has no strength!”

“*Hongo*, he is vomiting and getting thin?”

“Yes, his body becomes thinner.”

“How old is he?”

“Three months; was he not born in the days just before the small rains, and *kumbe*, was he not a big baby when he was born?”

“*Hoo!*, on what are you feeding him?”

“*Mele du*—only milk.”

“Milk! What milk? Let me see your breasts.”

The back cloth about the woman’s chest was untucked. Marita bent forward.

Sechelela pulled on my sleeve. I bent down. “You see, Bwana, they’re still doing the old things. Many know better; but still it is the same story. *Kah*, I could almost recite these words in my sleep. Listen.”

“*Kah!*” Marita’s voice was full of disgust. “You have no milk to give him.”

“That is so. Is not my milk bad?”

“Bad, is it? Who said so?”

“Why, the *wadala*—the old women.”

Marita stopped and there was a long pause. I peered at the mirror. The Staff Nurse had turned to face the mother squarely.

“Tell me, where was that baby born?”

The mother opened her eyes very wide and in a tone of injured surprise said, “Was it not born here, in the ward over there?” She pointed with her chin. “Do you not remember?”

“*Heeheeh*, I remember only too well. Truly it was born here; and you take *our* baby to the old women of the village.”

Sechelela whispered, “All babies born here we call *our* babies.”

I nodded and grinned as the woman went on in an apologetic voice.

“What could I do? His grandmother said he was to go, and what am I? Could I refuse?”

“It is well-known that the old women of the tribe use loud words for the following of the custom of the tribe; but the child is not hers. She did not bring it into the world; we did. She was unable. Would not the child even now be dead but for the Bwana and the work of those who know here?”

“Truly.” The mother was fumbling with a corner of her black cloth.

“Look at me,” persisted Marita. “Is not the child ours, since he was born here? Is it not for *us*, not the medicine-men, to decide what he eats?”

Ndalu nodded, her eyes fixed on the floor.

“Well, and tell me the truth, what milk have you been giving him?”

Ndalu looked up aggressively. “*Hongo*, what milk have I given him, you ask? My own is bad, what other milk is there but cow’s?”

Marita was on her feet, her voice was all indignation. “Cow’s milk, COW’S MILK? *Hongo*, does the cow send her child to *you* to be fed?”

Ndalu wrinkled her forehead. “How could she?”

Marita waved her finger. “Then why do you expect the cow to feed your

baby?”

The African mother threw her hands wide. “I have given him cow’s milk, for the *wadala*—the old women—all say that this is the way when your own milk is bad.”

Marita shrugged. “Tell me, how do you give him this milk?”

“Out of a *chipeyu*—half a gourd—of course.”

“Do you not boil the milk?”

“Boil it? *Kah*, why should I boil it? What good would that do?”

The welfare nurse leant forward and said quietly, “Ndal, these are the words of wisdom of the hospitals. You have been destroying your child’s life with your foolishness.”

The woman looked hopelessly at her miserable baby. Marita went on. “Do you add water, or sugar, or oil to the cow’s milk?”

A mumbled reply came. “I did not know of these things.”

All of this was too much for the old woman sitting beside me. Slowly she got to her feet and walked into the room. Her kind old face was beaming. “Listen.” She put both her hands on the young mother’s shoulders. “Am I not an old woman of the tribe? Have I not seen the birth of my grandchildren’s grandchildren? Have I not suffered in my heart as you are suffering now? Did not my first two die? For the old women of my day, they also said my milk was bad. Their words were foolishness.”

“*Hongo*,” said Ndal, “but Marita here, what does she know? She is not even married.”

“Truly, but the helpers of the hospital have much teaching of the ways of health. Follow her words. They mean strength for your child and comfort to your heart.”

“But what shall I say to the old women?”

“Keep well away from them, for they will seek to steal from your child his birthright, the milk from his own mother.”

“But my milk is bad; it’s *bad*, I tell you.”

“No; that is the story told by witch-doctors to take your wealth.”

“Then why have my other two children died before they could even hold their heads up? Do not we all Magogo know that this happens to those whose milk is bad?”

Sechelela shook her head. “That is not so, my child. These are the words of truth. God prepares every mother to be able to feed her child in the best way. The first few days there is a little water-like fluid. It is not bad milk but special food that not only strengthens the child but protects his health.”

“*Hongo!* But I have been told that this is not sufficient, and the grandmothers say, ‘Give him gruel!’ ”

“*Ngheeh!*” nodded Sechelela. “They told me that; but it is an ignorant lie that kills many. Apart from his mother, all the very new baby needs in those first days is a little boiled water. Did you not see this done here in the hospital?”

Ndalú nodded.

“And the babies were all right?” broke in Marita.

“*Ngheeh,*” agreed the old woman. She was looking tired.

It was an effort to talk as she was doing. She put her hands on the young mother’s shoulders and smiled into her eyes. “When the third day came your breasts were hard and full of milk. It hurt you a little when the baby began to suck.”

“That is so.”

“Know then very surely that the milk in your breasts was the food which God specially prepared for your baby. The old women thought differently and advised you with small wisdom and now what is best for your child has dried

up.”

“*Yaya gwe!*—oh, my mother!” sighed Ndalú, “What shall I do?”

“Marita will show you. She knows the way with great certainty.”

From outside came two voices and I saw another nurse with another mother carrying another very sick baby. The words came clearly.

“But how could I feed her? Was not my milk bad? Did not the old women say...”

“*Eh-heh!*” grunted Sechelela. “So it goes on. It is slow work, very like bringing up a family.”

“Will they ever learn, Grandmother?”

“They will, they do and they have,” she smiled. “Marita is very wise and knows how to teach. Come and drink tea and when we return there will be perhaps four or five who will be hearing the same things.”

She was right. Four women were grouped round Marita. She had a clean saucepan and a small jar with a screw top. She picked up a brown bottle that one of the women had put down. Round its neck was a smelly piece of string. Critically the worker held it up to the light. “What is this bottle?”

“The milk for the child.”

“How often do you feed him and how much do you give?”

“Do I not give him a little each time he cries?”

“*Kumbe!* Foolish one, this is the way not to bring joy or peace to stomachs. Do you yourself eat porridge every hour or so?”

“I am not able; truly, I would vomit.”

“Why then do you expect the baby to do so? Listen with open ears and I will show you the way of wisdom.”

Marita picked up the brown bottle again and inspected it with care. "It is not a bottle of cleanliness. It is the sort that brings great trouble to small stomachs. Clean bottles are most important and very necessary. You need two, one for Monday and the other for Tuesday and so on, understand?"

There was a nodding of heads. "*Ngheeh*, when one bottle works, then for that day the other rests and when its companion is being used then for that day the first bottle rests. *Ngheeh*, but it rests washed and clean and covered to keep out dirt and *dudus*. Bottles always must be clean and be washed with hot water with care."

"*Hongo*, we had not understood."

Marita held up the jar. "So much then for the bottle and now for the thing of greatest importance, the milk."

She went to a cupboard and brought out four two-ounce jars that had contained a well-known brand of soup. "I will give you each one of these to take home. It must never, I repeat never, be used for any work other than to measure the milk and water for the babies' meals."

The women nodded and watched with great interest as water, milk and sugar were mixed and cooled. They listened to a very clear explanation of how tomatoes could be grown and the juice used to give the baby Vitamin C.

At last I stretched and whispered, "Sechelela, that has been worth seeing. The welfare worker is a girl of ability." We walked over into the shade of the pepper trees. "But do you really think we're getting anywhere? Haven't we been telling them this for years? Not as well perhaps, but the same main idea?"

Old Sechelela squatted on a stool. "*Kah!* You must know that that very girl who is even now teaching is a child who came in one such day as this, worse than any of those four, her small body thin, her stomach revolting from the gruel crammed into it. She was the smaller of twins and was certain to die, but we took her, Bwana, and the Girls' School brought her up. She was the child of the School. She was their welfare baby to practise on."

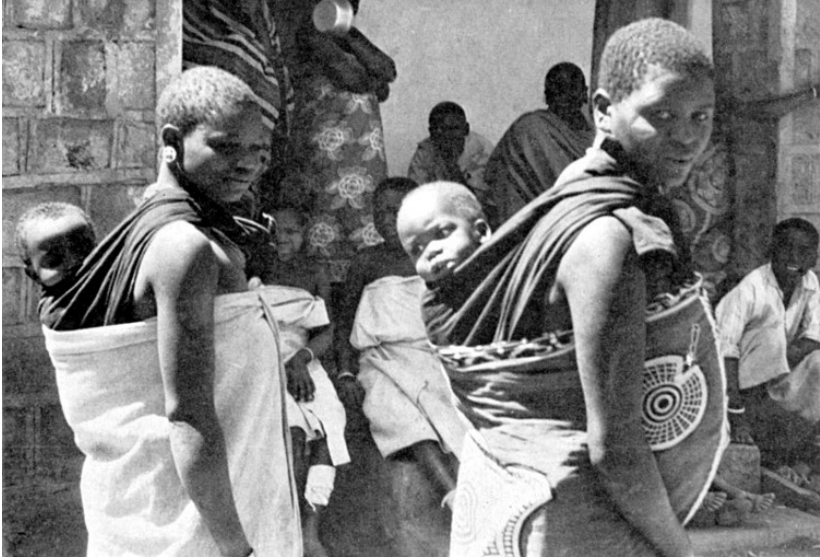
“Poor little guinea-pig,” I murmured, and then, “Wait; look at this picture.” Out of my pocket came the book, *Doctor of Tanganyika*. I pointed to the cover with its two babies in the bath. “Is that she?”

Sechelela put on her glasses, peered intently at the picture and started to laugh. “It is indeed, but do not show it to her; there are those who have small joy in that sort of picture of themselves.”

Three days later I attended an afternoon tea-party. Africa, Asia, Europe and Australia were represented. Among those present was Mrs. Winifred Chilewa and new baby. New baby suddenly lifted up his voice loudly and one of the African ladies said, “Winifred, feed him quickly!”

“Not so, it is not the time,” came the reply as she produced from her bag a bottle of boiled water and immediately quietened the baby with it.

Behind me I heard one European voice murmur in surprise and another reply, “That’s not to be wondered at; it is rapidly becoming routine. That girl is setting a lead, she’s a trained nurse and midwife and not so long ago was Sister-in-Charge of the Children’s Ward at Mvumi Hospital.”



Mothers arrive at the Welfare Clinic at Kilimatinde.

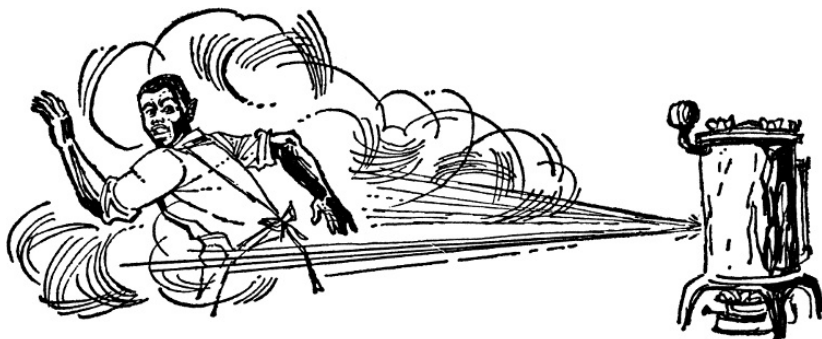


Staff Nurse Mwendwa Grace weighs a baby in the open-air at Kilimatinde,

watched by trainee nurses from the Training School at Mvumi.



Bargain Basement Hospital



“Talking of bargains,” laughed Joe Taylor, “this place is full of ’em; we exist because one or other of us keeps his ear open for buzzes and his eye on the rubbish heap.”

“I’m afraid it’s always been pathetically true, Joe. When we started most of our equipment was very second-hand or rather beaten up. I bought one collection of old surgical instruments, about £500 worth, for £5. That was the basis of our operative gear.”

“Our progress has been steadily along the same rather slippery path,” said Taylor, taking off his coat and moving over to the theatre hand-basin to scrub up before doing a cataract removal operation.

The stainless steel bowl was complete with elbow taps that turned on and off in the best aseptic fashion and were a notable modern utility. “Bought ’em for thirty bob each from the Kongwa Peanut Scheme when it folded up,” chuckled Joe.

“What else did you salvage?”

“Lots of *bati*.”

“I’d hardly classify corrugated iron as surgical equipment.”

Laconically came his answer. “Perhaps you’re right, but it’s useful and keeps out the rain. When they shut down their hospitals, I picked up some first-class instruments for a fifth of what you’d buy ’em for in the shops, first-class artery forceps, scissors, and all the routine everyday instruments we need, the things that wear out all too quickly. I also snapped up a £30 ophthalmoscope for £5.”

He reached out to pick up the nail brush, under it was a scorpion. Joe despatched this efficiently with the comment, “It’s interesting how insects like to crawl up drain pipes.”

As he scrubbed his hands he motioned to an instrument table. “Had that made for forty-five shillings, the same thing in chromium and glass would have cost eight hundred. Look at that box on the lower shelf.” I picked up a carefully cellophane-covered collection of gleaming eye instruments. “A gift from someone at home, a sort of thank offering for their own eyesight, they cost £100, and are worth every penny of it. You can’t operate on a precision organ like an eye with anything but highly efficient instruments. Eyesight is too precious to trifle with.”

He then proceeded to give a fine demonstration of accurate ophthalmic surgery. His patient, an old man who had been blind for years, said hoarsely in a voice full of apprehension, “When will you start to cut me, Bwana?”

Joe, who was holding the old man’s head while the Staff Nurse bandaged, said quietly, “We have finished, Grandfather.”

“But there was no pain.”

“That’s how it should be, Great One,” and in an aside to me, “and that’s how it is if we have the right instruments in top-class condition.” He helped lift the old man onto a trolley on which he was wheeled out of the door. We followed into the ward and watched the careful way the old man was put to bed. “Those beds,” said Joe, “are a real story—ask Wellesley about it.” He pointed to a bowl of catgut, “That’s another find. When I heard that a certain surgeon at home refused to use one batch of catgut, we acquired £500 worth.

It may have been out of date, but it was infinitely usable.”

We walked back to the theatre. Joe went on, “Talking of rubbish heaps, look at the theatre light.” It was a very neat-looking affair, but as unlike the variety you’d expect to find in a great hospital in Europe or America as a jeep is to a Cadillac. “That,” said Joe, leaning on the operating table, “that light cost us exactly eighteen shillings, it was bent and battered and actually found on the Government Stores rubbish heap. The freight on it was eighteen shillings. Robin Smith fixed it and now those four, 40-watt lamps do a stout job. We can see to operate for a figure that would rank as petty cash.”

“Shop-soiled is another good line,” went on Joe Taylor. “Look at that little anaesthetic machine, bought it for £45 instead of £60.”

“How did you get on to these things?”

“I was in England on leave, went to preach at a church where there was no vicar, became friendly with a fellow who said, ‘Keep me in touch with your needs.’ One day the autoclave broke down, so I wrote him an air-letter telling of this calamity. He cabled back, ‘Carry on, buy a new one.’ I did, here it is, he paid.”

Autoclaves are vital pieces of equipment. One day at Kilimatinde Hospital the twenty-year-old veteran exploded in a cloud of steam. A pressure-cooker was a not very convenient deputy, and the task started to suffer. Ken Dalley prayed, remembering the words, “My God will supply all your needs.” Both he and I feel that when God gives a blank cheque and you’re fulfilling the conditions you should go ahead. Ken ordered.

At much the same time in Australia, where no hint of the need was known, a cheque was being posted that covered the cost. God’s staff work was superb.

Then there was the matter of hospital beds. The first to grace our mud-brick wards were local products of rough-cut timber with “wire” mattresses of criss-crossed rope or stretched strips of rawhide. These were a delight to unwanted insects of the more disreputable varieties and a constant problem

to us. As the wards improved, so did the beds, until we graduated, just before World War II, to iron bedsteads with steel slats. These were more easily kept clean, but being only a foot from the floor, were not by any means the best for nursing nor were they comfortable for the patient.

Then came a whisper that St. Bartholomew's Hospital in London was selling fifty beds at £1 each, with some of the special operative obstetric and orthopaedic variety at £2. There was also a bargain in cots.

Again no money was available, but to miss an opportunity like this would be madness. We ordered. Airmail letters were sent, a little talk, and again the money came to hand, BUT by some quirk, the order included a bonus consignment of 1,000 outmoded bed pans. The beds arrived, and freight proved to be double the cost. The staggering thing though was the freight on the bonus, and the problem what to do with them.

The designer of these unspeakable articles deserved high mention in *Punch*, they were neither utility nor ornament. We couldn't sell them, we couldn't give them away—no one was interested, though there were some very interesting suggestions, one by a solemn-faced individual who had brought what Yohanna Kitabu called “a moment of strong laughter” when he asked to have his weekly injection into both legs so that he would only need to visit us twice a month.

Our difficulty now was what to do with these memorials to the trials and tribulations of those who frequented hospitals in the days of Queen Victoria. Our solution was to turn them into a novel weapon in combating soil erosion, which could well present a pretty problem to a future generation of archaeologists.

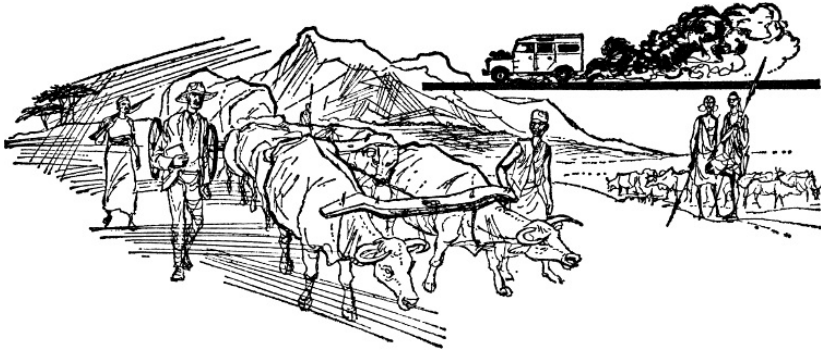
Perhaps our best bargain is our pathology laboratory. The cost of equipment would barely purchase a television set, but that humble room with its kerosene refrigerator, its kerosene incubator, its second-hand microscopes, ten-year-old, hand-driven centrifuge, and varied collection of much-used glassware, made it possible to save more than four lives a day.

Bargains make a good story and makeshift is adventurous, but both constitute a precarious way to cope with progress. The only antidote to

twenty-five years of living on a medical supply tightrope is men with a view beyond their own city and their own nation and minds that are geared to planned giving.

Vividly comes the memory of one young doctor who looked ruefully at his shabby operating facilities and his ramshackle laboratory and said, "The main trouble out here is that we haven't much more than our lives to give."

On the Edge and On the Brink



“This road used to be a horror,” said George Pearson, who combined the useful qualifications of Archdeacon of the Church and International Rugby Union Footballer. He placed one of the feet which had made him famous in the football scrum on the accelerator of the Land Rover and we swept along a road that went out as far as you could see.

“The old road, George, used to go at the foot of the hills, and every time there was a thunderstorm great bits of it disappeared. We filled them in as we went. You always had a spade and a hoe. Sometimes it would take you six hours to do fifty miles.”

I glanced down at the speedometer—“If we keep it going at this rate we’ll do it in an hour.”

We turned at an angle and swung off through a change of country. A notice beside the road read “Eastern Province.” George pointed with his very square chin at a gap in the hills. Beyond it in pastel shades of blue were the coastal ranges.

“Through that gap in the hills came Alexander Mackay four generations ago. The table at the Mission House in Berega is made from the sides of his ox

wagon. A lot of things have changed since he navigated his way inland, but those fellows haven't."

A group of Masai warriors with seven-foot spears, red mud in their hair, stalked past without so much as a glance in our direction. We pulled up to take some photographs of some trees whose leaves were of the most delicate lacy tracing. I felt they would make a wonderful mural. A bicycle was toiling up the hill towards us. A smiling lad leaped off. On the carrier were strapped a Bible and a bow and arrows.

"Ah, the Church Militant," said George.

We greeted him. He was a teacher from way up the side of a mountain which stood out against the sky. George reached out and fingered the arrows. "Why carry these?"

The teacher's chin almost imperceptibly moved in the direction of the Masai.

"They are rather warlike these days, but behold, Dr. Backhouse more than any other is their friend."

We said farewell, and drove on. Hills towered above us, their deep green broken by huge bald patches of volcanic granite.

"There is something eerie and adventurous about this country, George, it draws me on, but again and again I feel I develop an odd collection of goose-pimples and want to look over my shoulder."

Ahead of us, brilliant sunlight was filtering through the limbs of delightfully foliated trees onto a soft stippled background. Clearly came the bark of baboons, and where there are baboons there are leopards. It was ideal country for these great jungle cats, with its light and shade and camouflage. We crossed the bed of a small stream, and drove past a market place. Here there were a row of mango trees, and three coconut palms. I had the odd feeling that a lot of people were looking at us, but no one was to be seen.

George nodded towards the trees—"To those just driving through here, they're simply trees, but there's quite a story behind them. The tradition was

that anyone planting such trees would die, but the old man who lives in that beehive-shaped hut up there took no notice—he planted them and has lived to enjoy their fruits, and he is very old indeed. This Kaguru country teems with customs and beliefs that seem to be without rhyme or reason, and they rob the people in a score of ways. Believe me, this shows up very clearly at the hospital.”

I grinned, “And I suppose it is made all the more difficult, because, as I was told the other day, this is one of our hospitals where the doctor is not a gentleman.”

Through a grove of bananas a tall young woman, carrying a feminine-looking bag from which peeped the business end of a stethoscope, came towards us. With her were two Masai, one in the traditional gear of an ochre-coloured cloth draped over his shoulder; there was red mud in his hair and all manner of ornate bead work in his ears. The other was dressed in a green pair of corduroy velvet trousers, and a shirt ornamented with Mickey Mouse.

“Juliet Backhouse comes up against it here all right, but she does a tremendous job, particularly with these Masai. She has found the way right into their lives.

“The character beside her, in those odd garments, is their Chief.”

To me his whole dignity was parodied by what he wore, while his companion, dressed only in a red cloth, had all the poise and bearing that had so impressed the early explorers.

We climbed out of the car and greeted them. The Masai warrior was carrying his spear in one hand, and in the other a portable gramophone to which were attached a considerable collection of records. We talked for a moment and then they strode back into the deep green, disappearing in a moment in the light and shadow. High above them were the stark outlines of mountains, mildly mist-capped.

“I am going out to the people, these days,” said George, “it pays off. Things are different out here somehow.”

George moved into one of the *dukas*, and picked up a bag of cement with considerable ease. As he went back for another, people came around, all very affable and talkative. Through straws we sucked orange squash of a well-known brand, from frosty bottles taken from a refrigerator.

“How goes the hospital, Juliet?”

“Difficult. Everybody seems to go to the medicine-man first, and then perhaps to the hospital. The people are more reserved, harder to reach.” She put down the bottle. “I feel they seem to ‘love darkness rather than light.’ ”

“There are some though,” said George, “that are the very cream of the task. There is old Archdeacon Daudi Muhando here, the first African Archdeacon. There’s our first Tanganyikan African Bishop, Bishop Yohanna Omari. He comes from a tribe up there a bit to the north. He actually was a Mohammedan lad, and he was converted while helping in the hospital.”

We drove out of the market place and up the steep hill to the mission station—the ruggedness of the track made me think of how Jesus Himself had invited people to come, and how few had chosen to do so. He had told them that it was rough uphill going to the Kingdom of Heaven, but many people preferred smooth travel with their minds steeped in apathy about the end of the road. They fixed their thinking on the comfort of the moment.

We crossed a river, and in the distance was the mission station. It had been there for eighty years.

I broke the silence: “I was talking to Robin Smith the other day, and he said that in a bushfire the coldest spot is the place where it started and the hottest is at the farthest edge.” Juliet nodded, and George’s deep voice came in as he swung the wheel sharply to drive past the Middle School. “This may be the cold spot in some ways, but there have been some flaming torches from this spot. You will find new fires for God in many places. Many leading teachers in the schools, prominent people trained and in training in the hospitals, and some of the best men in the churches came originally from here.”

We pulled up outside of the hospital. A dozen hostile-looking men stood to their feet. The leader stepped forward and in a surly way started to make

demands. We were soon in the middle of an ugly argument. Juliet coped with it most effectively. We watched the men walk silently down the path, and then followed her into the ward.

“Ugh,” she groaned, “those people remind me of vultures hovering to swoop. This is the second time they have come demanding to take home a girl with tuberculosis. She isn’t progressing as fast as they think she should. They want to carry her back to try native medicine.” She put her head in her hands and groaned again.

“I have never felt the powers of darkness anywhere as I do here at Berega. They have faces full of evil. I can’t put words around it.” She looked up. “There is only one answer—the power of the Son of God. We tell them again and again in every way we know how. They have ears to hear, but they simply won’t listen. It seems so uphill, it is all so slow. We ourselves are such weak vessels. We don’t understand all that lies behind the evil in their souls, or their faith in native medicine.”

There came an interrupting voice—“Doctor, come quickly to the baby ward.” Juliet stood wearily to her feet, and then hurried out.

I walked slowly down to the old mission house. The sunset was brilliant. I looked out past the few grass-roofed buildings. In many places this traditional roofing was giving place to corrugated iron, and here and there was a wireless aerial.

The Wakaguru are a go-ahead people. Some had ducks quacking round their houses, a new form of domesticated protein: and one man in the village was breeding guinea-pigs as a source of rapidly reproducing meat supply.

The evening was calmly quiet—there was a gentle picturesque pastel freshness over the countryside. The light green of the trees, the dark shadow of the hills, the crescendo blueness of the mountains in the distance, and the range of reds and yellows of the evening sky. Children walked past laughing and singing. In the near distance was the sound of evening worship in the Church.

Then a large venomous snake squirmed out from the roots of a hibiscus and

disappeared in the maize garden.

Darkness came fast—the whole atmosphere altered. From behind the village a drum started to throb, a sound vibrant with lust. Then came the prolonged tooting of a strident horn. Soon an ill-sprung heavy lorry lurched past, its way lighted by a single headlight. With a screech of brakes, it pulled up outside the hospital. In its passage it left the whiff of stale beer.

Remembering the snake, I lighted a lantern, picked up a stick and walked the hundred and fifty yards to the hospital. By the time I had arrived, the lorry was on its way again. The dozen vague figures clinging to the bodywork were singing a ditty—they were obviously in the middle of a celebration.

At the hospital I found Juliet bending over an unconscious woman.

“Drunk,” she said, “the whole lot of them. Dumped her down here and were off to their beer drink without waiting so much as to greet me.”

“*Eheh*,” said a convalescent patient who stood nearby. “Did they not say that they had much work to do.”

“And that work would be mainly swallowing,” said Juliet. “Look at this.” The woman had obvious meningitis—her neck was rigid, and her eyes asquint. Her head and forehead were covered with marks of native medicine. She was a mother-to-be. The meningitis was so advanced that she died an hour later. A stark tragedy of life wasted.

Juliet sighed, “She’s the third who has died within the last week, simply because their relations waited too long, they all use native medicine first. It’s like hitting your head against a wall, trying to help people who don’t seem interested. They live in darkness, and seem to like it. They are not really interested in help, they don’t think they need it!”

There were dark circles under Juliet’s eyes as she steadfastly set about doing what had to be done in the hospital. I sat there looking at the vague outline of the hills, and asking myself what was the way to run medical services in a vast country like Tanganyika. To cover the situation properly there needed to be a hospital like this one at Berega every twenty-five miles in each direction,

staffed by a doctor and with trained African personnel. The country was alive with people and reeked with disease. It was obvious to me that we as a mission could not supply medical services to a nation. For a quarter of a century in this place we had done what we could with what we had in the way of medicines and manpower, and had barely dented the problem, although some of the results we had obtained were outstanding.

A peculiar will-o'-the-wisp sort of light was coming towards me along the path. As it came closer I could see a man furiously pedalling a bicycle.

“*Hodi*,” he called. I invited him in, but he would only talk to Juliet Backhouse. She came at once, and together we listened to the story.

“Doctor, will you come in the car to bring a patient to hospital. She is about to have a baby. We cannot bring her in.”

“But why?” asked Juliet, “when she came in not many days ago for examination all was well, and your village is not far away.”

The man shrugged. “We cannot get her in—come at once!”

Juliet sighed, “You can’t take a risk with these things—it’s the women who suffer, but I have a feeling that this is all a packet of lies. It’s the pattern of so many yarns of the same sort.”

The night was very dark. We drove along an exceptionally rough jungle track, the headlights cutting a swathe through the darkness. As we topped a rise and started down a long steep hill, we saw twenty people walking towards us. For a moment they were dazzled, and then scattered wildly to each side of the track. As we went past, we heard them calling greetings. “Probably the relations of the woman, they’re on the way to hospital, so that they will miss nothing,” said Juliet, swinging the car hard to the right.

A few minutes later we saw the beehive-shaped huts of the village. Lights outside one of them directed us. Inside the hut, which was full of smoke and made my eyes water, was a woman lying on the floor on a mat.

“Uh,” said Juliet, “this is not the sick one. You said she was coming to hospital

to have a baby!”

An old woman nodded her head. “True,” she said, “but the baby was born a little while ago after the messenger left.”

“Where is the child?”

“The child is not here. Was it not born dead, did we not throw it away?”

One look at the woman told the grim story all over again. She was unconscious. Her mouth opened easily, there was black so-called medicine all over her tongue.

“What?” said Juliet. “You said she had had no medicine.”

“Truly,” they told us, “she has had no medicine.”

“How did that get there?”

“We do not know.”

We carried the sick girl to the Land Rover and placed her on a mattress. Six of the relations crowded into the back with her. Half a mile from the hospital, we passed the crowd of relations whom we had previously seen.

The next hour was very full. The woman was in extremis. When nothing more could be done, Juliet went out and spoke to the hushed crowd of relations. In the background the drums beat out. The night air was full of the scent of frangipani and the sour smell of frightened people. Quietly Juliet spoke.

She told them of those who had come to the hospital too late to be helped. She told them of the danger of walking in darkness. She held up the lantern, hung it on a nail on the post behind her, then turning over the pages of her Bible she said:

“These are the words of God in the book of Romans. He says—‘None is righteous, no, not one; no one understands, no one seeks for God, all have turned aside. Together they have gone wrong. No one does good, no, not

one. In their paths are ruin and misery, and the way of peace they do not know. There is no fear of God before their eyes.’ ”

She turned over a couple of pages and read, “ ‘Sin always pays its servants. Those wages are death.’ ”

Again there was the flutter of pages and her voice came, “ ‘The sting of death is sin, and the power of sin is the law; but thanks be to God, who gives us the victory through our Lord Jesus Christ.’ ”

They were a subdued and attentive group of folk who sat there in the lamplight, as Juliet simply told them of darkness and light, and of the living Light of the world.

Late that evening we sat round the dying woman’s bed. Again the thought kept pounding through my mind as I looked round the hospital: “Is this the way that we should carry on medical work in the new Africa?”

For a time the hospital had been almost empty when they had been asked to pay even a nominal sum for medicines, and then when the Native Administration paid for the medicines the hospital was swamped with people, who expected often to be treated by injection and to be cured by one dose.

Probably the hospital would be taken over by Government later on. We had already seen this happen at one out-patient clinic with a few maternity beds attached. I had seen some of our trained staff running a Native Administration hospital tucked away in the side of one of those thornbush-covered hills. A Christian man and his wife were in charge, and man’s soul was not forgotten in their treatment. It seemed to me that these hospitals away out on the edge of things had a different future ahead of them.

Juliet started to her feet. She was bending over the woman. Quietly she drew the sheet up over the woman’s face, and said with deep emotion, “There are times when despair is not far away.”

I looked at the clock—it was midnight. Sleep had seldom been farther away. I walked down to the house, sprayed a little insecticide because the

mosquitoes seemed to have crept in despite the wire gauze, and sat down to write. The drums were still beating. From a very nearby tangle of thornbush a hyena gave its long drawn-out lost-soul-wailing laugh. It was very eerie, and it wasn't hard to understand why many of the local people felt that hyenas were the messengers of witch-doctors. The whole place, the whole atmosphere, seemed steeped in superstition, fear and ominous hostility.

On a large sheet of paper I drew out my ideas and plans for the future. Then came a voice calling Juliet. Ten minutes later another voice:

“Bwana, *hodi*.”

“Yes, what's up?”

“Doctor Backhouse says to come at once to the hospital.”

I put down my pen, picked up the hurricane lantern and walked out into the night. An owl flew wide-winged past my face. Anyone would tell you in this part of the world that owls are the messengers of witches. A nightjar, its eyes gleaming red in the lantern's light, flapped up noisily into the air from almost at my feet. One of the most feared medicines in East Africa was made from that bird's eyes.

Outside the hospital, standing and squatting, were more Masai than I could count. They were making an incredible noise. Suddenly through their ranks stalked one of their tribe whose head was shaved. I recognised him as a village chief. He greeted Juliet. She looked over his shoulder to the noisy group of partly drunk warriors. Anything could happen in the way of tribal disturbance, and those spears could have added to the night's work.

The chief looked at her and smiled, and said, “You will leave them to me, Doctor, there will be no trouble.” And then, “May I see the sick man?”

On the operating table lay a young Masai warrior. He had been hacked about incredibly by one who he said was his friend. The weapon was a *panga*—a two-foot-long heavy blade used for chopping firewood or clearing a path through the jungle.

“That would not have happened,” said the chief, “if I had been about!”

“Wait a moment,” said Juliet. She sat down and wrote a letter to the Government Medical Officer at Kilosa, 60 miles away.

“See that this reaches the doctor at Kilosa with speed,” she ordered. “It will bring medicine which will help to save this young man’s life.”

The tall Masai nodded, and ten seconds later the noise outside had abated. A general anaesthetic was given and for three solid hours Juliet sewed up gashes all over that young man. The cleaning up process took three times the normal time. His wounds were filthy—cow dung had been smeared into them. I had never seen a better candidate for tetanus. It was an hour before dawn that we left him in the care of the Staff Nurse, the chief sitting quietly beside the bed.

Juliet said, “That man is more appreciative of our efforts than anybody else in the district.”

A night like that is no preparation for a heavy day’s work.

There was hardly time to pause next morning. In the early afternoon a police Land Rover arrived with the anti-tetanus serum. It was duly injected, and two hours later we went to the Masai village.

Their whole life centred around cattle. Their housing was built round the cattle yard. It was wicker-work plastered with mud and cow dung. Their food was milk mixed with the blood of cattle, their clothing was made from cow-skins suitably softened and ornamented, their bedding was cow-skins. We were treated with great deference—stools were brought, we sat under a tree.

Juliet produced a gramophone and played them Gospel Recordings records in their own language. They listened entranced. My concentration was upset by an old Masai man, who as he listened selected bloated ticks from the back of the cow on which he had been leaning. He cracked them with his teeth and sucked the blood.

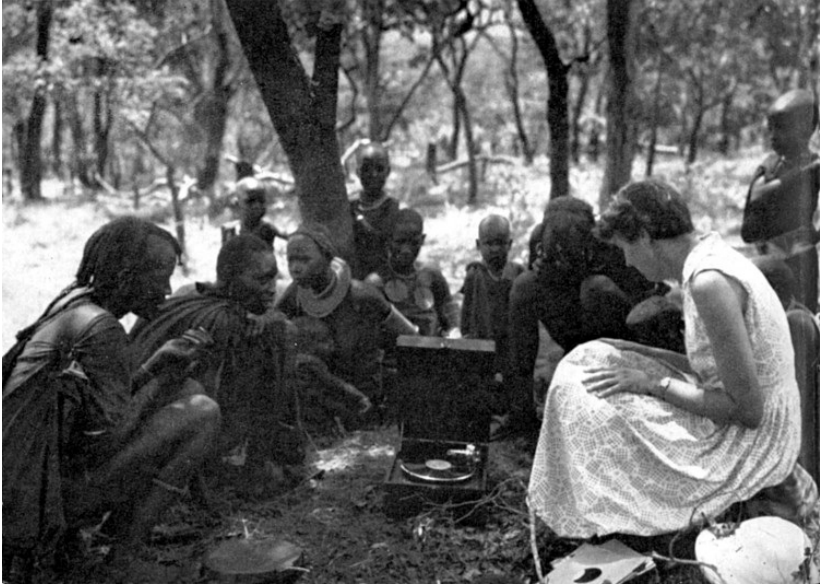
At the evening meal, Juliet said, “You can see the problems we face here. After fifty years of missionary activity, we are only scratching the surface medically. We are seeing lots of patients, but they come too late, too infrequently, for us to make any real medical impact. We must re-think our whole approach to these hospitals on the edge of things.”

The next morning, as we drove back into the Gogo Country, George Pearson said the same thing in a different way. He slowed down when we were way out in the heart of thornbush jungle as the road came to a roundabout, so typical of the British road system. It had all the appropriate signs about keeping left.

“Looks odd, doesn’t it!” George laughed. “It’s hard to remember that Kongwa was the second city of Tanganyika only a matter of years ago.” The road swung to the left and a rather battered notice announced that “Kongwa welcomes the careful driver.”

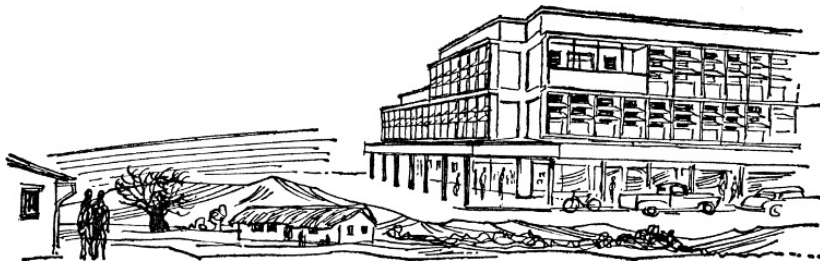


Dr. Juliet Backhouse examines a Masai baby in the Hospital at Berega.



Gaining the confidence of the Masai in Tanganyika has been a long and difficult business. Here Dr. Backhouse plays Gospel recordings to them in their own language. She is held in tremendous regard by these nomadic people, through friendship and repeated life-saving operations.

In the Balance



Kongwa certainly had history tangled round its name. The explorers had passed that way, progress had been slow for years, then came a tidal wave of activity, the Groundnut Scheme. With it came an aerodrome, a railway, a battalion of bulldozers, and a modern mushroom city.

But two consecutive seasons of famine proportions and something less than four inches of rain had spelled no groundnuts, the multi-million-pound project had folded up, and now there is no city. A railway station with no rails, a planeless grass-covered aerodrome, and obscure rubble fouled by hyena droppings remain as a vague memory of houses, halls, shops, workshops, schools and administrative buildings.

Before this spate of civilisation had swept through Kongwa, at the foot of the hills beside a patriarch of baobab trees was this modest, mud-brick, iron-roofed hospital which had won world fame in the early 1930's by first being runner-up, and later winning, the Empire Baby Week Shield.

This little hospital was still carrying on. I sat under the huge tree, the biggest I had ever seen, then out of sheer curiosity I paced round it. It took twenty-four steps each slightly more than three feet. I had been told that it was at least 4,000 years old. Many dramas must have occurred here. I had seen Governors, Bishops and assorted V.I.P.s drinking tea under its shade, urgent feet hundreds of times had carried critically ill people under it; lorries, Land Rovers and a variety of vehicles had stopped beside its great trunk to unload

their quota of sick.

Witchcraft and spells had been discovered in the dust beneath its branches. It had seen war and famine, and slave traders had sheltered under its vast umbrella.

My musings ended as a nurse picked up motherless twins from a rough cot. I called, "What are their names?"

"*Muciwa*—Poverty, and *Mehazi*—Tears," she replied.

Up the path came the Pastor. He greeted me and said, "The mother died even as they carried her in, after these twins had been born on the road."

We looked at the tiny babies and he spoke again. "Penina, who is a nurse in training, looked exactly like one of those twenty years ago." Then he shook his head. "Many fewer are coming in here these days, many have moved away since the days of the groundnut."

An old man with grey hair walked up the path and greeted ceremonially. "What would you do, Great One, if the hospital was no more?"

He shrugged. "Its going would bring no joy, it is a walk of sixteen miles to the Government hospital at Mpwapwa."

"But there is a bus," said the African clergyman. The old man nodded. "There are also medicine-men not far away and many taste the pills of the *dukas*, the shops." He shrugged again.

"Three times my life has been given back to me here."

"There is a special need for medical work here, Doctor," said the Pastor, sitting on one of the great baobab roots. He pointed to the neat buildings of the homes of men training for the Christian ministry. "The wives learn much here, they will show the new way through their homes, also these days some have fears that the medical services will falter if many European doctors leave Tanganyika. There are large numbers who think with joy of the friendship and understanding of little hospitals like this."

I looked at that rugged old tree, its limbs framing the hospital, and thought, “Kongwa, a place of tradition and transition. It would be like surgery without anaesthetic to close those doors, but would it be strategic to cling to a handful of bricks and mortar and history, when new ways and opportunities open as the young nation blossoms.”

I saw one of these new ways as I stood in the town of Dodoma looking at a new three-storey modern building housing at street level an up-to-the-minute book shop and pharmacy. Over the entrance were the words “Mackay House.”

A man with his arm in a sling walked past me. The Government hospital was two hundred yards away to the west. This African was purposefully walking up the stairs, in the opposite direction. He entered a doorway and climbed a flight of stairs. I followed past church offices, a dentist’s surgery, a room with a hard-working duplicator, along a corridor and through a door marked “Waiting Room.”

My nose twitched to the familiar smell of antiseptics, steam from sterilisers, soap and the pungent tang of new paint.

The man with the splint was ushered into the dressing room by the Staff Nurse. Seated in the waiting room were two Tanganyikan clerks in white palm beach suits with ties and neatly polished shoes; one had a small girl with him. Under the window sat an Arab and his black-veiled wife. A colourfully turbaned Somalilander looked irritable at having to wait. On the far side of the room were two Indian women and a Pakistani shop assistant. Dramatically stalked two Masai, dressed precariously in a single ochre-coloured cloth, their hair done up with red mud. Each wore cowhide sandals and carried seven-foot spears. The Pakistani made room for them and went on reading a magazine. One of the clerks picked up a booklet in Swahili, and to my surprise, the slimmer of the two Masai started to read an English magazine.

The door opened. The nurse said in English, “Mrs. Patel, please.”

In walked the Indian lady.

The Somalilander started to his feet and said in Swahili, “Was I not before her?”

The nurse nodded, “But if you pay a fee of twenty shillings you are seen by appointment.”

The Somali pulled out a roll of notes, selected four five-shilling ones, and slapped them down on the table.

One of the clerks grinned at me and said in English, “For those in no hurry the fee is only five shillings for the cure of your trouble, whether you have four visits or fourteen; the medicines are extra—you obtain them in the Chemist’s shop downstairs.”

“Do you think this place meets a special need?” I asked.

He nodded. “We prefer it to going to a hospital, where you may not see the doctor at all.”

The Masai with the magazine looked up and said in excellent English, “This is very like visiting a doctor in the United Kingdom.”

I was staggered to hear him speak like this, and later discovered he had studied in Europe, but felt that life was more to his liking in the old way.

I watched the doctor make a careful clinical examination, record his findings in modern manner, and then do pathology on the spot. Dressings were done with professional finesse by the nurse.

This was a new phase of medical service in our part of Africa. It was general practice in a typical modern town surgery.

Welles Hannah had been enthusiastic about this when he had done a month’s relieving. “It was,” he said, “on the surface a flourishing concern with more patients than could conveniently be dealt with.”

The whole plan was to have an optician, a dentist, and a chemist, who would

work in the one building as a unit and give a standard of professional service not otherwise available.

The target was that people would be impressed by this Christian service and be more sympathetic to the Gospel, while the unit would be self-supporting.

I visited Mackay House one late afternoon.

A tired Robin Smith slumped down into his car.

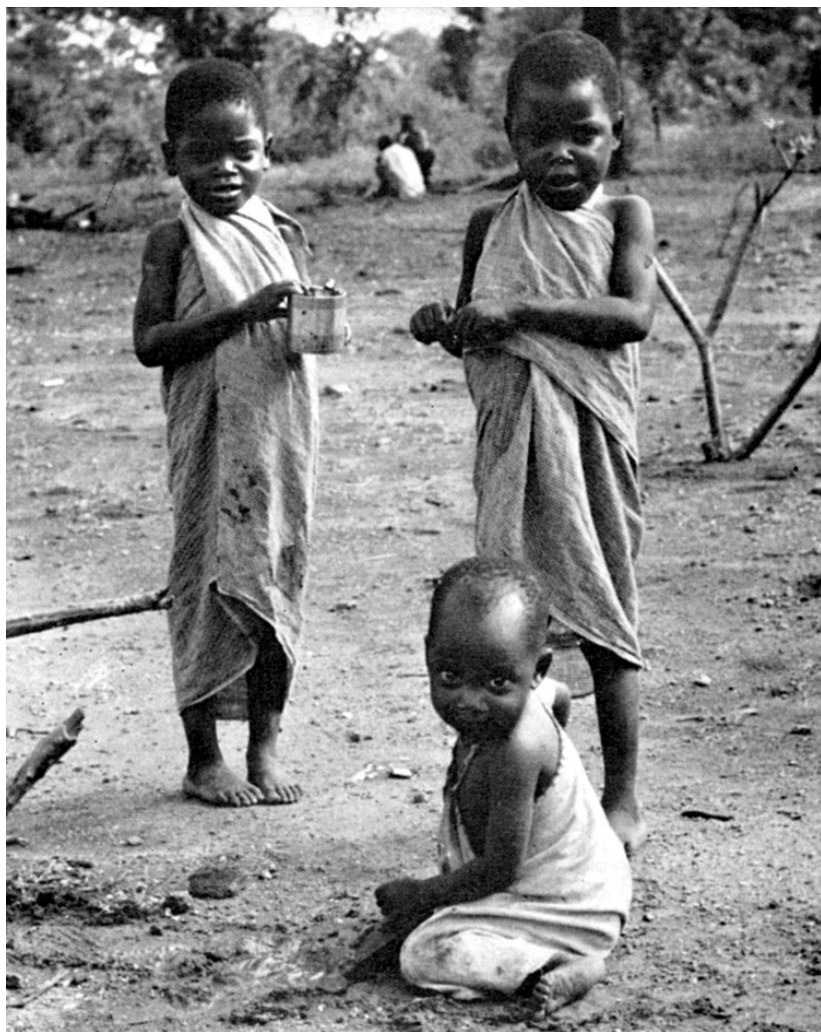
“What of the day?” I asked.

“Mixed,” came his reply. “This place has its problems. Some of the Arab and Asian patients make a round of all available doctors, and then take the treatments that sound most to their liking. This creates endless problems medically, and spiritually, it’s more than difficult to make any headway. The local Arabs are very indifferent Moslems, very little versed in their faith, but they’re stubbornly resistant to the Gospel.”

“What of your African patients?”

“They are 90 per cent of the total, half are pagan and the other half evenly split between nominally Christians and nominally Moslems.”

There was a long pause and then he said, “The medical side of the professional unit is geared for the days ahead. It may have arrived a bit early in the piece, but that’s far better than too late.”

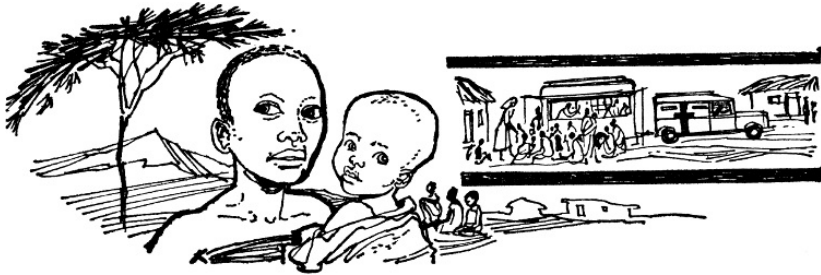




Children, whose life depends on routine medical care. A pennyworth of penicillin and a shillings-worth of antimalarials can swing the balance from death to life.



Looking Up and On



“We’ll really have a night out,” laughed Welles Hannah, “and make a party of it—salmon sandwiches and three flasks of coffee. If you don’t get away from the hospital now and then you’d go bats. It’s not so hard to leave the hospital here at Kilimatinde now that we have the Medical Assistant—he goes on duty at 4 p.m. today.”

I looked at the clock—3:45 p.m.—and at that moment the oddest buzzing noise came from the top of a cupboard.

Wellesley picked up a battered field telephone of ancient vintage, the only telephone in any of the hospitals. He said “Hullo!” and listened to an urgent voice. Then he answered briskly—“Right, coming at once.”

I caught the one word “snake” as he snatched a package from the refrigerator and ran.

I was in the doctor’s house. Before the turn of the century it had been used by the Germans as a prison. On the table was a paperback with a marker in it. I read the title: *Cloak Without Dagger*, by Sir Percy Sillitoe of MI5 fame. Opening it at the marker, I was interested when the word “Dodoma” caught my eye. Here of all places was the story of the forerunner of the C.M.S. Jungle Doctors. Sir Percy wrote at a time towards the end of World War I:

In the middle of this desperate scramble against starvation and

disease and death a balding, ginger-haired little man of middle age arrived at Dodoma. His name, he said, was Stones, and he was a Church Missionary Society Doctor.

I shall never forget seeing his professional plate, nailed up alongside his native-built dwelling-hut. It read: "R. Y. Stones, M.D., F.R.C.S."

He was a wonderful man, full of courage that took him always far beyond his physical strength in works of mercy. He laid into that famine like the true man of God that he was, and dealt with dysentery, malnutrition, and the incidental saving of souls, with an infectious zeal that inspired us all.

He didn't say much. Somewhere, obviously, he had given up a first-class practice, to come to this place. Numerous times Dr. Stones performed intricate eye operations with the barest surgical equipment, and many a native around Dodoma district had him to thank for his preserved eyesight. I never knew his full story, but what I saw of these late chapters of it has made me certain that it must have been a very fine one.

There was the sound of a car pulling up, and Wellesley came back at a trot. "Nothing serious; a cobra spat into the carpenter's eye. All's well, let's be going!"

We loaded the flasks of coffee, the salmon sandwiches and all the rest of it. I carried a portable tape recorder.

"We're going to a fabulous spot," laughed Wellesley, who was as excited as a small boy going to the zoo. "It's up a big tree four feet in diameter. We climb thirty feet to a platform built on a limb that's directly above the only water hole for miles. With tonight's full moon we'll see the whole menagerie."

He looked through the window. "You have to go farther afield to find animals these days. Dr. Murray Buntine who built the first wards here shot a lion from this very spot."

Over his shoulder I gazed at the wide sweep of plain and said, "I've been thinking about the doctors who've been on this job. They've all been people with a purpose. I was glancing at that book of yours by Sillitoe. I happened to see what he wrote about Dr. Stones. He must have been a grand chap."

The subject came up again ten miles farther on as we clattered over the metre-gauge railway near Saranda Station and pulled up under a large umbrella tree to fill the radiator. I spoke:

"I always associate this spot with Cyril Wallace. I knew he was a West Indian and had an Edinburgh degree. Everyone told me when I arrived that he was a fine doctor with an extensive knowledge of leprosy, but nobody thought to mention that his skin was more darkly pigmented than the majority of his African patients. On my first visit to Saranda on the way to Kilimatinde Hospital I had climbed down from the train and looked round expectantly. A quiet voice behind me said, "You must be White, I'm Wallace."

Welles sat looking thoughtful at the characteristic tangle of thornbush jungle.

"Over the years our folk have been people of many parts. Stones with his vision, Buntine who set a fine standard of building and Wallace who understood Africa so well and battled so hard with leprosy. Then our present team with its high medical standards, all of them first-class doctors. In addition, Juliet Backhouse and Janet Craven and Joe Taylor are outstanding linguists while Ken Dalley and Robin Smith are plumbers, builders, and the most capable do-it-yourself men."

I nodded and thought of Wellesley Hannah himself, his love of all things and people African and his deep grasp of policy and politics.

"We're close to our treetop perch now," said Welles, as we drove on again. "You don't need to be a Red Indian to read elephant footprints."

The road swung steeply to the left; it was littered with huge elephant droppings.

We parked the car in the shade of a huge granite boulder and, carrying our

belongings, climbed the bush-ladder that was nailed to the tree, and arranged the tape recorder and food supplies on the platform. Then we climbed down and strolled up the hill, watching the sunset. Round about were a most interesting collection of one-foot-thick tree-stumps about three feet high. They had been rubbed into billiard ball smoothness on the top and sides by itchy elephants, whose great, round, featureless footprints were everywhere. We spent an interesting ten minutes looking for the spoor of other game. Then we lighted a small fire and made tea. The firelight flickered on our faces, and the night was still but for the crickets.

Welles stirred his tea and said, "I've been thinking about the future, Paul. Two big things stand out. Our primary tasks must be the training of African Nurses and Medical Assistants, and starting what I like to call the 'Save the Children Campaign.' "

I poked the fire with a stick and replied.

"I was talking to Joe Taylor and Robin Smith about this Training Programme the other day. Robin said he'd put Training as our most important job, and that at all costs we must keep up the standards, both spiritual and medical. Then Joe came in with the very crisp comment that it is our great responsibility to produce Christian leadership. He said that if Africa is to shoulder the burden herself we must strengthen her muscles and build up her morale. It is vital that the burden must not be dropped because of inexperienced shoulders."

Welles poured out more tea, and said, "That was very well put. I'd add to that, we must be sure there are enough shoulders. It's vital to train more nurses, women are infinitely better in this profession than men. But to retain our right and ability to train, our base hospitals must expand. We need more beds, more wards, better staff housing, more equipment, real facilities instead of makeshift."

"Come down to tin tacks, Welles. What do we need in terms of money and men?"

"At least twenty thousand pounds. And even the price of a new car, a new house or a round-the-world-trip would pay fantastic dividends over here in

terms both of Christian strategy and international goodwill.”

I interrupted. “Even ten thousand pounds would not go very far in putting up church buildings at home these days.”

“Here it could open a hundred doors to the Gospel. For years to come we can’t hope to muster a fraction of it locally, even though we’re growing up fast. Do you realise at the moment we aren’t even keeping up with Tanganyika’s increase in population, which is 150,000 a year? There aren’t enough nurses to deal with even a small part of the population and at the moment both Government and missions are turning out only thirty Medical Assistants a year—we need one hundred and fifty just to keep up with the natural increase in population alone. And as for Doctors, there are only a handful graduating each year. The whole country needs about five thousand at least, but this may take fifty years to accomplish. We ourselves need more doctors, efficient, experienced, humble people, with no interest in the profit motive, who will gladly work under African leadership.”

By now it was quite dark. The moon would not rise for another fifteen minutes. Suddenly from about a hundred yards away came tremendous and terrifying crashing noises. A herd of elephant were going down to the waterhole, merrily knocking over trees as an appetiser.

Here we were, two hundred yards up the side of the valley and the elephant had beaten us to it. It did not seem a good idea in the darkness to wander into the middle of a herd of fifty animals. Elephants may look most attractive as book-ends, but in life they can make a thoroughly nasty end of you.

The moon seemed to be deliberately holding itself back and when the light did come up a bit we set off stealthily to our tree.

We went as silently as we could, but it was amazing how the thick wiry grass seemed to twang and a twig breaking made a shattering noise. We were within fifty paces of our tree when we saw there were elephant all around it. Their ears were flapping ominously and their trunks swaying and flicking in our direction as they scented us. With no little relief we watched them make off up the hill on the other side. It hardly seemed real—more like a vague dream—those burly, ghostly outlines and the complete noiselessness of their

movement were utterly spooky. With thumping hearts we scurried across to the ladder and up to our log platform in the main fork.

Soon the moon came out, flooding the one hundred and fifty yards of open ground on all sides with a light which made it possible to read the headlines of *The Tanganyika Standard* which was wrapped round the precious sandwiches.

Welles spoke softly, for elephants have big ears. "I'm enthusiastic about this 'Save the Children Scheme.' I see it as a God-given opportunity for the Christian Church once again to show the way." He held up his hand. "I have five points. The first doesn't cost a penny or require any new personnel; it's a matter of every individual worker, every schoolteacher, every church worker being child-mortality-conscious."

He held up his second finger. "Then we'd run a Demonstration Village."

I lay back and looked at the delicate tracery of leaves and twigs against the silver sky. "You'd need a sympathetic chief, a friendly village, an enthusiastic schoolteacher—"

"I completely agree," nodded Hannah, "and I have all those points covered. We would visit the village regularly, weekly probably, hit firmly at malaria and hookworm and the anaemias. We'd show the people in that place that heavy child-mortality can be prevented and the whole project would be a shop window for others to look at, learn from and follow."

"What plan have you in mind for team and transport?"

"Transport would be a four-wheel-drive vehicle and a caravan trailer. The team will stay in the village, there's nothing so good as personal contacts. That's where speaking the tribal language becomes so very important.

"We'd have a doctor, a nurse or a medical assistant and an evangelist. Not only would we have the Demonstration Village, but we'd move round a chiefdom, spending a few days at each village using the Church as our centre and giving enough time to examine and treat the children. We'd tell them about God and explain the Gospel and build up a warm, friendly relation

with the people.

“We’d do everything to make them realise that children dying and becoming blind is utterly unnecessary, and that we can stop it quite simply.”

A hyena nearby produced its uncanny half-laugh, half-howl. Welles didn’t notice it; he was full of his subject. “This mobile Child Health Clinic would work in and near the village church and work specially with the Christian community of the place. The local school and church teacher would be made to feel part of the task.”

He leaned forward and tapped me on the knee, “Do you realise that here, out of a hundred children who are born only sixty grow up, whereas, in the home countries the figure is ninety-six? We simply must make war against this child-mortality.

“One of Julius Nyerere’s most famous expressions was ‘The National Government is bound to wage war against three enemies—ignorance, poverty and disease.’

“The job of waging war on disease falls on me as a doctor and to me the most important enemy in the realm of disease is child-mortality. With chloroquin for malaria, iron for the anaemias, antibiotic eye drops and ointment and cod-liver-oil for Vitamin A deficiency—with these and nothing else we could prevent the major part of child-mortality, malnutrition and eye disease in the whole country. It’s fabulous, and we could run the whole show for £10 a day.”

The hyena howled again. I smiled. “He doesn’t think much of the idea, but I do. It’s a grand conception. There is one big hurdle though.”

He nodded. “It’s obvious that adults would also come for treatment. We’d link them up with the hospital. You know, I reckon that insisting that the Clinic be for children only would have the psychological effect of concentrating people’s attention on child illness and underlining the prime purpose of the whole campaign.”

“What about the other points?”

“They’re short and pointed. More Children’s Wards in hospitals and a Training Centre for Health Nurses.”

My friend suddenly sat bolt upright. “What’s the time?” he demanded. The moon was so bright you could readily see the hands of the watch.

“A few minutes before ten.”

Welles pulled a small radio out of his bag and carefully tuned in to the news. He turned the volume very low. In the distance sounded the high-pitched whistle of an engine at Saranda Railway Station and then the throb of drums from the village two miles away. Crickets chirped shrilly and there was a mixed bass from frogs and a family of baboons who lived in a nearby pile of granite rocks.

As Welles listened to the radio I indulged in a little meditation on men, leopards and baboons. Leopards regard baboons as their favourite meal. If leopards are killed, the baboons flourish. If baboons flourish, they tear the crops out of the ground. So many African farmers prefer the risk of leopard’s tooth and claw, remembering that leopards prefer baboons to men. And men must eat.

Welles turned off the wireless. “Our Prime Minister is a wonderful bloke; he’s having an uphill time of it these days trying to raise financial help to open up this vast country. Even in Britain he didn’t get much encouragement at first. This is what he said, I quote:

“What I want money for is to fight the battle against mosquitoes and that is not as appealing as other types of battle. Yet I cannot forget that we need roads, irrigation, medical aid. Two out of every six of our children die before they are six years old. We can’t allow that to go on.

“They quoted tonight from the newspapers on the B.B.C. News. ‘Mr. Nyerere said, “Our political stability in Tanganyika is being used as an argument to deny us aid. The ironic fact is that if there were a revolution brewing then the money would be quickly available.”’ ”

“He’s a clear thinker and a good statesman.”

“He’s more than that, Paul. I reckon that he has all the characteristics of a great leader. Sometimes his speeches remind me of the stirring things Winston Churchill used to produce. One day when I was in the Legislative Council he said something that impressed me so much that I made a point of getting the verbatim report and memorising it.

“We in Tanganyika believe that only a wicked man can make colour a criterion of human rights. Here we intend to build a country in which the colour of a man’s skin or the texture of his hair will be as irrelevant to his rights and duties as a citizen as they are to his value in the eyes of God. Let it not be said by posterity that we were a bunch of hypocrites and that we gained our freedom on a moral argument, the brotherhood of man, and then threw that argument overboard and began ourselves to discriminate against our brothers on the ground of colour. I pray that Almighty God will save us from committing such a sin against His justice.”

Wellesley was intensely serious as he went on. “During the time I have known Julius Nyerere I have never detected any hate or bitterness in him. To have been in his team in the Tanganyika African National Party in the Legislative Council has been one of the greatest privileges of my life.”

From farther up the hill came the crashing noise of another herd of elephants and then a burst of trumpeting. We could dimly see their great forms in the deep shadows.

The wind was light and kept swinging round. They must have scented us, for suddenly all was quiet as they made off into the thornbush.

There was the gurgle of running water beneath us, and Welles remarked, “Some people think the springs that feed these waterholes come from the snows of Mount Kilimanjaro, a couple of hundred miles away.”

I nodded. The name of Tanganyika’s great snow-capped mountain stirred my memory. “Didn’t Mr. Nyerere have something to say about that

recently?”

Wellesley at once quoted: “We want to light a candle in Tanganyika and place it on top of Mount Kilimanjaro for all the world to see, a candle which would shine beyond our borders, giving hope where there was despair, love where there was hate, and dignity where before there was only humiliation.’ ”

The words were hardly out of his mouth when three large rhinoceros came down a game-track towards us. They moved without sound. In the moonlight their horns looked ominously business-like. We could have spat on their backs. Suddenly one scented us and started backwards, breathing rapidly and noisily in alarm. I switched on the tape recorder, the microphone dangling in space below the platform. Then came one of the most uncomfortable events of the night. Wellesley felt a tickle in his throat. He made violent efforts to suppress the cough. In so doing he pushed out one leg and knocked our provision basket flying. The sandwiches splashed dully into the pool and the three thermos flasks crashed most dramatically on the backs of the rhinos. They stampeded off wildly. I shook with laughter at the droll rear view of galloping rhinoceros and the moonlight-accentuated sadness on Wellesley’s face. He sat there forlornly musing on the flavour of hot coffee and salmon sandwiches.

At 2 a.m. the place came to life. The wind was steady and the whole zoo started to arrive, elephants first. The night was full of roaring and trumpeting and high-pitched squealing of smaller elephant. Then a rhino cow and her calf arrived to be followed by ten more of her species. It was wonderful stuff for my busy little tape recorder.

Then a herd of at least fifty elephant wandered right down to the stream led by a great big tusker bull. There were females with babies of all sizes including one set of twins. Another large herd came from the far side of the waterhole and a little later forty more came down the rhino track. Directly below and on every side were hundreds of elephants packed as tightly as scales on a fish’s back. It was a completely unforgettable sight. They splashed and they drank, they squirted trunkfuls of water and they bellowed. They walked here and grouped there, making passes at the rhinos from time to time.

We kept absolutely quiet and as far from the edge of the platform as we could. It was more than uncomfortably possible that if they had suddenly scented us, they would have gone mad and pushed our tree over.

Quite suddenly the show was over. They simply faded away. The moon was behind a cloud. It was pitch dark. We seemed poised in blackness up that tree. It made me think of blindness, so I said, “Welles, we could use an eye specialist out here to go about occasionally on the *safaris*, to do the eye surgery and to have regular sessions for refractions and glasses in Dodoma.”

“We could indeed. He’d do a power of good, but it’s not easy for an experienced man to throw away his career and give up hospital appointments to come and work out here.”

A baboon stood on a limb of a nearby tree and favoured us with a long searching state. I stretched and yawned, “Welles, did it strike you as odd that we’ve been sitting above a thousand tons of elephant and thinking hospitals?”

He smiled. “That’s the pattern of things over here.”

Dawn started to show the tracery of thorn trees on the ridge above us, small birds twittered and the monkeys barked and chattered.

Again I broke the silence. “Do you ever feel about Tanganyika what I’ve felt about what we’ve just seen—that we’re up a tree and somewhat out on a limb? That the country is full of vague shadows of great forces moving silently, we don’t quite know where?”

Hannah slowly and carefully descended the great trunk. “Let’s get our feet on the ground before I answer that.”

He stamped around for a minute to chase out stiffness, then went over to investigate what had happened to our ill-fated midnight feast.

One thermos flask had miraculously escaped damage both from the fall and the feet of huge beasts. We drank in the delights of African sunrise and hot coffee. Very deliberately, Wellesley spoke. “Nationhood won’t be easy, there

will be hosts of problems, but when light comes many of the ominous, dangerous things disappear.”

In the cool of the early morning we walked round the whole area. More than four hundred elephant must have been there during the night.

Then Wellesley Hannah spoke again. “Medically we can bring a lot of light, but we mustn’t stop there. There’s infinite scope and desire for education...”

It was Yohanna Kitabu who really summed it up that evening as we stood near the ruins of an Arab shop looking out over the wide sweep of plain that stretched down to Northern Rhodesia. Idly he pushed a weather-worn mud brick. A trickle of red dust ran down to the solid granite on which we stood. Three schoolboys talking together in English walked down the flame-tree-lined road. Behind them from the Maternity Ward came a woman with her baby on her back.

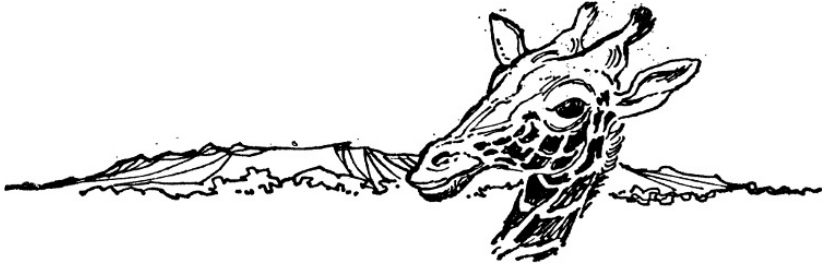
“There go two great needs of this young nation,” said Yohanna, “Schools and hospitals. We must build solidly with our feet firmly fixed.”

He kicked at part of the old wall that stood out like a huge decaying tooth. It fell apart in a mass of rubble and rubbish. Yohanna Kitabu brought his foot down satisfyingly hard on the living granite and softly quoted the Son of God: “He who hears these sayings of Mine and *does* them—builds on rock.”



The paramount need is the training of young Africa. Miss Gladys Nyembera (on the left) and Miss Rita Madulago, both teachers trained at Mvumi, did post-graduate training at the Emily McPherson College of Domestic Economy in Melbourne, for a year. They have now both returned to

Tanganyika, and are themselves teaching African girls, not only in the ways of health and happiness, but also in the path of the Kingdom of God. Young Africans like these, convinced Christians and trained in Christian service, can and do exercise an immeasurable influence for good amongst their own people.



The End