

# *Memories of a country doctor's daughter*

*This article contains a selection of Dr Hennessy's memories, taken from a longer set of reminiscences written for private circulation amongst the family.*

I was born and grew up in the south coast village of Umzinto, which lies five miles inland from the coast almost exactly half-way between the port city of Durban and the town of Port Shepstone on the original road linking these two towns. The present coastal road did not exist in the 1930s. From our house it was 43 miles to Durban and about 45 miles to Port Shepstone.

I do not remember the house where I was born. I know where it was – between the mosque and the Royal Hotel – but my parents had moved to another house in the village by the time I was two years old. The 'new' house in which I grew up and in which my sister was born was rented from the estate of the Misses Langlands. It stood on a knoll in four acres of ground on the north bank of the emZimayi River in emZinto (Umzinto) with access from the Park Rynie road. The house was named 'Chadmont'.

My father, Dr Francis Arthur Franklin, was District Surgeon and had private patients as well. He also, in emergencies, acted as veterinary surgeon. In some of his duties as District Surgeon, such as mass inoculations, he was assisted by my mother, a trained nurse who had been Miss Hilda Ella Ross Bullock.

Dad's surgery had three rooms and a verandah. The largest room was the combined office/dispensary (all rural medical practitioners at that time dispensed their own medicines), there were two consulting rooms, and the verandah, furnished with wooden benches, served as a waiting room, although, unless it was raining most patients preferred to sit on the lawn in front of the building where they were interviewed by Dad's 'nurse'. Nurse was a Mrs Mcunu, affectionately nicknamed 'Mrs Mafuta' because she was almost as wide as she was tall. She wrote a beautiful hand and was fluent in English. She took down patients' particulars on slates and at night Dad would transcribe these into his ledgers. On the rare occasions when Dad's command of the Zulu language was inadequate to the task, she also acted as interpreter. Mrs Mcunu enjoyed immense prestige among the local Zulu people and probably did more good in her conversations with Dad's patients than any psychiatrist could have done.

Scattered around our district were a number of trading stores, mission stations, clinics and rural schools. Every so often there was a threatened outbreak of an infectious disease, of which smallpox was one of the most feared, although typhoid and diphtheria

were not unknown. When this occurred Dad was required to immunise the local population. Through the police the local *abanumzana* (chiefs) and their *indunas* (lieutenants) were notified that the people under their jurisdiction would be required to report to the immunization centre in their area on a given day in order to be vaccinated.

Vaccination days were something of a social event for the local populace, most of whom reached the appointed place on foot, with some arriving on horseback and some by bus. They were all-day affairs, with the people starting to arrive early in the morning and most not dispersing until Dad and Mum had finished vaccinating in the afternoon. There was a holiday atmosphere – rather like an enormous picnic – with much laughter and chattering. People brought their own refreshments, often *ummbila* (roasted green mealies on the cob) or *amadumbe* (boiled Colocasia tubers) and *amasi* (soured milk) carried in an *igula* (hollowed gourd). We brought our sandwiches and a vacuum flask of tea. I would dearly have liked to accept offerings of roast mealies and amadumbe, but Dad had explained that if I did, the donors would go short, so I had always to decline the offers.

In the event of a threatened epidemic, supplies of the appropriate vaccine were sent, by post or by rail, to Dad. Together with representatives of the police, Dad, Mum and I would set course on the due day for the appointed venue. Sometimes I was roped in to act as a demonstration model. On such occasions, which were when the populace expressed anxiety about the procedure, I would be stood on a bench or table in full view of the assembly and duly vaccinated or injected. This reassured the assembled people and did me no harm!

The vaccination site, usually on the upper arm, was carefully swabbed with cotton wool saturated with methylated spirits before the inoculation was administered. This procedure served two purposes, namely, sterilisation of the inoculation site and, since at that time few of the rural peasantry washed themselves frequently, removal of layers of grease and dirt. On one occasion, when Dad and Mum were vaccinating at a fairly remote venue, many adults, adolescents, children and infants were lined up for inoculation. When Dad swabbed the arm of the first *umfana* (small boy) in line, the swab came away thick with mud. Dad halted proceedings, called the induna to him and after a brief discussion all the *abafana* (small boys), were marched off under adult supervision to a pool in the river to wash themselves. The boys, most of them herdboys, had been playing with and in mud and were liberally coated therewith. When they were cleaner and somewhat chastened, Dad and Mum resumed proceedings.

There were two doctors in the District when I was a child, Dad and Dr Jones. Dr Jones had two stuffed snakes suspended from the ceiling of his consulting room – a black mamba which must have been over 10 feet long and a python which was at least 25 feet long. Since medical ethics forbid doctors to treat members of their own families, our ailments (fortunately few) were treated by Dr Jones and we children almost enjoyed our visits to his consulting rooms because we could see the stuffed snakes. Even having a deep cut stitched up without benefit of anaesthetic was bearable while contemplating the snakes above!

There were several one-legged people in our District and usually Dad was the person responsible for the amputation. People who had been bitten by puffadders usually sought treatment from traditional healers first. When this failed and the limb was already gangrenous, they came to Dad, who, in order to save their lives, had to amputate

the limb. Sometimes they were brought to him too late and there was nothing he could do to save them.

Other one-legged people in our District did not have puffadders to blame – only themselves. At that time there was an efficient, cost-effective method of collecting and transporting harvested sugar-cane to the sugar mills. There was a network of rails on which small coal-fired steam engines drawing trains of flat-sided trucks (not coco-pans) plied. Their ultimate destinations were the sugar mills of which there were then three in our district, Esperanza, Sezela and Renishaw mills.

These little trains puffed busily around the district during the cane-cutting season. The local youths, despite dire warnings, used to hitch lifts on the trains. Trains stop. Trains shunt. And vacuous youths get parts of their anatomy between adjacent trucks at critical moments. Usually legs. These are either crushed or severed. If the youths survived the blood-loss, Dad usually had to amputate the limb. To which there is a sequel.

At that time medical treatment in public hospitals was free to the indigent. The lucky, now one-legged, youths, having survived the consequences of their own stupidity and received free medical and surgical treatment, were discharged from hospital equipped with a pair of (free to them) crutches.

Soccer was well-developed in our District at the time. Nothing deterred the players, not even the loss of a limb. After all, worn-out crutches could easily be replaced – gratis. Eventually Dad put his foot down. No more new, replacement crutches free to one-legged footballers. Other people's needs were greater than theirs!

It is ironic that, having performed amputations on many people in order to save their lives, Dad himself, 40-odd years later also lost a leg. He developed arteriosclerosis, but refused to take time off from his practice in order to have surgical treatment until it was too late and eventually one leg, deprived of circulation, became gangrenous and had to be amputated.

Like every other rural medical practitioner at that time, Dad did his own dispensing. Each Monday morning he telephoned an order for drugs to one of the wholesale druggists in Durban – Lennon Ltd or Allen & Hanbury, or sometimes both, depending upon what he needed. The order would be filled on Monday, packed in a wooden crate and taken to Durban's railway station from which it was sent by passenger train to Umzinto on Tuesday. Dad collected the crate on Tuesday afternoon on his way home from his hospital round.

Venereal disease was very common in the district and before the days of sulfonamides and antibiotics the only effective drug used to treat gonorrhoea and syphilis was arsenic administered by injection in carefully controlled doses. One of the early doctors in Umzinto had started the custom of giving every adult patient an injection at each consultation and the locals did not consider that they had received proper medical attention unless they received it. Dad's predecessor and he himself continued the practice, administering Phenarsamide (an arsenical drug) to all adult patients, whether they presented with or without symptoms of venereal disease.

Since Dad did his own dispensing he required a constant supply of containers. Ointments were packed in cardboard 'pillboxes' as were pills. Such containers were bought from the wholesalers as were gummed labels. Bottles were another matter. Very small bottles such as were used for vermifuges, were bought new in boxfuls, but 'flats' (flat-sided medicine bottles), 6 ounce, 8 ounce 12 ounce etc, were very expensive to buy new,

so Dad bought used bottles from a Durban recycling company. These were delivered in crates and had to be washed before they could be filled with medicines. There was no running water then, so Dad half-filled two sawn-off 44 gallon drums with water drawn from one of our water tanks and added a copious amount of detergent to each ('Teepol'). These drums stood under a mango tree halfway between the surgery and the house. A couple of bottle brushes and scrubbing brushes were placed handily. The bottles were soaked in the first drum until the labels were loosened and the worst of the dirt freed. They were then transferred to the second drum for further soaking followed by more scrubbing, by which time they were sparkling clean. They were inverted in a rack and taken to the surgery where, when needed, Dad would rinse, fill, cork and label each bottle. Every member of the household would give a hand in the on-going bottle washing operation – if one had half-an-hour to spare one went out and scrubbed a few bottles.

We had our own cows so we did not need to buy milk, but most villagers were not so fortunate and had to buy milk from a local farmer. The farmer had a handcart which was loaded at the dairy each morning with milk in cans from which the milkman dispensed to each customer according to their needs. Once Dad had a rather sudden influx of patients with various gastro-intestinal disorders, some serious, which he was at a loss to account for. After a while, and some questioning, he learned that all these patients obtained their milk supplies from the same source, so he investigated. The cows were clean and TB tested; the milking sheds were clean: the milkers were clean: the milk cans were clean: the milk when it left the dairy was clean. It then transpired that the milkman was doubling his sales and lining his pockets by diluting the milk with water from the emZimayi River which was loaded with pathogens! The milkman received short shrift and the health of the villagers was safeguarded.

On another occasion there was an outbreak of typhoid fever (enteric fever) in the village. Since the disease is waterborne in sewage-contaminated water and the village relied for its water supplies on rainwater collected in tanks, Dad was mystified until he remembered that years previously there had been a well in the village which he had ordered to be sealed because its water was contaminated. He ordered the police to investigate and, sure enough, someone had unsealed the well and a number of villagers who had neglected to keep their guttering and water-tanks in order had been drawing water from it. Once the well was re-sealed and the fear of God or more immediate retribution put into the culprits, the epidemic was brought under control.

Dad was a very mild-mannered man with endless patience in his dealings with the superstitious peasantry of the district, but his ire could be roused. There was an 'alternative medical practitioner' (modern terminology), or *inyanga*, who conducted his business from the verandah of Belim's Store (convenient to the bus stop), most of whose patients if they lived came eventually to Dad for treatment. Sometimes he was able to undo the damage and treat them effectively, but for some it was already too late for him to help them. He was particularly angered when moribund infants who, in his words 'had been stuffed with weeds at both ends' were brought to him as a last resort and too late.

Once, after a succession of adult deaths by poisoning occurred within a few weeks, he, with a policeman, investigated the pharmacopoeia of his opposition. Among the plethora of innocuous and toxic herbs, monkey livers, reptile fat etc he found three large glass jars of which the contents of one was bright blue crystals, of the second bright

yellow powder and the third bright orange crystals. Measures of each had been added to the potions sold to the 'patients'. The blue crystals were copper sulphate (not particularly poisonous), the yellow powder was flowers of sulphur (not poisonous) and the orange crystals were potassium ferricyanide (deadly poisonous). Where the inyanga had obtained his stock I never learned, but maybe the police did. He was prosecuted for murder or manslaughter and his 'business premises' closed down, although he received only a light sentence on the grounds of his ignorance.

Murders were not uncommon in the district although then, when automatic weapons were not available, they usually occurred singly or, if there were a faction fight, only a few at a time. Knobkierries, assegais and cane-knives (machetes) were the usual weapons used.

Favoured times for faction fights were holiday weekends, often following weddings. During our childhood Dad was seldom at home for long over the Christmas and Easter periods because that was when he was called out to do post mortem examinations following a fracas. Such trips were often arduous. Bodies were sometimes flung over cliffs to avoid detection. Dad would travel by car to a rendezvous where he was met by police with horses. He and his police escort would then ride as far as the terrain permitted, then switch to Shanks' pony and when they reached the cliff, descend by path if there was one, but more often, by rope. When Dad had completed the P.M. and made his notes, the journey would be reversed. Being District Surgeon in Alexandra County was no sinecure. Not surprisingly in view of Dad's profession, I formed the belief during my childhood that the main recreational activities of the local adult tribesmen were drinking, dancing and fighting!

There were murders other than those in faction fights. Petty jealousies sometimes resulted in a person being accused of witchcraft (often an inoffensive elderly person) and the accused would then be killed.

The sequel to these murders was a court case and Dad would have to attend the Native High Court in Durban. He resented having to spend time away from his practice as his patients often had to travel long distances to see him and he had no means of letting them know that he would be away. For much of the duration of the Second World War Dad was the only medical practitioner in the district so patients were wholly reliant on him for treatment.

On more than one occasion, on his way either to or from Durban, he was trapped between two of our coastal rivers, notably the umGababa and the amaHlongwa rivers which were traversed by fords. If there were a thunderstorm upstream the rivers, which are short ones arising not far inland, would flood, making the fords impassable and there was no alternative but to sit it out in the car until the flood subsided. Another river which sometimes caused him to be temporarily stranded was the emPhambanyoni which was much closer to home. Before there was a coastal route, all travellers by road from Durban to the Lower South Coast of Natal had to negotiate the fords.

The outbreak of the Second World War in 1939 brought changes to the village. Both my parents volunteered for active service in the Army Medical Corps but neither was accepted; Father because he was both District Surgeon and since Dr Jones had died the only medical officer in the district; Mother because she had two children.

Petrol was in short supply and strictly rationed. Being District Surgeon Dad was allowed an extra ration, but there were occasions when he had to make several succes-

sive long journeys and ran short of ration coupons and of petrol. Petrol was not the only commodity which was rationed or in short supply or unobtainable. Rice was not available as before the war it had been imported from the Far East. Dad was a medical practitioner who took his Hippocratic Oath seriously. If a patient was truly indigent Dad charged no fee. He accepted payment in kind if a patient thus offered. As a result we usually had a good supply of pumpkins, cabbages, fowls and other produce. During the war years Dad's Indian patients often paid him in rice which they cultivated themselves and for which we were truly grateful.

During the course of one village fête Dad made himself very unpopular. A baby show was scheduled as part of the proceedings and Dad, being M.O. was asked to act as judge. I overheard his conversation with Mum prior to the event: he was extremely reluctant to act in that particular capacity probably because he knew that he might get into hot water! All the young mothers of the district and the grandmothers and aunties spent weeks making elaborate garments for the babies. The first thing Dad did when judging commenced was instruct the mothers to remove all clothing from their infants and lay them naked on towelling squares, because as he very politely explained, it was the physical condition of the babies that was important, not their clothes. Then he eliminated all the fat babies, because, as he very politely explained, fat babies are unhealthily prone to respiratory problems, so fat is not a Good Thing. Then he tested muscle reflexes and eliminated a few sluggish babies. Finally he chose a winner. It was a wiry little baby, not particularly pretty, but by far the best physical specimen. Many of the women in the district refused to speak to him for months!

Mother and Father, although they discussed medical matters between themselves, were strict in observing patients' confidentiality. Rarely, some incident occurred which we children learned about. One such incident involved a young woman whose mother telephoned Dad in a state of great agitation early one morning to say that Rosalie had been bitten by a snake and required urgent medical attention. Dad left in haste armed with several vials of antivenene of different types because Mrs P. had no idea what kind of snake had inflicted the bite.

When Dad returned he was all smiles. Rosalie had not been bitten by a snake, but by a duck which had got in to the outdoor lavatory via the hinged flap at the rear through which the cess bucket was replaced weekly by the bucket brigade. The duck was hidden under the shelf-like seat and had nipped Rosalie's rump when she sat down. Dad recognised the triangular nip mark for what it was and having dressed the wound (not a serious one) he supervised the removal of the duck from its hiding place.

The only time I have ever seen a living human brain was one Saturday afternoon in Dad's surgery. A young man had walked many miles from his kraal to Dad's surgery in Umzinto, wearing a woolly hat. He told Dad's 'nurse' that he needed to see the *Dokotela* because he had a severe headache. When he was seated inside Dad asked him to remove his hat, which he did, together with the top of his skull which was loosely held in place by some scalp. The skull had been neatly detached rather like the top of a boiled egg. It transpired that he had been caught the previous night in *flagrante delicto* with another man's wife and the cuckolded husband had taken a hoe to him! Dad thought I might be interested so sent for me. By some miracle the enveloping membranes had not been ruptured, nor had the brain itself been damaged. When Dad cleaned the raw edges of bone and scalp with hydrogen peroxide, the man winced: when Dad gently pressed on

brain tissue the young man felt nothing. This was a lesson for me – the brain itself is not a sensory organ. After Dad had tidied up as best he could and applied a loose dressing in the surgery he sent his patient to the hospital at Esperanza, on foot. He telephoned the Superintendent of the hospital, Mr Doherty, to warn him of the patient's arrival. On the following Monday afternoon Dad replaced the detached piece of skull with a silver plate and was able to re-attach the scalp, which 'took' satisfactorily. A week later the young man went home. He was very lucky indeed. One wonders whether he was cured of his philandering ways too?

When shortly after the end of the War I was sent off to boarding school I lost touch with day-to-day events in Umzinto. Dad relinquished the District Surgeon's post, but continued in private practice until his death in 1974, despite being forced under the iniquitous Group Areas Act to leave his home in the village and practise, under a special dispensation, from rented premises.

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