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African Customs In Relation To Preventive Medicine*

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I am happy to address you on the attitude of the traditional African of this country to preventive medicine or health. I detect two questions that we should try to answer. The first is whether preventive medicine is practised by him in his traditional living. The second is in what way has the traditional African reacted to the different preventive measures that have been offered or introduced to him. We should try to confine this question to its application in rural or tribal areas, since we know that, on the whole, in these regions many of the traditional ways continue. These practices illustrate well the culture of the people of whom I have written so much and which I have extolled. Not so long ago it was said that the Shona, who form the great bulk of the country's population, had no culture, no religion but merely superstition. Because of this they were misunderstood and in their disappointment at the Westerner's attitude towards them, they withdrew into their shells and were ever loth to reveal their way of life to him. Soon our profession began discussing their ignorance about diet and instead of telling us what they had achieved in this direction, they tended to withdraw still further and even at times to give the impression that they were ashamed of their backwardness. It thus became even more difficult to get to know them and their customs. Despite all this, they retained the basic tenets of their culture. Few indeed have changed fundamentally, although outwardly westernised. As far as I know, the men all still marry with bridewealth, a procedure that has been greatly criticised until only a few years ago.

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I have had to preface my address with these remarks because the very kernel of the subject you have invited me to speak about revolves around the culture of the people of this country. The traditional attitude of the African towards health, both the curative and preventive aspects, is sensible, even though the religions of both the Shona and the Ndebele might attribute disease to an upset spirit. In this connection, the Westerner must never forget that he believes in the healing powers of the Almighty and the Lord is often implored to help in the recovery of the sick. Prayers are often made at the bedside of the sick or in church, simultaneously with the doctor's treatment. There are, too, Christian sects, like the Christian Scientists, who rely on prayer rather than therapy for recovery.

Thus the thinking of the African on disease is identical with that of the Westerner, but this does not mean that I am implying that their explanation of diseases and their control and treatment is in any way comparable to that of scientific medicine practised in the West. According to African belief, illness and death are closely bound up with religious doctrine. The African looks upon many illnesses, especially serious ones, as due to the anger of the spirit guardian *(mudzimu)* of the family concerned or to the evil spirit in certain people (i.e. witches). In such a religious society, therefore, the individual is ever conscious of behaving in such a way that will ensure that there will be no breakdown in his health or that of his family. Equally, he appreciates that if he can prevent disease, he will not become ill. According to this belief, the *mudzimu* or ancestral spirit, whose protective power corresponds to that of God, guards its kith and kin on this earth. Therefore if a member of the family offends the *mudzimu,* retribution might follow, not necessarily on the guilty, but instead perhaps on one of his brothers or his children. Thus sickness and death are matters of concern for the whole family, and in order to restore the suffering one to health and to prevent the spread of the disease to its other members, the wrath of the *mudzimu* must be allayed. A person at peace with his *mudzimu* is protected by it against all evil, but if he annoys it he loses this protection and evil forces are allowed

to enter his home, bringing disease and death to it. Thus when an individual becomes ill or dies, it is necessary to determine whether the tragedy was due to the ancestral spirit or to the evil of a witch. In some ways the African concept of evil is similar to the Christian and Jewish idea of the Devil or Evil Spirit. It must be clear to you that to diagnose the spiritual cause of an illness, resort must be made to the *nganga*, or more correctly termed, the diviner. The *nganga* possesses the spiritual power of contacting the spirit world and so learning what has upset the *mudzimu* and what must be done to propitiate it or what means should be taken to neutralise the evil influences of the witch.

So far, I have dealt with the principles of the African's concept of the causation of disease. It should be remembered that there is also a remedy for each illness and *nganga* specially endowed with the knowledge of how to bring about relief from the symptoms of which the patient complains are to be found. These mediums advise the sick person or family how the angered spirit is to be pacified and concentrate on helping the patient to recover through the administration of medicines. Thus the form of therapy is largely herbal and as a thrapeutic procedure is similar to that of the Western practitioner.

The African appreciates that a substance or quality exists in a plant able to remove the problem in the affected part of the body. Believing in the power of medicine, he seeks some either from his *nganga* or the hospital clinic, as long as he believes it possesses the necessary quality to help his particular disorder. This is largely a matter of confidence, for in this respect, the black man is no different from the white one.

The Black man also realises, just as does the Westerner, that it is better to prevent than to cure. If a medicine can prevent a noxious agent from gaining entrance to the body, this is worth taking. He can never be sure where an evil person has placed a poison — on his path, in his bed or in his food. Nor is he certain that for some reason, as yet not known to him, he has not lost the protective cover of his *mudzimu*, thus allowing evil to enter his body. Thus many practices designed to prevent disease are still carried out today, not only in rural areas but also in the towns. A fine example is that know as "*kupinda musha*" by which a man moving into a new home invites a *nganga* to protect this village against sickness and misfortune. The practitioner plants pegs at each corner of the home and with his ceremonial tail *(muswe)* sprays special medicine on the ground and the walls. *Nganga* are busy, too, protecting the homes of urban Africans. This procedure is similar to that of the Westerner who calls in a priest to bless his new home.

As the Shona are well aware of the high mortality amongst their babies, almost universally in all areas new-born infants are protected against fatal diseases by an amulet, called *chipande* (or *nhondo*). Even today the mortality is still high although it has dropped greatly over the last 20 years. Therefore an attempt is made to strengthen and hasten the closure of the thin delicate pulsating membrane of the anterior fontanelle. A popular method is to suspend a small piece of circular bone, cut from the skull of a sheep or a baboon. The property of bony hardness is believed to pass on to the soft pulsating fontanelle to cause it to become hard and bony. Many other charms are suspended around the baby's waist or neck to prevent gastroenteritis and pneumonia, both well known for their fatality. They are also commonly worn by adults to prevent pneumonia and heart disease.

Although there are numerous reasons for obtaining charms, these usually fall into a few well-defined groups concerned with the emotional upsets likely to occur in any home or society, such as:-

1. To beget a child of the right sex.
2. To win or restore the love of a person or to ensure success in a venture — such as courtship.
3. To prevent failure.
4. To give a person power in a quarrel, argument or fight.
5. To operate against adultery by an individual's spouse.
6. To increase the fertility of the soil and so ensure good crops.
7. To prevent thieving, especially of crops.
8. To prevent the occurence of an unwanted event or the appearance of a problem.

To prevent falling pregnant, a woman will wear, on a string around her waist, two pairs of small wooden cylinders, prepared from the roots of the *Cassia sanguinea* tree. One pair is worn in front of the abdomen and the other over the sacral region behind. This method is often employed by married women. A medicine used by people coming into contact with a dead body, such as through proximity at a funeral, is made up of the roots of *munundzawaroyi, muririra, karisahi, mupumura* and *chinawanura* soaked in water. The dead person's ritual friend, whose function it is to receive the body in the grave, sprinkles all the mourners with the liquid in which these roots were soaked before they enter

the deceased's hut. Its purpose is to prevent anyone coming close to the body from becoming ill.

To set up a pleasant, useful social relationship or to restore a situation that has been lost. A woman feels that her husband's affection for her is waning. She cannot explain his loss of interest and suspects that his thoughts are turning to another woman. So she buys from the *nganga* a medicine called *muphuria* and adds it secretly to his food. It is said that after the unsuspecting husband has consumed it his love for his wife returns. Again, if a young girl wishes to win the love of a boy she fancies, she obtains the powdered roots known as *zhangwe* from a *nganga* and washes herself in water in which she has soaked the medicine. After this the boy is soon attracted to her. *Chitsini* is a medicine designed to make a confirmed bachelor fall in love. It is believed to cure him and ensure that he becomes attracted to a woman. This medicine is composed of the roots of *ndirire, mundaramo* and *mushabawarisikano.*

To give power or courage. This kind of medicine bestows the qualities of strength or power to the individual in whatever walk of life he wishes to seek it. *Mangoromera* is a medicine comprised of a mixture of the hides of lion, leopard, elephant, crocodile, rhinoceros and *shato* (a python). This is used to instil courage in a person and confer on him the ability to fight. Thus it is employed by boxers, boys who are being bullied or anyone likely to be involved in a brawl. The various hides are burnt into ash, half of which is rubbed into incisions over the eyebrows, the wrists and forearms. The rest is wrapped in a cloth and tied round the biceps of the right arm. Another type of *mangoromera* is that prepared by mixing the root and bark of the *muhanga* tree with the root of the *murowapasi* tree. These are ground to powder and consumed in the porridge of a person called upon to fight. It is said to make an individual strong and give him tremendous energy enabling him to fell trees or undertake some other heavy task.

Another special medicine is one called *divisi*, which is used to increase a person's crops. It may be placed in the granary as well to protect the produce from damage by rodents or other pests and in this connection is known as *divisi rakanaka. Rukwa*, another type, placed in the fields of used exclusively in Mashonaland. Its purpose is to catch a thief when he comes to steal some of the crops. It renders him powerless so that it is easily captured. A special *rukwa* medicine can be obtained to protect fowls from prowlers. It is given to the birds with their food and if one is stolen, when the thief eats it, his stomach swells.

To beget a child of the right sex. When parents feel they are producing too many children of the same sex and are keen for a change, they consult a *nganga* who prescribes a medicine called *kuhucteka*, which is a mixture of several plants. These are cut into little pieces and cooked with cereal. If a boy is wanted, the couple must put an axe on the ground and sit on it together for a few minutes as soon as they rise in the morning. Then they drink some of the porridge. If they wanted a girl, they sit on a mattock *(badza)* instead of an axe. This must be done every day for two months.

Customary Practices Related to Health.

Perhaps I should open this subject by talking about water, one of the basic substances around which good hygiene revolves. It cleanses and purifies. The European in the tropics certainly washes himself at least once a day; so does the African. They may even take place in a small hut situated just beyond the main group of huts, although nowadays few possess these 'washrooms'. About five o'clock in the afternoon the husband bathes his entire body, using a flat stone to rub his back and other parts. Small children are washed by their mothers in the main hut or the yard at least once a day. But this is not all. On waking in the morning each member of the family washes his face with warm water. Indeed it is the duty of a good wife to provide her husband with a bowl of water when he rises and this privilege is accorded to him before anyone else has theirs. On the whole, the African seems to suffer less often than any European from eczema and acute dermatitis. At least this has been my experience. The reason for this is not obvious, but it may be because the white man irritates his skin by too lavish use of soap or even of hot water. But, on the other hand, the African's skin is subject to attack by the scabies parasite and by a number of different fungi that may follow too close living with nature.

Popular, too, with the African, more particularly with the women, is the practice of rubbing an oil or fat into the skin in the colder months of the year. It is quite likely that besides adding to its lustre, it serves the useful purpose of keeping the body warm and preventing chapping of the skin in the hot dry season. The newly born infant is also oiled. I should mention, too, the African's frequent bathing in streams and pools during the warmer months of the year, although I must admit that any advantage from this good use of water is opposed by the serious risk of contracting bilharziasis. Water is the medium,

par excellence, for certain common infections, such as typhoid fever, gastroenteritis and dysentery, all frequently responsible for much ill health, and even death, in the youngest age group. No doubt these diseases are spread by water from contaminated wells. At least 50% of those drawing water do not obtain it from a running source, such as a river, but from wells, that at certain times of the year are anything but free of extraneous matter. The water ordinarily drunk in the hut is not boiled and after it has been fetched from the river may be contaminated by any thirsty member of the family. A possible source of these infections and perhaps of tuberculosis as well is the practice whereby the whole family uses the same calabash to drink water or beer.

Regularly before a meal a person washes hands from a bowl of water. It is expected that no one should eat before washing his hands. The utensils provided are also washed in water after the meal and allowed to dry in the open. Although soap is not used for this purpose, I have been impressed with the cleanliness of the eating utensils. Also each male adult has his own plate on which his food is always served and the wife has hers, although she normally shares it with her young daughters who eat in the hut with her.

More important perhaps from a public health point of view is that Shona meals generally consist entirely of cooked food and are served directly after they are ready. Salads and cold dishes are rarely eaten. This method of preparing meals renders the transmission of infection less likely than amongst Europeans. This refers particularly to amoebic infections. But I am not asking anyone to believe that amoebic disease is not common in my African patients, but I do not think the traditional way of preparing meals is likely to encourage its spread. There is of course some handling of food after it is cooked and herein lies the opportunity for contamination by a human carrier. But even more important are other factors, such as flies, about which I shall say a few words shortly.

The Shona's manners during meals are exceptionally good and the visitor is struck at once by his fine behaviour and consideration for others. What interests me especially is that there is no haste in this traditional society. A meal is never eaten quickly. This leisurely way of eating perhaps ensures better digestion of the food, which may account for the relative infrequency of peptic ulcer in rural Africans. But, on the other hand, the man may overfill his gastrointestinal tract with maize and such an over-distended bowel is more liable to twist and obstruct, giving rise to the well-known disorder of volvulus, so often encountered in African medical practice. It is my impression, too, that the African does not drink as much fluid with his meals as does the European. For instance, soup is not served and water not especially set out, although the man may drink a little from a small pot provided by his wife when he is washing his hands. Indeed, any drinking of water with meals may be a modern innovation. In traditional society peptic ulcer and acute appendicitis are rare compared with in urban society.

The African eats simply with very few fads and taboos. He is not as fussy as the European and eats practically any part of the beast, including internal organs that are so healthy yet are often discarded by white people. He turns readily to many varities of caterpillars, ants and mice. My only serious criticism of the Shona customary diet, especially amongst women in tribal lands, is that eggs are avoided. The fear exists that eating eggs of another creature might interfere with the woman's own reproduction. But of course, today, this avoidance is no longer followed to the same extent, particularly in urban areas.

The traditional African's knowledge of bacteriology and parasitology is limited, just as it was in Europe before it became known there. So he is liable to eat infested meat, such as that contaminated by *Taenia solium*. Thus today we still meet a fair number of unfortunate sufferers from epilepsy, the result of infestation by the larval stage of the tapeworm.

As most of the food is boiled, it may well be that some of the vitamins are destroyed as well. Further, on the whole, the African eats less green and fresh food than the European in spite of the wild fruits he may collect in the bush, as these are only seasonal and the supply very variable.

Cleaning the teeth is considered very important and this habit is taught to the children very early in life. Before a meal, after hands have been washed, many clean their teeth with a small twig from the *muhacha* tree, softened at one end to form a brush. In the morning teeth are cleaned regularly with ash prepared by stamping and burning the twig of the *punda*. At night, too, teeth are cleaned either with a brush or with the fingers dipped into ash.

A potent cause of spread of infection in African villages is the inability to control the house fly effectively. When a fresh pot of beer is produced at a beer drink, more often than not one notices flies and other dead insects floating on its surface. A cogent reason for the prevalence of the house fly is the *danga* or cattle kraal, situated within a stone's throw of the village huts.

Defaecation and micturition are carried out in a quiet concealed part of the bush just outside the village. It does not seem to cause much inconvenience having no latrine. The veld around is also dry and hot and the African has succeeded in disposing of his excreta with great care. I have found little dispoilment of the outside bush through this habit, probably also due to its disintegration by the elements. Every African child is carefully taught to take special care never to leave any part of his body or exreta lying around lest it fall into the hands of a witch who might place a curse on its owner. A woman must dispose of her menstrual pads with special attention lest a curse cause her to lose her periods and thus any chance of having children. This is an example of the maintenance of public hygiene through the belief in witchcraft — an interesting medical effort. A mother uses a soft leaf, such as that of the *mugodo* or *mutape* tree to clean her baby's anus after defaecation and adults may employ any suitable leaf that is handy.

The African lives in close contact with nature, his village being situated in a clearing in the woods. He is thus in close contact with the soil, the water and the trees and consequently is more liable to come into intimate contact with the animal and insect life of the veld. Mosquitoes, ticks, flies and fleas all very frequently settle on his body. It is not surprising, therefore, that he sufferes from bilharzia, malaria, hookworm disease, relapsing fever and sleeping sickness. This intimacy with nature is perhaps one of the major problems of the public health expert. But this is not the fault of the culture of the people. It applies to many anywhere in the world in a similar environment.

It is of considerable interest that kissing is not practised by traditional Africans, although I am told it takes place in more modern society. It is rare even for parents to cuddle their children like Europeans do. This infrequency of kissing may be good from the hygienic aspect, preventing the transmission of certain diseases like tuberculosis, acute streptococcal infections and the ordinary cold.

Belief in the Powers of Evil

Mostly people are good and are protected by the good influence of the *mudzimu*, but there are those with evil in them and this tends to run in families. Therefore one must be careful not to come into close contact with strangers in case they are tarnished with evil. Even shaking hands may transfer the evil to an unsuspecting individual. Therefore Africans generally greet others a short distance aways from them by clapping hands and they shake only the hands of those with whom they are acquainted. There is always the fear that a sick person may have been stricken by the influence of an evil person. Therefore such an illness may be passed on to other innocent members of the family. So until recently it was not unusual for a seriously ill person, with a severe chronic illness, to be housed in a little hut outside the village where he was fed but left by himself. Only relations were permitted to visit him. No stranger was encouraged to go near him lest they introduced evil and made him worse. From time to time, it happened that such a person, confined to his hut, believing he was bewitched, chose to leave his village, lest the "evil" in him spread to others. He then left the village to seek refuge elsewhere. As serious illness is likely to be attributed either to an offended spirit or to the machinations of a witch, recovery is not expected before the upset spirit has been placated with an appropriate offering or the evil spirit is removed, the sick person lies in his hut, usually shared by one or two members of his family. Thus the chances of an infection spreading swiftly through the community is mitigated by the fact that practically only close relatives visit him. A menstruating woman was always regarded as potentially dangerous and no sexual relationships were permitted lest her husband contract some intractable disease. In former days she was required to isolate herself from the rest of the village for the duration of her menses.

Preventive Medicine Practised by the Traditional African.

An excellent example of preventive medicine amongst the traditional African is afforded by their practice of variolation. As in Europe, the idea of this must have been based upon empiricism, noticing the spread of the disease by contact. This interesting procedure in which material from the pustule is rubbed into the scarified skin of a non-sufferer, must have followed the observation that a contact might contract a mild form of the disease and so develop what we refer to as a state of immunity. Perhaps even more remarkable is the fact that Africans from Nyasaland coming to work in Southern Rhodesia and other countries deliberately carried with them a supply of ticks *(tampan ornithodorus moubata)* in a small matchbox. They allowed them to bite them periodically whilst out of Nyasaland. They said that they knew that as long as the tick fed on them they would not develop bouts of fever, but if they were away from ticks for too long they would become ill with fever. I remember finding a patient in the old African Hospital in North Avenue

with a supply of ticks. Another way to achieve the same result was for an individual to crush a tick and rub its contents into a small incision in his skin.

To Prevent Illicit Sexual Relationships.

In Africa, great store is placed in the purity of marriage; at all costs it must remain intact. Therefore much effort is made to protect it. There are two beliefs which tend to prevent adultery. The first is that if a man develops certain incurable diseases, such as a swollen abdomen, his folk doctor is likely to conclude that he had slept with the wife of an absent husband. The latter, before leaving, must have placed in his bed a special medicine known as *runyoka.* All men know that if they have illicit relations with a married woman, there is a good chance of their being punished with an illness that is liable to end fatally. The fear of *runyoka* is likely to deter a man who is interested in the wife of another. It is believed, too, that if a child becomes ill when its father is away from home, the mother has been having an affair. Therefore a woman is very careful to keep away from any potential lover, lest her child becomes ill. It is also believed that if a pregnant woman has been unfaithful, she will be punished with obstructed labour. A woman having a difficult labour is asked to confess and, if she has been unfaithful, after this confession she is said to deliver herself. Dr. Beth Granger, the PMOH Fort Victoria, has informed me of an interesting effect of this belief encountered by her in the Victoria Province. A few chiefs have expressed concern about the prophylactic treatment instituted in the area. They declare that if illness among children is stopped, how will the husbands know if their wives are unfaithful. I personally have not come across this attitude.

National Customs

Polygamy. Polygamy is a Shona custom with an incidence of from about 5 to 25% of the population or even more in rural areas. When I spoke about it to Shona people, I was told that it prevented promiscuity and the spread of venereal disease. Prostitution was unknown in traditional Shona society until after the Occupation. Whether gonorrhoea and syphilis, as we know them, (as distinct from yaws) occured in the days before the advent of the Westerner is impossible to say. My impression is that these two diseases, especially gonorrhoea, were very uncommon then, as there is no word for gonorrhoea except "drop."

Virginity (utsvene). It was a strict rule that a girl had to be chaste until she married and if any man despoiled her, he was charged publicly in court and required to pay a heavy compensation to her father *(kukanganisa musikana).* Today such cases are still tried continually in the tribal courts. A woman's purity is considered the highest prize she bestows on her beloved on marriage.

Attitude to Sex. The African boy and girl brought up in their family by the mother, father and grandparents are made to understand the function of Man and Woman. Both boy and girl grow up with respect for the opposite sex and with the understanding that on reaching adulthood, they will meet the partner with whom to share their love. With this wonderful gift the true understanding of life. As the children develop, great care is taken to ensure that they understand the function of each sex. The aunt instructs the girl and the uncle the boy on sexual behaviour and practice. I have already mentioned elsewhere that in traditional society there is no homosexuality.

How does the Traditional African respond to Preventive Measures introduced by the Health Authorities?

My own experience in this field has been during my visits to the Mtoko district to the All Souls Mission Hospital under the care of the late Dr. Luisa Guidotti. I attended her hospital regularly for nearly three years and there I saw at first hand the very satisfactory response she had to the various preventive measures she was able to introduce. The only difficulty was the one out of her control, due to the War, which was beginning to encircle her Mission. Nevertheless, she was able to vaccinate hundreds of young children with measles vaccine, so that, at one time, the disease was very uncommon. Another very impressive measure was the clinics she organised for the babies in her district in her fight against kwashiorkor. The mothers attended regularly in large numbers for the protein supplements and as a result, there was a decrease in the incidence of the disease in the district. The lesson I learnt at Mtoko was that the traditional African was perfectly ready to participate in preventive measures. This view is supported by the reports of the Secretary for Health. I had chosen years before it had assumed any significant proportions, when there was little pressure on the general population not to participate in the different preventive measures that were being introduced. If we look at the Secretary's Report for the year ended 31 December 1971, we are struck by the absence of smallpox during that year. Almost as satisfactory was the situation with regard to tuberculosis, which showed an even greater decline than it had the previous year. The Report attributes this to several factors as a result of the co-

operation of the people in the tribal trust areas. These were:-

1. Massive blind BCG vaccination campaigns and widespread vaccination of the new born.
2. Selective minature mass radiography in known high risk groups.
3. A co-operative population (as quoted by the Report).

The Secretary noted that during the year there was a total of 150 991 BCG vaccinations performed during mass vaccination campaigns at child welfare clinics in the rural areas. He also noted a decreasing incidence of poliomyelitis, diminishing year by year. He adds that these achievements in preventive health services is all the more creditable despite "the many difficulties of dealing with a relatively primitive population, whose understanding of preventive medicine is negligible."

However he remarked on the fact that many of the clinics established by African Councils were not functioning well because the nursing staff of the Councils were not interested in preventive measures, but were entirely concerned with providing curative medicine. They were the personnel supervising the clinics responsible for child welfare, family planning and health education. The Secretary for Health points out that the African public desire these services, as the mothers attend in large numbers when they are available and adequate.

The Inoculation Campaign

If we study the number of vaccinations and inoculations given against smallpox, poliomyelitis and tuberculosis, we must conclude that the Africans must understand their meaning and want to bring their children to the clinics for the necessary injections.

Vaccinations and Inoculations during the Year 1971

	Smallpox	Polio-myelitis	BCG (tuberculosis)
Matabeleland	165 020	37 146	42 158
Mashonaland	296 305	198 752	150 990
Midlands	247 242	39 849	87 680
Manicaland	356 065	137 728	213 094
Victoria	188 384	180 116	83 969
Total	1 251 007	595 591	577 891

More limited programmes of measles, vaccination and inoculation with triple antigen against diphtheria, whooping cough and tetanus were undertaken from time to time. Throughout the reports of the Provincial Medical Officers of Health it is quite clear that epidemic disease has been contained largely by inoculation. The problems that loom ahead are those of water supply and sanitation in rural areas. Referring to the control of communicable diseases, the DMS speaks of the dramatic results of the anti-tuberculosis measures. "In particular," he continues, "there is little doubt that almost universal BCG vaccination of young children has been a very effective measure." With regard to poliomyelitis, he says, "There has been a further decline in the already low incidence of poliomyelitis during the year. Almost without exception the African cases of poliomyelitis which were notified have been in very young children who have not been inoculated."

By 1972 there were signs of the war reaching the rural areas and beginning to affect the preventive measures. For insrance, early in that year malaria reached epidemic proportions in certain areas in Matabeleland and the PMOH of that area reported: "An insecticide spraying programme brought the infection under control although this in places was jeopardised by lack of co-operation on the part of the people manifested by the number of huts that were locked when teams arrived to carry out the spraying." The same report mentions that the measles vaccination programme was opposed in places by the local politician in Matabeleland. Yet in the same report we read that Western preventive measures were being supported elsewhere by rural Africans. "This year I would like to single our Dombodema Mission Hospital for special praise. This tiny hospital is run by a state registered nurse, and a second nurse who works part-time for the Mission and part-time as a public health nurse, is also attached to the hospital. Twelve thousand people under their care receive a very good service from those two nurses based at this small hospital. A comprehensive measles vaccination campaign last year cut down the number of measles patients admitted to the hospital to a negligible amount and efficient antenatal and family planning services were provided at six different venues in the adjoining tribal trust lands. The set-up at this small hospital is very much what we envisage when we talk about clinical nurses running the hospitals with public health nurses taking care of the maternal and child health of the district."

In the Midlands, too, in 1972 the report of the PMOH referred to the successful vaccination campaign carried out against typhoid fever in the Selukwe tribal trust land. "A vaccination campaign in the Selukwe Tribal Trust Land resulted in a marked diminution in the incidence of cases while in other parts of the Province the incidence continued to rise. In all, 17 000 people

were inoculated against typhoid and paratyphoid fever in the Province during the year."

The Rhodesia Freedom from Hunger Campaign (1972)

Since the beginning of 1966, the well-baby clinics, under the pre-school age feeding scheme, have been the primary concern of the campaign of this organisation. With generous subsidies from OXFAM they were able to bring this scheme to maturity and from 1 July 1972 placed it on a full self-supporting basis. There has been no falling off in purchase of high protein foods. The Organisation reports "an increasing awareness among African women of the need to improve nutritional standards and a growing understanding that these needs can be met from the crops grown in tribal areas."

Conclusion

I have tried to show that the traditional African, living in what is Zimbabwe today, fully understands and practises preventive medicine as known to his medical cult. At the same time he has readily accepted and fallen in with the preventive measures being introduced into his society by Western medicine. In this we have a co-operative people.

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