PATTERNS OF HEALTH AND NUTRITION
IN SOUTH AFRICAN BANTU

being an account of
investigations into the relationship between their
state of health and way of life,
and
the application of those findings in the development of a
Family Health Project.

Sidney L. Kark
The material of the thesis presented for consideration has been arranged in three separate sections.

Section A. This section consists of a report and discussion of findings of a health and nutrition survey of South African Bantu schoolchildren. Carried out in 1938-1939, the survey included children of nine different areas of the country, namely:

Urban Areas: Bloemfontein
            Pietermaritzburg
            Pretoria.

Rural Areas: Transvaal - Bochem
             - Tzaneen
             Transkei - Kentani
             - Qumbu
             Natal - Ngutu
             Orange Free State - Witkieshoek

As the clinician of this survey team I was responsible for the diagnosis and clinical evaluation of the nutritional state of the children examined. Analysis of the study demonstrated the prevalence of nutritional failure in each of the districts visited, but there were significant differences both in the degree and kind of nutritional failure syndromes found in the children of different districts.

This study, being the first of its kind undertaken in South Africa, provided an introductory picture of the state of nutrition of Bantu children in the country indicating the extent to which poor nutritional state was associated with various diseases, more especially endemic diseases such as syphilis, bilharzia and malaria.
Section B.

During the years 1940-45, when I was medical officer-in-charge of the Pholela Health Centre, and since that time as officer-in-charge of the Institute of Family and Community Health, Durban, opportunities were presented for furthering the studies undertaken in 1938-1939. By study of families in the rural community of Pholela over a number of years it was possible to direct attention to those features of family and community living which were seen to be expressed in the health and nutritional state of the people. The various investigations involved are discussed in the monograph 'Nutrition and Adjustment in the Changing Society of Pholela', which, together with the annexure including reprints of published articles on Pellagra and Syphilis, constitutes Section B of the thesis.

This study in nutrition and adjustment, having been carried out as an intrinsic element of the Health Centre's practice, has had a profound influence on the development of this practice. The next section of this thesis discusses these implications.

Section C.

This section is concerned with an approach of Medicine towards family health and medical care. The studies referred to in the previous section have formed the immediate foundation of this developing practice in that they have indicated the need for the development of diagnostic skill in the field of family health and the application of such knowledge in community health and medical care. Illustrative of this orientation of Medicine towards family care are five published papers which have been included as Section C of this thesis. These articles indicate the growth of this orientation in the family practice of the Pholela Health Centre as well
as in the broader field which has been included since the establishment of the Institute of Family and Community Health in 1945.

ACKNOWLEDGMENTS

It is with much pleasure that I acknowledge the guidance and help of many friends and co-workers who have been associated with these studies during the past 15 years.

First, I would like to pay tribute to Professor Raymond A. Dart for his patient interest in me during my years as a medical student, and for his friendship and encouragement since I graduated in 1936. It was he who introduced me to the broad field of work in which I have had the privilege to participate since 1933.

The Union Health Department was at that time initiating a series of nutrition surveys under the direction of Dr. H.S. Gear. To Dr. Gear I owe my early experience in this field as the immediate director of my work in the survey which has been included as Section A of this thesis, and it is to him that I am grateful for having had the opportunity of developing the first Health Centre of the Union Health Department. His initial direction of my nutrition studies and his subsequent influence on the early development at Pholela provided a foundation on which we have been able to build through the years that have followed.

To my immediate associates at Pholela, and later at the Institute of Family and Community Health, I owe a debt of gratitude which cannot be easily expressed. Apart from the many work projects in which we have been closely associated, there has been a most stimulating
interchange of views on the basic principles and philo-

sophy of our approach towards family and community health.

I have had the opportunity of presenting much of the
material included in Sections B and C at seminars and
staff discussions at the Institute and at the Pholela
Health Centre, which is at present the rural centre of
the Institute. The critical discussions involved have
had considerable influence on the present development of
the material.

I also had the privilege of discussing some of the
material of Sections 3 and C at the Institute of Social
Anthropology, Oxford, where Professors Evans Pritchard,
M. Fortes and M. Gluckman offered the facilities of their
Institute for further study of the social implications of
our approach. In England, too, I had the opportunity of
discussing this work in some detail with many stimulating
workers, among whom were the late Dr. Scott Williamson of
the Peckham Health Centre and the late Professor John
Ryle of the Institute of Social Medicine, Oxford. To
the Rockefeller Foundation I am indebted for the opportu-
nity to visit the United States and meet with individuals
working in related fields, and for having the chance to
meet with Dr. J.B. Grant of the Foundation. His intense
interest in the field in which we are working has been a
stimulating force in its growth.

For assistance in the preparation of the various
sections and in editing the material I am deeply indebted
to my wife, Dr. Emily Kark, who has been actively associa-
ted with me in our work since 1937, to Professor I. Gordon
of the Department of Pathology, University of Natal, and
to my colleagues at the Institute, among whom were
Drs. Julia Chesler, S. Gampel, J. Cassel, Maureen Dale,
Mr. G.J. Steuart, Mrs. N. Ward, Sister H. Cohn, Mrs. E.
Bradshaw, and Messrs. E.C. Jali and H. Petersen who assisted in editing, statistical analysis and preparation of charts. I am also indebted to Mrs. E. Sinclair for her assistance with the manuscript.

Professor J. Gillman has throughout this period of study been a most stimulating friend. Not only have his series of studies been a critical force in our own developments, but the many discussions, and at times warm arguments, that I have been able to have with him have resulted in considerable development of my orientation and practice.

Finally, I wish to pay tribute to Dr. G.W. Gale, who, first as an associate in the Ministry of Health, then as Chief Health Officer of the Ministry, and more recently as Dean of the Medical School, University of Natal, Durban, has encouraged the development of this work since its inception. I venture to state that had it not been for his broad vision of the meaning and scope of Public Health and Social Medicine, these studies and the experiment in family health and medical care of which they are a part, might not have been possible.

Sidney L. Kark

INSTITUTE OF FAMILY AND COMMUNITY HEALTH