



## HISTORY OF MEDICINE

### From Mahlangeni to Gumede – the second generation of black doctors in South Africa (1913 - 1930)

Anne Digby

Manasseh Robert Mahlangeni qualified as a doctor in 1913 (LRCP and LRCS at Edinburgh and LFPS at Glasgow.) He then practised among the Bhaca people in the remote area of Mount Frere, 100 km north-east of Mthatha (Umtata.) Unfortunately nothing is known about his practice, or that of his son, Robert Rose Mahlangeni, who followed in his father's footsteps. Educated at Fort Hare, from 1938 the latter undertook medical training in Scotland, qualifying LRFPs (Glasgow, 1943) and LRCS (Edinburgh, 1946.) On his return to South Africa he set up a practice in East London.

#### Silas Molema

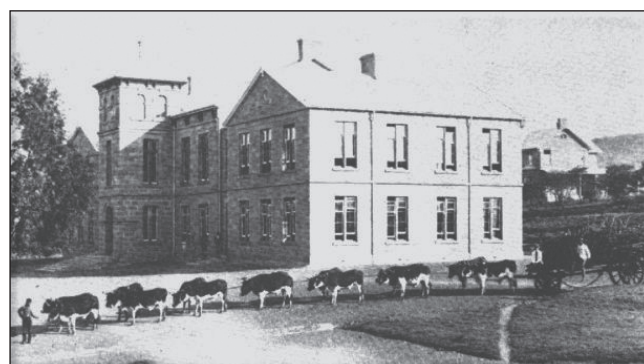
In contrast, details of the life and medical career of Silas Modira Molema (1891 - 1965) are much better documented. He was the great nephew of Paramount Chief Montsioa of the Tshidi-Rolong. Families such as these were developing bourgeois aspirations, training their children for professions such as medicine because a viable future in landowning had become blighted. Schooled at Healdtown and Lovedale (where he won a bursary), Molema then worked as a teacher before proceeding to his medical training at Glasgow. Achieving a medical training outside South Africa was lengthy, expensive and stressful for these early cohorts of black doctors. That Molema became President of the African Races Association of Glasgow meant a supportive social network for him, and he also had friendly contacts with James Moroka at Edinburgh.<sup>3,4</sup> He qualified MB ChB (Glasgow) in 1919, then acquired specialist knowledge through internships in England and Ireland before gaining an LM (Dublin).

Molema set up his main practice in Mafikeng although he ran an auxiliary practice in the buoyant medical market of Johannesburg. 'I am kept pretty busy. I have opened a



Silas Molema

surgery in town for the convenience of the Indian and Coloured population.' This was on the boundary of the black township closest to the white area so that Afrikaners could visit easily, and Molema's liberal pattern of prescribing medicine (so close to the heart of black patients generally), also found favour among Afrikaner patients, who referred to him as the 'die dokter van die groot bottel' (the doctor of the large bottle). Some surviving correspondence on prescriptions indicates that Dr Molema retained the loyalty of his patients: an Indian patient from Johannesburg wrote for a repeat prescription for his eczema, and another patient from Southern Rhodesia



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(Zimbabwe) wanted something for the pox. A third patient enclosed £1 with his letter in part payment of a £25 bill for his wife's operation, and asked for pity because 'I am penniless today but the day will come that I strike some luck, and I shall thank the Lord and you for your kindness.'<sup>5</sup> Molema was strongly motivated to help his community, whether this was treating black patients, improving the sanitation of the Mafikeng township, or lecturing on nursing and first aid to schoolgirls. But some of Molema's energies, like those of others in this early generation such as Moroka, were directed at high fee-paying white patients. Medical altruism or idealism on the one hand and entrepreneurialism on the other seem to have been congruent professional aims.<sup>6</sup>

Unlike other controlled black occupations at this time, private medical practice allowed freedom and independence in constructing a livelihood, and had considerable financial appeal because of the possibility of amassing real wealth. Molema and Moroka's 'big houses, well equipped surgeries, nurses, tennis courts, cars, many servants, radios, rugs, papered walls, beautiful gardens'<sup>7,8</sup> were striking. As such Molema was presumably able to assist his younger brother, Sefetogi Silas Molema, in studying abroad, where he qualified with a Scottish Triple in 1939 (i.e. LRCP and LRCS from Edinburgh and LRFPS from Glasgow). He first practised in Johannesburg and later in Maun in the then Bechuanaland Protectorate.

Difficulties for black practitioners were still very evident in an increasingly racially segregated society, where medical institutions aimed to maintain a racial hierarchy. In his path-breaking, autobiographical and historical volume, *The Bantu, Past and Present*,<sup>9</sup> Molema wrote about the kind of social no-man's-land, between the European and 'native' quarter, that educated blacks might find themselves occupying. Having just qualified as a doctor at Glasgow he was acutely conscious of the racist attitudes that professional men like himself would face. 'The better educated the black man is ... the greater is the prejudice he encounters ... the more educated the man is, the more keenly is he apt to feel the stigma of the prejudice he encounters, the disabilities he is placed under solely by reason of his colour.'<sup>9</sup> This was prescient given the incidents he encountered in 1927 when white nurses resigned after Dr Molema admitted some of his white private patients into Victoria Hospital in Mafikeng. Molema was sufficiently self-confident to take legal action, and won his case. The legitimate aspirations of black doctors like Molema thus opened up wider issues within a racially segregated society, exposing them to public scrutiny. Several years after this high-profile confrontation with white nurses, Molema took a German colleague as his partner in opening a private nursing home in Mafikeng, which was staffed with white nurses, and treated both white and black patients. However, hostile attitudes on the part of white nursing staff in hospitals meant that referral of patients continued to be an area of professional frustration for later black colleagues.

Like others in his generation of black doctors, Molema became politically active. One of his early mentors had been a Molema family friend, Solomon T Plaatje (1876 - 1932), a founder of the South African Native National Congress (later the African National Congress). Molema joined in the protests against Hertzog's proposed Native Representation Bill of 1936 with its restriction of black representation, in the Cape lower house. However a public political profile for Molema followed only after he became ANC National Treasurer from 1949 to 1954. At the Twentieth Conference of the South African Indian Congress in Johannesburg in January 1952, on the theme of 'Onward to Freedom: A Call to the People of South Africa', Molema shared a platform with Dr Yusuf Dadoo and spoke on the fact that too much patience had been shown to 'vicious, repressive and differential legislation'.<sup>10</sup> Molema was later banned by the apartheid state. Increasing intimidation by the government and an accompanying intensification of protest politics resulted in older, moderate medical leaders such as Molema (together with Moroka and Xuma) withdrawing from the political frontline to devote themselves to managing their practices.

## James Moroka

James Sebe Moroka (1891 - 1978) had studied in Scotland during roughly the same period as Silas Modiri Molema, and he also became a high-profile political activist. Educated like Molema at Lovedale, he graduated MB ChB at Edinburgh in 1918. He came back to Thaba Nchu to develop a practice, and his home in Ratlou village, built in 1922, is now a heritage site. Presumably, as the great grandson of the Barolong Chief, he benefited from good social networks in creating a practice there. In addition, he developed a subsidiary practice in Orlando East in Soweto. Moroka had friends in the white community, so that Afrikaners became an important part of his patient constituency. But like white doctors of that period who had



James Moroka



mixed patient constituencies, he provided separate entrances and waiting areas for white patients. Moroka was noted for skilled diagnosis by whites, who attributed it 'to some magical native power'. The pull of Moroka's professional ability gradually overcame racial prejudice; whereas initially a few patients visited him at night, later more came openly, although still scratching out the doctor's name on the medicine bottles they took home. Moroka also found that whites came to him for venereal disease because they were too ashamed to visit their usual doctor.<sup>11</sup>

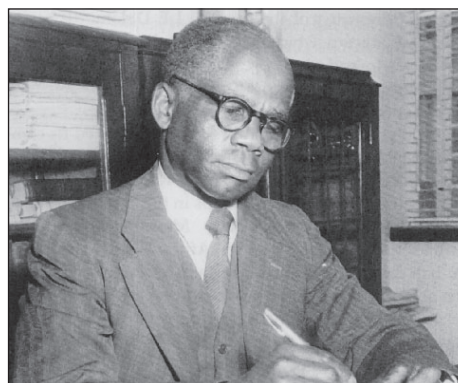
Dr Moroka's political involvement had begun with protests against Hertzog's franchise legislation of 1936, and in the same year he became Treasurer of the All African Convention. Later he succeeded Dr Xuma as President General of the ANC, holding that office from 1949 to 1952. Despite some courageous leadership in giving speeches all over the country, Moroka renounced the ANC at the trial that followed the mass civil disobedience against apartheid laws that had been organised by the ANC in the Defiance Campaign of 1952. He therefore received only a suspended prison sentence. Mandela judged that he 'was unwilling to jeopardise his medical career and fortune for his political beliefs'. Moroka showed that he could accommodate himself to a changing political climate, and later he even supported the Bantustans because he thought that these would give blacks a stable home that could not be taken away from them.<sup>12</sup>



*James Moroka with Nelson Mandela*

## Alfred Bitini Xuma

Educated at Manzana Mission and Clarkebury Institute (Engcobo, Eastern Cape), Alfred Bitini Xuma (1893 - 1962) qualified as a doctor in the USA, with a BS from Minnesota in 1920 and an MD from Northwestern University in 1926. However, in order to practise in South Africa he needed European credentials and so obtained the Scottish Triple in 1927. Xuma was unlike fellow black doctors of his generation in that he did not return to his home of Engcobo in the Transkei to



*Alfred Xuma*

practise but instead developed a practice in Sophiatown, Johannesburg. He shrewdly located his surgery opposite the Johannesburg Magistrate's Court and later opened consulting rooms in another two parts of the city. He was the first black to hold the office of Medical Officer of Health, which he did from 1928 in the form of a part-time post for Alexandra township. His interest in public health is attested by his acquiring a DPH (London) a decade later.<sup>7</sup> In 1961 Xuma spoke of his generation of doctors who 'after years of medical studies in the British Isles returned home to serve their people in their respective areas'.<sup>13</sup>

Dr Xuma became the public voice of black members of the medical profession. In 1928 the Loram Commission on Medical Training for Natives recommended that a medical school for blacks be set up in Johannesburg, but under the control of the existing white school. Dr Xuma welcomed this 'splendid' recommendation. But he was forthright in opposing any inferior training for blacks and vigorously championed their right to be fully trained doctors, nurses and midwives.<sup>14</sup> When a third centre for training black medical students opened in 1951 - the Natal Medical School that aimed to train 35 - 40 black doctors annually - Xuma argued that the school should not substitute for medical training abroad, and insisted that this foreign training did not deracialise blacks (as some critics had alleged), in the sense that they would wish to treat white patients on their return.<sup>15</sup>

Doctors (and lawyers) from black communities who had undertaken a prolonged and demanding training publicly embodied the capabilities of their people, encapsulating their potential to play an equal part in South African society. Within their own communities black doctors had high social and economic standing so that it was natural for individuals like Xuma to assume prominent roles, and in the contested years of the mid-twentieth century, these were often political ones. First serving as Vice-President of the All African Convention during the 1930s, Xuma became President General of the ANC from 1940 to 1949. Alongside Moroka and Molema, Xuma provided a moderate bourgeois face to the ANC leadership. As President of the ANC, he stated that 'The only way of maintaining civilisation in South Africa is by admitting all races and all





colours to share its benefits and make their contribution to its environment'.<sup>16</sup> However, an intensification of protest politics together with increasing intimidation by the government between 1949 and 1954 resulted in older, moderate medical leaders withdrawing from the political frontline to devote themselves to management of their practices. Although Dr Xuma had headed the ANC for almost a decade, Mandela noted the conflict between a wider political altruism evident in the objectives of a multiracial society and the pursuit of a private career. 'His medical practice took precedence ... He made it clear that he was a doctor with a wide and prosperous practice that he would not jeopardise by going to prison,' and so opposed the Programme of Action drafted by the Youth League in 1949 that envisaged a campaign of mass mobilisation. Xuma was not re-elected as President General in 1949, and resigned from the ANC, continuing to practise in Sophiatown.<sup>17</sup> But Xuma was named in the Treason Trial of 1956, and although he was not actually prosecuted, there were problems in attempting to keep a practice afloat during this kind of state intimidation.

There is much less information on three other black doctors who qualified in this period. Hawa Khairul Nisa qualified MRCS (England) and LRCP (London) in 1922, and practised in Rustenburg. Kassim Mahomed Seedat qualified LMSSA in London in 1929 and followed this with an MRCS (England) and LRCP (London) the following year.<sup>18</sup> On returning to South Africa he practised in Durban. Innes Gumede was born in

the Umtwalume area in Natal. He was educated at Lovedale and Fort Hare before studying medicine at the University of Birmingham, where he qualified MB ChB in 1930. On returning to South Africa he became an intern at Holy Cross Hospital in the Transkei, and later worked at the Inanda Mission Station in Natal.

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