BOOK REVIEW

By Dr Ronald Ingle. Foreword by Professor Dons Kritzinger. Pp. xiii+189. Published by the author. 2010. ISBN 978-0-620-47820-5. Illustrated. R230 (including postage). For overseas order options, contact the author. To order, e-mail Dr Ingle (inger@iafrica.com) or tel +27 (0)31 716-8237.

‘Every book is, in an intimate sense, a circular letter to the friends of him who writes it: This is a quote from Robert Louis Stevenson in this book, describing the transfer of 109 mission hospitals to the various governments formed under the national policy of separate development. It is especially the story of the transfer of All Saints Hospital from the Diocese of St John (Anglican) to the Transkei Department of Health, told by an active roleplayer in the process, backed by many letters, documents, minutes, circulars, memoranda and addendums. Interspersed with the wonderful photographs of Pauline, Dr Ingle’s colleague and wife, the book creates a sense of what it was like to work at All Saints, build relationships with the staff and communities being served, and then to work through major organisational change with friends, colleagues, church committees and state representatives. This thoughtful documentary intends to inform especially young doctors who battle in the same hospitals today and hear: ‘The government just took over the mission hospitals – and look what’s happened!’ Its history provides insight into the uncertainty of, and responses to, those changing times.

Dr Ingle joined the staff of All Saints Hospital in 1958, married Dr Pauline Marshall in 1960 and became the Medical Superintendent. Chapter One: Life at All Saints Hospital – ‘letter for missionary doctor recruits’, is a typical week in the life of a rural doctor at the time. Much of what he describes 50 years ago will still ring a cord with rural doctors. He notes the pressure of clinical work, numerous interruptions, balancing outpatients and ward work, and restricted referral options, which meant that you had to do a lot yourself but that … one’s skillfulness in many branches of medicine, far from dwindling away, increases … or medicine is a determined and sympathetic practice of the right principles adapted to the total circumstances of your patient and remind ourselves that we must do the best under the circumstances, not hopelessly, but with ingenuity and imagination, always of course trying to improve the circumstances.’ Dr Ingle’s motivation at the time is also worth noting: ‘The idea that I made sacrifices for God became ludicrous: the idea that I was giving God all my hard work became ludicrous too: in fact it is only through this life, which God has given to me that I have learned this, and so much else besides.’

In the chapter ‘What happened first?’ it is interesting to note that the 1943 recommendation of the Christian Council of South Africa to the National Health Services Commission was that mission hospitals should become an integral part of a national health service. Over the next 20 years mission hospitals expanded and became increasingly dependent on central government funding. Dr Ingle played a prominent part in the Transkei and Ciskei Association of Mission Hospitals that was formed in 1964, partly in response to concerns about the future. However, he was in the minority who advocated that rural hospitals should ultimately be run by the government and that Christians should be willing to serve in institutions not under church control. Addendum 9 is a talk by Professor David Bosch at the Dutch Reformed seminary in Mlata at the time, titled: ‘Mission Hospitals – the Challenge of the Future, in which he pointed out that from the mid-20th century the church could no longer operate from a position of privilege and power, and needs to understand its true role as a servant in the world.

The following chapters describe the debates and negotiations between the interested parties. The chapter headings such as – 1960: Changing the Constitution of the Hospitals of St John’s Diocese; 1962: The Government Makes the First Move; 1966: The Christian Imperative; 1972: More Questions than Answers; 1975: The Year of Give or Take; and 1976: The End of this Road – index the stages of the story.

The Epilogue, Dr Ingle’s speech at the handover of All Saints Hospital to the Transkei Health Department, contains this paragraph: ‘As this is done, I make this plea. Where our skills and our resources may be short, our greatest asset is in people – their inborn capacity to respond to leadership – leadership which is dedicated to their needs. Wherever and whenever man is hard pressed, the way forward is to draw on this resource by consultation – at all levels, from the highest to the lowest. This consultation is a priceless resource upon which any great task may be built up with hope.’

Dr Ingle went on to work for the Transkei Health Department in Umtata to promote primary health care and was an invaluable support to many doctors working in Transkei at the time. He later joined the Department of Family Medicine at MEDUNSA and retired from clinical work in 1992.

An Uneasy Story is not a conventional story. It should be read by anyone interested in the development of health care in South Africa, especially health professionals involved, or thinking of becoming involved, in the health care challenges in rural and underserved areas. The book has been carefully thought through and beautifully produced. Ronald Ingle has admirably fulfilled T.S Eliot’s injunction: ‘Old men ought to be explorers.’

David Cameron