Dr. Andrew Paton Martin
O.B.E., M.D., D.P.H., D.T.M. & H.
MEDICAL DIRECTOR OF SOUTHERN RHODESIA, 1935-1946

With the passing of Andrew Paton Martin, Southern Rhodesia has lost one of the pillars of her medical services. In the field of health administration few have achieved as much as he whilst Medical Director and Chief Health Officer of Southern Rhodesia.

Andrew Paton Martin was born in Scotland on Christmas Day, 1885, and was educated by the Marist Brothers at St. Mungo’s Academy, Glasgow. Early in his life he decided to enter the medical profession and started his medical curriculum at the Sorbonne University, Paris. But after a short stay there he returned to the Glasgow University, where he qualified M.B., Ch.B. Owing to ill health at that time, he decided to come out to Rhodesia, where he intended acting as locum tenens to Dr. Donaldson of Selukwe in 1920. This did not eventuate and so he accepted an appointment on the Mashaba Asbestos Mine. But his interest was soon directed towards the medical service of the country, which he joined in 1925. His first station was at Plumtree. He rose rapidly in the service; that same year he became superintendent of the Salisbury Hospital and in 1935, after only ten years, became medical director.

He assumed control of a service established by Fleming and which was still being run according to the Fleming pattern. The colony was then beginning to grow out of its infancy and to promise a good future. The European population was growing and blackwater fever no longer the threat it had been. Malaria too was no longer viewed with the same alarm as in Fleming’s day. Martin was quick to anticipate public opinion and turned his attention to the health of the African. An able administrator, he was able to gauge when the public would view his plans sympathetically. He pointed out the need to do something for the 1,000,000 Africans in the reserves whose health left much to be desired. Fleming had started a few dispensaries in the reserves, but Martin developed the dispensary into a clinic which was in reality a small rural hospital. He needed money for this scheme; funds were low and even small hospitals of 40 beds are expensive to build in out-of-the-way places. But Dr. Martin was determined to see through his plan and enlisted the services of a European builder who, with the help of African labourers, was able to construct a clinic at the fantastically low price of £8 a bed. He made his own bricks. Martin sited his clinics with care, consulting with the native commissioner of each area. He made sure that a good water supply was at hand. Electricity and telephone were installed. Not only were the patients treated free, but they were not charged for food. Within a few years these clinics with their red or green tiled roofs became landmarks in the reserves. Some, such as the one at Concession, were much larger and had 200 beds. First Dr. Martin built a few clinics—the first at Kutama—and soon learnt how to run them, then he increased their number. In 1937, when he commenced training African orderlies, he wrote: “It is fitting that the indigenous native should take his place in the framework of medical services for his own kith and kin, and it is hoped that when provision has been made for their training that the native women will be spurred by the example of the men.” His outlook was broad; he wanted his clinics not only as hospitals, but also as the preventive centres of the reserves. In this connection he wrote: “I hope to see these clinics assuming, in addition to their curative functions, a broader health relationship to the people they serve. I look forward to the day when each clinic will be the fountain-head of knowledge of ante-natal and child welfare work, sanitation, nutrition, housing, personal and communal hygiene. For this reason it is intended that the preventive aspect of native medical work will be stressed from the outset and clinics so sited that they will be able to bring their beneficial influence to bear upon the community as well as upon the individual.” This did not materialise quite as he envisaged, except that a maternity service has been a feature of many of the clinics.

Dr. Martin also pointed out that the belief that the welfare of the African was only the consideration of missionaries and philanthropists was detrimental to the interests of the European community. The idea that he should be left to fight his own battles without aid from the Government—for fear of involving great expenditure—was already a dying one.

In order to provide auxiliary staff for his clinics, Dr. Martin started training schools for male nursing orderlies in 1937 in Salisbury and Bulawayo. Hitherto they had been procured from Nyasaland. The emphasis in the three-year training course now instituted in Southern Rhodesia was on the nursing side—instruction in the wards.
Martin's interest in African welfare culminated in his acquiring two sites at Mpio and Harare for the erection of the two large hospitals he planned. But the country was involved in the second world war and he was unable to bring into being these hospitals which were subsequently completed by his successor. He appreciated too the serious hold tuberculosis had gained on the African population and planned a sanatorium for them, making arrangements for the erection of the first tuberculosis hospital in the country. This hospital at Makumbe was completed after his retirement and was named after him.

It was during Dr. Martin's term of office that the first honoraries were appointed to the Salisbury Hospital. Prior to 1942 the Government employed a surgeon, selected from amongst the private practitioners, on a part-time basis. But on account of the growth of the town and the military and air force demands, Martin felt that the time was ripe to introduce an honorary system. So a number of surgeon and physician appointments were made, and since then the honoraries have contributed much to the health of the country. During his office too in Bulawayo the new European hospital was completed as well as the nervous disorders one and the Government laboratory. In Salisbury a training school for radiographers was introduced and a district nursing service instituted.

He had a very clear idea of the necessity for preventive medicine, and shortly before the end of the war divided his department into two—the preventive and the curative sides. This was an innovation. Next he divided the colony into areas each under its own regional health officer. In many ways this was a new approach in African territories and to-day the pattern still holds for Southern Rhodesia.

Dr. Martin was a man of wide interests and took an active role in determining the pattern for medical research, altering that already introduced by Fleming. Fleming with a much smaller purse at his disposal had, with the help of the Chartered Company, entered into an arrangement with the London School of Tropical Medicine to send out a scholar every few years to study prevalent and important diseases in the country. Much useful information had been gleaned in this way, but Martin realised that the time had come for the establishment of a research centre in the country itself. He believed that malaria and bilharziasis were the two diseases that tapped the vitality of the African population and that research teams should study the effects of these diseases on the indigenous population at first hand. He successfully persuaded the State Lottery Trustees shortly after the formation of this body to finance his project. Thousands of pounds were placed at his disposal, and in 1937 he asked Sir Malcolm Watson to take charge of the scheme. Unfortunately war intervened and his unit was largely disbanded, although Dr. Alan Mozeley continued with some bilharzial research for a few years. A research institute was built and from it much research has emanated since the close of the war. Scientists from other parts of the world have come here particularly to study malaria and bilharzia.

It was remarkable that with so few years before the war as medical director Dr. Martin was able to achieve so much for the country. He was deeply loyal to Rhodesia and remained here amongst his friends when he retired. And he did not give up medicine. For some months he practised in Salisbury as a physician and planned to enter the political field, joining Jacob Smith and the Liberal Party. But he became ill with a heart attack and on medical advice, because of his recurring angina, gave up politics. There is no doubt that with his rich
experience, had his health remained good, he would have served his country well in this field too. He still did not retire altogether from medicine and became medical adviser to the Commercial and Industrial Medical Aid Society when it was beginning to take an important part in private medical practice. Dr. Martin did this work thoroughly and fairly and always gave the benefit of the doubt to the practitioner. His presence there certainly led to a fair standard of charges. When in doubt he never made a decision without first consulting other doctors about certain procedures or operations performed so that a just figure could be reached satisfactory to both doctor and society.

Dr. Martin expanded and improved the service that Fleming had left and very wisely kept intact its fundamentals. Fleming created the service and Martin developed it so that European and African could benefit from the science of medicine. His name and stature will grow with the years and he will be remembered as one of the great administrators of Africa. He was a devout Christian and his Catholic Faith dominated his life and that of his family. He lived in it in thought and behaviour both at home and outside it. He was a good servant of God and of His Church. He had a keen brain, was a lively conversationalist and was brilliant in debate and committee. Money meant little to him and he set a high standard. He was a courageous exponent of many ideas, some of which were in advance of his time. He was an individualist and wrote well. He was tidy and practical, hospitable—a charming and delightful host—a good friend of the African and a genuine lover of Rhodesia and completely devoted to its peoples.

Dr. Martin was already married to Ann Winnifred McKeown when he came out to this country. She died in 1943 leaving him with three daughters, and in 1948 he married Miss Florence Lee.

Dr. James Montgomery, of Umtali, has written this appreciation of Dr. Martin:

"Andrew Paton Martin rose from the ranks. He began his career in Rhodesia as a country doctor at Gath's Mine, Mashaba. In the 20's tropical disease was rife in the African miner-worker. Dr. Martin noted the association between occupation, hookworm infestation and pneumonia. He saw florid scurvy and dysentery. He treated acute malaria and blackwater fever, then the scourge of this colony. He learned much about the Native people with whom he worked and developed a sympathy and understanding which became manifest later when he was medical director.

"At Plumtree he broadened his experience of men for, in addition to district work, he was adviser to schoolboys, masters and to parents in times of stress.

"Then came the period as senior medical officer and superintendent of Salisbury hospital. In those days Dr. Martin was administrator, clinician and often anaesthetist. He had to combine the art of medicine with tact, diplomacy and shrewdness in dealing with the public, the practitioner and the politician.

"In 1935 he graduated to the post of medical director. He initiated the expansion of rural clinics and encouraged his staff to build up a system which brought European medicine to Africans near their homes. This established a confidence and trust which converted a suspicious primitive people and provided an essential link between them and the central hospital. His policy towards his medical officers in the out-stations was one of laissez-faire. Each was allowed to work out his own salvation and there was little interference from above.

"Yet Dr. Martin maintained a keen interest in the country districts. I remember many instances when reports on clinics or public health problems were answered by personal letters of thanks, advice and encouragement.

"He used to come to the eastern districts from time to time and liked to spend a day at Hot Springs, because for all his massive build he had indifferent health in later years.

"Of his personal qualities, perhaps his greatest was his devotion to his family and his home. He was a deeply religious man, but did not obtrude his faith. In controversy he was a sharp antagonist who might use the bludgeon, but later would be benign and paternal.

"An imposing figure, his deep voice retained its characteristic Scottish burr and we shall remember his first formal greeting—"Doctor"—presently replaced when he knew us better by a friendly diminutive.

"An architect of medical service in Rhodesia has passed. Valete.

Dr. Brendan Berney writes:

"Requiescat in Pace"; thus had the Church echoed our thoughts as we stood around the grave of "A.P.M."
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A bright hot Rhodesian sun, in which he himself had so often gloried, shone relentlessly down. In the crowd one could see an archbishop and a curate. There were a few artisans and a highly respected director chairman of one of Rhodesia's oldest and most flourishing companies. There were the Minister for Health and the Secretary for Health, as well as hospital superintendents and matrons of the nursing service. There were family doctors, consultants and laymen. Amongst the pall-bearers alone there were three distinct religions.

Few amongst us had been in Rhodesia less than 15 years, many much longer, and most had spent the greater part of their lives here or had been born here. It was though a bit of the more distant past had suddenly come to life. One had instinctively a sense of belonging, and in the seeming diversity one could hardly fail to recall Osler's picture of the homogeneity, unity and solidarity "which enables the physician to practise the same art amid the same surroundings in every country of the earth—which makes him at home in any place where two or three sons of men are gathered together."

One could be quite sure that many of the stranger faces had appeared again to-day to pay their last tribute to one who whilst in high office had never been too remote to reach out a helping hand to the needy or the unfortunate. Andrew Paton Martin was in many ways a typical Scot; endowed with all the courage of that ancient race, he yet had wisdom and the strength of character so necessary to bring foresight to fruition. His commanding stature was matched by one of the most deeply resonant voices I have ever heard—a combination which made him a most potent chairman. Indeed, the more fractious the committee and the more contentious the subject, the more he seemed to relish his job of aligning and fixing the com- minuted compound mental fragments.

"Et lux perpetua luceat eis": the graveside ceremony was ending; the crowd, so diverse in social scale, religious suasion and calling, gathered together by an uncommon common loyalty, was dispersing. I looked up into the earthly sunlight. Away to the north-west the mid-morning brightness was playing on the roof of the impressive brickwork of the new Harare African hospital. It looked stately on that rising hillside site which he had picked for it one Sunday morning so many years before, when as yet it was a quiet country hill beside a line of rail. This morning it is the commanding centre of industrial Salisbury. Yes, he had breadth of vision.

As I drove citywards I fell to thinking on other and perhaps more surprising traits of this remarkable man. He had never allowed himself to be distracted by the mirage of worldly wealth; in fact, he rarely if ever talked of money. In his home one found no collections of antique silver, period furniture, mezzotints or their likes. What did leap to the eye was peace, contentment and genuine happiness. It was a blessed home, warm with sincerity and stable as a rock.

Letter from trained African orderlies at Mpilo Hospital, Bulawayo:

The nursing orderlies of Southern Rhodesia are sorrowing over the death of such a great man who has done so much for both the country and the nursing staff.

We would like to pay our deepest tributes to the late Dr. A. P. Martin, former Medical Director of Southern Rhodesia, and also wish to express our appreciation and thanks to him. It was his experiment that led to the establishment of training male and female orderlies in Southern Rhodesia to do nursing work. This experiment became such a successful one that we here say that there is a great demand for trained orderlies in the hospitals, rural and remote clinics.

His introduction of the African orderlies' training and clinics for Africans has saved many lives in the reserves.

We hope his work shall be unforgotten history.