7.4.2.7. NEW GUINEA PIDGIN TEACHING: TRAINING OF MEDICAL STAFF IN PIDGIN

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7.4.2.7.1. INTRODUCTION

The island of New Guinea, by the turn of the century, was partitioned between three countries. All the island to the west of the 141° meridian was under Dutch administration. To the east of the 141° meridian a common border between German New Guinea to the north and British New Guinea to the south was determined. At the level of the eighth parallel, the border travelled west to the 147° meridian, north-west to the 144° meridian and west of north-west to the Dutch border. From 1884, British New Guinea (the south-eastern part of the island) was administered as a protectorate by Britain. In 1906 it was renamed Papua and placed under Australian control.

The German government administered the north-eastern part from 1883 until 1914 when it was captured by the Australian army and administered as New Guinea, a League of Nations Mandate.

New Guinea and Papua were united into one administrative unit by the 'Papua and New Guinea Provisional Administration Act 1945-46', an Australian item of legislation, achieved Self Government as Papua New Guinea in 1973, and Independence in 1975.

Tok Pisin is the lingua franca of New Guinea and in what follows the distinction between the north and south will be maintained by referring to the north as 'New Guinea' and the south as 'Papua' and the whole as 'Papua New Guinea'.

From about 1903 onwards, the Germans being concerned about the annual population decline, trained what they designated as 'Heil Tultuls', to assist their health services. Heil Tultuls were trained for three months and then placed in their villages to treat wounds and slight illnesses

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and report serious illnesses to the authorities. From 1913 onwards, the training of female heil tultuls was undertaken to 'promote the health of nursing mothers and babies...' (Bell 1973:437). The takeover of German New Guinea by the Australian Military Government reduced the efficiency of the health services largely because the first military administrator, Colonel W. Holmes, was not permitted to retain the German medical staff which consisted of 12 medical officers and there were insufficient numbers of experienced Australian health staff to maintain the services already operating. Training of indigenous health workers as a result stood still and it wasn't until 1922 that the training of 'medical tultuls' (the Australian equivalent of the heil tultul) was re-introduced (Bell 1973:438).

In 1921-22, there were eight hospitals operating (New Guinea Report 1922-23). This number by 1928-29 had increased to a total of 15 administration hospitals, eight in the charge of a medical practitioner (five of these had facilities for the treatment of European patients), and seven for native patients in the charge of a European medical assistant.

Health institutions by 1973 in New Guinea, both government, local government council and mission, totalled 24 hospitals and 123 health centres supported by 1,177 village aid posts (Bell 1973:523). These institutions in 1973 employed an estimated 1,223 hospital orderlies (of all kinds) (Papua New Guinea:Public Health 1973) and aid post orderlies trained in and still using Tok Pisin as their working language. Only a very small number of this group spoke any English. Thus from German times there have been four different eras of medical training in Tok Pisin. The German era commencing about 1903 when heil tultuls on the basis of one to each village with a Luluai and a few hospital orderlies received training; a second era after the takeover by the Australians in 1914 up until 1922 when there was no training; a third era from 1922 to 1946, an era which includes the activities of the wartime 'Australian New Guinea Administrative Unit'[1] when medical tultuls and hospital orderlies (including females) were formally trained and the fourth, a post-war era when medical tultuls and hospital orderlies continued to be trained and two additional categories, viz, 'Native Medical Assistants' and 'Native Hygiene Assistants' (their designation was changed to 'Aid Post Orderly' in 1950) were also trained. Tok Pisin was the language of instruction for all categories and for each era. By 1914 Tok Pisin was well established though biased towards the German language. Since 1914 there has been a progressive change and Tok Pisin now has an English bias.

7.4.2.7.2. TRAINING OF MEDICAL TULTULS BEFORE WORLD WAR II

The systematic and formal training of various categories of medical orderly has been, in Papua New Guinea, primarily a post-Second World War development, although in Papua some orderlies in the 1930s undertook, in English, a six months' special course of medical training at the University of Sydney in Australia. Prior to the Second World War the training of medical tultuls in New Guinea consisted mainly of courses conducted at Native Hospitals lasting from six weeks to two months.

> ... In the Territory of New Guinea another type of indigenous practitioner, known as a medical Tul-Tul is used by the Administration to encourage village natives to seek medical aid. He has a limited training and is not expected to provide attention for other than the most minor ailments. He is a recognised official within the village and assists in sending villagers to hospital for attention. (New Guinea Report 1948-49, Section 176:69)
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> The training of Native Medical Tultuls has been actively carried on, and the system of obtaining a volunteer from every village, even in newly patrolled areas and areas under partial influence, to come in to an out-station Hospital for three months' training in elementary medical and first aid work, in village hygiene and sanitation, and in hospital discipline, has resulted in later peaceful medical penetration of extensive new areas. This medical penetration is as in all tropical countries in which framboesia is prevalent, largely assisted by the spectacular results of *Novarsenobillon*, especially in the case of children in the secondary stage of the disease. (New Guinea Report 1927-28, Appendix C, Section 3:87)[2]

The training system brought medical tultuls to the closest hospital to their home village to be instructed by a doctor or medical assistant. In 1929 there were 2,495 trained medical orderlies, and their relative efficiency was, as determined by an examination of 1,952 of them stated to be 40% classed as good, 39% as fair and 21% as bad (New Guinea Report 1930-31, Section 87:33).

For medical tultuls training consisted of learning the names of a few drugs and their practical use in village treatments. Training was achieved in most hospitals by having the medical tultuls chant in Tok Pisin the names of drugs and their usage. Led by a senior hospital orderly, they would repeat over and over again something like this: 'aspirin em i marasin bilong het i pen'. 'Kwinin em i marasin bilong skin i hat, het i pen na skin guria'. 'Sol marasin em bilong pekpek i pas'.[3] This method, though elementary, was effective and taught medical tultuls the names of drugs and did much to indelibly imprint on their minds the basic use of a particular drug in the treatment of a recognisable disease. In addition the medical tultuls, as part of their training, were given experience in routine hospital work, such as

distributing medicine in correct doses, dressing sores, treating skin complaints and learning to recognise illnesses and the need to nurse the sick. Training was popular and it was not difficult to get most medical tultuls to return regularly to the hospital for a few weeks' refresher course and to have their stock of medicines replenished. The issue of drugs was much the same for each orderly though a greater range was issued to the brighter orderlies, especially if they came from large villages or if their villages were far from the hospital. The issue of drugs consisted of quinine, cough mixtures, potassium permanganate (an economic antiseptic) for cleaning and bathing sores and ulcers, acriflavine and various unguents (such as ammoniated mercury ointment) for the treatment of cuts and abrasions, and as a preventive treatment against tropical ulcers; magnesium sulphate (in later years sulphaguanadine) for use in the treatment of dysentery and diarrhoeas; eye and ear drops and aspirin as a general anti-pyretic and adjunct to other treatments. These drugs possibly considered inefficient in the 1970s were the best available for use by medical tultuls for village treatments in the 1930s. In the years following the Second World War, when better chemotherapeutics were available, the medical tultul kit for the few who understood their use and who could give injections, mostly former hospital orderlies, was expanded and drugs such as atebrine, sulphapyradine, penicillin and a wider variety of antiseptics and dressing materials were issued. Generally the accepted principle was to give a basic supply of medicines to all medical tultuls and additional drugs to those with the knowledge of how to use them. By administering anti-biotics and more effective anti-malarials to patients about to make the journey to hospital many patients lived who otherwise would have died.

The medical tultul as part of his training was taught to recognise illnesses serious enough for the sufferer to be sent to hospital. The Native Administration Regulations of New Guinea empowered medical tultuls to order villagers to transport a patient to hospital. Failure to do so if ordered by the medical tultul was an offence against the Native Administration Regulations and punishable at court. In the hierarchy of village life the medical tultul had official standing and ranked third after the 'Luluai'[4] and 'Tultul'.[5]

In the between-war period and for some years following the Second World War the word Dokta in Tok Pisin was invariably used by village people when referring to males working as medical tultuls, hospital orderlies or aid post orderlies, whilst other workers such as dentists, for example, were referred to as Dokta Bilong Tis[6] and surgeons as

Dokta Bilong Katim Skin.[7] Where there was more than one qualified doctor or medical assistant it was common to describe each in order of authority, first, second, third and so on which in Tok Pisin was Nambawan Dokta, Nambatu Dokta and Nambatri Dokta, irrespective of whether the hospital had a medical assistant or a medical officer in charge. It was not until the early 1950s, that is, the period coinciding with the arrival of some 50 additional medical practitioners who moved for the first time, out into the sub-district hospitals and thus came into more contact with orderlies and medical tultuls, that the term Nambawan Dokta became the Tok Pisin title of a qualified medical practitioner and the difference between a medical officer and a medical assistant generally understood by medical tultuls and village people.

7.4.2.7.3. TRAINING OF HOSPITAL ORDERLIES

The second group of orderlies trained by the use of Tok Pisin were those employed in hospitals and designated officially as 'hospital orderlies'. The training of these orderlies as well as village medical tultuls was initially a matter for the district medical authorities with few formal guidelines and dependent for quality in training on the ability and knowledge of the medical assistant or the enthusiasm of the doctor in charge. That training was undertaken more vigorously post-war than pre-war resulted from the development of specific and effective chemotherapeutics in the treatment of diseases such as malaria using chloroquine, pneumonia using sulpha drugs or penicillin, dysentery using sulphaguanadine, and penicillin or sulphas for other acute infections. These specific drugs enabled orderlies with only rudimentary training to be extremely effective in treating diseases and saving lives. The new drugs seemed almost miraculous in effect compared with the less effective pre-war drugs. Hospital orderlies in the course of their training were exposed to a wide variety of medical experiences in the larger native hospitals and many of those taught in Tok Pisin developed impressive skills. I can recall a senior orderly, Mr Wakio Paun, who in the 1940s through to the 1960s was the senior orderly in a number of district hospitals in the Papua New Guinea central highlands. He could apply correctly plaster of paris casts for uncomplicated fractures of lower legs and arms; give open ether anaesthetics competently; make split skin and pinch grafts for the treatment of large healing tropical ulcers; suture wounds; prepare the body and some kinds of specimens for post mortem examinations; recognise malarial parasites and the type of malaria by microscope; test urines; give blood transfusions and saline infusions and carry out other medical and paramedical tasks seldom even

nowadays undertaken by trained nurses. He was initially illiterate. I taught him to read and write Tok Pisin when he was about 45 years of age. He spoke no English and had almost forgotten his mother tongue, but was very fluent in Tok Pisin. He instructed hospital orderlies daily on medical and hospital matters based on his own practical experience and what he had earlier been taught as an orderly. He was a splendid practical example and an inspiration to hospital orderlies in the early advancement of health services.

7.4.2.7.4. MEDICAL ORDERLIES TRAINING

In 1958 the 'Administration Servants Ordinance' was passed. This ordinance recognised ancillary workers who were allied to but not members of the Public Service. Administration Servants however were admitted to the Public Service when the Public Service (Papua New Guinea) Ordinance 1963 became law.

The Administration Servants Ordinance benefitted medical orderlies by providing a career service for them which set down training requirements and recognised specialist categories such as Dental orderlies, X-Ray orderlies, Laboratory orderlies and generalist Hospital orderlies. There were three grades for each designation, grades one, two and three. A schedule of training was introduced in which years one and two of service were probationary years when practical training was undertaken, followed by training either in general hospital work or in the specialist orderly categories leading to barrier examinations which were set to qualify orderlies for promotion to grades two and three.

The use of Tok Pisin in the medical training of orderlies was more of a necessity than an advantage because many orderlies spoke no language other than their own or Tok Pisin and because at that time English was practically unknown in New Guinea. Consequently the only means by which orderlies could be trained was by using Tok Pisin, the use of the vernacular not being possible because training groups and classes were composed of people speaking a variety of languages.

Although the quality of Tok Pisin spoken by the trainees was generally good, it was essentially rural and there were few specific words which could handle even the most rudimentary training in anatomy, physiology or pharmacology even at low levels. For example, in rural Tok Pisin there were only a few specific words used to name parts of the body, such as het, lek, am, han, pinga, banis, ai, iyo, maus, kru, tis, kepa bilong pinga,[8] and for the internal organs five expressions: rot bilong kaikai, rot bilong pispis, rot bilong blut; liva, wait liva and klok.[9] The names of drugs issued to village medical tultuls were also

taught in Tok Pisin, for example, aiyadin for *'iodine'*, pomet for *'potassium permanganate'*, kwinin for *'quinine'*, emenbi for *'sulphapyridine'* and several others.

Because of the low literacy level in some areas, bottles of medicine were sometimes labelled in both Tok Pisin and by a symbol which identified the bottle's contents. The symbols varied from hospital to hospital and were designed mainly to safeguard against barely literate orderlies dispensing the wrong medicine. Mistakes did occur of course, but surprisingly very few. There were some disadvantages in using Tok Pisin to teach medical orderlies but most of the disadvantages were overcome by using medical terms adapted for Tok Pisin whilst at the same time resorting to simplification in description of medical procedures and aspects of anatomy and physiology. For instance in discussing the aetiology of malaria it wasn't too much of a simplification to refer to forms of the malaria parasite such as for example, the merozoites as pikanini jirm bilong malaria and to explain that malarial parasites unlike bacteria had a sexual form (man na meri jirm). These words and many like them were vigorously taught and their meanings demonstrated wherever possible by microscope or by photographs in medical journals and textbooks. Similarly, the composition of blood was in simple terms taught as being composed of wara bilong blut, ret sel and wait sel and the orderlies were given the opportunity to see stained specimens under the microscope. The function of the components was described in terms something along the following lines - dispela wara bilong blut, wok bilongen long karim kaikai i go long ol masel. Wok bilong ret sel em bilong karim oksijen i go long ol masel na long ol arapela hap tu bilong bodi. Wait sel em i wanpela liklik samting, olsaim bipo yu lukim long maikroskop na wok bilongen long kilim na kaikai ol jirm i save bringim sik long ol man na meri. The different kinds of white cells, as a matter of interest, were stained and shown under the microscope and the intra-cellular ingestion of bacteria demonstrated to show how white cells 'kaikai' bacteria to rid the body of the sickness the germs caused.[10] This technique helped to avoid the coining of lengthy Tok Pisin descriptive phrases for medical terms and the orderlies were proud of their technical knowledge as a result. For later reference purposes orderlies were encouraged to take down notes and copy diagrams or illustrations.

Most expatriate hospital staff, both professional and sub-professional, did not speak any local language fluently but most were fluent in Tok Pisin. In consequence, the interrogation of patients to identify illnesses was mostly done through an intermediary and in some instances,

where the patient came from a remote area, by two interpreters, one enquiring, then passing on the message to a second interpreter fluent in Tok Pisin who related the message to the enquirer. This practice posed a number of problems necessitating careful training of the interpreters so that they would phrase the enquiries correctly as put to them by the enquirer and not give their own interpretations, which they were prone to do otherwise. Interpreters also were trained to mention when they made a straight literal translation or when they had interpolated more than what the patient said because of their knowledge of the idiom of the patient's language. Olsem wanem, em yet i-tok stret olsem no yu harim tasol insait long toktok bilongen? Nogat, em i-tokim mi olsem stret long maus bilongen.[11] Despite these problems, an interpreting rapport was developed between the interpreter and the enquirer if they were together long enough which prevented, to a large degree, mistaken diagnosis based on bad information. Also it was often possible for an enquirer to corroborate what the interpreter said, by observation, auscultation and where appropriate, pathological examination. In most hospitals the constant use of the same orderly interpreter, fluent in the use of Tok Pisin and trained in the importance of relaying even the smallest item of relevant information was essential. For certain types of questions it was better to have a female interpreter with the regular interpreter standing modestly by to confirm if necessary what was said. The problem was greater with people from primitive areas where questions concerning bodily functions were often not answered or not answered honestly unless the interpreter had their confidence and was trained to explain the need and reason for the questions being asked.

7.4.2.7.5. AID POST ORDERLY TRAINING SCHOOLS

The first formal medical training by special instructors in New Guinea was instituted during the war by the Australian New Guinea Administrative Unit known more commonly as ANGAU.[12] This unit commenced administrative operations in place of the civil administration in 1942 and expanded considerably during 1943 and 1944. ANGAU conducted a training school for Tok Pisin-speaking orderlies at Malahang in the Morobe District of New Guinea. As soon as the war ended, this school was taken over by the civilian government and converted to a school training 'Aid Post Orderlies' for village aid post work.[13] Initially this training was a reward for men who had contributed to the successful conclusion of the war and was thus in the nature of a post-war reconstruction training programme.

In 1949 the government opened additional aid post orderly training schools at Mt Hagen, Goroka, Wewak and Rabaul. Tok Pisin was used exclusively for teaching in these schools and all lesson notes, diagrams, charts and other teaching aids were prepared in Tok Pisin. Some of the earlier notes were written using the English word with English spelling for medical terms but later it was customary to use phonetic spelling. The materials were produced by expatriate instructors selected from the better medical assistants who were interested in being medical instructors. They in turn trained the native instructors.[14] The training of hygiene assistants was discontinued because villagers did not understand the nature of the work that native hygiene assistants were trained to do. The responsibility for achieving an adequate level of hygiene and sanitation in a village as a result was given to the aid post orderly who was taught to keep his home clean and live cleanly himself, as an example to the people of the village who were encouraged to copy his example.

Many aid post orderlies were illiterate at the beginning of their training, but because there was time to do so they were taught to read and write Tok Pisin sufficiently to enable them to read manuals and to take down lesson notes. The degree of their formal education varied considerably because most of them were recruited from their home districts many of which in those days had few or no schools operating. The senior and experienced orderlies who came from urban areas however were mostly literate and better educated.

The teaching of written Tok Pisin to mature intelligent but illiterate men was often achieved in a matter of a few weeks due mainly to the diligence with which they approached their lessons and the time they were prepared to put into learning to read and write. So enthusiastic were the learners that in one instance I can recall a trainee during a lesson writing his notes in Tok Pisin using only consonants, which were invariably taught first, and dots in lieu of the vowels which he had not as yet learned. Surprisingly this was readable despite the lack of vowels and of course he went on later to learn his Tok Pisin vowels and diphthongs. This is an example however of the zeal and thirst for knowledge often displayed by trainees.

7.4.2.7.6. MEDICAL ORDERLY TRAINING MANUALS

The following are extractions from three manuals used in the Tok Pisin training of medical orderlies. It is interesting to note that the styles and spellings vary and that some medical words have been given their English spelling as this was the style in 1950 but is not so now.

The spelling of Tok Pisin was and still is phonetic and consequently words have been given the spelling which sounded most appropriate to the writer at the time. There is currently a move towards standardising Tok Pisin spelling (see 7.4.1.4.6.3.1., 7.4.1.5.3. and 7.8.3.1.2.).

(a) ROT KAI KAI. Kai kai i-mas kamap long man bai i-gat laif, na em i-ken makim work. Kai kai tu i-wok long alivim skin we i-bagarap, or bun i-bruk, na alivim pikinini by i-kamap bigpela. Sampela kai kai i-olsem paiawud na oksisin i-kukim insait, bilong hatim skin bilong man.[15]

(b) STAMAK. Kai kai i-stap long stamak na wara i-kamap long skin bi-long stamak na wasim em. Wara bilong stamak i-pait olsem muli wara na i-wok long alivim abus. Blut i-kamap long stamak na kisim sampela maresin bilong kaikai. Stomak i-wok long tanim kai kai. Sapos kaikai i-no strong em i-ken lusim stamak kwiktaim. Sapos kaikai i-strongpela olsem abus, em i-no ken lusim kwiktaim.[16]

(c) CATARACT - (KATARAK) - SIMOK INSAIT LONG LENS BILONG AI. Yu ken lukim long ai bilong sampela lapun. Skin bilong ai i-wait, tasol insait long peles we i-gat raunpela hol bilong lukluk yu ken lukim i-gat simok. Simok i-pasim rot na rot bilong lukluk i-no klia. Cataract i-no pen. I-kamap isi isi, na man i-no inap long luk luk. Sopos simok i-strongpela tumas, em i-blind. Sampela taim sik i-mekim kamap. Sampela taim samthing i-siutim ai, na bihain i-gat cataract.[17]

(d) ARTERIES. Artery i strongpela rop bilong blood i go long oltogeta hap body. Wok bilong artery yu ken filim long pulse. (Yu filim pulse i kikim finger long hand bilong yu). Artery i rod bilong bringim ol klinfela blood i kariim:

1. Oxygen
2. Kaikai
3. Samfela taim medicine tu.

Blood i kariim ol disfela samting nabaut long oltogeta skin, mit, body inaf.

Artery i gat wok long bringim pipia tu long lung bilong rausim (expiration) autim win.[18]

(e) GOITRE

Cause - as: Supos yu stap long wonfela hap graun, nau long disfela graun kaikai i kamap long garden bilong yu ino gat liklik skel bilong iodine, yu ken faindim disfela sik - Goitre.

Symptoms: 1. Thyroid gland i solap long neck isi isi, bihain igo bigfela moa.

2. Eye bilong samfela goitre patient i laik solap ikam autsaid.

3. Supos patient i stretim hand, hand na finger i save nais tumas.

4. Pulse i save hariap tumas.

Treatment: 1. Supos patient igat bigfela sik na fever wontaim, bringim long bigfela hospital.
2. Nambawon doctor yet i mas wok long disfela patient, tekawe goitre long naip.
3. Givim plenti salt (sol) wontaim kaikai.

Prevention: 1. Kukim kaikai wontaim salt (sol).
2. Supos yu stap long nambis, kukim kaikai solowara, i gudfela tu.[19]

7.4.2.7.7. SELECTION OF TRAINEES

Although trainees immediately post-war were selected on the basis of their military service, in later years they were selected, where possible, on the basis of schooling and literacy in Tok Pisin. Nevertheless selections were made from remote areas where there were no schools and few Tok Pisin speakers. The programme to train aid post orderlies for service in villages and in village aid posts which operated throughout Papua New Guinea aimed at having one aid post orderly for approximately 1,000 village people in the Highlands and for a lesser number in the coastal and less populated areas. The aim was achieved only in a few areas. In 1962 the number of aid posts in Papua New Guinea was 1,400 and of this number approximately 1,013 were located in New Guinea. By 1973 the ratio had altered to 1,633 and 1,177 respectively. The total population of Papua New Guinea in 1973 was 2,523,000 of which 1,828,700 was the population of New Guinea and 694,700 the population of Papua.

The relative efficiency of aid post orderlies was a reciprocal of such influences as their basic education, the efficiency of their training, their understanding of modern medical services and the role of doctors, nurses, hospital and ambulance services observed in their home areas. For instance, those in the Highlands spoke little or no Tok Pisin and came from areas with little outside contact and they knew little of the concept of modern medicine. Those in urban areas on the other hand generally spoke Tok Pisin fluently and were acquainted with the work of hospitals and doctors.

7.4.2.7.8. RECENT YEARS

With the quickening of the pace of development more especially in the Department of Health, the need for more orderlies with better training increased considerably. Commencing in the late 1940s, a desire for education and knowledge by all strata of native society was most marked and resulted in part from native people's horizons being broadened, having seen army technology and the variety of skills exhibited

by soldiers. Tok Pisin was an excellent vehicle for the training of New Guinean orderlies by those who were sufficiently fluent themselves. Additional Tok Pisin words were needed but there was no difficulty in adapting English words where necessary.

The introduction of aid post orderlies was a gigantic step forward in the middle 1950s despite the fact that the efficiency of the aid post orderly system was often criticised by both professional and lay workers. The aid post orderly was the first government health practitioner to bring a degree of medical security and comfort to the village people, many of whom previously were prepared to suffer their illnesses in the security of their village, rather than make a long journey to an impersonal and seemingly unfriendly hospital. Prior to the training of aid post orderlies and their activities in village communities, the treatment of villagers by medical tultuls was simple and many not seriously ill patients were sent to hospital who would not have been sent if a trained aid post orderly had been working in the village.

By using Tok Pisin in the training of others, expatriate doctors, medical assistants, instructors and other health workers were able to pass on their skills to indigenous staff who in turn passed on their skills to others. This would not have been possible without the aid of Tok Pisin which was, for the type of person undertaking training, a comfortable medium of instruction and allowed the trainee to learn without being saddled with learning the more difficult English at the same time as his medical training.

Although the aid post system was never officially discontinued there was a halt in the training of aid post orderlies from 1962 until training recommenced at a new school opened at Mt Ambra in the Western Highlands District following requests from members of Parliament and local government councillors as mentioned in the report on 'Disease and Health Services of Papua New Guinea' as follows:

> in response to requests made by members of the House of Assembly and Local Government Councils, the Public Health Department recommenced the training of aid post orderlies after an interval of three years.
>
> ... because the aid post orderly is necessarily engaged in curative medicine, emphasis in the syllabus has been placed on the treatment of common illnesses and injuries. ... Basic education ... English, arithmetic, etc. is also covered.
>
> Under the new arrangements an aid post orderly before commencing training must be at least 17 years of age and have passed standard VI and it is intended that there will be future programmes of training. Training will be given in both English and Tok Pisin (depending on the language of the trainee). (Bell 1973:618)

It would be reasonable to say that the role of the aid post orderly was not fully understood by many of his immediate superiors although their value to the health services of the country was very apparent to health administrators. Dr Wright, the Assistant Director of Medical Training in the Public Health Department, said in 1960 that

> No group of people ever faced greater difficulties in the practice of medicine than do Aid Post Orderlies. With meagre education, limited experience and no literature, they form the first line of attack against disease. They should receive "the best possible support".[20]

There is no doubt that the aid post system provided the only practitioner service to a large number of people.

7.4.2.7.9. THE ROLE OF TOK PISIN IN TRAINING MEDICAL STAFF

It is interesting to speculate as to what standard of medical and health services would have developed in New Guinea without the aid of Tok Pisin. To provide the resources for those services requiring enquiry and interrogation even in a country with only two or three vernacular languages would have been a difficult feat. In Papua New Guinea, which is stated to have more than 700 languages, the task would have been costly in time and manpower and the level of medical services would not have been as advanced so soon in the development of the country as was possible using Tok Pisin as a training lingua franca. The expatriates who provided most of the training for medical staff would have had to learn more than one language and their sphere of influence as a result would have been much smaller and an adequate level of treatment in hospitals, where there were often patients from 10 to 20 different language groups, would have been a far more difficult operation. The use of Tok Pisin enabled staff to be trained quickly in relatively large numbers for hospitals, rural aid posts and village clinics. Thus as early as the 1920s those areas which were then under administration, were provided with relatively quick access to first aid services by medical tultuls and were exposed to the benefits of preventive medical services by patrols which carried out preventive treatments to suppress disease such as Framboesia, Dysentery and Hookworm and introduced rudimentary village hygiene. These same agencies prepared patients for evacuation to hospital when admission was warranted. Fortunately, coastal village people using their canoes and boats could make relatively long journeys quickly to hospital even if suffering from acute illness. With the introduction of aid post training schools and career opportunities for hospital staff utilising adequate Tok Pisin training facilities together with an increased number of health institutions all of which were made

possible in Papua New Guinea by the aid of Tok Pisin, medical services were made available for village people with a minimum of cost and effort.

By 1960, many English-speaking secondary school leavers were offering for medical and hospital training. With these better-trained students who spoke English with fluency, a higher degree of medical training was possible and so the country could derive full benefit from this class of student. The Papuan Medical College was constructed and commenced operations in 1960, offering courses which included diploma courses in medicine and surgery (there had already been some 13 Papua New Guineans graduated as doctors at the Suva Medical School) and courses for rural medical assistants, and nurses, medical technologists and other para-medical categories to staff the increasing needs of hospitals and clinics.

The output from the Papuan Medical College through the years increased both in numbers and the types of courses offering but there are still insufficient numbers of doctors graduating and the turnover of nurses is high. Nevertheless the College now provides most of the medical staff the country requires.

Despite the development of medical training in English there is still a considerable number of health workers trained in Tok Pisin. There remains one aid post orderly training school at Mt Ambra in the Western Highlands which trains aid post orderlies, and in all Papua New Guinea hospitals there are still orderlies, both male and female, receiving their basic training in a wide variety of medical subjects from trained operators fluent in the use of Tok Pisin.

Tok Pisin has played a major role in the provision of medical services of all kinds throughout Papua New Guinea and continues to be a medium for the training of a large group of medical workers. It is inevitable that in the future the language will undergo development as many of those using it daily have already been taught and are fluent in English and thus are able to introduce into Tok Pisin English words when required. It seems reasonable to anticipate that Tok Pisin will continue to be a medium of training and instruction for rural medical and health workers, for some years to come.

N O T E S

1. Australian New Guinea Administrative Unit - the wartime Military Government of Papua and New Guinea, known widely as ANGAU - which among other administrative functions operated native hospitals and organised medical patrols by trained Army Medical Assistants from 1942 to 1946. Many members of the Unit were pre-war government officials.

2. *Novarsenobillon* is an arsenical preparation formerly used to treat framboesia (yaws) now replaced by the use of Penicillin. So dramatic were the effects of one injection in clearing the skin of lesions that sufferers vigorously sought treatment and any health officer who could give injections of *Novarsenobillon* was welcome even in primitive villages.

3. Translation of the Tok Pisin passages is: *'Aspirin is the medicine for headaches'. 'Quinine is the medicine for the symptoms of fever, headache and shivering'. 'Magnesium Sulphate (Epsom Salts) is for constipation'.*

4. 'Luluai' is the Tok Pisin name for the village headman selected by the people of the village and appointed by the government. His badge of office is a dark blue peaked cap and with one 3/4" Red band around it (much the same as the cap worn by Salvation Army officers). There are only a few 'Luluais' remaining in office. Most have been supplanted by councillors within the local government council system.

5. 'Tultul' - the second village official in rank, appointed because of his knowledge of Tok Pisin and the ways of the government. Like the Luluai he is now being replaced by local government councillors. He also wears a dark blue cap distinguished from that of the Luluai by

having two narrow red bands instead of one broad band. (N.B. Medical tultuls also wear a cap with a white band which has on the front above the peak, a small red cross.)

6. English translation: *'Doctor of teeth'*, i.e. a dentist.

7. English translation: *'Doctor who cuts the skin'*, i.e. a surgeon.

8. The English translation of the Tok Pisin examples are: *Head, leg, arm, hand, finger, chest wall, eye, ear, mouth, brain, teeth, finger nails.*

9. The English translation of the Tok Pisin examples are: *Alimentary canal, urinary system, circulatory system, the liver, lungs, pancreas* and *heart.*

10. English translations: Pikanini jirm bilong malaria: *The baby malaria germ.* Man na Meri jirm: *The male and female germ.* Wara bilong blut: *The water of the blood, i.e. the serum.* Ret sel and wait sel: *Red cell and white cell.* Dispela wara bilong blut, wok bilongen long karim kaikai i go long ol masel: *This serum, its work is to carry the food to the muscles.* Wok bilong retsel em bilong karim oksijen i go long ol masel na long ol arapela hap tu bilong bodi: *The work of the red cell is to carry oxygen to the muscles and all other parts of the body.* Wait sel em i wanpela liklik sampting, olsem bipo yu lukim long maikroskop na wok bilongen long kilim na kaikai ol jirm i save bringim sik long ol man na meri: *The white cell is a little thing which you have seen through a microscope and its function is to kill and eat the germs which bring illness to men and women.*

11. English translation: *'Did he actually say that or did you only gain the impression from what he said?' 'No, he actually said that to me'.*

12. See Note 1. ANGAU is now a word in common use in Papua New Guinea both in English and Tok Pisin when referring to the government of the wartime period which in Papua New Guinea was from 1941 to early 1946 when the civil administration returned.

13. ANGAU conducted a training school in New Guinea at Malahang near the present township of Lae in the Morobe District. Under ANGAU this

school trained orderlies in Tok Pisin for hospital and patrol work. The concept of aid post orderlies operating aid posts in villages was a post-war development.

14. The medical assistants who were at some time aid post orderly training school instructors included the following: R. Fowler (who wrote the Department of Public Health Tok Pisin training manual), E. Tscharke (a mission instructor who also wrote a Tok Pisin training manual), and Messrs R. Collins, D. Carroll, Hugh Smith, H. Nelson, A. Gow, C.B. Walsh, J. Irvine, G.N. Blythe, C.W.C. Thomas, L.J.M. Fisher, H. Bromley, T. McCrail, K. Adair.

15. English translation: *'Man must eat to live and work. Food helps to strengthen a man if he is ailing, or if he has a broken bone, it helps a child to grow big. Some food is like firewood and oxygen helps it to burn inside the body so that man's skin is warm'.* (Extract from *Aid Post Medical and Hygiene Training Book* (Fowler n.d.)).

16. English translation: *'Food when in the stomach is "washed" by the stomach fluids. The water of the stomach is acid like the juice of a lime and helps to digest meats. Blood comes to the stomach and picks up the nutrition in the food. The stomach mixes the food. If the food is not strong it will pass through the stomach quickly, but if it is strong, such as meat, it takes longer to leave the stomach'.* (ibid.)

17. English translation: *'Cataract (cloudy lens of the eye) you can see (cataracts) in the eyes of elderly people. The skin of the eye is white but inside the pupil the lens is cloudy. The clouding prevents the light from getting through and the person can't see clearly. Cataracts don't pain and they develop slowly. If there is much clouding the person is blind. Sometimes sickness causes cataracts, sometimes it is caused by something piercing the eye'.* (ibid.)

18. English translation: *'Arteries'. 'The artery is a strong vessel which takes blood to all parts of the body. The pulse shows that the artery is working (you feel the pulse beat with the finger of your hand). The artery circulates clean blood which carries oxygen, food and at times medicine. Blood carries these things to all parts of the skin, muscles and every other part of the body. Vessels bring waste products to the lungs to be expired when breathing'.* (Extract from Army Tok Pisin medical training manual).

19. English translation: *'Goitre'. 'Cause - if you reside on land where vegetables are grown which haven't got a little bit of iodine in them you will get Goitre. Symptoms - (1) the thyroid gland swells slowly and eventually gets very big. (2) the eyes of some goitre patients are swollen and protrude. (3) if the patient opens and shuts his hand the joints creak. (4) the pulse is fast. Treatment - (1) if the patient is very sick and has a fever as well, take him or her to hospital. (2) the surgeon will remove the goitre with a knife. (3) give the patient plenty of (iodised) salt with his food. Prevention - (1) cook food using plenty of iodised salt. (2) if on the coast cooking with sea water is also good'.* (Extract from Lutheran Mission Tok Pisin training manual edited by Mr E. Tscharke).

20. 'O, APO' faculty lecture, University of Papua New Guinea, A.J. Radford.

7.4.2.7. PIDGIN TEACHING: TRAINING OF MEDICAL STAFF IN PIDGIN

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