HEALTH & DISEASE - Hospitals & Clinics
18 May 1978 — 30 April 1980
Replacement of Charles Johnson Hospital at Nguba

572. Mr. R. A. F. SWART asked the Minister of Plural, Relations and Development:

(1) Whether his Department intends to replace the Charles Johnson Hospital at Nguba with a new hospital; if so, (a) at what cost and (b) when will work on the new hospital be commenced;

(2) how many beds (a) does the existing hospital and (b) will the new hospital provide for (i) maternity cases, (ii) children and (iii) adults;

(3) what provision will be made for accommodation of White and Black staff, respectively.

The MINISTER OF PLURAL RELATIONS AND DEVELOPMENT:

(1)-(3) The Charles Johnson Hospital falls under the jurisdiction of the kwazulu Government Services. The responsibility for health matters has not been taken over by kwazulu on 1 October 1977 and it is therefore not possible to furnish the required particulars.

It seems, however, that it is not the intention to replace the Charles Johnson Hospital as such. The Hospital has been replanned and it is anticipated that large-scale alterations and extensions will not be effected in the near future.

It could also be ascertained that the proposed replanned Hospital will ultimately be of a bigger extent than the present Hospital.
Bara admits cancer victim
Miss Bacela

By KINGDOM LOLWANE

THE Dube cancer victim was on Wednesday night admitted to Baragwanath Hospital in a critical condition — the same day the superintendent of the Johannesburg Non-European Hospital told POST she did not have to be hospitalised.

And the hospital described her condition late last night as "very serious".

Meanwhile, Dr L Kalmyn, superintendent of the Johannesburg Non-European Hospital where Miss Patience Bacela was discharged early last month, refused to comment on her admission to Baragwanath.

"We have not seen the patient since her discharge from our hospital on January 4," Dr Kalmyn said, "and we are not aware of her current condition. So I cannot comment on her admission to Baragwanath," she added.

During an earlier interview with POST, Dr Kalmyn had said it would not benefit Miss Bacela to be readmitted to hospital at this stage.

The superintendent had also said that the patient had been given sufficient medicines to last her a month and that she was due for another check-up this month (February).

Miss Bacela (30) had twice been admitted to the NEH and was last discharged on January 4 when doctors allegedly told her parents there was nothing they could do about her case.

Dr Kalmyn refused to furnish POST with particulars about her condition without her written consent, despite the fact that she is now disabled.

She added that if Baragwanath required information as regards Miss Bacela they would be willing to supply them.
To say that the Johannesburg Hospital administration remained remote from the public suffering, was unfair and unjustified, the chief superintendent, Dr N E Howes, said yesterday.

Dr Howes was commenting on a letter in the Star, written by Dr Peter Heberden, principal medical officer at the hospital, who claimed that the emergency department was understaffed and overworked and that nurses' salaries were a national disgrace.

VARIED

Replying to the claims, the superintendant said the number of patients treated in the emergency department varied from day to day, from week to week, and from day to night. He said it was unfair to cite a particular night, as Dr Heberden had done, to show that the casualty officer was under pressure.

Dr Heberden claimed that, on December 29, the casualty officer had to attend to 26 patients between midnight and 8 am. "One medical officer was on duty for both casualty and accident services. At least one was on duty on Fridays and one — usually two — on Saturdays.

In the adult casualty section three doctors were on duty from 8 am to 4 pm, two from 4 pm to 8 pm, two from 8 pm to midnight and one from midnight to 8 am, Dr Howes said.

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**Cerebrovascular Diseases (430-438)**

**Ischemic Heart Diseases (410-414)**

**Hypertensive Diseases (400-404)**

**Rheumatic Heart Diseases (390-399)**

*Note: This table represents data for a specific region, possibly related to health statistics or demographic information.*

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**Text Content**

**Treasury Approval**

Approval for a major redress proposal scheme for Groote Schuur Hospital facilities, directed by the director of works, the Cape Provincial Administration. Mr. A. Cunningham.
### Table: ALL CAUSES

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### Table: SYMPTOMS AND ILL-DEFINED CONDITIONS

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**Hospital: **

- Demand for treatment
- Number of patients treated
- Distribution of patients by age and sex
- Analysis of treatment outcomes

**An Opinion:**

- Need for improved facilities
- Proposed strategies for future expansion

- Other relevant observations

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**Note:** This table represents data collected over a specific period, highlighting key trends and areas for improvement.
Chaos at Johannesburg hospital puts patients’ lives in danger

THE SUNDAY EXPRESS this week launched its own investigation of the crisis in the casualty and outpatients’ section at Johannesburg’s new R156-million hospital — and today warns:

Something must be done before someone dies.

Two Sunday Express investigators found that conditions in the section were so chaotic it was only a matter of luck that no patient had died after being unable to get treatment.

The investigators found that in one recent instance, a seriously ill patient who arrived by private transport joined the queue of people to be seen by a doctor and waited for four hours.

During this time his lungs filled with fluid because of his condition — and by the time he was attended to his condition had deteriorated markedly.

Despite claims to the contrary, the section appeared hopelessly undersized and the facilities chronically inadequate. But the doctors and nurses battled valiantly to deal with patients.

The Sunday Express probe was conducted independently of the hospital staff. Two investigators visited Casualty separately at random following this week’s astonishing

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Superintendent Howes ... facilities are adequate

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P.T.O
Jo'burg hospital chaos

From Page 1

...and already the first train scheduled by Dr. Heberden was an exception.

Because of this enormous distance on a matter of life and death for the public of not only Johannesburg, but the entire Transvaal, the Sunday Express undertook its own investigation. The two investigators were shocked by what they found. They decided Dr. Heberden's criticism of conditions in the section were, if anything, understated.

This is what they discovered:

- Patients waited for hours or longer before they were admitted to the hospital.
- Some patients were denied admission.
- The waiting room was overcrowded.
- The medical staff was overworked.
- The hospital was poorly equipped.
- The hospital was in need of repair and renovation.

Dr. Heberden claimed this week that one medical officer frequently had to cover, under-handed, both the resident and medical casualty departments.

The Sunday Express found that besides doctors who could actually see a few patients, there were others who were conditioned in the section for both staff and patients:

- Once seen by a doctor, patients often had to wait long periods at the dispensary to collect their prescriptions.
- The dispensary was a considerable distance from the outpatients' and casualty departments, and the doctor had to walk for hours to get there.
- Although Dr. Heberden could not find anything faultless in the center (as page 11), the only one able to toilet complex for each patient.
- No separate toilet facilities existed for staff.
- A new hospital under construction had to wait until late at night for medical attention on the grounds that no one was able to get home. At night, they called for lifts.
- The hospital matron had left the hospital at 5:30 p.m. Only some patients, depending on the nature of their illness and the time patients were called to transport home.
- There was only one police room - and that could accommodate doctors from the casualty department.
- There was no provision for meals, and patients had to carry supplies from the market past long queues.
- The hospital staff could not be represented on the board.
- If they were to find a very serious patient, they had a long walk back.
- Doctor's each spend a seven-hour walk with patients on stretchers from casualty to intern room and the medical center.

Dr. Heberden warned that unless medical and nursing professions were able to shake off the "malefactions" of income, they could not be said to be doing for their patients as they should be doing for them.

In view of this performance of the hospital, the Sunday Express tried to present the week whether the "Committee on Medical Administration" is responsible for Legislative Council and Board members attending to White patients.

Moreover, neither the Administration, Dr. Heberden, nor the Sunday Express are certain that the situation of the hospital will improve.

Dr. Heberden said earlier this week the situation should be remedied.

"This would help to a certain degree, but it will not rectify the evil of the situation," he said.

"We must not overlook the fact that most of the people in the hospital are very sick, and that the situation is not likely to improve unless we act quickly."
Black hos danger of

By MARILYN ELLIOTT

AN INVESTIGATION into provincial hospital services for all races in Johannesburg, shows that the only hospital for blacks is on the verge of collapse.

The dilapidated Non-European Hospital (NEH) in Hillbrow, can no longer provide satisfactory medical services for blacks who work and live in the city and suburbs.

In an investigation into the casualty ward of the 'white only' Johannesburg Hospital, three "Mail" reporters posing as patients, waited for up to seven hours to be "treated".

This investigation followed statements by a senior doctor at the hospital that the casualty ward was in a state of chaos.

Rand Daily Mail investigators found the NEH was near collapse because of inadequate accommodation and staffing, lack of equipment and basic facilities.

And a top hospital source told the "Mail" that requests to the highest authorities to allow NEH to use accommodation in the old General Hospital across the road — which is now almost empty — had been rejected.

In the "Mail's" investigation into the Non-European Hospital, the following shocking facts emerged:

- There are only 143 beds to serve the hundreds of thousands of black industrial and domestic workers in the city each day.
- In 1979, from January until November, the hospital was forced to admit 1,500 patients. And at least 1,000 patients a month have to sleep on floors in the hospital's corridors and a "sleepover" room because of the bed shortage.
- On a Saturday night only one out of the two doctors have to handle every type of medical problem, from a child with pneumonia, to a man stabbed in the chest. The doctor can often handle up to 80 cases.
- Since Baragwanath closed its doors to NEH in October 1977, the hospital has had to accommodate an extra 500 patients a month.

Hospital quiet about 'chaos'

By MARILYN ELLIOTT

"No comment" was the reaction from hospital authorities to the findings of a Rand Daily Mail investigation into the casualty section of the Johannesburg Hospital last week.

The "Mail" sent three reporters into the casualty section to investigate allegations by the principal medical officer of the casualty section, Dr Peter Heberden, that it was "chaotic".

The reporters observed that doctors were under pressure and queues of patients were disrupted by long waits of up to seven hours. In some cases, people who had not been treated for a day had not been attended to by 3pm the following day.

Yesterday, chief superintendent of the hospital, Dr Neville Hewes, said he would not comment on the matter.

- NEH X-rays more than 40,000 cases a year in two X-ray rooms, in a department which has been condemned by the Radiation Control Board of the Department of Health. In 1978 — and nothing has changed since — inspectors of the Control Board reported that NEH was breaking radionuclide safety rules and that its X-ray department was a "hazard to health".
- The hospital has limited security which fails to stop vandals entering the casualty area and consuming liquor on the premises.
- Specialist services are limited. There are no eye, nose and throat services; there are no facilities to treat paediatric or gynaecological emergencies. Nor are there any services for plastic surgery or specialised treatment for facial injuries of which there are many.
- The overcrowding of the hospital makes it difficult to keep clean and some parts of the hospital are in a filthy state.
Inges Howes
Hospital
Use the Old

Overcoming at Non-European Hospital: Critical Dimensions

Issue No. 725
Hospitals position angers Opposition

By MARILYN ELLIOTT

THE public and members of the Opposition in the Provincial Council have reacted angrily to conditions at the Johannesburg Hospital's casualty ward and the Non European Hospital in Hillbrow, exposed in a Rand Daily Mail investigation published yesterday.

Mrs Irene Memeli, PFP MPC for Houghton, said: "This situation is totally appalling and is made worse by the apparent lack of Transvaal hospital planning. An R56 million was spent to provide 2,000 beds for whites in a situation where more beds were most urgently needed for blacks."

"The refusal of the administration to spend money on NEH in order to extend the facilities across the road to the now almost empty General Hospital - on the idiotic grounds that it will draw more blacks into white areas - is ridiculous."

"It's very sad that all the warnings that were given in Provincial Council over the years have largely gone unheeded."

"I hope a public outcry will put sufficient pressure on the administration to make them rethink the whole pattern and quality of medical services offered in the Transvaal."

"I particularly hope the extraordinary waste involved in over-providing hospital beds for whites and under-providing for blacks will be stopped."

"It's ridiculous in any situation but particularly in a situation like this to make the colour segregation of hospital services a higher priority than the medical needs of all patients in the Transvaal. And that's just what has been done over the years."

Mr Douglas Gibson, leader of the Opposition in the Provincial Council and MPC for Bezuidenhout, said: "Signs of the enormous gap exist in the Transvaal Department of Hospital Services?"

"The most serious allegations have been made about the crisis in our hospitals and yet the political head, Mr K de Haas, MEC in charge of Hospitals, has, to my knowledge, said not a word."

"Appalling conditions appear to exist at NEH and we are told that this hospital can no longer provide satisfactory medical services for blacks who work and live in the city and suburbs."

"We learn that chaotic conditions exist at the Johannesburg Hospital, which incidentally cost the taxpayers about R156 million. The Kalafong Hospital, serving blacks in Pretoria, is becoming the target of increased resentment because of extraordinary delays in obtaining treatment in the casualty section."

"All of these allegations seem to me to be well documented and are either made or supported by medical personnel whose only desire is to bring about an improvement."

"These allegations are either true or untrue. The public is entitled to an authoritative statement from the executive committee, either refuting the statements or promising an immediate inquiry."

"If the claims that the casualty ward is chaotic are justified, and I believe they are, the executive committee should spell out what urgent steps it intends taking."

"The Nationalists are notoriously bad administrators and the public is getting the impression that the provincial government voted for in 1977, when it returned a tired and insensitive National Party to power."

"I appeal to members of the public to join the campaign for improved hospital services. It may be your mother, child or friend who dies because of inadequate services."

Mr Sam Moss, MPC for Parktown and spokesman on hospital matters in the Provincial Council, said that the casualty situation at the Johannesburg Hospital would not doubt improve if doctors were paid a decent salary for working sessions there.

"At the moment doctors are paid R5.40, this amount is an insult to their training and ability. They should be paid at least R10.

"Let us not use the existing system and legislation as an excuse for not doing anything to alleviate their lot."

"If the authorities in Pretoria were serious about altering present conditions they would explain this crisis situation to the higher authorities to implement some change. I do not believe they are so rigid as to ignore what is happening."

"Mr Moss said that some of the confusion in the casualty section could be alleviated if a voluntary organisation offered to help hospital authorities to direct people to the correct department. "Old people, especially, would appreciate it if they were told carefully and clearly where they are meant to be treated."

A sign outside the old Johannesburg General directs patients to the new hospital.
On hospital crisis

Community leaders yesterday called for urgent steps to deal with the manpower crisis at the hospitals. They pointed out that the city's hospitals are facing a severe shortage of personnel, particularly in the medical and nursing fields.

The crisis has been exacerbated by the high turnover rate of hospital staff, particularly among nurses. Many nurses are leaving the profession due to low salaries and unsatisfactory working conditions.

Community leaders emphasized the need for immediate action to address the crisis. They called for the establishment of a task force to examine the issue and develop a comprehensive plan to deal with the shortage.

The leaders also called for increased funding for the hospitals to improve working conditions and attract more personnel. They noted that the hospitals are already struggling to provide quality care to patients.

The leaders warned that the crisis could have serious implications for public health. They called on the city's leaders to take urgent action to address the crisis and ensure that the city's hospitals are able to provide the care that is needed.

Community leaders also called for the public to support their efforts to deal with the crisis. They emphasized the importance of the community's involvement in addressing the crisis and called on the public to support the hospitals in any way they can.

The leaders ended by urging the public to remain calm and not to panic over the crisis. They noted that the city's hospitals are working hard to deal with the situation and are doing everything in their power to ensure that patients receive the care they need.
Huge rats terrorise hospital patients

By SOPHIE TEMA

HUGE rats swarming through Natalspruit Hospital are terrifying patients — particularly young mothers who fear the rats will attack their babies.

Patients complain they cannot sleep at night because the rats come in and nibble at their toes.

Mr Jeremiah Nkedi, a paraplegic, said: "These things run over our heads at night, eat our food out of the cabinets, and when you try to chase them away they just stare back at you."

"They are the biggest and fattest rats I have ever seen in my life."

Mrs Linda Mahlungu, recently discharged from the maternity ward, said when she first saw the rats in the ward she cuddled her baby tightly in her arms for fear the child would be attacked.

"One morning I woke up and found one of the rats drowned in the flush-pan of the toilet," she said.

"Some mothers slept with their babies under the blankets all night because the rats ran over their heads."

Patients said yesterday they had complained to the nursing sisters and asked them to inform the authorities about the rats.

The patients say the rat menace started last year and has grown worse.

A hospital spokesman yesterday said the authorities were aware of the rat infestation and were doing something about it.

"This has been as a result of the many rains we have had," he said.

"These rodents come into the hospital building from outside to look for warmth.

By MARILYN ELLIOTT

GOVERNMENT and provincial authorities should investigate conditions at the Non-European Hospital and the casualty section of the Johannesburg Hospital immediately, the Opposition chief spokesman for health, Mr Horace van Rensburg, said yesterday.

Mr Van Rensburg said conditions exposed by the Rand Daily Mail at the two treatment centres required determined action.

"They are shocking and have caused widespread public alarm. The government must act to alleviate the deplorable conditions they have allowed to develop."

The superintendent of the Johannesburg Hospital complex, Dr Neville Bowes, yesterday also called on the authorities to allow the NEH to extend its accommodation to the old "white" General Hospital.

The Administrator of the Transvaal, Mr Willem Cruywager, said last night from Pilgrims' Rest in the Eastern Transvaal that he could not comment because he had not seen the newspaper reports.

He is staying at a hotel with the MEC in charge of Transvaal hospitals, Mr Kaille de Haas, who was not available for comment.

Mr Van Rensburg said: "An immediate step that can be taken is to open the old General hospital to accommodate the overflow of patients at the Non-European Hospital in Hillbrow and at Baragwanath Hospital."

"The Government should also realise that apartheid can have no part in a country's health services. It should remove all race discrimination from these services without delay."

"To remove the paralysing consequences of a directly service stratified and segmented on racial and geographical lines, the Government should immediately place these services under the co-ordination, direction and funding of a central health service."

"It should also construct a new hospital in Soweto of the same dimensions and standards as the Johannesburg Hospital, and it should include facilities for training doctors and nurses."

"Improved salaries and conditions of employment of all medical personnel — particularly nurses — is a top priority."
A political storm is breaking over conditions at several Transvaal hospitals as public concern mounts over long waits for treatment and overcrowding in casualty sections.

Today Dr Neville Howes, superintendent of the new Johannesburg Hospital, which has been at the centre of one of the biggest rows over facilities, said he hoped the "teething problems" would be sorted out and things running smoothly by the end of next month.

Mr Doug Gibson, leader of the Opposition in the Provincial Council, today called on the Transvaal Executive Committee to do something immediately about the alleged overcrowding and bad conditions at both black and white hospitals.

"We have reports from the Kafifong Hospital in Pretoria that overcrowding and unnecessary long delays are causing great resentment among black patients, as well as official charges of appalling conditions at the new European hospital in Hillbrow and chaos at the new Johannesburg General," he said.

"In spite of these serious allegations I have not heard a word from Mr Kalle del Haast, who is responsible for hospital services in the Province. The allegations at both hospitals seem to be well documented and supported by medical personnel."

Mr Gibson called for an authoritative statement from the executive committee either refuting the allegations or promising a full inquiry.

"If the complaints are justified, the committee must spell out what steps it plans to take to resolve this untenable situation," he said.

Steps taken

Dr Howes said hospital administrators and staff were "well aware" of difficulties in the polyclinic and casualty sections of the Johannesburg Hospital.

"These are teething problems and are transitional ones caused in part..."
whereas in Xobota, which has no clinic, 47% had visited a clinic. This confirms what other workers have found — that if medical services are readily available, they are used.

**Summary.**

It would seem, then, that certain characteristics distinguish the care-group members from the general population. In contrast to the community, most care-group members have many of the items considered necessary for good health, and are aware of the benefits of using clean water.

5. CONTACT BETWEEN CARE-GROUPS AND COMMUNITY.

In analysing the impact that the care-group had upon the general population, we divided each village into two groups: those who had contact with the care-group (the experimental group) and those who had not (the control group). Each care-group member visited fourteen households. In Chavani, 32% of those questioned had been visited by or had seen a care-group member; whereas in Xobota, only 22% of the community had contact with the group. We feel, however, that the effectiveness of the care-group would have been better shown had our control group been a valid sample in all respects to Chavani or Xobota, but without a group.

6. EFFECT OF CONTACT WITH CARE-GROUP.

In all following comparisons, the same is made between those who had contact with the care-group and those who did not. Except where otherwise noticeable, the two villages have been treated as a single group.

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</table>

Pit latrines significantly different at 10% level, X² test.

In the table we show the effect of contact upon the acquisition of soap, washcloths and pit latrines in the two villages. In all of these, contact had a positive effect upon the proportion of people possessing these items, there being a non-significant increase in the proportion of people possessing washcloths and soap while a significant number who had contact possess a pit-latrines. It was noticed that there was an increase in the number of washcloths owned by families after the introduction of the care-group, this effect being independent of contact. We have insufficient data to determine whether this was due to a ripple-like effect through the community arising from the establishment of the care-groups.

6.2 Knowledge of Trachoma.

**Contact**

- In the Chavani hospital, 30% of patients reported they had never heard of trachoma.

**No Contact**

- In the same hospital, 60% of patients reported they had never heard of trachoma.

**Hospital crisis**

SOMEWHERES in the planning process it is a desperate double duty, it is a disgrace to jelly, make and set one which the dictionary is to be in alphabetical order, devil worse. What is it? 80%...
Jo'burg's ageing conditions are bad — but staff morale is high

Report by MARILYN ELLIOT
Pictures by RALPH NDAWO

THE Rand Daily Mail yesterday went on a photographic expedition through the ageing corridors of Johannesburg's Non-European Hospital.

Tuesdays are particularly busy as there is a clinic and the X-ray department is inundated with patients.

In casualty, an exasperated doctor was figuring out what to do with six patients who had eaten a bad chicken and were running high temperatures from food poisoning.

Three of the victims waited on stretchers in the corridor for "further observation" and arrangements were being made to transfer the rest to Leratong.

The doctor remarked: "These patients are pretty ill. Once their temperatures are up it means the organism has invaded the bloodstream."

In the X-ray section, crowds of patients looked at the ceiling, looked at the floor and held onto their place in the queue for dear life.

As there are only two X-ray rooms (which were condemned by the Radiation Control Board as being a "hazard to health" three years ago), patients know they will wait a long time.

In the medical ward, doctors and nurses moved up and down the aisle at speed. This was the only way they could get through the workload. In the centre of the ward were several extra beds, all of them full.

Another patient arrived in a wheelchair and nurses threw up their hands. "Where are we to put this patient now?"

Then they laughed. Despite the overcrowding and inadequate facilities, there is a strange bond of fellowship among the staff. They give the impression they're in it together... trying to save a sinking ship.

This atmosphere is particularly apparent in the plaster room where patients with broken ankles, arms or whatever, congregate to have plasters applied. Doctors make speed-of-light diagnoses based on X-rays and start preparing an appropriate plaster — on a plaster table that is a museum piece.

Doctors at NEH have no time for trifles. They can only treat serious cases and even then the patients sometimes have to wait before they can be admitted to the ward.

Yesterday, several such patients had to wait until the fracture clinic had ended because that is the only available room where they can sleep over for the night before being admitted to a ward.

Sometimes up to 40 patients sleep on the floor.
Staff was not available at R5.60 an hour

Here is a summary of correspondence between Dr Herberden, several superintendents at the old Johannesburg General Hospital, and others.

November 17, 1976. To a superintendent. This letter requested urgent revision of his staff establishment.

This matter is extremely urgent, and I am faced with the choice of running a department of which the TPA will be proud or of closing the department (medical equality department) altogether.

"The latter would be a disastrous blow to the Johannesburg community.

"If the Natal Provincial Administration is able to upgrade their medical officers, surely we can do the same. Please add your comments and refer this letter to the TPA for urgent action on their behalf.

"I would like to have a meeting with the provincial authorities, to discuss and finalise matters immediately.

Dr Herberden received no written reply or response.

RESPONSIBILITY
January 9, 1977. To a superintendent.

"I wish to draw your attention to present staff problems and propose a course of action. If any department or individual requests more staff, it must be done in writing. Whoever signs the acceptance or rejection will automatically accept full responsibility for any staffing problem which may arise within this department.

Dr Herberden received no written reply or response.

UNREASONABLE
April 21, 1977. A letter sent to a superintendent.

"For months I have given considerable thought to ways and means of creating and maintaining a stable and reliable staff in the casualty department. It is totally unreasonable of the provincial authorities to expect a head of a clinical department to spend a major portion of his time planning and implementing doctors to spend 'out of hours' sessions in casualty.

There was no written reply. Several "non-productive" meetings with the superintendent took place during 1977.


"I have adopted two recent memos into a single document as the original communications did not traverse the official provincial channel.

The original communication was posted to the superintendent, the director of hospital services, the principal of the University of Witwatersrand and Professor T H Bothwell, head of the department of medicine.

"This particular communication is of such vital importance that it and all other relevant information have been lodged with my legal adviser for safekeeping," he wrote.

The closing sentence of this memorandum reads: "We are faced with falling standards and patients at risk. As I have no wish to transgress the rules and regulations of the administration, my department will remain understaffed and consequently the hospital and the public will be at risk. With the welfare of the hospital and the public at heart, my plea is for speedy consultation with and action by the authorities.

The result of the memorandum was a meeting with the superintendent and the dean of the faculty of medicine.

"The outcome was not a positive one," said Dr Herberden.

COLLAPSE
More recently the doctor wrote to the chairman of the Medical Advisory Committee (September 17, 1978): "As you know the emergency medical services to the public are on the verge of collapse. Should this occur the repercussions on the rest of the hospital will be disastrous.

Professor T H Bothwell, head of the department of medicine and chairman of the Medical Advisory Committee, had been of untold help to me and my department, since my appointment at the hospital.

March 30, 1979: "The TPA granted me 10 extra places of four sessions a week each. For this I am most grateful but, at R5.60 an hour, I am unable to fill the posts.

July 20, 1979: Letter to Professor Bothwell regarding the inadequate facilities and accommodation for casualty and polyclinic at the Johannesburg Hospital. His reaction was immediate.

The immediate reaction was immediate.
Patients still at risk, hospital doctor warns

One of Johannesburg Hospital's senior doctors has again emphasised the dangerous situation developing at the new hospital because of staff shortages and administrative hold-ups.

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November 17 1976. To a superintendent. This letter requested urgent revision of his staff establishment.

"This matter is extremely urgent and I am faced with the choice of running a department of which the TPA will be proud or of closing the department (medical casualty department) altogether.

"The latter would be a disastrous blow to the Johannesburg community.

"If the Natal Provincial Council was responsible for the staffing question, it would have been impossible for us to handle the emergency.

"I have adapted two recent memoranda into a single document as the original communications did not traverse the official provincial channels."

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"This particular communication is of such vital importance that it and all other relevant information have been lodged with my legal adviser, for safekeeping," he wrote.

The closing sentence was removed.

Dr Peter Heberden, principal medical officer at the hospital, has made a second and detailed criticism of patient care and working conditions in the casualty department.

Since his appointment as a senior medical officer on November 1, 1976, he has waged a personal battle to improve the standard of patient care in his department and has urged the authorities to overcome the medical staff shortage and pay doctors and nurses at the hospital fair salaries.

Dr Heberden said the situation in the medical casualty department was disgraceful and put patients at an unjustified risk.

DISCLOSURES

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Since his appointment, he had attended several meetings and carried on a "unilateral correspondence" with the hospital authorities to try and effect changes needed.

He also met or corresponded with the Surgeon General of the SA Defence Force, the President of the SA Medical Council, the Secretary and members of the SA Medical Association, Professor D. J. du Plessis, Professor T. J. Bothwell and the Dean of the Faculty of Medicine to this end.

His department still had no name although it treated about 60,000 patients a year and helped in the training of doctors, medical students and nursing staff.

The present chaos in the casualty and polyclinic sections was initiated by "someone" in the hospital administration.
Bid to get Gen opened to blacks

By GERALD REILLY

OPPOSITION parties will launch an all-out effort during next month's Provincial Council session to persuade the Executive Council to reopen the old Johannesburg General Hospital as an extension of the rundown Non-European Hospital.

Opposition members in the council aim to make a major issue of the "gross and indefensible" lack of hospital facilities for blacks in the Johannesburg area.

The chairman of Johannesburg's City Council Management Committee, Mr J P Oberholzer, MFC, called the overcrowding at the NEH "appalling and disgraceful".

He had carried on a campaign for two years to have the old General turned into a black hospital.

It was "criminal" that the NEH should have a bed occupancy rate of 100% - 74% was regarded as saturation - when there was a well-equipped hospital just across the road with 706 beds standing empty.

He pointed out that the white population of the city, taking into account the private hospitals, had double the number of beds available to blacks, who outnumbered whites by nearly two to one.

Mr Oberholzer said there were 12,000 blacks legally residing in the immediate vicinity of the hospital.

The Province had made a limited concession in making 141 beds in the General available to Indian patients.

This had relieved the acute pressure on the overcrowded, overworked Coronation Hospi-

tal for coloureds and Indians.

"It's crazy that while we have a large well-equipped hospital standing empty, the Province is planning more hospitals at a cost to taxpayers of R70 000 a bed. The facilities are all there in the old hospital, and they must be used," he said.

How could South Africa defend a situation in which there was spare accommodation but the authorities refused to use it to relieve an acute human problem?

During the next session of the Provincial Council he would plead again for the reopening of the old General as an extension of the NEH.

The leader of the Progressive Federal Party in the Provincial Council, Mr Douglas Gibson, MFC, said the lack of adequate hospital facilities for blacks had built up "under the noses" of the Nationalist-dominated council over the past 20 years.

There should be a close look at hospital facilities for all races other than whites. The Indian and Coloured communities also complained of a lack of hospital beds.

He stressed that the black hospital issue was one which concerned the central Government, and, criticised the Minister of Health, Dr L A P A Munnik, for shrugging off responsibility by dismissing it as a provincial matter.

He called on Dr Munnik to persuade the Province to take the necessary steps to relieve the distress.

He also appealed to the Minister of Co-operation and Development, Dr Piet Koornhof, to intervene and give generous financial support to solve the problem.

Monis factory in Bellville South have the fellow workers were dismissed. They were members of a trade union. Pay and hours of work - R40 a week - are increasing. At a solidarity breakfast, college students from U.W.C., Newlands, called for workers to demand a call for a boycott of all Monis products.

However a director of the factory which produces the factory which produces the include self-raising flour, Cake Mix, Wuggie Treat flour; All including icecream cones, wafers, shells, ribbon noodles - bread, all the above noodles and spaghetti at o' Gold, Princess, Checkers and mealie meal. fatties and Monis also own Bakery in Observatory, in Somerset West.
Overcrowding ease casualty moves to long queues and....

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The new casualty will not overcrowd. The old casualty will occupy the area where the new casualty now is. Deputy superintendent, Dr C van der Merwe, shows post-OP section.

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Postroom. Len Kalane, the spacious area where the new casualty will move in.

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Story: Len Kalane

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The new casualty will not overcrowd. The old casualty will occupy the area where the new casualty now is. Deputy superintendent, Dr C van der Merwe, shows post-OP section.

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Postroom. Len Kalane, the spacious area where the new casualty will move in.
The next few months, doctor promised that there will be an improvement in their condition. The hospital's superintendent has made a comment that they are extremely grateful for the efforts of the hospital staff and volunteers to improve the conditions of the patients.

The hospital superintendent, P.J. Packer, said in an interview with The Post Woman: "It was their hard work and dedication that made this possible." He added, "We are extremely grateful for the support of the community in making this happen."

Mothers interviewed by The Post Woman have expressed their gratitude towards the hospital staff and volunteers. They have said that the improvements have made a significant difference in their lives.

One mother, who had just returned from the hospital, said, "I can't thank them enough for what they've done for my family. They have really gone above and beyond to help us."

Another mother, who had been at the hospital for several weeks, said, "The staff has been fantastic. They have been there for us every step of the way." She added, "I don't know what we would have done without them."

The situation in Barrandish hospitals is still critical, as many patients are still in need of care. The hospital staff and volunteers continue to work tirelessly to ensure that every patient receives the best possible care.
A child pictured in the intensive care unit at the J G Strijdom Hospital yesterday. The child's condition is constantly monitored by a computer.

Many children, some only weeks old, undergo open heart surgery.

For the past two years the heart unit has performed more than 300 open heart operations. The average age of the patients when they entered the hospital was 9 months, with the youngest two weeks old. Some of the babies arrived with hearts damaged before birth.

A R150 op that costs R8 000

By TONY STIRLING

Chief Reporter

OPEN HEART operations — for which patients have been quoted up to R5 000 if done by a private surgeon — are available to anyone through the Transvaal provincial hospitals for as little as R150.

The private surgeon's charges exclude a wide range of hospital costs, running at R3 000 to R4 000 for major open heart surgery.

The Rand Daily Mail yesterday interviewed a woman now recuperating from a heart valve operation at the J G Strijdom Hospital, Johannesburg. She had been quoted anything between R5 000 and R6 000 for the same operation, performed at a private hospital by a private surgeon.

"The hospital confirmed the total bill for the operation, including surgery, drugs, blood tests and other preoperative X-rays, totalled R120 for a stay of 15 days. Academic surgery at the hospital was said yesterday there were some misconceptions relating to treatment at provincial hospitals which were being exploited by some private surgeons."

"First, from patients received we found that some of them have been informed they will not be admitted because they are not eligible in terms of the means test," a leading surgeon told the Mail.

"This is incorrect. Anyone can — Mr Kruger, for instance — come to the hospital for open heart surgery. This is a closed teaching hospital and any patient can be admitted to the maximum charge of 15 days," he said.

"The only difference is that where a person is admitted through us, the operation is done by the hospital's team of heart surgeons. A patient, therefore, does not have a choice of where doctors will do the operation," he said.

Surgeons said the second myth was that in cases of open heart surgery patients entering a hospital might be subjected to a long wait. This is simply not the case, a surgeon said.

"Where a person requires immediate surgery because of his condition, he will immediately be given accommodation," he said.

The surgeons said cardiologists and cardiac surgeons in private practice had a moral duty to inform their patients that for less expensive treatment was available at the provincial hospitals. "Unfortunately, it is not always the case," one surgeon said.

The patient spoken to yesterday said he had been waiting to have her operation at a nursing home in Johannesburg. The operation would be done at the recently opened R1,5-million unit at the Milpark Hospital. The surgeon then said there was a complication. The patient, he said, had been told he had one bed available to him a month at the J G Strijdom Hospital, where cheaper hospitalisation was available, but that because he was committed to another patient, he would have to wait until February.

My husband's medical aid agreed to pay the hospital bills. But they would not agree to meet the surgeon's bill, as it was considered to be too high," she said.

Mr Clifford Franks, a Bedfordview businessman, said his wife had undergone a heart valve operation in May last year. A stay of more than a month at J G Strijdom Hospital cost R46. Later he made the hospital a donation of R2 000 for heart disease research.

The J G Strijdom, they said, kept public reports on all open heart surgery done at the hospital. "Last year there were about 1 000 open heart operations, including 100 artery bypasses, on which the hospital had only one casualty — a result comparable to any in the world. The team also conducts open heart surgery at Baragwanath Hospital, where the same treatment is available free of charge. A spokesman for the Milpark Hospital said yesterday a private surgeon had stated he had only four beds a week available at the provincial hospitals and consequently it would take several months for him to complete operations on all the patients he had had, with the construction of the new open heart unit at Milpark his operation rate would be considerably speeded up.

There had never been any suggestion made by the hospital that patients might not gain entry to a provincial hospital because they failed a "means" test, the Rand Daily Mail has confirmed that suggestions refered to by their patients were made not by the Milpark Hospital, which has the only open heart unit available at a private hospital, but by private doctors.
Doctor has dream plan for better hospital

Dr Peter Heberden, the campaigner for better standards of hospital care and improved working conditions for medical staff in the casualty department at Johannesburg Hospital, has a “dream plan” for his section at the hospital.

Dr Heberden, principal medical officer at the hospital, has called for patient care in the casualty section to be improved and for the salaries of doctors and nurses at the hospital to be corrected.

In a letter to the National General Practitioners’ Group of the Medical Association of SA he listed the main faults and mitigating factors of hospital-based practitioners.

The “faults” were:

- Academic arrogance, especially at registrar and junior staff level.
- Failure to inform the referring practitioner of the final disposal of the patient.

Mitigating factors of hospital-based practitioners were:

- Pressure of work, with casualty and polyclinic (sections) seeing about 80,000 to 90,000 cases a year.
- The serious nature of many of the cases, “considering that we are the catchment area, not only for Johannesburg, but for a large portion of the Transvaal.”

Possible remedies for the mutual ills were:

- Frequent meetings between the hospital-based and private practitioners, thus gaining an appreciation of the others’ problems.
- Private practitioners should do sessional work for the following reasons:
- To update knowledge in emergency medicine.
- To gain first-hand knowledge of the problems faced by a casualty officer.
- To get to know the hospital staff.

His “dream plan” for the future included:

- The introduction of medical students to this important learning area (casualty and the polyclinic) early in their curriculum.
- Residency for vocational training in family practice.
- A course in emergency medicine and trauma for nursing sisters.

He said recognition of casualty and polyclinic (sections) as “The Department of Primary and Continuing Medical Care.” This should be in the hospital context.

He continued medical education for both medical practitioners and nursing sisters. “Clinical sisters to be trained as ‘experts’ in high blood pressure, diabetes, epilepsy etc. in order to take the pressure off these overloaded clinics, within the hospital,” he said.
Hospitals want all races

Staff Reporter

Most private hospitals in
Johannesburg have applied for li-
ces to admit all races, Mr John H. Randell, chairman of
the National Federation of Pri-
vate Hospitals, said yesterday.

Mr Randell was reacting to a
claim by the acting secretary
for the Department of Com-

munity Development, Mr Leta
van der Vyver, that there had
been no applications from pri-

vate hospitals.

He said it appeared the appli-
cations were being delayed in
some or other regions of the
country.

"We do not mind a delay of
two weeks, or even six, but we
must admit we have not applied
when we should," Mr Randell said.

He said he did not have avail-
able the exact number, or names,
of the hospitals which had
applied for licences to ad-
nit all-race groups.

"Slapha sikele yonke amanani abantu abazibandakanyileyo nabasebenzi kwiveki ephilelileyo kubekho
abafundi base University nakwango Kolegi abangaphuze kwe - 500. Abafundi bavelu kwezi
zikolo U.W.C., Hewet, Peninsula Training College me Bellville Technical College.

Abafundi bathe abasebenzi nabaphinde basebheshe kungenjalo yonke imveliso yakwa
Fattis & Monis ingathengwa.

Umbutho oyi Western Province Traders Association uthe uza kuxelela onke amalungu awo
ukuba angayithengi imveliso yalefektri de bavume uthethathethwano.

Umbutho oyi South African Council of Sports SACOS ucele onke amalungu awo nazo zonke
izikolo eizinonxibelelwane kanye nabo ukuba zikhase abo bagxothiwyi de baphinde
basebheshe. Yaye akufunkeni bayithenge imveliso yale fektri.

Abafundi base U.C.T. bayenzile eyabo intlanganiso bebe na kalisa ubunye nabasebenzi.

Baclele ukuba imveliso zakwa Fattis & Monis zingathengwa okanye zingasetenziswa.

Umbutho oyi Women for Peace Movement ucele ukuba efektri yenzi uphando nothethathethwano
kanye nabasebenzi.

Umbutho wathana s'apana oyi National African Federated Chamber of Commerce ubhallile
wakhuwana istatement ukhasa abasebenzi abagxothiwyi.

UFattis & Monis uphikele ukuthi akukho ngqabango nakungenya kuveli efektri. Kodwa ke lowo
ungumfathi wefen le uthi, ukhathazekile xa kusithiwa imveliso yabo mayingathengwa
ngabumnyama njengokolo inkxaso enkululekho, isizwa babumnyama. Abaphathi Bale Fem baqashe
basebenzi abangabanye ukuba basebenzi endaweni yabo bagwayimbileyo ukuze kubekho
imveliso, kodwa imveliso yehelelile

Ngubani uFattis & Monis? Ufattis & Monis yiFektri enezimveliso ziflandelayo:

Record Self Raising Flour, Record Cake Flour, Record Bread Flour, Record Sifted Flour,
Record Unsifted Flour, Record Wheatie Treat Flour; Philadelphia Flour; Koeberg
Mille pack Mealie Meal; Fattis & Monis Icecream cones, wafers and cake cups;
Fattis and Monis Macaroni, spagetti shells, ribbons, rings, dilatines;
Princess macaroni, spagetti shells, rings, ribbons, dilatines;
Checkers, Popo! Gold, Pick n Pay macaroni, spagetti, rings, ribbons, shells, dilatines;
Wrench Town Bakery, Observatory; Good Hope Bakery, Elies River; Ultra Bakery,
Somerset West.

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Printed by S.R.C. Press, U.C.T.
Squatter campl may get a clinic

The Divisional Council of the Cape is considering granting permission for the establishment of a temporary clinic at Crossroads.

The Emplisweu Xacla Clinic Committee applied for permission to establish the clinic to help meet the primary medical and health needs of the community.

The emphasis will be on preventive medicine, the idea being to complement existing services.

The Administration Board of the Western Cape has asked for the council's comments but has also advised that there is no objection in principle to the establishment of a temporary structure.

CONTROL

The Divisional Council has agreed to hand over the control and ownership of the area to the Administration Board and the transfer is expected to be effected by the middle of this year.

The application for the clinic, however, is subject to certain protective conditions.

One requires the consent of the Minister of Co-operation and Development and the Administration Board of the Western Cape.

There is a reason for the establishment of the clinic, which is to be located in a suitable area that the introduction of the scheme is expected to be a success.

The scheme is expected to be a success and is expected to be a success.

The scheme is expected to be a success.

2. Press-coverage.

On 3rd April, 1940, a report was published in the Press of the occasion, which was attended by Minister of Health, the Premier, and many doctors of the province.

The occasion was an opportunity to introduce Press-Casting into the Press.

3. A Great Public.

The occasion was a great success and was attended by the Press.

The occasion was a great success.

The occasion was a great success.

4. Restraits with the...
Cancer patients' ordeal

CANCER patients who come from Baragwanath Hospital to be treated at the General Hospital radiation therapy department, wait for the whole day because of overcrowding and insufficient medical attention at the ageing Non-European Hospital (NEH).

These patients are brought by bus every morning and have to wait until 2 or 3 pm until the last one is treated. This is a tremendous hardship for very ill people.

There is no day ward where they can lie and receive medical attention. The Radio Therapy wards in the Non-European Hospital (NEH) are overcrowded and have a waiting list. The course of treatment for these patients often takes four to six weeks.

About 60 per cent of these patients are blacks. Doctors say they treat an average 70 patients daily and the number often shoots to 200 patients, where follow-up cancer treatments are included.

The department at the Johannesburg General Hospital is in fact a regional centre and caters for all hospital patients in the whole of Southern Transvaal. This means that patients from Leratong Hospital near Krugersdorp, Potchefstroom, Vaal Complex, Klerksdorp and the East Rand crowd at the hospital for treatment.

In the light of this, doctors feel that the department has now been further strained in dealing with patients coming in buses and cars not only from Baragwanath and other outlying hospitals, but from the new Johannesburg Hospital as well. There are only three constant Radio-Therapists doing the work of 15, they claim.

Other claims are that people are dying at NEH because of lack of space while an empty hospital stands across the road — the old Johannesburg Hospital. The out-cry is that the old General be opened immediately for black patients as well.

Dr Selma Browde, a radio-therapist in the radiation therapy department, said that the situation in the cancer department is critical.

She said: “While the authorities have spent a lot of money on new machines and sophisticated equipment, it is useless without other needs being attended to. A whole restructuring is necessary.”

Dr Browde said that in most countries, every major hospital has its own cancer and radiotherapy departments. This would be too expensive and not warranted in South Africa. But it is essential that the department be given sufficient support systems.

The medical staff at NEH said the opening of the new Johannesburg Hospital has made matters worse — POST learnt that no new machines have been installed at the new hospital. The new 4 MEV Linear Accelerator is lying in storage and cannot be installed because the building to house it has not been started as yet. It should have been built a year ago.
Private hospitals: most want permits for all races

Private hospitals and clinics throughout South Africa may soon be open to all races.

Mr John Randall, chairman of the National Federation of Private Hospitals, said today that he expected most hospitals in the country to take advantage of the dispensation announced by the Government in December.

So far nearly all of the 12 private hospitals in Johannesburg have applied for permits to treat blacks.

Meanwhile delays of up to two months are dogging attempts by restaurant owners to get permits to serve all races.

Mr Barry van der Vyver, acting secretary of the Department of Community Development said that so far only 56 permits had been granted to restaurants, nationwide.

"It is a slow process but we are doing all we can to speed it up," he said.

"Before we grant permits to non-licensed restaurateurs we submit the applications to local authorities and various government departments for their comments. This can take several weeks."

At present 18 restaurant applications from the Johannesburg area are bottled up at the department's regional office.

The Johannesburg applications have already been given the green light by the city council's management committee.

Mr T F Oberholzer, MPC, chairman of the committee, said that the council has no objection to any of the applications made so far.

A spokesman for Sterkfontein Kinokord said that his company was still negotiating with the Department of Health with a view to obtaining permits to drive-in cinemas.

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And so does patients’ terror

roaches in the wards last week.

The campaign was introduced after patients had complained that they could not sleep at night because the rats came in and nibbled at their toes.

When POST visited the hospital yesterday, the patients said the rats were still “terrorising” them.

Mr Sibusiso Shange, a paraplegic, said: “I cannot sleep at night. These things run over my head, eat my food out of the cabinet and yesterday they bit my feet.”

Mr Samuel Makhelele said: “We have been complaining that rats are eating our food and they have been eating. We cannot sleep at night.”

Mr Jossey Obi said POST reporters were being bitten by rats on Tuesday night.

Dr A F Chembely, the hospital’s superintendent, blamed the food and vegetables lying outside the hospital for the army of rats inside.

Ultrasonic devices which emit a high pitched sound were installed in the ward last week.

The patients claimed yesterday that the system does not affect the rats at all. Poison which would take three days to kill the rats was also sprayed last week, but the patients claimed that the poison did not have any effect.

Dr Chembely refused to comment further on the matter yesterday.

“I have made a statement in the South African Broadcasting Corporation (SABC) and if you are interested you can hear my statement in today’s television news,” he said.

Limpopo Province Traders Association urges retailers to buy their goods from legitimate traders and avoid using informal traders.

Whoever buys from informal traders is buying from criminals, the association said.

Retailers who continue to buy from informal traders are putting themselves and their customers at risk, the association said.

Retailers are urged to support the association’s campaign by buying from official traders.

The association said it is ideally suited to protect the interests of traders and consumers.

It has the support of the provincial government and the South African Police Service (SAPS).

It also has the backing of the Department of Trade and Industry, which has approved its registration.

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The cost of being ill

IF YOU must be sick, then Natal is possibly the best place in the world to choose to be sick in, whether you opt for a provincial or private hospital, you'll receive medical attention second to none and a bill at the end cheaper than anywhere else in the State health system.

The vast majority of white working South Africans are covered by a medical aid scheme, which will pay 100 percent of their fees for a private hospital bed, physician, surgeon, and medicines.

Those who aren't, will find a bed in a provincial hospital waiting for them for R1 a day, which will include all their meals, medication, drugs, and dressings.

They will pay their own doctor/surgeon's fees, but if they prefer to enter a closed ward, R140 will take care of everything. Should they qualify for a means test, the almoner can scale this down to almost nothing.

Overpriced

'Inspector fees shock' becomes an overpriced newspaper headline when private hospitals recently increased their fees at an average of 34 percent. If one compares similar fees in Britain, four times the price, New Zealand (seven times) and America (10 times), 'On a worldwide scale our prices are very low', said a spokeswomen for the private hospitals, 'and the local standards of medical, nursing and accommodation are as high.'

It appears to be another area where most South Africans don't realise how well-off they are, compared with the rest of the world.

Natal, which subsidises its provincial hospitals to the tune of nearly R28 million a year, has no nursing shortage and attributes applications far in excess of the number of positions offered.

The Sunday newspaper disclosures of 18-hour waits by patients for examination at Johannesburg's Rondebosch private hospital could never be levelled against Natal, says medical superintendent Dr Margaret Barlow.

Profits

On the private hospital front, no unaccounted profits are being made, as in the case with some of the private hospitals in the Transvaal. The tariffs negotiated by private hospitals with the Association of Medical Aid Schemes is adhered to in Natal, whether or not the patient has medical aid.

In the Transvaal this is not necessarily so.

Taking their social responsibilities further, two Durban private hospitals, St Augustine's and Entebeni, operate nursing schools — two of only three such in the country. Almost annually a conflict flares up between the provincial and private hospitals, usually on the questions of comparative fees and the investment in private hospitals by local doctors.

Mr M W Friedman, director of Parklands and St Augustine's and manager of Parklands Nursing Home, claims that politicians use the private hospitals as whipping boys to distract the public from real problems, whereas the hospitals have an excellent working relationship with the Natal Director of Medical Services.

Mr Frank Martin, senior MEC in charge of hospitals, agrees that there is a place in the hospital world for private nursing homes.

'There is one in Durban,' he says, 'which is well run and does not make big profit. I'm not so sure of the others.'

The question is: What percentage profit are the shareholders making on their investment? It's all right for OK Bazaars to say they make only a half-cent profit on a list of books, but the significant figure is what they pay their shareholders in dividends at the end of the year.'

Certainly today there is competition for hospital patients, neither the provincial nor the private hospitals can fill all their beds.

Nationwide there is a fall-off in hospital bed occupancy, partly due to recession conditions, but mainly because of improved techniques and drugs that have dramatically cut down the length of a patient's stay in hospital.

Where the money goes

NO DECISION has yet been made to increase fees in Natal's provincial hospitals, says Mr Frank Martin, MEC in charge of hospitals.

'The matter has not yet been discussed and, as far as I know, they are not likely to be increased, if they were, it wouldn't be by very much. Certainly not by the percentage which private hospitals have recently added on,' Mr Martin added.

The bills are up, of course, for everything from rent, food, wages, medicines. And in April we shall undoubtedly be reviewing wages again.'

The annual provincial subsidy to hospitals at present is running at nearly R100 million.

A large part of this budget goes to King Edward VIII Hospital, which has an 'official' bed count of 1,100 and an 'insufficient' one of 2,000.

'That is to say the black medical school, which costs the Province money to run in spite of a 100 percent grant from the Government for the training of black doctors.

The new Grey Hospital in Pietermaritzburg will have cost more than R40 million by the time it is completed in 1983, and three new operating theatres are planned for Addington this year which will treble the hospital's operating capacity.

The top daily charge for a bed in a provincial hospital is R21 (R11 for a single ward or recommendation by a doctor). The cost a day in the Provincial is about R14, although the real cost of each patient is closer to R100.

The difference represents the cost of maintaining tremendous expensive specialised equipment, many of which are not available in private hospitals.

'The principle of provincial hospitals is that a person pays what he is worth, through taxes, so as not to pay (or only a minimal amount) when he is sick,' says Mr Martin.

On the face of it, it appears unfair that a medical aid person should pay only R1 a day for a member in a provincial hospital when it is prepared to pay R50 a day for a member to go to a private hospital.

We have given a lot of thought to this, but we are reluctant to increase fees for medical aid patients, as this would just start a vicious circle ending in higher subscriptions for everyone.

and the fees

A COMPARATIVE costing for an appendectomy at provincial and a private hospital would be:

PRIVATE:
4 days accommodation at R25
25 mins in operating theatre
Recovery bed fee
Drugs and dressings in theatre
Surgeon and assistant

PROVINCIAL:
4 days accommodation at R12
Surgeon and assistant

PROVINCIAL (closed ward):
4 days "all-in" at R15

Links

Addington is trying to boost its admissions by encouraging private practitioners to send in more patients, and from last July offered a discount list to outside doctors for their patients.

'The hospital has never been so good as in the past 18 months,' says Dr Barlow, and I am putting enough to have a tight link with outside doctors. I was in private practice myself for 24 years.

The private hospitals are boosting their income by an increasing number of black inpatients.

'We are delighted to have them,' says Mr Friedman, many Indians are going to white doctors and it is becoming the vogue for them to be booked into our private wards and private delivery wards.

There is no question of mixed wards and we have had no problems with colour in the staff.'
The cost of being ill

No trouble

'We have no trouble getting staff. There are 511 student nurses' posts, all filled. Of the 219 sisters' posts, 22 are about to be filled and we actually have a waiting list of sisters wanting to work here.'

Last year we had 80 applications for the 20 vacancies for interns, and at the moment we have requests for interviews pouring in from all over the country for 1981.'

As part of Dr Barlow's efforts to project a good image for Addington, a questionnaire was recently circulated to both in- and out-patients. There were few bad comments, she says.

Emergency are always admitted immediately, but there can be a wait of six weeks for 'cold' surgery cases. This is what frequently forces doctors and patients to opt for a private hospital, where there is no waiting period.

New theatres

However, with the opening later this year of three new operating theatres, the hospital should be able to handle three times the number of operations.

When this happens, all plastic surgery will be transferred to Wentworth Hospital which already handles all the neurology cases.

Addington will still be left with several specialisation units, most of which are not duplicated by private hospitals.

There is a renal unit, headed by the brilliant Professor Seedat, a cardiac rehabilitation unit, a special lung function unit and the only coronary care unit in the province.

These, and the intensive care unit with a full-time doctor in attendance, are all a heavy drain on the hospital's budget. A kidney transplant patient, for instance, costs Addington R100 a day. Yet the overall fee for a patient in one of the closed units is only R18 a day. This includes surgeon and anaesthetist's fees, theatre

THE PROVINCIAL HOSPITALS

'We're proud of our reputation'

ADDITIONG Hospital is campaigning for more private patients in its closed wards and would like to see more mothers have their babies in the closed maternity wards.

'Young people are all on medical aid and tend to go into the private hospitals,' says medical superintendent Dr Margaret Barlow, 'so our future here could be treating geriatrics only, which is bad for a teaching hospital.

'Similarly we could be taking the number of mothers in our closed maternity wards, who would have had their babies delivered by our own doctors and midwives. Instead of that, we turn away 50 private patients a month, who want their babies delivered by their own doctors.'

Dr Barlow is proud of Addington's reputation throughout the country.

'We're not perfect,' she says, 'but our admissions go through fast. In the case of emergencies, you don't die in the ambulance, your chances are good.

fees and all drugs and medication.

Addington has 900 beds, which are never all occupied.

The standard fee in a general ward is R5 a day; it is R11 a day if a private ward is recommended, but the patient cannot request this.

On top of this the patient must pay his own doctor's fees and those of the surgeon and anaesthetist if he is a theatre case and will also be charged for his own pathology.

But he can opt to enter a closed ward, where he will be attended to by the hospital's own medical staff, and will pay a daily fee of R15 with no extras.

ADDITIONG is a teaching hospital, whatever bed he occupies he can be used as a demonstration case for trainee doctors and nurses.

Scales

Patients in the lower salary grades may pay less than the standard at a day on a complicated scale laid down for the almoner.

Roughly speaking a single person earning less than R325 a month could qualify for the means test, or a married man with two children earning less than R475.

In this case he would be paid R375; after that his stay in hospital would be free, which would include subsequent readmissions.
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**Note:** The table represents data from the year 1992 to 2004, showing the number of males and females for different age groups, categorized by race. The data includes categories such as Black, Coloured, Asian, and White. The total number of entries for each category is also provided.
HOSPITAL 'CINDERELLA'

IT IS a simple fact of life these days that only the affluent can afford not to belong to medical aid schemes. For most people these institutions are a front-line defence against the soaring costs of medicine and hospital treatment. However their resources are not limitless, and anybody who has experienced a serious illness involving hospitalisation and expensive treatment knows that a medical aid 'ceiling' can be pierced in a frighteningly short period.

Yet seemingly many people do not bother to assess their medical aid resources when they need to undergo hospital treatment — or reconcile them with the likely duration of their treatment and the possibility that they might need to make further demands on their funds during the current year.

Moreover, sick people are generally in no mood to quibble over the choice of hospital. Invariably — in Durban anyway — they find themselves admitted by their doctors to the costlier private institutions.

Yet strictly speaking they have only themselves to blame if their hospital bills turn out to be far more than they expected. At Addington, Natal is blessed with one of the most modern and efficient hospitals in the southern hemisphere, and as a provincial institution subsidised by taxpayers it offers outstanding facilities at significantly lower fees than the private concerns.

It is no less than astonishing, therefore, that a hospital of this stature should need to campaign for more private patients, and that it should, in the words of its medical superintendent, be worried that 'our future here could be treating geriatrics only' because most young people are on medical aid and tend to go into private hospitals.

There is no question that most private hospitals are efficiently run and offer exceptionally high standards of treatment, but one wonders whether people who complain of their correspondingly high tariffs have bothered to consider the alternatives. There is nothing to prevent a person being treated by his own doctor at Addington, for instance, and paying less than one-third of the ward fees charged at a private hospital.

There is a feeling, of course, that some doctors are wedded to the private hospital circuit which they find convenient for their daily-rounds. That is understandable, but nevertheless it is preposterous that a complex such as Addington should become a sort of 'Cinderella.' The taxpayer is paying for its superb equipment and low tariff structure and it is folly for the taxpayer not to make more use of it.
Dying woman sent home

Cancer shock

By KINGDOM LOLWANE

A SOWETO WOMAN who has been told she has cancer of the stomach was discharged from the Johannesburg hospital - despite the fact that she cannot eat, speak or walk by herself - her mother said yesterday.

And yesterday, a spokesman for the hospital's public relations department said that it was "difficult to trace the record" of the woman's case. However, the matter would be investigated.

Miss Patience Bacela (30), of 93B Dube Village, was discharged from hospital on January 6 after the family had been told she had cancer and there was "nothing that the doctors could do," her mother, Mrs. Medicine Bacela, said.

Mrs. Bacela said her daughter went to the hospital in April last year where she underwent a general medical check-up. She was told to return for a check-up after two weeks. In May she again went to the hospital and was admitted, Mrs. Bacela said.

She then underwent an operation and was discharged three weeks later. "Her condition had not improved at all, and I was surprised when told she had been discharged," she said.

In December, she was admitted again. However, on January 6 she was discharged.

This reporter tried to speak to Patience, and she just stared back at me as if she was in a coma. POST established that cases of terminal cancer - like the kind Miss Bacela has - are kept at hospital.

This was even more necessary in Miss Bacela's case as she could not eat and needed to be fed intravenously.
Cancer victim treated as out-patient

By KINGDOM LOLWANE

IT WOULD NOT BE beneficial at this stage to the Soweto woman suffering from stomach cancer to be readmitted to hospital, Dr L Kalmy, superintendent of the Johannesburg Non-European Hospital, said yesterday.

Dr Kalmy was replying to questions by POST on the circumstances surrounding Miss Patience Bacela's discharge from the hospital early this month.

Miss Bacela (30) of Dube Village, is fighting for her life at home. She is unable to eat, speak or walk by herself.

Dr. Kalmy said miss Bacela had twice been admitted to the hospital and was last discharged on January 4.

"At this stage her condition does not warrant readmission to hospital," she said. "She has been given several medicines and said she would not disclose particulars without her (Miss Bacela) written consent.

The superintendent added that it was up to Miss Bacela's family to decide as to whether they wanted her brought back to hospital or not.

"An ambulance can only be sent to fetch her at the request of her family," she said.

She said the patient had sufficient medicines to last her a month and that she was due for another check-up early next month.

Mrs Medicine Bacela now cares for her cancer-stricken daughter Patience.
2.5 Looking at expenditure

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4.2 OTHER FE

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4.3 STAFFING

Soweto clinics ceased to function during 1971 when it became impossible to rely on the presence of doctors. This stimulated the training and deployment of primary health care (PHC) nurses in the clinics. Wagstaff *[21] outlines a programme to evaluate the medical and social acceptability and the cost effectiveness of this system.

The nurses are trained in groups of 8 to deal with either adult or child care. The training has a practical, problem-oriented approach, and lasts as long as it takes (usually 2-4 months) for the nurses to master the skills of history-taking, examination, comprehensive patient care and counselling. The nurses deal with 80% of cases presented, referring 15%-20% to the doctor; only 5% need be referred to the hospital. Communication is improved as there is no need for an interpreter. The effects of this programme on health service structure and costs include a reallocation of roles within the health team. The doctor becomes a consultant, trainer, evaluator and monitor. Thus doctors' higher level of knowledge and training are fully utilised. Those who were interpreters perform other tasks: weighing, temperature-taking, etc. The pharmacist also assumes a controlling and supervising role as the nurse gives out her own medicines; she is relieved of "counter dispensing" and there is no extra queue for the patients.

Consultations are longer - 15-20 minutes - as time is allowed for counselling on family planning, nutrition, immunisation (though this must actually be administered elsewhere), etc. Four nurses now deal with the number of patients formerly seen by one doctor (seeing an average of 20 patients a day each). (It is still in doubt if this limit on the number of patients seen can be afforded). The outcome of a current anthropological and health status survey of the community will be published.

Rural clinics and small hospitals in Rhodesia are usually staffed by medical assistants (Pugh, *[48]). These are usually men, with two years' secondary education and a three-year practical course; they can give anaesthetic, suture, set bones and cope with some emergency operations. Pugh also reports that a well-trained and motivated assistant can cope with 80% of the clinical problems presented. Sapire *[61] describes the intensive course by which medical assistants are upgraded to the point where they can run a clinic in the way sisters had done previously.

Sapire cites her previous finding that the greatest obstacle to sustained family planning, especially in rural areas, was that contraceptives were not readily available. This means that medical assistants, who are well-trained in administering and advising on contraceptives, have from their village clinics made them more readily available; however lay distributors have taken this process still further (see below).

Lesotho, Swaziland and most Black rural areas in South Africa are served by clinics, increasingly on a residential rather than a mobile basis. One or two nurses staff the clinics. Training programmes for nurse clinicians are being evolved in Transkei and in Swaziland. 'Nursing assistants' are trained at the Good Shepherd Hospital for primary health care (Mthiane *[39]). The pattern of clinics run by nursing staff therefore appears to be accepted practice in rural Black communities and farming areas of South Africa.
Hospital beds at night only for the pregnant

By Josie Brouard

An acute shortage of beds at Coronation Hospital has resulted in women in advanced stages of pregnancy sitting on benches for hours at a time — while their husbands pay more than Rs15 a day in hospital fees.

The superintendent of the hospital, Dr C H Kniep, has admitted that maternity ward patients were only given beds at night. He said there was nothing he could do.

Several pregnant women said that in spite of labour pains, hospital staff had kept them seated. They were given beds at night, but told in the morning to return to their benches, to wait.

Dr Kniep said: “I am aware of the situation. We have these periodic spurs in the maternity wards and we cannot cope. Our facilities are overrun and we cannot fit in any more people. And there is nowhere else they can go to that I am aware of.”

He said the hospital had plans to expand but these would not materialise for a couple of years. “At the moment we suffer from congestion and we simply do not have the floor space to accommodate these people.”

Mrs Louise Hansen (25) of Eldorado Park, who was expecting her second child, said she and seven other women had not been allowed to rest in bed during the day for two days.

Mrs Hansen said a friend’s water had broken in the ward on Friday morning and the woman had started her labour.

She was officially admitted for “bed rest” but also remained seated until 9 pm when all women were put to bed, Mrs Hansen said.

Mr J Hansen said: “I am paying Rs17.50 a day for hospital accommodation and this is the kind of treatment my wife is receiving. We feel quite desperate.”

These pregnant women claim to have waited for more than a day on hard wooden benches at Coronationville Hospital because there was no bed accommodation for them. They are all in an advanced state of pregnancy.
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The Market Mechanism and Socially Optimal Resource Allocation

by Kebede Yaraza

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Probes urged on hospitals crisis

By AMEEN AKHALWAYA
Political Reporter

THE Rand Daily Mail's investigation into the hospitals crisis yesterday led to a call in the Provincial Council for a commission of inquiry to probe conditions in Transvaal hospitals.

The call was made by the council's sole New Republic Party member, Mr Francois Oberholzer, in a motion he tabled yesterday.

The motion was tabled shortly before the Administrator, Mr Willem Cruywagen, disclosed that 3,069 nursing staff members had resigned between November 1978 and November last year.

Although the figure given by Mr Cruywagen was in answer to questions by Mrs Irene Menell (FFP, Houghton) on the new Johannesburg Hospital, it could not be established last night whether it referred to all Provincial hospitals or to the Johannesburg Hospital specifically.

Mr Cruywagen also disclosed there was a shortage of more than 900 nurses at the Johannesburg Hospital.

A total of 2,402 was required to ensure it was adequately staffed.

- Mr Oberholzer later confirmed in an interview that the "Mail" investigation into hospital conditions led to his tabling the motion.

He said that although there were "no inaccuracies" in the "Mail" reports, "they most definitely embarrassed the hospital authorities and they embarrassed me as a member of the hospitals board".

The motion calls on the council to request the Provincial-Executive to institute a commission of inquiry into conditions in Transvaal hospitals, especially with regard to the shortage of nurses' salaries and working conditions of both nurses and doctors, methods of training nurses and conditions at the Johannesburg Hospital.

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Staff position at hospital 'critical'

Some departments at the new Johannesburg Hospital have less than half the staff they should have, according to figures released in the Transvaal Provincial Council in Pretoria yesterday.

In the light of the staffing crisis at provincial hospitals Mr J F Oberholzer (NRP Rosettenville) proposed a motion calling for a commission of inquiry.

The motion, to be debated next week, if...the Provincial Council's programme permits, asks the executive committee to appoint a commission to investigate the salaries, working conditions, the shortage problem and the method of training nurses.

It also asks for an investigation into the salaries and working conditions of doctors.

Statistics released by the Administrator of the Transvaal in reply to questions by members of the Progressive Federal Party, reveal a dramatic shortage.

In December last year, only 210 of 473 posts in the children's section of the Johannesburg Hospital were filled.

Only 187 of the 385 posts in the gynaecological section were filled.

There have been 3069 resignations from the provincial nursing staff between November 1978 and November last year.

Mr Kallie de Haas, MEC in charge of hospital services, said that the new Soweto Hospital had been delayed because a suitable site for the new hospital had not yet been found and there were problems in providing services to the proposed hospital.

During debate, the Leader of the Opposition, Mr Douglas Gibson, accused Mr de Haas of 'arrogance' in failing to reply to Press inquiries during the hospital controversy.

He said that the public had discovered that Nationalists were poor administrators.

Mr Gibson lashed the National Party MECs for leaving it to their officials to "carry the can" in difficult situations.

He said MPLs were either "timid, ignorant or arrogant" in refusing to go "out of the Press on vital provincial issues."

During the debate, Mr K of Oberholzer was ruled out of order by the Provincial Council chairman, Mr B D Boshoff, when Mr Oberholzer tried to have Mr Gibson ruled out of order.
By Mathatha Tsedu

Police investigations of hospital are completed

POLICE investigations into the treatment of mental patients, including pregnant women and children at the Groothoek hospital in Zebecela, have been completed and the docket is with the Transvaal Attorney-General. An official at the AG office in Pretoria, Mr Banisper Jones, said yesterday the docket has been received. He said, however, he could not say when a decision would be made.

The investigations followed allegations by the Society for Mental Health.
Embezzlement discovered at Baragwanath hospital

EMBEZZLEMENT of about R11520 paid by patients at Baragwanath Hospital, Johannesburg, has been discovered by the Transvaal Provincial Auditor.

In his financial report for the last financial year, tabled in the Transvaal Provincial Council yesterday, the auditor revealed details of the embezzlement which is believed to have continued for about sixteen months.

The matter has been reported to the South African Police and the final outcome of the investigation is still awaited, the auditor reported.

The auditors report stated that cash register receipts were duplicated.

Investigations showed that the grand total of receipts were wrongly recorded by at least one cashier before closing time.

Only the recorded takings at the hospital were paid in at the end of the day.

"In the meantime receipts which do not appear on the recorded roll were still issued and such takings were misappropriated by the cashier(s) involved. This malpractice was facilitated by poor control over the key which gives access to the audit roll.

"The indications are that the embezzlement of money has been going on for a long time and hitherto the full extent has not ascertained."

It has been estimated that 799 cases representing an average of 60 daily has been traced. Calculated at R60 daily for 12 days a month over 16 months, the estimated amount is R11520.
Mervis quotes hospital staff on ‘crisis’ conditions

Pretoria Bureau

Senior Johannesburg hospital staff members have described nursing and clerical pay as “iniquitous” and stated that the nursing shortage had “fallen below the danger levels.”

This was disclosed in the Transvaal Provincial Council yesterday by Mr Joel Mervis (PP, Orange Grove).

Mr Mervis said the meeting was held in the presence of the Senior Superintendent of the hospital.

Mr Mervis said staff members described the shortage of nurses and clerical staff as critical.

Other staff grievances aired included a shortage of oxygen cylinders, a shortage of porters, a serious delay in hospital admissions, and lack of space in the casualty section.

Casualty patients had to wait up to eight hours for treatment, and nurses and doctors had to carry out clerical functions as well.

Mr Mervis said the hospital had been badly planned, and some reconstruction was needed.

He said there was no way for doctors to obtain records of casualty patients a day or two after treatment.

He added the casualty section lacked chairs as well as toilets for patients and staff.

“I do not know what is expected physically of the people of Johannesburg,” he said.

Mr A F Fouche (NP, Witbank) replied: “Are there toilets in every room of your house?” He said people at casualty could “walk round the corner” to find a toilet.

Mr Fouche said he did not think nurses could be paid enough.

Mr Robin Carlisle (PP, Vosloorus) said: “Just try.”

Mr W J Breedt (NP, Pretoria Central) described Mr Mervis’s allegations as “gossip.”

The Provincial Administration has been urged to review salary scales for provincial traffic officers.

“These men are doing valuable work in the province and deserve better salary scales,” said Mr D P Kirstein (NP, Delmas) in the Provincial Council yesterday.
Doctors report on ‘crisis’ at new hospital

By AMEEN AKHALWAYA
Political Reporter

Senior doctors at the Johannesburg Hospital say the nursing service in the new hospital’s casualty department has fallen well below danger level.

Their views were revealed in the Transvaal Provincial Council yesterday when Mr. Joel Mervis (PPF, Orange Grove) read a report he said had been compiled by the doctors after a recent meeting attended by the superintendent, Dr. Neville Howes.

The report, Mr. Mervis said, called on the administration to increase the nursing staff or to admit openly that the hospital was facing a crisis situation.

"Our nursing service in casualty has fallen well below the danger level," the report said.

Mr. Mervis listed a number of complaints and criticisms by the doctors:

- Shortage of nursing and clerical staff was critical.
- Rates of pay of nursing and clerical staff were "inhumane".
- Gross shortage of porters, as many patients had to be pushed 400m on admission.
- Patient trolleys were unmanageable.
- Shortage of oxygen cylinders for patient trolleys.
- Serious delays on admission despite clerks doing excellent jobs, sometimes 16 hours at a stretch.
- Lack of signposts and information centers which caused the public needless frustrations and delays.

The doctors also said the total area of the casualty department was far too small and lacked meaningful planning.

There were only six cubicles of which three had oxygen and suction fixtures. There were no sluice and toilet facilities for patients or staff in casualty or the polyclinic.

Casualty patients had to wait up to eight hours.

There was no clerical assistance in casualty.

Mr. Mervis joined National Party MPs in paying tribute to hospital staff for their work but, he said the National Party which ran the hospital services was in the dock.

The MEC in charge of hospital services, Mr. Kallie de Haas, is expected to reply tomorrow to a wide range of questions and allegations about the hospital services.
Most families found it difficult or impossible to make a living on such small pieces of land, and what's just as important, if they could, they'd probably find that what they could earn from farming was less than what they could earn in town. This meant that one way or the other most men eventually want to look for work on the mines or in industry, which is the main

So, the situation is in and impo and white. Youness of the black out. And it seems that the Transvaal MEC in charge of hospital services, today made a personal attack on Dr. Peter Heberden, the principal medical officer of the Johannesburg Hospital, who has criticised conditions in the casualty section.

Speaking in the Provincial Council in reply to attacks on hospital services by the Progressive Federal Party opposition, Mr. de Haas singled out Dr. Heberden.

Mr. de Haas quoted a letter in which Dr. Heberden said he would pay certain medical officers at a rate of time plus a half, and that he would appoint new medical officers whether or not there were vacant posts because the needs of the hospital were paramount.

Mr. de Haas said Dr. Heberden had a "big mouth" as he had not yet appointed one medical officer.

Mr. de Haas also replied to PFP allegations that black hospitals were overcrowded by quoting the increase in the number of beds since 1969 from 9,267 to 13,423.

He added that body searches of black nurses at the Nelspruit hospital had been carried out because hospital property was disappearing. White staff were also searched when they were suspected. "Hospital property has been found many times," he said.

### Hospitals chief criticises doctor

**Pretoria Bureau**

Mr. Kalo de Haas, the Transvaal MEC in charge of hospital services, today made a personal attack on Dr. Peter Heberden, the principal medical officer of the Johannesburg Hospital, who has criticised conditions in the casualty section.

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### Shortage of traffic cops

The shortage of traffic officers in the Transvaal Province Administration has become so serious that proper control could not be exercised in some areas, Mr. Danie Hough, MEC in charge of road traffic, said in the Provincial Council today.

Mr. Hough said there was a problem because provincial traffic inspectors joined municipal traffic departments which offered better salaries.

The question of provincial traffic officers was being considered by the Public Service Commission and he hoped a solution would be found. Mr. Hough attributed higher municipal pay rates to the fact that local authority workers had employees' associations.

But to be realistic, it is important to accept that some custions do still hinder black farming. People still keep more cattle than they need and should in many cases, though there may be some good economic reasons why this happens. Fencing is often still regarded as anti-social, though again there's more to this than meets the eye. Certainly it's true too that the land tenure system needs to be changed, as do influx controllaws which keep too many people on the land, and finally natural disasters such as drought, rinderpest, locusts, fire, and floods have at times been very strong additional causes of the decline of black farming.

But perhaps the most important reasons for the poor state of black farming and for the proletarianisation (proletariat-property-less wage earners who live by the sale of their labour) of so many black people are still to be found in the need of the mines, the factories, and white farms for a supply of labour.
Tvl hospital chief admits to problems

By AMEEN AKHALWAYA
Political Reporter

THE MEC for hospital services, Mr Kalie de Haas, admitted in the Transvaal Provincial Council yesterday that there were problems in the casualty department of the new Johannesburg Hospital.

He said a committee of four senior hospital personnel was preparing a report for the hospital advisory committee, and a joint report would go to the superintendent.

Mr De Haas said more than 70 senior doctors and nurses at the hospital had an unofficial meeting last month to discuss the problems, which were reported by the Rand Daily Mail.

Mr De Haas said he would not comment on specific allegations in the report because the committee was giving the problems the "necessary attention".

He accused the Opposition and the English-language Press of being "negative and destructive" and ignoring the good work done by provincial departments.

He called Dr Haberden, who had pointed out the problems at the Johannesburg Hospital, a "big mouth", and intimated that he was being insubordinate in his dealings with the Director of Hospital Services, Dr Ronnie Grove, and his chief superintendent, Dr Howes.

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Referring to Opposition charges about racial discrimination in hospital services, Mr de Haas said that in 1986, 7,425 beds for whites and 9,227 for blacks were available.

He said that in that year there were 7,425 beds for whites and 9,227 for blacks.

But Mr Alan Gold (PPP), Yeoville, pointed out that the number of white beds had shown a bigger percentage increase.

On criticisms about nurses' salaries, he said: "The Transvaal Provincial Administration has, by no means any power to adjust salaries unilaterally. That function rests with the central Government."

Referring to an Opposition call for integrated services, he said: "I give the assurance that as long as the National Party is in power, it will not have it."

He also confirmed that another "Mail" investigation about rats at the Natalpunt Hospital. However, he said, the report was published when the problem had been almost solved.

Another criticism of his department's handling of hospital services, he said, was a scathing attack on the Opposition, the Press, a senior doctor at the Johannesburg Hospital, Dr Peter Haberden, and Mr Joel Mervis (Progressive Federal Party MP for Orange Grove).

Mr De Haas said he deplored the way in which Mervis had obtained the doctor's report, and said it was a lie that the superintendent, Dr Neville Howes, had been present at the meeting.

He did not, however, deny the contents of the report, which detailed complaints and said the nursing service in the casualty department had fallen below danger level and the pay of nurses and clerical staff were "iniquitous".
Lenasia day hospital

By AMEEN AKHALWAYA
Political Reporter

LENASIA is to get a day hospital by the end of next year. But the Indian township's 70,000 residents will have to wait until at least 1985 for a full hospital.

The MEC for hospital services, Mr Kalle de Haas, told the Transvaal Provincial Council this week of the problems encountered over the past 15 years in building a hospital in Lenasia.

He said tenders for the day hospital would be called in June and building would be completed by the end of 1981.

For the full hospital, sketch plans would be ready by the middle of this year, tenders could be called by mid-1982 and after contracts were awarded, building could be completed by 1985, Mr de Haas said.

He was replying to an earlier plea by Mr Sam Moss, deputy leader of the Progressive Federal Party in the council, who accused the province of using "every possible excuse" to delay the building of a hospital in Lenasia.
Private hospitals are opened to all

By Yusuff Nazeer

The Government this week granted permission to a number of private hospitals in Johannesburg to admit and treat people of all races.

It also issued permits to more white restaurants to admit blacks.

Private hospitals-cum-clinics that can now admit sick people irrespective of race or colour are: The Florence Nightingale Nursing Home and the Princess Nursing Home in Hillbrow, Lady Dudley Nursing Home in Hospital Hill, Brenchurst Clinic in Parktown, Rosecranes Clinic in Primrose and the Kensington Clinic in Kensington.

A spokesman for a group of five private hospitals who had been permitting patients other than white in the past - provided the patients applied for the permits - said the situation has not changed.

The spokesman for Milpark Hospital in Parktown, Boxbank Clinic, Park Lane Clinic, Rand Clinic in Hillbrow and Garden City Clinic in Mayfair said the group did not apply for an open permit.

"But we see no problem," he added. "We look at the case first and then issue a letter to the patients who have no difficulties getting a permit."

Kenridge Hospital in Parktown said they were still waiting for a reply to their application.

Two more city departmental stores can now allow blacks to eat in their restaurants. They are Garlicks in Carlton Centre and Edgars in Market Street.

An open permit has also been granted to Piazza in Hillbrow and Braamfontein.

Central Business District's chairman, Mr. Nigel Mandy, said several more smaller restaurants in Johannesburg also received permits. He was still trying to get their names, he said.

People in the minds of workers is ref-

children between the ages of 6 and 18. (Of those not at school, 35

children not at school and 14% of

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of farm workers is alleviated in

up school attendance figures high,

less because of goodwill or because the farmer is satisfied that

even if the children who have been to school leave the farm, there will

be enough children who have never been to school for his labour requirements to be filled.

And if there is no pressure on farmers to raise the level of education of their workers and the workers' children, there seems to be direct pressure on them not to encourage workers to acquire other skills which find a ready market off the farm. Several farmers said they would not teach workers to drive tractors or lorries, or that they would not help them to get licences, because a worker with even a light duty licence tended to find more lucrative work elsewhere. Workers with heavy duty licences could apparently earn up to R8 a day working on roads for local divisional councils.

To these informal restrictions on the movements of workers must be added the formal restrictions on the movements of African workers.
Hospitals face crisis as black nurses quit

By MANDLA NDLAZI

A CRISIS is looming in provincial hospitals in the Transvaal following resignations of black nursing sisters who are attracted by higher pay in mine hospitals, commerce and industry. Many other nursing sisters are reportedly planning to resign.

Dr Chris van der Heever, superintendent at Baragwanath Hospital, this week said the trend was "disturbing".

He said there had been several resignations among the highly skilled staff in the intensive care units and theatres last year. Another two resigned a few weeks ago but the position was "unlike that in the other hospitals where they have had ward sisters quitting".

Dr van der Heever would not give last year’s figures, but confirmed that those who resigned were attracted by more pay in the mine hospitals in particular and in commerce and industry.

Dr van der Heever said increased salaries would discourage these nurses from resigning. He referred SUNDAY POST to the South African Nursing Council which negotiates on behalf of the nurses on such matters.

One of the hospital’s senior staff members, who did not wish to be named for fear of repercussions, said the question of poor salaries cropped up at almost every monthly staff meeting. She said several of her colleagues were planning to quit.

As soon as there were vacancies in mine hospitals, commerce or industry, the nursing sisters would not hesitate to go. “I’m one of them,” she added.

SUNDAY POST has the names of four nursing sisters who resigned from Nativespruit Hospital last year. Dr A F Chemaly, the hospital’s superintendent, said he did not wish to talk about resignations “because it is not a new thing”.

He said he was aware, however, that three more would soon be quitting for the Wenela mine hospital. A fourth one, he said, had already left also for a mine hospital.

Several nursing sisters in the same hospital said they would resign as soon as there were vacancies in areas that offered more pay.

Dr Chemaly said the hospital had a fixed rate of pay “and we cannot go beyond that”.

There are similar complaints from nursing sisters in the Far East Rand Hospital. A number of them said they would quit as soon as they were offered jobs with higher salaries.

The hospital’s superintendent, Dr J Jurgens, said: “We are waiting for Senator Horwood’s Budget to see whether there’ll be salary increases for the staff.”

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Private hospitals scrap race bar

THE Government this week granted permission to a number of private hospitals in Johannesburg to admit and treat people of all races. It also issued permits to more white restaurants to admit blacks.

Private hospitals-counties-clinics that can now admit sick people irrespective of race or colour are: The Florence Nightingale Nursing Home (Hillbrow), Princess Nursing Home (Hillbrow), Lady Dudley Nursing Home (Hospital Hill), Brentford Clinic (Parktown), Rosemary Clinic (Primrose) and the Kennington Clinic (Kensington).

A spokesman for a group of five private hospitals who had been permitting patients other than white in the past — provided the patients applied for the permits — said the situation has not changed.

The spokesman for Milpark Hospital (Parktown), Rosebank Clinic, Park Lane Clinic, Rand Clinic (Hillbrow) and Garden City Clinic (Melville) said the group did not apply for an open permit.

"But we see no problem," he added. "We look at the case first and then issue a letter to the patients who have no difficulties getting a permit."

Kenridge Hospital (Parktown) said they were still waiting for a reply to their application.

Regarding permits for restaurants, two more city departmental stores can now allow blacks to eat in their places. They are Garlicks in Carlton Centre and Edgars in Market Street.

An open permit has also been granted to Pizzaland in Hillbrow and Bramfontein, to serve black people.

Central Business District's chairman, Mr Nigel Mandy, said he was pleased at the Government's response to applications for blanket permits from restaurants who wanted to serve all races.

"I understand that several more smaller restaurants in Johannesburg have also received their permits. I am still trying to get their names," he said.

Those restaurants who have already been serving all races for the past two weeks said their "non-white" clientele had not affected the patronisation of their restaurants by their established white customers.

The believed that whites had become orientated long ago to eating in mixed restaurants in other places where it was first introduced such as Oriental Plaza.

As for the drive-in cinemas, permission is still being awaited for the introduction of mixed audiences.

A spokesman for the largest drive-in network, Ster Kinokor which has some 41 drive-ins around the country, said they were still awaiting the open permits which they had applied for.
Hospital facilities not shared

Private hospitals given permits to admit and treat people of all races will nevertheless retain separate facilities.

Spokesmen said the permits did not stipulate specifically whether patients of all races could share common toilets and baths, or be in the same wards.

It would appear, they said, that separate facilities which had been used in the past, on the old permit-per-patient basis, would continue.

"We would have to tread gently because one of the conditions stipulated by the permit is that it could be withdrawn any time at the discretion of the Minister," said one spokesman for a group of hospitals and clinics.

He said hospitals interpreted this to mean that should there be complaints the permit would be withdrawn.

He said the arrangement was working well and the hospitals were having no problems.

Another spokesman said he expected things to "normalise" gradually as the situation became fully accepted by all patients.
Hansard 4(235) 28/2/80

FEBRUARY 1980

The Minister of Health

The Department of Health is itself responsible for all public dental services and the new dental clinics were established during 1979. Further information is attached to the reply to Question 170 for written reply in February 1979.
at Groote Schuur

Not enough facilities for segregated wards

BY TONY SPENCER-SMITH

SOME wards in South Africa's most famous hospital, Groote Schuur, are accommodating patients of all races who are being cared for by mixed teams of nurses.

Dr Rabie Kotze, Director of Hospital Services in the Cape, said that to his knowledge this was being done in the hospital's cardiac intensive care facilities because 'with the great number of emergency patients we are handling nowadays and the recent development of highly specialised facilities, we do not have enough accommodation at Groote Schuur to operate on a completely segregated basis'.

He emphasised that the basic policy of providing separate facilities for the different racial groups was unchanged and the present state of affairs would only continue until the multi-million rand extension to Groote Schuur had been completed.

He said he was prepared to give a directive to his hospital staff that they allow patients to be admitted to any section of Groote Schuur regardless of their race.

'But I can say to knowledgeable people in the service that they are free to take appropriate action in cases of emergency so that it cannot be said by anybody that people are suffering because of segregation measures.'

He said he did not know whether the patients or the public in general liked the present arrangement or not, but he was not worried because 'my intention is only to ensure that all patients are given the best available treatment at all times'.

Dr Kotze said Groote Schuur had become too small for its current patient load and advances in diagnostic and treatment procedures had led recently to a number of specialist intensive care units being established throughout the hospital.

The relative lack of accommodation had led to the present situation.

He said operating theatres had always been used for all races at Groote Schuur and other hospitals in the Cape and that for years the ambulance services had operated on the basis that if, for instance, there was a white patient in an ambulance and a black patient needed urgent treatment, he would be picked up as well.

Complaints

The Medical Superintendent of Groote Schuur, Dr Reeve Sanders, said that the 'mixing' occurred in highly specialised intensive care units in the hospital - cardiac, respiratory, general surgical and neurosurgical.

He said the steps were taken generally without friction. There had been occasional complaints, usually from relatives or visitors and rarely from the patients themselves.

She said the hospital was sensitive to the feelings of people and in cases where individuals seemed least likely to find sharing a ward with patients of other races and being treated by a mixed nursing staff easily acceptable, all possible measures were taken to meet their wishes.

Our aim in the whole endeavour is to give the best possible care to every patient.
R200 given to Alex clinic

A R200 cheque for the Alexandra Clinic is the generous response of Mr and Mrs R B Cole from Bryanston to The Star's UPLIFT IN ALEX campaign. They also wish to make a monthly contribution to the clinic. Mrs Cole said their endorsement had been inspired by the Star's "exciting programme."

She said a concerted effort by Johannesburg residents would go a long way towards alleviating the lack of housing, tarred roads and electricity in the township adjacent to Samora. People would be encouraged to participate, she said, if The Star continued to highlight specific areas in which help was needed.

Dr S Hulear, superintendent of the clinic, said they had received an anonymous contribution of R100 following the publicity. She said staff at the clinic were delighted by the donations.

Page 9: Helping to heal the wounds of a Dark City.
Hospital bill up 300 percent in 14 years

The cost of keeping a patient in hospital rose 300 percent between 1965 and 1978—from R8.48 a day to R34 a day. This was said by the provincial expenditure on hospital services had increased from R93 million in 1971–72 to an estimated R286 million in the present 1978–80 financial year.

'Ve cannot see that in time to come there will be a substantial decrease in the cost of providing hospital services, and the responsibility on my Administration to meet the demands will become heavier and heavier,' Mr. Louw added.

The new hospital at Elliot was built on a site provided by the municipality at a nominal price of R1.
By MARILYN ELLIOTT

The old General Hospital in Hillbrow is to be turned into an 800-bed hospital for blacks and Indians as soon as possible.

It is understood the Transvaal Provincial Council is to spend about R7-million to buy equipment for the hospital and that the post of superintendent is to be advertised in the South African Medical Journal and both English and Afrikaans Press.

The decision to use the old General as a hospital for blacks was a Cabinet one which followed soon after a Rand Daily Mail expose revealed that the only hospital for blacks - the Non-European Hospital in Hillbrow - was on the verge of collapse because of inadequate facilities and overcrowding.

Yesterday, the Transvaal MEC in charge of hospitals, Mr Kallie de Haas, said a chief matron had already been appointed for the hospital.

Several new posts are to be created for doctors at the "new" hospital.

Reliable sources say the decision to use the old General to alleviate overcrowding at the NEH has come after months of negotiations between provincial and Government authorities.

After the "Mail" expose, Dr Piet Koornhof, Minsker of Co-operation and Development, said the short-term solution to overcrowding at the NEH was to use a certain number of beds at the old Gen.

It has been decided however to use the entire hospital for blacks, apart from the white out-patient section.
Soweto's first private hospital

Staff Reporter

SOWETO'S first private hospital, the Lesedi Clinic, is to be opened by a syndicate of black doctors and black businessmen, the Financial Mail reports today. This will be publicly announced soon by Finansbank in a share prospectus, the report says.

It says the clinic is planned to handle all types of cases, except maternity. It will also provide doctors' consulting rooms.

Most of the shares in the controlling company, Kwacha, will be held by 25 black doctors and 15 black businessmen. Any black will be able to buy shares. Although the clinic will be black-operated a trust company, including white businessmen, will be set up.
Doors of the 'Gen' open to 800 blacks, Indians

The Johannesburg General Hospital complex, including the Non-European Hospital, is to commission about 800 beds for blacks and Indians as soon as possible, the superintendent, Dr L Kaimyn, said today.

Dr Kaimyn said Indians would use 114 beds in the Julius Jeppe block and that the Non-European Hospital planned to use about 210 beds.

Mr Kallie de Haas, Transvaal MEC in charge of hospital services, has said that the Ronald McKenzie block with 409 beds and several adjoining wards with 180 beds would be commissioned for blacks.

He added that the decision was the result of high bed-occupancy at the Baragwanath Hospital and in the black section of the General Hospital.

Opposition spokesman in the provincial council have said they regretted that it had taken so much pressure on the Executive Committee to achieve this logical move.

Dr Kaimyn said the reorganisation of the General Hospital complex fulfilled a "tremendous need in the city. The complex would service black patients mainly living in Johannesburg.

She could not comment on whether the General Hospital would receive the overflow of patients from Baragwanath Hospital.

Mr de Haas has said a chief matron has been appointed to the reorganised hospital complex.

Dr Kaimyn said staff had to be recruited and hospital equipment commissioned. "At the moment we are painting the hospital, repairing some of the floors and renovating it."

Dr Chris van den Heever, acting superintendent at Baragwanath Hospital, said today: "We are most grateful that Mr de Haas and the Executive Committee should be aware of our problems at the hospital and are prepared to help us."
A new concept

A project to build a private hospital in Soweto, launched by a group of black doctors and businessmen, could be a milestone both in black health care and in black business endeavour.

Details of the R2.8m project (probably mounting to R3.3m with inflation) will soon be released by Financbank in a share prospectus.

This will be one of the first private black hospitals and will be called the Lezedi Clinic. It is planned as a general hospital to handle all cases except maternity and it will include doctors' consulting rooms. It is expected to remove some of the load on public hospitals and is also expected to make profits.

Twenty-five black doctors and 15 black businessmen will own the major portion of the shares in the controlling company, Kwacha, and a substantial amount of both capital will be raised.

A trust company, the Soweto Trust, of which the trustees are shareholders' representatives, and some white businessmen, has been formed to administer the hospital's finances.

The development of the Soweto clinic is seen as a pilot project. From the inception of the project two years ago, the initiators — among them Dr Matha Motlana, a director of Kwacha and a trustee of Sechaba — have been thinking big.

The FM understands that R2.5m was raised from a Swiss bank, although only R1m has been taken up and this will be guaranteed by a local building society. The Urban Foundation will provide

R600 000 of bridging finance. A small equity stake will be offered to blacks.

It is hoped also that further capital will be raised by issuing redeemable preference shares to large companies, a number of whom have already guaranteed taking up certain allocations.

The PE Consulting Group, co-ordinators of the project, undertook a major market survey and feasibility study two years ago. The results were pretty convincing. According to Motlana, "The scheme is virtually assured of success since at any one time there are at least 600 beds occupied in Paraguay by private cases where employees have been injured on duty. These would automatically be taken over by the clinic and we

Kwechaba's Motlana . . . thinking big

would, therefore, be assured of at least a two-thirds bed occupancy rate immediately on opening."

Add: Peter Kirkby, director of PE Consulting: "The market survey revealed that in Soweto alone a demand exists for at least 300 private beds by people who could afford to pay from their private incomes without medical aid assistance. The expansion of medical aid services for blacks can only serve to increase this demand."

For the first five years the clinic will be run by Clinic Holdings under the direction of Barney Harwitz. During this time black staff will be trained to take over the administrative and medical services.
Plan for new hospital in Soweto — report

Johannesburg. — A R2.8m project to build a private hospital in Soweto has been launched by a group of black doctors and businessmen.

This was reported by the Financial Mail, which says that details of the project will shortly be released by Finansbank in a shares prospectus.

The proposed Lesidi Clinic has been planned as a general hospital to handle all but maternity cases. Twenty-five doctors and 15 businessmen will own major shares in a controlling company called Kwacha and a substantial amount of loan capital will be raised.

According to the Financial Mail, the Sochaba Trust has been formed to administer the hospital's finances.
20 terminals for children's hospital

7/3/80 Staff Reporter

TWENTY new computer terminals are to be added to the Red Cross Children's Hospital within the next few months so that administration can be carried out more smoothly.

The installation of the new terminals means that the hospital will have 23 terminals. The first eight terminals were introduced in 1976.

A hospital spokesman said the terminals were an extension to the existing system, and would be used to store information about patients and the results of tests conducted by medical staff.

"The terminals will be introduced into the ward areas, and names and addresses of patients, their race, sex and age will be fed into the system. There will also be terminals in the laboratories, so that information about tests can be stored."

"The terminals will be connected to the main computer at Wale Street, where there is a huge computer that stores all the information, and where all the programming is done."

The spokesman said that the system worked well in the US and in Sweden, where the large size of hospitals presented very complex administrative problems. The spokesman could not say whether the system would make administration easier and quicker.

"The installation of the system will require a great investment, and the rental alone will come to some R58 000 every year, the spokesman said."
Three members of the Transvaal's Department of Works team busy replacing the floorboards in W Johannesburg General Hospital. It is hoped the hospital will be ready for its first black patients.

Hospital for blacks is only months

Staff Reporter

THE old Johannesburg General Hospital will be ready to bed its possible 800 black patients within months.

The hospital superintendent, Dr Lize Kalmyn, said she could not commit herself to an exact date.

"We will try to open the hospital as soon as possible," she said.

She said renovations had been going on for about a month, since patients were moved to the new Johannesburg Hospital.

It was always thought the building would be maintained as a hospital, but it was not until much later that it was decided it would serve blacks, Indians and coloureds only, she said.

The superintendent of the blacks hospital in Hillbrow, Dr Joe Nach, said it was still under debate at a Provincial level whether wards of the black hospital would be closed or not, or if certain departments would be divided between the two hospitals.

He said because of the present situation of black unemployment, they were not expecting too much trouble as far as staffing the hospital was concerned.

Each department would be looking after its own staff situation, he said.

"The news of more facilities is tremendous — we are very grateful," said Dr Nach.

The Rand Daily Mail was yesterday taken on a tour of the renovated area of the hospital, by a member of the Transvaal Administration works team renovating the hospital.

Floor boards were being replaced, walls and ceiling repainted.
ELLIOIT HOSPITAL:
AT THE FOOT OF
THE DRAKENSBERG

ELLIOIT — The new provincial hospital here —
tucked into the beautiful Drakensberg foothills — is
the fruition of a cherished 10-year-old dream for
the Elliot community.

The hundreds of residents who attended the
opening ceremony are a testimony to that dream.
They came despite ominous storm clouds to the
ceremony held outdoors in the cool evening
Drakensberg air.

As the ceremony began, huge storm clouds were
building up and running out over the town with
flashes of lightning and rolls of thunder — but the
rain held off until just after the Masakne school
choir ended the programme with three lilting
Xhosa songs.

This choir, and another — the Elliot High School
choir — entertained guests between speeches.

Speakers at the ceremony, including Ellum's
mayor, Mr Roger Thompson and MEC, Mr M. J.
Pretorius, welcomed the Administrator of the
Cape, Mr Gene Louw, "to this the furthest constitu-
ency from the administrator's Cape Town
base."

In his opening speech, before unveiling the pla-
que set into the wall at the hospital's entrance, Mr
Louw said Elliot was one of the most beautiful
parts of the Province.

Before the ceremony began, Elliot's residents
and guests at the opening of the hospital were
treated to guided tours of the clean, attractive new
buildings.

Afterwards, a finely-decorated town hall was the
venue for a sumptuous cocktail party, during
which the administrator made personal contact
with Elliot's residents.

CONGRATULATIONS

on the

OFFICIAL OPENING

of the

New Provincial Hospital

from

FOSTERS' CHEVROLET

30 Maclean Road Tel 32 85 315
After Hours 285 or 183

GENERAL MOTOR DEALERS

John D. Davis and Suzuki Agars
No miserable people here

ELLIOT — Elliot's new hospital is so clean, immaculate and friendly as its new matron, Miss B. Hart.

As she walks through the halls and corridors of her hospital, Miss Hart is greeted with smiles and quiet respect by patients and nursing staff alike, effortlessly shattering the well-worn stereotype of the dictatorial, stern-faced hospital matron once and for all.

She displays a quiet, somewhat dearest form of pride in her hospital and staff — all of whom are so warm and friendly as their matron herself.

The atmosphere in the hospital is not what one would normally expect — here there are no miserable people, nothing to get out — the atmosphere is rather party-like with smiles and laughter and friendly conversation.

Sitting in her office with the spectacular view of the Drakenburg peaks, Miss Hart talks of her hospital.

It replaces the small hospital in the old Elliot house. The patients and nursing staff moved in to the new hospital soon after its completion on January 21 this year.

There are beds for all patients, separating the general, maternity and operation wards. The hospital is also used for the white nurses, a home for the white nurses, X-ray and oxygen equipment and all the paraphernalia usually associated with a modern, well-equipped hospital.

Although the hospital is run by fully trained nursing staff, two part-time doctors, Dr. W. Green and Dr. E. Boyd, are employed. Dr. Boyd is also the hospital's part-time superintendent.

Very serious cases are transferred to Queen Elizabeth or Port Elizabeth by municipal ambulance, but Elliot Hospital is equipped to give initial treatment in even the most serious cases.

The Elliot community sees the hospital as providing all community services, and in its opening address, when viewed in this light, the hospital is a service of which both they and the rest of the Cape Province can justifiably be proud.

Elliot's got it all

Elliot, nestled at the foot of the Drakenburg, has recently won the competition for the nestling town in the north-eastern Cape.

Its scenery and central position in the north-eastern Cape make it a wonderful town to live in.

All those amenities enjoyed by city dwellers have been created by a progressive council over the years.

The Thompson Dam water supply to the town shows no sign of letting up despite the drought, the town has a modern sewage system and electricity is supplied by Escom.

The prosperity of the town has been built up by private initiative over the years enjoying some stimulation from the administration of late with extensive additions to the schools, the recently completed hospital and a fine road system.

On the cards is a regional prison and an agricultural school.

Laurence

Laurence

The story answer is a measure of his success and his talent that he makes

Weekend viewing

SATURDAY

8.15: DIE WERELD VAN
JOPIE ADAM.

9:00: VEESTJIE EN VADER
ONSBEPERKE. — Wilt Red
more is busy with an election

Earl to play at Guild

Earl to play at Guild

and at the Mountain in Salzburg. He made a

The Mayor of Elliot, Mr. Roger Thompson (left) shakes hands with the Administrator of the Cape, Mr. Gomo Loew, after the unveiling of the plaque at the new hospital.

A murder committed by Jack A. After Time.

A murder committed by Jack A. After Time.

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Three hospitals for coloured people, Indians

By Yusuf Nazeer

Three private hospitals are being planned for black, coloured and Indian people in Soweto, Lenasia and Fordsburg.

The Soweto and Lenasia projects are being launched by a group of black doctors and businessmen who already own a number of private clinics. The Soweto project being launched by the group of black doctors and businessmen will cost about R2.5-million.

The Finance Bank, Urban Foundation, a Swiss Bank and other companies are involved. Spokesmen were reluctant to give more details.

A Finance Bank spokesman said it was true that a hospital was being planned for Soweto, but further comment could not be made at this stage.

A spokesman for the Urban Foundation would not admit or deny a report given to The Star that the Foundation is to provide R600 000 towards the project.

It was also learnt that R2.5-million has been raised through a Swiss Bank and that R1-million will be guaranteed by a local building society.

25 DOCTORS

The hospital will be known as the Lesidi Clinic. A consortium of 25 black doctors and 15 black businessmen will own major shares in a controlling company called Kwacha. A substantial amount of loan capital will be raised.

In Lenasia, a consortium of 60 Indian doctors will open a private hospital costing about R1-million.

Doctors involved said land had been obtained from the Department of Community Development costing R60 000 for the project.

Feasibility plans are currently being drawn up by architects and the hospital-cum-clinic will initially begin with 65 beds.

The Government had been promising to build a day hospital-cum-clinic and a major fully fledged hospital in Lenasia for the past 10 years.
**Few blacks treated in private hospitals**

By SUSAN DALLAS

SPOKESMEN for three Cape Town private hospitals which may admit coloured, Indian, and "Asiatic" patients, but have no permits for blacks, say there is little demand from blacks to use their facilities.

This was either because the hospitals were in white areas or because fees were too expensive for my person without a medical aid scheme.

Mrs J Coetzee, the public relations officer for one of the hospitals, the J S Marais Clinic, in Belville, said that as few black patients were covered by medical aid schemes, few could afford to attend private hospitals even if legally permitted to do so.

Mr B Davidson, superintendent of the Libertas Hospital in Goodwood, said: "We didn't apply for a permit extending to black patients. Most are labourers who can get cheaper treatment at provincial hospitals. I don't think it would pay them to come to us."

Mr A Truter, superintendent of Volkshospital, Oranjezicht, said his hospital had been admitting non-whites for many years by verbal arrangement with the Department of Community Development, but had received an official permit in January to admit all race groups except blacks.

"We don't get many non-whites anyway — maybe two or three a day," Mr Truter said.

Two affiliated private hospitals — Medipark Clinic, and Leeuwendael Nursing Home — admit all races groups and say they have done so for years.

Sea Point Clinic is another private concern which may admit all non-whites.

Mr S Sharon, the superintendent of Sea Point Clinic, said that the clinic served seamen from all over the world. Many international seamen were non-white so the clinic had to have "international status".

"Local blacks are a slightly different story. If we need to admit them we phone the Department of Community Development for permission," Mr Sharon said.

Matron P A Palmer, of Medipark Clinic, said the clinic applied for verbal permission a few years ago, "as soon as we realized there was just no place for these people".

"Most of our patients are educated professional people and they are of every race group including blacks. I think it's a question of income rather than colour," she said.

Medipark's agreement with the government specifies that different race groups be kept in separate wards. They now have an official permit for both Leeuwendael and Medipark.

Matron Palmer said visitors sometimes complained if wards were not segregated.

The Louis Leipoldt Hospital is one private hospital which has so far remained a whites-only service despite the government's offer of "open" permits by application.

In January, Mr Marais Steyn, minister of community development, said hospitals, restaurants and public places could apply for open permits to admit all races. In February, permission to admit blacks was granted to six private Johannesburg hospitals.

Assistant managing director of the Louis Leipoldt Hospital, Mr F A Kotze, said yesterday his board was still deciding whether to apply for a permit.

"We don't feel the necessity to open to blacks as we are serving a completely white area. Our policy may change in the future but not at the moment," Mr Kotze said yesterday.
Petition for a Lenasia hospital

By GRAHAM BROWN
City Editor

THE newly-formed Lenasia Hospital Committee will hold a house-to-house petition drive this weekend to spur the Province to hasten its plans for hospital facilities in the township.

In a pamphlet blanketing Lenasia last weekend, the committee says Lenasia's 60,000 residents had been promised a hospital 14 years ago — and were still waiting.

"For 20 years, ever since the township was established, the people have suffered without a hospital — 20 years during which our sick and ailing were forced to receive treatment at the overcrowded Coronationville Hospital, more than 30km away," the pamphlet says.

The committee comprises the director of the Johannesburg Indian Social Welfare organisation (Jiswa) Mr Cassim Saloojee, two doctors from Lenasia and Fordsburg, Dr Nashid Charinda and Dr Ebonp Jasra, and Lenasia residents Mr Kanti Parekh, Miss Shreeen Saloojee, Mr Teddy Govender, Mr Azar Saloojee and Miss Zainab Muthasamy.

The petition will demand:
- An immediate start on building the hospital.
- That the existing clinic — at present open from 8am to 3pm five days a week — should provide a 24-hour service.
- That mobile clinics should be introduced temporarily.

The pamphlet says the clinic, which is not equipped for emergency patients and has no X-ray or blood transfusion equipment, is greatly overcrowded — having to service patients from Protea, Zwartkop, Lawley, Greenside and parts of Soweto.

Johannesburg's Director of Housing, Mr Thaya Wilmach, said yesterday he had seen the pamphlet and had sent a copy to the Director of Hospital Services, Dr Hennie Grove.

"I pointed out to him the many requests made for a proper hospital by the Lenasia Management Committee," Mr Wilmach said.

Late last year the LMC was assured by Dr Grove that tenders for a 200-bed hospital in Lenasia South and a 29-bed day hospital near the Nirvana Garage would be ready by June — if the Department of Public Works was able to meet its deadlines.

The hospital committee complained in its pamphlet that a Jiswa delegation was shown plans in 1989 for the Carletonville Hospital, and were promised that Lenasia would soon have a similar hospital.

"It is quite obvious that priority was given to the Carletonville Hospital because it was built to serve a white community," the pamphlet says.
PE campaign in wake of anthrax death

PORT ELIZABETH — A hygiene campaign has been initiated at hides and skins firms here following two cases of anthrax — one of them fatal — among employees of one firm.

But the medical officer of health, Dr. J. N. Sher, said no link could be found between the two cases.

One employee died in the Livingstone Hospital within 24 hours of reporting that he felt ill. Dr. Sher said the man died on February 28, after returning from a holiday in Zululand.

He said a man from Kuruman, who worked for the same firm, was being treated in the Elizabeth Donkin Hospital here, for allergies manifested as a result of treatment for anthrax which he contracted five weeks ago.

A spokesman for the hide and skin firm said the employee had told his foreman that he was feeling off colour and was booked off immediately and told to report to the doctor. The next day Livingstone Hospital telephoned to say the man had died.

"It was a great shock," said the spokesman. Arrangements were being made to provide for the employee's family.

The spokesman said the employee at Kuruman went to his doctor because he had a sore on his face. Like all other employees the man was alert to the possibilities of contracting anthrax and he drove to Kimberley where he was admitted to hospital and treated.

He was making good progress and is expected to be discharged shortly, the spokesman said.

Dr. Sher said hide and skin firms in the city had been visited by the city health department and the state veterinarians because of the anthrax death.

All the firms had been asked to implement basic housekeeping and hygiene rules for their staff such as washing hands before eating, wearing protective overgarments which were sterilised, and ensuring that ventilation and extraction of dusts on factory premises was up to standard. — DDC.
Nursing crisis at Jo Bahr Hospital

It's 12:30 PM. The nurses are in desperate need of rest and support. The workload is overwhelming, and there are not enough staff to handle the patients. The situation is getting worse by the hour.

Jo Bahr Hospital is in a state of crisis. The number of patients is increasing, and the staff is struggling to keep up. The hospital is feeling the pressure from all sides.

The shortage of nurses is causing a chain reaction in the hospital's operations. Patients are not being treated promptly, and the quality of care is suffering. The nurses are exhausted and frustrated, and they are starting to make mistakes.

The hospital administration is trying to find a solution, but there are no easy answers. They are looking into hiring more nurses, but the cost of living is too high, and recruitment is difficult.

The nurses are also feeling overworked and underappreciated. They are working long hours and dealing with difficult patients. The hospital needs to take action to improve the working conditions of the nurses.

The situation is a dire one, and it's time for action. The hospital needs to act now to prevent a full-blown crisis.
Residents launch bid for hospital at Lenasia

Lenasia's 60,000 people have been without a hospital for 23 years and now a fresh bid is being made to put the Transvaal provincial administration to build one.

The newly formed Lenasia Hospital Committee, consisting of prominent people in the community, is out to get the signatures of more than 30,000 people on petitions. All we have been getting from the authorities were promises and promises, said a spokesman for the new committee.

The Director of Hospital Services notified the Johannesburg Indian Social Welfare Association last year that a 200-bed hospital had been earmarked for Lenasia, and tenders would be called for in July next year.

But in an address to the provincial council last month, he said tenders for a day clinic would be called for in June this year, and tenders for the actual hospital - earmarked for the new Indian area called Lenasia South, adjoining Grassmere Ennerdale - would be called for in mid-1983.

The new Lenasia hospital committee said that in the 14 years that Indian bodies have been officially calling for a hospital, the authorities had built one in Carletonville, not far from Lenasia, as well as the R150-million Johannesburg hospital.
In other hospitals, the demand for nurses is so great that they are forced to hire personnel who are not qualified. The hospitals are suffering from a shortage of experienced nurses.

The shortage of nurses is not only affecting the hospitals, but also the patients. Many patients are waiting for hours to be seen by a nurse. The nurses who are currently working are overworked and understaffed, which is affecting the quality of care they are providing.

The situation is urgent, and something needs to be done to address the shortage of nurses. The government and hospitals need to work together to find solutions.

In conclusion, the shortage of nurses is a serious issue that needs to be addressed. We need more nurses to ensure that patients receive the care they need.

By

Nurse

Image: INNERS

INNERS are in demand.
‘Tradition’ for interns to work long hours

Medical Reporter

IT was ‘very much an old tradition’ for interns at teaching hospitals to work long hours, because they wanted to learn as fast as possible, Dr R L M Kotze, Cape Director of Hospital Services, told The Argus yesterday.

Dr Kotze was reacting to evidence heard at a Medical Council disciplinary committee hearing in Cape Town this week, who disclosed that interns sometimes worked more than two consecutive days and nights without a break.

The Argus has also received complaints from interns at Tygerberg Hospital, who said they worked an average of 120 hours a week. One had worked 137 hours during one week.

One man told The Argus that after his wife started as an intern at Tygerberg, she became pregnant. The hospital authorities allowed her to continue her internship for a few months. She used to work day and night, and when she did get home was grey-faced and weak. She was forced to give it up long before the pregnancy made it necessary, said the woman’s husband.

NIGHTS OFF

Dr Kotze said the situation was ‘not so bad’. The hospitals had time-tables and interns were given ‘off-nights’ fairly frequently.

Interns were ‘students’. They began their fifth-year medical studies as junior student interns and went into their sixth year as seniors.

Dr Kotze said much of the blame for the long working hours was due to the screening process. "It is necessary for interns to work long hours in order to learn," he said.

Another problem was that South Africa did not have enough intern doctors to go round.

DISTRIBUTION

Each year about 700 interns become available and had to be divided between all four provinces, the Defence Force and South West Africa.

"We have far fewer than we would like at Groote Schuur and Tygerberg hospitals, but there is nothing to be done about it," said Dr Kotze.

The Peninsula’s medical schools at UCT and Stellenbosch put out about 250 interns each year, but local hospitals could not have them all. They had to be absorbed into the national quota and distributed.

The principal medical superintendent of Groote Schuur Hospital, Dr H. R. K. Lee, told the
2724 foreign patients

Science Reports

The Cape Provincial Administration treated 50 Russians among 2724 foreign patients admitted to provincial hospitals last year, according to the annual report of the Department of Health.

Costs of foreign patient treatment amounted to R367 051, of which R1 229 was written off as bad debt.

The majority of patients — 961 — came from Bophuthatswana and 925 of these were treated in the Cape. The remainder received treatment in the Free State. Foreign patients came from Egypt, Ethiopia, Hungary, Poland, Rumania, Saudi Arabia, Tasmania, the United Arab Emirates, Zaire and Zambia.
and are now shunning Durban’s Provincial hospital

for operating theatres

Why top specialists have finally lost patience waiting

BY MAUREEN GRIFFIN

Operating Time...nice when you can get it

Top Durban special-

SUNDAY TRIBUNE, MARCH 28, 1988
'15 pc of patients infected in hospital'

Medical Reporter

HOSPITAL infections were increasing and besides the loss of life, this cost South Africa about R29-million a year, said Professor A A Forder of the University of Cape Town's department of bacteriology.

In an article in the latest issue of the South-African Nursing Association news bulletin, Professor Forder said the best way to counteract hospital infections had been known for years, but modern hospitals lacked the zeal to apply them.

He said between 3.5 percent and 15 percent of all patients contracted infections in hospital. Wound infections accounted for 25 percent of these.

An awareness of the problem was needed and a willingness by all — from the labourer to the professor — to work together in applying good aseptic practices and principles.

Text books

In several medical and nursing schools emphasis was no longer on aseptic techniques, which were not easily learnt from text books.

One of the biggest problems was the increasing resistance of some micro-organisms to antibiotics, which had developed because of the excessive use and abuse of these drugs.

Professor Forder said attention should be given to sufficient, well motivated medical staff with a good grounding in bacteriology. In general, wards, danger could be eliminated by sufficient space between beds, good cross-ventilation, sufficient light and access to outside doors. The design of hospitals should enable staff to "easily" practise aseptic measures.

Antibiotics

She said medical staff relied too heavily on antibiotics as a replacement for good aseptic practices.

For some months Groote Schuur Hospital authorities have waged war against the Staphylococcus Aureus micro-organism, which caused infection in wounds. According to spokesmen, the infection, which caused many patients to be isolated at the City Hospital for Infectious Diseases, is now under control.

Training

In the training of student nurses more emphasis should be put on prevention health rules and their application in hospitals.

He suggested staff make use of simple, disposable plastic aprons and that visitors wear overcoats.

In the same article, Sister G Gustafsson, Infe
Overcrowding at Baragwanath an eyeopener for NRP

By Sieg Hunig

Leaders of the New Republic Party were "shaken" when they saw the overcrowded conditions at Baragwanath Hospital during a tour of Soweto yesterday.

Often there were more than twice the number of patients than beds because of a "patient rate" of more than 200 percent. Mr. Vause Raw, the NRP leader, said.

"Even for those of us who think we know something about the situation, we were shaken to see the reality to see a ward with 39 beds which has 72 patients and which will have 90 or more than 100 patients when the winter starts," he said.

The visitors were impressed with the sincerity and dedication of the staff, including the officials from the medical superintendent downwards.

"I believe there is a burning desire to get things right there," Mr. Raw said.

Mr. Francois Oberholzer, who represents the NRP in the provincial council and on the hospital board, said a hospital was considered full when its bed occupancy was 75 percent.

All Johannesburg's hospitals for black, coloured and Indian people were at more than 100 percent.

It was as a result of his agitation that 114 beds had been set aside for Indians and 400 for blacks at the old General Hospital.

This had happened although the proposal had been rejected "out of hand" by the provincial council and the hospital board when he first raised the matter. Mr. Oberholzer said.
Harbour:

not happy
Scramble for operating theatres

Petermaritzburg: The theatre time was assigned on the basis of preference to patients in the hospital, followed by reference to those doctors who held part-time appointments at Addington.

These doctors gave something back to the hospital. The more you put in, the more you get out.

Dr van der Hoven said it was argued that theatre time was always available at private hospitals, but private hospitals were on a profit basis and were really for people who could afford the fees.

We are fortunate here in Britain patients have to wait up to two years for operations such as tonsillectomies.

Reverting to criticism that certain drugs were unavailable at Addington, Dr van der Hoven pointed out that drugs on the provincial list were supplied by a coding committee consisting of several specialists and other medical experts. The drugs selected were not necessarily the cheapest.

Taxpayers:

Dr Fred Clarke, the NRP's spokesman, in the Provincial Council on medical matters, rejected a suggestion that Addington Hospital should be barred to private patients. All taxpayers should be allowed to use the hospital, he said.

Provincial Hospital was on a second emergency basis and does not serve as a hospital in the provision of full-time specialist equipment and services.

He agreed with criticism voiced by doctors that theatre time was too heavy although he added that the operating facilities at Addington were outstanding.

Scramble for theatre time at Addington

Political Reporter

DURBAN specialists are scrambling for theatre time at Addington Hospital - while seven operating theatres on the floor above stand idle because of a lack of specialist equipment and trained staff.

Private patients needing immediate operations are booked into private hospitals because of the wait of up to one month at Addington for theatre time.

Dr Ralph McCarter, deputy medical superintendent at Addington Hospital, said yesterday it was hoped that two of the unused theatres would be commissioned towards the end of the year.

Additional theatre sisters, currently in short supply, were needed. Special theatre equipment had to be fitted, he said.

Dr V A van der Hoven, Natal's Director of Hospital Services, said from
No help for victims of ‘Valley of Death’

YOUNG Dr Mamphele Ramphele lives in the Northern Transvaal district that used to be known as the “Valley of Death”.

She is confined there by a Government banning order — but the Government will also not let her use her healing skills to fight the deadly diseases that rage all around her.

Knowledge of tropical diseases is absolutely essential for doctors practising in the Tzaneen area to which Dr Ramphele is restricted, the Sunday Express was told this week.

Dr Ramphele lacks such knowledge. Not surprisingly so, since until she was restricted to the area she was superintendent of the Zanempio Clinic at King William’s Town where such knowledge was not needed.

The Zanempio Clinic was run by the Black Community Programme, one of the 18 organisations banned in October 1977. Dr Ramphele was a close associate of Steve Biko.

Twice since being forced to live in the Northern Transvaal she has applied for permission to study for a special diploma in tropical medicine and hygiene at the University of the Witwatersrand Medical School. Both times her applications were turned down by the Minister of Justice.

Dr Frank Hansford, chief medical officer of the National Institute for Tropical Diseases at Tzaneen, told the Sunday Express this week that he did not know Dr Ramphele personally and had not heard of her application.

However, it was essential that doctors practising in the Tzaneen area had knowledge of tropical diseases, he said.

Dr Ramphele, an attractive young woman of 30, lives with her mother, her brother Tommy and her small son Hlumelo in a small brick house in the village to which she is restricted.

The countryside where she now lives is breathtakingly beautiful, with the blue ramparts of the Transvaal Drakensberg towering over the village. But Dr Ramphele cannot leave Lenyenyene ever to take a patient to hospital or to fetch medical supplies without getting permission from the magistrate in Tzaneen.

She runs a clinic in the village, which has never before had a resident doctor, and is said by the local people to work a 12-hour day there.

“She helps her people so much, although she is still so young,” a neighbour said.

Dr Ramphele discussed the medical problems of the village with me, but she is banned and cannot be quoted.

And when Sunday Express chief photographer Doug Lee went into her consulting room to take photographs, I left because in terms of her banning order she cannot be with more than one person at a time.

The Wits diploma course in tropical medicine and hygiene which Dr Ramphele wanted to attend is a one-year course. However, attendance is necessary at lectures and demonstrations only during four separate periods of one week each, and a one-week examination.

The course is taken mostly by private practitioners who cannot leave their practices for long periods.

Ironically, the field trip during the course is to Dr Ramphele’s own Tzaneen area.
In South Africa, most farm consultants have their own record systems, which are given to farmers to help them keep track of their operations and financial status. The consultant is responsible for maintaining the system, which includes documentation of farm records and financial reports. The records are used to provide guidance to farmers on how to improve their operations and increase their profits.

The extension officer is responsible for assisting farmers in understanding and implementing the agricultural programs. They also provide technical advice and training to farmers on various aspects of farming, including crop production, livestock management, and soil conservation. The extension officer works closely with the consultant to ensure that the farmer is able to effectively implement the agricultural programs.

The extension officer is also responsible for communicating with farmers on a regular basis to ensure that they are aware of the latest developments in agriculture. They organize field visits, workshops, and other training sessions to help farmers improve their skills and knowledge. The extension officer also provides support to farmers in times of crisis, such as drought or disease outbreaks.

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The extension officer is also responsible for communicating with farmers on a regular basis to ensure that they are aware of the latest developments in agriculture. They organize field visits, workshops, and other training sessions to help farmers improve their skills and knowledge. The extension officer also provides support to farmers in times of crisis, such as drought or disease outbreaks.

The extension officer works closely with the farm consultant to ensure that the farmer is able to effectively implement the agricultural programs. They also provide technical advice and training to farmers on various aspects of farming, including crop production, livestock management, and soil conservation.
Black patients are excluded

MOWBRAY HOSPITAL OPEN TO COLOURED

By Henry Ludski

THE all-white Mowbray Maternity Hospital has been given the 'green light' by the Government to open its doors to private coloured patients—but on a separate 'self-contained' floor.

This was confirmed yesterday by Dr R. L. M. Kotze, the Director of Hospital Services, who said permission was given by the Minister of Community Development, Mr Alan L. Steyn, in a letter which made no reference to black patients.

Dr Kotze said the medical superintendent at Groote Schuur Hospital, Dr H. Reeve Sanders, had already been approached to forward proposals as to how the opening could be smoothly effected.

Black leaders and Opposition spokesmen, however, reacted angrily to the 'premature' and 'premeditated' opening of the hospital, which they said could lead to further tension between race groups.

Dr. Alan Beesak, chaplain of the University of the Western Cape, said the apartheid decision was 'unbelievable' and appeared to coloured patients in hospital. The decision to open the hospital to coloured patients was not resented.

'It is criminal to open a hospital to coloured patients in this manner.'
Stereophonic

Mr. John Brown and Mr. Steve Park, two prominent figures in the entertainment industry, have expressed their support for the new stereo surround sound technology. During a recent interview, Mr. Brown stated, "The new technology is revolutionary. It brings a whole new dimension to the movie-going experience." Mr. Park added, "I've always been a fan of immersive audio, and this takes it to a whole new level."

Unfortunately,...
Reform at Mowbray

The opening of a section of the hitherto all-white Mowbray maternity hospital to private coloured patients is to be welcomed. This is not to register our agreement with the government's decision to continue barring black patients, or with its decision to keep coloured patients separated from whites on a separate self-contained floor. We believe that all medical facilities should be opened to all races. But a small step towards this (ultimately inevitable) end, is preferable to no step at all. Once again, as with the Cape Town Festival, there have been calls on the coloured community to boycott the hospital. Ironically, had no decision been taken on partial integration of the hospital, there would have been no fuss. It is hardly the way to encourage the government to start abolishing discrimination in new fields, albeit in halting, piecemeal fashion. If anything, a critical over-reaction embarrasses the forces of reform within the Nationalist government, and strengthens the hand of the conservatives who were probably opposed to any change in the status quo at Mowbray in the first place.
Hospitals can admit all races

The Minister of Community Development, Mr. Marius Steyn, has declined to identify two Johannesburg private hospitals which have been allowed to admit members of all races.

Replying to a question tabled by Mr. Horace van Rensburg (FF Plus, Bryanston), he said applications from the two hospitals, both in northern Johannesburg, had been received late last year and approved in January this year.

I do not consider it desirable to release the names of the hospitals concerned, because applications are dealt with on a strictly confidential basis between the applicants and my department,” he said.

Mr. Steyn said there had been no such applications from private hospitals in Randburg or Sandton in the past three years, nor any previous applications from the northern areas of Johannesburg in that time.
Interns worked an average of between 80 and 90 hours a week. Those in surgery worked between 90 and 110 hours a week and in some surgical specialties up to 120 hours a week.

Interns have not had a full day or a full weekend off since the beginning of the year.

"One comes to despise the job, instead of loving it as we should. It all leads to poor patient care," said the intern.

The interns will ask the hospital authorities to improve conditions by:

- Employing more interns;
- Organising working hours to allow for full days off;
- Ruling that interns never work more than 24 hours at a stretch — preferably not more than 12 hours;
- Employing lobotomy teams to extract blood samples, relieving interns of the task so they can spend more time with patients;
- Passing on the filling in of forms and other bureaucratic tasks to ward secretaries;
- Including more formal teaching, based on common illness, in the curriculum.

Dr H Reeve-Sanders, principal medical superintendent of Groote Schuur Hospital, said she had not been approached by interns.

"I would be delighted to see them and hear their grievances. I always give my staff a sympathetic ear," she said.
Hospital patients face diseases risk

Science Reporter

RESISTANCE of hospital-acquired disease organisms to antibiotics was now a worldwide problem which in the United States cost up to $100 million a year in extra care and drugs and in South African hospitals had reached "frighteningly high" levels, according to speakers at a recent medical seminar.

A visiting American paediatrician told Johannesburg doctors this week that the problem had become so great that patients entering hospital in the United States had a more than five percent chance of acquiring new infections during their stay.

Professor Don Goldmann, assistant professor of paediatrics at Harvard Medical School and head of infection control at a major Boston hospital, said the critically ill suffered most, as a number of hospital-acquired infections were life-threatening and were resistant to treatment by many known antibiotics.

Professor Goldmann, who is in the Republic on an education grant from Abbott Laboratories, is on a lecture tour of main centres in the Republic, speaking on the challenge posed to medicine by antibiotic resistance.

Most common were infections of the urinary tract which could occur when tubes were introduced into the body. Many of these regularly carried out procedures were unnecessary and added to the patient's risk of infection particularly during surgery.

Antibiotic resistance had reached its worst in hospitals and was exacerbated by the too liberal use of antibiotics. Surveys had shown that 30 percent of all patients brought into hospital now received antibiotics and up to 90 percent of common organisms were now resistant to penicillin.

Professor Harry Settel, Professor of African Diseases at the University of the Witwatersrand, told newsmen at a press conference held to introduce Professor Goldmann that recent findings at the Johannesburg Hospital showed a "frighteningly high" level of hospital infection and staff had been forced to counter this by a series of infection-control measures.

"More than 60 percent of patients in our white hospitals are over the age of 60 and they are particularly susceptible to hospital-acquired infection," Professor Settel said.

Throughout the Republic extremely high levels of resistance to antibiotics were being seen. For example, 50 percent of staphylococcus — a common cause of infections — are resistant to penicillin and in Durban we have seen one of the worst outbreaks of antibiotic resistance, which could not be treated by any normally used antibiotic.

Similar outbreaks of hospital-acquired infections were reported recently at Groote Schuur and Somerset hospitals where action was taken to close wards and transfer patients. The Director of Hospital Services in the Cape, Dr B.L. M. Kotze, said at the time that such infections were often encountered in hospitals and required constant vigilance on the part of nursing staff to keep them at a minimum.

Professor Goldmann will speak to medical staff at the University of Cape Town medical school at 7 pm on Monday April 21 in the faculty lecture theatre.
Staff short ages hit Natal hospitals

Mercury Bureau

PIETERMARITZBURG — A severe shortage of qualified medical staff at several Provincial hospitals was reflected in the 1979 report of the Director of Hospital Services, tabled in the Provincial Council last night.

The Newcastle, Empangeni, Niemeyer Memorial, Ladysmith and Taylor Bequest hospitals were experiencing nursing shortages, and Ladysmith, R K Khan and Addington were short of senior medical staff, the report said.

Difficulties

At Addington difficulties were experienced in the operating theatres because of the acute shortage of anaesthetists.

The Empangeni Hospital was experiencing such a severe shortage of trained nurses it had resorted to using part-time trained nurses to help 'stabilise the situation'.

The report attributed the large turnover in nursing staff at the Newcastle Hospital to the migratory nature of the employment of the male population of the town.

Maintenance

The report said there were 279 nursing posts vacant in the province, and 101 medical posts.

Provincial hospitals also had difficulty filling security and maintenance officers' posts, the report said.

But it was evident from visits and inspections carried out during 1979 that patient care at Provincial hospitals was maintained at a high standard, the report said.
Kalafong is too overcrowded

PRETORIA'S Kalafong Hospital is severely overcrowded, and fears have been expressed about its suitability as a training hospital.

Kalafong was originally designed for 850 patients. There are now, however, 1,143 beds in the hospital to accommodate a daily average of 1,350 patients.

In March, the hospital was 128 percent full with a daily average of 1,490 patients. The surplus patients either share beds or lie on mats on the floor. The most overcrowded wards are those for obstetric, gynaecological and paediatric surgery, injury on duty, female surgical and orthopaedic.

Last month, department heads at the hospital wrote to Professor H W Snyman, Dean of the Faculty of Medicine at the University of Pretoria, quoting these figures, and expressing doubts about the suitability of Kalafong as a training hospital.

The department heads said that taking a conservative estimate of 1,150 patients, the hospital provided a mere 25 square metres of space for each patient.

This falls far short of the requirements for even a service hospital which has an average of 60 to 65 square metres per patient.

TYGERBERG

Tygerberg Hospital has an average of 149 square metres per patient, and the New Johannesburg Hospital has an average of 95 square metres per patient. These are both training hospitals.

"The overcrowding at Kalafong has resulted in a drop in the standard of service. The milieu in which we work is not suitable for an academic institution, and is not a place where we can work with pride and self-respect," the letter stated.

Prof Snyman said the situation at the hospital was not the concern of the university, but that it had been referred to the hospital authorities.

The Director of Hospital Services in Transvaal, Dr H A Grove, said a large extension programme for Kalafong was being planned, but he could give no more details over the telephone.

The superintendent of Kalafong, Dr J A Fourie, could not be reached for comment.
HEALTH & DISEASE - Hospitals
1-5-80 - 31-12-80
Hansard 7 Quest. Col. 387

17.3.80

78

Private hospitals

282. Mr. C. W. HGLEN asked the Minister of Community Development:

(1) How many private hospitals in each province up to 31 December 1979 applied for permits to admit all races?

(2) How many of these applications in each province were (a) granted, (b) refused and (c) are still under consideration?

The MINISTER OF COMMUNITY DEVELOPMENT:

MARCH 1980

<table>
<thead>
<tr>
<th>Province</th>
<th>(1)</th>
<th>(2)</th>
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<tbody>
<tr>
<td>Transvaal</td>
<td>19</td>
<td>19</td>
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<tr>
<td>Cape Province</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Natal</td>
<td>None</td>
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<tr>
<td>Orange Free State</td>
<td>None</td>
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</tbody>
</table>
5. The fixed costs of (a) are fixed only when expressed (b) increase with (c) change with output

The Minister of Statistics:

How many hospital beds for (i) Whites, (ii) Coloureds, (iii) Asians and (iv) Africans are available in each province of the Republic?

Information as requested not available. The following information is available:

1. Number of hospital beds available in the Republic:
   - Whites: 39,454
   - Coloureds: 5,059
   - Asians: 2,041

6. An indifference curve indicates, other things remaining the same,

1. combinations which a consumer would prefer to any other
2. a consumer’s March 1980
3. the price rate difference
   - Blacks: 58,080
   - Unclassified: 33,166
   - Total: 137,800

4. combination amounts of
   - Number of hospital beds available in General Hospitals only:
     - Cape: 20,625
     - Transvaal: 17,915
     - Orange Free State: 35,189
     - Black states: 6,780
     - RSA: 98,104

5. the amount at given

7. Assuming a two-commodity world, the household seeks to maximise its total utility, allocate its budget so that

1. marginal utility of A = price of B
2. marginal utility of A = marginal utility of B
3. marginal utility of A = marginal utility of B
4. marginal utility of A = price of A
5. either A or B is purchased, but not both
New eye clinic

By PETER SETUKE

THE chairman of the East Rand Administration Board, Mr S van der Merwe, officially opened the Vosloorus Eye Clinic before a large crowd this week.

The Vosloorus Eye Clinic was donated to blacks in the township by Operation BrightSight, an official arm of the Lions of Boksburg, affiliated to Lions International.

The Lions have donated 4 747 pairs of spectacles worth about R16 000 and will provide second-hand spectacles.

A second-hand phoropter and its stand was donated by a retired optometrist, Mr Gordon de Pretoria.

Other contributions will be two second-hand optometrist chairs donated by Boksburg optometrists Alan Burrow and Douglas Flight.

An assortment of second-hand tables and chairs will be donated by Siemens Electric Company and second-hand office screens by E L Hume will also be delivered to the clinic shortly.

The clinic was opened to accept patients on April 2, when five of these were recommended by the Boksburg Social Welfare Department to undergo refraction tests. A further five patients were added to the list on April 16 and were examined by optometrist Sheila Thomas of Boksburg.

The clinic will be open on Wednesdays and tended by two nursing sisters under the supervision of a qualified optometrist.

The two will be Mrs Anna Naimande and Mrs Margaret Mokhala, who are nursing at the local clinic. They will be assisted by a clerk, Mr Reginald Mashoga.

Mrs Anna Naimande (left) and Mrs Margaret Mokhala examining a patient at the new Vosloorus Eye Clinic.
Kalafong to get R3-million build-up

A R3-MILLION extension planned for Kalafong Hospital in Pretoria will help solve the hospital's overcrowding problem, says the superintendent, Dr J A Fourie.

He said the hospital had 1143 beds, but some wards, including the injured-on-duty, female surgical and orthopaedic sections, were overcrowded.

There had been a marked increase in the number of outpatients at the hospital. The figure was sometimes more than 1,029 a day.

The hospital was 93 percent full in March. The overflow either shared beds or lay on rubber mats on the floor.

Dr Fourie added: "There are several reasons for the overcrowding. The black population has increased and black people are much aware of health problems and services."

Hospital authorities were aware of the difficulties and were doing their best to cope.
Over R5m to be spent on Kalafong

MORE than R5-million will be spent to extend Pretoria's overcrowded Kalafong Hospital and the adjacent College of Nursing.

Many more beds will also be provided at the hospital which was originally decided for 850 patients but now has 1,143 beds to accommodate a daily average of 1,380 patients.

The surplus patients either share beds or lie on mats on the floor. Last month department heads of the hospital expressed fears about the suitability of Kalafong as a training hospital.

BUSY

The province is also busy planning a large extension programme at the nearby College of Nursing.

These extensions, which are expected to cost more than R2.5-million, will include new lecture rooms, a library, a conference room, offices and housing for staff.

The college provides training for nurses at the Kalafong as well as many nurses from other black hospitals in the province.

Extensions are also planned to the Nurses' Home at the hospital, but no details are available.
Lovedale hospital to be taken over in July

Dr. H. H. Muthaiah said the building of a new hospital for the Lovedale Hospital would be completed in July. He said the hospital was expected to accommodate 150 patients. The hospital would be equipped with up-to-date facilities and would be staffed by qualified medical personnel. The hospital would be a significant step towards improving health care facilities in the area.
Tariff increases of about 78 percent for white private medical aid patients at Transvaal Provincial Hospitals, could result in medical aid subscriptions rising even more.

Mr J D Ernstzen, vice chairman of the Representative Association of Medical Schemes, said today that medical aid subscriptions had increased by an average of 35 percent since November, when medical tariffs rose by an estimated 52.45 percent.

"This will mean a serious increase in our payout, that will vary from scheme to scheme," he said.

Medical aid administrators would have to look at the past history of their schemes to decide whether there should be subscription increases and how big the increases should be.

PPF members in the Transvaal Provincial Council have said the new hospital tariffs will mean that members' contributions to medical aid schemes would go up. Some of the proposed increases are:

- Whites with medical aid and maternity cases admitted to provincial hospitals will now pay R25 instead of R14 a day.
- White medical aid members who have used up their medical aid benefits for the year will be admitted to provincial hospitals as ordinary patients. This tariff goes up from R6 to R8 a day.
- In-patients in low salary groups will pay no fees. But others in this group will pay between R2 and R6 a day.
- Patients who are not medical aid members and are admitted to provincial hospitals as private patients will pay between R10 and R20 a day. The fee was previously between R7 and R14 a day.
Even aid patients may pay R9 a day

By MARILYN ELLIOTT

MANY medical aid subscribers could pay up to R9 a day out of their own pockets for a stay in a Transvaal Provincial Hospital because of the 78% increase in tariffs for white private medical aid patients.

The increase, announced by the Administrator of the Transvaal, Mr Willem Cruywagen, is his maiden Budget in the Provincial Council, takes effect on July 1.

Yesterday, Mr John Davidson, manager of the largest registered medical aid scheme in South Africa, said that, though he did not have full details of the increase, his firm, which handles medical aid for public servants, would have to consider whether it would increase maximum benefits for private medical aid patients.

"At present we pay out up to R16 a day for private patients," he said. "If the new tariff means an increase to R25, it is possible that subscribers will have to pay the extra R9 until, and if, the management committee decides to increase the benefit.

"The hospital fee increase does not necessarily mean that subscriptions will go up. Of course, it is too early to say exactly what the impact will be. But it is obvious that public servants will have to pay the R9 difference until we decide what to do," said Mr Davidson.

Mr A M Leventon, chairman of a company which administers nine different medical schemes, said the hospital fee increase would inevitably affect subscriptions. "Each medical aid scheme has to decide its own policy. We had expected a hospital fee increase, but not in the region of 78%.

"The system of increasing fees for those who have taken the trouble to protect themselves from sudden medical expenses, on the assumption that these people are 'unpoor', is a harsh one indeed. Since this increase in medical tariffs last November, medical aid subscriptions have risen from 30% to 49%. The new hospital tariff will probably mean a further increase in tariffs."

The vice-chairman of the Representative Association of Medical Schemes, Mr J D Ernstzen, said the new fees would "most certainly affect" subscription rates.

"Obviously, these increased rates will vary from scheme to scheme. In some cases, members will probably be asked to foot the bill for higher tariffs; in other cases subscriptions will increase."

Mr Ernstzen said that in cases where medical schemes shouldered much of the medical tariffs increases last November, they would now reconsider the position and have to ask for higher subscriptions.

Meanwhile, Sapa reports, the president of the Motor Industries Federation, Mr Theo Swart, said yesterday that the increase in vehicle licence fees in the Transvaal was "shocking".

Increases of up to 80% for car licences and 100% for motor-cycles would help to increase inflation, he said, and it was difficult to understand why drivers had been singled out to balance the province's accounts. The province's tax burden should have been spread more evenly.

The province should also have waited for the recommendations of the Brown Committee, appointed by the Minister of Finance, Senator Owen Horwood, to find ways and means to raise revenue for local authorities which would also alleviate the position.

He appealed to Administrators of other provinces not to follow the Transvaal's example.
OF BEING A FRID

DISABLED REPORTERS

EVEN IF LMY RACED IN 1963

A HOSPITAL PATIENTS' الطب D THE ASSEMBLY PROCESS OR A GRIP AT THE HOSPITAL WANTED TO A PICTION. TO THE FASHION, WE壯味 OR CERTAIN PREPARED TO BE CAPTURED AT THE FASHION.
"The day I hoped for has come,
the moment I've been waiting for.
I can hardly believe it's true,
that I'll finally see you, see you soon.

I've been thinking of you all day,
longing for your embrace.
Every moment seems to streak,
as I wait for this glorious day.

My heart beats with anticipation,
my mind races with excitement.
I can't wait to hold you close,
and bask in the joy of your presence.

The sun shines bright today,
and so do my hopes for tomorrow.
I know that everything will be just fine,
and that our joy will never come to an end.

So let's make the most of this day,
and cherish every moment we share.
Together, we'll create memories
that will last a lifetime of care.

I promise to love and honor you,
and to always be there by your side.
Our love will never fade,
and our bond will only grow stronger.

So let's make this day our own,
and make it one to remember.
I know that with you by my side,
we'll achieve anything we aspire.

I love you more than words can say,
and I'm thankful for every moment.
Let's make this day our own,
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Kalafong can look to a R5-m future

By MALOSE MATSEMELA

THE R5-million expansion plan for Kalafong Hospital will ease congestion and improve treatment of patients, the chairman of the hospitals' board, Dr Ernest Mogoba, said this week.

Plans to expand the hospital and adjacent nursing home were announced this week.

Dr Mogoba said the expansion of the hospital was the best way of alleviating the congestion problem.

The hospital was originally designed for 830 patients. There are now 1,143 beds for a daily average of 1,350 patients.

In March, the hospital was 120 percent full with an average of 1,490 patients.

Other patients were forced to share beds or lie on mats.

Dr Mogoba said his board had made the suggestion of the hospital's expansion.

"I took up the matter with the Transvaal Provincial Administration and they approved the scheme," he said.

During March, department heads at the hospital wrote to Professor H W Snyman, Dean of the Faculty of Medicines at the University of Pretoria. They expressed doubts about the hospital's suitability as a training centre.

The president of the Mamelodi Institute for Community Education Project, Mr Cyprian Lebese, said the best way to alleviate the congestion problem is by building more clinics in the townships.

The extensions at Kalafong will include a larger out-patients section, a lung unit, a new theatre, extensions to the X-ray department and a larger cancer therapy unit.

More beds will also be provided.
Ward colour bar down (98)

Own Correspondent

DURBAN — Black nurses are allowed to treat white patients at Natal's provincial hospitals in cases where there is no white nursing staff available, Mr Frank Martin, MEC in charge of hospitals, said today.

Answering a question from Mr Joe Ash (NIIP MPC for Durban North) in the Provincial Council, Mr Martin said it had always been the policy of the province that, wherever possible, nurses should treat patients of their own race group.

This was in the interests of the people concerned, taking into regard one's religious beliefs and eating habits.

Mr Martin said there were at present three black professors at the medical college in Durban.

"The patient has a choice. If the top man is a black, the patient could choose him. If he wants second best, it is solely his choice," he said.
SA govt to pay for hospital in Hewu

KING WILLIAM'S TOWN — A hospital, whose costs would be borne entirely by the South African Government, would be built in the Hewu (Whittlesea) area, the Minister of Health, Dr B. R. Maku, announced in the Ciskei Legislative Assembly yesterday.

He said the undertaking on costs went against the recommendations of the Wentzel Commission, which had investigated living conditions at Thornhill recently.

"The team had recommended that the erection costs of such a hospital should be on a 50-50 basis," Dr Maku said.

What had made the erection of a hospital in the area absolutely necessary was the fact that Hewu was approximately 250 km from Zwelitsha, with the nearest referral hospital, Cecilia Makiwane at Mdantsane, 280 km away, he said.

There were no private practitioners in the area who could be called on to assist.

The area was "extremely densely populated" and officials of his department had discovered by way of surveys that the incidence of pellagra in adults and malnutrition was exceedingly high in the area.
Soweto to have a private clinic

By Langa Skosana

Soweto will soon have its first private clinic run by black doctors assisted by white specialists and general practitioners.

Dr Nthato Mollana, one of the directors of the project, said today the Government had already agreed to the building of the clinic and a site had been obtained opposite St John's Eye Hospital, near Diepkloof.

"What is delaying us is that the area has to be rezoned from a recreational area to a health area," he said.

Dr Mollana explained that there was a need for a private clinic in Soweto because hospitals were already terribly overcrowded.

"There is an increasing number of blacks who can afford private clinics. At the moment, these people are treated in general hospitals like Baragwanath and they often feel cheated because they have to pay private clinic fees in any event," said Dr Mollana.

He added that at present, there were few white nursing homes which had been allowed to admit blacks and they were only allowed into the private wards where fees were double those of general wards.

Dr Mollana said white practitioners would assist at the clinic with operations.

It was envisaged that the clinic would have three of its own operating theatres, which would be increased to five when the clinic was in use.
Hospital chief considers multiracial nursing staff

THE Chief Medical Superintendent of the Johannesburg Hospital is making up his mind whether or not to push for integrated staff as the only way to beat the shortage of nurses.

Nurses interviewed there this week will back him on integration, and patients said in a recent Sunday Express survey they would prefer integration to being short of staff.

The superintendent, Dr Neville Howes, said this week: “It is an aspect that I am thinking about at the moment. I am doing my own investigation.”

Dr Howes said he would decide, once he had completed the investigation, whether or not to recommend integration to the provincial authorities.

The Sunday Express has established that several wards were unused because of the staff shortage.

The problem has led to a shortage of beds and staff in casualty, one of the main causes of delays in that department.

Meanwhile, nurses working at the R162-million hospital said that opening nursing posts to all races would definitely ease the problem.

But, they said, it would not be properly and permanently solved until nurses’ salaries were made more attractive. Proposed increases were not attractive enough.

A recent survey undertaken by the Sunday Express among patients with the permission of Dr Howes, showed the majority would prefer nursing posts to be opened to all races - if it meant more nurses.

The nurses who gave us their opinions cannot be named because the hospital’s policy is that Press comment may only be given by the chief superintendent - but here are some of their opinions:

- “I definitely think it would help to allow Black nurses to work here,” said a young nurse. “I wouldn’t have any personal prejudices against them. We already have what we call ‘pink caps’ who are Black nursing aides, and they do a great job and don’t cause...

STAFF BEHIND HIM IF BLACK NURSES RECOMMENDED

By ANGELA HAMMERSLEY

“But I don’t know how they would implement it. It would become a political issue and there are patients who wouldn’t like it. Let’s face it, the Blacks have such different traditions and ways of going about things - even in nursing.”

Her opinion about nurses’ salaries: “I have always felt that the salaries are okay if you live in the hospital, but if you work in the hospital, you just can’t manage.”

Young women keen on nursing seem to look for alternatives before they become nurses,” she said, “and it’s because of the poor salaries.

“You have to be really dedicated.

- A nurse in her thirties: “I’ve always been fairly conservative, I suppose, and rather than open the hospital to all races I think it would be a better idea to make army conscientious objects work here.”

“I feel this would be so much more useful than wasting time in detention barracks.

“But obviously, if posts were opened to all races the shortage would be eased.”

On salaries she said: “The increases will stop nurses screaming for a while - but it will be a short while. Only the girls looking for a vacation and prepared to dedicate themselves are prepared to work for these salaries now.

- “And it’s such a pity - it’s a very specialised and highly-responsible job.”

- A nurse in her late twenties: “I worked with all races in England and can’t see why all races can’t nurse in the same place here. But because I’m English I don’t feel qualified to comment on the situation here.

“More should be done about salaries,” she said. “Let’s make nursing attractive and then we won’t have staff shortages.”

- A nurse in her twenties said: “I can’t imagine that because they won’t be earning the same for the same job...”

On salaries, she said: “We haven’t had our increases yet, so I can’t say how much difference it will make in my life, but the 17% proposal doesn’t sound much.

“It certainly isn’t sufficient to make nursing attractive.”

“On the other hand, it would obviously help to allow all races to nurse in the hospital,” a middle-aged nursing sister told me.

Black nurses can’t nurse here. They’re every bit as good as us and there’s really no reason for us to have a staff shortage if you think about it.

“If they do open the doors to all races they must give them the same salaries, though. If they don’t it will cause discontent not only among the Blacks but the Whites too.

The Blacks will be unhappy...
Staff Reporter

THE Johannesburg Hospital's casualty section will admit patients "as normal" this weekend, a hospital spokesman said yesterday.

Because of the staff shortage, only emergency cases were admitted last weekend.

Staff were told to send other patients to nearby provincial hospitals or, in the case of medical aid patients, to private hospitals.

A staff member said:

"We've got plenty of empty beds. We fear patients are suffering as a result of this staff shortage."

Attempts to interview the chief superintendent, Dr Neville Howes, since Wednesday, have been unsuccessful.
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Hospital patients told: Pay or stay

By Isabel Shepherd-Smith

STAFF at the Dundee Hospital for blacks have told mothers clad in dressing gowns: Pay — or stay in hospital. If they don't pay maternity fees in full they cannot collect their clothes or be discharged.

Many people in the Dundee-Glencoe area are also under the impression that if they do not pay their bills at the end of their stay, they will not be allowed to leave, claims Yvonne Schroeder, a Glencoe farmer's wife.

This has happened three times to Mrs Schroeder and her farm workers. Each time she went to collect the mother and baby, she was told: “If she can pay, she can go home.”

The mother then went to a nurse who handed over her clothes from a locker.

Earlier this week the acting superintendent of the hospital, Dr Margaret van der Water, was quoted as saying that the staff had received “a directive from head office” in Pietermaritsburg to insist on full payment of maternity fees before releasing patients.

She has now denied she said that and Dr V. A. van der Hoven, director of provincial hospital services, said such a directive had never been issued.

But Dr van der Water said she thought a directive like that had been issued but had since been repealed. Mrs Schroeder claims that hospital secretary Mr Rupert Jones told her the same.

“I have been told to investigate the matter by head office,” was all he would say at his home on Friday.

When Mrs Schroeder went to fetch the woman, Rita Kunene, Mrs Schroeder asked her why she did not find her own way home. She was told: “Because they have my clothes and they will not let me go home and they might even keep my baby if I do not pay.”

Rita Kunene feared her daughter would be kept in hospital if she did not pay the R5 maternity fee.

The allegation in the Provincial Council earlier this month drew a promise of an inquiry from Mr Frank Martin, MEC in charge of hospital services. Mr Martin disputes Mrs Schroeder's claim that the same policy is being practised in Dundee.

“We have always said that people must pay their accounts before leaving hospital. I would like to be told when we have detained anybody. We even write off bad debts. Why should we keep them in hospital in a bed when it may be needed urgently?”

Above: The lockers in which patients' clothes are stored. Below: Mrs Yvonne Schroeder

Allegation

Henry Ritz, MEC for Nsukgrave claimed that St Aidan's Indian Mission Hospital in Durban which receives provincial aid practised the pay or stay policy.

Henry Ritz, MEC for Nsukgrave claimed that St Aidan's Indian Mission Hospital in Durban which receives provincial aid practised the pay or stay policy.
Only white nurses for whites?

Pretoria Bureau

The new Johannesburg Hospital will adhere to the principle of allowing only white nurses to attend to white patients despite a recent report stating the hospital was reconsidering this.

The report stated that the superintendent, Dr Neville Howes, was considering whether to push for integration of staff to overcome the nursing shortage.

But Dr Howes has said that the report gave a slanted version of what he had said. Mr Kalie de Haas, Transvaal MEC in Charge of hospital services said today.

Mr de Haas said that only the Administrator-in-charge could make such a decision on policy.
Hospitals
Argus 28/5/80
'losing out'
(98)
on medical
aid income

Provincial Staff

THE Cape provincial hospitals department was losing vast sums of possible income each year by failing to charge medical aid society patients the fees which these societies were prepared to pay, Dr J T Sonnenber (PFPP Green Point) said in the Cape Provincial Council yesterday.

He said that in the six month period from October last year to March this year, 9,646 hospital patients underwent operations, compared with 12,976 private patients, in five of the Cape's largest hospitals.

These were Somerset Hospital in Green Point, Woodstock Hospital, Victoria Hospital in Wynberg, Port Elizabeth Provincial Hospital and Frere Hospital in East London. Private patients are not treated at Groote Schuur Hospital, and only a few at Tygerberg Hospital.

Dr Sonnenberg said that most private patients were members of medical aid schemes, who paid according to a schedule of fees.

No theatre fees were charged for private patients at provincial hospitals, nor were charges made for specialised equipment.

He quoted a schedule that showed theatre fees of a minimum of R44.50 to R59.50 would be paid by medical aid schemes.
The first time I came for emergency care in the hospital, I was found lying on the floor of the emergency room, barely conscious. The doctors were amazed at how I managed to survive, given the severity of my injuries. I was rushed to surgery, where the doctors worked tirelessly to repair the damage done by the accident. Despite their best efforts, I was left with permanent disabilities.

Since that day, I have been on a mission to improve the healthcare system. I started my own clinic, providing free medical care to those who cannot afford it. I have also been an advocate for better healthcare policies, lobbying for changes that would benefit all patients.

In the past few years, I have seen some significant improvements in the healthcare system. More people are covered by insurance, and there are fewer instances of medical malpractice. However, there is still a long way to go. The cost of healthcare remains prohibitive for many, and access to quality care is still an issue.

I believe that we need to continue to push for reform and improvement. We need to ensure that everyone has access to the care they need, regardless of their ability to pay. Only then can we truly say that we are taking care of the healthcare needs of our community.
breakthrough
too new for
bara board

There is an attempt to break through the Board's resistance to giving the Community Hospital more adequate funds in order to improve its services.

Dr. W. M. Marston, the Director of the Community Hospital, has been trying hard to get more funds for the hospital. However, the Board has been reluctant to give more money. Dr. Marston has written a letter to the Board, expressing his concern about the hospital's situation. He has stated that the hospital needs more funds to improve its services.

The Board has been slow to respond to Dr. Marston's letter. They have not been willing to give more money to the hospital. Dr. Marston has been frustrated by the Board's lack of action.

Dr. Marston has been working hard to get more funds for the hospital. He has been holding meetings with the Board to try to convince them of the need for more money. He has also been writing letters to the Board, expressing his concern about the hospital's situation.

Despite the challenges, Dr. Marston remains committed to improving the hospital. He is determined to get the Board to give more money to the hospital.

The Community Hospital is an important part of the community. It provides healthcare services to many people. Dr. Marston is committed to ensuring that the hospital is able to provide the best possible care to its patients.
**Private hospitals not needed, says De Haas**

Pretoria Bureau

Private hospitals were no longer needed in the Transvaal, Mr Kallie de Haas, MEC for hospital services, said yesterday.

"Our hospitals have reached the stage where it is no longer necessary to depend on private hospitals to render a hospital service," he said during the second reading debate on the Appropriation Draft Amendment Ordinance in the Provincial Council.

He also warned that some control over the establishment of further private hospitals should be exercised.

Although no control existed in the past, legislation had since been adopted to make this possible and he would consult on future private hospitals and unattached operating theatres.
No surplus of black nurses, Provincial Council told

Pretoria Bureau

Using black nurses from Baragwanath hospital at the Johannesburg Hospital would be the same as robbing Peter to pay Paul.

Mr Kallie de Haas, MEC for Hospital Services, said this in reply to a statement by Mr Obie Oberholzer (NRP Rosettenville) during the second-reading debate of the Appropriation Draft Amendment Ordinance in the Provincial Council yesterday.

Mr de Haas said that, according to Mr Oberholzer, because of the shortage of white student nurses there was an overwhelming request by coloured, Indian and black candidates for training as fully qualified nurses at the Johannesburg Hospital.

He said that recently Baragwanath Hospital had accepted 200 students for training. Of these only 100 applicants were from South Africa. Of which 50 percent could not comply with the necessary standards.

But there had been 900 applications from homelands and independent states. Of these 76 percent had the necessary qualifications to become nurses and they usually returned to the homelands after qualifying.

Mr de Haas said similar situations existed as far as coloureds and Indians were concerned.

In reply to a suggestion by Mr Sam Moss (PFP Parktown), Mr de Haas said he would investigate whether civil pensioners should be classified as free patients where their pensions were the same as or lower than old-age pensions.

He also said attention must be given to providing apparatus which would make it easier for paraplegics to use the mineral baths at Warmbaths.
Hospital: De Haas under fire

Pretoria Bulletin

Mr Joel Morris (PPF, Orange Grove) today accused the MEC for Hospital Services, Mr Kolhe de Haas, of suppressing information about allegations on the lack of certain facilities and the nursing problem at the Johannesburg Hospital.

He said Mr de Haas had a responsibility to the Provincial Council and the general public to disclose what was being done about these problems.

I regret to say that either the member (Mr de Haas) does not know what is going on at the hospital or is indifferent," he said.

During the committee stage of the Appropriation Draft Amendment Ordinance in the Council today, Mr Morris referred to questions which he asked Mr de Haas in February and May about a meeting between doctors and nurses in the presence of the superintendent of the hospital.

He said allegations by the doctors included a critical shortage of nurses, an iniquitous rate of pay for nurses, a shortage of oxygen cylinders on patient trolleys and serious delays in patient admission.

Mr Morris said he found it strange that Mr de Haas had stated that he did not know about the meeting between the doctors and nurses in May, when he had said in February that a Committee of Four had been set up to investigate.

"If the member (Mr de Haas) cannot give the Council any information on what is happening at the hospital then I will," Mr Morris said.

"The Committee of Four have completed their investigation and have reported to an advisory committee who have submitted the report to the superintendent.

"I do not know if the superintendent has presented the report to the Director of Hospital Services or whether the MEC has been informed about it.

"I know some of the problems at the hospital have been seen to but there are many others which are still hopeless.

CORPORATION

"It is obvious there is a lack of communication between either the director or the superintendent and the MEC because of his dismal knowledge of what is happening at the hospital."

Mr Morris suggested to the Council that the hospital be run on the lines of a large corporation and that a person with managerial and business expertise be appointed to run it.

In reply, Mr de Haas said neither he nor the Director of Hospital Services has received any report about the problem.

"I accuse him (Mr Morris) of bringing the alleged problems into the political arena for reasons of his own and not in the interests of the public.

"The member for Orange Grove has been snooping around again and I want to know who his informant is. I will find him," Mr de Haas said.

He said that because of bad publicity, nurses at the hospital had been lost and that recruiting in Johannesburg had dropped."
A hospital story: short staff, pay, delays, long hours

Improvements had been made at the Johannesburg Hospital but there was still a critical shortage of nurses and a number of wards were empty or unequipped, says Mr Joel Mervis (PPP, Orange Grove).

Speaking in the Transvaal Provincial Council last week, Mr Mervis accused the MEC for hospital services, Mr Kallie de Haas, of suppressing information about allegations on the lack of certain facilities and the nursing problem at the hospital.

He said Mr de Haas had a duty to the council and the public to disclose what was being done about the problems at the hospital.

Mr Mervis referred to allegations he had made in the council in February and May this year and asked what had been done about complaints.

He said allegations made by doctors included:
- The critical shortage of nurses and their inequitable rate of pay;
- The extreme shortage of clerical staff and their bad pay;
- The gross shortage of porters;
- The shortage of oxygen cylinders and patient trolleys;
- There were serious delays in patient admission even though clerks worked 16-hour stretches.

A superintendent at the hospital yesterday refused to comment on the allegations.

Mr Mervis added in the council: "If Mr de Haas cannot give the council information on what is happening at the hospital, then I will. A committee of four doctors has completed its investigations and reported to a medical advisory committee which has submitted the report to the superintendent."

He suggested the hospital should be run on the lines of a large corporation and that a person with managerial and business expertise be appointed to run it.

The superintendent, he said, should be allowed to concentrate on medical matters and administrative and organisational tasks should be left to high-powered managers who were up to managing large corporations.
Diseases detected at very early stages

By Chris More

A Bara Breakthrough

Post 10/80 98 99

Post 10/99

University of Cape Town
Many are admitted with serious burns

BARAGWANATH hospital admits an average of two people a day with very serious burns — most of which are from paraffin appliances exploding.

A senior plastic surgeon at the hospital said that in a year Baragwanath deals with at least 700 major burn cases.

"Most patients are women and a few are children. These burns are from primus stoves or when paraffin fridges explode."

"The burns are particularly ghastly because they are flame burns and usually very deep."

This is in contrast to claims by the manufacturers, Barlows Appliances and television that they knew of only a few burn cases in the 12 years they had been selling their paraffin fridges.

Mr O Dinsdale of Barlows said he was convinced that fault was not with the fridges but because of faulty usage.

In the last three months three people have been admitted to hospital with severe burns from paraffin fridges exploding.

POST Reporter.
Staff Reporter

THE MEC in charge of hospitals, Mr P J Louber, yesterday told the Provincial Council that the implementation and planning of the new R9.5m Dora Ngimza Hospital in Port Elizabeth had "been carried out in an orderly manner".

Mr Louber was replying to criticisms that the larger part of the hospital in Zwide Township had been standing empty and unused for almost a year.

He said a lack of funds had halted the second phase of the building scheme and it had been found more economical to carry on with sections envisaged for the last part of the scheme.

In spite of a long wait for hospital equipment, Mr Louber said the hospital had treated 3 000 out-patients in its first month, April 1979. The figure had increased to 12 700 by April 1980.

"We should receive praise instead of being accused of gross negligence," Mr Louber said.
Report attacked

Staff Reporter

THE MEC in charge of hospital services yesterday objected strongly to a report on the opening of a ward of the Mowbray Maternity Hospital to coloured private patients. The report included critical comment.

The MEC, Mr P J Loubser, said yesterday in the Provincial Council that the report and comment appeared to show the decision as discriminatory because the facility was not made available to black patients as well. He emphasized that there had been no request for opening the facility to blacks.

The origin of the decision lay with a proposal by Professor D A Davey, of University of Cape Town.

He had proposed that Somerset Hospital, where there had been an overwhelming increase in coloured obstetric cases, should be closed to these patients and that a ward be made available at the Mowbray Hospital.

The professor spoke only of coloured patients. Mr Loubser said he was not aware of a demand for a similar facility for blacks.
Race bar could go at Mowbray hospital

Provincial Staff

THE MEC in charge of hospital services, Mr P.J Loubsen, said yesterday that if a request were received that Mowbray Maternity Hospital be opened to blacks, he would do all in his power to make facilities available.

Mr Loubsen quoted criticism in The Argus and by Dr J T Sonnenberg (PPP, Green Point) because the hospital had been opened to coloured patients but not blacks.

He told the Provincial Council: 'I wish to state quite clearly that the Department of Hospital Services received no request to make the facilities open to blacks as well.

'We were also not aware of any need for such facilities for blacks.'

NOTE

'You have my assurance, that if a properly motivated request, backed by facts, should be directed to us, we will certainly go out of our way to do all in our power to see where we can make facilities available to blacks.'

The Cape Western branch of the SA Society of Obstetricians and Gynaecologists and the Dean of the Faculty of Medicine at the University of Cape Town had asked that Mowbray be opened to private coloured patients.

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candidates are not to communicate with other candidates or with any person except the invigilator.

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Province acts to end Bara congestion

Pretoria Bureau

Overcrowding at Baragwanath meant that the hospital could either close the doors when the wards were full or leave them open to give Soweto sick “a sporting chance,” the superintendent, Dr Chris van der Heever, said today.

Because of the overcrowding patients had to be discharged sooner than they would have been from less crowded hospitals, Dr van der Heever said.

“Often this causes them to relapse and they then have to be re-admitted. It is a vicious circle,” he said.

“It is almost impossible for us to find a short-term solution to the overcrowding problem.”

The Transvaal director of hospital services, Dr H A Grove, said today that both short-term and long-term measures were under way to relieve the congestion at Baragwanath.

Two wards which had previously been used to replace wards being renovated would now be made available on a permanent basis, he said.

The executive committee of the province yesterday approved a staff establishment of nurses for these wards.

In addition, the paraplegic unit would be moved to Nasalorpuit Hospital, making a third ward available.

Dr Grove said that a hospital for blacks at the old General Hospital in Johannesburg would be established “as soon as possible.”

He said this would be a full teaching hospital and not a “second-hand hospital.”

This meant that the University of the Witwatersrand senate still had to appoint professors to take charge.

A further short-term move would be the establishment of seven new day clinics in Soweto to relieve the demand on Baragwanath.
We can’t handle it: Doctors’ jam sos.
Call for revision of hospital tariffs

A recommendation was made again to the Provincial Council yesterday that hospital tariffs be raised for people who can afford them and lowered for those who cannot.

Mr Sam Moss (PPP, Johannesburg North) said that a broader base should be set for the people who could not afford to pay for the service.

The computed income figures should be revised to bring in perspective what a person earns as well as the depreciation of the Rand.

Speaking after Appropriation Draft Amendment Ordinance dealing with hospitals, Mr Moss said problems arose when people did not give their correct wage figures.

"They know that for about five Rand they can get a full day's bed, treatment and medication. This is one of the reasons why we have a R28-million plus a year for pharmaceutical bills.

"And next year we will be paying about R35 million."
R3m to ease Pretoria hospital squeeze

By STAN HLOPHE

EXTENSIONS valued at about R3-million to ease overcrowding at Kafalong Hospital in Pretoria are in the pipeline.

The hospital's superintendent, Dr M Basson, said yesterday the extensions would first be made to the outpatients' department and then to the wards.

He said plans were already at an advanced stage and should be finalised this year.

Dr Basson said extensions to the hospital included a three-storey building for new outpatients and casualty departments, a theatre, an 18-bed intensive thoracic and heart care unit, an X-ray department and a central sterilising department.

The hospital will also get another 240 beds for burn cases, premature births and gastro-enteritis.

"Many patients come to us when they are referred by other hospitals and we don't turn them away," Dr Basson said.

"These extensions are necessary because about 1 000 patients per day pass through our various clinics, outpatients and casualty departments."

Dr Basson said Kafalong had 1 143 beds but there were about 1 900 patients in the hospital at present.

He said there were 250 doctors, over 1 000 nurses and 1 200 administrative staff employed at the hospital.

Dr Basson said the hospital never turned people away but some patients had to sleep on mattresses on the floor.

"Kafalong is an academic hospital and therefore we cannot send patients away. All the hospitals in the Western, Eastern and Northern Transvaal refer patients to us in addition to the local population," he said.
There was a tremendous amount of work being done yesterday, and the situation is getting worse.

The ward is filled with patients, many of whom have no place to sleep. Some are sleeping on the floor, while others are packed into beds. The conditions are dire, and there is great concern for the patients' welfare.

A doctor said yesterday, "The situation is so bad that yesterday afternoon I had to leave the hospital and go home because I simply couldn't take it anymore."

The hospital is struggling to cope with the influx of patients, and the staff are working around the clock to provide care. Despite the challenges, the morale of the staff remains high, and they are determined to do their best to care for the patients.

We hope that the authorities will take action to address the crisis and provide a safe and comfortable environment for the patients.
Overcrowded Bara
gets 80 extra beds

Johannesburg: An invoice was sent by the hospital to the Government for 80 extra beds to be used immediately to house blacks there.

Dr. N. M. Malema, chairman of the Committee of Inquiry, said that facilities for blacks are overcrowded.

"The Government concluded that it is moving away from discrimination. But here is an area where they can go on without further study. It is a field where ordinary human decency demands such action to be taken. If there are any vacant beds at either the white Johannesburg Hospital or the non-white hospital, patients should be housed immediately."
Why Bara is bursting

BARAGWANATH Hospital presents an appalling picture of too many people clamouring for too little attention. And, pathetically, too few facilities. The situation revealed by this newspaper yesterday — of 125 people crammed into 40-bed wards, huddled on blankets on the floor — will be seen overseas as a further cameo of discrimination.

But, indeed, the Government is not insensitive to the situation. Mr Louis Rive, the planning co-ordinator for Soweto, has responded swiftly to the crisis by saying his office is fully aware of the need to expand health facilities in South Africa's Cinderella city. And Transvaal's director of hospital services says short-term and long-term measures are under way to relieve congestion at Baragwanath.

Dr H A Grove talks specifically of establishing seven new day clinics in the complex and opening a section of the old Johannesburg General Hospital to blacks "as soon as possible".

In the longer term, he says, a plan to build a hospital at New Canada — on the edge of Soweto — is receiving priority. The hospital will have 1 000 beds to begin with and will later be expanded to accommodate twice that number of patients.

Creating new clinics will certainly help solve the problem at Baragwanath.

But the idea of a second large hospital in Soweto, like expanding Baragwanath itself, is contrary to the world trend. Which is to have more, smaller hospitals.

And, indeed, the crisis at Baragwanath is symptomatic of a much bigger malaise that surrounds Soweto. It is a malaise highlighted by the Urban Foundation report on the complex released last week and it stems from the fact that there are possibly twice as many people living in Soweto than the Government is prepared to acknowledge. Because if it likes to think that, through its homelands policy, the population is confined to blacks with the proper authority to remain there.

That is a sad and obstructive myth. As Baragwanath's superintendent, Dr Chris van den Heever, said yesterday: "The West Rand Administration Board says there are 1 250 000 people in Soweto. The police say there are 2 million."

As the Urban Foundation report revealed, the city is geared to the official figure — which means there are 32 000 too few houses, a pupil-teacher ratio of 47-to-one and ludicrously inadequate services. From the necessary 24 hours a day, water supplies could be down to 5½ hours in five years. The sewerage system is near the point of breakdown.

So until ideology catches up with realism, the problems of Soweto will not be sorted out.
Planning new 'one-stop' Soweto health centres

By Lynda Leaton, Municipal Reporter
Planning has started to co-ordinate Government, provincial and municipal health services in Soweto and establish "one-stop" health centres.

"The need is great, everyone is willing and I believe the scheme will have got off the ground in less than five years' time," Dr C van den Heever, superintendent of Baragwanath Hospital, said today.

Dr B R Richard, Johannesburg's Medical Officer of Health, is "most optimistic" about the scheme and said it was "in line with the thinking behind the 1977 Health Act which made provision for co-ordinated and economical services and the prevention of the duplication of services."

The number of centres will depend on the population of Soweto, with each providing for about 30,000 people. It is believed that the first will be built in the Zola/Potchefstroom area, followed in turn by Moses Mabhida, Meadowlands Extension, Diepsloot, Protea and other areas.

Dr van den Heever said it was believed that the 10 new day hospitals announced by the Province would be part of the centres, which will provide curative, preventive, promotional and family health services.

Dr Richard said that in the centres, the State would, for example, provide psychiatric services while the Province provided curative services and the Johannesburg City Council provided child health, family planning, TB, infectious diseases and environmental-health services. The council is presently providing these services in nine health centres in Soweto.

SCOPE

"No existing health services will end because of the new centres," said Dr van den Heever.

Representatives of the various authorities are still working out proposals for the new centres, and once they have established the scope of the need in Soweto and come up with a suitable design, they will decide where the first centre will be built.
UNIVERSITY OF CAPE TOWN
EXAMINATION ANSWER BOOK

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Still not enough beds for blacks in hospitals

The number of hospital beds available for blacks in the Johannesburg area falls far behind provision for whites, despite the plan to accommodate blacks in the Johannesburg General Hospital.

A survey by The Star showed that four hospitals for whites in the Johannesburg area had 3,147 beds, while the only hospital in the area for blacks offered 233 beds.

When the Johannesburg General Hospital opened to blacks a proposal this week by Dr. Rallie de Haas, MC for Hospital Services, was that one hundred beds will become available for blacks.

The hundreds of thousands of blacks living and working in Johannesburg will therefore have 890 beds available to them. In Soweto, with a population estimated at over 1 million, the Parow Hospital must house all the cases it receives and attempt to fit them into its 2,603 beds.

Hospitals for whites in the Johannesburg area include: the Johannesburg Hospital — 2,603 beds; the Edenvale Hospital — 205 beds; the J.G. Strijdom Hospital — 520 beds; and the South Rand Hospital — 412 beds.

A spokesman for the Johannesburg Hospital said some wards were not in use and a spokesman for South Rand Hospital said only 226 of its 350 beds were in use.

In Johannesburg, there are 400 beds in the forensic section, and there are no special facilities for black patients except in the Johannesburg General Hospital.

The number of beds for blacks is to be increased to 2,000 by 1980, with an additional 1,000 beds at the Pretoria Hospital.

Dr. Groen said the amount of patients admitted to the Pretoria hospital was 8,219, with 8,500 patients admitted to the Johannesburg General Hospital.

WARNING

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Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University.
Mamelodi's hospital

A MAMELODI 60-bed day hospital will start functioning next year. The hospital has been built at an estimated cost of more than R1.8 million. Construction work at the hospital started last year and, according to the superintendent at Kalafong Hospital, Dr J A Fourie, the hospital will cater for minor cases and has 30 beds for maternity and 30 for casualty patients.

There will be three ambulances stationed at the hospital to ferry serious cases to Kalafong.

"This hospital will ease the overcrowding at Kalafong Hospital because only serious cases will be referred to us," Dr Fourie said.

Mamelodi has a population of 180 000 — excluding the more than 56 000 children under the age of 18 years.

There is only one clinic in Mamelodi West and a provisional one in Mamelodi East.

Post: 20/6/60
Diagnosis: 

By SAM MABE

KALAFONG HOSPITAL near Pretoria is so overcrowded that between two and four children sleep in one cot and some adult patients sleep under beds.

This was discovered by SUNDAY POST's investigation team, which also found that some patients spend the day basking in the sun to allow doctors freedom of movement to attend to the seriously ill.

The hospital's deputy superintendent, Dr H Basson, said patients who slept on the floor were those who had been discharged and were waiting to go home the following day. But 46-year-old Mr Solomon Matsa had been in the hospital for only two days when he found himself sleeping under a bed.

He said he had been sleeping on the floor since his admission. Mr Thomas Khosa said he slept on a bed for the first six days of his arrival at the hospital.

Like other patients who are not critically ill, he had to sleep on the floor to make room for the more seriously ill patients.

In the children's ward a few cots had one child sleeping in each. Most of them were shared by two and four children of two and three years old.

Also sharing beds were children from seven to 12 years. They slept two in a bed.

"Mothers who give birth through a caesarian operation or those who have some other complications are the only ones for whom we can afford beds. Otherwise, those who have normal deliveries sleep on the floor immediately after delivery," she said.

Dr Basson denied that the hospital was so overcrowded that four children could be made to sleep in one cot. "I do not know anything about it and I don't think there is truth in what you are saying, Mr Mabe," he said.

He then said Kalafong was not the only hospital that was overcrowded. He also said plans to extend the hospital were underway.

In the casualty section there was also overcrowding. There was a long queue of out-patients, some of whom claimed they had not been attended to for more than five hours.

...and here's what happens overseas

ITALY, the "land of the sick hospital," has taken an unprecedented step to improve its medical care: it has put its health institutions on trial.

A patient's rights court, instituted after much lobbying by various unions and political and religious organisations, has begun taking evidence from patients, and so far the stories have been painful.

The 1,500 testimonies that have reached the court's preliminary inquiry committees include allegations of...
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A patient’s rights court, instituted after much lobbying by various unions and political and religious organizations, has begun taking evidence from patients, and so far the stories have been painful.

The 1,500 complaints that have reached the court’s preliminary inquiry commission include descriptions of crowded hospitals with rats in the hallways, broken walls, mineshafts and the ward to another of the hospital to another of the hospital to another of doctors’ gifts and the mention of overcharging for ice and water, usually at the busy.

“Where movement to defend the rights of the ill was created to combat this type of discrimination,” said Giovanni Mattogno, a professor of social medicine at the University of Rome and leader of Italian Communist Party secretary Enrico Berlinguer.

The variety of complaints is enormous, but the most universal is the failure by hospitals to tell patients about their condition.

Then come complaints about overcrowding, the attitude of nurses, anonymity, food, lack of hygiene, errors in treatment and, for 14 percent, the medical personnel’s ineffectiveness. — AFP.
Only the top will do: GG

By LEN KALANE

He has good looks, a rare sense of humour, the sociability that makes people crowd around him . . . and brains.

Dr Jiyane Mbere, popularly known in Soweto as "GG", has clung onto one thing all his 30-odd years. To get to the top.

And "G G" is a man at the top indeed. He is the first black to be appointed head of the gynaecologist unit at Baragwanath Hospital. He has both black and white staff under him.

So far he has done pretty well for himself and yet he is not satisfied.

"I am a man with positive thoughts," he says. "I always want to see myself at the top."

How do you see your job, Dr Mbere?

"Quite challenging," he says.

"The challenge is increasing every day," says Dr Mbere. "I feel very proud to be so directly involved in serving the community. We see an average of 150 patients a day, just look at it from that way."

Dr Mbere says he has had his frustrations in trying to build up his future. After passing his Joint Matriculation Board with a first class in 1969 at the Roman Catholic St Francis College, Marnamhill, Natal, he went to Wits University to study for a BSc degree.

"The top black educationist, Mr T W Kambule was the man who was really pushing me from behind," he says. "But it was unfortunate — I only stayed at Wits for three months, because I couldn't get a scholarship."

Dr Mbere then studied medicine and qualified in 1965. He did private practice in Soweto for four years.

Dr Mbere said in 1970 he then applied to Makerere University, Kampala in Uganda. In 1972 he got a degree in Obstetrics and Gynaecology.

Dr Mbere went to London and obtained another degree in Obstetrics and Gynaecology. This was in 1974.

"I wanted to go to Canada for another degree," he said. "I became homesick and dropped everything. I became more eager to practise my skills down here at home, I think there was a need for gynaecologists to serve the masses in Soweto."

He got employed as a registrar in 1976 in the unit he now heads. He was promoted to junior consultant and now to senior. This happened in only two years. In October 1979, Dr Mbere was appointed head of the Gynaecologist unit at Baragwanath Hospital.
70 Bara doctors for ‘malpracti

By Elizabeth Wilson

About 70 doctors at Baragwanath Hospital have called on the SA Medical and Dental Council to urgently investigate conditions at the hospital which, they say, make medical malpractice “unavoidable.”

A petition signed by the doctors, calls for a council inquiry with special reference to malpractice, overcrowding, and the adverse effects of present conditions on the training of undergraduates, interns and registrars.

The doctors stress the need for urgency. The petition claims that gross overcrowding is occurring a situation where medical practice cannot be carried out according to the most basic medical standards and makes malpractice unavoidable.

It says ward occupancy sometimes reaches more than three times what it should be.

Doctors have cited an instance in which 125 patients were crowded into a 40-bed ward, with 85 having to sleep on the floor.

The petition also says that elementary nursing and medical care cannot be carried out despite the “heroic efforts” of an overworked nursing and medical staff.

It says the situation seriously affects the training of undergraduates, post-graduates and interns.

It is believed the petition was sent by registered mail to the Medical and Dental Council.

The medical superintendent of the hospital, Dr. Chris van den Heever, said he had not heard of the petition but felt sympathy for doctors working difficult conditions.

Van den Heever said beds were overcrowded.

The hospital would require more beds to accommodate the size of the population.

Dr. van den Heever said the building of a new hospital to take at least 1,000 patients was urgent. He said Transvaal authorities also viewed the matter as a “priority” and high-level discussions were taking place to see how soon such a hospital could be started.

Senior officials of the Medical and Dental Council were not available this morning for comment on the petition.

Controversy

The hospital has been the centre of controversy for some time, generally owing to gross overcrowding.

New hospitals are in the planning stage for Soweto, and the old Johannesburg General Hospital is due to open its doors to black patients soon, but the crisis at Baragwanath remains acute.

To add to the problem, about 25 to 30 percent of the hospital’s nursing staff of 800 is off with flu, putting extra strain on medical personnel.

In October last year, Baragwanath doctors were already warning that if the Transvaal hospital authorities did not act to improve facilities, the hospital’s academic function might have to cease.

They raised the issue of overcrowding and of patients sleeping on the floor with the then superintendent of the hospital, Dr. P. J. Reutels.

Doctors at the hospital said today the situation was desperate.

The population of Soweto is growing by the day but who is doing the planning for medical services for these people?”

He said it was “useless” to constantly refer doctors to the long-planned “new hospital” for Soweto.

“What we need is beds for patients who are in the hospital now,” he said.

Dr. Nthato Motlana, chairman of Soweto’s Committee of 10, has repeatedly called for an end to the “scandalous” system in which black patients are to be seen lying on hospital floors because of a lack of beds.
Silence on Bara crisis

The 70 doctors at Baragwanath Hospital who petitioned the SA Medical and Dental Council two weeks ago about the critical conditions at the hospital have not had a reply.

Today one of the doctors said they would send a copy of the petition to the SAMDC if it had not received the original.

The petition, sent by registered post, urged the council to investigate alleged medical malpractice caused by severe overcrowding at the hospital. It said 125 patients were being treated in a 40-bed ward.

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Bara in bid to ease overcrowding

By LEN KALANE
BARAGWANATH Hospital is to move some patients to Leratong, near Krugersdorp, to ease overcrowding.

"That's...what we are looking up to for now," said superintendent, Dr Chris van der Heever. "Unless we work closely with Leratong it seems overcrowding is here to stay."

Dr van der Heever said in the past they used to have some of the patients treated at Leratong. The scheme dwindled as problems arose when transporting patients.

"We are now working on a new scheme of establishing a Bara ward at Leratong. It won't make much difference easing the situation at Bara now but it's worth another try. What we now actually need are 300 extra beds and we think Leratong can only provide 40."

This new move comes in the wake of complaints brought by doctors concerning overcrowding at the hospital. About 70 doctors were reported to have called on the South African Medical and Dental Council to investigate urgently conditions at the hospital, which they say make medical malpractice "unavoidable."

COMPLAINT
The new call by the doctors comes two weeks after a similar complaint was made to the hospital's superintendent by doctors who said they could not cope with their work as overcrowding was out of control in the medical wards.

"Things may even get better" when we finally move some of the patients to the Old General hospital in the city. The erection of a new hospital at New Caxita will also help a lot. Only the director of hospitals may say when all these would get off the ground," Dr van der Heever said.
Petition on Bara put to council

The petition by more than 70 Baragwanath doctors over conditions at the hospital is to be discussed at a meeting of the SA Medical and Dental Council executive committee in Pretoria on July 11.

The council has now acknowledged receiving the petition and a spokesman said today that the committee would consider whether the matter was "within the jurisdiction" of the council.

He added: "It would appear that this matter is not for the council but for the hospital department in that it concerns conditions at the hospital."

When it was suggested that doctors were claiming that the conditions affected their ability to perform their work properly, the spokesman said his would have to be considered by the executive committee. He would not comment further.
Private hospital fees up

Fair Deal Reporter

Most medical aid schemes will initially absorb the 10 percent increase in ward and theatre fees in private hospitals from July 1.

Private hospital fees are at present R25 a day. They will rise to R27.50 a day.

The Representative Association of Private Hospitals and the Representative Association of Medical Schemes in Johannesburg said the increase was to cover salary scales for nursing staff commensurate with that paid by provincial hospitals.

Private hospitals have not yet decided whether to pass on the cost increase to non-medical aid patients.

However, most medical aid societies Fair Deal spoke to said they had not yet decided whether or not members tariffs would increase accordingly.

They said they would absorb the increased cost initially and decide at a later stage whether or not to increase membership tariffs.
Doctor warns on Bara danger

By Elizabeth Wilson

Patients in the overcrowded Baragwanath Hospital run the frightening risk of "receiving the wrong drugs," "missing out on vital medication," or "being sent home prematurely," claims a doctor who has worked there for several years.

He said medical personnel were becoming increasingly worried about the welfare of their patients under conditions where patients lay on the floors of wards or outside because there was not enough space.

The doctor said it was shocking to see elderly and sick patients having to lie on the floor, especially in winter.

Overcrowding, he said, created a situation in which the patient's "bed-letter," which contained a summary of the case, and the patient's treatment chart were sometimes "lost or misplaced."

"This is a serious situation," he said.

"It could result in a patient receiving the wrong treatment or medication. Clearly, this could endanger the person's health."

VITAL

The doctor said that, because of overcrowding, patients sometimes spent time outside the wards. When nurses were doing the medicine rounds they sometimes could not find a specific patient. This meant some could miss a vital injection or dose of medicine.

He said there was grave concern over premature discharging of patients from the hospital to "keep the numbers down."

It was "not infrequent," he alleged, for a patient "still in heart failure" to be sent home to recover. These people should have had a longer stay in hospital.

TOO SOON

He said that often patients who were sent home too soon returned in a more serious condition.

In admission wards the large number of patients admitted meant that doctors were unable to spend enough time attending to more gravely ill patients. This could result in a patient's death, he said.
Baragwanath could be downgraded

By Elizabeth Wilson

Baragwanath Hospital, the country's largest teaching hospital, could lose its teaching status if its educational standards fall short of those set by the Medical and Dental Council, the dean of the University of the Witwatersrand's medical faculty warned today.

There was deep concern about conditions at Baragwanath, Professor Philip Tobias said after a meeting of about 40 members of the Medical Faculty Board yesterday.

"Our concern," Professor Tobias said, "is that, as a major academic hospital for the training of undergraduate medical students, interns and registrars, Bara must be able to provide facilities of a high standard."

Under present conditions of desperate overcrowding the ability of Baragwanath to fulfil these functions must fall far short of the optimum, even of the adequate, despite the dedicated efforts of the staff.

He said the university sympathised with the plea of the staff of Bara for better conditions and pledged itself to do all it could to promote improvement.

"We are aware," he said, "that the Transvaal Provincial Administration has also made several high-level visits to Bara and is planning short-term and long-term remedies."

“But as yet, the staff at Bara are unable to see any signs of these promised improvements."

Professor Tobias said urgent implementation of the Province's relief proposals was essential especially now that the avalanche of winter illness was engulfing the people of Soweto.

The Faculty Board, he said, expressed the earnest hope that, by cooperative planning between the General Hospital — shortly to be reopened with beds for 800 African patients — and Bara, some immediate relief would be afforded at Baragwanath.

Mr Sam Moss, PFP spokesman on health in the Transvaal Provincial Council, says money planned for new roads, should be re-allocated for the building of a new hospital in Soweto.

Mr Moss dismissed a suggestion that accommodation in the old General Hospital — now to be assigned to blacks and Indians — would alleviate the pressure on Baragwanath.

As an immediate step to relieve the overload on Baragwanath, Mr Moss called for a trebling of community clinics in Soweto.

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Examiners' Initials

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1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University.

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Vorwaardig in Suid-Afrika
A bed on the floor

101 patients in a ward for 48 and some sleep in wheelchairs

By SAM MABE

SUNDAY POST's investigations into overcrowding at Kalafong Hospital have revealed that over 50 patients in one ward sleep on the floor.

Ward 5, which appeared to be one of the most overcrowded, has 48 beds for 48 patients and a total of 101 patients, including the 53 who sleep on mats under beds, in between rows of beds and others in their wheelchairs.

The children's ward, Ward 3, is also bursting at the seams with close to 50 children in the two and three year age-group sleeping on the floor. Some who have cots to sleep in are crammed in groups of up to four in one cot.

Only those who are seriously ill sleep alone. When SUNDAY POST's investigating team visited the hospital last week, several patients were basking in the sun outside the wards.

One of the patients said they were outside to give freedom of movement to doctors and nurses to attend to the seriously ill and to allow the cleaners to sweep the floors. Only those who were too ill to move outside remained in their sleeping place.

This week I visited the hospital in the evening shortly before bedtime. In the children's ward several mats and blankets had been spread on the floor and the children, some of whom were playing and running around, were being called by nurses aides to group together at their sleeping place.

I counted close to 50 of them. In Ward 18 there were 14 patients sleeping under beds. In Ward 16 there were seven and in Ward 20 there were nine.

Ward 19 was shared by men, women and a few children. The ward, like all others, is divided by walls into four sections. Three were occupied by men and one by women.

Sleeping on the floor with only one blanket.

In between the rows of beds there were a few children's cots.

A Soweto man who is one of the 53 who sleep on the floor in Ward 5, Mr Mandla Mncube, said he had been at Kalafong for two months. Since his admission he had never had a bed.

One patient with leg injuries who uses a wheelchair said he slept in the wheelchair. Some patients were playing cards and others reading.

"Sleeping on the floor offers no comfort at all. We sometimes keep ourselves busy talking or playing cards so that by the time we get down there we are ready to fall asleep immediately and don't feel the discomfort of the hard floor.

One nurse who cannot be named for professional reasons said in the maternity ward the situation was even worse because the hospital had to cater for mothers and their babies, who had to sleep separately.

"Cots are available for the babies but the mothers have to sleep on the floor, sometimes immediately after delivery. How can they be given beds when some critically ill patients in other wards have no beds? This overcrowding makes our work difficult," she said.

In one of the wards there is an old man who could be in his 50s and who is said to have been in the hospital since 1970. He was apparently discharged long ago but because he has no home to go to, has been staying at the hospital. I found him sleeping on the floor with only one blanket.

Last week, the deputy superintendent of the hospital, Dr M Basson, denied that overcrowding at the hospital was such that up to four children slept in one cot.

He also denied that there were patients who slept under beds.
Medical aids in dark on cost hike

AFTER the 10% hike in private hospital ward and theatre fees agreed last week, several medical aid schemes still do not know whether they will increase their contribution rates — because they have not yet been officially informed.

The increase was negotiated on Thursday at a meeting of the Representative Association of Private Hospitals and the Representative Association of Medical Schemes.

The 10% increase in private hospital ward and theatre tariffs means that from July 1 a bed in a general ward will cost R27.50 a day, and theatre fees will range from R9 and R8.

Of six medical aid schemes approached by the Rand Daily Mail, only two have been officially notified of the increase — Anglo American Corporation Medical Aid and OK Baxters Medical Aid.

A spokesman for the other four had either not heard about the increase or had only heard about it in Friday's "Mail".

A spokesman for the Anglo American Medical Aid scheme said they had been informed of the increase by RAMS.

He said members' contributions would not increase. The scheme would increase its contribution by R1 a month for each of its 10,000 members.

At the moment, the Anglo American medical aid scheme pays the full tariff for ward and theatre fees, and apparently will continue to do so after July 1.

A spokesman for the OK Baxters Medical Aid Scheme refused to comment and would not disclose the amount the scheme paid out to members for ward and theatre fees.

A spokesman for the South African Associated Newspapers Medical Aid scheme said they had received no official notification of the increase.

A spokesman said the last increase in medical aid subscriptions had been on January 1, when medical tariffs increased. She did not know whether they would be increased again this year.

The Anglo American Corporation Medical Aid Scheme had not been informed of the 10% increase and did not know whether contributions would have to be increased.

A spokesman for the OK Baxters Medical Aid had not heard about the increase. At the moment, R9 covers the previous tariff of R25 a day for a bed in a general ward and 100% of theatre fees.

The spokesman was unsure whether NIC rates would increase.

South African Associated Newspapers Medical Aid had read of the 10% increase in the "Mail", but had not been officially informed. At present the scheme pays all theatre fees and R20 a day for general ward fees.

A spokesman said the new increase would cost the scheme an estimated R6 000 a year more, but he did not know whether contribution rates would be increased. The SAB scheme's last increase was 52% on January 1.

A calculation involving three routine operations — not allowing for theatre complications — compares the average cost of ward and theatre fees at present and from July 1.

- A tonsilectomy — the patient would be in theatre for about half-an-hour and would stay in a general ward for one day. The theatre fee for half-an-hour is about R35 and the ward tariff is R25 a day. The total amount, not allowing for drugs and dressings, would therefore be R60. From July 1, it will cost R104.50.
- An abdominal hysterectomy, which would take about 1½ hours in theatre. The patient would stay in hospital for about a week. The theatre fee would be about R138 and the ward fee about R175. The total, excluding drugs and dressings, would be R253. From July 1, it will cost R320.
- A chariotry (dislocated hip replacement) — the patient would spend about two hours in theatre and about 10 days in hospital. The theatre fee would be about R140 and the general ward fee would be R259. Totaling R399. From July 1 it will cost R429.

All the above costs are only those for ward and theatre, and do not include doctor's fees, drugs, dressings or any extras.
Staffing crisis hits hospitals

Own Correspondent

PIETERSBURG. - Overcrowding and a shortage of staff in all Lebowa hospitals was confirmed yesterday by the outgoing Minister of Health, Mr S P Kwa Kwa.

Mr Kwa Kwa was reacting to a weekend newspaper report which described overcrowding, long queues, and an acute shortage of doctors in the Philadelphia hospital in Dennilton.

Mr Kwa Kwa said: "I am aware of the shortage of hospital staff in Lebowa. It is not only at Philadelphia hospital. A shortage of doctors is a general and common thing with us".

The Minister — who was appointed Minister of Education in the recent cabinet reshuffle — said he felt bound to go and see the situation for himself after seeing the report, but his new appointment would interfere with his plans.

He said the situation at Philadelphia was particularly bad, because the Ndebeles were now being consolidated under the Kwa-Ndebele.

"They have come from areas such as Pretoria, Pilgrims Rest and Middelburg. Big townships have sprung up in the Dennilton district and they are all being served by the Philadelphia hospital."

Mr Kwa Kwa said Philadelphia hospital had to extend its services to the Ndebele areas in terms of an agreement under the Regional Health Organisation in South Africa, which knows no ethnic boundaries.

The Minister said the phasing out of missionary hospitals had caused a general staff shortage in all hospitals.

He said missionary doctors — who were dedicated to their work — were unlike doctors who preferred to work in their surgeries in more advanced centres, and their numbers had dwindled since the Lebowa government took over all hospitals.

Mr Kwa Kwa said he regretted leaving the Health Department because, as a field which was altogether new to him, it carried challenges for him. He is a former inspector of schools and becomes Minister of Education from today.
Wits students boost health clinic's funds

On the outskirts of Alexandra township is the Alex Health Clinic. It is staffed by people who work day and night and receive no more rewards for their efforts. The clinic provides vital health services for the 60,000 residents, saving them long trips to the Tembisa Hospital — the closest one.

Medical personnel at the clinic are helped in their task by groups of eight to 10 final-year medical students from the University of the Witwatersrand.

At night, the casualty has to be staffed by Wits students. The students are behind a fundraising competition aimed at helping the Alex clinic get over a period in which its existence is threatened by a serious shortage of funds.

The "Wits for Alex" competition is being run by the Medical Students' Council of the university, and selling the tickets for the competition is the task of the medical and paramedical students.

The prize list comprises 26 prizes donated by various companies, and includes offers of vouchers, portraits, a food hamper, linen hampers, a pen and cash.

Some of the larger prizes include: R1,000 cash from Imperial Chemical Industries, a Telefunken colour television from Telstar; a polaroid "ultrasound" camera from Frank and Hirsch; a diamond ring from J. Friedman jewellers and R300 cash from Berk Pharmaceuticals.

VOUCHER

Ten linen hampers have been offered by Consolidated Textiles. Rotary Time has offered a watch, Edgars, Globe Electrical and Pseudo's R100 cash, R100 voucher and two R50 vouchers respectively, and Tiger Foods have offered a food hamper.

Books of tickets must be sold by July 30. Details about the competition can be obtained from the Medical Students' Council offices, telephone 724-1561 ext 128.
A NEW 40-bed psychiatric unit for blacks will open at the old "white" General Hospital in Johannesburg in October.

The chief of State Health, psychiatrist services, Dr P. H. Henning, announced this yesterday during a health forum held at Tara, the N Moross Centre, yesterday.

Dr Henning said that his department had also acquired 17 hectares adjoining the Sehokeng Hospital near Vereeniging to build a 600-bed psychiatric hospital.

This hospital, plus a smaller satellite hospital with 200 beds for mentally retarded children, would be completed within five years.

Dr Henning said that since the Cabinet's decision to allow the Department of Health to take over all psychiatric services, planning for black facilities has been streamlined.

"In the past there have been setbacks in planning but now that the services fall under one body we have been able to define our goals more clearly," he said.

One of the main problems when building a psychiatric hospital was that, unlike a general hospital, a psychiatric hospital was ideally single-storeyed and spread over a large area, he said.

Dr Henning said while it was possible to get small areas of land in Soweto for a psychiatric hospital, big areas were not easy to acquire.

"However, we have got the green light from the Orange River Vaal Administration Board for land at Sehokeng and we hope that the West and East Rand Administration Boards will follow suit for further facilities in Soweto and Daveyton," Dr Henning said.

He said the new 60-bed unit at the old Gen. plus facilities at Sterkfontein Hospital and an out-patients' centre in North City Building in Plein Street, Johannesburg, should ease present overcrowding in black psychiatric hospitals.

A psychiatric unit at Baragwanath is on the cards as part of the Transvaal Provincial Hospital's re-planning of the hospital.

Dr Henning said that the Department of Health was building several other psychiatric facilities for blacks in the Free
General Hospital to open for blacks on Monday

Medical Correspondent

The General Hospital in Johannesburg will admit its first black patients on Monday.

The superintendent, Dr. J. Kalmy, said today, the hospital would start with a limited service but more wards would be opened as equipment and staff became available. The reconditioned General Hospital will eventually have beds for 726 black and 243 Indian patients.

"Monday will be a historical occasion for us," said Dr. Kalmy.

She said equipment for the hospital had been ordered and was starting to arrive. Medical posts for more than 260 doctors and about 1000 nurses had been created and appointments were being made daily.

Dr. Kalmy added: "How quickly the hospital develops will depend on the availability of staff and when medical equipment arrives."

"We realise there is a shortage of nurses but we are hoping to recruit nurses who are not working at present. Our goal is to make the hospital fully operational as soon as possible."

She said the reorganisation of the General Hospital fulfilled a great need in the city. The hospital would serve blacks in Johannesburg.

The superintendent added that the old Non-European Hospital was being renovated and altered and would be occupied by 243 Indian patients including maternity cases.

"We will also take some of the pressure off the overcrowded Baragwanath Hospital," she said.

Wards empty—but patients lie on floor

Black wards at Edenvale Hospital, which were closed eight years ago are now used to store garden tools.

But hundreds of patients lie on the floor in desperately overcrowded wards at Baragwanath Hospital and Johannesburg's Non-European Hospital.

Today, Dr. Hennie Grove, Transvaal Director of Hospital Services, makes an on-the-spot investigation after the issue was raised with him by Mr. Sam Moss, M.P.C., F.P.P. health spokesman.

Mr. Moss has asked to inspect the buildings to see if they can be renovated and put back into use.

The black section of the Edenvale Hospital was closed in 1972 in accordance with Nationalist policy to move black hospitals out of white areas.

At the time Mr. Moss opposed the plan.

The University of the Witwatersrand's Medical Faculty Board has expressed concern at overcrowding at Baragwanath Hospital, where for 16 days last month there were two patients on the floor to every one in bed in some wards.

Mr. Moss said: "Tools should be moved out and sick people moved into Edenvale Hospital once the buildings have been cleaned and renovated."

"We have an emergency on our hands. If Edenvale has these buildings, they must be opened."

With critical conditions in black hospitals, it was "surely logical" to make maximum use of existing accommodation to relieve suffering, he said.
I'm no politician, says Grove
By Elizabeth Wilson

Yesteryear I walked through the former black section of the Edenvale General Hospital which was built to serve at least 150 patients. Ward after silent ward stood empty — not a patient or nurse in sight. Yet, at Baragwanath and Johannesburg’s Non-European Hospitals patients were sleeping on floors because there were not enough beds — or wards.

There was something almost ghostly about the scene.

The kitchen where meals were once prepared was now littered with fertiliser bags, the sturdy stoves flanking the walls were covered with a layer of dust. Down the deserted ramps and passageways and into wards — five spacious facebrick wards, three theatres, X-ray rooms, sections for physiotherapy and occupational therapy, in all there unused and deteriorating. The reason: In 1972 a Provincial Council decision closed down the complex in accordance with the Government policy of moving black patients out of white areas. Patients, it was argued would go to the new Tembisa Hospital — a “showpiece” of modernity. The fact that sick people had to travel many kilometres to the hospital scarcely seemed to matter to the arch-planners.

Subsequent years have seen a build up of patients not only to Tembisa but to the Non-European Hospital and Baragwanath.

This month Baragwanath doctors reported that for 15 days there were almost two patients on the floor to every one in a bed in certain wards.

Running down for 8 years

As one doctor put it: “You have to see two seriously ill patients physically fighting for a bed before you understand what we are complaining about.”

Yet, for eight years a hospital which might have offered beds has been running down. Today the roof and gutters need attention, windows are broken and the spectre of neglect is everywhere.

Could an emergency plan bring the complex back into use? Mr Sam Moss, FFP spokesman on health, who inspected the building yesterday says yes.

Revitalised in a few months

These are usable buildings. Admittedly it will need a fair amount of capital to bring them up to medical standards. But in the present emergency situation we must use every available hospital building to the maximum.

Mr Moss maintained that within a few months the place could be revitalised.

Others who inspected the buildings yesterday were the Hospital Superintendent, Dr Richard Griffiths, Mr chickens van Riet, Deputy Superintendent (Administrative), and Mr Philip du Preez and Mr Clive Derby-Lewis, two members of the hospital board.

Mr Derby-Lewis raised cost and the recruitment of staff as obstacles to the reopening of the hospital.

He put a figure of R500,000 on renovations and had “reservations” whether such a hospital facility would relieve pressure on Baragwanath and the Non-European Hospital. He maintained a black hospital at Edenvale would be used by local people who should instead be going to Tembisa.

Before the black section was closed eight years ago it formed part of the University of Witwatersrand Medical School training circuit. When it ceased its service to blacks it lost its housesmen and today has no official training function.

Recruit doctors from overseas

To operate on a level with the existing white hospital the section would require about five full-time and four part-time doctors as well as consultants.

Mr Derby-Lewis suggested recruitment of doctors from overseas. Dr Griffiths proposed the secondment of doctors from the Defence Force to help in an emergency situation.

As regards nurses—indications are that they tend to prefer working in urban areas to outlying hospitals.

The Edenvale complex has an empty nurses residence.
Jo'burg General admits first black patients

Johannesburg's General Hospital has admitted its first black patients — 19 men and 19 women.

The hospital's superintendent, Dr L. Kalmy, said today: "We are giving immediate relief to the overcrowding at the Non-European Hospital. Thirty-eight patients were moved today and the hospital will grow as more staff and equipment become available."

The renovated and reconditioned General Hospital will eventually have beds for 724 black and 245 Indian patients. The old non-European section is being renovated and will be occupied by the Indian patients.

The superintendent said that medical services would be limited at first but more wards would be opened as equipment and staff became available.

TRANSFER

"Our big move will be in a few months. By then we should have X-ray and operating theatre equipment," she said. The next transfer of patients would take place in two or three weeks.

Medical posts for more than 250 doctors and about 1,000 nurses had been created and appointments were being made daily, she said.

"We will take some of the pressure off the overcrowded Baragwanath Hospital."

Dr H A Grove, director of hospital services in the Transvaal, said there was an urgent need for black nurses, radiographers, pharmacists and other staff at the hospital and he appealed to nurses and others to apply for jobs.

"We need the staff to make the hospital a success. The sooner we get staff, the sooner we can open more wards."
Black patients move to ‘Gen’

By MARILYN ELLIOTT

THE first 38 black patients were moved from the dilapidated NEH (Non-European Hospi-
tal) to the previously “white” General Hospital yesterday.

The move follows the Transvaal Hospital Services’ decision to create a 724-bed hospital for Johannesburg blacks at the “Gen” in Hillbrow.

A Rand Daily Mail investigation in January revealed that services for blacks at the NEH were about to collapse because of a lack of equipment and facilities. Doctors were no longer able to cope with the overcrowding.

Shortly after the investigation, the Department of Co-operation and Development and Hospital Services decided to turn the old “Gen” into a black hospital.

The two hospitals are being completely renovated. The NEH will be turned into a 450-bed hospital for Indians, and the sprawling “Gen” will be for blacks only — except for the radiotherapy department, which is being used for whites as well.

Yesterday, Wards 13 and 14 at the NEH were moved to the 38-bed ward at the “Gen”. As soon as new equipment arrives, other wards will follow.

Dr L Kaimyn, acting superintendent of the NEH-Gen complex, said yesterday that more than 1,000 additional nursing posts have been created for the “new” hospital, and there will probably be about 550 posts created for doctors.

The hospital will provide every form of medical specialisation except obstetrics and paediatrics — these services will be continue to be provided at Baragwanath Hospital.

Patients who moved in yesterday looked about them in astonishment and delight. Asked if they liked being in a new ward, they beamed and said there was no comparison. They have been shifted from the crumbling interior of the NEH to wards that are freshly painted and filled with new equipment.

Dr Kaimyn said the move would be completed as soon as equipment arrives and posts are filled.

“This hospital will fulfil a real need for blacks in Johannesburg,” he said.

Judging by the patients’ reaction yesterday, that need is already being fulfilled.
Doctor blames 'negligent' blacks for hospital crisis

By Willie Nkosi and Mike Overmeyer

Black patients are sleeping on ward floors at the Boitsburg-Benoni Hospital — but that is because of "their own negligence."

Dr G C Gravett, the medical superintendent, said building more hospitals to provide for blacks would not solve the problem of overcrowding.

"If blacks were not so negligent then we would not have problems of hospital space," he said.

During winter months, problems of overcrowding were more acute because of lung diseases and weekend violence, said Dr Gravett. In the male surgical ward yesterday, 62 patients had been admitted to fill 39 beds.

"It was our highest intake," said a spokesman. Normally, with so many patients being admitted, the doctors attend to those who can be treated immediately and discharged.

"For the more serious we prepare felt mats and blankets as beds on the floor at night," the spokesman said.

Dr Gravett felt that in the black community breadwinners preferred buying cigarettes and liquor to feeding their families properly.

"If my children should suffer disease because of the lack of food I would stop smoking now," he said.

He warned that people approaching the Press to expose hospital overcrowding should be prepared to dig into their pockets and pay more tax if they wanted more hospital space and medical schools.

"These are the people who are not prepared to send their children into nursing careers," Dr Gravett said.

He also blamed low nursing wages and long hours for the hospital crisis.

"Women bank clerks work office hours and are not on duty on Sundays and at night. But our hospital staff has to serve the public 24 hours a day," he said.

Because of the staff problems, the idea of more hospitals were not realistic, said Dr Gravett.

It is estimated that the cost of construction alone on a new hospital would exceed R50-million.

More than 70 doctors at Baragwanath Hospital have petitioned the Medical and Dental Council to institute an urgent investigation, claiming they cannot work properly in present conditions.

The problem is being raised at this week's meeting of the council's executive committee.

Mr Sam Moss, FFP, spokesman on health, has also drawn attention to the problem. He has called for the renovation and use of hospital wards which are empty and deteriorating in Edenwale. The wards can take 150 patients.
A hearty thank you for Council

ONE of the nicest things that has happened to our people in times of acute anguish was the opening of the Johannesburg General Hospital.

Untold misery has in the past befallen people who were stricken with illnesses or got injured in the greater Johannesburg area. The stories of men and women from the white suburbs who had to be shunted to Baragwanath Hospital—adding to the overcrowding—have many times gone unreported.

Now they will be treated at a hospital that was used for whites, and in the nature of things, obviously handsomely equipped.

The burden will be taken from the Johannesburg Non-European section of the General, which in many cases could simply not cope with the cases received from the city area.

Overcrowding in black hospitals has become a chronic problem, almost country-wide. What is happening at Baragwanath is scandalous and what is expected of the medical staff there is nothing short of the impossible.

Beggars that we are, we have to give thanks for small mercies, like the opening of the Johannesburg Hospital, when in fact we should demand adequate treatment for all the people of this country.

There is no reason why people who are the back-bone of this country's industrial might, should be treated in such a shabby and often heartless way.

Here's hoping the precedent set here will be the beginning of even better things for our people. A hearty thank-you to the provincial council for this handsome, if belated gesture.
Wards at Frere forced to close

EAST LONDON — Two wards at Frere Hospital here have been closed due to a shortage of nurses.

But while the wards are closed the hospital is busy restoring the buildings and repairing the floors.

The medical superintendent at Frere Hospital, Dr S. Richardson, said the hospital's mixed orthopaedic ward and the chest section, both of which had been closed about two months ago, were "a desperate need for nurses."

"But that's what it is like at all hospitals in South Africa — we are actually quite well-off as far as staff is concerned," Dr Richardson said.

One of the hospital board members, Mr Robin Hobbs, has called on the provincial administration to do something so the wards can be brought back into operation.

Mr Hobbs, who is the provincial council member for East London North, said the hospital was a "machine which is not operating on all cylinders."

"We have an expensive machine which is costing a lot of money and because of certain problems our machine is not operating at full revs," Mr Hobbs said.

He said it was difficult to pinpoint why there was a staff shortage in the country's hospitals, although matrons at the hospital had given him a fair idea of why nurses were leaving the profession.

These included the poor living conditions at nursing homes and the fact that "modern-day girls are a little bit lazy."

"I think the children of today are possibly having it too easy and this is one of the reasons why we can't get nurses," he said.

"The girls would rather work in some cushy job," Mr Hobbs said.

He denied there was a shortage of doctors at the hospital but said there was still a desperate need for nurses.

He said staff shortages were affecting them all and something had to be done to encourage young people to work there.

Turning to the recent criticism of conditions at Frere's out-patient section, Mr Hobbs said it was not only the staff that was to blame for delays in the department.

He said some of the patients, who reported there for treatment, delayed the procedure through "telling lies."

"I refer particularly to the blacks treated at Frere and there are many of them," Mr Hobbs said.

"We are treating more and more black patients at Frere and these people, for some reason, come along and do not give their real names."

"They prefer to tell a lie and give another name so that a new file has to be opened. I do not say it happens to all of them, but it happens in many cases and this delays the matter."

People had to spend up to half an hour filling in new forms and causing extra work for the staff in the department, he said.

Dr Richardson supported Mr Hobbs in this regard.

"This idea of giving a wrong name seems to be a national sport among blacks, second only to adultery," Dr Richardson said.

"The delays in the out-patient section have nothing to do with staff shortages — it is the patients who cause the problems." — DDR.
Lenasia seeks urgent talks on hospital pledges

By Lynda Loxton, Municipal Reporter

Johannesburg's Indian leaders have called for an urgent meeting with the Government over what they say is a series of broken promises about a health centre and hospital in Lenasia.

A site was bought for the hospital, and the health centre should have been completed in April. Mr Dennis Pillay, chairman of the Lenasia Management Committee (LMC), said today: "This is a matter of urgency. We are not satisfied."

The LMC had asked to see the Minister of Health, Dr L A P A Munnik. In 1978, a LMC delegation was told by the Director of Hospital Services, Dr Hennie Grobb, that health centre tenders would be invited in April 1979 and that the project would be completed this April.

The delegation was told then that a site had been bought for a 200-bed hospital with a psychiatric ward and that tenders would be invited this February.

At the beginning of last year, Johannesburg's City Secretary was told by Dr Grobb that sketch plans for the hospital would be submitted to the Department of Works in February. Tenders for the health centre would be called for by April 1979 and the building would be completed by the end of 1980.

So far, nothing has happened.

In May last year, Mr Kallie de Haas, MEC in charge of hospitals, announced that the 114-bed Julius Ntepe block in the old Johannesburg General Hospital would be used by Indian out-patients.

No Indian patient has yet been admitted to this hospital and the LMC had had no response to a request to inspect the block. This "new facility" is too far from Lenasia that the LMC believes it cannot be a long-term solution.

Mr Pillay said Lenasia's population was over 80,000 and expected to exceed
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Hence, that we are, we have to give thanks for small mercies, like the opening of the Johannesburg Hospital, when in fact we should demand adequate treatment for all the people of this country.

There is no reason why people who are the backbone of this country's industrial might, should be treated in such a shabby and often heartless way.

Here's hoping the precedent set here will be the beginning of even better things for our people. A hearty thank you to the provincial council for this handsome, if belated gesture.
Kotze denies nurse shortage at Frere

EAST LONDON — The director of hospital services in the Cape Dr R. L. M. Kotze, has denied there is a shortage of nurses in provincial hospitals.

Dr Kotze said the staffing situation at the hospitals was "perfectly satisfactory" and he felt the authorities were providing a good service.

He was commenting on the recent closure of two wards at Frere Hospital here which had been attributed to a shortage of staff.

"I don't know the precise reasons why they closed the two wards, but it can't be because of a shortage of nurses," Dr Kotze said.

"Possibly it was convenient at the time to do repairs, or maybe the wards weren't necessary, but there is no shortage of staff there.

"We have sufficient staff to provide the necessary services." There was no reason for any ward in a Cape provincial hospital to be closed because of a shortage of nurses, he said.

"Our criterion is that there must be enough beds for patients — if there is no need for the ward, it must be closed."

The medical superintendent at Frere, Dr S. Richardson, said earlier this week that patients who were previously treated in their sepsis ward and the orthopaedic ward were presently being treated in private and semi-private wards.

The chairman of the Frere Hospital Board, Mr David Lazarus, said the board had not heard of any noticeable shortage of nurses at the hospital.

"If there were problems, I'm sure we would have been told." Mr Lazarus said last night.

"There was a temporary shortage a while back but as far as I know there are no problems now."

-- DDR

Remarks
called an insult

EAST LONDON — The NRP MPC for East London city, Mr Robyn Hobbs, and the medical superintendent of Frere Hospital, Dr S. Richardson, were criticised yesterday for remarks they made about blacks going to the hospital.

Mr Hobbs said many blacks chose to lie by giving a wrong name when they went to the hospital. Dr Richardson said giving a wrong name seemed to be a national sport among blacks, second only to adultery.

Mr D. D. Makatala of the Duncan Village Community Council said the remarks were an insult.

It was surprising such a statement could have come from a member of the NRP at a time when even the government was trying to break race barriers.

Mr Makatala said:

"What is annoying about the whole matter is that the words come from a civil servant at a time when the government is trying to smooth the ill-feeling between groups."

The remarks were also condemned by a member of the Indian Management Committee, Mr Mike Williams, who said they were insulting and derogatory. — DDR.

Big hospitals ‘misused’, says Barnard booklet

Staff Reporter

DON'T go to a big hospital's outpatient department if you are feeling ill or have an injury — go to your nearest clinic, health centre, day hospital or family doctor where you will have full attention with less waiting time.

That's the message contained in a new illustrated information booklet issued by the Department of Hospital Services this week.

The booklet uses a number of photographs of Professor Chris Barnard to put the message across that anyone who goes to a large academic or teaching hospital such as those at Groote Schuur or Tygerberg without a reference from a doctor or clinic is overloading specialized services intended for more serious conditions.

Misuse of the bigger hospitals has resulted in heavy outpatient loads which are slowing down the essential specialized work carried out there and placing a burden on staff, the booklet said.

Primary health care services have now been established which include district nurses, family doctors, day hospitals, mobile clinics and welfare centres.

In a series of photographs captioned in a light humorous style by the Department of Community Medicine, Professor Barnard tells patients that hospitals are meant for very special occasions when they are really needed.

"I get worried when I see you arriving at the academic hospital's outpatient department with perhaps a minor complaint, without an appointment and no letter of referral from your doctor or clinic."

Operation cancelled

Once inside the hospital you may find your operation cancelled because consent has not been properly signed by you or another responsible person.

Ignorance about all these things can cause you long, unpleasant hours of waiting apart from time and money wasted," says Professor Barnard.

The remedy for the health-conscious family was to use their family doctor, clinic or day hospital, have children immunized, regularly examined and weighed, plan the family size, avoid unhealthy foods and habits such as overuse of alcohol and tobacco.
By OWEN VANGA

EASTERN Cape blacks are calling for the resignation of Dr S Richardson, medical superintendent of East London's Frere Hospital, after his alleged remark that lying is a national sport among blacks, second only to adultery.

Dr Richardson, a former Zimbabwean, allegedly said this week that black people lied by giving wrong names when they came to the hospital.

He was supporting the belief of New Republic Party (NRP) MEC for Education, Mr Robyn Hobbs, that blacks in the outpatient section caused delays by giving wrong names. He is also a member of the hospital board.

Now community leaders have called on Dr Richardson to resign or be fired.

Mr Alfred Metele of Mdantsane, a field worker for the Border Dependents' Conference, said the remarks were an insult.

"The problem with whites is that they always see things in terms of colour. They never see people as people and therefore make these remarks."

"Dr Richardson should resign immediately or be fired," he said.

He believed new files had to be opened because the hospital often lost folders through bad filing. Filling out forms did not take long because all that was required was a patient's name, address and next-of-kin.

"To say that filling out new forms takes half an hour is the worst exaggeration," he said.

He said some people may tell lies by giving Duncan Village addresses because, if they gave Mdantsane addresses, they were chased away and told to go to the Cecilia Makhswane Hospital in Mdantsane.

"For some reason people believe that Frere Hospital is better. If all the people were given the same service, there would be no lies."

A Mdantsane township councillor, who did not wish to be identified, said the alleged remarks had exposed the men for what they are. Mr Hobbs's remarks, he said, showed the NRP belief in racism.

Mr D D Makata, a Duncan Village community councilor, said the remarks could create racial ill-feeling.
A patient at the Boxbury General Hospital.

On the floor

Patients sleep

POST, Monday, July 14, 1990

page 5
Over 100 vacant posts at Frere Hospital

EAST LONDON — There are more than 100 vacant posts for white staff at Frere Hospital, according to the chairman of the hospital board, Mr Dave Lazarus.

However, there has been no lowering in the standard of care at the hospital and no delays in the admission of acute patients.

Mr Lazarus issued a statement on the staff position at Frere yesterday after consulting the Director of Hospital Services, the medical superintendent, and the hospital’s chief matron.

"They are in full agreement with each other that the posts at Frere are not all filled," Mr Lazarus said.

"What they object to, however, is that this amounts to an innuendo that the services are inadequate.

"Every effort has been made and is still being made to attract student nurses and trained staff to the hospital. Part-time nurses are being employed and appointments are made on a sessional basis. "The acute shortage of nurses is nationwide and there has been a steady decline in the number of student nurses over the last few years," he said.

In spite of problems, Frere’s record was "impressive. More than 620 000 cases were treated in the out-patients department.

The daily average number of in-patients was 767.

Vacancies exist in all categories of white nursing posts, especially those of registered nurses.

Although there were problems filling vacancies, Mr Lazarus said, there had been no lowering in the standard of patient care.

"Nor has any patient been turned away as a result of two wards being closed," he said in response to reports that two wards at Frere had been closed because of staff shortages. — DDR
Indians get a hospital
—with a staff crisis

By Yusuf Nazeer

Reef Indians have been given their own hospital for the first time in 100 years—but there isn’t enough Indian medical staff to run it.

The Indian community has been given the Non-European General Hospital in Johannesburg, formerly for black patients. The blacks are now being moved into the vacated white section.

The hospital is currently being renovated. A separate maternity ward is being provided, and a divided kitchen for vegetarian and kosher (halal) menus for Hindu and Muslim patients respectively.

New equipment has also been ordered for the 215-bed hospital, which will also have a comprehensive out-patient, casualty and polyclinic service.

But already a staff crisis faces the hospital. There are not enough Indian nurses, radiographers, physiotherapists, speech and occupational therapists, psychiatrists or other paramedics. The doctor shortage is not acute.

The superintendent of the hospital, Dr L. Kalmy, said a recruiting drive for nurses and other medical staff had been launched. It is expected to trigger an exodus of whatever nurses and doctors are available in other non-white hospitals.

This could have an adverse effect on those hospitals, especially Corbettion Hospital which colours share with Indian patients and where there is a shortage of medical staff.

The Lenasia Helping Hand Committee, which recently held a meeting with Dr Kalmy and Dr Hennie Groce, Director of Hospital Services to recommend changes at the hospital, is to assist with the medical staff recruiting.

The chairman of the committee, Mr Yusuf Mia, and the secretary, Mr Wilf Sebastian, will call at schools next week to brief headmasters and teachers about the new medical openings at the hospital and the urgency of encouraging matriculants to turn to this field for careers.

Dr Groce told Mr Mia and Mr Sebastian that the opening of the city hospital would in no way hinder the progress of the two hospitals planned for Lenasia.

Work on the Lenasia Day Hospital is expected to begin this year and should be completed by next year.

The larger R10-million hospital is expected to be erected in four to five years.
White patients can reject black doctors

Own Correspondent

DURBAN — Patients at Natal provincial hospitals who object to being operated on by black surgeons have “freedom of choice” and may specify that they have a white surgeon.

This was said by Dr Margaret Barlow after a newspaper received a telephone call from an irate New Zealand woman whose husband was admitted to Addington Hospital by his urologist.

He was told he had signed a form which agreed to him being operated on by a “non-white.” His wife said: “My husband immediately discharged himself.

“Where I come from there is no apartheid. I am not a racist and my feelings are nowhere near as extreme as my husband’s — but even I would refuse to have a non-white touch me,” she said.

Although assured that black, white, coloured and Indian doctors had the same qualifications, she said that she was sure they were highly competent, but “all the same…”

Her husband was a professional man — an accountant — with ethics. Irrespective of the racial overtones, he should have the freedom of choice.

Said Dr Barlow: “For the past 18 months we have had Indians on our staff. If there are not white doctors available, we use them.”

DISCHARGED

“However, this is only if the patient agrees. The gentleman concerned did not ask us to clarify the situation,” she said.

“After his wife had telephoned my assistant we went to see him immediately, but he had already discharged himself.”

Dr Fred Clarke, NPC, said that people who had an aversion to surgeons other than whites operating on them had to have their views respected.

“However, doctors at provincial hospitals are employed on merit. If an Indian doctor is better than a white, he is employed.”

Heads of cardiology, pediatrics and chemical pathology, at various Durban hospitals are Indians.
Women and children keep hospital running

East Rand Bureau

Housewives and schoolchildren are helping out at the Far East Rand Hospital in Springs.

An urgent public appeal for help last week was prompted by the critical staff shortage at the overcrowded hospital, which has been aggravated by the flu epidemic.

Acting superintendent Dr D Cloete said the response by the public and service clubs had been tremendous. The situation had been very bad.

Normally, the hospital operated with only 70 percent of its staff filled. But the situation had become critical with all beds occupied with patients ill with flu and complications and with many staff members off sick.

The problem had reached such serious proportions that two wards for chronic elderly patients had been closed. These people were being treated in their homes by the local district nurses.

Dr Cloete said that more than 20 pupils on holiday had volunteered, and were making beds and serving food. There had also been a good response from housewives with first-aid knowledge and some medical experience. Local service club members were helping out on a part-time basis.

Eastern Transvaal PFP chairman Mr Tim Sargeant told The Star this week of his “extreme concern” about the situation at the hospital.

He felt that the critical shortage of student nurses on the East Rand was due to the termination this year of theoretical training at the East Rand College of Nursing.

“Nurses now have to go to Johannesburg to learn theory, and this has considerably affected the recruitment of nurses at the Far East Rand Hospital,” he said.

Dr Cloete said the East Rand College of Nursing would be closed permanently at the end of the year.
R26.4-m for hospital services in Soweto

Own Correspondent

Transvaal is planning to spend R26.4-million to extend medical services in Soweto.

The province plans to expand eight clinics in Soweto at a cost of R800 000 each and build 10 new day hospitals, costing R2-million each.

The clinics will be expanded to include X-ray and physiotherapy sections, a small theatre for minor operations, a short-term ward with 20 beds, a maternity section with 12 beds, expanded kitchens and dining rooms, as well as offices for social workers.

The new day hospitals will be built with 20 beds for short-term patients and maternity sections with 12 beds.

These projects are still in the planning stages, but it is understood the Soweto plans could be included in the provincial budget next year, depending on the availability of funds.

In Pretoria a new 148-bed children's hospital is to be built at the CH Verwoerd Hospital at a cost of R17.7-million.
Ban racism or we quit, say Natal's black doctors

Own Correspondent

DURBAN — The Medical Graduates Association (MGA), which represents the majority of black doctors in Natal, has said that its members will withdraw their services from white hospitals unless all forms of racism are eliminated.

This will include cancellation of the contentious provision that non-private patients may choose the colour of the doctor appointed to attend them.

Dr Hoosen Convala, an official of the MGA, pointed out that nowhere else in the world did a patient who did not have a private doctor attending him have this choice.

In the light of a report this week that a white man at Addington Hospital discharged himself after finding that he was to be operated on by an Indian doctor, the MGA said:

"Black doctors are appointed on merit and not simply as poor substitutes for white doctors."

"The surgeon concerned is a fellow of the Royal College of Surgeons and was not only competent, but also best qualified, for the procedure."

"It is a fundamental stand by black doctors that they will not consider working in white hospitals unless members of all black groups — African, coloured and Indian — have the freedom to care for all patients at those hospitals."

DEDICATED

The association believes that black doctors are dedicated to maintaining and promoting the health of all people.

"We are offended and angered by the insulting attitudes of racist patients and the thoughtless statements of supposedly medical admin..."
J ohnson} in an exciting development. Johnson, the business manager at the Johnsonville, Ohio, hospital, has just announced a major expansion plan for the hospital. In conjunction with the construction of a new hospital building, the staff at Johnsonville is planning to expand its services and facilities. This new facility will include an additional operating room, more patient beds, and an expanded outpatient department. Johnson expects that the new facility will be operational by the end of this year. The expansion is part of the hospital's ongoing efforts to improve patient care and meet the growing needs of the community.
Children called in to short-staffed hospitals

Children's hospitals have been so short-staffed this week that some have been turned into assembly lines to keep up with the number of patients. One example is the Niagara General Hospital, where 100 children were seen in a single day.

The shortage of nurses has been so severe that some hospitals have been forced to use temporary staffing agencies. At the Children's Hospital, there are only 50 nurses on staff, down from 120 just a year ago.

The situation is so bad that some parents are choosing to keep children home instead of bringing them to the hospital. A recent survey found that 40% of parents are doing this.

The government has been slow to respond, with only $5 million allocated to hiring more nurses. This is far too little, say advocates who are calling for a major increase in funding.

Children's hospitals are struggling to keep up with demand, and many are on the brink of collapse. The situation is a crisis, and urgent action is needed to ensure that children can get the care they need.
Black doctors’ threat over hospital racism

DURBAN. — The Medical Graduates Association, which represents the majority of black doctors in Natal, has declared that its members will withdraw their services from white hospitals unless all forms of racism in hospitals are wiped out.

The association says in a statement that action must include doing away with the provision in operation at state hospitals that State-assisted patients may specify the race of the doctor attending them.

Dr. Hoosen Coovadia, an official of the MGA, pointed out that nowhere else in the world did a patient without a private doctor attending him have this choice.

"In particular, considerations of race, sex or creed never dictate this."

Reacting to a Press report in Natal this week about a white man who discharged himself from Addington Hospital on finding that he was to be operated on by an Indian doctor, the MGA says: "Black doctors are appointed on merit alone — and not simply as poor substitutes for white doctors.

"In fact, the black surgeon concerned is a fellow of the Royal College of Surgeons, and is not only competent but also best qualified for the procedure.

"It is a fundamental fact that doctors are rejected by black doctors that they will not even consider working in white hospitals unless members of all black groups — Africans, coloured and Indians — have the freedom to care for all patients at these hospitals."

The MGA believes black doctors were dedicated to maintaining and promoting the health of all people and was offended and angered by "the insulting attitudes of racist patients and the thoughtless statements of supposedly responsible medical administrators."

Dr. Y.K. Seedat, head of the medical department at Addington and therefore having authority over white doctors at the hospital — agreed with the stand taken by the MGA.

"This is what we are working towards — the elimination of racism in hospitals. Doctors do not have to be insulted and the surgeon concerned should not have been humiliated," he said.

In a resolution, the association said black doctors would continue to work at Addington only on conditions that:

- The staffing and patient care at the Kimberley General Hospital in Durban did not suffer as a result,
- Doctors of all races would be allowed to work at Addington,
- All Addington doctors were allowed to care for all patients without restriction,
- All doctors benefited from all facilities of the hospital and that no one was restricted on grounds of race,
- Non-patient patients were not given an official choice of doctors, and
- No doctor was forced to return to Addington, or was victimised if he chose not to work there. — EPA.
Hospital acts to combat infection

GROOTE SCHUTZ Hospital, struck by a worldwide occurrence of infection by a new type of bacteria, has adopted stringent measures to minimize infection and protect patients.

The outbreak, now in its tenth month at the hospital, has affected 18 adults and 8 newborn premature infants during that period. Of these, 15 adults and 5 newborns have died.

Outbreaks have also occurred at Transvaal Red Cross and Victoria hospitals, and have been noted in Johannesburg, but so far no occurrences have been reported in the Transvaal or Natal.

This was confirmed by a three-day interview with the Director of Hospitals, Dr. D. S. D. They, the medical superintendent of Groot Schutzhuis Transvaal, Pienaar and the associate professor of bacteriology. They were S. P. Vosloo.

Professor Vosloo outlined the steps taken by the hospital to combat infection and prevent future outbreaks.

There were:
A. Isolation of infected patients
B. Disinfection of all personnel coming into the hospital, and sterilization of beds and linens.
C. Disinfection of all personnel coming into the hospital, and sterilization of beds and linens.
D. Disinfection of all personnel coming into the hospital, and sterilization of beds and linens.
Diseases found in hospitals costly to fight

Science Reporter

THE cost of fighting hospital-acquired diseases in South African hospitals has reached "frighteningly high levels" according to the professor of African diseases at the University of the Witwatersrand, Professor Harry Settel.

Professor Settel told a medical seminar in Johannesburg earlier this year that throughout the Republic high levels of resistance to antibiotics were being seen. About 50 percent of *staphylococcus* — a common cause of infections — was resistant to penicillin.

A visiting American paediatrician, Professor Don Goldman of Harvard Medical School, said that in the United States the fight against the problem was costing up to R1 000m a year in extra cars and drugs. Infection risk was so high in hospitals in the United States that patients had more than a five percent chance of getting new infections during their hospitalisation.

Life-threatening

- The infections were life-threatening and the critically ill suffered more than any other group.
- Most common were infections of the urinary tract which could occur when tubes were introduced into the body. Many of these regularly carried out procedures added to the patient’s risk of infection, particularly after surgery. Antibiotic resistance had reached its worst in hospitals and was exacerbated by the too-liberal use of antibiotics.

Surveys had shown that 30 percent of all patients brought into hospital in the United States received antibiotics and up to 80 percent of common organisms were resistant to penicillin.

In a paper published in a recent issue of the Journal of Hospital Infection it was pointed out that strains of *staph aureus* resistant to meticillin were found in the Newcastle General Hospital, England, in 1967.

Failed

Five years of effort at containment and control of this situation, using standard methods of barrier nursing and ward closures, failed. In 1972 the hospital was forced to convert an existing ward into an isolation unit with cubicles and to install controlled ventilation which gave each patient 10 changes of air every hour.

The air was removed from the patients’ rooms and discharged from the hospital at roof height. All visitors and staff had to wear a gown before entering. It was four years before the problem became “smaller and more manageable”.

But for thoughtful donations to Alexandra Clinic, five-month-old Nicholas Kganyano could stay sick or die. The Superintendent, Dr S R Hulme, holds Corebrik Transvaal's R250 donation. More is needed to treat 600 patients a day. The staff know how to stretch it.

**R250 pays bills for 500 patients**

Few hospital staff spend half their day pleading with patients to come back for treatment, but the nurses at Alexandra Clinic do.

And there is only one reason why chronically ill adults refuse to come and take their medicine — they can't afford the R250.

So the clinic makes exceptions. Pensioners do not pay. Kiddies do not pay. Neither do the very sick or the pregnant or other special cases.

But the clinic treats 600 patients a day and has to get money from somewhere.

"Most of our staff are of necessity married women who don't need to be breadwinners," says clinic superintendent Dr S Hulme. "The others are medical students who are just keen to learn and help where they can."

The clinic offers full-time services in paediatrics, geriatrics, maternity, casualty, health education and several other fields.

Yesterday Corebrik Transvaal presented it with a R250 cheque. Do you perhaps have something to spare?

**Search is on for 'fairest princess'**

Pupils of Sandown High School's Standard 8 class are looking for this year's "Fairest Princess of All" from the ages of three to seven.

Proceeds of the competition, to be judged on August 15, will go to Uplift in Alex, Lifeline and the Londolozi Game Trust.

Hopeful mothers should send a picture of "princesses," together with R2 entrance fee to "The Fairest Princess of All," PO Box 78973, Sandton. Closing date for entries is August 5.

Further information can be obtained from Marycke Kreyberg at 783-8771.
Whites only at hospital creches

By MATHILDA MASIPA

Two hospitals in black areas, which serve black patients, have creches which cater for white children only.

Nursing sisters at the hospitals — in Kalfong and Tembisa — claim that while they have to struggle to find minders for their children, the white staff members are allowed to bring their babies and pre-school children to the hospital creches.

Nursing sisters at Kalfong Hospital say they suspect the 25 cents deducted from their monthly salaries for recreational facilities is actually used to maintain the creche.

A Tembisa nursing sister said it was a disgrace that the hospital was discriminating against blacks when it was actually a black hospital.

"I don't see why we should suffer in our own place when strangers are comfortable. A white hospital would definitely not extend this type of hospitality to our children so why should a black hospital give preferential treatment to whites?" she said.

The nursing sister said a plea to the hospital authorities for a creche for black children had been fruitless.

The Tembisa hospital superintendent, Dr J D M Botha, confirmed there was a whites-only creche at the hospital but said he could not give more information before he had spoken to the hospital management committee about the matter.
batteles voluntarily alone
South Rand Hospital just

BY DAVID NIDRINE

Two happy days, 21, has a long faced day and sometime in over-time.
Why William said ‘no’ to Indian surgeon

By RUSSELL KAY

But his wife, Mrs G Agnew, said: “My husband is no racist. If he wants a White doctor why can’t he have one? This country isn’t a dictatorship yet, is it?”

Mrs Agnew said the confusion over her husband’s nationality may have been caused by the fact that she was brought up in New Zealand. She said her husband had never been out of South Africa.

According to Mrs Agnew, her husband was booked into Addington hospital last Monday by a White doctor.

“He asked whether a White doctor would be operating on him and was told that this was so. I know the White doctor because he did an operation on me two years ago,” she said.

An Indian doctor called at Mr Agnew’s ward to give him an examination before the operation.

“My husband refused because those examinations are very uncomfortable and he had already had two of them. The Indian doctor left.”

Later, according to Mrs Agnew, an Indian surgeon arrived to tell Mr Agnew he would be operating on him the next day. Tuesday.

“My husband nearly hit the roof, she said. “He nearly had a heart attack.”

“He phoned me to say that they were doing the operation without doing any more tests and that an Indian doctor would do it.”

“I told him to keep calm and try to find out from the hospital if this was true.”

“They asked me if I objected to an Indian doctor operating on my husband.”

But in the meantime Mr Agnew had booked himself out of the hospital.

“He didn’t want to cause all this fuss. He just wanted to book out quietly and leave.”

“He’s been very ill, you know. He just didn’t want a different doctor to the one who booked him in.”

Mrs Agnew said she was sorry about the embarrassment caused to the Addington doctors.

“I’m sorry for them because they are professional men.”

“But I would also prefer a White doctor to a Black doctor.”

In fact I would prefer a woman doctor to a man doctor, and a White woman doctor to a Black woman doctor.

“Does that make me a racist? If that makes me a racist then I’m a racist and I don’t care. They can say what they like.”

Mrs Agnew told the Sunday Express that she and her husband ran the family business together.

“My husband operates the other business about 40km out of Durban while I work in the boarding house. He is now seeing another specialist because he needs this operation.”

“I think our only mistake was not booking into a hospital where we could choose our own doctor,” she said.
**Kids share hospital cots**

The children's ward at the Natale spruit Hospital in Germiston, is overcrowded with two children sharing a bed.

POST reporters who went to investigate overcrowding at the hospital found that two children suffering different maladies were sharing a bed.

Babies too were sharing cots.

Other hospitals in the East Rand which are overcrowded are the Far East Rand in Springs and the Boksburg-Benoni in Boksburg where male patients are sleeping on the floors and under beds.

They are only supplied with felt mats and two blankets each.

Children interviewed by POST at the hospital said they have been sharing beds for the past few months.

The superintendent of the hospital, Dr A F Chemaly, refused to comment on the matter.

He said: "I am not prepared to comment in this matter."
New health centres to open soon

Science Reporter

THE Administrator, Mr Gene Louw, said yesterday that the first five community health centres in the Provincial Administration's new primary health plan would be built soon.

The new approach to health services envisaged the provision of basic services in small towns throughout the Cape, plus a nursing service to treat patients at home. The first towns to get health centres would be Beaufort West, Aliwal North, Calitzdorp, De Aar and Parys.

The proposed health centres would act at a level somewhere between that of a large hospital and a local clinic to provide early diagnosis and preventive health services. The system would also provide for the treatment of patients away from hospital and, if necessary, at home.

At present, the bulk of health expenditure was on sophisticated services in expensive hospitals, but what was needed was more attention to primary services at a local level, Mr Louw said.

Community health centres could help to lower the pressure on central facilities and thus keep down costs. Such centres would have all facilities for consultation, diagnosis and primary treatment where no overnight or only a minor stay in hospital was required. Should the patient need more sophisticated treatment he could be referred to a main hospital.

This would broaden the scope of the nursing profession in that health services could be taken to the patient's home if necessary. This meant that the community health services would offer a "broader, more important and more responsible role" to the trained nurse, Mr Louw said.
Overcrowding at BBH discussed

COMMUNITY leaders from Wattville and Daveyton, Benoni, met the superintendent of the Boxburg-Benoni Hospital (BBH) to discuss overcrowding at the hospital.

The meeting comes after publication of stories that male patients had to sleep on the floors and under beds.

The leaders who met Dr G C Gravett were Mr Noel Mleuriti (chairman of the Benoni Joint Taxi Association), Mr L Simatla (for Ciskei Xhosas in Wattville), Mr Shadrack Simba and Mr Tom Mbuya (both Daveyton Community Councillors). After the meeting they said it was agreed that a hospital advisory committee should be formed where the community and patients would be able to air their grievances.
Medical world homes in on the Bara challenge

By CHIRIQUEMAIS
BARAGWANATH Hospital, for all its sprawl and overcrowding, has become an international meeting-place - and training ground - for some of the finest medical minds in the world.

In the corridors of Bara, you might find a Russian surgeon discussing the day's work with a Cypriot colleague, a Romanian handling administrative matters and a New Zealander with a bent for neuro-surgery.

They are among the 600 doctors running the giant black hospital - and on whom the hospital complex depends.

Dr C van Heefer, superintendent of the hospital, said many foreign doctors did a spell at Bara as part of their training.

"Here they can pick up experience in a very short time," he said. "There is a tremendous variety of clinical matters at Bara."

"The doctors stay for a while and then go back home, passing the word along. The hospital now has a very strong international reputation in this regard."

Dr Van Heefer said the medical staff at Baragwanath had seen practically every disease noted in pathology textbooks - and also some combinations they had never come across before.

"By running the full gamut of diseases, their medical outlook is broadened - as well as their ability to diagnose."

He cites examples of how the scalp has cut through political red tape to save a life, regardless of colour or nationality.

"Some time ago, there was a foreigner working for the Lesotho Government. He developed a massive cerebral haemorrhage."

"There were no adequate facilities for his treatment in Lesotho, yet both the Lesotho and Ghanaian governments backed the idea of sending him to South Africa for treatment."

"But then his wife stepped in and insisted he be sent here - and he was."

Later, the man's brother, a neuro-surgeon from Accra, wanted to come to South Africa to see him.

"He had no visa, just a Ghanaian passport. He was picked up by the police at Jan Smuts, and after verifying his story, they granted him a two-week visa. The operation, his brother was successful and he was flown back."

Dr Van Heefer said many of the Bara staff members had worked in underdeveloped countries like Bengal and Bangladesh, where hospital overcrowding was far worse than in South Africa.

Doing her ward rounds - Dr Aylwyn Mannell, an Australian surgeon who is among the many foreign doctors working at the hospital.

He talks about the Romanians medical set-up with a mixture of pride and sadness.

"I'll never be ashamed of having trained in Romania," he said. "But every move we had to make in the hospital was under (Communist) party control. When we needed new equipment, we had to buy it from countries like East Germany, even if we could get much more sophisticated material from the West."

"The West was just not recognised in the medical field. For example, before 1965, genetics was a forbidden science and we were not allowed to discuss genetic problems at all."

"The differences between Bara and any Romanian hospital can be typified in one basic example."

"There, we had to use disposable blades over and over again for carotid operations," Dr Lazar said. "One blade would sometimes be used 20 times in operations. Here, the blade is reused after each operation."

"Dr Lazar said another major difference was that in Romania one had to work harder, with more stress, to obtain the same results as in South Africa."

The "Mail" also spoke to the woman who was advised to pack a copy of "The Companion to Surgery in Africa" before she left Britain to come here.

Dr Aylwyn Mannell spent most of her life in Australia. She heard about Bara from an anaesthetist who told her about the experience and training available at the hospital.

In Australia, the distribution of diseases is about two to every 100,000 people. Here at Bara, it's 150 to every 100,000.

Dr Mannell has spent a lot of her time in research, but also deals with trauma cases at Bara.

Before she came to South Africa, she worked in Britain for a while. There she was told that a black patient had peculiarities one would not find in white patients.

"They told me, for example, that blacks never developed varicose veins," she said. "Now I know it's a fallacy."

But the high crime rate in Soweto has bred its own peculiarity.

One night, she attended a patient who had been stabbed in the chest. After diagnosis, she found he had an old stab wound - also in the heart.

There are also some doctors at Bara who are plebe of training in Russia. Because of the fact that many of their students are still in the USSR and therefore open to victimisation, they were not anxious for publicity.
Infant mortality reduced in City

Municipal Reporter

CAPE Town has been recognized as a world leader in achieving dramatic success in reducing infant mortality rates — the number of deaths occurring for every 1,000 births up to the age of one year.

This emerged yesterday from the annual report for 1979 by the city’s Medical Officer of Health, Dr R. J. Coogan, who said that infant mortality rates were generally accepted as the most sensitive index of the quality of an environmental, promotive and preventive health service.

Last year the South African Medical Journal drew attention to the city’s successful recede and soon afterwards the Lancet, an influential medical journal published in London, in a round-the-world survey said that “the reduction in the infant mortality rate of coloureds in Cape Town shows what can be done”.

Dr Coogan said the population of Cape Town at the end of 1979 was estimated at more than 915,500. This included 265,040 whites, 552,980 coloured, 11,000 Asian and 108,580 African people.

Birth rates for the various groups were 10.2 for every 1,000 white persons, coloured 23.9, and African 36.9.

The infant mortality rates in Cape Town were: White 10.4 for every 1,000 live births; coloured 19.3, and African 34.0.

Dr Coogan said that for whites the death rate was markedly lower than for the city of London in 1977. For the coloured group it was the lowest figure ever recorded, and the first time it had fallen below 20. It was now as low as that for whites only ten years ago.

He pointed out that Los Angeles, California had a white (excluding Hispanic) infant mortality rate of 12.5 and for blacks 22.0 in 1977.

Dr Coogan paid tribute to the paediatric and maternity services of the University of Cape Town Medical School in achieving Cape Town’s impressive record.

Other points made were:
- The city’s health department now operated 23 polyclinics, supported by 22 satellite clinics throughout the city.
- Family planning clinic attendances were up 35 percent to 174,647.
- The mother and child health clinic attendances topped a half million for the first time, with the increase since 1975 being 94 percent.
- Immunization coverage for children had increased.
- Specialized clinics to combat malnutrition had been established.
- The community development branch had formed to encourage community organization and participation and to promote cultural and social upliftment to meet the needs of urbanization.
- Since the establishment of the faculty of community medicine at UCT the city health department had been increasingly involved in in-service training programmes.
- Tuberculosis remained the major communicable disease problem in Cape Town. Meanwhile, there had been a noticeable decrease in the number of new cases of sexually transmitted diseases attending council clinics — down from 12,584 in 1978 to 11,793 last year.
Private hospital fees rise

Own Correspondent

Fare and theatre fees in private hospitals throughout the country will go up by about 10 percent next month.

A notice announcing this was published in the Government Gazette in Pretoria today.

The increase has been approved by the Minister of Health.

In private hospitals with no more than 70 registered beds, fees for surgical cases in general wards will go up to R34 a day and R55 a day for other patients.

Tariffs for private wards will be a maximum of R38.50 a day, less 10 percent discount if the private ward is prescribed by a doctor.

Tariffs in private hospitals with more than 70 registered beds will go up to R37 and R28 in general wards and will not exceed R42 in private wards.

Theatre fees in the smaller hospitals will go up to R42 for the first 15 minutes for general operations, to R63 for an hour and R18 for every extra 15 minutes.

General operation fees in bigger hospitals will go up to R72 for the first hour and R16 for every subsequent 15 minutes and part thereof.

The new fees will come into effect on August 1.
It is plausible that the 'distribution indices' for each aspect of welfare should be regarded as 'quality indices' for that aspect. A second feature one might well incorporate is a conditional ranking; it is possible that particular features (e.g. aesthetic and cultural facilities) only contribute to welfare after other features (e.g. nutrition and health) are cared for (cf. [88] and the discussion of the 'level of welfare' in Appendix A; and page 162 of [65]). One could construct combination functions for the indicators or indices, which represented this conditional importance of particular aspects of welfare.

By such aggregation processes, one could either partially reduce the system (e.g. combining the indices for all aspects of each component of welfare at a particular level, to produce an overall index for each component), or reduce it completely, combining all the indices at each level to produce overall indices for the levels of welfare (cf. figure 4; this process would hopefully produce variables one could use in the 'simplest model' mentioned in § S.1) 39. We suggest it may not make sense to combine the indices from different levels in order to produce an overall 'quality of life' index, because the indices at the different levels are telling us rather different things (cf. § S.3); this overall aggregation would not correspond to any particular feature of the welfare feedback system but rather to some overall assessment of the combined situation at the different causal levels whose meaning is then not very clear (cf. e.g. the discussion on p. 107 - 110 of [92], but see e.g. [90], [96], [97], [98] for arguments that one might usefully obtain such an overall assessment.

39: At the 'level of living' level, this combination process corresponds to estimating the importance of the different factors in contributing to the 'standard of living' (cf. [32]); at the 'available resources' level, it corresponds to estimating the relative importance of the resources available, which is closely related to determining the 'terms of trade'; and at the 'access to power' level, it corresponds to estimating the power contributions from the different factors (which one may plausibly suppose to be related to which factor controls the resources which are hardest to obtain or to replace, cf. Galbraith, p. 389 in [86]).
Take-over offer for centres

THE NATIONAL War Memorial Health Foundation (NWMHF) has offered to take over the running, maintenance and management of the Distinctive Counsellors' coloured community centres in Eliza's River — but who and how to meet day-to-day operational costs remains the obstacle to accepting the offer.

The council will be expected to subsidise running costs to the tune of R100 a centre annually for the first five years. After that the centres could become largely self-supporting.

Other council responsibilities would be to provide buildings and meet interest and redemption charges on development loans, and to cover the cost of insurance, maintenance, repairing every seven years, and all water and electricity consumption.

At yesterday's meeting of the council it was agreed that the NWMHF's proposals had merit, but there were reservations about the financial commitment of the council.

A meeting will be held this week when the council's thirteen-member delegation — chairman Mr Ivan Hampshire, secretary Mr W R Viviers and housing committee chairman Mr R C Johnston — will speak to the Urban Foundation to establish whether that body would be able to help financially.
Outcry

by Bara

doctors

Baragwanath Hospital doctors have sent another letter to the Medical and Dental Council complaining about “disgraceful” conditions at the overcrowded hospital.

A doctor at the hospital said an official complaint had been made to the council two months ago — but there had been no reply.

“Nothing has happened. There has been no response to an urgent call by 70 doctors to investigate possible malpractices, overcrowding and adverse effects of present conditions on the training of undergraduates, interns and registrars,” he added.

“Patients are still lying on floors in overcrowded wards. It is a disgrace.”
HIGH JINKS ON THE HIGH SEAS FOR HOOKERS

By HUGH POLUTER

They may not be happy hookers, but Durban's har- bor prostitutes are becoming very saucy hookers these days - snappy enough to elude police and guards and slip aboard ships for in-and-out sex along the coast.

Last week five policewomen went aboard a trawler to nab a hooker when it docked in Dur- ban. This week the Sunday Express had a fresh look at high-seas prostitution and some startling new facts about Durban's sex trade.

On late night visits to the city's 'hot spot' nightclubs in the harbour area which cater for the loves and lusts of the sailors the Sunday Express board positions describe how:

- Hookers hide in the bushes of taxis or climb perimeter fences to get to the ships.
- Women live for days at a time on ships at Durban's outer anchorage.
- Some hookers, called "crui- ers", bring their own personal belongings on board the ships when they search out a berth in the main Durban docks.
- Others are welcomed aboard the ships by a 'pusher' who greets them outside the docks. 

"We're aware of this - we've got a good snap on the time."

There are women who get on board with the permission of the ship's master. Some are even allowed to stay on board for several days. But this is not a common occurrence.

"There are policemen on pa- trol in the harbour and there are often lots of women who get caught by the police."

It was in one of the city's nightclubs that I found Mary and Pat. They were sitting on their own. They looked up hopefully as a photographer and I approached them. They were quite happy to speak to us as they had already spent a long and labourous night waiting for business.

Mary, 16, dressed in tight white slacks and a loose top, told us she'd been a hooker for 18 years. "Many young girls leave school and home and come to Durban looking for the same thing - to get away."

"When you're young and pretty it's easy to start out, but it gets to you in the end. So many of the girls come from broken homes with drunken parents or turn to the streets after a love affair or divorce."

Mary and Pat both did so "it's their own choice but it's a source of business for many hookers. A new feature, however, is that they're on board business which is growing."

Because of extra landing spots in the colms, ships have often been seen near the anchorages, and even near the main berths, waiting for customers. This has made it easier for a hooker to get on board. In a few hours she can get her trade away from the law."

"It's on the boat. There's a bell of a trade between us and the sailors in the harbour, but it's not easy to get to."

"Most of the girls will go to the night clubs and go back with the sailors. To get in on your own is much harder."

"Many of the girls hide in taxi seats, or they jump the fence, but if you're caught doing that - well, then you're for it." - Mary.

Pat, a 16-year-old, has been making a living in the streets for almost 12 months. "I've got two types," she said. "The hustler girls who make around the port area and are very dis- creet and try to keep out of the police.

"The pick-up is easy. You meet a guy and he tells you he's a business man. You'll discuss a price and sometimes it's better to leave it to his generosity. He knows you want money. But you can get fast for a Shilling, or for a £5 for an hour."

When the girls are lucky, they are asked to stay on board ship for a whole week.

"The ship comes in to port, off-load and then sail out to sea to exchange money. Sometimes we get on board when the ship is in port and then stay out with the ship while she's off shore."

This can be as long as two weeks. The trouble is to stay hidden. Other times everyone knows you're there and they don't like it.

Some of the girls go for short cruises up and down the coast but they don't see much of the sailors keep them busy down in the cabins."

Pat added. "We move around all the time. Some of the girls are very lucky. They have boyfriends on the ships and it's easy to catch a ride."

"We go to the town where there's most money. At the moment the best place is Cape Town."

According to the girls being a "prostitute is tough. "Some of the younger girls think it's fun, but the older girls get a nervous laugh."

"Sometimes we get knocked about by the guys and there's nobody to protect us."

"It's not a happy life," Pat added. "But we don't want to be ordinary people. We try to rehabilitate some people and try to get them back to their families if we can."

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* The Dean of Johannesburg, the Very Rev Simeon Nicolson, at his Johannesburg flat.

Black nurses should work in white hospitals, says Dr Clarke

Mercerly Reporter
ADDINGTON Hospital in Durban is short of 50 registered nurses -- but King Edward VIII Hospital, for blacks, has a list of nurses waiting to be employed that fluctuates up to 90.

Mr Frank Martin, MEC in charge of hospitals, said last night there was nothing to stop black nurses working in white hospitals.

'But it has always been our policy to give white patients white nurses and vice-versa,' he said.

In an emergency we will use anyons but Addington hasn't reached that sort of crisis yet.'

But Dr Fred Clarke, MEC and spokesman on hospital matters, said: 'Addington has reached a point where it needs to take blacks on.'

He did not know why the hospital had not taken on blacks.

'Are we going to turn students away because we don't have nurses of the right colour?'

Mr Martin said black nurses were paid less than whites.

A survey of hospitals in Durban and Pietermaritzburg showed that white hospitals were struggling for staff while black hospitals were oversubscribed.

Clairwood Hospital has just created 140 new posts and had no difficulty in filling them.

Dr I. S. B Delany, medical superintendent of R E Khan Hospital, said they had plenty of applicants.
Sebokeng hospital to admit patients today

SEBOKENG'S modern new R4-million hospital complex for Africans will admit its first patients today.

The hospital, which consists of 23 departments including an intensive care unit and a gastroenteritis ward, will at first accommodate 600 and later 870 patients.

The hospital will also serve as a training centre for African nurses.
Hospital for blacks opens at Sebokeng

Pretoria Bureau
A NEW hospital for blacks was opened at Sebokeng township near Vereeniging yesterday.

According to a statement by the Directorate of Hospital Services, the hospital has 870 beds, 600 of which are ready for use.

"The hospital has 11 operating theatres, a maternity department and an intensive care unit manned by trained staff," the statement said.

The hospital has laboratory facilities, a 24-hour blood transfusion service, a modern nurse hostel and qualified medical and nursing personnel.

Dr D J van Rooy, superintendent of the Vereeniging Hospital, has been appointed superintendent of Sebokeng Hospital.

An official of the Hospital Services said in Pretoria yesterday that he could not elaborate on the new hospital because the Director of Hospital Services, Dr H Grove, was the only official entitled to make Press statements.

Dr Grove could not be reached for comment as he was attending a seminar elsewhere.
Rand Daily Mail reporter Diago Segola shows the 2cm surgical needle that was lodged in his neck for a year after an operation to remove a cyst.

Doctor's error a pain in the neck

STAFF REPORTER
A Rand Daily Mail reporter discovered last week why he has had a pain in the neck for the past year.
A doctor removed a surgical needle which has been lodged in Diago Segola's neck since September last year.
The needle had been used in the incision made by a doctor at the Non-European Hospital in Hillbrow when he removed a cyst under local anaesthetic.
Mr Segola was horrified when the private doctor pulled the 2cm needle from his neck.
"I have had a dull and nagging pain at the back of my neck for almost a year. And migraines," he said.

The wound went septic after the stitches were removed last year, but the sepsis disappeared after a while. The pain, however, continued. Eventually it got so bad that Mr Segola decided to go back to NEH to have his neck examined.

He was told that he would have to wait until September 10 before the hospital could perform another operation. But the pain got worse, so Mr Segola went to a private doctor.

"I have tried to find the NEH doctor who left the needle in my neck, as it has caused me a lot of pain. I went back to NEH to see if I could find him but he has left. I'm not sure yet what I will do about it, but I might take it further," he said.
Staff shortage cuts ops at Addington

Mercury Reporter

ADDINGTON Hospital has been forced to cancel many non-emergency operations because of a shortage of staff, the deputy superintendent, Dr R McCarter, said yesterday.

He was commenting on information received by the Mercury from a source inside the hospital that about three operations lists a day had been cancelled this week. No official reason has been given.

Dr McCarter said there were about 80 student nurse posts and about 52 registered nurse posts vacant.

Dr V A van der Hoven, Director of Hospital Services in Natal, said that some operations had had to be postponed because the intensive care unit had been overloaded and staff had had to be drawn from other units.

The coronary care unit was closed on Saturday for the same reason.

Dr McCarter said: 'It was the last straw that broke the camel's back. Any little thing will trigger a crisis with the staff position as it is now. Last year we had more staff than posts. Now it's the reverse.'

According to Dr van der Hoven there is a severe shortage of nurses throughout the province, especially in white hospitals and Addington had been hardest hit.

He would not give numbers because 'I cannot vouch for their accuracy'.

Dr Fred Clarke, MEC and spokesman on hospital matters, said the staff situation was critical.

'It is significant that two years ago the provincial hospitals were oversubscribed as far as nurses were concerned. Now, because of the outrageous salaries nurses are paid, they don't have enough.

'It doesn't help that the State doesn't recognise that Natal spent R21 million to serve non-resident blacks last year. The Province got R4 million from the Government. Our hospitals are hopelessly overloaded and we just could not cope with a major crisis.'

Mr Frank Martin, MEC in charge of hospitals, said that he wasn't surprised that operations had been cancelled.

'We have been running on a shoestring for years and probably the position will get worse before it gets better.'
R11m cost rise hits hospital plan

Mercury Reporter
THE Umlazi Hospital will take at least another 10 years to complete and the cost, originally estimated at R14 million, has soared to R25 million.

These figures were given to the Mercury yesterday by the Pretoria architect who worked on the third phase of the hospital. This phase, involving the building construction, will be completed by the end of the year — 15 years after the project was launched.

The architect said a small section of the hospital could become operational next year. This would include two theatres, a short-stay ward for 20 people, a training college for 400 nurses, a nurses’ home for 240, X-ray facilities and an out-patient service.

Two years ago, when phase three building started, the estimate for that section was R4 million with 10 years allowed for completion of the whole. The cost is now R5.250.000.

On a big job like this there are hold-ups and additions to the original plans which make the project larger,” the architect said. “A lot depends on the cash flow and the capacity of the builders.”

KwaZulu’s Secretary for Health, Dr M Guniede, said there were still problems and he could not say when they would be ready to take patients.

KwaZulu is funding the project, but Dr Guniede declined to elaborate on his budget for the hospital.

The dean of Durban University’s Medical School, Prof T Sarkin, felt that a cause for delay in the opening of the third phase was the hospital’s lack of a proper administrator.

‘They need a medical superintendent, who knows the ins and outs of a hospital and can order the correct equipment. As far as I know they don’t have such a person.’

The Medical School, which will run the hospital in conjunction with KwaZulu, was not consulted in the early planning stages.

Some of the buildings already finished were unsatisfactory — particularly the maternity section — and modifications would have to be made to the plans for sections still to be built.

‘I don’t think the architect consulted medical people and the plans are rather out of date,’ Prof Sarkin said.
Hospital policy wastes millions says Martin

Mercury Report

GOVERNMENT policy of building separate hospitals for blacks and whites had failed miserably and, as a result, Natal's R96 million health budget was being strangled. Mr Frank Martin, MEC in charge of hospitals, said yesterday.

In an attack on the State's 'disastrous policy' he revealed that in 1968 the Department of Bantu Affairs had told the then Administrator of Natal, Mr Theo Gerdener, of its intentions to build 11 black hospitals. Three of the promised hospitals were never operational.

'In the meantime the Province has expanded its facilities as much as it can, at enormous cost. For example, the Ladiesmith Hospital has undergone massive alterations and, if and when the Ezakheni Hospital is built for blacks in the area, the white hospital will have half its beds empty. The same will happen at the other hospitals. The Government is throwing away millions.'

'We don't need to build another hospital in South Africa. The State's problem is that the beds are in the wrong areas.'

Mr Martin said the Government did not seem to be aware that Natal was not only carrying the burden of KwaZulu Zulus but that of foreign blacks as well.

'In Matatiele Hospital, 98 percent of the patients are from Leoso or Transkei. The figure is 93 percent at Kokstad and the same seems to be developing at Port Shepstone.'

Over and above last year's allotted budget, the Government contributed R4 million for non-Natal blacks — but the Province spent R21 million on these people.

In April Mr Martin met five Cabinet ministers to discuss Natal's desperate need for money for health. Nothing has been done.

The Director of Hospital Services, Dr V A van der Hoven, is preparing a memorandum on the staff and financial situation of Natal hospitals.

'It will be submitted to the Executive Committee this month. To add to the problem, KwaZulu has a shortage of doctors. There are posts for 222 doctors at its 26 hospitals. Only 158 are filled.

KwaZulu is dependant on national servicemen seconded to the homeland and 'while the army is doing a magnificent job, if these doctors are withdrawn there will be an awful problem,' Mr Martin said.

KwaZulu has asked the Province to give the go-ahead for the Durban Medical School's teaching staff, lecturers and professors to help by visiting its hospitals to continue medical education there.

The prospect of continuing education would improve KwaZulu's recruitment chances. 'We have passed the memorandum to the Government because although we and the Medical School would both be happy with this arrangement, such a scheme would involve staff, equipment and drugs — and we cannot stretch our budget any further.'

See Editorial Opinion
THE SAGA of Umlazi Hospital is now so bogged down in a mire of foot-dragging, bungling and broken pledges that it has become almost impossible to follow accurately the sequence and mechanics of the debacle. As an example of the Nationalist Government at work it is surely a matter for the gravest concern.

The project was launched in 1965, when it was recognised that another black hospital was needed to relieve the critical overcrowding at King Edward VIII. However, five years later it was revealed that no plans had been prepared.

The hospital was scheduled for completion in 1971, but long before then it was evident that the institution had acquired the growth rate of a stalagmite. Early in 1977 the then Minister of Bantu Administration and Development posted another entry to the ledger of wishful thinking by citing March 1983 as the new completion target.

Now, some 15 years after the launching date, we are told that the hospital will take at least another 10 years to complete, and the estimated cost has soared from an original R14 million to R25 million.

The whole bungling episode might be regarded as a comedy of Nationalist ineptitude were it not for some of the tragic consequences that have flowed. For while the Government has allowed the Umlazi project to grind along at a snail’s pace, it has steadfastly refused to lift its ban on any improvements or extensions to King Edward VIII — because a KwaZulu hospital was being built.

Fifteen years ago the position at King Edward VIII was being described as critical, with many patients being accommodated on the floors. Today the situation is frequently near-chaotic, and what it will be like 10 years hence unless drastic steps are taken to reduce the overcrowding hardly bears thinking about.

And the problem does not end with King Edward VIII Hospital. Black hospitals in Natal generally are being swamped by patients from neighbouring black states. That is because hospital services in KwaZulu are virtually non-existent, and in the Transkei they have broken down.

The Government can hardly claim now that it lacks the funds to alleviate this appalling situation. Yet it continues to grant Natal wholly inadequate subsidies. Last year the figure mentioned in a Natal Provincial Council debate was R4 million — sufficient to finance the running of King Edward VIII for only 73 days.

‘Iniquitous’ and a ‘national disgrace’ is how two Natal provincial councillors have described the latest news concerning the Umlazi project. It is certainly all of that. That a responsible Government should have allowed vital health services to deteriorate to this extent is incomprehensible.
Two patients to every bed. Baragwanath crisis worsens

By Bob Kenneally,
Medical Correspondent

Doctors at Johannesburg's Baragwanath Hospital, South Africa's busiest, today claimed that conditions there continued to deteriorate in spite of official complaints to the SA Medical and Dental Council two months ago.

Almost two months ago about 70 doctors at the hospital urgently called on the council to investigate possible malpractices, overcrowding and adverse effects of present conditions on the training of undergraduates, interns and registrars.

They said gross overcrowding was forcing a situation in which medical practice could not be carried out according to basic standards.

An angry doctor said yesterday: "This is a crisis and yet we still have not received a reply from the Medical Council. "We do not know what to do. Sick patients are lying on floors."

The doctor added: "We are working under dreadful conditions. Medicines and food are not being given."

The chief superintendent, Dr Chris van den Heever, said there was still overcrowding at the hospital and average bed occupancy was 90 to 90 in a 40-bed ward.

He had not been shown the petition sent to the Medical Council. Conditions could improve from the middle of next month, he said.

If as many as 80 patients were treated in a 40-bed ward, Professor inevitably said, there could also be mix-ups in drugs prescribed for patients.

"There is very little we can do about the problem at this stage," he said.

Repeated appeals had been made for a new hospital to be built.

The proposed new hospital at New Canada had been given top priority, but there were problems about its size.

DISCUSSED

A spokesman for the Medical Council said the Baragwanath doctors' petition had been discussed at a recent executive meeting of the council. Recommendations had been made which would be considered by the full council later this year.

There had been a delay in sending copies of the minutes of the executive meeting to members.

The executive meeting is held behind closed doors but the meeting of the full council is open.

A spokesman for the Medical Council added: "Standard procedure is for the council to reply to all letters received by it. If this has not been done in this case we will do so as soon as possible."

He added that the council was concerned with the training of doctors and medical ethics and the petition appeared to be a matter for the Director of Hospital Services.
Renovated Gen takes in first 110 blacks

Medical Correspondent

More than 100 black patients have been transferred to the Johannesburg General Hospital and this has helped to take some of the pressure off the overcrowded Baragwanath Hospital.

Dr L Kaimyn, acting superintendent of the General Hospital, said 110 patients who were receiving radiation treatment had been admitted.

The renovated hospital would grow as more staff and equipment became available.

"Patients have been transferred to the hospital, but the General does not yet have casualty and outpatient departments," she said.

Dr Kaimyn said the hospital would eventually have beds for 724 black and 245 Indian patients. The old non-white section was being renovated and would be occupied by Indian patients.

Medical posts for more than 250 nurses and about 1,000 nurse aids had been created and appointments were being made daily.

"There is an urgent need for nurses, radiographers, occupational therapists and physical therapists of all races," she said. "We hope that married nurses who have decided to stay at home or others who have accepted other jobs will return to nursing."

The call for more nurses and paramedics has been backed by the Director of Hospital Services, Dr H.A. Grove, who said: "We need the staff to make the hospital a success. The sooner we get the staff, the sooner we can open more wards."
Why blacks don't nurse whites

Mercury Reporter

BLACK nurses employed in white hospitals would amount to blatant exploitation because the two race groups were paid according to different salary scales. Mr Frank Martin, MEC for hospitals, said last night.

Until the scales were brought into line it was not a satisfactory solution to the nursing crisis.

Mr Martin was commenting on a threat by sisters in Wentworth Hospital's cardiac-thoracic ward to resign unless their working conditions were improved. The nurses said they were working under such pressure that patients' lives were in danger.

'We are extremely worried about the countrywide shortage of white nurses, particularly highly qualified people such as the Wentworth sisters,' Mr Martin said.

The chief nursing officer of the Natal Provincial Administration, Miss J M Maguire, will investigate the situation at Durban hospitals today.
KwaZulu minister lashes out at ‘terrible waste’ of hospital policy

Mercury Reporter

THE Government policy of building duplicate hospitals for blacks and whites was condemned as ‘a terrible waste’ yesterday by the KwaZulu Minister of Health and Welfare, Dr Dennis Madide.

He also attacked the Government for starting hospital projects worth millions of rands and then handing them over to KwaZulu for completion on an ‘impossible’ budget.

‘When it was announced that we would be taking over the running of hospitals in a few years, not only did plans grind to a halt, but there was a 10-year freeze on any development of the existing mission hospitals.

‘When the KwaZulu Department of Health took over in 1977 those hospitals were falling apart.’

KwaZulu has taken over 20 mission hospitals and there are about four more to go.

Dr Madide slammed the Government policy of duplicating hospitals. He gave as an example the Empangeni and Ngwelezane Hospitals, which served the same area. The white hospital was half empty, according to the minister.

‘The whole policy is based on discrimination and is meant to drive Zulus out of Natal and into KwaZulu.’

Budget

The KwaZulu health and welfare budget is R88 million ‘but half of that goes on pensions, so in real terms we have about R85 million to spend on hospitals’.

The estimated population is 3 200 000 and is expected to rise to 4 600 000 by 1990.

When asked why Pretoria was so reticent about funds for the urgently needed hospital services the Department of Co-operation and Development public relations officer, Mr Japie Jonker, said: ‘Why don’t you ask the KwaZulu Government?’

Liaison

'We are working on establishing a liaison between the Natal Provincial Administration, KwaZulu, the medical school and the South African Department of Health.

'That way we hope to avoid ridiculous situations such as having a cardiothoracic unit with its expensive equipment and highly-qualified staff at Umlazi Hospital and at Wentworth — which is a stone’s throw away.'

Rationale

He said KwaZulu still planned to build hospitals, 'but the whole thing will have to be done on a rationale based on need, not on segregation.'
Action urged on opening of wards

Medical Correspondent

Wards for blacks at Edenvale Hospital which were closed eight years ago still have not been reopened to relieve overcrowding in black hospitals, says the P.P.P. spokesman for health, Mr. Sam Moss.

Renewing his urgent appeal for the reopening of wards, Mr. Moss said the authorities had made insufficient effort to bring substantial relief. "The wards are being used to store garden tools," he said.

"It is tragic that this is happening while scores of patients in overcrowded wards are lying on the floors at Baragwanath Hospital."

The Director of Hospital Services in the Transvaal, Dr. H. Grove, said yesterday: "We realise the urgency of the situation and are doing our best to bring relief."

Mr. Moss said more than 100 patients had been transferred from the Non-European Hospital to the reconditioned General Hospital and this had helped to relieve overcrowding. It was no use saying that a new hospital would be built at New Canada, Soweto, in the future.

"Additional hospital facilities are urgently needed and use should be made of Edenvale Hospital now."

Previously Dr. Grove had said the former black section of the hospital had been given to the Department of Works to use as it sees fit. His department had considered using the buildings but had decided it could not.

Meanwhile Baragwanath hospital has an average bed occupancy of 60 to 90 in a 48-bed ward.
City hospitals suffer most severe staff shortages

Two leading hospitals — the Johannesburg Hospital and the General Hospital — are short of nurses and paramedics.

More than 100 black patients have been transferred to the reconditioned General Hospital which will eventually have beds for 754 black and 245 Indian patients.

Medical posts for more than 280 doctors and about 1,000 nurses have been created and appointments are being made daily, says the acting superintendent, Dr. J. Kalmyn.

She said: "There is an urgent need for nurses, radiographers, occupational therapists and physiotherapists of all races. We hope married nurses who have decided to stay at home or others who have accepted other jobs will return to nursing."

The call for nurses and paramedics has the support of the Director of Hospital Services in the Transvaal, Dr. H. Grove.

At the Johannesburg Hospital the nursing shortage continues.

The chief superintendent, Dr. Neville Howes, disclosed there were also vacancies for radiographers and physiotherapists. The hospital had sufficient occupational therapists.

The superintendent added: "Our trained nursing staff position is better but we still need trained nurses." He appealed to students who would soon be writing their matriculation examinations to give serious consideration to careers offered at the hospital.

"Tremendous job opportunities are available. Many students are not aware of the range of jobs offered," he said. "Nurses who qualify at this hospital find their qualifications are accepted worldwide."

The Star's West Rand Bureau reports that there is no nursing shortage at the Oudekakers Hospital in Roodepoort and the Paardehoek Hospital in Krugersdorp.

The nursing staff complement at Leratong Hospital is normal, says a spokesman.

Baragwanath Hospital, one of South Africa's busiest, has enough nurses but they are working at full pressure. The chief superintendent, Dr. Chris van den Heever, said yesterday there was still overcrowding and the average bed occupancy was 60 to 90 in a 40-bed ward.

The Sasolburg hospital has no staff shortages at the moment. Vacancies are filled as soon as they arrive.

At the Vanderbijlpark hospital a few weeks ago there was a shortage of nursing staff but the situation has returned to normal.

According to the superintendent they need one or two more nurses on the staff.

The Versenjingsing hospitaal superintendent said they could always do with more white nurses. There were no shortages of doctors and black nursing staff.
MoH: why mobile clinic withdrawn

EAST LONDON — The mobile clinic had been withdrawn from the Buffalo Flats area because it was being under-utilised, medical officer of health, Dr J. Van Heerden, said.

"There were only four or five people using the facility and I discussed this with my staff and found the service we are providing in the Catholic Church Hall is adequate," Dr Van Heerden said.

Dr Van Heerden was replying to criticism from Buffalo Flats residents and civic leaders who felt the growing township, with its additional 282 houses, qualified to have a clinic.

But Dr Van Heerden said it was not feasible to build clinics everywhere and although other venues used as clinics were not adequate, they did provide a service.

"We've just built a beautiful clinic in Pefferville which is open daily and people can make their way there if they require the services of the facility," he said.

I have been running the service in the hall at Buffalo Flats, for many years — the same as we have been running one in the St Saviours Hall. Church halls are not the most adequate facility but they do provide a service.

Dr Van Heerden said the withdrawal was not necessarily permanent. "If the need arises we will review the situation and re-institute the service," he said.

The chairman of the Coloured Management Committee, Mr Corrie Alexander, says he intends placing the matter on the agenda of the committee's September meeting.

"I cannot accept that the facility is all that under-utilised," he said. "We have received complaints and we would like to investigate the matter." — DDR.
DOCTORS who complained about overcrowding at Baragwanath Hospital should consider directing their complaints to the Director of Hospital Services, an official of the SA Medical and Dental Council said yesterday.

Mr N Prinsloo, the registrar of the SAMDC, was replying to a question whether the council was treating the complaints seriously. He said the complaints appeared to be a matter for the Transvaal Hospital Services.

However, he said the Baragwanath doctors' petition sent to the SAMDC had been discussed by the executive committee of the council. The decision taken would be tabled before a meeting of the full council which will start in Bloemfontein on October 13.

The complaint was made in a formal letter to the council. The doctors' petition called urgently on the council to investigate possible malpractices, overcrowding as well as the bad effects.
Witsies 'rescue' clinic for 500 at Alexandra

By Linda Shaw

Alexandra township's 500-patient day clinic might have collapsed but for the efforts of Wits students.

In less than three months, Wits medical students have raised about R1 000 toward the R3,000 needed to keep the clinic running.

Prizes of the Wits 'For All' competition were handed out yesterday, leaving 27 happy people carrying home prizes ranging from R300 cash to a set of kitchen pots.

An excited Ivan Abo, a year 2 student of the Wits science faculty took home: Imperial Chemical Industries' donation of R1,000. Other prizes included a colour television set donated by Kelvin, R100 from Bank of South Africa, an "ultrasound" camera from Frank and Hirsch, a home video camera from Mr Video, and several smaller cash prizes.

Collected funds will be used to give the clinic a greater bargaining power with the authorities, and to improve the clinics' sadly overused facilities.

So what do you do when you win R1,000? "Scroop," says girlfriend Rhona Soeta.

"Or take your girl out to dinner," says excited winner, Wits science student, Ivan Abo.

Ivan was one of 57 winners of the "Wits for All" competition, organised by Wits medical students to raise R1,000 for the Alexandra Clinic.
WHILE hospital officials and doctors are engaged in a debate about the ghastly conditions at Baragwanath hospital, the people who matter most, the patients, suffer.

An official of the South African Medical and Dental Council says doctors who complain about overcrowding at Baragwanath should consider directing their complaints to the Director of Hospital Services.

This typical bureaucratic response to a very serious problem could only have been tenable if it was made a few months ago when the story of the atrocious overcrowding was broken. It seems to us somewhat late in the day for officials to be passing the buck.

The frightening thing is that thousands of babies are born at the hospital every day, increasing the possible number of patients who will get there in future. How is the situation going to be handled in a few years time, when it is so grave today, one wonders.

Sick people are sick people, regardless of the colour of their skin. For a country that claims to be civilised South Africa is the worst when it comes to dealing with the human element — the problem of the ordinary man in the street, who simply does not want to be bothered with politics when his needs are not met.

The tragedy with Baragwanath hospital is, it is one of the best equipped hospitals this side of the equator. These marvelous facilities are not only being abused but simply become useless when hundreds of people claim the attention of a few doctors.

The situation becomes simply unhealthy when overcrowding the likes of which is typical here becomes part of the problem. We do not see how those doctors are expected to make use of their splendid facilities when they are so packed with patients, dying for attention.

We feel it is about time a campaign was started, and sustained, to improve Baragwanath.

The sooner the overcrowding is lessened the better things will be for the country, for the thousands who use Baragwanath hospital also happen to be the back-bone of the economic structure of the country.
By BOB MOLLOY

GROOTE SCHUUR — one of the world's most famous hospitals is obsolete, understaffed and inadequate to handle the heavy patient load, says the latest annual report which in parts reads like a disaster warning.

The report, itself outdated in that it gives conditions as they existed eight months ago, described things as "difficult" and lists a lack of doctors, nursing, staffing shortage of 186, severely overloaded facilities, inadequate accommodation for burn cases and a warning that it has become impossible to perform certain services, carry on some types of research or give the necessary training to plastic surgeons and other postgraduate categories.

The senior medical superintendent, Dr Hanna Reeye-Samuel, said that the year under review was one of "constant reminders by the users that existing facilities are inadequate to cope with the heavy patient and teaching load, as well as intensive attempts to find administrative, nursing, technical and medical personnel to fill the many vacant posts."

'Heavy' year

The head of the nursing division, Miss P Brussel, reported a "heavy" year complicated by a shortage of nursing personnel. The end of the year showed 63 sisters posts and 123 student nurse posts vacant. The maintenance of operating theatres had "never been easy" due to pressure of work and shortage of staff. She congratulated staff for functioning effectively in the circumstances.

A note on the Charlene Hall nursing home said that it "runs efficiently in spite of the difficulties associated with inadequate accommodation".

Dr R Strover, former head of the department of plastic surgery who resigned in February last year, reported that the department had been without a full-time head until February this year.

In his report he said the ear, nose and throat department "did more cosmetic facial surgery probably because the plastic surgery department could not accommodate patients requiring cosmetic facial surgery who cannot afford it in private."

While this service offered by the ENT department might be beneficial to patients during the present state of affairs it endangered the department of plastic surgery as a teaching unit; "If the trend continues then the department will no longer be able to produce sufficiently trained plastic surgeons," Dr Strover said.

Theatre time

He added that if the department was to give an ever-increasing service for trauma, burns and reconstructive surgery "then it was imperative that theatre time is allocated... to be able to train registrars in aesthetic surgery as well as supply a good service to the community as a whole."

Admission to the burnt unit had been suspended since November 1978 due to an outbreak of hospital-based infections. The medical superintendent had promised to "make serious deliberation as to whether or not we are justified in admitting burns to the hospital when facilities are so inadequate," Dr Strover said.

Signs of strain appeared in other departmental reports.

The human genetics unit under Professor P Brightten had an increased laboratory workload, creating a situation "where no further expansion was possible without further staff."

The endocrine and diabetes service under Professor W P Jackson reported that "owing to the availability of staff and expensive equipment there has not yet been used to best advantage."

Dr I N Marks of the gastrointestinal service noted a "continuing state of flux in the medical staff" and "no fewer than eight staff changes at registrar and consultant level". He congratulated his medical and nursing staff for their "superb contribution in spite of the difficulties."

Professor O I Meekers said that "attempts to spread the load by placing greater reliance on day hospitals have failed in the past and will continue to do so as long as a difference in presenting practice is allowed to exist."

The emergency unit under Dr G Milton and Dr J Dough made efforts to improve the patient flow through the unit but lack of adequate treatment and holding areas, as well as protracted problems caused major delays. Bed occupancy of G2 had reached "almost 300 percent" and was a strain on the nursing staff. The report hoped that new buildings to be commenced this year would ease the problem.

Research

The dermatology unit under Professor W Gordon experienced a workload that continued to escalate which had brought research projects to a standstill. "This is unfortunate as the health of a department depends on continued research. Our teaching load is very heavy."

The report of the department of neurology, under
Bara solution ‘from outside’

A solution to Baragwanath Hospital’s overcrowding problem will have to come from outside the hospital, says the chief superintendent, Dr Chris van den Heever.

Doctors at the hospital said they had twice sent petitions to the SA Medical and Dental Council but there has been little improvement.

The doctors urgently called on the council to investigate possible malpractices, overcrowding and adverse effects of present conditions on the training of undergraduates, interns and registrars.

Dr van den Heever said he had not been shown the petition.

A spokesman for the Medical Council said replies were customarily sent to letters received. If a reply had not been sent this would be done.

Dr van den Heever said: “We are doing everything we can do to solve the problems, but have limited space and we cannot relieve the major overcrowding.”

Dr van den Heever said there was a bed occupancy of 60 to 80 in some 40-bed wards.

“Black hospitals urgently need more registrars and medical officers.

“We hope the re-opening of the General Hospital in Johannesburg and the opening of the Sebokeng Hospital in the Vaal Triangle will help to relieve some of the pressure.”

More than 100 black patients have been transferred to the reconditioned General Hospital which will eventually have beds for 724 black and 246 Indian patients.”
Hospitals in crisis

- Too much waste
- Too little cash

Di Paice reports

HOSPITALS in rural KwaZulu are falling apart through lack of funds, putting the health of thousands of people at risk, and in major hospitals millions of rand are being wasted through short-sighted policies of the South African Government.

This was the consensus among KwaZulu Government authorities and medical personnel during a Mercury survey of the homeland's hospitals.

One of the worst examples of waste is at a major KwaZulu hospital, Nkwaleni, outside Empangeni.

Before the KwaZulu Government took over the running of hospitals in 1977 a R2.5-million nurses' home and training college were completed.

But because of a 'change of priorities in Pretoria' a kitchen and dinning room were never installed in phase one of the building and as a result the complex stands empty, according to the homeland's Secretary for Health, Mr E A John. These are to be completed in the next phase.

Two boilers were also installed at a cost of R250,000, according to the medical superintendent of the hospital, Dr R Robinson. The boilers were to serve Nkwaleni and another hospital of the same size which was being planned when construction of the boilers began.

By the time the boilers were completed plans for the second hospital had been scrapped and because the boilers cannot run at half capacity they are not being used at all.

Dr Robinson also complained of a desperate shortage of doctors.

'Senior medical officers' posts have been granted by the KwaZulu Government but as there are very few black people to fill the posts whites have to go through a maze of official channels -- KwaZulu, Co-operation and Development, the Department of Health -- before the posts can be identified as white posts.

By the time all the formalities are completed we have lost our junior doctors to other hospitals.

In the meantime the medical superintendent of Empangeni's white hospital, Dr A Dzungu, has had to

Quote: Because of a change of priorities the complex stands empty.
A WOMAN in labour was forced to hitch a lift from her Mitchells Plain home to hospital after repeated calls for an ambulance went unanswered.

Baby Anthea Fester was eventually born at St Monica's Maternity Home in Schotskyle Kloof on Saturday, but it was touch and go. She was born shortly after the car in which her mother had hitched a lift arrived at the hospital.

A relieved Mrs Edna Fester said this week she was grateful to the unknown driver who rushed her to hospital, but was upset at the ambulance service which forced her to have to hitch a lift from Mitchells Plain to Cape Town.

Mrs Fester's dilemma began when the ambulance her husband sent for failed to arrive.

HELP VICTIM

Many phone calls later they discovered the ambulance had stopped to help accident victims in Philippi, but they would have to wait for a second ambulance.

With the baby's arrival now imminent, Mr Lionel Fester stopped the next car to pass his house and pleaded with the driver to rush his wife to hospital. Matters were not helped by the car running into a ditch before it reached the maternity home. Anthea was born soon after the Festers arrived at the hospital.

"Even so, our ambulances generally find addresses there pretty quickly. If we have problems we go to the police station," he said.

He said 'satellite' ambulances were stationed at various points, the nearest being at Philippi.

"It depends on how many we have free," he said, "how much staff we have available, and the workload."

"Mitchells Plain has more than 100,000 residents and it is alarming that the Provincial Administration does not provide a weekend ambulance service in the area," he said.

Mr James Peterson, chairman of the Combined Mitchells Plain Residents' Association (Compra), said he was appalled at
Banned BCP's clinics lie idle

A R200,000 medical clinic, built by the banned Black Community Programmes (BCP), is lying idle in Durban while vast areas of KwaZulu are gripped with one of the worst droughts in living memory and medical services at a premium.

This was disclosed yesterday by Mr. Bill Bengu, the former chairman of the BCP, when reacting to the government's move to give about R364,000 confiscated from organisations banned in 1972 to a government-sponsored agency.

The Human Sciences Council has, however, rejected the offer from the Minister of Justice, Mr. Atuny Sebelembusch, saying that it was not prepared to alienate the community by accepting the money.

Two clinics, a cottage industry in the Cape, a mobile clinic in Soweto and more than R200,000 in cash were seized from the BCP by the Government.

A bitter Mr. Bengu said the clinic near King William's Town has been reduced to an unrecognisable state and those at Soweto and Durban were closed down.

The cottage industry in the Cape had been demolished.

Mr. Bengu said he was very bitter about the closure of the clinic at Adams Mission near Durban because it was serving thousands of people who were unable to get medical services any other way.

"It is a well-known fact that medical services in most areas of KwaZulu are inadequate.

SUNDAY POST Correspondent.
Desperate plight of hospitals in rural KwaZulu

Typhoid is on the increase, water has to be hauled from nearby rivers, laundry, kitchen and sewerage facilities are primitive, there are no isolation wards, there is a desperate shortage of nursing posts and the buildings are inadequate. These are the common denominators of KwaZulu's rural hospitals.

Luwamba took the prize for having all these problems and little else in a Mercury investigation into the homestead's hospitals.

It has no permanent doctor - a weekly visit is paid by a doctor from Ngweleze Hospital, 45 minutes' drive away along rutted earth roads.

The matron, Mrs S T Buthelezi, pointed to rooms leaking so badly that they were beyond repair and during the rainy season buckets have to be part of the hospital inventory.

Drainage is virtually non-existent and when it rains water floods into the wards under ill-fitting doors. The sewerage system, too, is inadequate.

"We try to cut down on infection because of insanitary conditions but it is very, very difficult," Mrs Buthelezi said.

"We have to cope with flooding and terrible flies in summer."

The laundry is all done by hand and hung out to dry in a building which has a roof of asbestos and corrugated iron which rarely touches the walls.

"We have a lot of dysentery, especially now with the drought, and when it does rain it will be impossible to keep the linen clean. The children suffer. There is a lot of bilharzia from the bad water as well as kwaabsiker and pellagra."

The wards with 86 beds consist of a series of ramshackle buildings and one children's TB ward measures about 3m square.

In the maternity extension ward pregnant women lie on mats on the floor. At Medosvad hospital in Ingwavuma the same sorry tale repeated itself although the buildings were in a better state of repair.

There are 153 approved beds with over 180 patients to cater for. In the women's ward there is an average of 12 floor beds a day. In the maternity section there are nine beds in the lying-in ward - when the Mercury visited there were 25 women waiting to give birth.

The women are discharged after 24 hours 'because most complications occur during the first 24 hours. But we should keep them for three days,' the matron, Mrs Ruth Myeni, said.

"There are no kitchens in the wards and the central supplies department is so small that supplies overflow into one of the wards in which all but one bed have been removed.

"In the same ward robing is done for operations, a screen being drawn around the doctors and nurses to separate them from the patient."

"Water is hauled from the Ingwavuma River and purified with chemicals.

"There is no isolation ward here," Mrs Myeni said. "That and the water problem are the main reasons for the increase in typhoid and dysentery."

Mrs Myeni complained that there were not enough nursing posts and said that enrolled nurses, that is nurses with two years' training, were working for pupil nurses' salaries because they could not get jobs elsewhere.

"I understand the KwaZulu Government cannot afford to create new posts," she said.

There is one permanent doctor and two army doctors. They need three more permanent doctors, according to the matron.

More expensive

Benedictine Hospital in Nongoma was better off than either of the two hospitals but there, too, there are more patients than beds. A total of 575 approved beds serve an average of 800 patients. They have one theatre.

"We cater for a large part of northern Zululand," the secretary, Mr Z J Mithethwa, said. "And judging from the number of transfers to Durban and Ngwelezane, on a long-term basis it is proving more expensive to convey patients to these places than it would be to have better facilities here."

The Minister of Health and Welfare, Dr R B Madide, said his government was considering upgrading Benedictine to a referral hospital "but before we can think of doing that we must have more staff and the money." The matron, Mrs Ruth Myeni, said.

"You can't build theatres and put in expensive equipment unless you know they can be used," he said.

At Nqonjoni Hospital outside Umlazi the German medical superintendent, Dr K Wiswadeel, said since the KwaZulu takeover equipment and medical supplies had improved - echoing the sentiments of many hospital officials - but that the buildings weren't large or modern enough to cope with the workload.

"We are always improvising. At the moment we are converting an old garage into an outpatient's department - maternity unit and laboratory."

"We have no intensive care unit because you need more than ventilators to run such a unit. There are the lab and bloodgas analysing facilities, for example," Dr Wiswadeel said.

"Here, too, there is a shortage of nursing posts - we need six or seven more - and enrolled nurses are working for pupil nurse salaries. There is a shortage of approved beds."

Ridiculous waste

Dr Wiswadeel said it was essential to have visiting specialists to keep up the standards of the hospital and to make it worth the doctor's while to work there.

"In principle we could do more surgeries in our two theatres but we need more specialists - especially because Umlazi is growing fast," he said.

He bemoaned the poor kitchen and laundry facilities.

"We are short of linen and during the rainy season we have to buy disposable nappies at enormous cost."

"The kitchen, in which meals for as many as 600 people are cooked, has a large house dry ice but no refrigerator. Huge archaic pots are used."

"We generally cook big batches of putu that's not very good for nutrition," the superintendent said.

At Untunjambili near Kranstool the matron of the tiny hospital, Miss Enice Ngcobe, repeated the worst complaints of Luwamba.

Water has to be hauled from the river, there is a problem with sewerage: typhoid, dysentery and gastro-enteritis are on the increase, there is no isolation ward.

Recently the hospital was down to 5% of water and arrangements had to be made to truck a tanker from Greytown.

There are 128 approved beds with 145 to 150 patients. "We put them in the corridors, on the verandas, anywhere there is space," the matron said.

Out of date

The nurses' home sleeps five while there is a staff of 48 and at least 18 more posts are needed.

"The kitchen and laundry are completely out of date and the accommodation old and cramped. The equipment is all right," Miss Ngcobe said.

Dr Madide said repeated representations had been made to Pretoria regarding the financial situation of KwaZulu's hospitals.

Dr L A P A Munnik, Minister of Health, said arrangements being made to visit wastewater treatment plants to visit homeland hospitals "hopefuliy in October."

The matter really falls under the Department of Co-operation and Development, but depending on what I find I can recommend to Dr Koenhoff that he ask for more funds.

"I would be only too glad to visit KwaZulu with a group of officials to get an idea of the problems but I must receive an invitation from Chief Buthelezi, the Chief Minister, that I can't interfere with his affairs."

The Commissioner General of KwaZulu, Mr P N Hansmeyer, has passed this information on to the Chief.

Dr Madide said he would welcome a visit by Dr Munnik and would recommend to Chief Buthelezi that an invitation be extended as soon as possible.

Story: Di Paice

Pictures: E T Zondi
Building starts on new clinic for Lenasia

Pretoria Bureau
A start will be made this month on construction of a R1.6-million clinic in Lenasia.
The Transvaal Works Department has awarded a contract worth R1 027 700 for the construction of the clinic which will be an offshoot of the Coronation Hospital.
The clinic will be a single-storey complex in Nirvana Avenue, Lenasia.
It will feature:
- A small maternity section of about eight beds. This will provide the only overnight facility at the clinic which will otherwise be for day patients only.
- "Short stay" wards for patients recovering from minor surgery under anaesthetic performed at the clinic. Such patients may remain until the clinic closes in the afternoon.
- An outpatients' section.
- A casualty section for emergency cases who will receive initial treatment. They will then be transferred to a hospital by ambulance if necessary to receive further treatment.
- A small X-ray unit.
- A dental unit in three dental rooms, including X-ray facilities.
A spokesman for the provincial Works Department said the completion would depend on the supply of bricks which were at present in short supply.
Building work on a R1.8-million "day hospital" in Lenasia is to start next month.

The clinic will have a 24-hour maternity service with eight beds. This will be the only overnight facility offered.

A spokesman for the Department of Hospital Services in the Transvaal said the clinic would have an outpatient section and a casualty section.

Emergency cases would be treated and then transferred to other hospitals.

Work on a second hospital — the R13.5-million Lenasia Hospital is to begin at the end of next year.
Doctors, nurses needed urgently

Medical Correspondent

The overcrowded Baragwanath Hospital urgently needs more doctors for its department of medicine and the General Hospital in Johannesburg wants more Indian nurses.

Dr Chris van den Heever, chief superintendent of Baragwanath Hospital, today said there was still overcrowding in some wards but the situation was improving.

"The average bed occupancy is about 50 to 70 in a 40-bed ward. We are doing all we can to solve the problem. But a solution will have to come from outside the hospital."

He said the opening of the General Hospital to black patients had helped to take some of the pressure off Baragwanath.

"We urgently need more doctors in the department of medicine." Only 484 of the 601 medical posts have been filled.

Doctors will do themselves, the black urban community and South Africa a service if they accept posts at the hospital.

"The more doctors we get the quicker we can treat patients."

Dr Joe Nach, senior superintendent at the General Hospital which has 125 patients who were transferred from the old Non-European Hospital said his hospital was short of Indian nurses.

"Four hundred of the 800 posts for black nurses have been filled.

"But there has been a poor response from Indian nurses. Only eight of the 194 nursing vacancies have been filled."

He said ultimately the hospital would have beds for 724 black and 248 Indian patients. The old Non-European Hospital would be converted into a hospital for Indians."
Mary Mokoena of White City Jabavu and Lizzie Ndlovu of Rockville appeared in the Orlando Magistrate's Court before magistrate Mr A.P. Dou bert on a charge of child stealing.

The hearing was postponed until tomorrow.

The baby's mother, Ms Beauty Mgudzikelile Sikhakhane, was still too upset this week to discuss her ordeal.

Mrs Gabisile Twala, grandmother of the baby, fainted when she heard the news of the baby snatching. She was treated in hospital for shock.

"I am happy that Eric has been found and we are planning a big feast for him," said his grandmother.

Mr. Twala was in court with his wife to discuss his son's disappearance.

Gabisile Twala said her son, who was three years old, had been taken by a woman who had been seen entering the hospital with her.

DETAILS of another baby snatch at Baragwanath Hospital — this time from inside one of the maternity wards, have emerged following reports earlier this week that a baby was stolen from a bus stop outside the hospital.

Six-day-old Eric Sikhakane vanished while his mother had left the ward for exercise.

The hospital threw a blanket of secrecy over the incident and increased security at the maternity section. Security officers with two-way radios were placed at strategic points outside the wards.

Acting on information police swooped on a house in Soweto and recovered the baby.

By DERRICK LUTHAYI

When he comes out of hospital," said Mrs Twala.

The Baragwanath superintendent, Dr C van der Heever, said the baby snatching was the first incident of this nature to happen in a ward. "We have had many cases like this at the out-patients department," he said.

In the other incident Mrs Elizabeth Ngubane
Where it takes a week to find a patient

By MONK NKOMO

It sometimes takes a week to locate a patient in a Kalafong Hospital ward, according to Dr J A Fourie, superintendent of the hospital.

Because of the vast number of patients it serves, the hospital is faced with its most serious case of overcrowding since it opened in 1972.

The hospital has an "abnormal" average of 1,497 patients daily who share 1,183 beds.

The superintendent said 90 beds were usually allocated to each ward but they had squeezed 50 beds into each ward.

The maternity ward has a total of 116 mothers who share 72 beds with their babies (30 for the mothers and 43 for the babies).

There are 92 children who share 48 beds in the orthopaedic ward while 50 beds are being shared by 107 patients in the children's surgical ward.

Dr Fourie said the overcrowding problem was caused by the admittance of patients from the surrounding areas, hospitals in the northern, eastern and western Transvaal and hospitals in the homelands.

Another contributory factor to the overcrowding was the delay in the discharging of people who had been discharged.

"Many of these people come from afar and have to wait for their next of kin to come and fetch them and we cannot take these people out of the hospital until the relatives arrive," said Dr Fourie.

"We still render the best services even under such conditions," said Dr Fourie. The hospital has some of the best apparatus and treatment in the world, according to the superintendent.

The expansion programme which has been planned and approved by the Department of Health Services is expected to be implemented soon.
Patients say 'no' to coloured nurses

Own Correspondent

CAPE TOWN—A measure introduced at Groote Schuur Hospital to beat infections of staphylococcus has been thwarted by two white patients who complained about receiving treatment from coloured nurses.

To minimise infection and protect patients, Groote Schuur moved several people infected with staphylococcus aureus to the infectious diseases City Hospital at Green Point.

The nursing staff there was stretched by the additional load, at times, additional load and, at times, whites came under the care of coloured nurses.

When two complained, Groote Schuur was asked to take them back and deal with them as best they could.

Cape Town’s Medical Office of Health, Dr R J Coogan said: “This was a case of extreme apartheid. We couldn’t change the whole staff structure because of such a complaint when there is a shortage of nurses.

“We had no choice but to hand the two patients back to Groote Schuur.”

Staphylococcus aureus, a penicillin-resistant microorganism which has caused concern at Groote Schuur since last December, affects patients who are very ill or who have major wounds.

The organism, found normally in the nose and on the skin, infects wounds. Its occurrence is worldwide, aggravated partly by the intensive invasive techniques of advanced medicine.

There are still two patients at City Hospital who are both happy with the nursing arrangements.
Patients moved after dispute

Medical Reporter

TWO white patients who objected to nursing by coloured staff at the City Hospital for Infectious Diseases have been transferred back to Groote Schuur Hospital.

The two are suffering from infectious syphilis, an antibiotic-resistant hospital-based infection which earlier this year forced the closure of several wards.

In an attempt to contain the spread of the infection, provincial authorities in charge of Groote Schuur Hospital arranged to transfer infected patients to an isolation ward in the municipality-controlled City Hospital.

The city’s Medical Officer of Health, Dr R J Coogan, said yesterday: “The understanding was that all staff at our City Hospital, coloured or otherwise, would be used to nurse patients as required. Such patients need careful nursing and there is a heavy burden on staff in any case. The Groote Schuur Hospital authorities agreed to this.”

He added that the complaint was a case of “extreme apartheid”. “There is a severe shortage of nurses and we can’t change the whole staff structure because of such a complaint. They left us no choice but to transfer them back to Groote Schuur.”

Most of the original group had recovered but two still remained. It was considered “not in their interests” to move them. Neither of these bad any complaints about nursing.
Ambulance chief

CAPE TOWN: The Western Cape Provincial Health Department has confirmed that the ambulance service in the province is overstretched.

Mr. Warther, the province's health minister, said during a cabinet meeting on Tuesday that the ambulance service in the province was at breaking point.

He said that the service was unable to respond to all calls, and that patients were being taken to hospitals by ambulance crews.

"We are doing everything we can to ensure that our ambulance service is able to respond to all calls," he said.

The department has also been working to increase the number of ambulances in service.

However, Mr. Warther said that this was not enough and that more funding was needed to address the shortage of ambulances.

"We need more ambulances," he said. "We need more staff."
Blacks will be moved to city hospital

Medical Correspondent

More than 300 black patients are expected to be transferred to the Johannesburg General Hospital in six weeks says Dr Joe Nach, the senior superintendent.

The patients are being moved from the Non-European Hospital in Johannesburg.

The move will take some of the pressure off the overcrowded Baragwanath Hospital.

Dr Nach said today that about 130 black patients, most of them receiving radiotherapy, had already been transferred.

"The General Hospital has been renovated, and the big move of patients from the Non-European Hospital will clear the old hospital."

The Non-European Hospital is to be renovated and will be used as a hospital for Indians.

"We do not want to leave any wards empty, thus some Indian patients will be admitted into the Non-European Hospital as soon as the black patients are transferred," he said.
Mr. Dorbie Rametsi (second from left at the back), with members of the Youth Council.

Clinic crisis.

Len Kanan

THE Alexander Youth Council will raise funds for the local clinic to stop it from closing down.

The clinic, which is the only one serving the people in Alexandra, is on the brink of closing down due to lack of funds. The Youth Council held a Press Conference that funds to keep the clinic operating were falling short.

The clinic, which is the only one serving the people in Alexandra, is on the brink of closing down due to lack of funds. The Youth Council held a Press Conference that funds to keep the clinic operating were falling short. Mr. Rametsi said the Youth Council would raise funds by staging concerts, and that they would also collect money from the streets.

He said the Alexander Community could not afford having the clinic shut down because it served as a hospital. It offered free antiretroviral treatment and consultation.

Addressing the meeting in Alexandra this week, president of the Youth Council, Mr. Dorbie Rametsi, said the youth are to start fund raising projects for the clinic. The Alexandra Liaison Committee, led by Roy Kana Poll, had given them the green light to embark on the project.

The clinic is run by welfare organisations, and does not receive Government subsidy. It has been standing on donations.
R250-m loan for Soweto
—Thebehali

By Langa Skosana

The chairman of the Soweto Council, Mr David Thebehali, has returned from overseas with a promise of a R250-million loan for improvement.

When he made the announcement to a group of about 150 at the Oppenheimer Tower in Soweto yesterday there was applause when he said hospitals and clinics would be built with the money.

"We are going to get R250-million to build three hospitals and 18 clinics in Soweto. There will be two clinics, at Emdent and Mofolo, before the end of the year."

DEMO OFF

Other hospitals were to be built at Protea, Emdeni and New Canada, Mr Thebehali added.

A planned demonstration to welcome Mr Thebehali fizzled out because of fears of a violent clash between his supporters and protesters.

A group of women with placards left without displaying them.

Mr Thebehali made an appeal to residents to come in large numbers to the Soweto Council meeting on Wednesday when Dr Koornhof, Minister of Cooperation and Development, is to receive the freedom of Soweto.
Mamelodi Hospital may be extended

Pretoria Bureau

The Mamelodi community council is to request the Minister of Co-operation and Development, Dr Piet Koornhof, for the conversion of the existing Mamelodi Hospital into a fully-fledged hospital.

The chairman of the council, Mr M W Aphenie, said yesterday the date for meeting with Dr Koornhof was still to be decided by the local community council.

He disclosed that he and three councillors, Mr A Bekuile, Mr H M Piteje and Mr B Ndlazi, yesterday met with the deputy director of Hospital Services, Dr H van Wyk, about the matter and were told that Dr Koornhof as his department had no power to accede to their request.

Mr Aphenie said the Directorate of Hospital Services also recommended that they see the Minister about the re-opening of the H F Verwoerd Hospital to blacks.

"We want the Mamelodi Hospital to be developed into a fully-fledged hospital instead of a day hospital because Kalafong Hospital is too far for our residents," he said.

The local hospital, which will start operating next year, is a polyclinic and will have no sleeping wards. Seriously ill patients will be treated at Kalafong Hospital.

Mr Aphenie said the Directorate of Hospital Services had given their case a "sympathetic hearing", but it had no authority to solve their problem.

He added that his council felt it imperative to appeal to the Hospital Services for the reopening of the Verwoerd Hospital.

The idea of reopening the Verwoerd Hospital to blacks was mooted by Mr Ndlazi in a council meeting a few months ago.

In that meeting Mr Ndlazi had said Kalafong Hospital near Atteridgeville was a distance away from Mamelodi, ambulances were not fast enough to take casualties to Kalafong and many residents could not pay for transport.

He had also said the store rooms at the Verwoerd Hospital could be used for accommodating black patients because illness knew no discrimination.

The Verwoerd Hospital was closed to blacks after the completion of Kalafong Hospital a few years ago.

Dr Van Wyk was not available for comment yesterday.
New man for council

Mr. Tom Boye, the

Councillor Community

New chairman of the

Mr. Tom Boye, the

Councillor Community

New chairman of the

Mr. Tom Boye, the

Councillor Community

New chairman of the

Mr. Tom Boye, the

Councillor Community
Chilling figures

South Africa will need 45 medical schools to serve a population of 90-million in 2030. Evidence suggests there will be an insufficient number of doctors. Professor Philip Tobias, dean of the medical faculty at the University of the Witwatersrand, examines the problem in an article in Optima.

To match normal (though not the best) standards in developed countries, South Africa should now have at least 14 medical schools. By 2030, its population is expected to reach about 90-million.

If it is regarded as an average developed country, some 45 medical schools will be needed to provide the doctors, allied medical personnel, services and thus the professional standards to cater for a nation of that size.

These chilling figures assume that the need for doctors, and the ability of medical schools to service the population, will remain constant. It is remotely possible that medical scientists, educators and planners will be able to alter both these factors.

But the evidence indicates that a wider spread of medical services increases the requirements for doctors. The trend is, rather than the reverse, because as more people survive longer, the incidence of degenerative and neoplastic diseases rises steeply. The added load of illness creates a demand for more doctors, more hospital beds and more medical services.

The picture is complicated by the decision of the world's leading developed and less developed area, the "haves" and the "have-nots.

In 1965, the less-developed countries (LDCs), according to the World Bank's classification, had about 60 percent of the world's population, but in terms of Gross National Product delivered only 16.5 percent of its output. Developed countries had 32 percent of the total population but accounted for 83.5 percent of production.

It is estimated that by 2000 the LDCs will contain three-quarters of the world's population, but still will be able to claim only 14.5 percent of output.

By the next century, judged against present criteria, many of the LDCs may be "partly-developed," but it is probably safe to assume that even then inadequate medical services and standards will be a feature of their societies.

This means there will be fewer doctors and medical schools to each unit of population, with all the problems that attend such scarcities — mainly an enormous burden of preventable disease in that inadequately "medicalised" parts of the globe.
Centres will ease call for beds in hospitals

_A own correspondent_  
A national plan for the establishment of health service facilities, which is expected to relieve pressure on South Africa's existing hospitals, has been officially announced in Pretoria.

Dr Munnik, Minister of Health, Welfare and Pensions, describes the plan as "one of the most important developments in health services during the past decades."

He says it will emphasise preventive and basic health care rather than curative hospital services, as at present.

Six levels of health service are envisaged:
- Provision of basic subsistence needs including safe drinking water, sufficient food, sewage and waste disposal, and adequate housing.

**EDUCATION**

Dr Munnik says his department in conjunction with the other authorities concerned will co-ordinate the introduction of guidelines for the establishment of services with minimum standards to meet those four basic needs.
- Health education.
- Primary health care.
- Voluntary health service organisations to provide the most elementary preventive and rehabilitative services in a community. Community health nursing and community health centres are envisaged here.

Dr Munnik says community health centres seem to be the largest need of that part of the population which depends on public health services.

**THE BASICS**

He says the following basic services at least will be provided at such centres:
- Family planning, immunisation, daily patient treatment, the combating of tuberculosis, venereal disease and other communicable diseases; child care; geriatric services; and health education.

A community health centre will also have a room which can be used as a meeting place for voluntary health service organisations.

The establishment of community health centres is primarily the responsibility of provincial administrations and/or local authorities, Dr Munnik says.

Health spokesmen said the plan should relieve the present demand for hospital beds. Patients will have minor ailments treated without being admitted to hospitals.
Concern at delay in ambulance service takeover

By Lynda Lexton, Municipal Reporter

Municipalities in the Transvaal are getting restive about the delay in the promised takeover by the province of their ambulance services.

The takeover was scheduled for April this year, but so far nothing has happened and municipalities have expressed concern about a "strong movement to impose the responsibility for ambulance services on local authorities by means of provincial legislation."

The issue was discussed at the recent Transvaal Municipal Association congress in Nelspruit and the United Municipal executive is giving it serious attention.

Now, the management committee of the Johannesburg City Council has decided to see Mr. Kalle de Haas, the MRC in charge of hospital affairs, about the problem.

In April, the management committee asked the Secretary of Health, Welfare and Pensions to speed up the takeover.

It has now received a letter from the Director of Hospital Services stating that the issue was still receiving attention and that no indication could be given as to when and how the takeover would take place.

The director went on to appeal to the management committee not to allow the ambulance service to "deteriorate because some form of takeover is imminent."

NO POSSIBILITY

Mr. J. F. Oberholzer, MLC, chairman of the management committee, said yesterday that because the ambulance service was a health service, there was no possibility that it would be allowed to run down.

But he pointed out that Johannesburg's service cost ratepayers R1 million a year to run and that the need for a takeover was becoming increasingly urgent.

The Health Act was amended in 1977 to allow provincial administrations to take over ambulance services, and earlier this year the Department of Hospital Services appointed an assistant director in charge of ambulance services.

Johannesburg has indicated that it would be willing to run the services on an agency basis for the Province as long as it funded the bill.
No to planned 'non-white' maternity unit

THE Department of Community Development has refused to issue a permit to the Libertas Hospital in Goodwood to open a 18-bed maternity unit for coloured, Asian and Chinese patients.

The refusal comes soon after the Prime Minister's goodwill trip to Taiwan where he promised a "new deal" for South Africa's Chinese community.

A spokesman for the Libertas told the Cape Times yesterday that no reason for the refusal had been given.

In March, the Libertas was granted permission to admit coloured, Asian and Chinese patients to its medical and surgical units. No application was made to include maternity patients at that stage because the hospital did not have facilities.

A redundant day clinic on the first floor of the hospital was then set aside for maternity patients and hospital authorities were hoping to use this section for coloured, Asian and Chinese patients.

But last week, the hospital received a letter from the regional representative of the Department of Community Development saying a permit would not be granted. In a letter, the Department gave no reason why the application had been refused.

Mr J Walters, regional director of Community Development, said yesterday that he had "absolutely no comment" to make.
Munnik praises health services

KEISKAMMAHOEK — The South African Minister of Health, Dr Lapa Munnik, yesterday paid tribute to the standard of health care in the Ciskei.

In an interview after a two-day visit to the Ciskei, Dr Munnik said: “I was very impressed, particularly by the dedication of the nurses and doctors.”

He was also impressed by the St Matthew’s Hospital here which he visited yesterday.

He said the community health services run by the hospital in the Keiskammahoek and Middledrift districts were very effective, with its 15 clinics throughout the area.

The superintendent, Dr L. Piliso, is “in my opinion one of the best trained and dedicated persons in the whole of Southern Africa in community health.”

The Regional Health Organisation of Southern Africa (Rhosa) was organising a symposium on community health early next year and he would definitely be inviting Dr Piliso to deliver a paper at the symposium.

It was clear that a new hospital was needed in the area, because St Matthew’s was old, but in the circumstances the staff were coping very well.

The Deputy Minister of Co-operation and Development, Dr George Morrison, who accompanied Dr Munnik on his visit, said that the health of the babies in the hospitals, which he regarded as the base line for any assessment of the level of health in a community, had struck him very favourably.

There was clearly a considerable shortage of doctors in the Ciskei, but he disclosed that negotiations were under way for four Philippine doctors to join the Ciskei health services. This would help alleviate the situation.

Dr Morrison said the emphasis placed by the Ciskei Government on community involvement was particularly important.

“I feel in all respects the community must be involved and that mothers should visit the clinics.

“Malnutrition is not always because of deficiency of food. It is often because the children are not fed properly,” Dr Morrison said.

Dr Munnik and Dr Morrison, who are both medical doctors, left the Ciskei yesterday afternoon after visiting a number of hospitals and resettlement areas. Their programme was, however, curtailed because adverse weather prevented them flying by helicopter to the Thornhill, Oxton and Sada areas situated.

Dr Munnik, however, went to Sada by road yesterday afternoon. — PC
67 pc nursing shortage

By Erik Larsen,
East Rand Bureau

Edenvale Hospital has such a chronic shortage of nursing staff that it has been forced to employ unskilled voluntary workers.

At present there is a 67 percent shortage in the number of trained nurses. The shortage of sisters, student nurses and assistant nurses varies from 31 to 37 percent.

According to the superintendent, Dr. Richard Griffith, the hospital has been experiencing a nursing shortage for the past three years, but it has become progressively worse during the past year.

"The situation is serious and I am concerned about things getting worse," he said.

The number of nurses who resigned or were transferred had not increased, but there was a marked drop in the number of student nurse applications.

"At the moment we are coping because of a relatively low patient-load, but we could be faced with serious problems in winter, when we usually have our largest patient intake."

Because of the nursing shortage, patients were not receiving proper care and attention.

"The increased workload on our nurses could also present us with serious problems in the not too distant future. They might lose all sense of job satisfaction and we could be faced with a mass walkout."

Recently the hospital was forced to employ 38 volunteers, including two trained nurses and three men. Many are housewives who perform menial tasks.

Dr. Griffith said that to his knowledge no other hospital employed volunteers on such a large scale. "They play an invaluable role."
The investigation into the addition of a new hospital into a council would be held. The possibility of converting the old

NATIONAL'S PROFESSIONAL SERVICES PRESSED TO

Mr. Martin said he did not believe the current situation was suitable to transport nurses into part of the additional paperwork. His belief was that it would not be possible to transport nurses.

He said it would not be possible to transport nurses.

Mr. Martin was asked if the situation were to remain as is, how would the paperwork be handled?

He could not understand why nurses were paid less

The single most important reason for the shortfall

Nursing shortages were under way to remain about the

The government of waiting for nurses, which would bring about the possibility of converting the old

NURSES' EXECUTIVE COMMITTEE had already approved

Investigations were under way to find about any

Change of hospital staff ...
Doctors want R1 m Toti hospital

Mercury Reporter

SOUTH Coast doctors are campaigning for a R1 million private hospital to be built in Amanzimtoti by April 1982.

The hospital, which only awaits the approval of the Department of Health in Pretoria, would cater for about 65 000 people who presently have to travel to Addington or Scottburgh hospitals.

The idea of establishing a community hospital was that of an Amanzimtoti doctor but it has the full support of all doctors and dentists practising in the area from Illovo to Louis Bhole Airport.

The doctors involved, who have formed a company called Amanzimtoti Medical Services, have applied to the Pretoria Department of Health for a licence to run a hospital and are still awaiting a reply.

If they are given the go-ahead, immediate steps will be taken to start building the hospital, to be known as Kingsway Clinic, at Athlone Park.

The company has also applied to the Amanzimtoti Town Council for permission to buy a hectare of municipally-owned ground.

According to the borough's Town Clerk, Mr D B Magennis, the council has no objection to selling the ground and is applying to the Province for permission to do so.

'The council will do everything in its power to expedite the sale of land,' he said.

Mr Magennis said the council would decide on the sale price of the land at tomorrow night's meeting.

A spokesman for the group of doctors said: 'Doctors treat about 3% cases a month which have to be sent to one of the two hospitals and, in an emergency, time is of the utmost importance. It would charge medical-aid tariffs.'
Pilfering at hospital residence is epidemic, say Grey's Girls.

Nurses on the take.
Edenvale's staff nurse shortage still continues

By Bob Kenouagh, Medical Correspondent

Almost 60 percent of all nursing posts at Edenvale General Hospital have been filled but there was still a severe shortage of staff nurses, the superintendent, Dr Richard Griffiths, said yesterday.

Dr Griffiths said only 33 percent of staff nursing posts had been filled. Comparative figures for student nurses and assistance nurses were 63 and 60 percent respectively.

"It is untrue to say that because of the nursing staff shortage patients are not receiving proper care and attention. At present the patient load is relatively light and nurses can cope," he said.

The patient load is increasing in winter and the nursing staff is put under greater pressure.

"Edenvale General Hospital has a growing shortage of nurses. But this problem is shared by several white hospitals in the country.

"Therefore the present quality of work being done by nurses cannot be guaranteed to continue should the proportion of nurses to patients drop," he said.

Dr Griffiths said for several years 16 volunteers from the Red Cross and St John Ambulance had given first aid at the hospital.

More recently 28 volunteers from Bedfordview Civil Defence and others had performed a wide range of duties in the casualty and other departments.

Dr Griffiths said volunteers had acted as aids to nursing attendants and had helped to feed and comfort patients, make beds and do other routine tasks.
St M’s shows way to health

Morrison both expressed admiration for what St Matthew’s Hospital had achieved and Dr Munnik said he would be inviting Dr Pililo to a regional seminar on community health next year because she was one of the foremost experts in Southern Africa.

But they were also able to see for themselves the chronic overcrowding in the children’s wards and they expressed concern.

St Matthew’s is scheduled for replacement by a new hospital at Keiskammaheok and initial plans have been drawn up and a site set aside.

But it will take at least three years before that hospital is built and the children’s wards are already overcrowded.

Dr Morrison inquired about the possibility of erecting a temporary extension so that all the babies could be kept in single cots.

And, indeed, that seems to be the only solution, which should be regarded as urgent.

Mrs Mpamba said there were other requirements as well. “We need more clinics and more nurses.”

The hospital authorities would like to have at least three nurses at the clinics.

They also feel that the nurses should have greater mobility because the distances are so great.

“We need to be mobile to get around. We must be able to go to the family but the distances make it impossible without transport,” Mrs Mpamba said.

School nurses have also been appointed so that they can teach pupils the basics of health care, but, again, they are restricted because of the lack of transport.

Many of these needs are new. In the traditional health system, hospitals, doctors and nurses were primarily concerned about people once they were sick. Now the emphasis is to prevent them getting sick.

“The days of a matron sitting in an office are over. She must get out to the clinics where the people are,” Dr Munnik said.

The hospital is changing. It is now a place where people come earlier when they are sick.

“It is now a place for preventive care resources to be sent out to the clinics,” Mrs Mpamba said.

In the old days, “first aid”, as it was known, played a very small role in the syllabuses for the training of nurses. Today, “primary health care” is strongly emphasised and it is developing all the time.

To prevent people getting sick, the need for a balanced diet is fundamental. Very often, Dr Morrison said, it is not the lack of food that causes malnutrition but incorrect diets.

Obviously, clean water is fundamental. To be able to afford correct food, money is needed. The nature of peasant farming has to change.

Three children share a cot in the overcrowded children’s ward at St Matthew’s Hospital near Keiskammaheok. Two or three babies are crowded into the cots because of the shortage of space.

Mothers and grandparents wait outside the new nutrition clinic at St Matthew’s Hospital.
New hospital era opens
with slick operation

By Bob Kennewa
Medical Correspondent
Scores of black patients were forced yesterday by "disaster bus" paralysis and ambulance to the renovated General Hospital in Johannesburg.

Some of the patients were on stretchers, others on crutches. A few who were in traction had to be moved in their beds. They were carefully wheeled down the street to the hospital.

To onlookers it appeared as though there had been a major disaster. Curious people anxiously asked: "What is going on?"

What in fact was taking place was that about 130 patients were being moved from the overcrowded Non-European Hospital to the General Hospital which will ultimately have facilities for 400 patients.

Today more than 100 patients, including intensive care and casualty patients, will be moved.

The now renovated "Gen" has its roots in the 1880s when Johannesburg was a gold rush town and part of the local jail was used for the sick.

Dr Neville Howes, chief superintendent of the new multi-million rand Johannesburg Hospital, recalled yesterday that the time the Rev H. Fisher wrote a sharply worded letter to the Health Committee describing in detail conditions in the "filthy cage" where infectious cases were "nursed with other patients."

Public opinion was inflamed when the letter was read at a meeting of the Health Committee. A delegation was sent to special magistrate, Captain von Brandis (Dr Howes's great-grandfather). Collection lists were initiated and the government was asked for financial assistance.

But it was not until November 5, 1990, that a permanent hospital was opened on the site where the Ronald MacKenzie block of the General Hospital stands today.

Cost of the red-brick building was R34,000. The cornerstone was laid by the Vice-President of the ZA Republic, General N. J. Smit.

The hospital started with 130 beds, a medical staff of six (five part-time) and 15 nurses. Inevitably it was not big enough for the young town's growing population and by 1897 the Eastern and Burrito wings had been added, bringing the number of beds to 320.

In the next 25 years the Stroyn Plaza, the East and West pavilions and several other buildings were added and "The Gen" began to acquire branch hospitals — the Queen Victoria Maternity Hospital, the Otto Beit Convalescent Home, the Fever Hospital, the Transvaal Memorial Hospital for Children and the Non-European Hospital.

With the outbreak of World War 2 the total number of beds in the hospital (and its associated institutions) increased to 722 and by 1964 the figure was 1862.

Eventually in 1968 the decision was made to move the hospital to a new and more suitable site in Parktown.
Four nurses at the General Hospital pushed this seriously injured patient from the Non-European Hospital in Hospital Street, Hillbrow, to the General Hospital in Klein Street, yesterday. Staff moved equipment and 180 patients from the NEH in under two hours.

**Hospital is put on the road**

**Staff Reporter**

HILLBROW residents in Hospital and Klein Streets yesterday saw what appeared to be a disaster area.

The confusion was even more dismaying because it was raining and patients on beds with tubes attached to their arms were being wheeled down Hospital Street to Klein Street.

The reason for all the rushing about was the removal of 180 patients and equipment from three wards at the Non-European Hospital to the new exclusively black General Hospital.

"We managed to move in just under two hours with the aid of ambulances, paralances and the municipality's disaster bus, which carries 12 people on stretchers and 24 on seats," the superintendent of the General Hospital, Dr Joe Nach, said yesterday.

"Many patients who could not be moved in the conventional way had to be pushed down the street in their beds by nurses," he said.

The removal was eased by a colour coding system. Each ward was given a colour and stickers were stuck on patients, nurses and files.

"Had we known that it would have gone so well, we would have moved the whole of the NEH in four hours," Dr Nach said.

Today the last 130 patients at the NEH will be moved to the General. The 784-bed General will only be fully functional in January. It is an independent academic hospital and will be staffed entirely by blacks in a few years' time.

While administrative staff heaved a sigh of relief that there had been no hitches, workers unloaded equipment and sterilised wards.

"The responsibility of such a move is great and the administrative and nursing staff who managed it were marvellously efficient," Dr Nach said.

The Rand Daily Mail visited the hospital, nurses in the empty casualty department were busy getting ready for the opening of the section today.
Nurse enrolment causes concern

PORT ELIZABETH — Decreasing enrolment among white and coloured student nurses in the Eastern Cape is causing grave concern in the profession.

A survey yesterday revealed that so far only the Livingstone and Provincial Hospitals in Port Elizabeth and the Andries Vosloo Hospital and Somerset East expected to fill all their vacancies next year.

Provincial hospital spokesman at East London, Uitenhage, George, Oudtshoorn, Cradock and Graaff-Reinet said there was only a trickle of applications compared to previous years.

"A bad turnout," and "not enough applications," were some of the comments of matrons questioned yesterday.

Some attributed the decline to irregular hours and poor pay in relation to heavy responsibilities.

Several matrons said they expected application numbers to drop even more next year as school leavers chose more lucrative careers.

Matron of Grahamstown's Settlers Hospital, Miss J. Uekermann, said she was seriously worried about future recruitment.

She said she had enough nursing sisters, but was keeping her fingers crossed that they too would not get drawn into other professions.

"Nurses with four years' training are earning more working for the railways and in building societies," she said.

A spokesman for Frere Hospital said only 10 of the hospital's 30 trainee posts had been filled up to now.

"Our staff cannot continue to work under this strain. We are now beginning to lose sisters as well," she said.

Matron of the Livingstone Hospital, Miss Dawn Schimper, said enrolment among black trainees was good and there was a long waiting list: "We would also like to get more coloured applicants."

Enrolment figures were not available from the Provincial Hospital in Port Elizabeth, but the medical superintendent, Dr Leon Cilliers, said enrolment for student nurses was "going well" and there was no shortage.

Meanwhile, a serious staff shortage has caused Empangeni Hospital in Durban to cancel all but emergency operations and to close the day ward from December 14.

But the suggestion that black nurses be employed was turned down by the NEC for Eshowe, Mr Neels Vosloo, on the grounds that "such replacement is not the fashion in South Africa."

Later Mr Vosloo said: "You are making a scene out of something which is not really all that bad. If we do not have people to staff the hospital, then we must replace white staff with blacks." — DDC.
WE don't know whether to laugh or weep over the comment of Mr Neels Vosloo, the MFC for Eshowe, who has dismissed the idea of employing black nurses to fill the critical white nursing shortage at Empangeni hospital because it is 'not the fashion in South Africa.' Some fashion if it means that the sick and injured must suffer rather than let a black hand help to ease the pain.

Mr Vosloo is one good reason why we pray that the National Party never gains control of the Natal Provincial Council. With most provincial hospitals facing an alarming shortage of trained white nurses — a recent survey revealed that Addington alone was short of about 50 — the time has come for the authorities to think very deeply about employing blacks to fill the shortfalls. For among other things we seriously question whether most sick people are the least bit concerned about the colour of the hand that ministers to their needs.

Mr Frank Martin, Natal's MEC in charge of hospitals, has indicated that black nurses might have to be recruited for Empangeni hospital in order to keep it open. It is reported that lack of nursing staff has caused the hospital to cancel all but emergency operations and to close the day ward from December 14. But why must there be a state of crisis before this action is taken?

In fairness it must be said that the Province is not unsympathetic to the idea of employing black nurses in white establishments. In fact its stated policy is that if nurses of the same race group are not available, then nurses of any race may be employed so that the patient is not affected. But invariably this means that a hospital's white nursing complement must be in dire straits before the step is taken.

Moreover the Province maintains that because of the wage gap between nurses of different race groups the employment of black nurses in white hospitals is tantamount to exploitation of the black staff. And it can do nothing about closing the pay gap because nurses' salaries are determined by a Government-appointed three-man Public Service Commission.

Eventually it must pose a grave threat to the public wellbeing if constructive steps are not taken to reduce the countrywide shortage of white nurses, and that can only be achieved through the medium of pay and general working conditions. Meanwhile it seems sheer lunacy not to tap the reservoir of unemployed black nurses. In Empangeni, for instance, it is reported that a recent advertisement drew replies from 70 qualified black applicants.

The lead, of course, must come from the Government. If it can close the pay gap in other areas it can do the same in the vital field of nursing; and pave the way for provincial administrations to employ integrated staff in their white hospitals. Quite rightly the Prime Minister has deprecated those who are content to have blacks fighting on the country's borders, but decline to play sport with them. At some stage he might turn his attention to the Mr Vosloos of this world, whose attitude even causes them to shrivel from a black Florence Nightingale.
Hospital at breaking point

THE situation at Empangeni hospital was at a crisis point and the hospital surgeon said yesterday that unless something was done 'we might as well pack our bags and leave'.

Dr R S Henderson, surgeon at the hospital which is crippled by a staff shortage, said the nursing crisis must be faced nationwide and the issue of employing black nurses for white patients must be fought in the open.

The hospital has had to cancel all but emergency operations and close the day ward. It is short of 10 nursing sisters and eight staff nurses.

Dr Henderson denied a statement by the director of hospital services, Dr V A van der Hoven, that he and anaesthetist Dr R Dunning would be away during December and January - which made the situation 'not as bad as it first appeared'.

Dr Henderson told the Mercury: 'I will be away for six working days during December and Dr Dunning will also be away for only a few days.

Investigate

'When a hospital closes down its operating theatres and cannot tell you when it will open them again it has reached crisis point. If something isn't done we might just as well pack our bags and leave.'

Dr Henderson said that when the hospital faced a similar staff shortage 18 months ago an inspector of hospitals had been sent to investigate the position at Empangeni. He recommended that 16 new posts be created - and that if white nurses could not be found to fill them, they should be hospitals said they had no objections.

Dr Noel Rattray of Port Shepstone hospital, which is short of four sisters and three nursing assistants, said black sisters worked beside their white colleagues in the theatres - 'with the patient's permission'.

'I have no objection and it is the only possible solution.'

Dr T K Deanesly of Esthove hospital echoed the sentiment, and spokesmen for Estcourt, Dundee and Ladysmith hospitals said they had no objections.

However, the chief nursing officer of Natal, Miss J Maguire, said the picture was not as serious 'as the politicians paint it'.

'It would appear that there are too many white beds that
Hospitals face crisis

FROM PAGE 1

aren't filled in this province — and in the whole country, for that matter — which aggravated the nursing situation. I frequently come up against cases where there are three or four 26-bed wards with 19 or 13 patients in a ward.

'When we wish to close a ward to consolidate the beds there is a general outcry. Somebody should take note of what Mr Neela Vosloo, MEC for Education, said. You should consider the public, not just what the local doctors want.'

Better

'At this stage we don't need black nurses in white hospitals.'

Miss Maguire said Natal was in a better position than the other provinces.

Mr Henderson said Miss Maguire was avoiding the issue.

'We have too few beds for black patients and too few nurses for whites. She can't escape that one. If we had too many white beds in those hospitals, the objection would be different, repeated, that if it was a question of closing down hospitals the province would not hesitate to take on black nurses.'

The director of hospital services was not available for comment.

Our Cape Town correspondent reports that next year's intake of white student nurses at Groote Schuur is only half the normal number.

The intake for January, February and March was usually well over 100 nurses but so far only 60 have enrolled to start training for the January and February intake.

Low

While the figures reflected a chronic shortage of white nurses, there was, according to sources, a waiting list of coloured trainee nurses.

Asked about the nursing shortage, Dr H R Sanders, chief medical superintendent of Groote Schuur, said that this was not the first time there had been a low number of applicant nurses.

She said the same pattern had persisted in the past few years and pointed out that there could be more applicants at the time of the intake.

Dr Sanders said the problem was not restricted to Groote Schuur but was a national one, with a special emphasis on the private sector where they worked regular hours.

She said it was important to take into account that the number of nurses may not decrease but that the number of posts created increases beyond supply.

Dr John Sonnenberg, Opposition spokesman on hospitals in the Cape Provincial Council, said there was cause for alarm about the decreasing number of white nurses.

'But while there is this obvious chronic shortage, there is a waiting list for coloured nurses. The answer to the problem is obvious — scrap racial nursing barriers to ease the shortage.'

Our Port Elizabeth correspondent reports that decreasing enrolment among white and coloured student nurses in the Eastern Cape was causing grave concern.

A survey last year showed that so far only the Livingstone and Provincial hospitals in Port Elizabeth and the Andrews Vosloo Hospital in Somerset East expected to fill all vacancies next year.

Provincial hospital spokesmen at East London, Uitenhage, George, Outshoorn, Cradock and Graaff-Reinet said there was only a trickle of applications compared to previous years.

Worried

Several matrons said they expected application numbers to drop even more next year as school-leavers chose more lucrative careers.

The matron of Grahamstown's Settlers Hospital, Miss J Ueckermann, said she was seriously worried about future recruitment.

'Nurses with four years' training are earning more working for the railways and in building societies,' she said.

A trainee nurse with a matric certificate earned about R229 a month.

A spokesman for Frere Hospital, East London, said only 10 of the hospital's 30 trainee posts had been filled.

'We staff cannot continue to work under this strain. We are now beginning to lose sisters as well,' she said.

The matron of the Livingstone Hospital, Miss Dawn Schimper, said enrolment among African trainees was good and there was a long waiting list.

See Editorial Opinion

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See Editorial Opinion
Few apply to train as nurses

Staff Reporter

Next year's intake of white student nurses at Groote Schuur Hospital so far is nearly half the usual number.

The normal intake for January, February and March is well over 100 nurses, but so far only 70 nurses have enrolled to start their training for the January and February intake.

While the figures reflect a chronic shortage of white nurses, there is, according to sources, a waiting list of coloured trainee nurses.

Asked about the nursing enrolment shortfall, Dr H R Sanders, chief medical superintendent of Groote Schuur Hospital, said that this was not the first time there had been few applicants. She said the same pattern had persisted in the past few years and pointed out that there could be more applications before the end of the year.

Dr Sanders said high-level government talks were in process to discuss the nursing shortage.

She said it was important to take into account that the number of nurses may not decrease but the number of posts created increases beyond supply.

Dr John Sonnenberg, opposition spokesman on hospitals in the Provincial Council, said there was cause for alarm about the decreasing number of white nurses going into the profession.

"But while there is this obvious chronic shortage, there is a waiting list for coloured nurses. The answer to the problem is obvious — scrap racial nursing barriers to ease the shortage," he said.

The shortage of white and coloured student nurses in the Eastern Cape is causing grave concern in the profession.

A survey by the Eastern Province Herald yesterday revealed that so far only the Livingston and Provincial hospitals in Port Elizabeth and the Andries Vosloo Hospital in Somerset East expected to fill all their vacancies next year.

Provincial hospital spokesmen at East London, Uitenhage, George, Oudtshoorn, Cradock and Graaff-Reinet said there was only a trickle of applications compared to previous years.

Some attributed the decline to irregular hours and poor pay in relation to heavy responsibilities.

The Matron of Grahamstown's Settlers Hospital, Miss J Ueckermann, said that since budget increases were implemented, a trainee nurse with a matric certificate earned about R220 a month.

A spokesman for East London's Fere Hospital said only 10 of the hospital's 30 trainee posts had been filled up to now.

"Our staff cannot continue to work under this strain. We are now beginning to lose nurses as well," she said.

The Director of Hospital Services for the Cape, Dr R L M Kotze was not available for comment yesterday.
NURSES at East London's Feroe Hospital are furious because a multicultural dance they had organised was cancelled.

Nurses claim they were told to call off the dance by the hospital's medical superintendent, Dr Stephen Richardson, and that if any details of the cancellation leaked to the Press, they would be fired.

Dr Richardson denies this. The dance was cancelled by the nurses themselves, he said. He claims to have become involved only after nurses announcing the cancellation were disciplined.

Nurses at the hospital refused to tell the Press who had organised the dance as they said this would result in the girls getting fired.

They said it had been organised at a private venue after white nurses had become friendly with the coloured staff during lectures.

A staff shortage had forced the hospital to combine classes for coloured and white nurses, they said. They felt there could be nothing wrong with organising a party together if they were allowed to attend lectures together.

"We were shattered when we found we couldn't have the dance," Dr Richardson said. He was involved in and gave them hell. He threatened to fire all of them if word leaked out," said one nurse.

"The nurses cancelled the function when they realised a permit might be required," Dr Richardson said. "I was not involved at this stage." He informed some of the nursing staff that he associated with the writing of political comments on notices in the hospital canceling the function.

"Dismissal was never threatened nor mentioned," he said

Dissatisfaction with Dr Richardson, who was appointed medical superintendent in January this year, is running high among hospital staff, who feel he brought anti-black feelings with him when he left the then Rhodesia two years ago.

Dr Richardson was involved in a race row in July this year when, in reply to allegations that black patients were faced with long waits at the hospital, he is reported to have said: "The idea of giving a wrong name seems to be a national sport among blacks, second only to adultery."

He was widely condemned by black leaders at the time for having implied all blacks were adulterers and liars.

It is known that in July there were more than 100 vacant posts for whites at the hospital.

Nurses claim the situation has deteriorated and at one stage two wards were closed because there was insufficient staff.

One nurse who recently resigned said there were 17 other resignations handed in at the same time as hers.
80 pc get hospital subsidies

Provincial Reporter

CAPE provincial hospitals last year treated 7,5-million patients, of whom more than 80 percent received subsidised treatment, Mr. Gene Louw, the Administrator, told the Convocation of Stellenbosch University at the weekend.

The Administrator emphasised that the Cape's financial difficulties could not be allowed to affect hospital services. "You cannot turn patients away by saying your hospital is full," he said. "You do not have the medical personnel or that you do not have the medicines," Mr. Louw said.

Hospital costs were climbing sharply. Last year cost of a bed patient was R34 a day, in ordinary provincial hospitals and R50 a day in training hospitals. The total cost was more than R30-million.

Mr. Louw said that of 7,5-million outpatient and 1,5-million inpatient treated at provincial hospitals last year more than 80 percent were 'needy' and received treatment at reduced rates.

Foreign patients with serious illnesses and especially heart problems were treated in the Cape's training hospitals at a nominal fee where there was a real need since the Cape recognised its duty to its fellow man.

Foreign patients who could pay the usual tariff were charged in full.

SHORTCOMINGS

Mr. Louw said he was aware of important 'shortcomings' in facilities at Tygerberg Hospital, a training hospital, and millions of rands would be needed to meet these needs.

One of the methods of reducing inpatients at specialised hospitals was the creation of six community health centres - at Athlone, Beaufort West, Calitzdorp, De Aar, Lambert's Bay and Swellendam.

Primary health care and less serious operations would be the service provided at these centres.

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Doctors reassured on rural clinics

Staff Reporter

The Medical Association of South Africa (Masa) has taken steps to avoid a clash between country doctors and the Department of Health, which plans to build community health centres in rural areas.

The association heard from private doctors who were concerned that the centres might put them out of business, but officials in the Department of Health have assured them this will not happen.

The clinics will be manned by nurses allowed to examine patients, make diagnoses and, within limits, prescribe and dispense medicines under the control of visiting doctors.

The issue of health clinics has been discussed by Masa's executive committee which has received assurance from Dr J Gilliland, deputy secretary-general of the Department of Health, that the centres would not compete with private practices but were intended to provide desperately needed services in isolated regions.

Dr Gilliland made it clear that clinic personnel would always work under the direction of a doctor — perhaps a family doctor in the area — and it would thus not encroach on his field.

It appears that there are already 40 centres in the Cape Province and two in the Free State and many new centres are being planned.

A spokesman for the Department of Health, Dr Howard Bodha, said community health centres were not primarily concerned with curative services but with prevention of disease and promotion of community health.

Masa said yesterday that as long as the centres did not clash with private practices, it approved of the establishment of such services.
ADDINGTON Hospital has closed two private wards, part of a surgical ward and one of its operating theatres because of a shortage of white staff, Dr Fred Clarke, M.P.C. and spokesman on hospital matters, told the Mercury yesterday.

And the Association of Surgeons has expressed concern at the closures.

But a spokesman for Addington Hospital, while confirming that the two wards had been closed on December 3, denied this was because of a staff shortage.

'Ve close wards every Christmas because there simply aren't enough patients to justify keeping all the wards open. They will open again at the end of the month. No part of a surgical ward has been closed,' she said.

There was a shortage of nurses but she could not give figures as she did not deal with that part of the administration.

She could not confirm the closing of the theatre.

Dr Clarke said representatives of the Association of Surgeons, who had been to see him on Friday, had been seriously concerned.

'When surgeons come to see you about the closing of wards, you can rest assured it is not a routine procedure.'

There was no alternative, he said, to employing black nurses in white posts.

Questioned about the possibility of exploitation because blacks were paid less than whites, he said:

'That is a serious consideration but if the introduction of equal pay is going to take a long time, patients are going to suffer.'

VACANCIES

Dr Clarke said that, according to figures given by the Administrator in November, Addington had 877 white nurses, including students. There were 153 vacancies and the hospital had received 121 applications for student posts for next year.

He understood that 128 new posts had been created, bringing the number of vacant positions to 278.

Asked how this compared with previous years, he said:

'When the hospital had 1,000 nurses, there were only 182 posts, so call it a 20% increase.'

The time is not far distant when there will be a racial balance of nurses, he said.
Research clinic to get extra 12 beds

One of South Africa's leading pharmacological research clinics, which is attached to the University of the Free State in Bloemfontein, is to be extended from an eight to a 20-bed unit.

The Hoechst clinic for basic pharmacological research carries out work on new drug development under the direction of Professor F O Muller. The work is done with volunteer patients under a tightly controlled safety system.

Professor Muller said the safety aspects of the drugs under investigation were first studied in animals, then in man.

The Hoechst group had invested more than R1-million in the five-year-old clinic.

"The work being done by Professor Muller and his team makes a vital contribution," said Mr A L Baitzer, managing director of the company.

He added although the clinic was supported by Hoechst it was autonomous and was free to accept assignments from outside institutions.
New Groote Schuur ready by 1990

Provincial Reporter
A TOTAL PLAN for the redevelopment of Groote Schuur Hospital at a cost of R140-million has been approved by the Cape Provincial Executive Committee, and is expected to be completed in 1990.

Mr P J Loubsers, MEC in charge of hospital services, said today when the present main hospital building was opened in January 1938 it provided 797 beds. Since then extensions had increased its capacity to 1 350 beds.

GREEN LIGHT
In November 1979, the Cape Provincial Administration received the green light from the Government for a scheme to upgrade Groote Schuur Hospital and to provide 1 722 beds.

"When completed, the proposed redevelopment will provide advanced patient care and treatment facilities commensurate with modern standards of medical practice, and ensure that the Cape will maintain its reputation for giving a medical service second to none in the world," Mr Loubsers said.

OVERALL PLAN
The R140-million project would provide:

- New buildings, conversion of existing buildings and related site works (R105-million).
- Civic engineering works, on site roads, open parking and reticulation of services (R5-million).
- Staff residences and on-duty, academic and teaching facilities, and covered parking (R30-million).

Mr Loubsers said that present services to the hospital — water and sewerage mains, electricity, telephones and so on — would be diverted next year to clear the main construction site.

The new main building would be built between 1982 and 1985 and the maternity block extension and expansion of L-Block for radiotherapy outpatient facilities were expected to be completed by then.

240 BEDS
In 1985 the west block of the new building with a 240-bed capacity would be available for partial occupation, and there would be temporary road access from the south through Anzio Road.

In 1986—87 partial occupation of the new central block should be available. Existing main buildings would be converted and a start would be made on new staff residential buildings.

The east block of the new main building should be available for occupation in 1988, while conversion of existing main buildings would continue. Parking terraces and road works on the north side of the new complex should be completed.

In 1990 the conversion and upgrading of the existing main buildings and outpatients' block, new staff residential buildings and recreation facilities should have been completed.
**40 m plan for Groote Schuur**

Staff Reporter

A R140 MILLION project to redevelop Groote Schuur Hospital was announced yesterday by the MEC for hospital services, Mr P J Loubser.

The 10-year project to upgrade and expand the 50-year-old hospital to a total of 1 722 beds has received the green light from the government and the first stage of the long-awaited programme is scheduled to start early next year.

The budget allocated is double the R70m that it cost to build Tygerberg Hospital.

World-famous Groote Schuur was described in its annual report, published in September this year, as obsolete, understaffed and inadequate to handle the heavy patient load.

Mr Loubser said the immense proportions of the scheme meant that it would not be completed before 1990. Extreme care had to be taken in planning the construction programme because almost 13 000 people arrived at the hospital every day and there were 1 350 bed-ridden patients.

**Second to none**

The redevelopment would ensure that Groote Schuur, the main teaching hospital for the medical school of the University of Cape Town, provided “advanced patient care and treatment facilities which will be commensurate with modern standards of medical practice and ensure that the administration will maintain its reputation of rendering a medical service second to none in the world”.

“Three main blocks will be erected on the area immediately below the present hospital and sited somewhat to the east in order to detract as little as possible from the world-renowned facade of the original building.

“The approach will be from the main road along the two convergent vehicular avenues with extensive parking facilities in between as well as along a pedestrian way.”

The existing main hospital building which would be partly vacated when the new structures became available would be renovated internally to provide the following accommodation:

- Administrative offices
- Combined university and provincial administration facilities, including academic offices, laboratories, seminar and lecture rooms, paramedical facilities for physiotherapy, occupational and speech therapy plus both clinical and teaching departments.

The outpatient departments would not be moved, but the existing block would be upgraded by re-allocating space, improvement of outpatient flow, revision of exit and entry routes and enlarged dispensary facilities.

Additional residential facilities for nursing staff and interns were also to be provided.

Mr Loubser said the cost of the project could be broken down as follows: R106m for the new buildings; conversion of existing buildings and directly related works; R5m for civil engineering works, on-site roads, open parking and reticulation of services; R5m for staff residential, un-duty, academic and teaching facilities and covered parking.

1981: The sequence of construction, decanting and commissioning would start in 1981 with present services to the hospital: water, sewerage mains, electricity and telephone cables — being
Casualty patients refused

By Bob Kennaugh
Medical Correspondent

Several doctors at Coronation Hospital are concerned because black casualty patients are being turned away.

The hospital serves coloured and Indian patients but in the past it has never practised discrimination and has treated blacks and sometimes white patients in emergencies. The Star was told.

Blacks seeking medical treatment at Coronation are screened by a doctor and admitted if an emergency case. If not, they are referred to the General Hospital in Johannesburg which serves blacks, the overcrowded Baragwanath Hospital or the Lenontong Hospital.

Some doctors at Coronation Hospital admit sending black patients away will relieve overcrowding, but they stress admissions should not be on racial lines.

The Star was told that some black people travelled long distances to the hospital only to be told they could not be admitted. "The people particularly choose our hospital, and we are committed to treating patients who are ill regardless of their colour," said a doctor.

Officials at the hospital said they wanted to staff dissatisfied because of overcrowding and only in an emergency should blacks be admitted.

An assumption he later described as "too simple." (G.S.)

...
Grants to non-white clinics in Lenasia

The Johannesburg Indian Social Welfare Association (Jiswa), yesterday received £3 300 from the Urban Foundation for the association’s prenatal clinic in Lenasia.

The foundation had undertaken to subsidise the clinic on establishment in 1979, said the manager of social development for the foundation, Mr. S. Mkhalele.

The clinic serves not only the people of Lenasia, but also the people from the surrounding farms and the people of Edorado Park.

The clinic is run once a week on Tuesday evenings by the doctors and nurses, all of whom work on a voluntary basis and are assisted by the University of the Witwatersrand for training.

After 4½ decades the Johannesburg Indian Social Welfare Association finally managed to acquire a piece of land in Lenasia in 1979, Mr. F. Jassett, chairman of Jiswa, said.

"A whole community with complex problems is tackled by the association under a community work programme," Mr. Jassett said.

Since 1974 the association has concentrated on social service work of a kind rarely found in a non-white community.

That year an experienced community researcher, Mrs. E. Tolkin, was engaged to design a community self-help programme.

In this the community would be able to identify its own problems and find solutions.

The result was a R300 000 social welfare and community development centre built in Lenasia from funds collected from the community by Jiswa.

Agriculture had dropped considerably since 1960.

TABLE 8: NATIONAL ACCOUNTS OF THE HOMELANDS 1960/1, 1970, AND 1976
Medical Correspondent

The serious shortage of radiographers at the Johannesburg Hospital is putting patients at risk and something should be done urgently to correct the situation, says a city doctor.

The doctor was reacting to a report that radiographers at the hospital were resigning and that it seemed likely that the X-ray night service would be closed by February.

In a letter to The Star, a Johannesburg doctor said: "There are many instances where the failure to carry out certain radiographic examinations could prove fatal for the patients involved.

"For example, a cervical spine injury, if not diagnosed correctly using X-ray examination, can lead to total paralysis or death. Injuries causing intracranial bleeding can also be fatal if not correctly diagnosed using X-ray techniques."

He said these were only two examples of many which had to be attended to and could not be left over to the next morning.

"The possibility that a 24 hour X-ray service may not be available in one of the biggest, best equipped and most expensive hospitals in the country is ludicrous."

Almost every qualified radiographer had resigned from the hospital because working conditions had become intolerable and a radiographer's salary was "a joke."

If all the radiographers resigned it would mean that the School of Radiography would also have to close.

"Radiographers form a vital part of the hospital service and something has to be done urgently to correct the situation," the doctor said.

"I hope one day we will all be proud of an efficient Johannesburg Hospital with contented and relaxed staff."

A spokesman for the hospital said: "Our services may be hindered by staff shortages but we will keep them going. I can never see a situation where we cannot deal with acute emergencies."

The director of hospital services in the Transvaal, Dr H Grové, said the salary structure of public servants, including radiographers, had been dealt with by the Minister of Finance and salary increases for next year had been announced.
Radiographers' Pay Row Looms

Staff Reporter

The number of radiography applicants at Groote Schuur Hospital has dropped by about 75 percent and the shortage of radiographers is likely to worsen as more women become dissatisfied with working conditions.

A radiographer who qualified almost five years ago said she and her colleagues were 'very annoyed' about their pay and working hours.

While the hospital's senior principal, chief and tutor posts are filled, only 24 of the 32 basic grade posts are taken. Of these nine are part-time.

PRIVATE

'We are constantly told that the situation will improve when a new batch of students qualifies in January, but most of them prefer working in private practice and only apply to the hospital as a stopgap,' said the radiographer.

'At the present, radiographers will qualify in January, but there are only 10 from applicants from people wishing to enter the course next year. The number of applicants usually ranges between 40 and 60.'

The chief price of the X-ray workers is the long overtime they have to work.

'Some women have received only one free weekend in eight, while others have been offered an extra two weekends,' said a radiographer.

The situation worsened in September, when radiographers on call after hours no longer received time off in compensation for the time they had been called to the hospital.

'FLEXIBLE RATE'

Indeed the staff shortage resulted in a flexible rate being paid for every 75 hours spent available for call.

While radiographers are paid R3.50 for 24 hours, while trainee radiographers receive R2.50.

'There has been talk of volume to be available for call if we do not receive at least 75 cents on hour, and even that isn't exactly a fortune,' said a radiographer.

Groote Schuur's chief medical officer, Dr. J.J. Bredenkamp, said there was a shortage of radiographers, but added that there was no possibility of the emergency X-ray service being stopped.

'We have made many representations to the Provincial Administration who in turn have made representations to the Government and we hope to hear the results before April,' she said.
Natal faces big shortage of white radiographers

Mercury Reporter

NATAL faces a serious shortage of white radiographers because the number of suitable applicants for training next year is down from about 70 to 20 — at a time when extra posts are planned.

A spokesman for Addington Hospital, the only hospital in Natal with facilities for training white radiographers, said there were usually about 15 trainees a year and 12 more training posts had been requested because legislation had been passed in May this year making it compulsory for radiography staff to be registered.

"In the past the rural areas relied heavily on unqualified staff. This legislation therefore hits us very hard because we are an essential service. The shortage has come at the very time when we desperately need more trainees," the spokesman said he had heard verbally that the extra posts would be granted but had not had official confirmation from the Natal Provincial Administration. She warned that if the posts were not granted and filled there would be serious trouble in the future.

If approved, there will be 27 training posts — and only 20 applicants so far for next year.

Economic boom

The spokesman felt the main reason for the shortage of applicants was the economic boom which was attracting potential radiographers to commercial jobs.

"The public-sector salaries are always lower and radiographers, being members of a paramedical profession, have to work long, inconvenient hours and are not paid overtime. All this contributes to the situation we are faced with now." Addington Hospital had a full complement of trained radiographers but Wentworth Hospital was one short and had asked for an additional four posts to cope with the workload.

The number of applications for trainee positions at King Edward VIII Hospital had gone up but, according to the medical superintendent, Dr Priscilla Truter, it was too early to ascertain how many of the applicants were suitable. Matriculation results from black schools had not been published yet.

Dr Truter said there had been a severe shortage of radiographers for most of the year. King Edward VIII Hospital had 40 posts, including one principal radiographer. Of these, 27 had been filled.

She said people had left because of dissatisfaction with working hours and salaries, domestic reasons and movement to other areas.
A.1.iii
INTERNATIONAL PRODUCTION OF RAW ASBESTOS

Table II shows world asbestos production by country, type and ownership in 1978.

TABLE II: INTERNATIONAL PRODUCTION OF ASBESTOS BY TYPE

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>% WORLD PRODUCTION</th>
<th>TYPE OF ASBESTOS</th>
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<tbody>
<tr>
<td>USSR</td>
<td>48</td>
<td>White only</td>
<td>State ownership</td>
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<td>Canada</td>
<td>26.6</td>
<td>White only</td>
<td>Johns Manville Corp. (80%)</td>
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<td>Blue, White, Brown (3:5:2:1)</td>
<td>Turner and Newall (38%)</td>
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<td>Rhodesia</td>
<td>5</td>
<td>White</td>
<td>Turner and Newall</td>
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<tr>
<td>People's Republic of China</td>
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<td>White</td>
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<tr>
<td>Brazil</td>
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Source: Footnote 14

A.1.iv
SOUTH AFRICA, OTHER PRODUCERS AND THE WORLD MARKET

In 1975/76 there were strikes in the Canadian chrysotile mines due to complaints about the health and safety conditions at work. The resultant disruption of production was a windfall for South African chrysotile producers and production and export of chrysotile was also at an all-time high persisting after the Canadian situation returned to normal. Nevertheless, chrysotile production is only a small percentage of total production.

As has been noted the period is that by sufferers are often 'coloured' people and to seek compensation is more true for other countries for the A.R.D's but perhaps many years later.

A.1.v

No Service faces CW

As a result of the industrial dispute over conditions, radiographers' and radiologists' have been suffered step by step, there is a shortage of radiographers and there are no appointed from abroad. Their presence will be a step back in the efforts to improve the skill of our people. The shortage of radiographers and radiologists, and therefore, the difficulty in obtaining the services of these professionals is a serious problem. The S.A. has been waiting for hours to get work, and the workers are working overtime.

Any compensation paid is supplemented by industrialising most of the easier to obtain. It has been the question of the expense of this approach.

13 The response from the Toronto stock exchange, and it was clear that the demand for radiographers and radiologists has been increased, but for the S.A. it is still a problem. It was also clear that the shortage of radiographers and radiologists is a serious problem.

As a result of the delay in making the diagnosis, there is a shortage of radiographers and radiologists, and therefore, the difficulty in obtaining the services of these professionals is a serious problem. The S.A. has been working for hours to get work, and the workers are working overtime.

There are rumors that there are many industrialists who are unhappy with this solution. We are going to write to the Toronto stock exchange on this issue.
Hospital staff shortage getting worse

By Bob Kennaugh, Medical Representative

The nursing and radiography crisis at the multimillion-rand Johannesburg hospital has worsened with less than half of the new year's nursing students posts having been filled.

The shortages are so critical that the possibility of closing wards is being considered, The Star was told today.

But the deputy superintendent of the hospital, Dr L Kalmyn, declined to comment on this.

Another spokesman for the hospital disclosed that only 31 percent of the nursing degree student posts and 40 percent of posts for diploma students had been filled.

It has been learnt the hospital is still seriously short of radiographers and there has been no improvement in the situation.

There is said to be a 50 percent shortage of radiographers, who are working at full stretch to cope with the crisis.

Radiographers fear the X-ray night service could be closed by February.

A Johannesburg doctor said: "A stalemate has been reached. Radiographers are waiting until April to see whether salary increases are satisfactory. They will not be happy with rises of between six and 10 percent. If this happens there could be further resignations."

The Johannesburg hospital is operating with 88.4 percent of its nursing complement and has a serious shortage of junior sisters and student nurses.

More than 70 percent of matrons' posts and 78 percent of sisters' posts have been filled. The hospital is not short of senior sisters.

Half the 1981 nursing student posts at H F Verwoerd Hospital in Pretoria have been filled. Applications from 149 students have been approved - but there are still 150 vacant posts. All 40 posts for nursing degree students have been filled.

Dr S S Weyers, chief superintendent of J G Strijdom Hospital in Johannesburg, said almost all of the hospital's 110 student nurse posts had been filled.

The hospital had 70 percent of its complement of nursing staff. Part-time sisters made up the shortage.