Radiographers quit hospitals

Medical Correspondent

Twenty - one final - year student radiographers at Johannesburg Hospital, who are now qualifying, are leaving the provincial hospital service.

Dr Neville Howes, the superintendent, was commenting on claims that several radiographers were leaving because of poor working conditions and inadequate salaries.

He said the graduates were leaving for various reasons.

Next month two more radiographers were leaving — one was moving to Natal and the other lived too far from the hospital.

"Neither the X-ray night service nor the weekend service has been cut. We are providing the best service available with the number of radiographers we have. The hospital had a complement of 57 trained radiographers and 23 vacancies for trained X-ray staff," he said.

A highly successful refresher course for radiographers who had not practised for years had been completed and 11 of the 27 who attended had applied for posts at the hospital.

Those who attended the course were housewives and mothers who had not practised for years, but were interested in returning to the profession.

ARCHITECTURE
(Continued)

Mrs. Thornton White Prize
For the best work in first year.
Miss M F J Sandilands

S A Brick Association Prize
For the student who has made best use of bricks in his design work.
J G Kirkman

R Stubbs Award
For the best project in structure and design.
M R I Ness

BUILDING

National Development Fund for the Building Industry
Book Prizes
For the best student in each year of study of the degree course.

First Year

J A L Chapman

Second Year

C S Jones

Hospital forced to close beds

Staff Reporters

The mounting hospital staff crisis is forcing the multimillion-rand Johannesburg Hospital in Parktown to "close" as many as 128 beds.

Dr Lize Kalmyn, the deputy superintendent, said today the beds were in the process of being closed. She could not comment on how long the process would take.

She gave the assurance that the sick would not be turned away.

Fewer than half the posts for nursing students have been filled for 1981 and The Star's medical correspondent, Bob Kennaugh, reports that the shortage of nurses which stretches across the Reef is likely to continue for some time.

Hospital authorities are hoping the number of matriculants applying for student nursing posts will pick up early in the new year when people return from holiday.

Dr Kalmyn told The Star: "We will always deal with emergencies.

"But where possible, for instance, if a patient can afford a private hospital, we'll refer people elsewhere."

There is said to be a 50 percent shortage of radiographers at the hospital. Radiographers fear the X-ray night service might be closed by February.

The hospital is operating with 56,4 percent of its nursing complement.

Only 31 percent of the nursing degree student posts and 49 percent of posts for diploma students for this year have been filled.

The HF Verwoerd Hospital in Pretoria has only two-thirds of its nursing staff complement.

Edenvale General Hospital has filled half of its nursing posts and there is no intake of student nurses in 1981. "Our hospital is full but we are coping," said a hospital spokesman.

The Far East Rand Hospital in Springs is not short of trained nursing staff, but the intake of student nurses has not picked up yet.

"We have not got the intake we are used to. People are on leave and we'll have a better idea about the number of applications 1 made later and early said a spok

"At pres ping well. nurses do morale is h

The JG tal in Joh 70 percent complement sisters are shortag student po filled.

At the Hospital th shortage o and stude not of seni

There student va toria alth for degre been filled

98

175

STAR 21/1/81

DATA INPUT SUMMARY

WEEKEND ARGUS, JANUARY 3, 1981

THE PLAIN 'NEEDS HOSPITAL BADLY'

By Leo Malley

MITCHELL'S Plain's desperate need for an emergency medical service must be met, not only for the sake of safety and stability of the township, but for the economy of the region as well, as the residents will not be able to afford medical services, local ambulance services, hospitals.

Mitchell's Plain patients and companies' workers are alarmed at repeated delays in ambulance dispatches and at long distances residents have to travel for medical help.

A few days ago a medical company was prevented from work in the Town Centre by a crane at a private practitioner, but there is no hospital to refer for an estimated 1 000 people.

According to the Community Medicine Mitchell's Plain development team, Mr [illegible] said the capitation that has this so-called modern city centre is no hospital or even emergency casualty. The nearest hospitals are Groote Schuur and Victoria Hospitals — and it has taken up to two or three hours in the past to get a patient there. Ambulances are sometimes held up with emergencies on the way. We should have ambulances in Mitchell's Plain.

In December a woman in labour was forced to hospital in Mitchell's Plain repeated calls for an ambulance in Cape Town after an hour went unanswered. It emerged that five ambulances had stopped by an accident victim on Phillippi on its way to Mitchell's Plain.

The Town's Medical Officer of Health, Dr R J Coegan, confirmed that there is a great need for medical facilities in Mitchell's Plain. The one municipal clinic at Westridge was preventive and preparative, he said, dealing in harmony with aspects such as family planning and child care.

He said a second clinic was to be opened at the Civic centre at Lentegeur this month, but neither clinic would handle emergencies. It had been [illegible] for such a service for years, he said.

'Inadequate'

One of the doctors involved in the new medical service said the presently meeting municipal clinic [illegible] a very significant role but described the overall facilities in Mitchell's Plain as very inadequate.

A doctor whose practice is a long way at Sloorpad Park told Cleeland Argus he was often called upon to treat Mitchell's Plain residents. 'Many people just can't get a doctor at night,' he said.

Dr M Jooste, deputy director of Hospital Services, said his department was concerned about the lack of medical facilities but provision of a proper community health centre depended on funds made available for 1981.

'A piece of ground has been bought for the purpose of building a health centre and we realise that Mitchell's Plain is one of the areas that sooner or later must be provided for. However, there is the matter of priorities and there have been greater needs in the Province's sub-economic areas. While we would like to provide a more satisfactory ambulance service, that too is heavily stretched,' he said.

Hospital shortages at a critical point

Star 3/1/81

By Bob Kennaugh, Medical Correspondent

Staff shortages at Johannesburg Hospital have reached a critical point. More than 120 beds are being "closed" and nursing morale is extremely low, a city doctor told The Star today.

Doctors at the hospital say the situation is "very worrying" and there seems to be no short term solution. Only 35 percent of radiography posts and about 56 percent of nursing posts have been filled and the intake of student nurses in the new year is disappointing.

The medical men believe Johannesburg had more beds for white patients five years ago than today.

Other disclosures are:

- All the units at the hospital are using fewer beds.
- "The morale of nurses is very low as they are not able to maintain their standards and patients are suffering as a result," said one doctor.
- One-fifth (48) of the general medical beds in the department of medicine, the biggest department in the hospital, have been "closed."

"Unless beds are reopened very soon it is certain that patients who require admission will have to be treated at home," said a doctor.

Doctors told The Star that at a hospital cocktail party last month Professor Bert Myburgh, professor of surgery and chairman of the medical advisory committee, said "the hospital is on its knees."

Dr Hennie Grove, Director of Hospital Services in the Transvaal, is reported to have said there was a shortage of hospital staff in all categories in the Transvaal.

Shortages had their biggest impact in the cities.

The Star was also told by an authoritative source that virtually all the radiographers at Johannesburg Hospital had handed in their resignations but were persuaded to withdraw them in anticipation of a better deal.

Hospital shortages at a critical point

By Rob Kennaugh,
Medical Correspondent

Staff shortages at Johannesburg Hospital have reached a critical point. More than [illegible] beds are being closed and many more may be closed by [illegible] a city doctor said this [illegible] today.

Doctors at the hospital say the situation is [illegible] serious to be no short term solution. Only [illegible] of radiography posts are about 80 per cent of nursing posts have been filled and the number of student nurses in the [illegible] is dangerously low.

[illegible] medical men [illegible] have been [illegible] patients. The report [illegible] than today.

Other disclosures are:

○ All the posts at the hospital are being [illegible] level.

○ The morale of nurses is very low as they are not able to manage. Sister [illegible] and patients are suffering as a result of [illegible].

○ Cuts of 40% of the personal [illegible] have [illegible] the department of [illegible] the biggest [illegible] part of the country, the biggest [illegible] has been felt.

[illegible] doctors are [illegible] that patients who require permanent [illegible] have to be [illegible] because [illegible].

[illegible] said the Star [illegible] medical school [illegible] professor [illegible], professor of surgery and chairman of the medical advisory committee, said [illegible] the situation was [illegible].

[illegible] Gregg, Professor of Obstetrics [illegible] said [illegible] and [illegible] said there was a [illegible] of staff [illegible] in the wards.

Sisters had their hands [illegible] in the wards.

The Star was also told [illegible] patients this [illegible] the [illegible] of the [illegible] hospital had [illegible] but [illegible] compelled to [illegible] [illegible].

Nurses crisis closes 150 beds at Royal hospital

[illegible]

[illegible]

be no further closures, as the [illegible] hospital were "far from alleviated".

"We have to regulate [illegible] beds [illegible]

[illegible]

[illegible]

[illegible]

"[illegible] economic boom there is a lot of money in private enterprise. Young women can still have children if [illegible] they can afford it," she said.

"But even if salaries were upped there would be the irregular hours which nurses work — sometimes which doesn't appeal to young women today."

The closure of Johannesburg Hospital is the latest in a long series of crises which have hit the medical profession.

On the Witwatersrand most hospitals are battling to cope as school-leavers shy away from the nursing profession.

The Edenvale General Hospital has filled only half its nursing posts — with no new intake of students this year. The Far East Rand Hospital in Springs is also battling and the HF Verwoerd Hospital in Pretoria has filled only half the new year's nursing posts.

Staff shortage forces transfer of sick patient

Star 5/1/81

By Bob Kennaugh
Medical Correspondent

Authorities at Johannesburg Hospital said today that to save the life of a patient who stopped breathing, they had to transfer him to another hospital.

A spokesman for the hospital said that on December 24 four days after the patient was admitted to hospital, he stopped breathing and had to be revived in the general ward.

He could not be sent to the intensive care ward because it was full and there were insufficient nurses.

The spokesman said the man was sent with a respirator in a paralance to the J G Strijdom Hospital.

On December 31, he was sent back to Johannesburg Hospital where his condition had since improved.

Dr L Kalmyn, deputy superintendent of the Johannesburg Hospital, said that because of the nursing shortage, 128 beds had been "closed" but she gave the assurance that the sick would not be turned away.

Other disclosures were:

- Morale of the nurses was low, standards could not be maintained and patients were suffering.
- One-fifth (48) of the general medical beds in the department of medicine had been "closed."
- Only 35 percent of radiography posts and 56 percent of nursing had been filled.

Mr Martin Stephens, New Republic Party candidate in the Turffontein parliamentary by-election, said nurses' salaries should be raised and they should get increased rates for unpopular hours at night and over weekends.

Nurses should be given higher overtime pay and trained black staff should be employed.

Mr Stephens said the closing of a fifth of the internal medicine beds through lack of nursing staff was a serious deterioration in the essential health services of Johannesburg.

He added: "The Government has to be blamed for the crisis because it did not foresee the situation."

Hospitals may have to turn away the sick

By Bob Kennaugh
Medical Correspondent

The shortage of nurses at several Rand hospitals is acute and staff can no longer cope with the work.

A doctor has disclosed that unless more beds are opened very soon at the multi-million Rand Johannesburg Hospital, "it is certain patients who require admission will have to be treated at home."

Only 35 percent of the radiography posts and 56 percent of the nursing posts have been filled at the hospital and the intake of student nurses in the new year is disappointing.

- H F Verwoerd Hospital in Pretoria has filled only half its nursing posts for 1981. Applications from 149 students have been approved — but there are still 150 vacancies.
- Edenvale Hospital has filled only half of its nursing posts and there is no intake of student nurses in the new year.
- J G Strijdom Hospital has 70 percent of its nursing complement and part-time nurses are making up the shortage. Almost all student posts have been filled.

So serious is the shortage of trained nurses at Johannesburg Hospital that the hospital authorities have been forced to "close" as many as 128 beds.

Dr L Kalmyn, deputy superintendent, has given the assurance that the sick would not be turned away and that all emergencies would be dealt with.

INEXCUSABLE

Warnings that the situation was getting worse were made months ago by Professor J B Barlow, chief physician and professor of cardiology, Johannesburg Hospital and the University of the Witwatersrand.

Dr P Heberden, principal medical officer at the hospital, wrote in the SA Medical Journal last November: "The apathy and lack of concern about the plight of trained nursing staff in this country shown by the medical profession and the public are inexcusable.

"Wards are being closed and beds are unavailable for patients requiring admission. This is because of a desperate shortage of trained nursing staff. It does not need the insight of a prophet to see that this country is facing a health crisis of incalculable dimensions."

DISCLOSURES

In the same issue Professor Barlow wrote that there were many provincial hospitals whose standards, to a greater or lesser extent, were being jeopardised by the inadequate quantity (and also quality) of nursing staff.

Since then new disclosures have been made to The Star by Johannesburg doctors. These include:

- Nursing morale is very low and the staff is being stretched beyond their limits.
- One fifth (48) of the general medical beds in the department of medicine, the biggest department in the Johannesburg Hospital, have been "closed."
- Many radiographers handed in their resignations but were persuaded to withdraw these in anticipation of a better deal. Radiographers are waiting until April to see how big their increases will be before deciding what to do.

A Johannesburg doctor said the closure of beds in the department of medicine directly affected the admission of patients suffering from, among other things, — coronary thrombosis, rheumatic fever, asthma, pneumonia, stroke, meningitis and kidney diseases.

PAEDIATRICS

He said Johannesburg had more beds for white patients five years ago than today. All the units at the Johannesburg Hospital were using fewer beds. In the paediatric department 16 beds were closed earlier in 1979 and on December 28, last year, a further 15 beds had been closed.

The doctor added: "When the new hospital was opened 16 extra beds were opened. Now 32 beds or 50 percent of gynaecology beds had been closed."

Mr Martin Stephens, New Republic Party candidate in the Turffontein parliamentary by-election, said the nursing staff shortage had been chronic for more than 10 years, affecting Johannesburg more than any other area.

"The blame for the worsening crisis must be laid at the door of Government for its inability to deal with the problem and its lack of insight to recognise it as a crisis."

Barnard hits nursing crisis

Medical Correspondent

Heart surgeon Dr Marius Barnard has called for an urgent investigation by the Minister of Health and provincial hospital authorities into the worsening nursing shortage crisis at major hospitals.

Commenting on the crisis, Dr Barnard PFP MP for Parktown said: "This has been coming for some time. The provincial authorities have denied the crisis for years. Standards in hospitals have dropped — something must be done immediately."

Possible solutions were:

- Adequate salaries should be paid immediately to nurses;
- Nurses of all races should be paid equal pay for equal work. "The available pool of nurses should be used to nurse where nursing is required," Dr Barnard said.
- Black nurses were being paid discriminatory salaries and this should be eliminated.

Dr Barnard said planning of South Africa's medical facilities was bad. "Provincial hospitals and private nursing homes should make a concerted effort to pool resources wherever possible," he said.

Star 7/1/81

Hospital crisis now at national emergency stage

Medical Correspondent

Dr Marius Barnard said today the nursing staff crisis in major hospitals, including the Johannesburg Hospital, had become a national emergency and he called for urgent action by the Government.

The heart surgeon, who is PFP MP for Parktown, was reacting to the disclosure by Dr Hennie Grove, the Transvaal's director of hospital services, that 63 provincial hospitals in the Transvaal had a shortage of 25 percent on average.

Dr Grove said efforts had been made to recruit trained nurses in Europe. The biggest problem in South Africa was the lack of student nurses.

RESPONSE

Dr Barnard said Dr Grove could expect a bad response to his overseas recruiting campaign. This was a poor method to try to solve the mounting problem.

Experience in private hospitals had shown that the director would have a minimal response.

"I appeal to the authorities to look to South Africa for a solution. We have a huge pool of black, coloured and Indian nurses and we should make the best possible use of them.

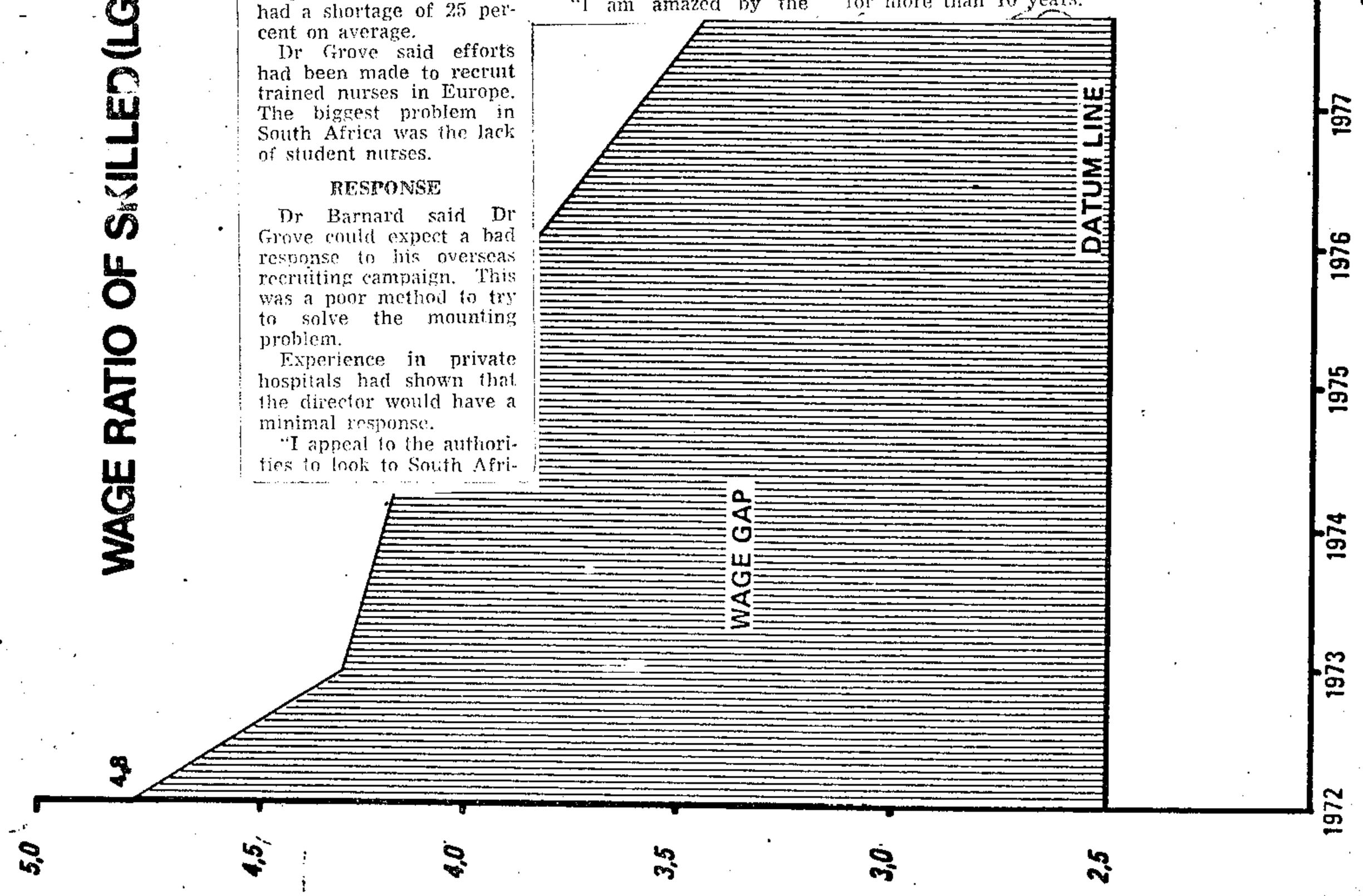
"Discriminatory salaries should be eliminated and all nurses should be given equal pay for equal work."

He again appealed to the Minister of Health, Dr Munnik, and provincial hospital authorities, to urgently investigate the nursing crisis and the dropping of standards in major hospitals.

"I am amazed by the silence of the Minister on this important issue."

A doctor at the multi-million rand Johannesburg Hospital has said unless more beds are opened soon "it is quite certain that patients who require admission will have to be treated at home."

Mr Martin Stephens, New Republic Party candidate in the Turffontein parliamentary by-election, said the nursing staff shortage had been chronic for more than 10 years.



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S A Read

Osbourn Prize
For the best work in fourth year.

D H Pryce Lewis

Coloured nurses in private clinic

STAR 12/11/81

Own Correspondent

Coloured nurses are expected to start working at a Pretoria private Catholic hospital, the Little Company of Mary, in the next week or two.

This was confirmed by a reliable source in Pretoria today, although a hospital spokesman refused to comment.

Private hospitals can decide to appoint black, coloured or Indian staff without asking permission from municipal or provincial authorities.

However it is understood that The Little Company of Mary was the first hospital in Pretoria to decide to do so.

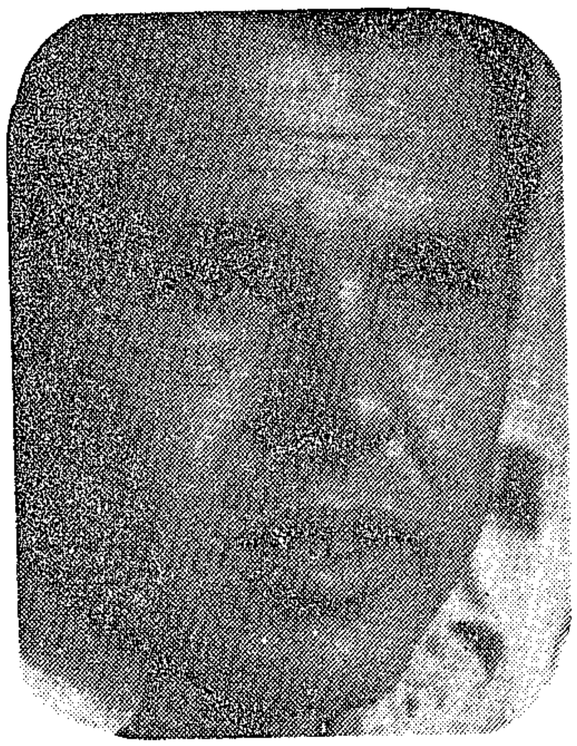
The only requirements were the necessary qualifications for the job and registration with the South African Nursing Council.

STAR 12/1/81 (98)

Sex bias at black hospitals

MARGARET LESSING — "This is the result of our old enemies, prejudice and custom."

HELEN SUZMAN — "Whites will have to rely on the professional services of black people."



DR C VAN DEN HEEVER — "It is a most regrettable situation."

Why are black female interns paid less than their male counterparts? BARRY RONGE put the question to medical authorities and to the Public Service Commission.

At Baragwanath Hospital black female interns are paid less than black male interns.

This situation still exists two years after the Government announced its intention to achieve parity of salaries in the medical profession.

The difference between the salary paid to white interns and that paid to blacks still exists as well. The distinction drawn within the group of black interns, however, is very puzzling.

Discrepancy

There is no difference between the amount of work done by male and female interns, nor is there a difference in qualifications or the level of responsibility carried by the job.

Yet male interns get paid R4 620 a year while female interns get only R4 395.

Dr C van den Heever, Superintendent of Baragwanath Hospital has been aware of this discrepancy since November 1980. "It is a most regrettable situation," he said. "I had hoped that we were reaching a time when this kind of discrimination would fall away. Hopefully, the authorities will see their way clear to eliminating this gap very soon."

Dr Reeve Sanders, Superintendent of Groote Schuur Hospital in Cape Town is also aware of the situation. She pointed out that interns were the only group in the medical profession for whom this distinction still existed.

"Along with every other medical practitioner in the country," she said, "I have made constant representation on this matter to the Public Service Commission, through the South African Medical Association. We are convinced the necessary equalisation will soon take place."

Simplistic

A senior medical official to whom I spoke suggested that this difference in salaries could have come about as a result of black cultural practices. He said black men did not approve of black women in the professions, and they disliked the competitiveness caused by equal salaries.

Dr van den Heever said that this was an outmoded and simplistic attitude and he doubted whether that was why the different salary scales were introduced. The Muslim community, he said, was equally sceptical about women in competition with men, yet this was not reflected in the salaries paid to Indian interns.

Mrs Margaret Lessing, who sits on a parliamentary committee which looks into health matters, described the situation as the work of "our old enemies, custom and prejudice." She did, however, feel optimistic about the new salary scales which will be announced in April She felt sure these would remove existing inequities.

Mrs Helen Suzman, MP, said: "The time will come, whether the Government and the whites in this country like it or not, when whites will have to rely on the professional services of black people.

"There will simply not be enough trained whites to do the job. Unless training is given on an equal basis, and unless job conditions are made fair and attractive, we will not attract the best people," she pointed out.

Changes

Professor P Tobias, dean of the medical faculty at the Witwatersrand University, agreed on that point, but felt the projected salary changes made the situation a hypothetical one.

"Theoretically," he said, "females, especially black females, could be deterred from entering the profession by this salary structure, but in fact we have no evidence that this is the case."

Dr H Grové, Director of Hospital Services in the Transvaal, referred me to the Public Service Commission when I questioned him on this matter.

This is the body which controls salary structures. The men directly responsible for supervising salary scales in the hospital services were not available for comment, but the Liaison and Publications division of the Commission informed me that the Commission did not give information about, or comment on, salary structures within the Public Service.

Clinic runs at a loss but treatment often free

By Gabi Said

The patients' report for New Year's Eve at Alexandra Clinic reads like a list of victims in a detective novel.

"Hit with bottle on face," "stab wound on chest," "stabbed in left eye socket," "hit by wooden stick on forehead" — these were but a few descriptions of the 32 patients who were treated between 7 pm and 7 am.

But this is not abormal for the clinic, which is described by the medical superintendent, Dr Susanne Hulme, as "a bloodbath" at most weekends.

"Most of the people who come in have been assaulted and some of the wounds are horrific," she said.

The clinic was established 50 years ago by Sister Ruth Cowles of the American Board Mission.

It provides vital health services for the 60 000 residents, thus saving them long trips to the Tembisa Hospital, which is the closest medical facility.

But one of the major problems since the clinic opened has been lack of money

STRUGGLED ALONG

There has been talk of closing down the clinic but thus far it has struggled along on private donations and a Government subsidy.

The clinic's deficit for the yearending lase March, was R51 000.

Income dropped R21 000 while expenditure rose R5 000 and income from patient fees were down R2 000 despite an increase from 482 to 520 patients treated daily.

The clinic provides many services free to patients.

Children under a year, chronically ill patients and pensioners are given free attention and medication and all immunisations are free.

At night there is no charge for treatment, but if the patients come back the next day they are expected to pay.

Other patients are charged a nominal fee of 50c and children under five are required to pay 50c for two consecutive visits

Babies are delivered at the clinic for R10.

FREE TREATMENT

"It is within my discretion to give free treatment to anyone who can't afford to pay," said Dr Hulme.

"For instance, if a person has a particularly bad laceration and won't be able to work for two or three weeks I won't make him pay."

The clinic is staffed by Dr Hulme, who is the only full-time doctor, nine part-time white doctors, eight of them women, 35 black nurses and several final year medical students from Wits University who work full-time for two weeks

She said black doctors could not be attracted to Alexandra because the pay was too low.

Most of the present staff are elderly and Dr Hulme foresees problems unless younger doctors are encouraged to join.

Besides medical services the clinic also provides a full-time social worker, employed by Child Welfare, a family-planning clinic, dental service, an optometry clinic run by Wits Technikon students and a TB section.

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D H Pryce Lewis

General J B M Hertzog Prize
For the best final year student.

S A Read

Black hospitals short of nurses and radiographers

STAR 15/1/81

Medical Correspondent

Some black hospitals in the Transvaal are being hit by shortages of nurses and radiographers, hospital authorities said yesterday.

Dr Chris van den Heever, chief superintendent of Baragwanath Hospital, said the hospital, which served about a million people, had filled about half of its radiography posts.

"We have enough nurses and the intake of student nurses is satisfactory," he said.

Overcrowding at the hospital had eased over the festive season, but was expected to resume soon.

Dr Joe Nach, superintendent of the General Hospital in Johannesburg, which had been converted into a hospital for blacks and Indians, said the nursing complement was 55 percent but that only 10 percent of Indian nursing posts had been filled.

Several major hospitals, including the Johannesburg and H F Verwoerd hospitals, are short of nurses.

But nurses' salaries and staff shortages will not be discussed at a series of SA Nursing Association (Sana) conferences in Kempton Park this week, said a spokesman for Sana.

ALL RACES

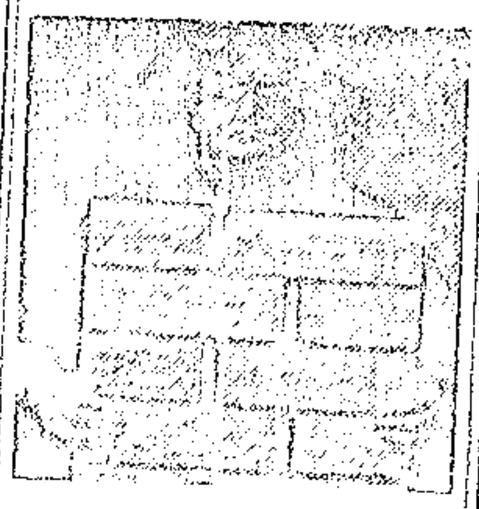
Nursing News, official newspaper of Sana, says more than 400 registered nurses of all races — delegates and observers — representing about 120 000 nurses are taking part in the conferences, which end on Saturday.

The conference for Indian nurses was held yesterday and black nurses are to meet today.

The conference for white nurses will be held tomorrow and Saturday.

TOMORROW

the homes



○ Australia's answer to the brick shortage.

FIG. 6.2

SURVEY OF 620 US COMPANIES SHOWING THE PROPORTION OF FIRMS USING SIMILAR ITEMS IN THE ROI MODEL

Items Used in ROI Calculation	Profit Calculation	Current Assets Included	Liabilities Deducted	Fixed Assets	Setting Target ROI
Income tax	57%				
Depreciation	97				
H.O. expenses allocated	71				
Interest charges	62				
Cash		63%			
Accounts receivable (debtors)		94			
Inventory		95			
Other current assets		76			
Inter co. payables			30%		
External payables			51		
Other current liabilities			45		
Non-current liabilities			20		
Original cost				14%	
Net book value				84	
Replacement cost				2	
H.O. assets (pro rata)				16	
Shared assets (pro rata)				41	
Leased assets included				34	
No targets set					23%
Separate targets set					64
Same targets (all divisions)					7

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John Perry Prize
For the best work in third year.

R A van Rosenveld.

Black nurses to work in white hospital

Political Reporter

THE Provincial Administration has given the go-ahead for three black theatre nurses to be employed at the understaffed Empangeni Hospital.

Dr V A van der Hoven, Natal's director of hospitals, said yesterday this was not the first time black nurses had worked in the white section of the Zululand hospital — they had done so when the two sections of the hospital were attached.

A source at Empangeni Hospital said the concession would temporarily relieve the staff shortage.

Dr van der Hoven said the nursing shortage in Natal was 'favourable' compared with the situation in the Transvaal.

'We do have our problems. I feel the media can do a lot to help by painting a positive picture. There have been many negative reports of the nursing situation and this has affected recruitment.'

He could not give figures for nursing intakes, but said Grey's Hospital was up to quota.

Addington Hospital had attracted fewer than last year.

'I'm hoping that nurses will be given special consideration on new salaries on April 1. I agree with people who say salaries are inadequate.

'But there is more to nursing than just money. It is one of the most satisfying professions in the world. To work with a patient in the ward and get results is very satisfying,' he said.

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For a student who has satisfactorily completed 1st, 2nd and 3rd major courses.

P A Rappoport

Molly Gohl Memorial Prize
For the best woman student in third year.

Miss C Tredgold

David Haddon Prize
For the best student of Architecture (or Quantity Surveying) in the subject of Professional Practice.

D H Pryce Lewis

General J B M Hertzog Prize
For the best final year student.

S A Read

Osbourn Prize
For the best work in fourth year.

D H Pryce Lewis

John Perry Prize

Plea for funds to run ambulance service

Political Reporter

NATAL will make a strong plea this morning to the Minister of Health, Dr L A P A Munnik, for money to fund a Provincial ambulance service.

The plea comes against the background of a steadily collapsing ambulance system in Natal. The fragmented system is financed and run by individual local authorities or by voluntary organisations.

Local authorities have threatened to stop running the ambulance services unless they receive Provincial subsidies by April.

Mr Frank Martin, MEC in charge of hospitals, said from Cape Town he hoped to solve the problem once and for all.

He pointed out that in terms of the Health Act, Provinces were supposed to have taken over the running of ambulances in April last year. But the Government had not supplied the money.

FINE ART & ARCHITECTURE

ARCHITECTURE

Cape Provincial Institute of Architects' Prize
For the best student in :-

Sixth Year

P F Dunckley

Helen Gardner Travel Prize
For a student who has satisfactorily completed 1st, 2nd and 3rd major courses.

P A Rappoport

Molly Gohl Memorial Prize
For the best woman student in third year.

Miss C Tredgold

David Haddon Prize
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General J B M Hertzog Prize
For the best final year student.

S A Read

Osbourn Prize
For the best work in fourth year.

D H Pryce Lewis

John Perry Prize
For the best work in

DD 29/1/81

Nurse shortage denied

EAST LONDON — Nursing shortages at major hospitals in the Border were "not critical", the Provincial Director of Hospital Services, Dr R. Kotze, said yesterday.

Dr Kotze said there was a general shortage throughout the Cape Province but that it was "not serious."

He was responding to queries about rumours of a massive nursing drain.

However, Dr Kotze refused to provide any statistical facts on the numbers of vacancies for nurses in Border hospitals.

Asked why he could not provide the facts, Dr Kotze said publication of vacancies for nurses would "damage recruiting efforts."

Frere Hospital's Matron van der Merwe said yesterday young girls who had left school and wanted to become nurses could contact the Matron at whichever hospital they wished to start nursing.

Student nurses must have a senior certificate or an equivalent qualification, while pupil nurses need a junior certificate.

A nursing assistant must have a standard six certificate or it from a practical school a standard eight certificate — DDR.

FINE ART & ARCHITECTURE

ARCHITECTURE

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D H Pryce Lewis

M Hertzog Prize
: final year student.

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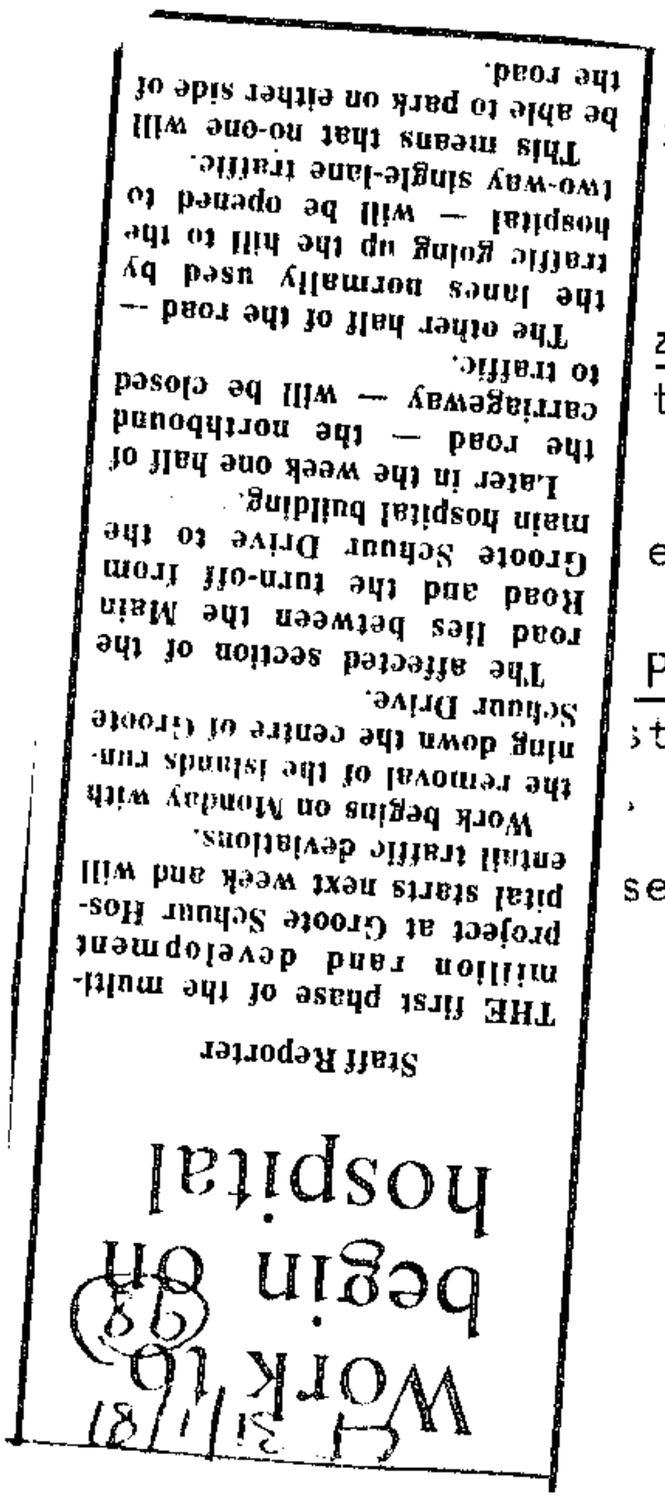

Work to begin on hospital

Staff Reporter

THE first phase of the multi-million rand development project at Groote Schuur Hospital starts next week and will entail traffic deviations.

Work begins on Monday with the removal of the islands running down the centre of Groote Schuur Drive.

The affected section of the road lies between the Main Road and the turn-off from Groote Schuur Drive to the main hospital building.

Later in the week one half of the road — the northbound carriageway — will be closed to traffic.

The other half of the road — the lanes normally used by traffic going up the hill to the hospital — will be opened to two-way single-lane traffic.

This means that no-one will be able to park on either side of the road.

GENER

Rescue op has saved Edenvale Hospital

By Bob Kennaugh
Medical Correspondent

A rescue operation has saved Edenvale General Hospital from possible collapse.

When Dr George Perling (54) became acting superintendent last month, he found a serious staff shortage, with nurses at breaking point.

Nursing staff had been steadily dropping. Last month the hospital had 79 nurses from a complement of 179.

Dr Perling is a pediatrician with 20 years experience as an executive in the meat industry, realised action was urgent.

Using his managerial perience in industry.

"This then became a critical "hold, stabilise and rescue" operation. I kept essential services going and gave priority to the casualty and outpatient departments, the maternity ward, the pediatric ward and the creche," he said.

The remaining staff were able adequately to serve 39 adult patients. Radiography was available during the day only and physiotherapy mornings only.

Priority was given to patients whose lives were in danger and those who could be treated only in hospital.

"We set in action a plan to discharge from hospital patients who had already been there for long periods and whose hospitalisation was not essential for recovery," he said.

This year the hospital had received no applications from student nurses.

Stop the rot in our hospitals — doctor

By [illegible]

THE acting superintendent of Edendale General Hospital said yesterday he felt morally obliged to disclose the full truth about the [illegible] situation at his hospital brought on by the shortage of nurses.

Dr George A. [illegible], who took up his post on January 1, was speaking at a nurses' [illegible] award ceremony.

He appealed to hospitals to reveal the true conditions so steps could be taken to stop the rot.

"Having been at Edendale for some weeks I was already aware of the situation. Knowing I would be in charge of the hospital from January 1, I had started assessing the position," he said.

"The seriousness of the situation had already become apparent as far back as [illegible] 1980."

There were only [illegible] nursing staff out of an "establishment total" — the number required to run the hospital — of [illegible].

In addition he said:

- The establishment total of nursing staff was [illegible] but there were only [illegible] at the hospital.
- The establishment [illegible] staff nurses was [illegible] the hospital had only [illegible].
- The establishment total of [illegible] nurses was [illegible] and 51.
- The establishment total of student nurses was [illegible] [illegible] Thus there were only [illegible].

[illegible] hospital [illegible] standard [illegible] [illegible] with the staff [illegible] [illegible] keep the hospital open.

This then became a [illegible] [illegible]

- [illegible]

[illegible] beds [illegible] for sick children.

The maximum number of [illegible] [illegible]

- [illegible] during [illegible]
- [illegible]
- [illegible] of bed occupation and [illegible]

[illegible] but was [illegible]

[illegible] patients [illegible] that could not be done in the hospital.

[illegible] patient [illegible] treatment [illegible]

- All patients who had been in the hospital [illegible] who did not actually require hospitalisation were discharged.
- The most [illegible] there are many in the [illegible] of hospital [illegible]

This could be [illegible] in their own institutions.

[illegible]

have undertaken this [illegible]

"Although [illegible] problem [illegible]

"Each little effort on our part will help in the long term."

The morale of the nursing staff seemed to improve [illegible]

For example [illegible] Edendale General, he said.

He now had [illegible] staff and [illegible] this would [illegible]

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CHEMICAL

Collapse of medical set-up predicted

Urgent appeal by doctors as hospital crisis worsens

Medical Correspondent

The hospital crisis in South Africa is worsening.

Staff shortages are crippling, wards have been closed and medical standards have dropped.

Doctors are "very worried" about the situation but see no short-term solution.

Several major Rand hospitals, including the multi-million rand Johannesburg Hospital, are seriously short of nurses and radiographers.

Staff at some hospitals are working under pressure and are having difficulties coping with the work.

The situation has become so critical that doctors across the country have renewed their call for nurses to be given urgent and substantial pay increases.

The latest warning comes from Dr George Perling, acting-superintendent of Edenvale General Hospital who said there could be a total collapse of the medical and nursing structure unless nursing conditions were improved immediately.

He said the nursing and paramedical profession should be paid fair and proper salaries.

Nurses shouldered huge responsibilities, including the saving of lives.

Dr Perling said hospital beds were being closed in different parts of South Africa but Edenvale General Hospital had been the first hospital this year to open beds.

A total of 18 beds were opened at the hospital yesterday and a further 36 beds could be used once renovations had been completed.

The nursing staff had increased to 120 including part-time nurses.

Calling for big pay increases for nurses he said working conditions for nurses had to be improved.

"Conditions must be improved to parallel those of other professions, especially with regard to shift work, night work and weekend work," he said.

Extra work had to be reduced so that nurses could devote more of their time to physical nursing duties.

Nurses' residences had to be brought into line with modern trends. Flatlets should be provided for higher qualified, single nursing staff.

Dr E. Kahn, deputy-superintendent of the Johannesburg Hospital, said there was still a serious shortage of nurses.

Doctors from Grahamstown and Bloemfontein, writing in the latest edition of the SA Medical Journal appealed for drastic increases in salaries.

Shock new facts on the hospital crisis

(RDM 9/8/81)

By KERRY GIBSON and SUE ROBERTSON

A SENIOR doctor warned yesterday that there could be a total collapse of the medical and nursing structure in South Africa if nursing conditions were not improved immediately.

Dr George Perling, the acting superintendent of Edenvale Hospital, said that unless the Government began treating nurses "fairly" right away, hospitals stood to lose them all.

He warned other hospitals in the country to act quickly to solve their nursing problems — or "they will find themselves in big trouble".

He also appealed to them to reveal the true conditions under which their nurses were working so that something could be done about them immediately.

Dr Perling was speaking at a nurses' merit award ceremony.

To illustrate the immediacy of the crisis facing many hospitals, he said that only yesterday the Johannesburg Hospital had asked him admit patients because it could not cope.

He added that at his hospital, not one woman had applied this year for training.

Interviewed later, Dr Perling said Edenvale Hospital had to close 50 of its 150 beds in June and [illegible]

[illegible] told me on January 2 that the [illegible]

[illegible] alleviate the crisis by:

- Limiting admissions to priority cases.
- [illegible]
- [illegible]

[illegible] Graduate [illegible] hospital [illegible]

But this [illegible] could [illegible] was not [illegible] — and even the best [illegible].

"[illegible] and pre-student training must be put on a fair and proper salary scale. Conditions of service should also be improved to match those of other professions, especially regarding basic work, night and weekend work.

"Nurses must be highly trained and shoulder large responsibilities — including the saving of life — and as such should be treated accordingly in every respect, including financially."

Last night, the Director of Hospital Services, Dr Hennie Grove, declined to comment on Dr Perling's statement until he had seen the full report.

Referring to nurses' salaries, [illegible] had already indicated there would be pay "adjustments and increases" this year.

"I can only ask sisters, in the interests of the sick, not to make hasty decisions before the salary adjustments are made known to them," he said.

The deputy superintendent of Johannesburg Hospital, Dr Lisa Falkyn, admitted that, "as the director has said, we are in a critical situation".

But she would not comment further on whether the crisis could lead to a collapse of the medical and nursing structure at the hospital.

"Those are his (Dr Perling's) opinions. I cannot comment on them. We did ask Edenvale Hospital to accommodate some of our patients, but that has been normal procedure recently."

She admitted that the shortage of beds at the Johannesburg Hospital had arisen because of the nursing shortage.

THE F[illegible]

COMMERCE

ACCOUNTING

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Accountants P[illegible]

Best Student in Fin[illegible] (Accounting C[illegible]

D Lunie

Best Student in Fin[illegible] (Auditing B[illegible]

A N Alhadeff

J R Wingerts H[illegible] Best Student [illegible]

A N Alhadeff

Leonard Fine Prize [illegible] For the best all[illegible] Business Science [illegible]

R B Goldblatt

BUSINESS SCIENCE

Jo'burg Hospital hit by 'terrible' nursing crisis

By Bob Kemmagh
Medical Correspondent

Doctors fear the multi-million rand Johannesburg Hospital is being brought to its knees.

Several Rand hospitals — including the Johannesburg and Far East Rand hospitals — are seriously short of nurses and radiographers and services are stretched to the limit.

Over the past year hundreds of beds in major hospitals across the Reef have been closed and few have been reopened.

Johannesburg Hospital has been one of the hardest hit. A doctor told The Star: "The shortage of nurses is critical. It is terrible. There is an acute bed shortage; basic X-ray procedures, for example chest X-rays, are being delayed and the number of specialised radiographic procedures reduced. Doctors are angry and disheartened and the morale of nurses is low."

Another doctor said it would be almost impossible to maintain routine services unless a solution were found urgently. "Already doctors have been asked to limit the number of X-ray requests."

He added unless more beds were opened it was certain that patients who required admission would have to be treated at home.

"Casualty officers are expressing concern about the legal implications of the crisis. Will they receive indemnity from responsibility if they are forced to send patients home owing to the lack of nurses?"

Dr Neville Howes, Johannesburg Hospital's chief superintendent, confirmed today the hospital had a serious shortage of nurses and radiographers.

"Nurses and radiographers have been very cooperative. They are doing their best under pressure. A solution is not in my hands. I do not determine salaries," he said.

SURVEY

Some radiographers at the hospital are threatening to quit unless they are soon given substantial salary increases.

A survey by The Star shows the Far East Rand Hospital has a 40 percent shortage of trained nursing staff and a 60 percent shortage of unskilled staff, including student nurses.

A spokesman said the hospital was a year ago forced to close 100 beds which have not been reopened. "There is also a big turnover in clerical staff," he said.

Both the J G Strijdom Hospital in Johannesburg and Pretoria's H F Verwoerd Hospital have filled about 70 percent of their nursing posts.

Hansard 2 Ques Col 62

6/2/81

Dental clinics (98)

34. Mr. N. B. WOOD asked the Minister of Health, Welfare and Pensions:

(1) (a) How many dental clinics were established by his Department during 1980, (b) for which race groups were they established, (c) where are they situated and (d) what was the State's annual contribution to dental services during 1980;

(2) how many persons were treated at such clinics during the year ended 31 December 1980?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(1) (a) 48.

(b) Dental clinics are not established for specific race groups but are placed in areas where there is a need and demand for public dental services. Many of the newly established clinics therefore serve various ethnic groups.

(c) Western Cape Region—
Hopestreet Clinic (Cape Town)
Mitchells Plain
Silvertown
Heideveld
Maitland
Retreat
Guguletto
Wynberg
George
Oudtshoorn
Caledon (2)
False Bay
Strand
Hermanus (Berede River)

Hanover Park
Bellville
Mobile Clinics for school services in Cape Peninsula
Dental Training Hospital Western Cape (Tygerberg)

Eastern Cape Region—
Cathcart
Butterworth
Kenga

Northern Cape Region—
Kimberley
De Aar
Upington

Free State Region—
Bethlehem (2)
Kroonstad (2)
Virginia
Odendaalsrus

Natal Region—
Pietermaritzburg
Durban (3)
Ladysmith (2)
Dental Training Hospital Durban—Westville

Southern Transvaal Region—
Soweto (2)
Tembisa (East Rand)
Springs
Witbank
Dental Training Hospital [illegible]
Witbank
Pietersburg
Louis Trichardt

Northern Transvaal Region—
[illegible]

(2) [illegible] (Financial Year).

(2) 1 037 796 in total at all clinics including newly established clinics.

Martin gives clean bill to Indian hospital

(98)

NM 7/12/81

By Mariah Vengtas

MR Frank Martin, MEC in charge of hospitals, yesterday cleared Durban's St Aidan's Indian Mission Hospital of allegations of mismanagement when he addressed a large gathering of guests at the opening of the hospital's new nurses' home and services block.

He said allegations concerning the running of the hospital had been investigated in depth by senior members of the Department of Hospital Services.

The investigation followed allegations in a Provincial Council budget debate in May last year by Mr Henry Ritz that methods used by the hospital to collect doctors' fees amounted to blackmail.

Mr Martin said: 'Hospital staff at all levels, past and present, were interviewed. The administration and financial methods and techniques were fully examined. Expatients, both those about whom complaints had been raised and a random sample, were questioned in detail.

'The findings of the investigating team were that, with due regard to the nature of the institution and its objectives, all aspects of the management, control and administration of the hospital were fundamentally sound and efficient,' he said.

FACULTY OF ENGINEERING

Corporation Medals

For the best student in each of the 2nd, 3rd and final years.

Second Year (Bronze Medal)

Miss G C Littlewort

Third Year (Silver Medal)

Miss N C Davidson

Fourth Year (Gold Medal)

P M Salmon
T J Cumming
D P Weeks
J H Rens
B F McCleland

Big development plans for Soweto

Two multimillion-rand hospitals, 10 day hospitals and a huge development project in Dobsonville are planned for Soweto, a West Rand Administration Board (Wrab) spokesman said yesterday.

The spokesman said the hospitals would be built at an estimated cost of R100-million each "in the medium to long term."

The establishment of the day hospitals was a short-term project. All the clinics will be built in greater Soweto, including two in Diepkloof and one in Dobsonville.

He said high and low cost housing would be developed on 1 200 stands in Dobsonville, with services alone for each stand running to R3 000.

Building has started, the spokesman said. Included in the development will be 42 luxury houses and at least 800 low-cost houses.

A spokesman for the Soweto Council said the council had identified seven sites of 5 ha each which have been allocated to the Transvaal Provincial Administration for clinics.

Building on two of the clinics, in Mofolo and Zola, would start this year, he said.

Work on the hospitals would start in five to 10 years.

... and Jo'burg Hospital has to close 5 wards

Staff Reporter

THE Johannesburg General Hospital has been forced to close five wards because it has only half the nurses it needs.

The superintendent, Dr Neville Howes, disclosed yesterday that the hospital was short of 1 094 nurses.

He revealed that:

- Only 1 203 of the 2 297 nursing posts at the hospital were filled;
- There were 73 vacancies in the hospital's radiography department. At present, there are 28 radiographers;
- All 21 radiographers who graduated in January had resigned;
- 54 registered nurses had resigned;
- The hospital has a crucial shortage of clerical personnel;
- Five wards (153 beds) have been closed, and the post-operative surgery ward is manned only when staff are available;
- The five medical units have been reduced to four. (One unit consists of two wards.)

Dr Howes' disclosures come a week after two other Rand hospitals cut their staffing crises, and one superintendent warned that there could be a total collapse of the medical and nursing structure in South Africa if nursing conditions were not improved immediately.

Dr Howes said there was a major shortage of student nurses and nursing assistants at the Johannesburg Hospital.

"Some departments have to be manned like a night, and it is understood that some people do not want to work such hours," he said.

The staff consists of 750 trained nurses, 549 students, 111 part-time nurses and 209 volunteers. Of a total of 2 297 nursing posts, only 1 203 are filled.

"This means that 52% of the fulltime posts are filled, and there are 111 part-time nurses," he said.

Nursing shortage closes wards

RDM 11/2/81

"The closure of the one of the five medical units was part of our rationalisation process.

"Emergency cases are admitted to the units — where fully-trained staff are in attendance. Patients would not get the same attention in ordinary wards. If staff are not available, cases are referred to other hospitals."

Dr Howes would not comment on nurses' salaries, but said some deserved to be paid as much as doctors.

"Nurses' salaries are not competitive. There is a need to look at differential pay for inconvenient hours such as overtime, weekend and night work."

He called on the people of Johannesburg to involve themselves in the hospital.

"We need support and assistance to run your hospital."

Nursing shortage: bleak facts emerge

RDM 18/2/81

PRETORIA BUREAU

TRANSVAAL hospitals have an overall nursing shortage of nearly 25%, the Administrator, Mr Willem Cruywagen, revealed in the Provincial Council yesterday.

And the Progressive Federal Party leader in the council, Mr Douglas Gibson, warned that unless the coming pay rises were adequate, the PFP would have to review its attitude to protest action by professionals.

Mr Cruywagen submitted statistics to the council which showed that the hard hit Johannesburg Hospital had severe shortages of administrative staff as well as medical and nursing personnel.

Replying to a question from Mrs Irene Menell (PFP Houghton) he said only 8 602 white nursing posts of the Province's total establishment of 12 100 were filled.

The black nursing situation was more satisfactory. The establishment is 11 601 with 10 165 posts filled.

But only 776 of the 1 [illegible] coloured and Indian nursing posts were filled.

The overall provincial total is an establishment of 25 [illegible] but only 16 [illegible] nurses are in service.

Replying to a question Mr Cruywagen said that at present salary levels it would cost R7 023 284 to eliminate the racial pay gap.

Speaking in the Part Appropriation Debate in the council yesterday Mr Gibson stated

Speaking in the [illegible]

[illegible]

[illegible] Mr Gibson said.

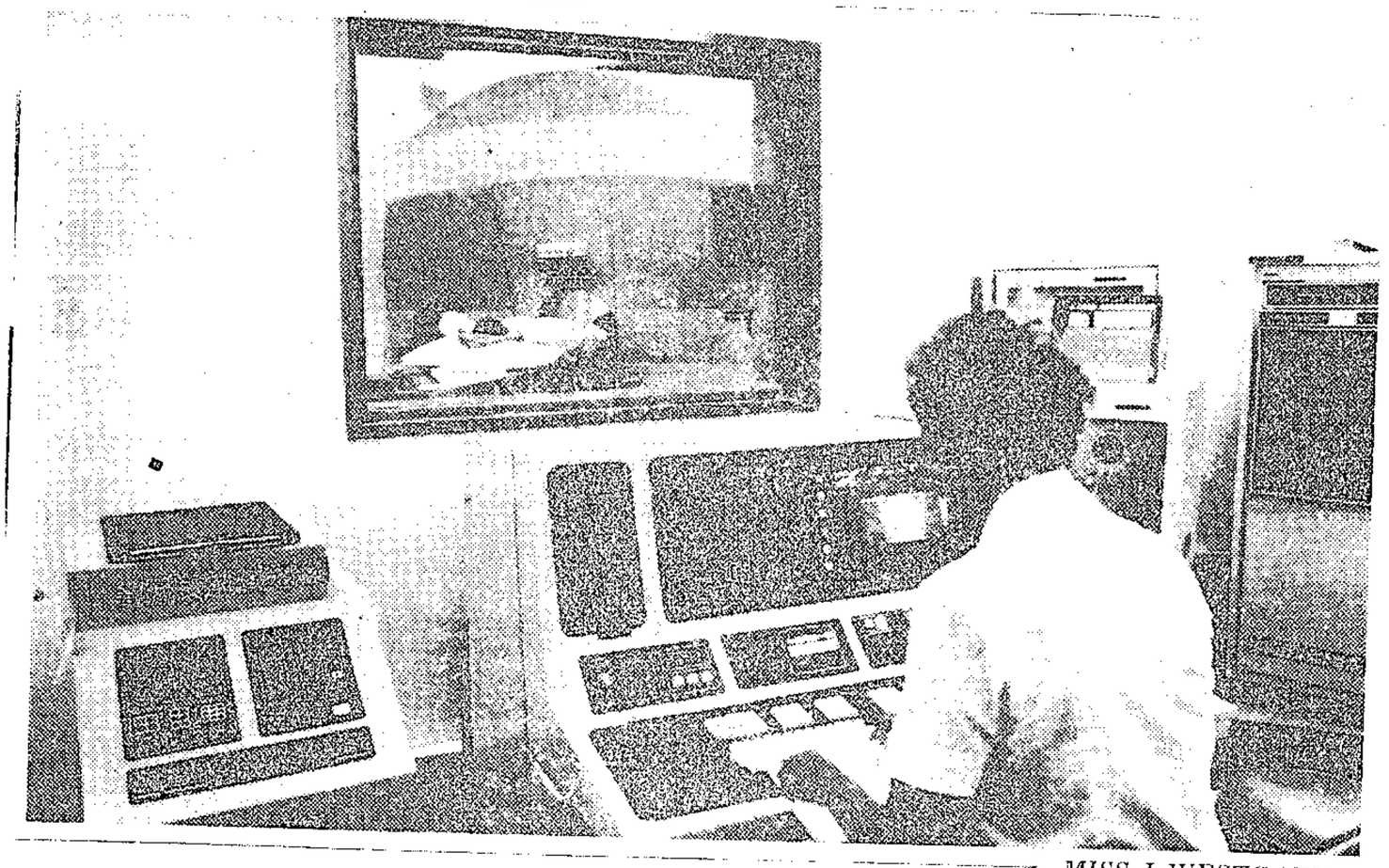
[illegible]

O [illegible] administrative posts, [illegible]

O The Far East Rand Hospital, with a 20% staff shortage;

O The General Hospital in Johannesburg, with a shortage of 175 nursing sisters;

O Edenvale Hospital, which disclosed that last month there were only 79 nurses of an establishment of 179 — the hospital is limiting admission after 18 beds were closed last



MISS J WESTGATE, a principal radiographer at Groote Schuur Hospital, operates the new CT scanner that aids cancer detection and treatment. The 'patient' can be seen through the protective glass window.

Cancer, machine for Groote Schuur

ARGUS 13/2/81 (98)

Medical Reporter

GROOTE Schuur Hospital has become the first Cape provincial hospital to acquire an R810 000 machine that will help in the early detection and treatment of cancer.

The Israeli X-ray machine is an all-organ computerised tomograph (CT) scanner. It allows doctors to view transverse 'slices' of the body previously visible only by cutting open the patient.

It is more sophisticated than the regular X-ray machine that can take only front and side views that show differences in organ density.

'One of the major uses of this scanner is its ability to detect cancer early,' a senior consultant radiologist, Dr Ben Mervis, said yesterday.

DETECTION

Working on the same principle as the brain

Bara bed shortage: thousands go with incomplete treatment

By SUE DERBY

THOUSANDS of patients are being discharged from Baragwanath Hospital before their treatment is completed because of a critical shortage of beds.

The superintendent, Dr Chris van den Heever, said yesterday 13 333 patients — a third of the hospital's yearly total of 40 000 medical patients — were discharged before their treatment had been completed.

Baragwanath has 2 713 beds. The Department of Health had estimated that the whole of Soweto needed 5 000 hospital beds, Dr Van den Heever said.

He said the discharged patients — many of whom suffered from hypertension, diabetes or cardiac disease — returned for treatment at the out patients section within two or three weeks after release.

"During the winter months, our bed occupancy is 260 %. The hospital has reached maximum expansion.

"We already have 8 000 staff, so expanding it further would be unfeasible," he said.

To cope with the bed shortage, many patients are transferred to the General Hospital or to Natalspruit Hospital.

Like many Rand hospitals, Baragwanath also has a shortage of radiographers, in this case 60%, and a critical shortage of clinical personnel.

Dr Van den Heever said that three years ago the hospital had started its own three-year radiography diploma course for blacks, and that 39 students would complete the course this year.

He said radiographers had left the hospital because of pregnancy, dissatisfaction with the "tough" course, or to go to large hospitals, where salaries were competitive with the private sector and where they were also provided with housing.

Dr Van den Heever said the hospital did not have a nursing shortage.

The hospital had 4 045 nursing posts, 3 823 of which were filled, he said. The 222 vacant posts were in the process of being filled.

He said that each year about 27 000 candidates applied for student nursing posts.

"We train 1 100 nurses a year, and we also have a two-year [illegible] (2 000) auxiliary nurses [illegible]."

Dr Van den Heever said he was "[illegible] for an equitable [illegible] of the salaries of all nurses."

He said that black nurses are paid less than white nurses, a "difficult" atmosphere. "There is a lot of dissatisfaction about salaries, and rightly so."

"The pay, if not eliminated, should be equitable [illegible]."

In the year 1983 to 1984, Baragwanath treated 16 017 in-patients [illegible] 1 109 [illegible] out-patients in the same period of which [illegible] were [illegible] cases.

'Tips' for death tip-offs alleged

(98) RDM 14/2/81

By SOPHIE TEMA
Staff Reporter

SOME staff at the General Hospital for blacks in Hillbrow are collecting up to R25 from a firm of undertakers for every death they report which leads to the firm handling the funeral.

The Rand Daily Mail has also established that:

- The firm sends gifts of fruit and flowers to the hospital, supposedly for the patients, but their distribution has never been monitored and, in any case, hospital regulations forbid this without the permission of the Director of Hospital Services;
- On Wednesday, a Muldersdrift woman was told by a man purporting to be from the hospital that the body of her gardener would receive a pauper's burial within seven days unless it was released to the undertaking firm;
- The superintendent of the hospital, Dr Joe Nach, knew nothing of the tip-off system or the gifts until told by the "Mail" this week. He promised to investigate the matter, and it had had problems of this nature at all levels of administration.

The investigation results from a telephone call to the "Mail" this week by Mrs S Greenfield, of Muldersdrift. She said she had been pestered by a Johannesburg firm of undertakers since the death last Saturday of her gardener, Mr Michael Hlongwane, who had worked for her for 10 years.

When a "Mail" reporter telephoned the firm to find out how they had known of Mr Hlongwane's death, a spokeswoman said they had been told by a staff member at the hospital.

The spokeswoman then revealed: "We give these staff members a donation of between R20 and R25 for every business they give our firm, and that is why they like working with us. We also donate fruit and flowers to patients through the hospital."

The spokeswoman admitted that she did not know who received these gifts or how they were distributed.

Mr Hlongwane, who was admitted to hospital with cancer in December, has no relatives on the Reef. Mrs Greenfield had asked the hospital to keep his body until they could be traced in Natal.

She said the undertaking firm had made numerous attempts to get the body from the hospital, but had failed.

"I made no arrangement with any undertakers to remove Michael's body from the hospital mortuary, but I got a shock when three people came to my house and asked my domestic to go with them to identify it," she said.

Mrs Greenfield did not know at the time that the men were from the firm, but allowed her employee to go with them, though she warned her not to sign any documents which might release the body to them.

"Later, when the firm telephoned me and told me that the men were their representatives, I could not understand how they knew Michael had worked for me, or ?ow they got my address, if they were not given this information by someone in the hospital. I later found out that they could not remove the body from the hospital mortuary because the officials would not release it.

"Later a woman from the.f.rm told me that the body could not be kept in hospital for long and would be given a pauper's burial.

"At 6.15am on Wednesday, I received a call from a person who claimed he was speaking from the hospital. He told me Michael would be given a pauper's burial because the hospital does not keep bodies for more than seven days.

"I went back to the hospital authorities and explained that I had still not traced his family, and then discovered that nobody from the hospital had called me.

"I have been bothered a lot by the undertaker, husband has warned them to keep away from us. They pushing us to remove the body from the hospital mort trying to bulldoze us into taking on a contract with th we might later regret."

Dr Nach expressed shock when told of the matter y

"I am surprised to hear that a staff member is alle involved in such a matter. I know nothing about a de flowers or fruit that is alleged to be sent through the ho patients.

"As far as I know, no member of the staff is a receive gifts for the hospital without the permissi director.

"I must look into the matter, because we have problem at all levels.

"It is the duty of some staff members to trace the re people who die in the hospital if they are not im available. But not to arrange funerals.

"I can assure you now that the body of Mr Hlongwa kept in the hospital mortuary until his relatives are t come forward to claim it."

2 Frere wards still closed

EAST LONDON — Two wards at Frere Hospital, closed six months ago because of the nursing shortage, are still closed.

Superintendent of the Hospital, Dr S. Richardson, said the situation at the hospital had remained unchanged since July last year.

At that time, two wards, the mixed orthopaedic ward and the Chulterton sepsis ward, were closed.

Dr Richardson said the hospital had never turned away a single patient because of a lack of beds.

"All that we have done is increase the number of nurses in wards to get a better nurse to patient ratio by closing wards that were not being used much," he said.

"It is a matter of simple arithmetic."

Dr Richardson was commenting on a statement by the Border coastal branch council of the Medical Association of South Africa.

The branch council said some wards at the hospital had been closed and that an extra effort was made by the remaining nursing staff.

Dr Richardson said he was satisfied that patients at Frere Hospital were receiving good care from the nursing staff and that there was now a better nurse to patient relationship. — DDR

Big overhaul for crowded hospital

NM 17/2/81

(98)

Political Reporter

A MAJOR redevelopment of the notoriously overcrowded King Edward VIII Hospital in Durban is on the cards. The announcement by Mr Stoffel Botha, the Administrator of Natal, in the Natal Provincial Council yesterday, puts in doubt the future of the long-delayed Umlazi Hospital near Prospecton.

Mr Botha said redevelopment of King Edward VIII Hospital was under investigation by the provincial administration. The 'innumerable problems' associated with it's running remained a cause for concern.

The redevelopment being aimed at consisted of short-term modifications and additions 'to alleviate the present unsatisfactory conditions', and a major redevelopment programme in the long term.

'Planning has also commended for the expansion of radiotheraphy services for patients suffering from cancer and allied conditions. It is proposed, initially, to update the cancer treatment centre at Addington Hospital,' Mr Botha said.

A separate cancer treatment centre in the metropolitan Durban area on or near the existing King Edward VIII Hospital site would be developed at a later stage.

'Negotiations are currently in progress to update certain sophisticated hospital equipment used in the investigation and treatment of cancer, neurological and heart diseases, at a cost of more than R2 million.'

Speaking before the announcement in Parliament of increases for teachers and other civil servants, Mr Botha said that there had been an increase in teacher resignations, particularly men at both primary and high schools, since April last year. Natal had a reservoir of teachers, which was fortunate, but in some cases teachers were responsible for subjects in which they were not adequately trained.

He expressed 'concern that the number of applicants for training as teachers is declining. Applications for admission to the residential colleges of education in 1980 totalled 694, of whom 352 were admitted.

The corresponding figures for 1979 were 779 and 411. For university loans, 662 applications were received, leading to 288 loan offers being accepted.

'At the College of Education for Further Training, 301 new students registered for courses in 1980 — giving a total of 446 teachers currently registered at this college.'

Mr Botha revealed that the staff position in the Road Traffic Inspectorate was critical. The high number of vacancies for all races could not be filled and road patrols were suffering so that vehicle examination and driver testing could continue.

Officials in the clerical and administration division were helping inspectors at weekends and on public holidays.

The buoyant economy was also leading to a spate of resignations of more junior clerical staff, which did not help 'efforts to build up a future managerial cadre'.

In the Provincial Council

Blacks in white hospitals queried

Political Reporter

QUESTIONS about the employment of black medical staff at white provincial hospitals in Natal were tabled in the Provincial Council yesterday.

Mr Neels Vosloo (Nat Eshowe) is seeking information on the number of black staff members in white posts appointed on an ad hoc basis at each hospital. He wants to know whether the black staff will be replaced if white nursing staff apply for the posts, under what conditions the appointments were made, and if the posts are being, and will continue to be advertised to attract white staff.

Mr Vosloo wants to know if any patients have been turned away since December 12 last year at the War Memorial hospital at Empangeni because of the staff shortages, and if any petition had been received about the closing of day-wards at the hospital.

The Province employed three black nurses at the hospital recently to relieve the shortage.

Road projects freeze ordered

Political Reporter

THE Government had ordered Natal to freeze immediately the awarding of further contracts on three major road projects because of a shortage of funds, Mr Dering Stainbank, MEC, told the Provincial Council yesterday.

The three partly completed projects were from Besters to Frere, Mariannhill to Shongweni and Illovo Beach to Umkomaas.

There were serious difficulties in stopping work on the Umkomass project, he said. The Government had asked Saccoir to expand its plant to handle one million tons of pulp a year to cope with increased timber production. At present, all the timber had to be teansported through the streets of Umkomaas.

'We resolved to go ahead with the project because a delay will affect construction of the new route for years,' Mr Stainbank said. He warned that it was unlikely that Natal would receive sufficient funds from the Government to start any new road projects in the next financial year.

In addition, the price of bitumen was expected to rise soon, adding R3 million to the Province's road construction bill.

New teaching hospital wanted

Political Reporter

NATAL had suggested to the central Government that a new teaching hospital and medical school be built in the Durban area, Mr Frank Martin MEC, told the Provincial Council yesterday.

Replying to a debate in the mini budget, he said the Government was concerned that the poor conditions at King Edward VIII Hospital in Durban be improved. The Province had been unable to extend the hospital because it was an institution for blacks in a white group area. The Government was now prepared to allow expansion.

Nats deplore Witkommando

Political Reporter

RADICAL and extremist groups such as the Wilkommando could not be allowed to predominate in developing countries such as South Africa 'because they will take the country to disaster,' Mr Owen Jones (Nat, Pinetown) said in the Provincial Council yesterday.

Speaking during the mini budget debate, he said the National Party Opposition in the council deplored the actions of the Witkommando.

He said political parties should not use election gimmicks such as Sunday sport 'when we are facing a fight for survival'.

'The days of adolescent politics in South Africa are over. We must give serious attention to the main issues which face us,' he said.

Mr Jones expressed concern that some Natal teachers were giving lessons in subjects for which they were not adequately trained. He made a plea for attention to be given to the administrative burden placed on teachers. The large administration load was a continuous grievance among teachers, he said.

Webber attacked for council election 'deal'

Political Reporter

NATAL leader of the New Republic Party, Mr Warwick Webber, came under heavy attack from the Nationalist Opposition in the Provincial Council yesterday for offering the Progressive Federal Party the chairmanship of the council as part of an election 'deal'.

Mr Thys Wessels, leader of the Opposition, said the public should be told what the pay-off would be in the 'unholy alliance' between the NRP and the PFP.

Mr Niel Rossouw (Nat Umlazi) said it was a disgrace that people outside the council could offer the position of chairman to 'any Tom, Dick or Harry'.

'This House should elect the chairman. If the NRP uses this type of gimmick to gain votes, then the party is losing its principles,' Mr Rossouw said.

Mr Frank Martin, Natal chairman of the NRP, said he had never doubted that the newly elected MPCs would elect a new chairman at the first sitting after election day.

GENERAL NEWS

Hospital discrimination unacceptable, say staff

By Bob Kennaugh
Medical Correspondent

Doctors and medical staff at Coronation Hospital are protesting at a hospital directive calling on them not to treat black non-emergency patients.

They said the hospital served mainly coloured and Indian patients. In the past it had not practised discrimination.

Black and sometimes white patients had been treated there in emergencies, they said.

Coronation's staff has signed a petition condemning the move.

They claim the directive is "aimed at enforcing an unacceptable ideology which prevents us from practising non-racial medicine."

The directive states that "to prevent the . . . loss of service effectiveness and general disaffection it is urgently necessary to influence the stream of patients to be attended at the hospital in the future.

"This will be accomplished by directing all patients for whom alternative facilities exist to make use of them.

"If treatment is not urgently and immediately required these patients will be advised where to go for attention."

In the petition, doctors said they were most concerned and distressed by the directive which "insisted on certain screening procedures and refused treatment to black patients."

The doctors said the decision to refuse treatment on the basis of race must be regarded as unethical and was a further inroad of an unacceptable ideology into a noble profession.

Hospital officials said blacks could be admitted to the hospital only in an emergency.

The superintendent, Dr C Kniep, said the directive was consistent with policy.

A petition had not been submitted to him.

TABLE 3

CAPITAL WORKS
1948 - 1985

Period	Amount (R)
1948-1952	00-00
1953-1958	923 000-00
1959-1963	4 721 000-00
1964-1968	7 113 350-00
1969-1977	6 355 000-00
	13 174 350-00
Projected 1975-1980	59 320 000-00
1980-1985	47 160 000-00
	123 000 000-00

Plans drawn up in 1985 for the Matroosfontein Hospital (formerly known as Valkenberg) to be established in Athlone was abandoned in favour of a 572 bedded "de-centralised" hospital. The projected capital needs of this service can be expected to escalate to approx by 1985.

WELL - TWO PROBLEMS

The development of mental health facilities in South Africa has been marked by two features, i) the chronic overcrowding crisis and ii) the racially biased distribution of facilities.

13. Matroosfontein has since been renamed Mitchell's Plein.

/ ...

MR BASHIR KHAN being comforted by his wife Fatima after, he claimed, a three-hour walk from Victoria Hospital to Woodstock.

Argus 21/2/81 (98)

'HOSPITAL IGNORED ME'

By Annamia van den Heever

A 47-YEAR-OLD Athlone man, Mr Bashir Khan, claimed today he lay in Victoria Hospital for about 15 hours without seeing a doctor after collapsing yesterday.

A medical officer at Victoria Hospital said today she was 'completely baffled' by the incident.

'It is most unusual. Every patient who comes in is usually given a file immediately, but we have no record of Mr Khan.

'Perhaps if we knew who the person was who brought him here we would get to the bottom of this,' she said.

The identity of the man who took Mr Khan to hospital is not known.

Ill and dazed, Mr Khan of 14 Skip Road, Greenhaven Estate, eventually left the hospital about 6 am today and walked for three hours to his sister-in-law's house in Woodstock.

While he lay in Victoria Hospital his family telephoned there at least four times, but were told there was no trace of him on hospital records.

Lying in bed today awaiting a visit from his doctor, Mr Khan, a furniture representative for a Claremont store, said he went to the Claremont mosque about 1 pm yesterday.

'I did not feel very good in the mosque. When I came out I walked towards a shop to buy some lunch. I can't remember whether I went into the shop — I just blacked out.'

When Mr Khan came round he was lying on a stretcher in the casualty department of Victoria Hospital. A passer-by had taken him there.

About 5.30 today a a woman serving tea told

(Contd on Page 4, Col 6)

CHEMICAL

FACULTY OF ENGINEERING

Corporation Medals
For the best student in each of the 2nd, 3rd and final years.

Second Year (Bronze Medal)

Miss G C Littlewort

Third Year (Silver Medal)

Miss N C Davidson

Private hospitals: permits to admit members of all races

279. Mr. H. E. J. VAN RENSBURG asked the Minister of Community Development and State Auxiliary Services:

(1) Whether any private hospitals in (a) Randburg, (b) Sandton and (c) the Northern Areas of Johannesburg applied for permits to admit members of all races in 1980; if so, how many in each case;

(2) (a) how many applications were (i) granted and (ii) refused and (b) what were the reasons for such refusal?

The MINISTER OF COMMUNITY DEVELOPMENT AND OF THE STATE AUXILIARY SERVICES:

(1) (a) No.

(b) No.

(c) Yes—5.

(2) (a) (i) 5.

(ii) None.

(b) Falls away.

24 hospital projects started in Cape

Argus 25/2/81 (98)

Provincial Staff

IN the past year, 24 hospital building projects had started in the Cape, adding to the 28 projects in progress at the beginning of 1980, the Administrator, Mr Gene Louw, told the Cape Provincial Council yesterday.

Mr Louw said the 28 hospital building projects at the beginning of 1980 had a total estimated cost of R24-million, of which 19 projects at a value of R13-million were completed last year.

The most important at a value of R13-million were completed last year.

The most important of these were the new treatment ward and administration blocks at Kimberley Hospital, extensions to Swellendam Hospital, a new day hospital at Duncan Village, East London, and six new community health centres — at Albertinia, Beaufort West, Calitzdorp, De Aar, Lamberts Bay and Pacaltsdorp.

During the year, a further 24 schemes costing R12-million had been undertaken, of which 17 were already completed.

KARL BREMER

The most important of these were improvements to Karl Bremer Hospital at a cost of R4-million, extensions to Somerset Hospital costing R2-million, a new hospital at Kuruman at a cost of R3-million, and extensions to Fritz Visser Hospital at Noupoort at a cost of R1-million.

The new provincially-subsidised hospital at Dordrecht was also completed at a cost of R1,5-million.

Mr Louw said several capital building schemes had been completed at Tygerberg Hospital, while a beginning had been made to the modernisation of a replanned Red Cross Children's Hospital at Rondebosch.

The Treasury had given funds for the redevelopment of Groote Schuur Hospital to a modern 1 700 bed institution. A consortium of advisers would undertake the re-development over a period of eight to 10 years.

Treasury funds had also been made available for a hospital to be linked with the National Accelerator Centre at Faure.

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Hospital price R1 750 000

Argus 27/2/81 (98)

Provincial Staff

THE Cape Provincial Administration bought the Volks Hospital in Oranjezicht from the Ned Geref Kerk for R1 750 000, Mr P J Loubser, MEC in charge of hospital services, said yesterday.

Mr Loubser said the purchase price was considered very reasonable. The previous provincial grant-in-aid of R216 200 to the Volks Hospital would be deducted from this purchase price, which was payable at any time before March 31 1983.

Answering questions by Dr John Sonnenberg (PFP, Green Point) as to the conditions attached by the Ned Geref Kerk to the sale, Mr Loubser said: 'It was agreed that the Provincial Administration would honour the traditional character of the hospital, except that arrangements would be made to admit indigent patients in the future.'

The nursing complement of the hospital was 137, of which 121 posts were filled. The nursing staff was employed at normal provincial salary scales.

There was at out-patient facility which now catered only for private patients, and no extension of this facility was planned for the near future.

(98) (261) Argus 27/2/81

Hospital purchase 'reckless'

Medical Reporter

THE Cape Provincial Administration's decision to buy the Volks Hospital was 'reckless, irresponsible and incomprehensible,' Dr John Sonnenberg PFP MPC said at a Provincial Council meeting yesterday.

Dr Sonnenberg claimed that the purchase of the hospital was directly linked with the decision to convert Woodstock Hospital into an exclusively black hospital, as the Volks would now be used to accommodate patients previously treated at Woodstock.

This was an example of ideology triumphing over common sense and which had cost the taxpayer R1,75-million, he said.

He accused the Provincial Administration of trying to compete with private enterprise when it refused an offer made by an organisation that runs about 15 private hospitals around the country.

The organisation had undertaken to carry on the traditions of the Volks Hospital, to modernise and reconstruct it, and to provide foreign visitors with first class medical treatment that would not cost the taxpayer anything.

But the administration, instead of consenting to this deal, had taken a 'reckless decision' and decided to purchase the hospital itself, Dr Sonnenberg said.

'This incomprehensible decision that cost the taxpayer R1,75-million is only a start,' he said.

'There is now a medical superintendent where there was none before. Where there was previously one matron there are now several and needy patients will now need to be subsidised.

'Add to this the additional staff cost and the poor track record of any bureaucratic organisation in running a facility and it should become clear that the loss will be greatly compounded.'

The administration's decision to buy the hospital was today defended by the Cape's Director of Hospital Services, Dr R L M Kotze, who said that it had been 'well-founded.'

● Hospital price R1,75-m — Page 6

Hospital scheme 'crazy'—MPC

Medical Reporter

THE apparent decision to reserve Woodstock Hospital for coloured people was 'crazy,' Dr John Sonnenberg, PFP, told the Provincial Council yesterday.

He said the decision had been 'made by stealth' and was 'typical of the attitude of central planners.'

Neither the Southern Suburbs Hospital Board, which administered the hospital, nor the medical committee, which represented part-time practitioners, nor the nursing staff, nor the local community of Woodstock, had been consulted on this issue.

'The rumour has aroused great consternation and anger amongst Woodstock residents.

'There is indisputably a shortage of beds for coloured patients in the Peninsula, but is it necessary to take over all 40 of the hospital's white beds and leave the local community with nothing?'

Dr Sonnenberg suggested that 20 beds be allocated to coloured patients, bringing the total to 100. The remaining 20 beds should be retained for whites.

● See Page 6.

Six health centres for Cape

Argus 3/3/61 (98)

Medical Reporter

THE Cape Provincial Administration is about to open six new community health centres that will spearhead a programme to bring medical services within reach of every provincial resident.

One of the centres will be officially opened in Albertinia this month, while another will be formally opened in Lambert's Bay in April.

Four others are currently being developed in De Aar, Beaufort West, Pacaltsdorp and Calitzdorp.

Where possible, new facilities will be added to existing hospitals in an attempt to provide improved outpatient and district nursing services.

RDM 5/3/81

Workers back at General Hospital

Staff Reporter

All the workers who were turned away from the General Hospital for being late on Tuesday morning were back at work yesterday.

Most of the workers — doing domestic services — claimed they did not arrive at work on time because trains were late.

They said they were turned away by the head of the hospital's hygiene department, Mr J A Harmse, because they were 10 minutes late for work.

Mr Harmse, however, denied he had turned the workers away, saying he had merely warned them not to be late again.

The superintendent of the hospital, Dr Joe Nach, did not make a comment on the matter nor was he asked to do so because the Rand Daily Mail was told by an official, Mr A Engelbrecht, that Dr Nach was not responsible for the hygiene department.

Doctors hold crisis talks at shut-wards hospital

S. Times 8/3/81

98

THE nurses' crisis came to a head this week when doctors at one of the Transvaal's largest hospitals held an emergency meeting because wards had to be closed.

It happened at the Far East Rand Hospital — where there is a 40 percent staff shortage — after most operations had to be cancelled on Monday.

- Doctors sent patients to private nursing homes, as well as to other hospitals on the Rand.
- On Thursday, the only women's ward was closed, causing major problems for patients and doctors.

It is learnt that, at a meeting of doctors on Thursday, the situation was "extensively discussed" but nothing positive was resolved.

But the doctors have given the hospital's medical superintendent, Dr Johan Jurgens — who is former MP for Geduld — their support in his efforts to aleviate the problem . . . "although we all know he is not likely to be successful as no-one seems to have a solution", a doctor said.

○ ALL OPERATIONS CANCELLED ○ PATIENTS SENT TO PRIVATE CLINICS

THE NURSING SHORTAGE WORSENS: Report: NORMAN CHANDLER

Dr Jurgens said the situation at the Far East Rand Hospital — which serves Springs and Brakpan — was similar to that being experienced at other hospitals throughout the Transvaal and in other parts of the country.

At the end of last year, the Transvaal Provincial Administration had 6 600 nursing vacancies — 4 168 of them at white hospitals.

Dr Jurgens said: "All hospitals have had to close wards at some stage or another because of the chronic shortage of nursing staff.

"We have a bit of a problem right now, but I cannot foresee any change in the near future because far too few white women are prepared to train as nurses. Perhaps the promised salary increases will help, but even then it will take some time."

He declined to discuss his own hospital's staff shortage, but it is understood there is no possibility of the hospital being closed because of it.

- Also badly affected by the shortage is the huge new Johannesburg Hospital, where there are only 1 206 nurses out of a total complement of 2 297, and five wards have had to be closed.

Others are Vereeniging (40 percent below strength), Edenvale (63 percent below strength and where admissions are limited), Johannesburg General Hospital and Boksburg-Benoni Hospital.

Hopes that nurses will remain in the profession once salary increases came in to effect next month were reinforced this week when Professor D J du Plessis, principal of the University of the Witwatersrand, appealed to students at the Johannesburg hospital's graduation ceremony.

He said nurses should not be influenced by complaints and working conditions and salaries — "members of the profession have criticised their own profession repeatedly for giving nurses too much hard work and too much responsibility with poor remuneration.

"All these criticisms are true, but the present situation cannot continue."

(98)

CT 9/3/81 (98)

Folly of ambulance crew apartheid

THE folly of apartheid ideology has once more been highlighted, this time by the staff crisis in the ambulance service run by the Cape Town municipality and financed almost entirely by the Provincial Administration.

It has been disclosed by Mr J M Wilby, deputy chief of the service, that 87 ambulance crew-members are needed to bring the personnel up to its full strength of 271. This means that a vital and literally life-saving section of the public service is understaffed by a whopping 32 percent.

This is a frightening situation which should never have arisen — but for the policy of apartheid, one of whose tenets is job reservation on the basis of colour.

Of the establishment of 271, by law 44 are allowed to be black. This was a concession granted by the government a few years ago on condition that the 44 be employed mainly in their "own" areas. Now application has been made to the Department of Manpower Utilization for permission to employ 30 additional blacks as vehicle crew staff.

In disclosing this, Mr Wilby made a highly significant statement. He said no problem was anticipated filling black vacancies because "in the past, whenever one has occurred, we have been swamped with applications". The mind boggles at the implication of this statement.

The mind boggles even more because Mr Wilby also said earlier that although (white) vacancies had been advertised, only nine applications were received — four of which had to be rejected on medical grounds.

Does it not follow logically that if job reservation were scrapped entirely there would be no staff crisis? When, oh when, will this country ever learn?

Please note that the municipality of Cape Town is not to blame — not this time anyway.

I spoke to the Town Clerk, Mr H G Heugh, the other day. He assured me that the City Council's outlook was a non-racial one, but it had to operate within the parameters of central government legislation.

I pressed him on the question of ambulancemen serving their "own" people. He once more gave the assurance that if a "black" crew came across a "white" accident, the crew would not look the other way — and vice versa. Quite correct, of course, because saving lives is an act based on humanitarian and not racial considerations.

What Mr Heugh said is rather comforting . . . providing the crew is available, providing there is no staff crisis.

For those who would like some background, there is this little snatch. The Cape Peninsula Local Authorities Ambulance Service — that's the official name — is run by Cape Town on an agency basis for the Provincial Administration in terms of the Health Act. It serves the whole of the Peninsula and adjacent areas up to Malmesbury in the north.

A provincial grant covers whatever shortfall there is in operating expenditure. Last year the total cost was R3,2-million. Cape Town collected R50 000 in fees and the province gave the other R3 150 000.

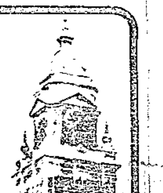
Money does not seem to be the problem. Now can we get on with the job of scrapping apartheid?

****

CIVIC DIARY

By

NEVILLE FRANSMAN



READERS may recall the past week's skirmish involving the Cape Times architectural correspondent and the Town Clerk's department over the issue of the central library being moved from Wale Street to the City Hall.

Our correspondent argued that although the fact of the move had been known for some time, details of the actual resettlement — that is, what precisely the new layout in the City Hall would be — had been dealt with secretively by the City Council.

The Town Clerk, Mr Heugh, hit bac slammed the allegation of secrecy, describi out foundation".

Both sides of the argument have been t this newspaper and I do not wish to bore rea new points have been made on either side

Our correspondent says the Cape Provin tects advised the council two years ago to greatest care and to appoint an architect e ration of historic buildings to advise it on very important building to its new propos

It appears to our correspondent that th

A spokesman for the council, on the oth care had been taken to ensure that the ch was not despoiled, and he reiterated tha about it all.

This is an argument which could continu well, what else can one say at this stage? I this case to arbitrate in the style of King

However, some good must have come ou restatement of the principle that a burea Council should always go all-out to ensure to the charge that ratepayers are kept in which they have a right to know.

Black nurse issue is political lunacy — Neppe

4/3/80

Government policy which allowed black nurses to work in private nursing homes but not in white provincial hospitals was "inconsistent and political lunacy," a Johannesburg City Councillor said today.

Mr David Neppe, PFP councillor for Kew/Lyndhurst, claimed that official policy prevented a black cardiac sister from attending to his dying father-in-law in the Johannesburg Hospital.

Mr Neppe put out a challenge to the Prime Minister.

"If he was critically ill with a heart disease would he allow a black sister to watch the monitor and treat him in a white hospital or would he rather stick to his ideology."

His father-in-law, Mr Joe Esrock (73) was admitted to hospital at the weekend with a suspected coronary after he suffered a heart attack yesterday.

Mr Esrock was given a pacemaker and trasferred to the cardiac intensive care unit.

All efforts to save his life failed. He died last night.

Mr Neppe said he had the higest praise for the staff at the hospital.

"With their limited staff they are doing wonders," he said.

He said when his father-in-law was in a critical condition he had been asked to employ a day and night nurse to watch the monitors.

"I could not find a white nurse but three black nurses were available. They could not be used because of inhuman, cold-blooded and heartless laws," he said.

GENERAL NEWS

Hospital 'refused to treat woman'

(23/8 STAR, 98)

Medical Correspondent

A young coloured woman injured in an accident was refused emergency treatment at Brits Hospital, a medical student friend of hers claimed yesterday.

Mr Mark Ingels, a third-year medical student at the University of the Witwatersrand, said he and four young women were returning from a visit to Sun City at the weekend when their car struck another which had been involved in a collision.

Miss Roberts of Riverlea, was suffering from concussion, a torn neck muscle and shock.

"She urgently needed medical attention but at Brits Hospital they would not treat her.

"She was not even given painkillers or food," he said.

Mr Ingels claimed that his friend waited in vain at the hospital for hours.

"We begged the doctors to help her but they would not treat her."

A spokesman for Brits Hospital said: "I can hardly believe it.

"If emergency cases are brought to a white hospital they will be treated regardless of race.

"This is official hospital policy."

Hospital crisis in Natal

N.M. 12/3/51

'Low pay' blamed for staff shortage

Political Reporter

A SHORTAGE of physiotherapists in provincial service in Natal has reached a critical level as a result of poor salaries and working conditions according to a source close to the Natal Provincial Administration.

At Wentworth Hospital where physiotherapy can mean the difference between life and death, three posts out of 18 are filled.

Services there are limited to patients in a few intensive care units and emergency cases, the source said.

A senior member of staff at Wentworth Hospital said: 'A patient whose life depends on physiotherapy is not happy when told there is no one to treat him because salaries are too low.'

African, Indian and coloured physiotherapists were available to fill some white posts but salary differences — imposed by the Government — had led to friction at hospitals such as King Edward VIII in Durban, said the NPA source.

White beginners started at R1 020 with annual increments of R222. Coloureds and Indians started on R876 with a first increment of R108 and blacks start on R660 with a R150 annual increase.

The shortage in Natal was being accentuated by the fact that the Province stuck rigidly to starting salaries for new recruits.

Transvaal were prepared to 'bend the rules' and give newcomers between three and five increments more than the starting scale.

For whites, this meant an additional R1 125 a year in the first year.

At present, 50 of 100 posts in the provincial service were filled, and a number of vacancies were being advertised.

Hours

The post structures in Natal had been improved over the past few months in the urban areas, but not in the rural areas where the position was still poor, the NPA source said.

The shortage had led to staff members having to work long hours of overtime.

The machinery for paying overtime existed and would begin in the near future, a spokesman for Natal's Directorate of Hospital Services said yesterday.

A white physiotherapist from Addington Hospital who applied for a post at Clairwood Hospital — where five physiotherapists attempt to care for 2 000 patients — could not be transferred because no posts for whites exist at Clairwood.

At Wentworth — where only three out of 18 posts are filled — three blacks who were interested in joining the staff could not be employed because the two posts for black physiotherapists were already filled.

Post structures have been improved in Natal provincial service. Four new posts of chief physiotherapist — for whites only — have just been created and are currently being advertised. The salary scale is R10 860, rising to R14 820. There are nine posts for principal physiotherapists, three of which have been filled and the remainder are being advertised. The top of the scale is R12 000 for whites, R10 200 for coloureds and Indians, and R8 400 for blacks.

Physiotherapists say it normally takes 10 to 15

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the physique of the aspirant ... occupational history. All aspects were recorded and filed. Periodic examinations, of the same kind, and at yearly intervals, enabled strict control of the health of the miners. The same examination procedures

Govt blamed for 'shoestring budget'

98

Mercury Reporter

NATAL was forced to run its medical services on a shoestring budget because central Government made no financial provision for the large number of foreign blacks treated in provincial hospitals.

This was said yesterday by Dr Fred Clarke, MPC spokesman for medical matters, who was referring to a statement made this week by the head of the Anaesthetic Department of the University of Natal's Medical School, that Natal was forced to accept second rate health services because of lack of funds.

"The situation is bad and very scrappy ... but it is the fault of the central Government, not the provinces. They don't provide for the flood of blacks from KwaZulu and Transkei that are treated in our hospitals," Dr Clarke said.

In 1979 Natal spent [illegible] million on medical services for foreign blacks and was refunded only [illegible] by the Government in that year. Groote Schuur and Tygerberg hospitals in the Cape were allocated about R72 million together whereas Natal received only R10 million for the entire province.

"In some of our hospitals like Edendale, 90 per cent of the patients are foreign blacks," Dr Clarke said.

He added that there were plans afoot to convert all the small hospitals in Natal to community clinics which would prevent foreigners from the homelands. Minor medical cases could be treated at these and so take the load off the regional hospitals.

● Mr and Mrs Govender . . . say they were told to wait for the doctors

Mum blames hospital for baby's death

S. Express 15/3/81

(98)

CHILD BORN ON THE TOILET FLOOR

By DARYL BALFOUR

MR Rammsamy Govender received a bill for R15 this week for the three days his wife spent in hospital after giving birth to their third child.

But they don't have the child anymore — she died shortly after being born on the cold toilet floor of the Stanger Provincial Hospital, unattended and unaided by any medical staff.

The baby was four months premature.

Now Mr Govender wants to know if, and why, he should pay.

He told of the night he rushed his wife to the sprawling 450-bed hospital . . only to find that there was no doctor on duty, only nurses who said they'd have to wait "until the doctors come at eight o'clock in the morning."

"My wife Meena woke me at about three in the morning and said she had terrible pains," said Mr Govender.

"We rushed there and arrived at about 3.30 am. By then she was in much pain, but before they did anything the nurses wanted me to fill in some cards.

Meena takes up the story: "By then I was suffering terrible labour pains and told the nurses that I couldn't manage anymore.

"They told me to go to the toilet and wait because the doctors would only be there after eight am.

"I was screaming with pain for more than half an hour in the toilet but the nurses didn't come.

"Then I gave birth on the floor and a nurse came and told me to carry my baby upstairs to the ward."

Mrs Govender said the baby was alive and crying at birth.

"But the nurses didn't help me at all. They cleaned and put me to bed — that's all," she said.

Mr Govender said the first time they heard that the baby had died was when he went back to the hospital at 2 pm to visit his wife.

Both the Govenders' other children — a son and a daughter — were born prematurely.

The medical superintendent of the Stanger Hospital, Dr R Docrat, refused to comment when approached by the Sunday Express this week, and said the matter was being investigated.

Mr Frank Martin, Member of the Executive Council responsible for hospital services in Natal, said he had heard of the case but found it hard to believe.

"I know the superintendent at the hospital and I'm sure she or one of the other doctors would have gone to the hospital if they had been called.

"But even so I don't think a four-month premature baby would have lived anyway," Mr

Rand hospitals still suffering nursing shortage

Star 17/3/81

98

Medical Correspondent

Several Rand hospitals are still short of nurses and student nurses.

A spokesman for the multimillion-rand Johannesburg Hospital said today that only 64 percent of nursing posts had been filled.

The intake of student nurses this year had been disappointing and 61 percent of posts had been filled.

"We have 1 479 nurses, including part-timers. The trained-nurse situation has improved but we are short of nursing aids," added the spokesman.

A spokesman for the J G Strijdom Hospital said 70 percent of the hospital's nursing complement had been filled and part-time nurses were making up the shortage.

The hospital had sufficient student nurses.

The Far East Rand Hospital in Springs is seriously short of both qualified nurses and student nurses.

"We have filled 60 percent of our nursing posts and 50 percent of the student nursing posts," said the superintendent, Dr Johan Jurgens.

Over the past year the hospital had been forced to close two surgical wards and two medical wards because of the nursing crisis.

Giving birth in poverty or in wealth

RDM 17/3/81

98

JANET RYAN

WHAT EXACTLY is the Third World?

Prof R H Philpott, head of the gynaecological and obstetrical departments of the University of Natal, suggests one definition may be considerable poverty in the midst of considerable wealth.

Speaking at the international symposium of midwifery held in Johannesburg recently, he said such wealth and such poverty is characteristic of South Africa.

"We see the results of poverty in our wards in complications of birth and pregnancy" — pathological conditions which are not often seen in places where there is no poverty and where adequate health services are available.

In South Africa, birth happens in extreme conditions: palatial hospitals on the one hand; the primitive hut on the other.

In Zululand, three to four years ago, a survey showed that at least 300 more clinics specialising in primary health care were needed.

Until recently, this was being realised at the rate of only three or four clinics a year.

Rural clinics particularly, the professor says, are suffering because of the policy of separate development. Homelands can hardly meet the immediate needs of the population with venues for decentralised primary health care.

Decentralised medicine is not new. The professor, himself has been involved in its evolution for the last eight years.

Previously, he worked in a hospital in Zimbabwe where gross overcrowding resulted in the expansion of hospital care to clinics already established in township areas.

Once the clinics proved to the communities they served that they were part of the hospital, these "birth-units" handled all normal deliveries.

This cut down hospital intake by 50%, says the professor.

The midwives staffing these clinics received regular in-service training to upgrade their skills.

A consultant from the hospital visited the clinic every week, helping the staff to screen patients for complex obstetrical problems which needed referring to the hospital. And the consultant provided a regular exchange of information between the clinic and hospital staff.

After a normal birth, mother and baby were kept under observation for six to eight hours before their discharge. Daily post-natal visits by the midwife in the days following birth ensured patients received efficient after-care.

This is the system the professor chose to alleviate overcrowding in the King Edward Hospital in Durban in 1975.

He increased the number of urban black maternity clinics and the upgrading of the midwives' skills is continuously appraised.

Three consultants oversee the clinics. Every clinic is visited weekly. The midwives receive in-service training at the hospital for two weeks of every year.

Some of the clinics are enormous, says Prof Philpott — some register 2 000 births annually.

Should an unexpected complication occur during birth or labour, each clinic is equipped with a two-way radio link to the senior registrar of the obstetrical ward at the hospital.

Since the clinics and birth units were established, perinatal deaths have dropped considerably.

Dr J V Larsen, previously a superintendant of the Charles Johnson Memorial Hospital, a large hospital near Dundee, is one of the consultants.

He has extensive experience of the needs for improved perinatal care in rural areas.

Dr Larsen is also in charge of the newly introduced advanced midwifery course — a diploma recognised by the Nursing Council in 1979.

This course, says Professor Philpott, qualifies a midwife to deal with all obstetrical complications, short of abdominal surgery.

Twelve midwives from KwaZulu and Natal are trained every year. As post-graduates they are based at rural hospitals.

Though working under a doctor, they are virtually in charge of the obstetrical department including outlying clinics which might be attached to the hospital. Training involves management skills and relates to all aspects of maternity care, before and after birth.

Some rural areas have no hospital at all, a fact discovered when Professor Philpott's department conducted a survey a few years ago.

It also showed, he says, that many patients at the hospital were coming from areas up to 80km away for a normal delivery.

Regarding clinics, he gave the example of an area with a large population of about 200 000 people, between Scottburgh and Ixopo, which is only served by two small clinics.

In some areas, because of the lack of either clinic or hospital, many babies are delivered — and pregnancies monitored — by "alternate birth attendants".

These are women who, traditionally, are chosen by their communities to serve as midwives. Illiteracy might be a problem but, says the professor, these women possess incredible midwifery and mother-craft acumen.

With increased on-the-spot instruction, Prof Philpott and his associates believe, these women have an important part to play in the care and safety of pregnant mothers in remote rural areas.

They need to learn, for example, how to anticipate or diagnose an obstetrical problem in advance; how to refer patients for specialised care.

But first the training programme — already formulated — must be accepted by the Nursing Council. The professor says negotiations are already underway and the council is acutely aware of

CT 17/5/81 (98)

400 pack meeting on hospital

Staff Reporter

MORE than 400 Woodstock residents resolved unanimously last night to fight "with every means" at their disposal any bid by the Provincial Administration to bar whites from the Woodstock Hospital.

At the end of a lively meeting in a packed Woodstock Town Hall the residents also resolved to send a delegation to the Administrator, Mr Gene Louw, to convey their strong opposition to any such move.

Dr J T Sonnenberg, Progressive Federal Party MPC for the area, told residents a "good source" had told him the decision to bar whites from the 175-bed hospital was an accomplished fact.

"It is just a matter of making the arrangements," he told an audience which included many elderly Woodstock residents.

To loud applause he slammed the provincial authorities for taking decisions about the hospital "behind closed doors" without consulting the Woodstock community.

The multiracial hospital, a former farmhouse which was turned into a hospital before the turn of the century, has 120 beds for coloured, Indian and black patients and 55 beds for white patients.

Last week the MEC charged with Hospital Services, Mr Pietie Loubser, said no final decision on the issue would be taken without consulting the hospital board and without taking into account the interests of all the residents.

He said an investigation into the better use of Woodstock Hospital had been handled confidentially by a committee and Dr Sonnenberg had betrayed the "accepted code of confidentially which is so well known, especially in the medical profession".

Last night Mr Tiaan van der Merwe, PFP member of Parliament for Green Point, replied that the issue did not merely concern "some government authority or hospital board". The community had a right to express their opinion and had a right to know what was going on behind closed doors.

Speaker after speaker in the hall walked to the microphone to express their anger at the reports that whites would be barred from using the hospital.

One resident described Woodstock Hospital as a "lovely cosy little home catering for all irrespective of colour".

If whites were barred from the hospital they might later be barred from their schools, then their homes. "Why do they not let sleeping dogs lie," he said to loud applause.

"These days one wonders if there is a democracy in South Africa," said another resident. "We have seen their arrogance over the Groote Schuur estate, District Six and now Woodstock Hospital. Woodstock residents fear that the upper section (of Woodstock) might be made a coloured area. If they make Woodstock Hospital coloured they might say now that we have a coloured hospital we will make the rest of Woodstock coloured."

(News by Rob Meintjies, 77 Burg Street, Cape Town).

Volks claim in hospital 'scandal'

THE threatened closure of the Woodstock Hospital to whites was scandalously linked up with the purchase of the Volks Hospital by the Provincial Administration, Dr Jaap Serrahegg, Progressive Federal Party MPC for Green Point and Woodstock, said last night.

The hospital (the Volks) was bought by the Administration for R1,75-million and to justify the great waste of public money it had to create as many as whites.

Because the hospital was losing money, it could only do this by forcing white patients out of Woodstock Hospital, he said.

RESOLVED

More than 400 Woodstock residents resolved unanimously at a Friends of Woodstock Hospital meeting at the Woodstock Town Hall, to fight with every means at their disposal any move by the Provincial Administration to bar whites from Woodstock Hospital.

Rumours have been circulating for months that the white section was to be closed at Woodstock Hospital. These rumours have never been confirmed or denied by the authorities. It is an unnecessary, irresponsible and absurd decision.

Dr Serrahegg said that various reasons had been given for the proposed closure. The two main reasons were the shortage of beds for coloured patients and the difficulty in housing coloured nurses.

He told the multi-racial audience that a "good source" had told him of the plans to bar whites from the 175-bed hospital and warned that it was an accomplished fact.

The local authority he condemned the provincial authorities for taking decisions about the hospital "behind closed doors without consulting the Woodstock community".

Murmurings of the audience, which consisted mostly of pensioners, expressed their concern at the proposed closure of the hospital to whites.

Does this mean that as a pensioner living in Woodstock I now have to take myself off to Groote Schuur? one resident asked.

[illegible]

end? a coloured pensioner said to a stamping of feet.

[illegible] Cape Times

Lowering of standards at Woodstock Hospital feared

Argus 18/3/81 (98)

THE high standard of Woodstock Hospital will be lowered when the efficient outpatients section is taken over by the provincial day hospitals organisation, according to Dr John Sonnenberg, Progressive Federal Party MPC for Green Point and Woodstock.

He said today that the proposed move to close the hospital to whites would involve disturbing changes. The fact that the outpatients section would not be open at night or over weekends was the most upsetting thought.

'It would be impossible to run a hospital with two bosses. This would be impractical and an extremely bad arrangement,' he said.

Dr Sonnenberg said the threatened closure of the Woodstock Hospital to whites was scandalously linked up with the purchase of the Volks Hospital by the Provincial Administration.

The Volks Hospital was bought by the Administration for R1,75-million and to justify the gross waste of public money it had to ensure its usage by whites.

'Because the hospital was losing money, it could do this only by forcing white patients out of Woodstock Hospital,' he said.

Dr Sonnenberg believed the main problem was the lack of out-patients facilities at Volkshospitaal.

'There is no out-patients. What the hospital uses is a doctor's room which is totally inadequate.'

Dr Sonnenberg said that discrimination in medicine and the medical profession was 'totally repugnant'.

'Again we are being forced to break the Hippocratic oath. Patients from Woodstock will now be forced to catch two buses to Groote Schuur. This is certainly no substitute for the facilities that the people of Woodstock and Cape Town have been able to enjoy. The scheme must be stopped in its tracks.'

Last week the MEC for Hospital Services, Mr Pietie Loubser, said no final decision on the issue would be taken without consulting the hospital board and without taking into account the interests of all the residents.

Dr Sonnenberg said that no assurance had been given by the authorities that the hospital would remain open to all.

'Certainly the local community of Woodstock were not consulted. These are the families who have built up the hospital by their generous gifts and donations,' he said.

(News by G Underhill, 122 St George's Street, Cape Town.)

● No decision yet — Page 3.

TABLE 37

Distribution of workers by job type and cash wage (R per week)

JOB / WAGE (R PER WEEK)	General	Stock	Lands	Fencing	Driving	Hunting	Gardening	Horses	Caretaker	Other	TOTAL NO. OF WORKERS
0-2,50		1	2							1	4
2,51 - 5,00	10	2	2	2	1		2		3		22
5,01 7,50	22	2	2	1	4				3		34
7,51 -10,00	14	3	1	1	6	2	1		4	1	33
10,01 -12,50	10										
12,50 -15,00											
>15											
TOTAL NO. OF WORKERS											

APPENDIX 1.

This appendix contains an att nd milk rations at the prices workers would have to pay fo to adjust payment in kind, total payment and family inc

Supermarkets in Beaufort Wes R10 for half a sheep (9 kg) at the time of the su valued at R20 instead of at the farmers' price of R15 tribution of the meat ration changes to that in Ta

TABLE 10 (a)

Value of meat (R per week)	Distribution	Cumulative %
0 - 1,00		6,15
1,01 - 2,00		9,23
2,01 - 3,00		29,23
3,01 - 4,00		37,69
4,01 - 5,00		65,38
5,01 - 6,00		86,92
6,01 - 7,00		90,00
7,01 - 8,00		92,31
8,01 - 9,00		99,23
9,01 - 10,00		
> 10		

TOTAL

Mean: R4,37 a week.

Range: 0 to R12,42.

If milk is valued at prices Town (no figures were taken in th and 31c a litre for full milk, a lk rations are added to other ers into categories becomes

No decision yet on Woodstock — Louw

Argus 18/3/81 (98)

Provincial Reporter

THE Administrator, Mr Gene Louw, said today he could not foresee the closure of Woodstock Hospital to white patients in the near future.

Mr Louw, in response to public and political speculation, reiterated a statement issued earlier this month by Mr P J Loubser, MEC in charge of hospital services, that no decision had yet been taken on the future of Woodstock Hospital.

The Provincial Administration's Department of Hospital Services and the Hospital Board are examining the available facilities in the Peninsula and ways to make the best of these hospital services.

Woodstock Hospital is part of this overall re-examination of services.

'No decision has been taken on this matter at all by the Provincial Administration, and there is no decision that white patients will no longer be treated at Woodstock Hospital,' said Mr Louw.

ON MERIT

'If the investigation should reveal on motivated grounds any need for a revision of the existing pattern of service at Woodstock Hospital, or its nurses' home, my executive committee will consider carefully all the recommendations and make a decision on merit.

'From information at my disposal, I can hardly see the hospital closed to the treatment of white patients in the near future.

RUMOURS

'To end the confusing rumours which are in circulation, and to prevent the hospital being drawn unnecessarily into politics, I would ask that this matter should be brought to the executive committee for a decision as soon as possible,' Mr Louw added.

'The future use of the white nurses' home, which is 'under-occupied,' is a separate issue which warrants a special investigation and on which the executive committee would wish to have all the facts.

'The whole fuss being kicked up in the Press and public about the matter is untimely, and based on speculation.

'Therefore, the decision taken at the public meeting in the Woodstock Town Hall on March 16, to send a delegation to me, can serve no useful purpose at this stage.'

Reply to public outcry over hospital

CT 19/3/81 (98)

Staff Reporter

THE Administrator, Mr Gene Louw, has intervened in the controversy surrounding the Woodstock hospital to call for an urgent decision on its future.

This follows a public outcry over reports that the multiracial hospital was to be closed to white patients by the Provincial Administration.

Mr Louw yesterday described the "fuss" over the hospital as "entirely premature and apparently based on speculation".

"From the information placed at my disposal I can hardly see the hospital bringing treatment of white patients to an end in the near future," the Administrator said in a press statement.

"To prevent confusing rumours from doing the rounds, or hospital matters from being involved unnecessarily in politics, I request that this matter be submitted as urgently as possible to the Executive Committee for a decision."

He said the Provincial Administration's investigation at Woodstock was part of a comprehensive inquiry into the better use of hospital facilities in the Cape Peninsula.

The investigation at Woodstock had special reference to its nursing home, which was under-occupied, he said.

"If this investigation brings to light any need on motivated grounds to change the existing pattern of usage at the hospital concerned and/or its nursing home, my Executive Committee will after careful consideration of all such recommendations take a decision based on merit."

He said feelings had been aroused among residents by "politicians and a public meeting held on March 16 in the Woodstock Town Hall", a reference to the meeting organized by the Progressive Federal Party.

At the meeting more than 400 residents resolved unanimously to fight any bid to bar whites from the hospital and to send a delegation to Mr Louw to convey their strong opposition to any such move.

Mr Louw said yesterday that a delegation would "for obvious reasons" serve no "useful purpose at this stage".

(98) 19/3/81

2 Soweto heatlh clinics delayed

By Bob Kennaugh and Langa Skosana

Plans to build two new community health centres in Soweto at a total cost of R4-million are being held up, The Star learnt yesterday.

Two multi-million rand hospitals, 10 day-hospitals and a massive development project in Dobsonville are planned.

A Wrab spokesman has said the hospitals would be built at an estimated cost of R100-million each "in the medium to long term."

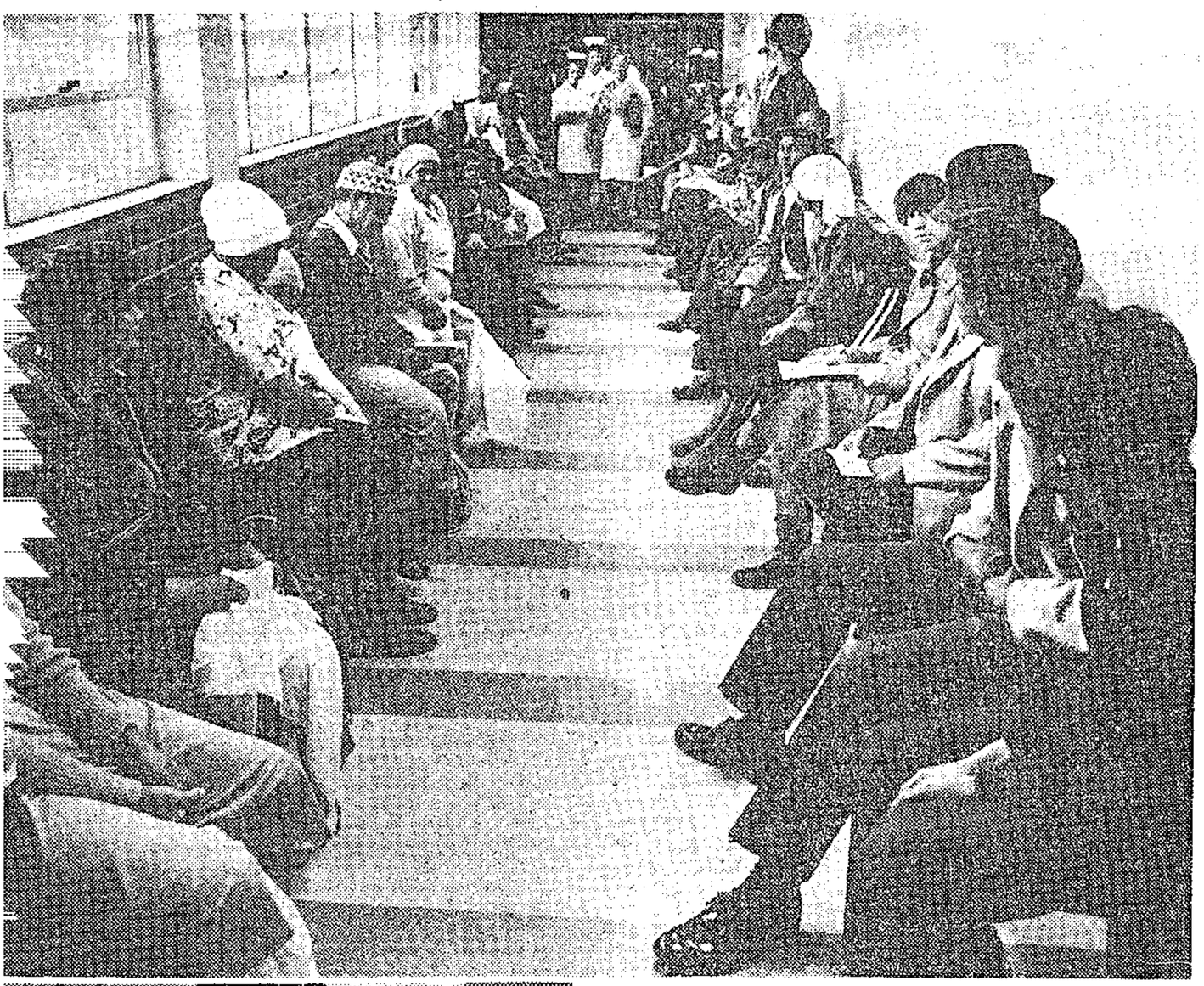
Building of the day-hospitals was a short-term project.

But it is understood that the building of two health centres planned for this year would be delayed because of a lack of finance. Planning has reached an advanced stage and sites in Zola and Chiawelo have been set aside.

Soweto residents are angry about the delay.

They say Baragwanath Hospital, one of the largest hospitals in the southern hemisphere, is seriously overcrowded and that more day-hospitals are urgently needed.

Wrab spokesmen said sites had been allocated for new day-hospitals and they were anxious to start the projects. They were unaware the building of the two day-hospitals had been delayed.



Care from the toenails up at Day Hospitals

Argus 23/3/81 (98)

Medical Reporter

SCATTERED throughout the Peninsula are tiny hospitals where nursing sisters as well as doctors have their own consulting rooms.

Doctors sometimes cut toenails for their aged patients.

Mothers are allowed to go home within hours of giving birth.

These are the Cape Provincial Administration's day hospitals, where patients receive treatment for illnesses and injuries, dental care, medicines, physiotherapy, X-rays, health education, paediatric care, advice from social workers, family planning assistance and minor surgery.

The 18 hospitals are run under the umbrella of the Day Hospitals Organisation, which was begun in 1969 on the basis of principles established by the then MEC of Hospital Services and now Minister of Health, Dr L A P A Munnik.

They aim to provide a primary health care service for those unable to afford medical insurance, to relieve the overburdened out-patient departments of general hospitals, and to filter casualties so that the expensive and specialised equipment in the large hospitals is not used unnecessarily.

COMPLAINTS

An Argus team last month visited a number of the larger day hospitals following complaints that for a while last year they were understaffed and overworked.

It found the day hospitals provided a comprehensive range of services. The atmosphere was informal. A strong team spirit existed among the staff.

In Heideveld Day Hospital, corridors are decorated with plants brought by the nursing staff in an effort to make the surroundings brighter for the 600 patients treated there daily.

But the nurses are engaged in far more than interior decorating.

ALL IN . . .

A paediatrics specialist nurse examines children in her consulting rooms. Other nurses carry out preliminary investigations to determine whether the patients need to see a doctor.

The nurses also conduct clinics for chronic conditions such as hypertension, diabetes, epilepsy and asthma.

Doctors occasionally step out of their traditional roles and cheerfully perform such tasks as trimming the toenails of elderly people unable to do so themselves.

For the patients, the biggest problem is the waiting for treatment.

Long queues form quietly as the hospital opens in the morning. Sometimes it takes a number of hours before they have finished all their stops and received their medicines.

'The patients do wait, but the treatment they receive is worth it,' said Heideveld Hospital head Dr M Sacks.

'Here they can have almost everthing done under one roof, and it is far quicker than going from department to department in the large hospitals.'

SHORTAGES

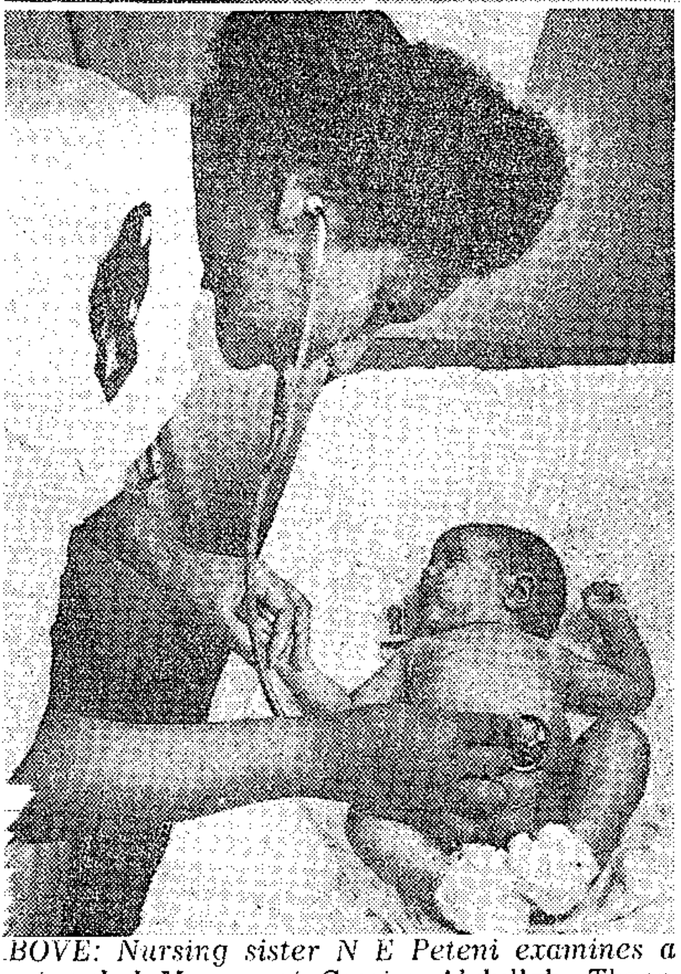
Staff shortages can have a crippling effect on the hospitals. The Guguletu Day Hospital has been forced to close its physiotherapy unit for this reason.

But the problems experienced for a short period last year have been rectified, and all the posts for the 60 full-time doctors, 10 part-time doctors and approximately 240 nursing staff are now filled.

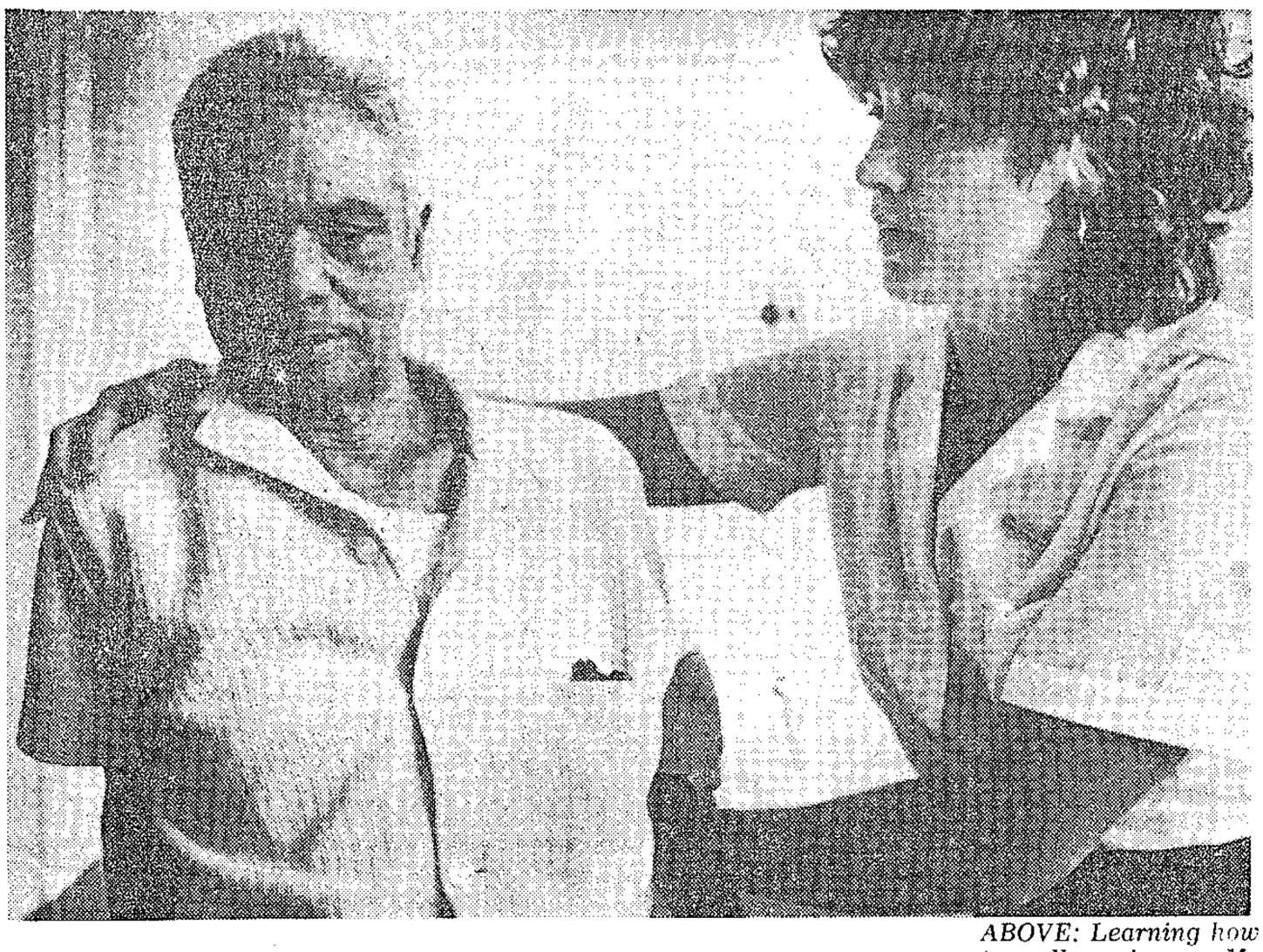
A major headache for the authorities is increasing costs, which limit additional services to meet the ever-growing demand.

Eighteen new hospitals have already been designed and building will begin as soon as it is financially possible.

Patients attending the hospitals earn less than R240 a month and pay fees ranging from 50 cents to R6 a visit, but nobody is turned away for being unable to pay at all.



ABOVE: Nursing sister N E Peteni examines a ootee-clad Moegamat Cassim Abdullah. Three-ionth-old Moegamat is one of the 150 children een by the hospital's paediatric staff every day. BOVE: Patients wait quietly for treatment in e bench-lined corridor of one of the Peninula's day hospitals. In 1979 1.2 million people received treatment at the hospitals.



ABOVE: Learning how to walk again . . . Mr Hussein Mohamed is one of the more than 20 patients helped daily by physiotherapists like Karin Serfontein.

Story: ARLENE GETZ

Pictures: JOHN YELD

ABOVE: An operating team completes one of the 10 to 12 same-day operations. Last year more than 1 400 minor 'lump, bump and sterilisation' operations were done at the hospital.

Hospitals denied all-race status

24/5/76 (98) STAR

Own Correspondent

Applications by two Pretoria hospitals to open beds to all races have been turned down by the Department of Community Development.

The Little Company of Mary and the Marifont Hospitals were hoping to admit black patients after their plans were approved by the city council at the end of last year.

Their applications were however rejected by the Department of Community Development earlier this year.

Applications by three Pretoria restaurants were approved by the department while those to open trading areas in Pretoria West to all race groups are still being considered.

Dr Mohamed Ismail
. . . top post

Indian doctor gets top hospital post

RDM 25/3/81 (98)

Staff Reporter

THE Transvaal Department of Hospital Services has for the first time appointed an Indian doctor, Dr Mahomed Ismail, as a part-time superintendent.

Dr Ismail will be take the post at Laudium Hospital.

Dr Ismail, a general practitioner in Pretoria, graduated with an MB CHb degree at the University of the Witwatersrand in 1951 after graduating from the University of Fort Hare in 1945 with a BSc.

For nine years he studied on and off at the Royal Postgraduate Medical School at Hammersmith Hospital, London. For several years he was chairman of the Northern Transvaal region of the Faculty of General Practitioners, College of Medicine in South Africa.

C.T 26/3/81 (98)

Woodstock to have 31 beds for whites

Staff Reporter

ACCOMMODATION for white patients at Woodstock Hospital is to be reduced to 31 beds and the nurses' home, including the creche, will be altered for black use as soon as alternative quarters are available for white staff.

This was said in a press statement released yesterday by Mr P J Loubser, the MEC in charge of hospitals, who said his department had been asked by the Administrator to improve the use of facilities at the hospital.

After an investigation it had been decided to maintain the present status of the hospital but because of the great demand by black patients and the under-use of white accommodation it had been decided to alter the ratio. White facilities would be reduced to a ward complex of 31 beds.

In addition the nurses' home, including the creche, would be altered to create facilities for black nurses as soon as satisfactory alternative accommodation could be found for white staff.

Referring to public objections to changes at the hospital, Mr Loubser added that the public should not allow themselves to be "swayed by political agitation when it came to delicate matters such as care of the sick".

"My department officials do not stand back for anyone when it comes to serving the interests of all sections of the population. Matters of this nature should not be handled emotionally but rather with compassion in a scientific manner," Mr Loubser said.

EGENERAL NEWS

Blacks could be nursing in white hospitals

Medical Correspondent

The Government will have to change its policy and allow black nurses to work in white provincial hospitals unless more white nurses can be recruited.

This is the implication of a statement [illegible] the head of the [illegible] Nursing Association, Mrs [illegible], on the retirement of [illegible].

Asked whether it could guarantee that white wards for not only the white patients of [illegible] hospital, but also that there would be hospitals not [illegible] to state patients [illegible].

However, the Government would have to comply with the regulations of each hospital [illegible] employ as many [illegible] possible.

Black nurses would have to be [illegible] white [illegible] and [illegible] if really to attract white women to nursing.

CONSEQUENCE

Reacting to the statement a spokesman for the SA Nursing Association said: "We think every patient has a right to be nursed by the nurse of their choice. We believe that nursing has a strong moral commitment. It is not a matter of [illegible] politics."

[illegible] sensitive nursing groups [illegible] and complained [illegible] being [illegible] blacks.

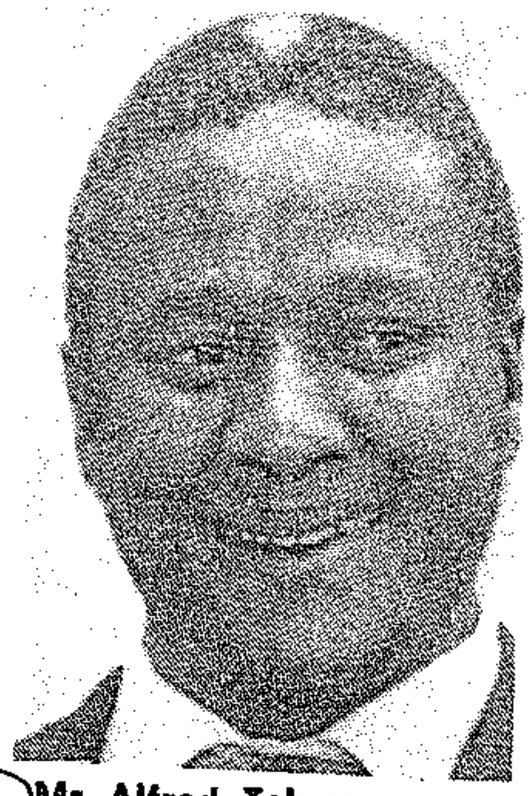
The spokesman added: "It doesn't [illegible] we are morally [illegible] in trying [illegible] and [illegible] people. The African states have an acute shortage of nurses and doctors and we should [illegible] make the situation worse."

But [illegible] private hospitals employed black nurses they could pay them equal salaries and offer equal opportunities.

[illegible] Sunday, 47 [illegible]

Residents hit out at ambulance services

Sowetan 27/2/81 (98)



Mr Alfred Tekwane . . . Mohlakeng Community Councillor.

By Len Kalane

MOHLAKENG residents in Randfontein pay an astronomical fee for ambulance services to Leratong Hospital — and this has to be paid spot cash!

But in Bekkersdal near Westonaria, a township kilometres further from Leratong than Mohlakeng, residents pay a mere R3. The fee is put on account and paid after a month.

The disparity has caused a lot of concern among residents in this West Rand township. Bekkersdal ambulances are controlled by the West Rand Board while the Randfontein Town Council runs those in Mohlakeng.

There has also been complaints that the Randfontein ambulances refuse to take casualties to hospital if the R10 is not paid. Residents claim the service is strictly on a cash basis.

SOWETAN telephoned the Randfontein Ambulance Fire and Emergency Services and a spokesman said: "The man to speak to is not here. We can't help you."

And the Randfontein Town Clerk was also said not to be in: "Mr Joubert is not in and he won't be available for the rest of the afternoon," his secretary said.

One Mohlakeng resident, Mr Lucky Piliso, retorted: "It's a rip-off. The Randfontein Town Council has been unfair. This matter needs looking into — something is wrong somewhere."

Chairman of the Mohlakeng Community Council, Mr Alfred Tekwane said they have heard complaints from residents that those who don't have R10 are refused transport to hospital. But Mr Tekwane said the ambulance service in Randfontein has refuted this.

"We have spoken to the ambulance people about this. We now want residents to come up with proof. We have discussions pending with these ambulance people. The whole system is unfair."

Mr Tekwane would not comment on the R10 fee saying: "We are still sorting out the problem. I don't want to comment on the fee until we meet the ambulance people and listen to what they have to say."

CT 28/3/81 (98)

Some cuts in hospital tariffs

BLOEMFONTEIN. — Hospital tariffs in the Free State would be increased by more than 100 percent for certain income groups on April 1, while tariffs for people in lower ncome groups would be cut drastically, the Administrator of the Free State, Mr Louis Botha, announced yesterday.

From April 1 a sliding scale would apply, which meant that tariffs would rise according to income. The size of families would also be taken into account. — Sapa

'Reject blacks,' staff told

RDM 1/4/81 (98)

By AMEEN AKHALWAYA
Political Reporter

A POLITICAL controversy has blown up over an implicit directive to staff at Johannesburg's Coronation Hospital — officially for coloured people — to refer black patients to other hospitals.

And yesterday, a member of the Johannesburg Coloured Management Committee, Mr Mohammed Dangor, announced he had turned down an invitation to a nurses' inauguration ceremony at the hospital on Friday night in protest against such discrimination.

According to the Transvaal Medical Society, representing black medical workers, the directive had been issued some time ago to staff. The circular did not specifically refer to the exclusion of blacks.

"It spoke about special categories, but it is clear the directive is aimed at private patients and black patients, except in emergency cases," a spokesman for the TMS said.

A hospital spokesman said the superintendent, Dr C Kniep, was away and referred queries to the Director of Hospital Services, Dr Hennie Grove.

Dr Grove told the Rand Daily Mail: "I don't want to get involved in the political principles. This hospital was built for coloureds, and Indians are housed there until the Indian ward at the Non-European Hospital is completed."

Commented Mr Dangor: "Whenever we draw attention to the Government's apartheid policies, we are accused of dragging politics in.

"Coronation is turning African patients away, so I have informed the superintendent I cannot accept the invitation to the nurses' inauguration."

In a statement yesterday, the TMS condemned what it called "the further inroad of the apartheid ideology into the medical field".

It added: "Adhering to the concept of the apartheid ideology can never be consistent with medical and ethical principles.

"In practice, the system is causing undue hardships to people already burdened with other harsh restrictions. There are a lot of Africans at Coronationville requiring medical treatment.

"Coronation Hospital is essentially a teaching hospital, and our members teaching there while people are being sent away because of race, means teaching doctors and nurses a basic unethical practice," the TMS said.

The worker who has 30 goats and can sell, say, six of them for R90 a year would presumably not prefer to collect the equivalent value of the grazing - R21,60 a year - in cash.

(vi) 'Presents'

Most farmers gave 'presents', or a 'bonus in kind' to workers and their families at Christmas. Articles usually given included clothing for women and children, cool-drinks and sweets, wine, redients, lengths of material for furn g, occasionally toys and household article crockery.

The value of flected in the table below (again, farmers' value have been used).

Distribution of worker ristmas payment in kind,

Value of payment, R	f workers	Cumulative %
0 - 5,00		45,97
5,01 - 10,00		66,13
10,01 - 15,00		79,03
15,01 - 20,00		84,68
20,01 - 25,00		89,52
25,01 - 30,00		91,94
> 30,00		100,00
total		
unkn		
Mean:		
Range		

Private hospital fees rise 15 pc

Argus 2/4/81 (78)

R25 A DAY

In these, a surgical bed cost R25 a day in January 1980. In July this was raised to R27,50. The latest increase will take it to R31,50.

The cost of treatment in a private hospital's intensive care unit will be about 26 percent more than last year, with daily rates to be increased from R57,50 to R72,50.

In smaller hospitals, the daily price of a surgical bed was raised from R22 in January 1980 to R24 in July. It will now be R27,50.

The cost of treatment at private hospitals has risen by almost 26 percent since the beginning of last year.

Hardest hit will be patients in the larger hospitals — those with more than 70 'white' beds—such as the Leeuwendal and Vincent Palotti nursing homes.

Medical Reporter

FEES at private hospitals are to rise about 15 percent following an announcement by the Minister of Health, Dr L. A P A Munnik, in the Government Gazette.

This is the third increase in private hospital tariffs in less than 18 months and is expected to result in another increase in medical aid rates.

214(81) STAR (98)

Private hospital fees to increase by 15 pc

Own Correspondent

CAPE TOWN — Fees at private hospitals are to be increased by about 15 percent following an announcement by the Minister of Health, Dr L A P A Munnik, in this week's Government Gazette.

This is the third increase in private hospital tariffs in less than 18 months, and is expected to result in another rise in medical aid rates.

The cost of treatment at private hospitals in South Africa has increased almost 26 percent since last year.

Hardest hit will be those attending the larger hospitals with more than 70 "white" beds.

In these hospitals a surgical bed cost R27,50 a day in July, and the latest increase will bring it to R31,50. Daily rates are to be increased from R57,50 to R72,50 in the Intensive Care Unit.

In smaller hospitals a surgical bed rated from R24 in July will now be R27,50.

own family are on board, who can blame him if he chooses to save them first? One must concede, it seems, that having ridden out to the wreck Wolraad himself must have the right to decide who is to be saved.

If, however, Wolraad is allowed to choose his own criteria, what happens if he rides out to the boat and offers to provide transport to the beach to the highest bidder? Is this rule any less arbitrary than any others we choose to consider?

Our view of rights and obligations is curiously one-sided. We

15 pc rise in hospital tariffs seen as 'fair'

Administrators of medical aid schemes said today that the 15 percent increase in private hospital fees was fair.

The increases were announced by the Minister of Health in the Government Gazette. This is the third increase in private hospital tariffs in 18 months and could result in further rises in medical aid rates.

Mr J Erntsen, chairman of the Representative Association of Medical Schemes (RAMS), said hospitals had been subject to cost increases and the new tariff had been negotiated by RAMS and the Representative Association of Private Hospitals.

The increases became effective on Wednesday.

A surgical bed in a larger hospital will now cost R31,50 a day. Daily rates in the intensive care unit have been increased from R57,50 to R72,50.

The general ward fee in smaller hospitals is R27,50 a day.

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mountaineer we know
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isis for policy precisely
s no[r] can we use it to
to be helped.
in trouble cannot be
to these questions.
policy decisions.
r fairness can be no

we should help people
acquire obligations

in less fortunate positions than ourselves without limit. This however would seem to be the inevitable consequence of accepting that people have an absolute right to health.

(ii) If we understand equity to mean that people in equivalent positions should be treated equally, then we avoid the selection problem but must regard Wolraad's action as Bad since it was manifestly inequitable by this definition.

(iii) We may choose to interpret equity as referring to some desired distribution of wealth. In this case the challenge is to decide what the ideal distribution is, how to get it, why it is good and, most important, how to preserve it. How much coercion will be used and by

whom. To whom will they be accountable? We observe that most redistribution occurs not from the rich to the poor, but from the politically weak to the politically strong.

Democratic governments must be assumed to reflect the interests of their electorates, at least over some range, but there is no reason to suppose that people are more altruistic when they vote than at other times. It is not obvious that they will elect a government to coerce them into doing what they are not prepared to do voluntarily - though the possibility does exist[16]. It may be that the poor would be better off under a system of voluntary charitable contributions than they are under a system of State controled provisions[17].

Any policy based on equity necessarily involves use of the coercive power of the State to achieve some degree of redistribution. Exactly who benefits from this redistribution is, unfortunately, rather problematic.

The model which depicts man as fundamentally self-seeking generally yields satisfactory predictions, but by ignoring the possibility of altruism the field has been left to the State bureaucrat. If people are hungry there is a career to be made in feeding them[18]. Characteristically those who accept this solution seem "to believe that ordinary people ought to be happy to have many decisions made for them by professional experts who will, fortunately, often turn out to be moderately well-born Englishmen"[19].

It is a characteristic of those who take a high profile on the social obligation questions to overestimate the purity of their own motives and to underestimate the altruism of others, to be less concerned with poverty than with its manifestations. Economists generally seem to place little reliance on altruism. This is understandable but perheps unfortunate. People desire to live in a certain kind of society and are prepared to pay something to achieve it. Frequently they "desire to act in a good fashion" although it is, of course, primarily the feelings of the donor which are the motivating force[20].

Going up.

3/4/81 (98)

Hospital fees

Mercury Reporter

FEES at private hospitals in Durban will be increased by an overall 15 percent following a Government Gazette announcement by the Minister of Health, Welfare and Pensions, Dr L A P A Munnik, in Cape Town this week.

Private hospital patients will now be paying R31,50 a day for a surgical bed in a hospital with more than 70 white beds, and the cost of a bed in the intensive care unit will be increased by 26 percent, raising the tariff to R72,50, from R57,50 last year.

Spokesmen for three private hospitals in Durban yesterday confirmed the increase, saying it was necessary because of the rate of inflation and staff shortages.

The administrator of Durban's St Augustine's Hospital, Mr L Goldman, said all private hospitals were now faced with having to pay nurses higher salaries which had forced them to raise their fees.

'There was just no way we could increase our nurses' salaries and keep our fees the same,' said Mr Goldman. 'Officials of the medical schemes were approached and an increase in tariffs is the result.'

School fees

Mercury Reporter

MOST parents of private school pupils, who had to contend with substantial increases in fees early this year, are faced with another fees increase of at least 10 percent.

And fees at Hilton College, which last increased its fees in April last year, are to rise by 37 percent to R4 400 a year in April when pupils return for the second school term.

The fees increases follow Government school salary increases announced in the mini-budget.

The headmaster of Highbury Primary School in Hillcrest, Mr Sholto McMillan, said boarding fees would rise 10 percent in July to R1 924 a year, mainly to keep ahead of salary increases in State schools. Fees for day pupils would also rise by 10 percent.

Mr Anthony Cheetham, headmaster of St Anne's Diocesan College, confirmed school fees would be going up but declined to say by how much until parents were notified.

Fees at Michaelhouse, which rose to R3 400 a year in Janaury, are also to go up in July. The bursar, Maj Tony Butler, said it had not been decided yet by how much fees would rise.

(27)

ent of every one of them should be that they have been

(28)

planned and implemented by the people themselves.

c) Projects involving migrant workers.

Community development workers in the rural areas face an almost insurmountable problem in the form of the migrant labour system.

Blacks who live and work in the urban areas can look forward to improvments in their work and living conditions as a result of improved labour practices and the existence of the Urban Foundation and a number of concerned service organisations.

Industrialists have yet to acknowledge that they have a very heavy debt to pay off in the rural areas from where the bulk of their labour force comes.

Very definite steps need to be taken to counteract the host of problems that the migrant labour system precipitates at family level.

Every company employing large numbers of migrant workers must establish a division in their personnel section that deals specifically with migrant labour issues.

This division should undertake projects aimed at:

i) Helping the migrant worker adjust to urban life. Orientation lectures covering all aspects of life in urban areas should be arranged.

ii) Consolidating the migrant worker's position as a responsible head of a family unit.

Workers should be encouraged to consider 'home improvement projects' whether they are related to agriculture, animal husbandry, type of dwelling etc. He should be assisted to make the necessary savings and acquire the necessary knowledge while in the urban area. Perhaps each year a different project could be undertaken. Essentially this would necessitate the organisation of adult education groups in hostels etc.

Plans to build hospital delayed

PLANS for the building of a new hospital between Tsakane and KwaThema in the East Rand, estimated to cost about R15-million, have not yet been completed.

This was announced yesterday by a spokesman for the Far East Rand Hospital in Springs. The building of the hospital was supposed to start early this year.

The former superintendent of the hospital, Dr John Gurgens, announced last year that plans were at an advanced stage and building would begin not later than this month.

But the spokesman said: "The Transvaal Works Department has not yet completed drawing the plan. I cannot say when they will complete the plan and when the actual building of the hospital will start."

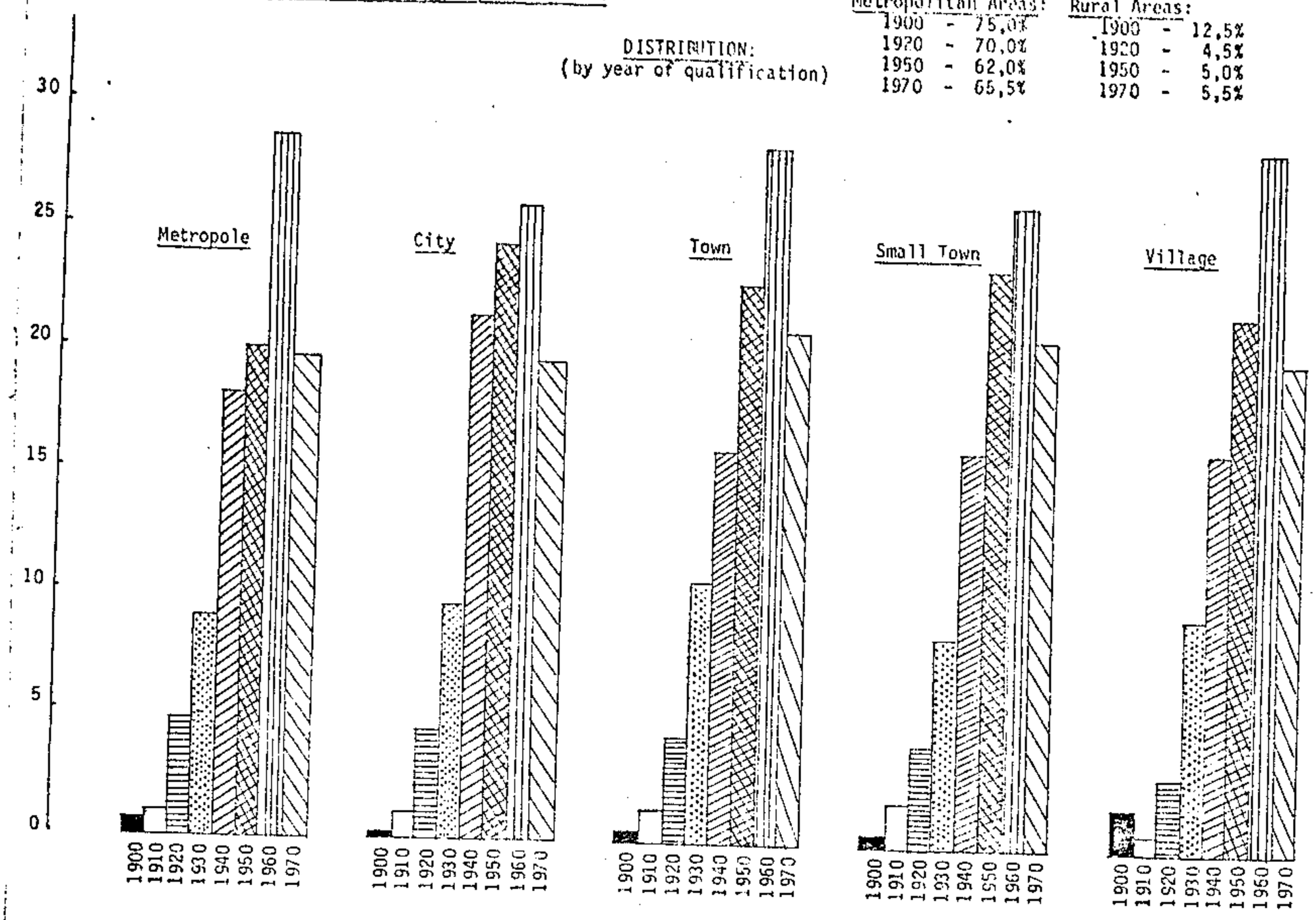
"Before tenders are invited, various departments have to check the plan and this takes a long time," he added. "The new hospital will accommodate 800 patients and will be known as Folong."

At present KwaThema, Tsakane and Duduza patients are treated at the Far East Rand Hospital which can only accommodate 420 patients at a time

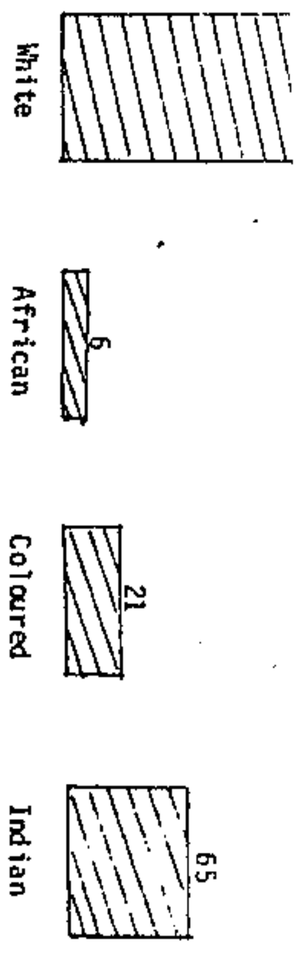
DECADE PROFILE : ALL DOCTORS BY YEAR OF QUALIFICATION

DISTRIBUTION:
(by year of qualification)

Metropolitan Areas:		Rural Areas:	
1900	75,0%	1900	12,5%
1920	70,0%	1920	4,5%
1950	62,0%	1950	5,0%
1970	65,5%	1970	5,5%



NUMBER OF STUDENTS WHO GAINED THE MB.BCh DEGREE AT THE END OF 1975 OR EARLY in 1976



Hospital fees to stay down

Own Correspondent

Provincial hospitals will not increase their fees in the year ahead of report improvements at private hospitals.

This was confirmed in Pretoria today by the Director of Hospital Services in the Transvaal, Professor Hermann Grove.

Medical services at provincial hospitals are heavily subsidised. It was recently revealed that the actual cost of hospitalisation on a daily basis was R232,90. This figure was calculated over the period from April last year to the end of January this year.

Fees at provincial hospitals also calculated according to a sliding scale linking to a sliding scale where the patient's income will determine the tariff paid.

The average price paid by a hospital patient who has a medical aid scheme is R5 a day. In contrast, the cost per bed in a provincial hospital is R10 a day. In contrast, the cost per bed in a provincial hospital is R10 a day.

A patient, who pushes up of a private doctor and has a medical aid scheme pays the ion rate of R25 daily.

The latest increase of R5 a day in contrast with previous increases which have amounted to R10 a day, is not a result of the chairman, Dr Hermann Grove, a provincial hospital board member, Mr Alfred Abel said yesterday in a prepared statement.

A sufficient shortage of nurses has led provincial hospitals in Pretoria to employ more auxiliary nurses, Mr Abel said.

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Kidney patients ordered to quit rent-free houses

By SOPHIE TEMA

FOUR hospital patients suffering from acute kidney ailments have been served with notice to vacate the three rent-free houses they have been occupying in Diepkloof's Zone Six.

The patients — all outpatients of the Baragwanath Hospital's Renal Unit — are from the homelands.

They are Lucy Buthelezi, Primrose Jordan, Elias Mshali and Nelson Makhubela who cannot work and are receiving treatment at the Leratong and Baragwanath hospitals.

The houses in which the patients live are annexures of the hospital and were set aside for their use by the Diepmeadow Council.

The patients were to have left the houses by the end of last month, but were still in the houses yesterday.

The notice, signed by the hospital superintendent, Mr C V D van der Heever, reads:

"I have to advise that the Baragwanath Hospital can no longer accept responsibility for providing you with accommodation in the house of which you are at present an occupant.

"You are therefore hereby notified that you must vacate the house on or before 31st March 1981.

"Please remove your personal effects not later than 10am on that date."

A spokesman for the hospital's superintendent confirmed that the patients were served with notices to leave the houses but said the Diepmeadow Council was the only body that could comment on the matter.

Yesterday Mr Joseph Mahuhushi, chairman of the Diepmeadow Council, was not available for comment and was reported to be away on a business trip. But early last week, unaware that the patients had been served eviction notices, he said the council wanted to expand the scheme whereby such patients were given rent-free houses.

Yesterday the patients said they wanted to speak to Mr Mahuhushi, because they have no other place to go to.

Salary disparity in hospitals – employee

Argus 20/4/81 (98)

Medical Reporter

BLACK employees in provincial hospitals are paid less than their white colleagues even if they have better educational qualifications, a Cape Provincial Administration employee has alleged.

The employee, who is afraid to be named in case he is victimised, claims that the provincial authorities place a higher value on 'white' education.

He quotes the example of a black senior reception officer with a Junior Certificate (Standard 8) earning a maximum annual salary of R4 395, while a white porter with a Standard 6 pass can earn a maximum of R5 295.

R1 000 MORE

'The point at issue here is that for a lower "white" education you stand to benefit by about R1 000 more a year than for a higher "coloured" education,' said the worker.

'With the recent announcement of salary increases in the public service, one can only guess as to what the disparity between general hospital staff will then be.'

The Argus wrote to the Cape Director of Hospital Services, Dr R L M Kotze asking him to comment on the allegations.

Dr Kotze was asked to confirm the salary scales mentioned, and if possible provide further information in the salary disparity between the races working in the provincial hospitals.

NO ANSWER

Dr Kotze replied that he was not prepared to answer a question 'framed in such general and hypothetical terms.'

'If the name(s) of the complainant(s) could be furnished I would arrange that the matter be investigated,' he wrote.

Dr Kotze did not confirm the salary scales and rejected the worker's fear of discussing the issue at hospital level as a 'nonsensical, false and cowardly accusation' against the Department of Hospital Services.

LX DISEASES OF THE DIGESTIVE SYSTEM

NO.	W	A	C	B
653	430	116	56	370
201	533	329	0,33	0,17
0,25	0,20	ALL	NO.	0,13
0,15	276	303	38	42
169	165	203	130	

X DISEASES OF THE GENITO-URINARY SYSTEM

W	A	C	B	F
0,06	0,04	0,02	0,08	0,25
0,56	0,08			

23/4/85

2 hospitals planned for Soweto

Plans to build two day-hospitals in Soweto for R2-million each are at an advanced stage, Mr P W du Plessis, director of the Provincial Works Department, said yesterday.

The projects, to ease overcrowding at Baragwanath Hospital, are "top priority" and work would begin as soon as tenders had been awarded.

"The structures will be prefabricated and will be finished within weeks. The 12 existing clinics will also be regarded and extended as a matter of priority," he said.

Top pay, but doctors' posts remain unfilled

Star 93 23/4/81

Several provincial hospitals on the Reef and in Pretoria are seriously short of medical specialists, radiographers, nurses and other trained staff.

The Johannesburg Hospital, Baragwanath, Boksburg-Benoni, Far East Rand and H F Verwoerd Hospital are offering posts to a wide range of specialists, including surgeons, orthopaedic surgeons, plastic surgeons, gynaecologists and many others.

Scores of medical jobs are offered by the Transvaal Department of Hospital Services in full page newspaper advertisements costing R4 000 and more.

Annual salaries of R26 250 are being offered to principal specialists in orthopaedics, obstetrics, internal medicine and radiology.

A spokesman for the Johannesburg Hospital said only 69,8 percent of nursing posts had been filled and there was a shortage of sisters, student nurses and nursing aides.

The J G Strijdom Hospital in Johannesburg has filled about 70 percent of nursing posts. But the Far East Rand Hospital is short of both qualified and student nurses.

"We have filled about 60 percent of nursing posts and 50 percent of student nursing posts," said a spokesman. "We have only two full-time specialists — a paediatrician and a surgeon. Part-time specialists are working on a sessional basis."

He added: "Nurses are working long hours under pressure. They are doing an excellent job and are to be congratulated."

Senior officials of the Transvaal Department of Hospital Services would not comment on the jobs being advertised. A Deputy Superintendent of Johannesburg Hospital also declined to comment.

Boland chemists angry over new state clinics

CT 23/4/81 (98)

Staff Reporter

STATE-RUN health clinics are jeopardizing the retail pharmacy business in the Boland and place unauthorized persons in charge of prescribed medicines, according to an executive member of the Pharmaceutical Society of South Africa.

Mr Louis Rontgen, chairman of the Boland branch of the society, claimed yesterday that the Department of Health was further interfering with the practice of retail pharmacy in Wellington with the recent establishment of a daily clinic for pensioners and the indigent.

In a strongly worded letter circulated in Tincture News, the society's newsletter, Mr Rontgen recalled that in spite of assurances from "various politicians" that there would be no changes, clinics had been opened in Strand and Middelburgh (Tvl) without consultation with the profession.

These clinics delivered a service that could not be compared with the private sector, which operated at the convenience of the patient and did not keep office hours. To his "shock and surprise", Wellington had been landed overnight with a similar problem.

This had been aggravated by the fact that the clinic had no-one on duty who was authorized in terms of legislation controlling the issue of medicines. When this had been pointed out to the Department of Health, none of the officials had been aware of the rule, Mr Rontgen said.

"I want to know who is in control of the country — the elected representatives of the people, or the bureacracy?" Mr Rontgen asked, and added that he forecast a "dark future" for the retail pharmacists in Wellington if there was no return to the free market system.

● Asked to comment on the letter, Mr Rontgen told the Cape Times that the Wellington clinic had taken the place of the District Surgeon's clinic, at which prescription were usually filled by one of three pharmacists in the town. Medicines were now issued directly to patients at the clinic.

A survey of pensioners and indigent patients had found that 90 percent were satisfied with the private service, 85 percent were not satisfied with health clinic service, and 90 percent wanted to return to the old system offered by retail pharmacists.

Complaints were that they never saw the same doctor twice, couldn't make appointments, they had to queue, and if they needed a prescription filled outside office hours they had to travel to Paarl.

South Rand Hospital short of 130 nurses

EDM 28/4/81

By SEAN O'CONNOR
City Editor

THE South Rand Hospital in Rosettenville is short of more than 130 nurses, it has been claimed, and of the 128 posts available for student nurses at the hospital, only 16 are filled.

Only 40 of the 130 nurses for vacancies at the hospital — one of Johannesburg's biggest — are qualified.

These figures were disclosed at a meeting in Doornfontein and all but one of the figures were confirmed yesterday by the superintendent of the South Rand Hospital, Dr Allan Brooksman.

The disclosures were made by the hospital's principal consultant in Rosettenville, Mrs Lauren Stewart.

She said the hospital was short of 130 nurses, and Dr Brooksman said this figure could be correct. The shortage was "quite right", he said.

The hospital's staff complement should be only 30% at the beginning of the year, but Dr Brooksman disclosed yesterday the figure was now closer to 45%.

"We are getting more staff and the nursing staff has been improving by about 15% a month," he said.

The hospital has 296 beds available for patients but some wards — containing 144 beds — have been closed. Closed since the inception of the hospital about 20 years ago, Dr Brooksman said yesterday.

"If we had more nurses we might be able to keep the wards open, and I'm hopeful there is a cause for optimism now," he said.

In a bid to attract a greater number of trained staff, Dr Brooksman said negotiations were underway to convert the rooms for nurses into flats.

Despite the shortage of nurses at the hospital, Dr Brooksman said all patients got "good treatment".

"The staff work overtime and they are doing their best and putting in a good effort. There are no complaints and they are cheerful," he added.

Dr Brooksman stressed that the hospital did not have a shortage of medical staff or radiographers.

Mrs Stewart, addressing an NUSAS force meeting last Thursday, said: "The hospital situation in the Southern Suburbs is absolutely critical.

"We have reached the stage where the people of Rosettenville and the Southern Suburbs [illegible] the hospital [illegible] there [illegible] get sick.

Mrs Stewart, a member of the management committee of the hospital, said there were 121 posts for student nurses at the hospital but there were only 16 student nurses and of these about half were not in the hospital because they were [illegible] the country.

Dr Brooksman confirmed there were posts as well as 16 of the 130 posts for nurses at the institution were standing empty.

● South Africa's nurses received pay increases averaging [illegible] a month, up to 18 [illegible] from the beginning of this month.

Announcing details of the increases in Pretoria, the Minister of Health, Welfare and Pensions, Dr J. A. P. A. Munnik said the salaries scales of senior "registered" nurses had been given special attention.

[illegible] Page [illegible]

Hospitals hampered by loss of staff

Argus Correspondent

PRETORIA. — An unprecedented exodus of maintenance artisans from essential provincial departments is seriously hampering the effective running of hospitals in the Transvaal.

Road construction programmes are also grinding to a halt by the flight of artisans, who are deserting the ship over their meagre wages — said to be 50 percent lower than those applicable in the private sector.

Many of the artisans prefer to switch to jobs in Government departments, whose pay scales also far outstrip those for similar jobs in the Transvaal Provincial Administration (TPA).

HELP

A senior official today said the artisan crisis had forced the province to call in help from private firms for essential maintenance work — at exorbitant cost to taxpayers.

The staff organisation representing these employees — The Provincial Coworkers' Association — is now threatening to write to all new MPCs to explain their grievances, and there is talk of holding a mass protest meeting in Pretoria.

DIFFERENCES

The secretary of the PCWA, Mr Jack van Rensburg, today said pay differences between the TPA and Central Government departments were so substantial after the latest adjustments that it had become impossible to recruit staff from that source.

He said artisans now earning R7 650 in the provincial service were paid R9 000 by the State in terms of the new adjustments. Those receiving R8 730 were more than R2 000 behind their Central Government colleagues (R10 935).

The disparity in pay at R11 430 (TPA) and R15 135 (State) was a massive R3 705 in favour of the Government's workers.

MIDDLE POSTS

These pay disparities are in middle order posts and only apply to white artisans. Youngsters in the service, particularly road builders, are paid as badly if not worse.

Mr van Rensburg said although the PCWA represented only white artisans and numbered just 4 000 members, the workers represented some of the most essential maintenance personnel.

In a statement released by the PCWA today it is said members are complaining daily over their poor pay and housing privileges.

Eight Indian sisters get more pay in white hospitals

N. MERCURY 1/5/81 (98)

Nurses quit

Mercury Reporter

EIGHT Indian sisters from St Aidan's Hospital in Durban have quit in search of more pay and benefits at Entabeni and St Augustine's hospitals, Dr E K Seedat, superintendent of the hospital, said yesterday.

The move by Indian nurses from black hospitals to white hospitals follows an announcement earlier this year by Mr Frank Martin, MEC in charge of hospitals, that Natal was to employ nurses regardless of colour, and also because of the shortage of white nurses.

Dr Seedat said all the senior nurses had quit because of more pay, better bonuses and other fringe benefits offered at white hospitals.

'Some nurses who have left St Aidan's say they had been offered substantial increases which could not be matched by black hospitals,' said Dr Seedat, adding that his hospital was unable to offer better salaries because the pay was determined by the Provincial Council.

An Indian sister who joined the staff of the Entabeni Hospital said yesterday that she was receiving R100 more than she got at St Aidan's.

She said Indian nurses had been promised attractive bonuses and fringe benefits at white hospitals.

Dr Seedat denied that the eight sisters had quit their jobs for any reason other than for more pay.

The exodus of Indian nurses from black hospitals was expected to increase following a move by St Augustine's to train their own Indian nurses.

'The move is unlikely to affect St Aidan's Hospital,' Dr Seedat said.

Meanwhile, nurses there are still unsure of salary increases.

Dr Seedat said the hospital had not received notification of the new salary scales, but even if they were received late the nurses would be paid retrospective from April 1, he said.

Too few seats for pregnant women

CT 7/5/81 (98)

Staff Reporter

PREGNANT women attending the Retreat Midwife Obstetric Unit have to stand or sit on the pavement and lawns outside because of a shortage of seating in the waiting room, a patient told the Cape Times yesterday.

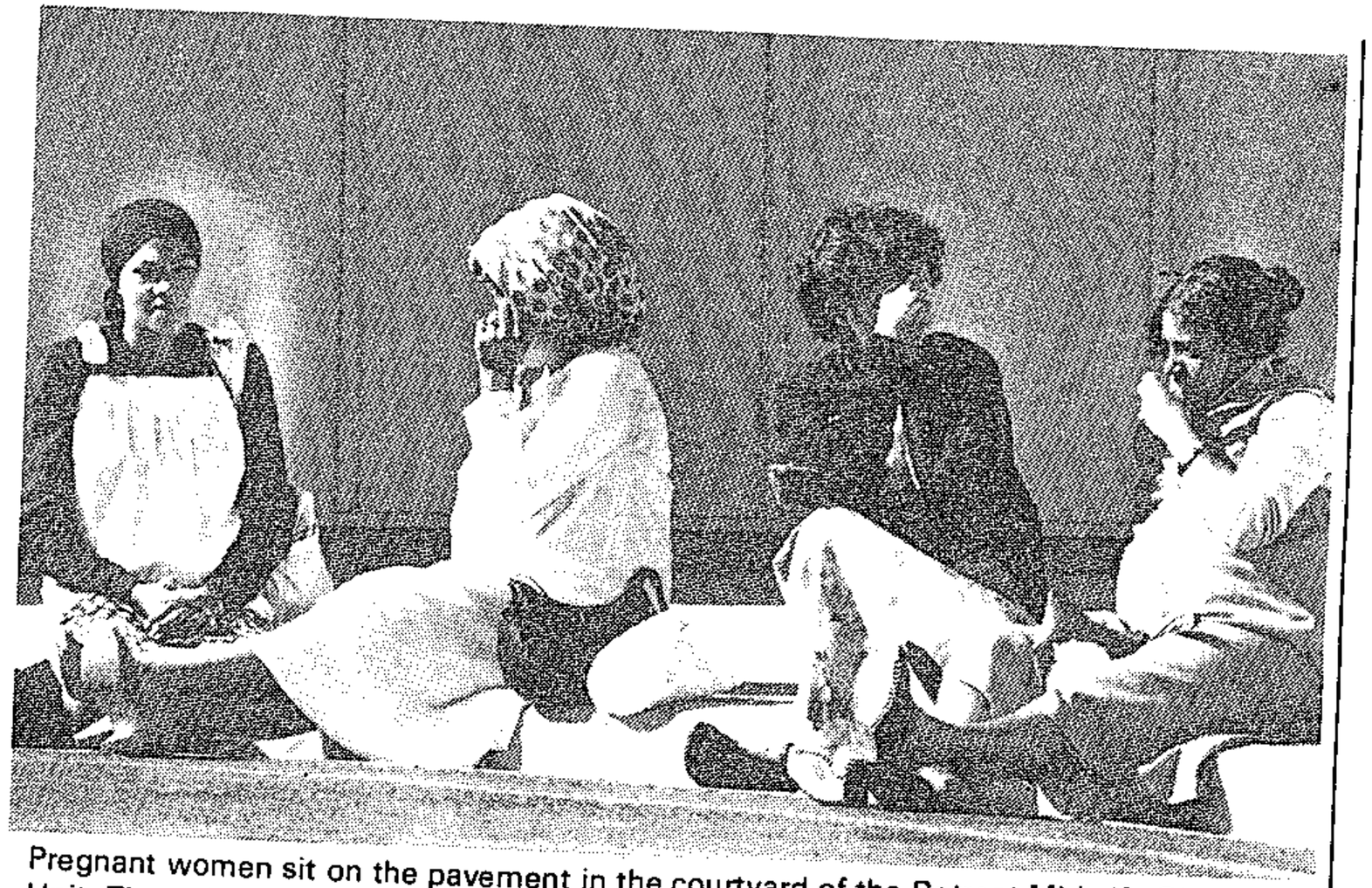
She said that she had spent a whole morning standing outside the clinic because all the seats in the crowded waiting room had already been taken. She said pregnant women patients attending the clinic often had to wait on the lawns in the courtyard.

A Cape Times team yesterday found several pregnant women standing in the doorway while a few others sat on a pavement nearby. All seats on the three benches inside the small waiting room were already taken.

A spokeswoman for the Groote Schuur Peninsula Maternity Services, which administers the Retreat clinic, said the problem was "sporadic" and "unavoidable".

She said many women arrived at the clinic too early for their appointments, causing the waiting room to become over-crowded. This was so particularly on Wednesdays and Thursdays, when both booking and ante-natal clinics were held in Retreat.

Clinic personnel said additional benches or chairs had been ordered in June last year and they were expected soon.



Pregnant women sit on the pavement in the courtyard of the Retreat Midwife Obstetric Unit. The unit's small waiting room, which offers limited seating, is often crowded and patients have to stand or sit outside.

Renewed battle for hospital facilities

NATAL MERCURY 7/5/81 (98)

Mercury Reporter

GREYTOWN Indian community's 40-year battle for hospital facilities will be fought once again when the Indian Local Affairs Committee meets in the town hall tonight.

The lack of hospital facilities for the town's 5 000 Indians has been a sore point for many decades and requests to the authorities to provide a hospital for them have been rejected repeatedly.

Now the director of hospital services has informed the Greytown Town Council that the Natal Provincial Administration had approved in principle to provide a separate wing for Indians at the existing black hospital, but funds were not available yet for construction to begin.

But it is most unlikely that the LAC would support the new proposal, according to some members of the committee yesterday.

LAC chairman Rabindranath Bheekie said: 'In terms of Government policy of separate development, a hospital should be provided for the Indian community just as there are hospitals for the town's white and black communities.

'If the authorities are not prepared to build a hospital for Indians then they should seriously consider opening existing hospital facilities at the white and non-white hospitals to all race groups.'

Indian leaders claim the black hospital was wrongly sited because it is situated 'within a stone's throw' of a beerhall.

Meanwhile, Mr J A Bridge, who had been assistant Town Clerk at the Gwelo Municipality in Zimbabwe, this week joined the Greytown Municipality as Town Clerk after Mr D C Ongley, who had been Town Clerk since 1974 and who joined Amanzimtoti Municipality, resigned.

Hospital's extensive drive for nursing recruits

N. Mercury 7/5/81

Mercury Reporter

A CRITICAL drop in the yearly intake of student nurses has caused one of Durban's hospitals to launch an extensive recruitment drive.

Miss Patricia Thornton, deputy matron of Entabeni Hospital, said yesterday that the hospital was hoping to get 60 student nurses at the beginning of this year — it only got 30.

She said there was always a 50 percent drop-out of student nurses at the end of the year, but this was usually met by the intake the following year.

'But because of the poor intake over the last couple of years the shortage of nurses has reached a critical stage.'

Miss Thornton said bad reports nurses had been getting over the last couple of weeks had not helped the situation.

'The shortage of nurses is critical — we will not be able to improve the hours that nurses work until we are able to rectify this shortage.

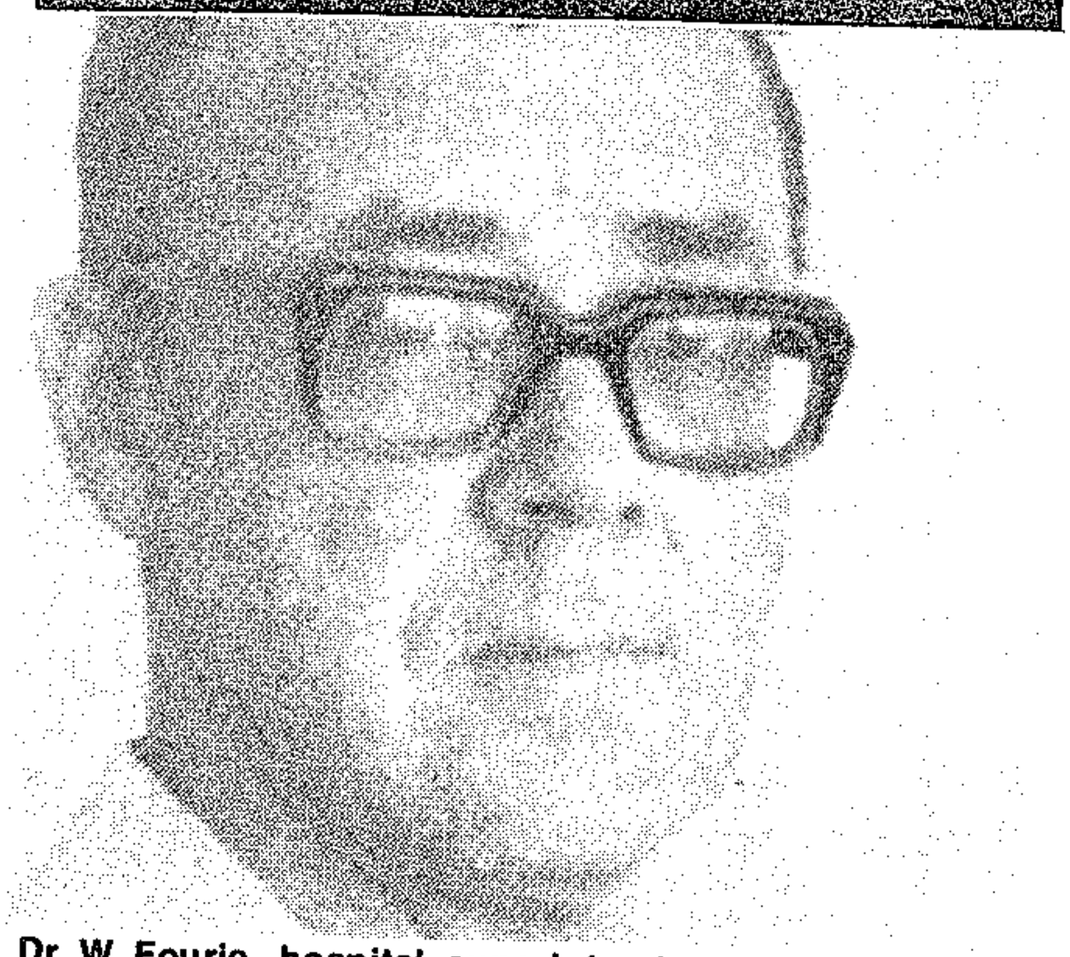
'The bad reports are merely scaring people away from nursing.

'Because of the shortage we will be launching a massive recruitment drive during the July holidays.

'We will be having an open day during which anyone interested in nursing may come and look around the hospital,' she said.

Miss Thornton said they had written to schools inviting them to bring pupils interested in nursing to tour the hospital.

Anger over hospital's telephonists



Dr W Fourie, hospital superintendant... aware of the telephone problem.

Sowetan 7/5/81

By MONK NKOMO

SWITCHBOARD operators at Kalafong Hospital, Atteridgeville were yesterday accused of being inefficient, ignorant and reluctant to receive outside calls.

The people who complained about the poor telephone service at the hospital, however, did not want their names published for fear of reprisals.

A clerk who works for a leading furniture store in the city said: "Switchboard operators at the hospital are inefficient, ignorant and reluctant to receive outside calls.

He added: "We receive bad telephone services from our own people. I phoned on several occasions to establish the condition of my uncle, and each time the phone rings, but there is no reply."

The switchboard operators, he said, should know that they were employed to serve the community. "If they cannot cope with their duties, they should resign and give way to better and efficient people," he said.

Another complainant from Mamelodi, said: "I phoned on a number of times trying to establish the condition of a relative who was admitted a week ago. Each time the phone is engaged or rings without being answered. Even today, I do not know the condition of that patient as I am too busy to visit him at the hospital," he said.

"My attitude, was that the switchboard operators knew that it was blacks who were phoning. They just relax because it seems there is no one supervising them."

An Atteridgeville woman who works in town, told **SOWETAN** that she was "sick" of the switchboard operators at the hospital. "I requested my employer last week to ascertain the condition of my sister who was admitted two weeks ago. She phoned on three occasions and each time the phone rang, there was no response," she said.

The hospital authorities, she said, should take this issue very seriously as it affected the peoples' lives. She made a plea to the superintendent to "look into the matter urgently".

Doctor W Fourie, superintendent of the hospital, told **SOWETAN** yesterday that he was aware of the problems encountered by the people trying to phone from outside.

"The switchboard is overloaded with calls. A completely modern electronic system will be installed in due course to alleviate the problem. We too have problems in getting lines to make outside calls," said Dr Fourie.

Overtime 'saves' at Addington

Natal Mercury 8/5/81

Marked decrease in student nurses

Mercury Reporter

THERE was a marked decrease in this year's intake of student nurses at Durban's Addington Hospital but the situation was not yet critical because nurses were putting in a lot of overtime, the Medical Superintendent, Dr Margaret Barlow, said yesterday.

She said this after Entabeni Hospital reported a 50 percent drop-out of student nurses at the end of last year and an intake of only 30 this year when it was hoping to get 60.

As a result of the critical drop, Entabeni Hospital was launching a massive recruitment drive during the July holidays. The hospital would have an Open Day and encourage schools to bring pupils to tour the hospital.

Dr Barlow said yesterday that she had no figures available, but this year's intake of student nurses at Addington Hospital was 'definitely down' in comparision with previous years.

This was probably because of bad newspaper reports and because salaries 'aren't what they should be', she added.

Further problems included the difficult hours nurses had to work and transport problems — 'because of the hours it is virtually impossible for the girls to catch a bus'.

'Fortunately, however, the situation is not yet critical because the nurses are carrying a walloping extra load when it comes to putting in overtime,' Dr Barlow said

The senior spokesman for St Augustine's Hospital was not available yesterday to comment on the situation there

Measles to be 'blitzed'

Argus 14/5/81 (98)

Divisional Council Reporter

THE Divisional Council was planning a 'blitz' immunisation campaign to prevent a measles epidemic breaking out at Nyanga and Crossroads, the Medical Officer of Health, Dr L R Tibbit, said today.

His monthly report to the council's Health Committee showed that 17 children under five years old had been admitted to hospital suffering from measles.

Dr Tibbit told The Argus that almost all these cases were from Nyanga and Crossroads. The infection had come from the homelands.

Emphasising that there was no epidemic in the council's area, he said that although measles was a relatively mild disease in a sophisticated community, it could be a killer if allowed to take root in an unsophisticated one where there was undernourishment and inadequate hygiene.

Dr Tibbit said only the most serious cases of measles were admitted to hospital.

His figures showed that two of the babies taken to hospital were under six months old and 13 were younger than two years.

'Blacks paid 26 pc less in hospitals'

Argus 14/5/81

Medical Reporter

WHITE employees in provincial hospitals are paid, on average, about 26 percent more than their black colleagues, a Cape Provincial Administration employee has claimed.

And another employee — a hospital clerk with a Standard 8 certificate, who has been working for more than 13 years — said the pay situation was so bad 'I get a lump in my throat and tears in my eyes when I see my white co-workers at the bank.'

The two workers, both of whom were afraid to be named for fear of victimisation, were commenting on an Argus report that provincial authorities placed a higher value on 'white' education and that black workers were paid less even if they had higher educational qualifications.

The report appeared on April 20.

'Today many white posts are being filled by blacks because the whites refuse to work for the low provincial salaries,' said the hospital clerk.

'WHITE MONEY'

'Yet the coloured people who fill the posts of the whites are not earning "white" money,' she said.

The other employee gave The Argus a list of the 'improved' provincial salary scales, which indicated that salaries for white workers were from 18 to 24 percent higher than those paid to black workers.

A white working as a senior housekeeper, storekeeper or nursing assistant with a senior certificate would initially earn a monthly salary of R262,50, with an average ceiling of R450 a month, according to the list.

COLOURED

Coloured people working in similar posts would start at R226,50 a month, with a ceiling of about R350.

A coloured head porter with a Standard 6 pass was paid R316,50 a month at first, with a maximum of R412,50. A white head porter initially receives R432,50 a month which was eventually increased to R637,50.

A white store superintendent receives from R637,50 to R787,50 a month, while his coloured colleague's salary started at R517,50 and reached a ceiling at R607,50.

White nursing assistants with Junior Certificates earned about R194,50 a month, coloured nursing assistants received about R180,50 a month. African men working in the field were paid R192 and African women earned about R110,50.

Nursing assistants with Senior Certificates were paid about R262,50 if they were white, R226,50 if they were coloured, R166,50 if they were African men and R129,50 if they were African women.

Dr R. J. M. Hofer, the Cape Director of Hospital Services, who previously refused to confirm the salary disparity between the races, is away and could not be reached for comment this week.

Soweto's first high-rise building goes up

Sowetan 15/5/81

SOWETO'S first high-rise building complex — a R8,5-million 12 storey nurse home complex at Baragwanath Hospital, to accommodate more than 1 100 nurses — was on schedule and would be ready for occupation by the end of June 1982, a spokesman for the contractor said today.

He said that when completed the complex would be comparible to anything of a similar nature and purpose in the world.

The southern block would be single storey comprising wash rooms, linen stores and change rooms, while the northern block, also single-storeyed, would incorporate a lecture theatre, library, a hairdressing salon, offices and lounges.

In between, running from east to west, would be three high-rise blocks, one containing 20 single bedrooms per floor and the other two blocks, 19 bedrooms per floor, each to be shared by two nurses. The matron's quarters would be on the lower floor. — SAPA.

R250 000 donation for six clinics

Mercury Reporter N. Mercury 20/5/91

ULUNDI—KwaZulu is to receive three fully staffed clinics and three mobile clinics from the chairman's fund of De Beers and Anglo American. The estimated cost of the cash donation is R250 000.

Making this announcement yesterday, Dr Dennis Madide, KwaZulu Minister of Health and Welfare, said the clinics would be stationed in the Ubombo Ezingolweni and Umzumbe districts.

Dr Madide said there was an acute shortage of clinics in the region and at least 250 were required to provide an efficient primary health service.

The KwaZulu government had funds to provide only 10 clinics a year, he said, and, even if 25 were built every year it would take 10 years to reach the target.

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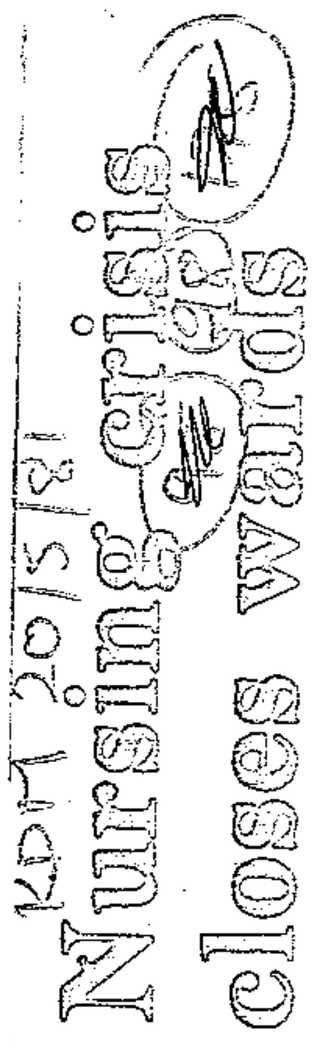

Cape Times 20/5/81

Nursing crisis closes wards

BLOEMFONTEIN. — A total of seven wards containing 200 beds in two Bloemfontein hospitals will be closed with immediate effect, the leader of the Free State Provincial Council, Mr Humphrey Simes, said yesterday.

The affected hospitals are Universitas and the National. The closure affects 25% of the total number of wards at both hospitals.

The closure of the wards was blamed on a severe shortage of nurses.

Mr Simes outlined possible steps that could be taken to alleviate the critical shortage of nursing staff. These included:

- Urgent appeals to the Government for better salaries for nursing staff;
- The establishment of an external nursing college, similar to a teachers training college;
- Greater involvement of the public, especially women's organisations;
- National service for girls should be considered by the Government, and
- Steps should be taken to encourage retired qualified nurses to re-join the profession.

Mr Simes said the decision to close the wards had been taken "out of consideration for the nursing staff ... whose health was being affected."

Mr Simes said the wards would be re-opened as soon as possible. — Sapa.

Dr J Degenaar

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STAR 21/5/81

Probe into hospitals staff crisis

98

Own Correspondent

The Transvaal MEC for Hospital Services, Dr Servaas Latsky, has ordered a fullscale investigation into the staff crisis in hospitals in the province.

Dr Latsky said in Pretoria today the probe aimed at curing personnel shortages in the shortest possible time.

It had been given top priority and results could be expected in about three months.

Dr Latsky said the investigation would take an incisive look at all aspects of health services.

Govt opposing plans for new hospital

NATAL MERCURY 22/5/81

98

Political Reporter

PLANS to build a hospital at Phoenix the size of the new Greys Hospital in Pietermaritzburg are being opposed by the Government.

Dr Fred Clarke, MEC in charge of hospitals, said yesterday that provincial statistics showed it was 'absolutely necessary' to build a large hospital at Phoenix, the sprawling new township for Indians near Durban.

The Government was insisting on a smaller project, he said.

'We had hoped to use the plan of the new Greys Hospital in Pietermaritzburg for the Phoenix hospital but the planning has run into difficulties because of a difference of opinion between our hospitals department and the Minister of Health.

'I am hesitant to build a small hospital because by the time the project is finished we will have to start adding on. This would create another jumble like King Edward VIII Hospital in Durban.'

Dr Clarke said it would be easier to get recognition by the South African Medical Council for a larger hospital for teaching purposes.

It was less difficult to attract staff to a teaching hospital because of the availability of training.

He said that the building of an entirely new hospital for blacks in Durban, or an improved King Edward VIII Hospital, was also being considered.

'Whatever the outcome, an immediate injection of funds is imperative at King Edward to improve the services.'

Dr Clarke said yesterday the lack of progress on the R25 million Umlazi hospital — completion date is about 10 years away — made it difficult to decide which would be the best alternative.

'Once I have investigated the issue, a decision will be taken.'

Mr Stoffel Botha, Administrator of Natal, announced in February a major redevelopment of King Edward VIII Hospital as a short-term solution to the inadequate medical facilities for blacks in Durban.

PE may get two private hospitals

Ev. Post 26/5/81 (98)

Post Reporter

PORT ELIZABETH could get two new all-race private hospitals.

Two applications will be discussed at the next meeting of the Coloured Management Committee.

Two groups of doctors are involved in the projects.

One group, consisting of 22 doctors, favours the Mercantile Centre, Kempston Road, Korsten, for a 72-bed hospital which will cost R1,2 million, including the cost of equipment.

The Port Elizabeth Indian Management Committee yesterday welcomed the proposed development of the Korsten project.

The other group is still looking for a site, preferably in the Gelvandale area, after turning down the Mercantile Centre as unsuitable.

Dr F Counihan, a spokesman for this group, said today doctors involved in the project had received a permit from the Department of Health. They also had the necessary finance to start building.

Mr Fred Pienaar, secretary of the CMC, said there was a lot of red tape involved in the two projects.

He was was unable to say when the hospitals would get off the ground.

The CMC received a letter from a building company involved in one of the projects stressing the urgency of the matter.

According to the letter, a feasibility study had shown that a new private hospital was desirable.

new projects or systems in an environment of under- or un-development. A certain amount of experience of wider systems seems necessary before people can be able to perceive the benefits of a suggested change in production and also be able to participate in it efficiently.

Edward Brett writes of Tanzania that the ideal is that the organisational structure of the new units be internally democrat "This means that the level of consciousness of the people must correspond to the organisational requirements; if it does not, they will not be able to carry out the complex tasks involved in large scale production with modern methods." (61) He then cites how the most backward areas have been chosen as growth points and that due to the low level of consciousness in those areas, there is a danger of the new principles being introduced from the outs by the bureaucratic class with all the dependence mentality this is likely to engender. (I would add corruption and failure too.)

Bara doc charged with man's death

A CRITICALLY injured man died after being refused admission to Baragwanath Hospital because he had been wrongfully transferred from another hospital, a Johannesburg regional court was told yesterday.

Dr Abraham Klein has pleaded not guilty to a charge of culpable homicide, after being accused of causing the death of Mr John Maredi by refusing to admit him to the Baragwanath casualty department on May 1, 1979.

Dr J P Drotskie told the magistrate, Mr G Steyn, he had admitted Mr Maredi with a stab wound to his neck to the Far East Rand Hospital at about 9 pm that day.

PATIENT

After examining him, he realised he needed specialist surgery. As the Far East Hospital did not have the necessary facilities, he had decided to transfer him to Baragwanath Hospital, he said.

It would have taken him at least two hours to request blood from the Boksburg/Benoni Hospital. Transferring the patient would have been faster, Dr Drotskie said.

After filling out the necessary forms he had sent the patient by ambulance to Baragwanath.

At about 1 am, he had received a telephone call from Dr Klein at Baragwanath, who allegedly told him that the transfer had been wrongly done.

PROCEDURE

The correct procedure would have been to consult the hospital superintendent and the professor of surgery before transferring the patient, Dr Klein is alleged to have said.

"I am not interested in the matter anymore, I am sending the patient back," Dr Klein is alleged to have said.

Cross-examined by the prosecutor, Mr J Pretorius, Dr Drotskie said "the condition of the patient was too critical for me to be phoning around".

He said he realised that he might have transferred the patient wrongly, but he had done it in the same way several times before.

The case continues.

Sowetan 28/5/80

to set up small co-ops. At Keiskammahoek in the Ciskei, for example, women who had left a sewing "home industry" because they did not like their conditions of employment, were keen to set up a sewing co-operative and were confident that they would earn more for their time through the co-op. Other women, however, who had not been involved in the Home Industry would not accept the idea at all. After a leatherwork factory had been closed down, ex-workers and wives of ex-workers decided to start producing some leather goods co-operatively. (Before the factory

had been set up, the initiators had been interested in establishing it as a co-operative, but people of the area had not liked the idea.

Angela Jackson, who is involved with 2 small sewing groups in

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Carl Widstrand writes that in Tanzania some of the most successful Ujamaa villages are those where the people involved pre-

that the Boere were strong. Furthermore, as Joki Stuurman pointed out, it is mainly returned migrants who work hard on community projects like creches and clinics and who see the business potential in the homelands.

The change in consciousness and aspirations resulting from people's experience of exploitation and/or more advanced methods of production, is a crucial beginning in the development of a new

KWAZULU HEALTH

Permit problems

FM 29/5/81

The KwaZulu Ministry of Health believes obstruction from Pretoria is aggravating the homeland's chronic health problems. Foreign doctors who apply to work in KwaZulu wait up to a year for their applications to be processed by Pretoria, and SA doctors wait up to six months.

Dr Dennis Madide, KwaZulu's Minister of Health and Pensions, says: "By the time applications are processed many doctors are no longer willing to work here. Last week six American doctors who applied for permits a year ago wrote to say they no longer wanted to come. Pretoria has given us no reasonable explanation for the delays."

KwaZulu has critical health problems and the chronic shortage of doctors is creating even more serious difficulties. KwaZulu has a population of 6m (although 50% work in "white areas") but has only 28 hospitals with an average of 300 beds each. All hospitals need more doctors. For example, the Ceza hospital — a 350-bedder — the Appelsbosch hospital, and the Catherine Booth hospital have to function without doctors at all.

According to Madide, "the SA army seconds some doctors to us but they are only at the hospital for three months at a time, so we have no stable medical contingent. We have successfully recruited doctors from Germany, the United States, England and Sweden, but protracted negotiations with Pretoria now hamper us severely."

KwaZulu has a doctor/patient ratio of 1:44 000 and the infant mortality rate between birth and five years of age is between 46%-50%. Between birth and one year it is 112/1 000 live births and in remote areas reaches 208/1 000 live births. This compares with 10/1 000 live births for whites.

Madide says Minister of Health Lapa Munnik and Deputy Minister of Co-operation and Development George Morrison, who visited KwaZulu last year, are aware of the problem.

"I think the SA authorities are insensitive and lack sympathy. If a need is proven to be urgent, as is ours, red-tape should be cut to save lives. Our health budget is also inadequate. This year we were allocated R110m, but more than half of that goes on old-age pensions, leaving only about R50m for health services — the same budget as that of Groote Schuur hospital alone.

Remote rural areas

"We also need clinics for people in remote rural areas. At present people have to travel 100 km for medical attention. We need 250 clinics which would cost R50 000 each. But it would take us 10 years to build these in terms of our current programme and rapid population growth will nullify these efforts. There is no way in which our budget can realistically cover needs."

The *FM* was unable to get official SA government comment on Madide's complaints before it went to press. However, Government comment on Madide's com- application process could be a lengthy one because up to three departments could be involved: the Ministries of Health, Co-operation and Development and Internal Affairs. In addition, the SA Medical and Dental Council has also to be consulted about doctors' credentials, sources said.

Surely the red tape should be cut?

Fee row while injured child waits

Mercury Reporter

AN INJURED black child waited for almost two hours while a private ambulance company demanded guarantees for payment, the regional representative for the National Road Safety Council said last night.

Mr Peter Luxton, said he was distressed to hear of the plight of the child — knocked down by a vehicle during the latter part of the Comrades yesterday — between the Radnor guest farm and Inchanga about 1 p m.

'I find it totally deplorable that people should haggle over prices when somebody is injured and perhaps dying,' he said.

According to Mr Luxton he received the information from a Natal provincial official who said because there were no ambulances available they decided to ask a private ambulance company to take the child to the Edendale Hospital.

The ambulance company — Pilani Ambulance Company from Hammarsdale — refused to collect the child unless the Province was prepared to pay the fare, according to Mr Luxton.

The provincial official then contacted the St John Ambulance who took the child to Edendale Hospital.

The driver of the Pilani ambulance, who did not want his name mentioned, said he was acting within the law.

'Accidents which occur on the main road have to

TURN TO PAGE 2

Ambulance fee haggle

FROM PAGE 1

be handled by Edendale hospital and the magistrate of Camperdown has forbidden us to touch these patients, he said.

The driver said his manager — who was not available last night — had discussed the matter with the Camperdown magistrate and had been told the Province would not pay for patients. The company picked up at the old main road between Durban and Pietermaritzburg.

'That is why we have to make sure somebody can pay.'

Bara exodus

By WILLIE EGYALA

BARAGWANATH Hospital is in trouble again following a mass walkout of junior radiographers early this week and their subsequent mass resignation from the hospital yesterday.

In another move that will obviously worsen the situation at the country's biggest black hospital, over 40 junior radiographers handed in their resignations yesterday after a month long pay dispute.

According to some of the radiographers who resigned the situation at the hospital regarding new Government salary scales has been threatening to blow up for a month now. The radiographer said the new scales are inadequate and far from satisfactory. The scales favour only people who have been in the field for over 10 years.

The hospital had another crisis two months ago when there was an exodus of senior nurses. Most experienced staff were leaving the hospital in groups of between eight and nine a month for better paying jobs at private nursing homes.

The nursing exodus was not the only danger the hospital faced at that time as doctors also threatened to resign because of overcrowding, and there was a shortage of staff that threatened the nursing establishment.

The superintendent of the hospital, Dr Chris van der Heever, declined to comment.

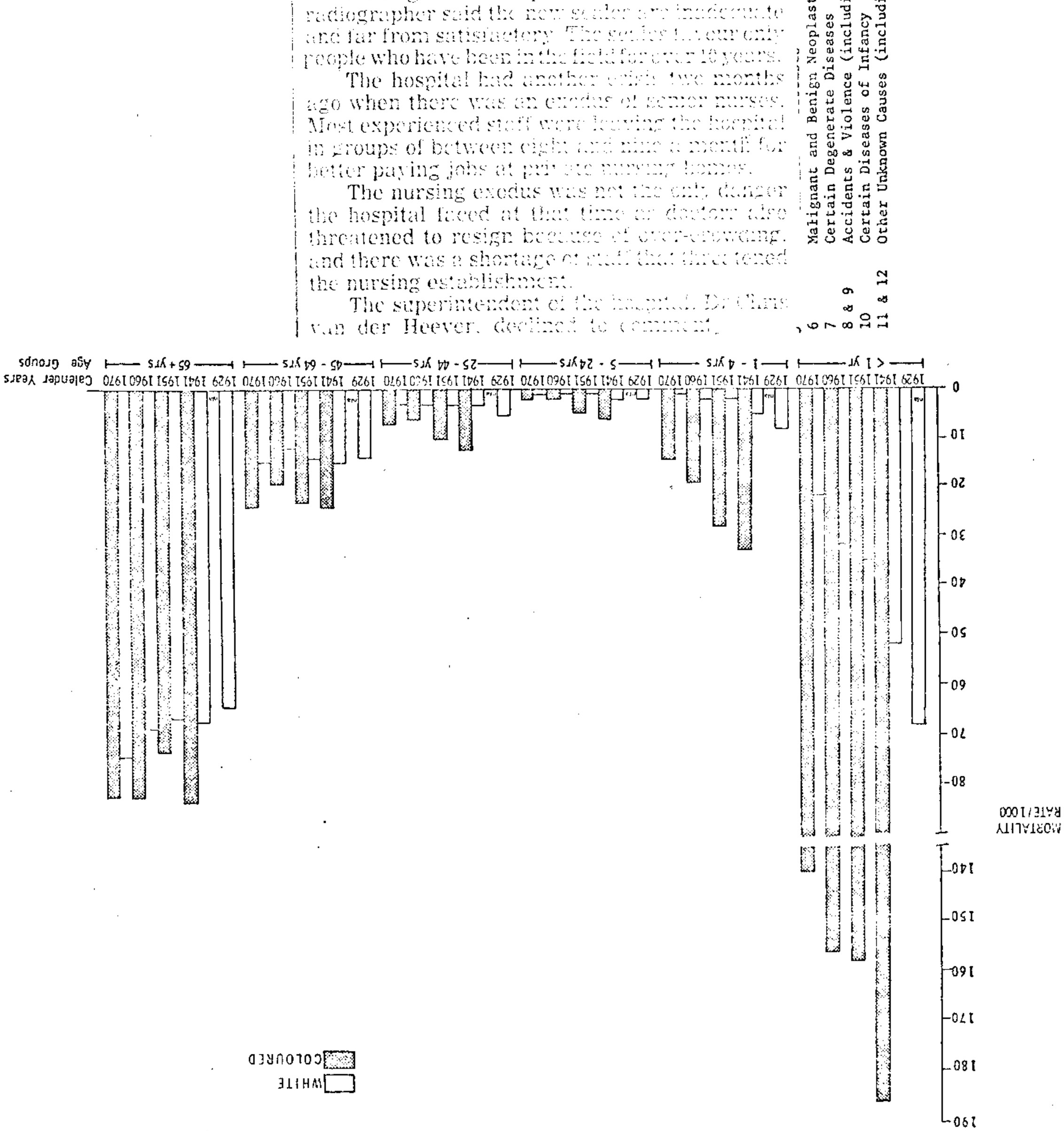

Fig 4 Age Specific Mortality Rates/1000 : White and Coloured , 1929 - 1970

'Co-operation with KwaZulu'

Natal's 'only way'

Political Reporter

THE only way in which [illegible] proper [illegible] Natal Provincial Council said yesterday.

He was speaking [illegible] expression [illegible] of the [illegible]

Mr [illegible] said he had [illegible] that the NRP stood for two separate political entities [illegible]

The NRP [illegible] appointing [illegible] in the Provincial [illegible] Coloureds and Indians [illegible] greater [illegible] arrangements [illegible]

The [illegible] made [illegible] statement: "[illegible] Cabinet ministers are running around to certain black leaders trying to re[illegible] damaged relations." Mr Rodney Hatton PFP [illegible] described the [illegible] as [illegible]

The [illegible] had damaged the [illegible] with [illegible] about a reconstitution of cabinet.

He chided the NRP for introducing a motion to beat their own chests since taxpayers would pay council members R1 000 000 before the next election and would expect more than that.

Mr [illegible] NRP made a wide-ranging attack on the PFP and challenged Mr Hatton to state his party's policies in the council.

He said a member of the NRP would second a motion introduced by him so that the sole PFP member would have a chance of speaking on the policies.

Mr [illegible] challenged Mr Hatton to state whether or not he supported the [illegible] as PFP MP for Houghton, Mrs Helen Suzman had done in Parliament.

Director tells of shortages at 12 of Natal's hospitals

Political Reporter

STAFF shortages struck 12 Natal hospitals last year, Dr V. [illegible] van der Heever, the Director of Hospitals, said in a report tabled in the Provincial Council yesterday. Natal's two largest hospitals, King Edward VIII and Addington, battled with a shortage of radiophysicists.

The acute shortage of paramedical staff continued, forcing services to be cut even further in some areas.

Dr van der Heever said "very few inspections of provincial hospitals were carried out in 1980 because of a shortage of professional staff."

The medical inspectorate was busy with hospital planning functions, and had combined inspections with visits to hospitals on planning matters. It was clear the standard of medical care had remained high. There was a serious shortage of senior consultants in full-time neurosurgical practice in Durban, as was the case in most academic centres in South Africa. At hospital level it had been possible to set up a formal programme for neurosurgical trainees.

At Addington Hospital in Durban the shortage of

Critical shortage of doctors at the Mamelodi Day Hospital

By MONK NKOMO

THE recently opened Mamelodi Day Hospital has a doctor shortage.

This was confirmed yesterday by Dr J T Kapp, deputy superintendent at Kalafong Hospital Atteridgeville, following complaints from a number of Mamelodi residents who claimed that the hospital was rendering insufficient services due to the shortage of doctors.

Dr Kapp said: "The number of doctors will be increased soon because of the unexpected and terribly increased number of patients at the hospital. We could not have a lot of doctors when we started because we wanted to see what the response would be. Otherwise the doctors are very few."

A hospital spokesman said there were five doctors and 89 nurses at the hospital with a ratio of 40 patients to every single doctor.

Mrs Angie Monare told **SOWETAN** yesterday that she went to the new hospital on Thursday morning last week with a stomach pain. "I waited for about six hours without a doctor attending to me. The place was overflowing with patients awaiting to be examined. The pain was excruciating and I left to consult a private doctor," she said.

Dr Kapp however promised that the hospital would improve soon and that the patients should have the patience to wait until examined by the doctors. "There are always teething problems when a new hospital gets into operation," she said.

Mr Paul Nakedi said: "After waiting for long hours at the hospital without being treated, I travelled to Kalafong Hospital where I was referred back to the Day Hospital. Instead I went to Ga Rankuwa Hospital for treatment. The authorities should increase the number of doctors before any chaos erupts."

The hospital is administered as part of the Kalafong Hospital and has two wards sharing 30 beds each. The wards cater for short-term and maternity cases. The short-term stay ward is opened from 7.45 am to 6 pm while the maternity ward operates 24 hours a day.

The hospital has treated more than 2000 patients since it was opened last month. At least 70 babies were delivered and eight patients had undergone operations.

By Monk Nkomo

Sister Mittah Matlala in the Mamelodi Day Hospital.

Hospital fees set to soar 50 percent

(98) (Mercury) 11/6/81

Political Reporter

FEES in Natal provincial hospitals will rocket by 50 percent from October 1, Dr Fred Clarke, MEC, announced in the Provincial Council yesterday.

But pensioners and others in lower income groups could end up paying less than at present because the cut-off points for wage earners have been raised substantially.

Hospital fees will go up 100 percent in cases where the full amount is recoverable from workmen's compensation.

Cut-off level

Dr Clarke, who was delivering his first budget speech as MEC in charge of hospitals, said the drastic increases were forced on the Executive Committee by the shortfall in revenue from hospitals.

The increases would bring in an additional R3 700 000. He said the cut-off level for a single person would be raised from R326 to R501, while the point for a person with one dependent would jump from R375 to R650. Hospital superintendents would be given discretionary powers to raise the cut-off point by 10 percent in cases where representations were made to them.

Impatient doctors heading for clash with Munnik over tariffs claim

Mercury Correspondent

PRETORIA—The Minister of Health, Dr LAPA Munnik, and the Medical Association of South Africa are heading for a clash over the issue of doctors' fee increases.

The association announced this week that it had called a Press conference in Pretoria on Monday to explain the justification for a 10 percent fee rise.

The association is known to be impatient with the time the minister has taken to respond to a recommendation by the South African Medical and Dental Council for higher fees.

Yesterday Dr Munnik said in an interview that he found it 'very strange' that the association had called the Press conference 'while I am still studying the council's recommendation'.

The council's letter reached him in Cape Town on May 25.

Soon after that he had to leave for the Republic Festival in Durban. This was followed by a four-day trip to the border with the rest of the Cabinet.

He gave the letter his immediate attention on his return to Cape Town.

Towards the end of last year the council submitted its fee rise recommendation to Dr Munnik. He sent it back and asked for further justification.

After a meeting in Cape Town in April the council resubmitted its claim unaltered for an increase of 9,9 percent for doctors and 25 percent for dentists.

At the time the president of the association, Prof Guy de Klerk, said an increase of 14 percent could be justified.

Doctors were granted a fee increase in October 1979 — 52 percent, which the council and the association refused to water down in spite of appeals from the minister.

At the time the council had full autonomy to set doctors' fees.

However, legislation was amended in the 1980 parliamentary session to give the minister a final say.

The across the

board increases will mean rises in charges ranging from ward fees through to the cost of operating theatres. At present the fees in Natal provincial hospitals are the lowest in the country.

General

Dr Clarke detailed fee increases as follows, with existing fees in brackets: White, full-paying patients in general wards in closed hospitals would pay R22 (R15) a day, while the charge for private wards would be R27 (R18). Non-white patients in general wards would pay R15 (R10) while private wards would cost R18 (R12).

In open hospitals, full paying white patients in general wards would pay R12 (R8) a day, while the charge in private wards would be R16 (R11).

Comparable

Full-paying non-white patients in general wards would be charged R7,50 (R5), with the charge in private wards being R10 (R7).

He said the other three provinces would follow suit soon and increase their fees to a level comparable to Natal charges.

Dr Clarke explained that a closed hospital was a hospital at which only NPA doctors were allowed to practise and thus the fee structure was higher because the doctor's fee was built into the overall charge.

Benefit

Dr R Roos, chairman of the Coastal Branch of the Medical Association commented: 'I am quite sure that a large number of people will benefit from the rise in the cut-off point and we have been expecting an increase in the fees for hospital patients in view of the general increase in costs.'

SOWETO HEALTH

Pressure on Bara

FM 12/4/[illegible]

Louis Rive, [illegible] of the Greater Soweto Planning Council, has slammed conditions at Baragwanath Hospital. Though there are more than 1 500 beds, a sick joke doing the rounds speaks of a "200%-300% bed occupancy in certain wards — for every one person lying in a bed, there are another one or two lying on the floor."

For years the Province has talked about building a new 1 000-bed hospital in Soweto. But Rive feels there should be a different solution: "Instead of building one huge hospital for R200m, it is preferable to create 20 health centres at one-tenth of that figure."

He adds that "a R200m white elephant" would, in any case, only be available in 10 years' time and would not [illegible] the present and ever-growing demands of the community, considering the [illegible] at present.

The building of at least 10 new community health centres has been agreed in principle by the Transvaal Provincial Administration, and [illegible] sites have been released in Soweto for the construction of two this year at a cost of [illegible] apiece. Dr Hennie van Wyk, acting director of hospital services, says building has begun and will be completed in 12 and 18 months respectively.

The TPA director of works says the centres are not intended to [illegible] the proposed new hospital, for which planning [illegible] department [illegible] plans [illegible] approved in principle for a 1 000-bed [illegible] 1985 [illegible]

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[illegible] Rand Administration Board chairman [illegible] the health [illegible] extensive [illegible] will be [illegible] the people [illegible] their [illegible]

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PLEASE CIRCLE ITEMS REQUIRED

Star 12/6/81

Part-time plan for nurses

98

By Erik Larsen
East Rand Bureau

Edenvale Hospital has launched a new scheme to try to attract nurses to the hospital on a part-time basis.

The scheme is aimed at ending the serious nursing crisis presently being experienced by the hospital.

According to Dr Gorge Perling, superintendent at the hospital, part-time nurses can earn up to R54 a shift. They will be paid a standard rate of R4,50 an hour.

He said the hospital was hoping to attract women who held down day-time jobs but would like to earn extra money by putting in a few night shifts a week.

The scheme is also aimed at attracting nurses who have given up their profession because home commitments prevented them from working night shifts and weekends.

He said the nursing shortage was presenting the hospital from opening the recently-completed orthapaedic ward which is the first of its kind on the Reef. It will deal mainly with spinal injuries.

About 16 nurses are required to run this ward.

Hospital workers quit over low pay

C-Herald 13/6/81

(98)

ABOUT 40 radiographers quit Baragwanath Hospital last week after a month-long squabble with the authorities over pay.

Their resignations are likely to worsen the already critical radiographers situation at the hospital. The radiographers who quit are all juniors, who claim that their pay scales are too low.

The superintendent of the Baragwanath Hospital, Dr Chris van der Heever, confirmed that a group of supplementary radiographers had resigned from the hospital over a wage dispute.

In a statement urging the hospital staff to reconsider their action Dr van der Heever warned that the patients would be the hardest hit.

SYMPATHISED

He said that, although he symphatised with the radiographers, neither the hospital nor the Transvaal Hospital Services Department could do anything about improving their lot.

Their salaries were determined by the State Administration Commission and not the hospital.

Huge cash programme for black hospitals

Star 16/6/81 (98)

East Rand Bureau

The Transvaal Provincial Administration is to spend over R106.5-million on building and extending black hospitals.

The biggest amount — about R40-million — will be spent on the renovation of the Baragwanath Hospital in Soweto, and a further R34.7-million will be used to build a 1 200 bed hospital in the township.

Much to the relief of East Rand leaders, the executive committee of the Administrator has also approved the building of two new hospitals in Tsakane and Daveyton at an estimated cost of R12.8-million and R14.4-million each. Over R106.5-million will be spent on the erection of all these hospitals including five others in the PWV area.

According to a spokesman of the Provincial Administration, the hospital in Daveyton has been on the waiting list due to the fact that other hospitals, which were urgently needed, had to be erected first.

He said that after an investigation, the executive committee granted approval for the building of a hospital with 600 beds for blacks and 200 beds for whites on a suitable site between Daveyton and Benoni.

This, explained the spokesman, is to avoid the duplication of expensive apparatus and supporting services such as transport of medical and other staff.

A community centre for Daveyton has also been included in the capital services.

A jubilant Mr Tom Boya, chairman of the Daveyton Community Council said he hoped that plans for the building of the hospital will be speeded up.

The council had written a memorandum to the Minister of Co-operation and Development, Dr Piet Koornhof, in January last year asking for assistance concerning the hospital.

(98)

16/6/81

Somerset Hospital crisis may close third ward

Medical Reporter

STAFF shortages have forced Somerset Hospital to propose closing another ward and workers have described the situation as 'chronically desperate'.

The pending shutdown of the 34-bed medical ward, announced at a staff meeting yesterday, was apparently a sequel to 'rat or resign' threats from overworked nurses.

It will be the third ward that the Green Point hospital has closed in recent months.

Hospital staff said they were given reasons ranging from a shortage of personnel to the possible infection of one of the floors with staphylococcus aureus, the infectious organism which affected Groote Schuur Hospital in 1979.

The Somerset ward that is to be closed is usually staffed by a sister, three student nurses and 14 nurse aides with qualifications lower than a Standard 8.

WARNING

It is understood that patients in this ward will be moved to different sections of the hospital.

The situation at Somerset Hospital has served to highlight the desperate plight of the nursing profession, a nursing sister commented yesterday.

She warned that nurses were becoming so resentful about poor pay the standard of nursing care might soon drop to a point where sick people would do better to stay at home.

The nurse, who is afraid to be named because she is still working for a Cape provincial hospital, said that she and many colleagues were 'painfully aware' that they were providing invaluable services virtually for free' every time they helped to save somebody's life.

'We laugh every time we think of the Florence Nightingale image,' she said.

'I love my job and I don't mind working 12-hour days, but it's a fallacy to say that money doesn't matter. It does when you're not earning enough to support yourself.'

Describing the recent salary increases as 'appalling', she called on the authorities to 'do something serious' about upgrading salaries.

MIDWIVES

Another bitter point is that nursing sisters have to take a substantial drop in salary if they want to do the midwifery course that follows their basic training.

This course, which may take six months to a year, is compulsory if nurses want to register for any other pre-basic course, yet are they [illegible] their take-home pay drops from about R270 to R210 a month.

This pay decrease is not effective if a nurse has been granted study leave, but in spite of a great deal of effort hard-pressed hospitals are often unable to spare staff for this purpose.

Dr A Reubens, the superintendent, said closing the ward was still under discussion and would be part of an attempt to rationalise administration by combining half-full wards into one unit.

From time to time we have staff shortages because nurses leave to study at college so if we do combine a ward it will be a temporary measure to make things easier for the remaining staff, he said.

If a ward were closed, it would not result in patients being turned away.

Dr R L M Kotze, Cape director of hospital services, has issued a directive that superintendents may not discuss nursing shortages with the Press.

Earlier this year he told The Argus that it could approach the medical superintendents on all hospital issues, but that they would not be able to discuss the number of nurses currently employed.

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maintenance. Roads are passable, but not nearly as smooth as the streets in the 'better' residential areas of the town." (Brokensha, 1969: 18-21)

The worst housing that I saw, even worse than the Gallo camp, was that built by labour contractors. During the height of the Bracero program--and even in 1964, in its terminal year--the Valley was dotted with "temporary structures," some little better than hen-coops, for the summer migrants. I spent 3 nights in a camp in 1969, when county health officials had insisted on some minimum improvements: it was still bleak and cheerless, hot and crowded, with very primitive arrangements for sanitation, washing, eating and sleeping.

A recent a f-Help Housing
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Fear of increase in cancer as service collapses

Own correspondent

DURBAN — Fears of a sharp increase in certain forms of cancer have been expressed after the virtual collapse of routine screening services by the Department of Health in Natal.

A spokesman for State Health confirmed that the State-run laboratories were no longer doing mass testing for cervical cancer. This was due to a critical manpower shortage and a cut-back in funding.

The Durban branch of the SA Cancer Association is helping with the most of the pap smears received from family planning clinics in Durban, but it is not certain how long they will be able to keep up with this demand.

Meanwhile, fears are growing that the incidence of cervical cancer — a major killer among poorer sections of the black population — could increase dramatically as a result of the service being withdrawn. Early detection of cervical cancer and subsequent surgery usually means complete remission for the sufferer.

It is estimated that the State-run laboratories were handling about 5 000 pap smears a month. The number has dwindled to a handful.

According to a laboratory technologist, the pick-up rate for cervical cancer was "very high."

A major reason for the collapse of the service is the critical shortage of trained laboratory staff, due to poor salaries. A cytotechnologist, after four and a half years' training, receives about R520 a month, and a cytotechnician, with two years' training, about R320 a month.

GENERAL NEWS

Health director says hospitals in crisis

By ADA STUIJT

VITAL health services in Witwatersrand provincial hospitals are in danger of complete collapse because of the lack of provincial health funds.

That warning is in the annual report of the director-general of the Department of Health, Welfare and Pensions, Dr De Beer, published yesterday.

He warned that, even though salary reviews in April this year brought increases for his staff, insufficient nursing, administrative and health inspection personnel were causing vital health services to collapse.

"Apparently the department cannot offer competitive salary scales, which cause some of our most vital services to be less than efficient," the report warned.

Almost 25% of the 5 835 places at the department are vacant. This is felt at provincial hospitals across the Rand.

Patients at the Johannesburg Hospital must wait hours for an ambulance. The superintendent Dr Molly Barlow said:

"We have insufficient drivers or ambulances because there isn't enough money available.

"Also we cannot always get the municipal ambulances to respond quickly enough because of their own overload.

"The result is that patients may have to wait many hours before they can be taken to hospital."

Once in hospital, there is a 2½-hour wait for patients before they can be assigned beds.

"When we have no nurses, we have no beds," Dr Barlow said. "The nursing shortage is immense at our hospital because of the lack of funds."

A 73-year old Turffontein woman had to wait 4½ hours for an ambulance on May 29. She had had a hip broken during a robbery.

"I was in agonising pain but I had to wait for hours for the ambulance," she said.

When discharged on June 12, she waited six hours for an ambulance to take her home.

Dr Barlow agreed she had a long wait for the ambulance.

"She arrived in the casualty department at 19:20pm, was taken to the X-ray department at 19:45pm and arrived in Ward 374 at 21:50pm. The the hospital processed 70 patients in the X-ray department that evening."

Dr Barlow said nursing staff had been assigned to the 'loading zone' to attend waiting patients. Some patients, she added, could stay in their ward and have meals and medication until they could be transferred.

"That particular patient, for instance, stayed in Ward 374 all day until 4pm. She received her lunch and stayed in bed until the ambulance arrived.

"She stayed in the loading zone for exactly two minutes, just long enough to log in, and it was noted that she arrived in Turffontein at 5.30pm. She travelled with five other patients."

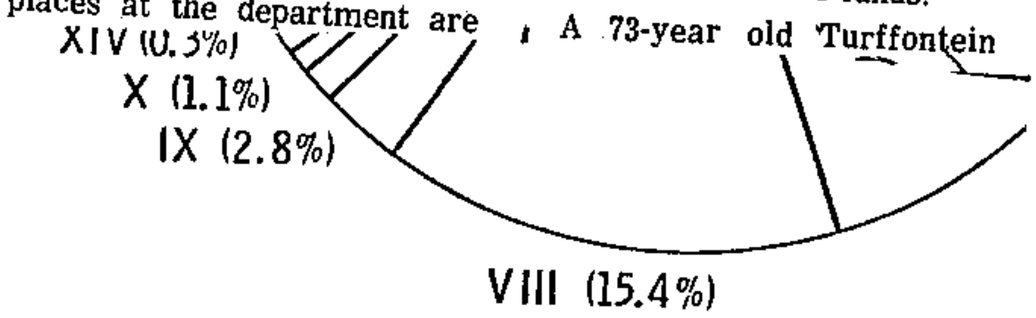
Dr George Perling, administrator of Edenvale Hospital, arranged for the temporary employment of 12 part-time-rate nursing sisters for night shifts. The hourly rate is R4.50 maximum and the nurses may only work 48 hours a week.

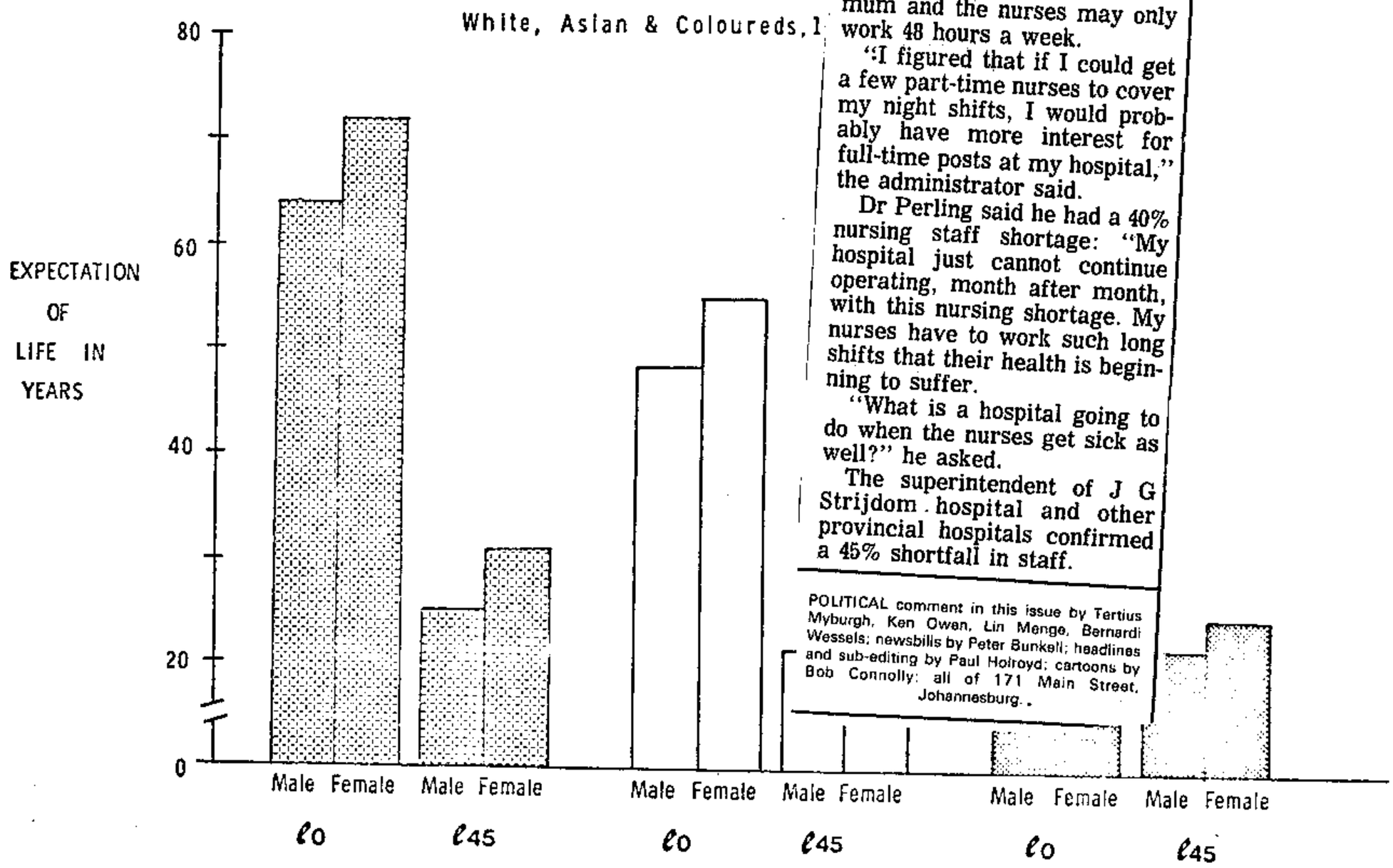
"I figured that if I could get a few part-time nurses to cover my night shifts, I would probably have more interest for full-time posts at my hospital," the administrator said.

Dr Perling said he had a 40% nursing staff shortage: "My hospital just cannot continue operating, month after month, with this nursing shortage. My nurses have to work such long shifts that their health is beginning to suffer.

"What is a hospital going to do when the nurses get sick as well?" he asked.

The superintendent of J G Strijdom hospital and other provincial hospitals confirmed a 45% shortfall in staff.





POLITICAL comment in this issue by Tertius Myburgh, Ken Owen, Lin Menge, Bernardi Wessels; newsbills by Peter Bunkell; headlines and sub-editing by Paul Holroyd; cartoons by Bob Connolly: all of 171 Main Street, Johannesburg.

Daveyton getting a new hospital

By MZIKAYISE EDOM

THE building of a new hospital in Daveyton, Benoni has been approved by the provincial executive committee at an estimated cost of R40,4-million.

The building of the hospital was confirmed in a letter to the Daveyton Community Council by the director of hospital services, Dr Hennie Grove, last week.

For a number of years, the need for a second hospital for Benoni, has been apparent, since the Boksburg/Benoni Hospital could not cope with the load.

Dr Grove stated in the letter that the hospital would be built between Daveyton and Benoni, but an exact site had not been allocated. Initially the hospital will cater for 600 blacks and 200 whites.

But he added that in view of the lack of funds and order of priority, it would take a number of years before the hospital could be built.

The department further said it would only be a duplicate of services if separate hospitals were built, which would be a more costly venture.

The chairman of the Daveyton Community Council, Mr Tom Boya, said yesterday: "I am grateful that we are going to have our own hospital, but, regarding the order of priority, it should at least be on the top of the list, considering how many people it would serve".

In January last year, the Daveyton Community Council had written a memorandum to the Minister of Co-operation and Development, Dr Koornhof, asking for assistance concerning a hospital.

and Works Regulations, 1911 (Johannesburg, 1911) para. (1a), (1), (2), (6a), 56, 58, 143 (1) (2), 167(1).

(123) For details of non-observance of mining regulations, see Katz, op. cit., pp.135-138.

(124) Merriman Correspondence, 1913, Sir W. Solomon to J.X.M., 28 June 1913.

(125) Ibid., 1913, R. Barry to J.X.M., 10 Sept. 1913.

(126) Worker, 18 June 1914.

(127) Ibid., 9 Oct. 193

(128) Ibid., 18 June 1914; Burke and Richardson, op. cit., p.17.

(129) Worker, 18 June 1914.

(130) Ibid., 25 Dec. 1913,

(131) Ibid., 28 Aug. 1913. his memoirs as an aid

(132) Worker, 12 March 1914 Walker, I.L., and We History of the Trade In the Union of Sout p.22, Gitsham, E., of Labour Organisat pp.66-67.

(133) Worker, 28 May 1914

(134) Eastern Record, 15 May 1915.

(135) Worker, 16 Oct. 1913.

(136) Union Acts, 1916, Miners' Phthisis Act, No. 44 of 1916. See also Irvine, G.L., (cited Irvine (a) , 'The Functions of the Miners' Phthisis Medical Bureau and the General System of Medical Examinations Conducted under the Miners' Phthisis Act,' in ILOSC 1930, No. 15, op. cit., p.3; U.G. 10, 1912, p. 27, par. 81; Union Acts, Miners' Phthisis Act, No. 44, 1916

(137) Irvine(a), op. cit., p.3.

(138) Fraser and Irvine, op. cit., pp. 4-5.

(139) Ibid., p.6.

(140) Ibid., pp. 8-11 passim.

(141) Ibid., p.7.

(142) Ibid., pp. 16-19 passim.

(143) Ibid., pp.20-27 passim.

(144) Worthington, E.B., Science in Africa: A Review of Scientific Research Relating to Tropical and Southern Africa (London, 1938) p.542; Worthington, E.B.,

Hospitals copping with nurse shortage

East Rand hospitals are coping with the chronic nursing shortage prevalent in most hospitals in South Africa.

The superintendents of the Edenvale Hospital, the Kempton Park Hospital, the and Germiston's Willem Cruywagen Hospital admitted they were seriously understaffed but said they had learnt to adapt.

According to the superintendent of the Edenvale Hospital, Dr George Perling, there was a 45 percent shortage in the number of student nurses at the hospital.

Despite this the hospital had not been forced to close any wards thanks to the introduction of a new scheme to attract nurses to the hospital on a part-time basis.

Since the scheme had been launched several weeks ago the hospital had employed 15 part-time nurses, Dr Perling said.

When the scheme, the first of its kind to be introduced on an organised basis, becomes functional at the beginning of next month, full-time nurses would no longer be required to work night shift.

Wards at the Kempton Park Hospital have been rearranged to cope with the nursing shortage.

"We have reduced the number of beds and have been forced to close two wards but we are coping," said the superintendent, Dr Leon van Schalkwyk.

He said the hospital needed about 150 student nurses. The shortage of nursing sisters was "not serious."

East Rand Bureau

Hospitals copping with nurse shortage 23/6/81

Science in the Development of Africa: A Review of the Contribution of Physical and Biological Knowledge South of the Sahara (London, 1953), p.344.

(145) Orenstein and Webster, op. cit., p.326.

(146) BRA, H.E., v.244, file 107H, 'Report of Mortality amongst Natives Employed on Mines of the Witwatersrand.'

(147) Irvine, L.G., and Macaulay, D., 'The Life History of the Native Labourer,' Addresses and Papers read at the Joint Meeting of the British and South African Associations for the Advancement of Science in South Africa, 1905, v.111, pp.342-366, p.356; Grey, op. cit.,p.175.

(148) Grey, op. cit., pp.181-183.

(149) Ibid., pp.176-177.

(150) Cartwright, A.P., Doctors of the Mines: A Commemorative Volume published in 1971 to mark the 50th Anniversary [illegible] Medical Officers' Association of South [illegible] of Mine Medical

172passim, 185-187, [illegible]

(157) Ibid., p.187; Cartwright, op. cit., p.18.

(158) Grey, op. cit., pp. 185-189 passim.

(159) BRA, Crown Mines Ltd. Chief Medical Officer's Annual Report 1916; BRA, 4th Sanitation Report, 1918.

(160) Irvine and Macaulay, op. cit., p.357.

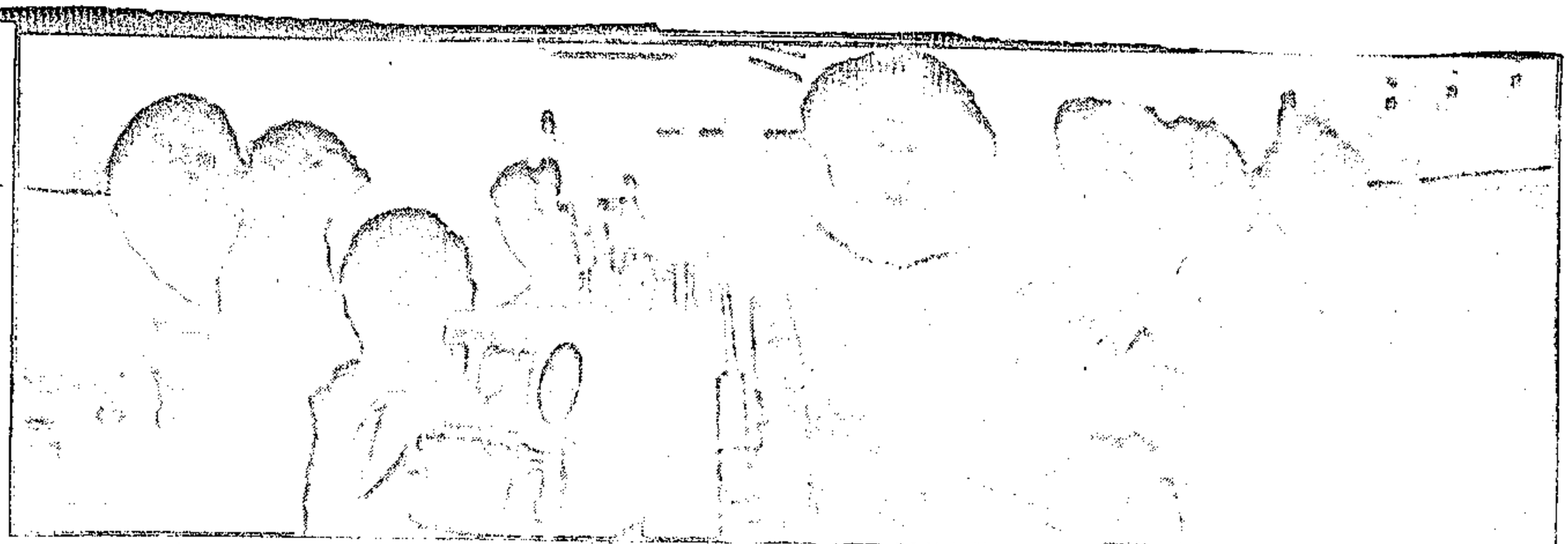
(161) Ibid; BRA, H.E., v.244, file 107H, 'Report of Mortality amongst Natives employed on the Witwatersrand.'

(162) Irvine and Macaulay, op. cit., p.365; BRA, H.E., v.244, file 107H, 'Report of Mortality amongst Natives Employed on the Witwatersrand.'

(163) FRMRC 1910, pp.50, 254, Table J, par.17.

(164) Ibid., p.255, par.34.

(165) BRA, Crown Mines Ltd. Chief Medical Officer's Annual Report, 1916. See also Irvine and Macaulay, op. cit., p.365; BRA, H.E., v.258, file 154H, 'Subcomitttee on



Baragwanath nursing sisters in the diagnostic theatre at the hospital.

CRISIS!

Senior radiographers threaten to resign

By WILLIE DOKALA

BARAGWANATH Hospital may be faced with a crisis if senior radiographers carry out their threat to resign and the exodus of senior nurses to industry continues.

And yesterday the superintendent of the hospital, Dr Chris van der Heever, who was to release a statement to SOWETAN on Wednesday, was first said to be "not available" when this reporter telephoned yesterday. But is secretary said the superintendent would be available if SOWETAN telephoned after 30 minutes.

Later she said the hospital would get in touch with the newspaper but, when this reporter telephoned again, Dr Van der Heever was said to have left the hospital for home.

Fears of a serious crisis at the hospital emerged through sources who say senior radiographers are [illegible] at the case of senior radiographers who are threatening to resign at the end of the month if their salaries are [illegible] before the June 30 deadline.

Thanks to the budget [illegible] cuts this month, [illegible] 40 senior radiographers [illegible] signed a petition protesting now [illegible] which they claim were [illegible] to them. They said they should be entitled to more [illegible] only.

Dr Van der Heever declined to comment to the SOWETAN on the matter but later responded on the situation when interviewed by [illegible] on Friday.

The senior radiographers [illegible] the biggest hit [illegible] the month [illegible] will [illegible] establishment with a serious staff shortage. The supply [illegible] has been at the level of [illegible] years.

Sources say the senior [illegible] is going to be [illegible] will go there more [illegible] that the situation in the radiography department be corrected as soon as possible.

It is also claimed that the exodus of senior nursing staff is becoming [illegible] emergency departments.

QUANTITY SURVEYING

(Continued)

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For the second best student in the subject of Building Construction.

K Strong

Probe promised as Bara X-ray staff go

98

By SOPHIE TEMA

THE Commission for Public Administration is to investigate the radiography profession.

Dr Chris van den Heever, chief superintendent at Baragwanath Hospital, announced this yesterday when he confirmed that 37 supplementary radiographers had resigned.

Dr Van den Heever said: "We will face the situation and have contingency plans to cope.

"We can assure the public that we will still render a 24-hour radiographic service. Any patient who needs an X-ray will get service as in the past.

"I have been informed that the commission will, in the very near future, undertake a full investigation of the radiography profession throughout the Republic.

"I am optimistic that radiographers of all categories will benefit."

The statement was released after the radiographers terminated their services because of inadequate pay.

The statement read: "It is with regret that the Baragwanath Hospital has to confirm that 37 supplementary radiographers terminated their services at the hospital on June 30.

"The radiographers concerned indicated disappointment with the salary scales announced in April, 1981, as compared with their fully registered counterparts.

"They were further concerned about the promotional possibilities for supplementary radiographers.

"Both points were brought to the attention of the Department of Hospital Services of the Transvaal and the director interviewed representatives to gain first-hand information regarding the matters.

"Neither the hospital nor the TPA — the body which investigates and recommends on such matters to the Government — are in position to adjust any salaries for any provincial employee.

"In the meantime the 37 Baragwanath radiographers had indicated that they expected adjustments to their salaries to be made more speedily, and have in consequence left Provincial employ.

"May I also express publicly my sincere appreciation for those radiographers, black and white, who have placed the needs of their patients above their own and are now manning the department under difficult circumstances.

"The hospital and the community of Soweto owe them a great debt."

Staff crisis in hospitals hits PWV area hardest

Star 2/7/81

98

Chief Reporter

The Transvaal hospital staff shortage is worst in the Pretoria-Witwatersrand-Vereeniging area, the MEC in charge of hospitals, Dr Servaas Latsky, said this week.

Dr Latsky said this had been revealed in an investigation which he ordered when he took over the portfolio in May.

The investigation was not complete as he had called for more details and the full results of the probe could thus not be revealed.

Dr Latsky said that the staff shortage in the PWV area applied to hospitals for all races and not to white hospitals only. It affected not only nursing and medical staff but also para-medical, clinical, technical and administrative staff.

Dr Latsky said he greatly appreciated the services of hospital staff who worked under difficult circumstances.

Mr Douglas Gibson, leader of the Progressive Federal Party opposition in the Provincial Council, said Dr Latsky was enjoying a honeymoon period with the Press and the Opposition.

"But our patience is not endless," he said, calling for the report to be completed speedily and for Dr Latsky to take the public into his confidence.

Mr Gibson pointed out that there was also a shortage of hospital accommodation for blacks, with patients at Baragwanath Hospital being forced to sleep on the floors of overcrowded wards.

A spokesman for the Johannesburg Hospital said he could not reveal the latest shortages at the hospital. Statistics supplied earlier this year revealed the hospital was short of 1 091 nurses, with 1 206 of the 2 297 nursing posts filled. It was also short of 29 radiographers and a large number of beds could not be used for treatment.

Miss Ralie du Plessis, the executive director of the SA Nursing Association, said the staff shortage had neither deteriorated nor improved during the past few months. She said the association was still awaiting the recommendations of the Commission for Administration which was engaged in a wide-ranging investigation of pay structures for nurses.

(Continued)

Tvl Council admits 'crisis at Bara'

Sowetan 2/7/81 (98)

By WILLIE BOKALA

THE Transvaal Medical Council says there is a crisis at the Baragwanath Hospital.

The situation at the hospital has now taken a new turn with the council calling on the authorities to redress the situation. A series of meetings between the hospital authorities, representatives of the radiographic section, and heads of departments are also said to be taking place in a bid to solve the existing problems.

And although claims of a bog-down in services were made by individual doctors yesterday, the Chief Superintendent of the hospital, Dr Chris van der Heever, assured the public that the hospital will still render a 24-hour radiographic service in spite of the mass resignation of junior radiographers this week.

"Altogether 37 supplementary radiographers terminated their services on Tuesday leaving the hospital with only under five senior radiographers and less than two dozen unqualified students to operate the hospital's radiography department.

In a statement yesterday Dr Van der Heever said the hospital will face the situation, and has made contingency plans to cope in the face of the resignations. He said the 37 radiographers have indicated that they expected adjustments to their salaries to be carried out more speedily and have in consequence left provincial employment, but neither the hospital nor the TPA, are in a position to adjust any salaries, and the matter has been taken up with the Commission for Public Administration, who investigates and recommends such matters to the Governement.

In a petition being circulated by the IMS branch of the hospital the organisation says the resignation has brought about a tremendous patient load and this will also have a disasterous effect on patients' care.

In a memorandum which has also been released to the Press, the resigning radiographers have tabled a long history of grievances and negotiations with the hospital authorities whom they claim were never met, forcing them to terminate their services.

Among reasons they give for demanding a higher salary, and grievances against the salary scales introduced by the Government in April, are:

- The inflation and the high cost of living.
- The work load at the hospital, which was not equivalent to the money earned.
- They do everything a qualified radiographer does.
- Some are allocated for cardiac, arterial and scanner calls despite their inferior training: and
- They ran casualty and maternity hospital duties at night which meant more work.

They claim they are academically more qualified than the "so-called" seniors who are favoured in the new salary scales. The seniors have been given responsible positions like tutorship without the relevant qualifications and do not have matric nor "diploma" certificates to teach, but they are teaching those who are studying for diplomas in radiography.

Diploma training at Baragwanath was only started in 1979. The duration for the course is three years and the academic requirement is matric with mathematics and physics. This means the students who pass in 1982 will be the first blacks to qualify in radiography at the hospital.

Bara crisis solution imminent

Sowetan 3/7/81

(98)

RADIOGRAPHERS who resigned from Baragwanath last week may all be reinstated and the existing crisis solved if all goes well at a meeting of representatives and hospital authorities next.

Optimism is rife among members of the negotiating committe representing the radiographers that the problem will be resolved after the meeting on Tuesday next week, and that the crisis which affected the Casualty and Orthopaedics departments solved.

There has been general concern among doctors, the public and members of the Transvaal Medical Society, who claimed there was a "bog-down" in emergency services after the mass resignation of supplementary radiographers on Tuesday this week.

But the Rev E K Legotlo, convener of the representing committee, said yesterday that there was a possibility that all the radiographers might be taken back and that superintendent of the hospital, Dr Chris van der Heever, has indicated interest in having them back if an agreement is reached on Tuesday.

A full Press statement will be released by Dr Van der Heever, after the meeting, clarifying the issue and saying whether the situation has been solved.

Mr Legotlo said there would first be a meeting of the committee today (Friday) which will be followed by a general meeting of the radiographers on Monday. A venue has not been disclosed but, Mr Legotlo said he expected the radiographers to "get in touch" for the confirmation of a place for the meeting.

Until yesterday claims of poor services at the hospital were made by doctors who said certain highly special radiographic investigations including X-rays were now being restricted because of the shortage of staff.

They said the EMI scan, used in brain scanning, could not be used as readily anymore and there was concern that a vital aspect of medical care and investigation for the black patients at the hospital was affected.

'Interference' in hospital criticised

NM 3/7/81 (98)

Mercury Reporter

THE chairman of the Natal Committee of the South African Indian Council, Mr Baldeo Dookie, has lodged a strong protest with Minister of Health Dr LAPA Munnik over, what he called, 'State interference' in the building of the first hospital for Indians in Phoenix.

In a strongly worded letter to the minister yesterday, Mr Dookie condemned the proposed Government spending cuts on the R40 million hospital, saying the move would further delay the Natal Provincial Administration in building the 'long-overdue' project.

He told the minister the community was alarmed by the recent disclosure by Natal's MEC in charge of hospitals, Dr Fred Clarke, that the Government was opposed to plans for a hospital the size of Pietermaritzburg's Grey's Hospital for Phoenix.

Mr Dookie said with the 'gross overcrowding' at King Edward VIII Hospital there was urgent need for a large hospital to the north of Durban.

Hospital black-out

NM 3/7/81 (98)

Mercury Reporter

DURBAN'S Parklands Hospital, which has a permit to admit black patients, will no longer be able to accommodate blacks in its maternity section.

'Chaotic' baby boom at Parklands leads to bar on black maternity patients

The director of the hospital, Mr Milton Friedman, said yesterday that when Mother's Hospital closed this year it had been handling up to 170 deliveries a month.

St Augustine's Hospital, Addington Hospital and Parklands Hospital were now having to meet this demand.

'The situation has been chaotic over the past two months and the problem is such that, much as we hate not giving the service we would like to, we have been forced to stop taking bookings from blacks to accommodate the increasing numbers of whites,' he said.

He emphasised, however, that those blacks who had booked up to December to have their babies delivered at Parklands Hospital would still be admitted.

'I must emphasise that we are only excluding blacks from our maternity section. They are still being admitted to other sections of the hospital,' Mr Friedman said.

He said that a close check was being kept on the situation over the next three months and if it were possible for the hospital to cope with demand from whites, it would readily accommodate blacks.

There were four Durban hospitals for blacks which had maternity sections.

Bara under fire over handling of crisis

RDM 4/7/81

98

By SOPHIE TEMA

THE Transvaal Medical Society (TMS) has condemned Baragwanath Hospital authorities for lack of insight and their inability to accede to the demands put forward by radiographers.

The society is presently circulating a petition calling on the authorities to heed the grievances of the radiographers.

This week 37 supplementary radiographers resigned from the hospital over inadequate pay. The society says this is regrettable.

The TMS said the situation was made worse by the fact that patients now face an inadequate radiological service and will suffer as a result of the authorities' lack of insight.

According to the TMS the radiographers' grievances were:

- Disparity in salary scales;
- No opportunities to improve qualifications;
- The tremendous workload at the hospital and
- The fact that they have to work in the casualty and maternity sections at night — an issue which has been smouldering for the past three years.

Intensive negotiations with hospital authorities had come to nothing. The TMS had mediated because the interests of the patients were a priority.

At a meeting held this week the TMS took a stand against the disparity in pay and conditions of work affecting health workers.

The petition presented by the TMS says: "A crisis situation exists at Baragwanath Hospital. At the moment about 40 radiographers out of a total of about 60 — nearly 66% — have resigned

"And, with the tremendous patient load that Bara has to cope with, a loss of about two-thirds of the radiographers will have a disastrous effect on patient care.

"Therefore, in the interests of patient care and in recognition of the legitimate grievances voiced by the radiographers the society calls upon those in authority to redress their grievances by prompt action and written commitment."

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QUANTITY SURVEYING

(Continued)

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'Crippling staff shortage' at Groote Schuur

Argus 6/7/81

(28)

Medical Reporter

CERTAIN departments at Groote Schuur Hospital were last year unable to provide an adequate service for sick patients because of crippling staff shortages and increased costs, according to the heads of various sections.

Even some semi-urgent cases had to be placed on long waiting lists and the number of patients admitted from neighbouring countries had to be curtailed 'drastically,' wrote the head of the cardiac clinic, Professor W Beck, in the hospital's 1980 report.

The general tone of the report is that while the hospital's research and teaching work is flourishing, its facilities have been stretched to the limit by increasing numbers of patients coupled with the decreasing number of nurses and paramedical staff.

According to Professor S R Benatar, the head of the hospital's division of medicine, the nursing shortage had reached 'critical proportions' and had led to the curtailment of some essential services last year.

The quality of care of patients in some areas of the hospital had also deteriorated, reported Professor Benatar.

Particularly hard hit was the cardiac clinic, and clinic head Professor Beck called for 'some action' to be taken 'before a serious breakdown in the system occurs'.

'The main problem had been a chronic shortage of trained intensive care nursing staff,' he wrote.

Other problems included a 'serious shortage' of radiographers, with 20 out of 74 posts vacant in the latter half of 1980; difficulties in obtaining urgently needed equipment because of Government policy to reduce public spending; and an inability to keep pace with the ever-increasing demand for surgical procedures.

The number of cardiac operations performed last year was lower than that of 1978 and 1979 in spite of a steady 10 percent increase in the clinic's major activities, said Professor Beck .

'The frustrations caused by our current inability to provide an inadequate service for sick patients has had a demoralising effect on all concerned,' he wrote.

On the financial side, the increase in the cost of living 'created havoc with the budget', reported the hospital's chief medical superintendent, Dr R Reeve Sanders.

The budget to maintain the hospital increased by 22,46 percent to R61,89-million for the 1980/81 financial year, with a daily rise from R55,60 to R77,72 for an in patient.

'Controlling costs — particularly due to high replacement cost of equipment — became an almost impossible exercise,' wrote Dr Sanders.

She also noted that problems related to the multiple antibiotic resistant infection Staphylococcus aureus had not been resolved and the regular and careful monitoring of the situation was continuing.

Dr Sanders hoped this year's salary increases would enable the public service to compete with the private sector in attracting nurses, radiographers, and junior administrative staff.

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(Continued)

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Black pm 6/7/81

Black nurses at private hospitals

Staff Reporters

PRIVATE Transvaal hospitals and clinics two months ago quietly started hiring black nursing sisters for the nursing of white patients — following an official Government directive giving them permission.

Only two years ago Dr H A Grove, Director of Transvaal Hospital Services, ordered the exclusive Park Lane clinic in Johannesburg to stop using 10 coloured sisters in nursing duties for white patients because it was "against Government policy".

Yesterday, both Dr Grove and Dr Servaas Latsky, MEC in charge of hospitals, denied that black nursing sisters were used for white patients in provincial hospitals, but neither would comment on the position of private hospitals.

In a survey of Transvaal private hospitals, the Rand Daily Mail found many of Johannesburg's private clinics and hospitals were using black nurses, but in Pretoria only one private hospital employed black nurses for its white patients.

Black nursing sisters are used successfully in the nursing of white patients in nine out of 14 private clinics and hospitals in the Witwatersrand area canvassed by the "Mail".

In Pretoria however, seven of the eight private institutions canvassed did not use black nursing sisters for white patients.

Dr Hennie van Wyk, Director-General of Transvaal Hospital Services, yesterday could not be reached for comment.

Warning on Newcastle hospital 'catastrophe'

NM 6/7/81 (98)

Political Reporter

SERIOUS shortages of medical staff and beds at the Newcastle Provincial Hospital would cause a 'catastrophe' should there be a major disaster at any northern Natal mine or industry, says Mr Hennie Kloppers, MPC.

Mr Kloppers said in an interview at Newcastle that the hospital was unable to handle even the normal medical needs of townsfolk, and treatment had to be sought in the Transvaal or at other Natal hospitals. About 5 000 people a year sought specialist treatment elsewhere.

The giant Iscor works at Newcastle was losing R276 000 a year in lost manhours and travel costs for employees who had to go many kilometres away for specialist treatment.

Overcrowded

Mr Kloppers said he shuddered to think what would happen if a major disaster struck at one of the many coal mines nearby or in one of the industrial plants such as Iscor.

Mr Kloppers, the National Party MPC for Newcastle, criticised in the Provincial Council last month the way in which the Province was going about redeveloping the overcrowded hospital.

The upgrading had been split into phases, the last of which consisted of more block wards, kitchen, and additions to the nurses' home. No money had been set aside this year for the last phase, expected to cost R8 000 000.

Instead, work was going ahead on a boiler house, and R250 000 had been set aside this year for improvements to 'non-white' wards which were not under as much pressure as white wards. An amount of R250 000 had also been voted for phase three, which consisted of a service building, temporary kitchen and ambulance bay, and security quarters.

Mr Kloppers said an intensive care unit had also been established at the hospital, but no additional posts had been created to man it. Staff had to be drawn from the general workforce. One of the trained ICU sisters had now resigned because of the burden of work.

Problem

He said the lack of adequate hospital facilities was also creating an additional problem for Iscor. Employees were turning down a transfer to the town because of the medical care problem.

A total of 3 700 Iscor employees travelled outside Newcastle for consultations each year, while 800 operations were performed on workers who were treated at other centres. Figures supplied by the steel giant showed that 880 employees were hospitalised at centres other than Newcastle in one year.

Dr V A van der Hoven, Natal's Director of Hospitals, said yesterday that the redevelopment of Newcastle hospital would have been completed already had funds been available.

The expansion programme, he said, South African Airways

The latest resistance movement, he said, augured badly for real reform in the future.

Nurse shortage hits transplants

Argus 7/7/81

(98)

Medical Reporter

THE heart transplant programme at Groote Schuur Hospital might have to be stopped because of the nursing shortage, cardiac surgeon Professor Chris Barnard has said.

Writing in Groote Schuur Hospital's 1980 report, Professor Barnard said inadequate nursing services 'have made post-operative management of transplant patients virtually impossible.'

The 'critical shortage' of trained nurses and the unavailability of anaesthetists had resulted in a steady decrease in the number of patients treated in the hospital's department of cardiac surgery.

'If this continues our transplant programme will have to be stopped,' writes Professor Barnard.

INFANT DEATHS

The nursing shortage had also affected the hospital's neonatal service, with a considerable increase in the number of infant deaths, said the report.

The rise in mortality was partly a result of inadequate staff and was aggravated by the presence of the antibiotic-resistant staphylococcus infection, wrote Professor H de V Heese, the head of the hospital's department of paediatrics and child health.

Professor Barnard

Record number of cases come to city

Medical Reporter

PATIENTS from throughout South Africa last year received new kidneys in Cape Town as the city's two teaching hospitals performed a record number of renal transplants.

Many of these operations were made possible by Groote Schuur Hospital appointing a transplant and dialysis co-ordinator, who arranged for a greater number of donor kidneys to become available, says the hospital's annual report.

The appointment of the co-ordinator was a 'first' in the country and her activities were also felt at Tygerberg Hospital, according to the report.

A total of 54 transplants were carried out at Groote Schuur, while Tygerberg, performing 27 transplants, almost tdouble the number of operations carried out in 1979.

The increased number of transplants reduced pressure on Groote Schuur's dialysis facilities and enabled the hospital to perform operations on patients from Durban, East London, Port Elizabeth and Kimberley.

The hospital's renal clinic was also able to eliminate aluminium toxicity, a major cause of death while on dialysis.

This toxicity was the result of dialysing with tap water containing an extremely high concentration of aluminium.

It was overcome with the installation of a 'reverse osmosis' water purification plant, which removes almost all solutes and trace elements from tap water.

Shortage of nurses 'critical' report

CT 7/7/81 (98)

By ENRICO KEMP

THE SHORTAGE of nursing and para-medical staff at Groote Schuur Hospital has reached "critical proportions" and has been partly responsible for the increased mortality rate in the maternity section, according to the hospital's annual report for 1980.

The report paints a sombre picture of a "critical and crippling" shortage of nurses and radiographers, which has led to a reduction or curtailment of services to patients in several departments.

The maternity section said its infant mortality rate, which rose "considerably" last year, was partly attributable to "problems of inadequate nursing staff and the departure of personnel trained in newborn care".

The Peninsula Maternity Hospital, which is also administered by Groote Schuur Hospital's Department of Paediatrics and Child Health, reported that the "pressure of the workload was probably responsible for higher perinatal mortality".

Professor Chris Barnard, who heads the Department of Cardiac Surgery, warned that the hospital's heart transplant programme would have to be discontinued because the post-operative management of transplant patients "has become virtually impossible due to inadequate nursing services".

The head of the Department of Medicine, Professor Solly Benatar, said the nursing shortage had reached "critical proportions" and had led to "the curtailment of some essential services and to a deterioration in the quality of care of patients in some areas of the hospital".

Professor W Beck, head of the hospital's Cardiac Clinic, said one of the clinic's main problems was a "chronic" shortage of trained intensive care nursing staff. He said "low salary scales and arduous working conditions" had also resulted in a serious shortage of radiographers with 20 out of 74 posts vacant in the latter half of 1980.

This was confirmed by Professor G R H Sealy, head of the hospital's division of radiation medicine, who said a "critical and crippling shortage of radiography staff now exists".

The head of the Diagnostic Radiology Department, Dr R E Kottler, said there was an "acute" shortage of radiographers, with 20 posts vacant during November last year. Twelve part time radiographers were appointed to alleviate the situation.

Professor Sealy said the department of radiodiagnosis had to reduce services because of the staff shortage and a new linear accelerator in the Radiotherapy Department could not be operated other than for the occasional special patient. He said the division was faced with the prospect of "a gradually shrinking service to patients".

Difficult

The chief matron of Groote Schuur Hospital and head of the Nursing Division, Miss P H Brassell, said it was "becoming increasingly difficult to ensure that the hospital is adequately staffed

have been dominated by problems caused by staff shortages. Regrettably, the number of registered nurses and the number of student nurses is still insufficient to meet our needs. While in previous years the first intake usually brings a large intake of students (190 to 200), only 47 students are booked to commence training in January 1981" Miss Brassell said.

The report showed that the number of new appointments for student and pupil nurses had decreased. Last year, 225 student nurses were appointed compared to 236 in 1979 and the number of pupil nurses dropped from 51 in 1979 to 28 last year. The number of "ever dwindling" Afrikaans medium applicants also dropped from 73 in 1979 to 46 in 1980.

The total number of nursing students and pupils at Cormus Nursing College and Otto du Plessis College dropped by more than 500. Last year, the two colleges had a total of 2 089 students and pupils compared to 2 658 in 1979

● Black nursing sisters OK in private hospitals, page 5

Reports of mass resignations at hospital probed

NM 7/7/87 (98)

Mercury Reporter

THE KwaZulu Minister of Health and Welfare, Dr Dennis Madide, has initated a top-level inquiry into allegations of mass resignations of doctors and nurses at Edendale Hospital outside Pietermaritzburg.

Dr Madide said yesterday he had also asked senior officials of his department to investigate allegations that nurses were buying food out of their own pockets to help starving patients and that orders for medicine were being ignored.

He said he was awaiting a full report this week.

The disclosures had taken his department completely by surprise, Dr Madide added.

Probe at hospital to go ahead in spite of denials

NM 8/7/81 (Ad 98)

Mercury Reporter

THE KwaZulu Minister of Health and Welfare, Dr Dennis Madide, said yesterday top-level inquiries into allegations of large-scale resignations at Edenvale Hospital would go ahead in spite of a denial by the hospital superintendent, Dr T M Adnams, that doctors were resigning.

'The allegations have been made and must be investigated. The results will either exonerate or implicate the hospital administration. Until I receive the completed report it's pointless to make further comment on the matter,' Dr Madide said.

The team will also investigate allegations that nurses were buying food out of their own pockets to help starving patients and that orders for medicine were being ignored.

Dr Adnams yesterday dismissed the allegations as 'rubbish'.

QUANTITY SURVEYIN

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- - Professional Practice.

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Crossroads clinic gets help after report

Medical Reporter

[illegible] mothers of Crossroads are set to run the camp's malnutrition clinic alone — thanks to a report which appeared in The Argus last month and the generosity of the public.

The report highlighted the plight of children attending the clinic, many of whom were the sole survivors of families after brothers and sisters had died of starvation in [illegible].

Days after it appeared readers of The Argus began offering to help the clinic move from its temporary location at the Nyanda school hall into its own headquarters.

A donor who wanted to remain anonymous gave [illegible], several people gave varying amounts of money, a Mitchells Plain women undertook to give the clinic clothes, [illegible] Lady and the Tijani Club of Hanover Park adopted the clinic as one of its projects.

CONTINUED

The club has provided the clinic with a paraffin heater and will send nutritional packets.

"We have been overwhelmed by the response," clinic founder Dr Ingrid [illegible] said yesterday.

"We have been promised all the furniture and equipment we need and now we are simply waiting for it to arrive," she said.

The women will probably move into their new home — a small building erected with the help of several city companies and Crossroads residents — this weekend.

The club has [illegible] as a meeting place to discuss problems and as a [illegible] for some of the [illegible] malnourished children.

Nursing: 'Problem, but not critical'

Argus 9/7/81

(98) (98)

Medical Reporter

NURSES who left to obtain better salaries have created problems for the Cape Department of Hospital Services, Mr P J Loubser, MEC in charge of the department, admitted yesterday.

However, the situation was not critical, he said in a Press release.

Mr Loubser said Groote Schuur Hospital's annual report had created the impression that the hospital — 'and by implication, hospitals in general' — were providing a poorer service than that for which it was known. This was regrettable.

He reassured the public that his department continuously took steps to retain and improve the high quality of services provided at local hospitals.

QUANTITY SURVEYING

(Continued)

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URBAN & REGIONAL PLANNING

Star 9/7/81

Deaths due to shortage of nurses

Own Correspondent

CAPE TOWN — Professor H de V Heese, head of Groote Schuur Hospital's department of paediatrics and child health, yesterday confirmed that the increased death rate among infants in the hospital's neonatal section had been partly a result of a shortage of nursing staff.

"There has certainly been a relative shortage of nurses for the patient load we have here," he said.

Professor Heese was reacting to the denial of the nursing shortage by the Deputy Director of Cape Hospital Services, Mr D J Reitel.

"Mr Reitel is correct in saying we have applied for the creation of extra nursing posts, but that is because we are extending our neonatal services next year," said Professor Heese.

No end to crisis

Sowetan 9/7/81

(98)

By WILLIE BOKALA

NEW moves to get back the recently resigned Baragwanath Hospital radiographers and remedy the alleged continuing crisis there have failed.

And the committee set up to negotiate on behalf of the radiographers blame the failure on the hospital authorities, particularly the superintendent, Dr Chris van den Heever, whom they claimed yesterday had snubbed them and gave them a "cold shoulder" during a meeting on Tuesday.

Dr Van den Heever could not be reached for a full comment and explanation, but a statement released on his behalf by the Public Relations Department of the hospital yesterday said: "The chief superintendent of Baragwanath would like to confirm that he has been approached by the recently resigned radiographers with a view to re-employment. Application forms have been made available to them.

"We can further confirm that the X-ray service at the hospital continues on a 24-hour basis."

The Reverend E K Legotlo, convener of the representing committee, said the issued application forms meant nothing to the radiographers as their conditions for going back had not been met. They feel insecure, unprotected, and there is no guarantee that they will not be victimised when they get back to work.

"Unfortunately we were given a cold shoulder yesterday. The impression I got from that treatment was that the superintendent was not interested in any meetings with the chosen representatives of the radiographers," he said.

Although in his statement the superintendent continued to guarantee X-ray services on a 24-hour basis, sources claimed there were still poor services affecting, particularly the Casualty and Orthopedic sectins.

Certain highly specialised radiographic investigations including X-rays, were now being restricted because of the shortage of staff. They also said the EMI scan, used in brain scanning, could not be used as readily anymore.

The 37 supplementary radiographers resigned en masse at the end of last month protesting at new salary scales which they claimed were unfair.

Hospital care not affected, says Loubser

CT 9/7/81

98 ~~95~~

Staff Reporter

THE MEC in charge of hospitals, Mr P J Loubser, said yesterday it was unfortunate that the Groote Schuur report and press reaction had given the public the impression that hospitals were giving a poorer service than usual.

He had asked for a report on the alleged nursing shortage and other problems at Groote Schuur Hospital and would issue a full statement later.

Replying to press queries on the contradiction between the Administration stand that there was no nursing shortage and the claims made in the report, Mr Loubser said it was true that fewer young women were entering the nursing profession, there had been increased number of resignations from various staff categories and hospital services had felt the effect of inflation.

He could give the assurance that the problem had not reached critical proportions and measures had been taken not only to maintain standards but also to improve them.

"I make so bold as to say that we have succeeded and the annual report of the hospital bears this out," said Mr Loubser.

This had been made possible by, among other things, the dedication, diligence and loyalty of nursing personnel under difficult circumstances.

"It was thus a disappointment that the choice of words made by some department heads casts a reflection on the quality of this service," Mr Loubser said.

A committee had been formed to investigate the problem and make recommendations. The committee's report was expected shortly and, together with other countrywide investigations currently being made, would form the basis for a long term solution.

● Professor H de V Heese, head of the Department of Paediatrics and Child Health at Groote Schuur Hospital, yesterday repeated claims made in his annual report that the nursing shortage had contributed to an increased death rate in the hospital's neonatal section.

The "relative shortage" of nurses that existed when he wrote the report was still present, Professor De V Heese said.

Hospital's report questioned

CT 10/7/81 (98)

By BOB MOLLOY

THE credibility of the Groote Schuur Hospital annual report is questioned in a press statement issued yesterday by the MEC in charge of hospitals, Mr P J Loubser.

Mr Loubser was replying to press queries on contradictions between the hospital view of the nursing shortage as critical and the Administration's denial that a crisis situation existed.

He gave figures to show that the nursing complement at the hospital had increased from 1 838 in 1978 to 1 937 in 1981. Taking the total staff of 7 000 into consideration, there was an average vacancy rate of 10 percent, which could not be described as either abnormal or critical, Mr Loubser said.

Pointing out that allocation of resources for salaries and equipment was under the sole control of the hospital management, Mr Loubser said requests from the hospital in March this year for the creation of 15 extra nursing posts had been granted. No further requests had been received, in spite of the fact that the department had wanted to place two Tiawanese nurses at the hospital for post-basic training.

"Contrary to the thrust of their report, and I must accept that heads of department had a say in it, these actions do not lend credibility to their statement regarding a critical nursing shortage," Mr Loubser said.

Method change

This impression was also difficult to reconcile with the statement of one of the heads of department that an increased child death rate was partly due to the lack of nursing staff.

"In this connection I am informed that the method of keeping statistics has changed and the figures for 1980 cannot be directly compared with those of previous years."

Formerly, figures of births and deaths at maternity units had been taken together with those of day hospitals. In addition, the nature of the service had changed in that it had been expanded to reach greater numbers of the lower socio-economic groups.

Mr P J Loubser

"I still view Professor V Heese's statement in such a serious light that I will ask the director of hospitals (Dr R L M Kotze) on his return from leave to make a personal investigation. And if he finds the figures to be true, to ask why Professor Heese did not mention the facts to the department earlier."

New proposals

Mr Loubser said he and his staff had "left no stone unturned" in their efforts to improve salaries and conditions for nurses. The department was at present formulating new proposals for presentation to the Commission for Administration.

"Our case, however, is not furthered by reports such as that of a far-fetched lead article in a local newspaper which coupled the nurses' salaries with infant deaths and described the recent increases as a meagre 12 percent."

In fact, the increases were 17 percent for whites, 32 percent for coloured nurses and 36 percent for blacks.

When it came to the provision of equipment, the hospital had been allocated R1 594 00 in 1978/9, R2 585 00 in 1979/80, R2 835 000 in 1980/1 and R3 250 00 for the current financial year.

"It is a personal disappointment to me that Professor Sealy of all people is apparently not satisfied, in view of the fact I went out of my way to see that his department received R1 250 000 over the past two years for two items.

"I can honestly not believe that this equipment is used only for 'special' patients — in my judgment all patients are special," Mr Loubser said.

'Continual battle'

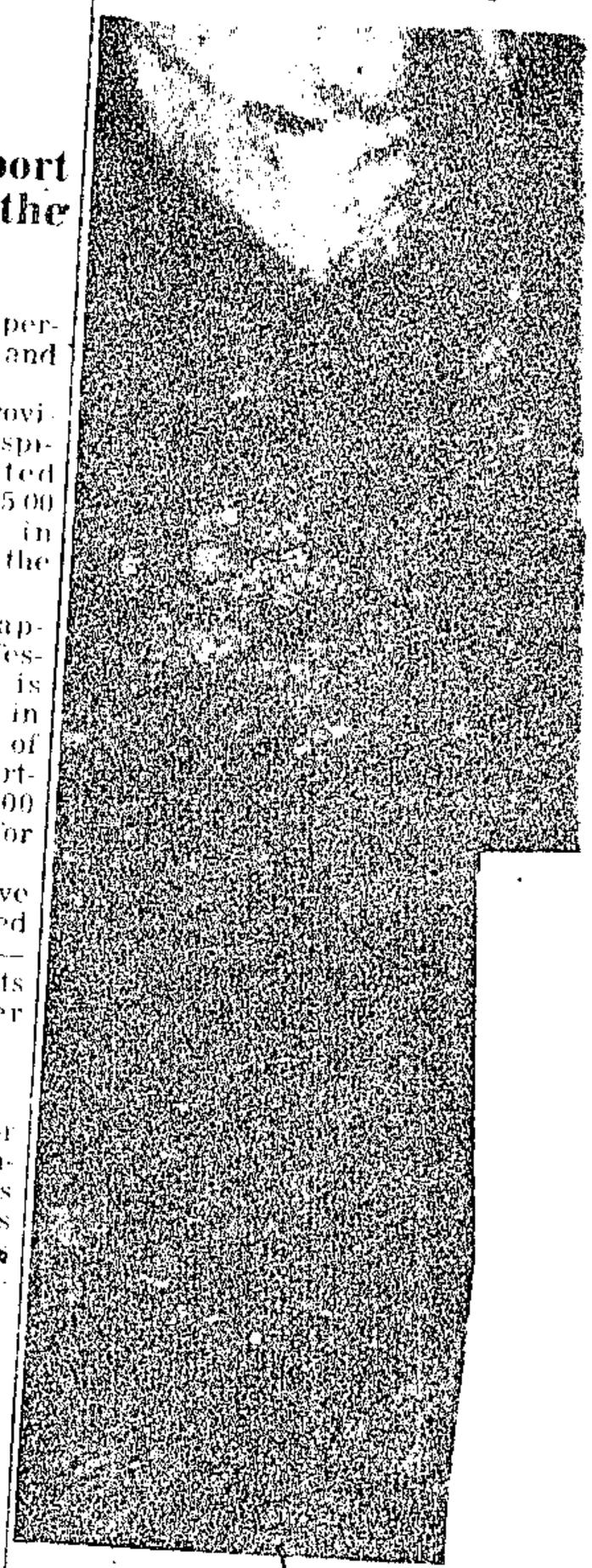
He agreed with Professor Sealy's view that service conditions of radiographers should be improved, and this was one of the categories which had been placed before the commission.

"But I wonder if the shortage can be really so extraordinarily worrying when it is taken into account that of a total establishment of 211 posts for radiographers only 23, or 11 percent, are vacant.

"I have also gone into the vacancy situation in other categories and nowhere can I find that it could be described as abnormal or extraordinary.

"It cannot be denied that the hospital department and its institutions, as elsewhere, are in a continual battle against problems of staff provision and inflation.

"The solution does not lie in continuous emphasis of the size of the problem or in blaming each other, but rather in co-operation to take all possible steps to meet the situation and get it under control," Mr Loubser said.



Snoep, a cross ridgeba himself in the leg. Five

Dog

Crime Reporter

AN armed robber shot himself in the leg when he was attacked by a guard dog during a hold-up of a Philippi demolition contractor yesterday morning.

Prove your claims, says hospital chief

Argus 11/7/81

By Keri Molloy

THE nursing crisis controversy erupted into the open this week with a challenge by the MEC in charge of hospitals, Mr P J Loubser, to Groote Schuur to prove hospital claims made by department heads in the hospital's annual report.

The challenge comes when Groote Schuur's medical superintendent, Dr Reeve Sanders, is on leave.

Also on leave is Dr R L M Kotze, Cape Director of Hospital Services, and many Groote Schuur department heads.

Those approached by Weekend Argus, including Professor V Heese who received strong criticism, would not comment on Mr Loubser's challenge to their credibility.

Groote Schuur's public relations office said all inquiries were to go directly to the Department of Hospital Services. 'If Mr Loubser makes a statement, that's it,' said a spokesman.

LITTLE OUTLET

There has been little outlet for those in the employ of Cape Administration hospitals to voice publicly their complaints in the past. Medical superintendents were instructed to refer discussion of nursing shortages to Dr Kotze, who repeatedly stuck to his view that there was no critical nursing shortage.

Nurses, unhappy with their working conditions were instructed to complain through 'the right channels'. Doctors and nurses who have talked anonymously to the Press in the past have been threatened with action.

This week Mr Loubser blamed Groote Schuur's report and Press reaction for giving the public the impression that hospitals were giving a poorer service than was expected of them.

Extracts from the controversial report:

- 'The post operative management of patients who have undergone cardiac transplantation has become virtually impossible due to inadequate nursing services' — Professor C N Barnard.
- 'Lack of beds, theatre facilities and medical and clerical staff hampered departmental efficiency . . . .' — Dr C Bloch (plastic surgery)
- 'Regrettably, the number of registered nurses and the number of student nurses is still insufficient to meet our needs' — Miss P Brassell (chief matron)
- '. . . a critical and crippling shortage of radiographic staff now exists' — Professor R Seally (radiation medicine).
- 'The nursing shortage has reached critical proportions and has led to curtailment of some essential services and to deterioration in the quality of care of patients in some areas of the hospital' — Professor S H Benatar (Department of Medicine).

One nursing sister who has left the profession and taken a secretarial job, says: 'Either the administration doesn't know what is going on or they are trying to lull the public.'

CONFIRMED

A specialist at Groote Schuur this week confirmed the understaffing of intensive care units in the cardiac section: 'Ideally there should be one trained sister to each post-operative patient. Last week four patients had the attention of only two trained sisters and one auxiliary nurse.

'There is a list of more than 30 patients waiting for cardiac surgery. Some have to wait up to six months and others have waited weeks when they should have been operated on immediately.'

Several cardiac patients approached by Weekend Argus this week were resigned to waiting for surgery.

Mrs J Williams of Sandrift was told in mid-June that she would have to wait two weeks or longer.

'They said they'll phone me. I know about the nursing crisis. If they can't do it, they can't. You can't force them,' she said.

'NURSE SHORTAGE KILLING PATIENTS'

S. Times 12/7/87

Heart surgeon slams Cape MEC

By TONY SPENCER-SMITH

ONE of the top surgeons in Professor Chris Barnard's crack Groote Schuur Hospital heart team lashed out yesterday at the Cape Provincial hospital authorities for denying that there was a critical nursing shortage.

Dr Jose de Rebeiga said he was so angry at the statement issued late this week by the MEC in charge of hospital services, Mr Dickie Loubser, that he wanted to speak out about the massive problems the nursing sculpture was causing the heart team, and the raw deal nurses were getting.

"The problems at the hospital are even worse now than when the annual report was written.

"Mr Loubser is not aware of the difficulties. He sits in an office somewhere else. He should come to the hospital to see things first hand."

Dr de Rebeiga claimed that:

- Heart patients had died because had had to go on a three month waiting list for operations caused by the shortage of intensive care nurses.
- The cardiac unit's intensive care facilities had to make do with 10 sisters when 20 were needed.
- Nurses were absolutely vital for the lives of patients at the hospital, but had to work outdated, gruelling 12 hour shifts for shockingly low salaries.

This made it extremely difficult to retain highly trained nursing staff.

On occasions, patients had had to be moved out of intensive care to make way for others — and had been sitting cold down for morning.

Dr de Rebeiga said nurses could not even express their complaints within the hospital without being accused of disloyalty

BABIES' DEATHS: DOCTOR BLAMES STAFF CRISIS

S. Tribune 12/7/88 (98)

By Tony Spencer-Smith

THE Cape's MEC in charge of hospitals, Mr Pietie Loubser, has clashed with top Groote Schuur doctors over a shock hospital annual report that claims babies are dying because of the nurses shortage.

The report, released this week, said crippling staff shortages and lack of funds for equipment, had led to inadequite patient care in some areas and cutbacks in some essential services at South Africa's most famous medical institution.

Startling claims made by departmental heads include:

- There has been a "considerable" increase in the death rate of babies in the maternity section, according to Professor Boet Heese, head of the Department of Paediatrics and Child Health.

- Professor Walter Beck, head of the Cardiac Clinic, says frustrations caused by an inability to provide an adequate service for patients "has had a demoralising effect on all concerned and it is hoped that some action will be taken before a serious breakdown in the system occurs".

- A "critical" shortage of nurses has led to "curtailment of some essential services and to deterioration in the quality of care of patients in some areas of the hospital," according to Professor Solly Benatar, head of the Division of Medicine.

- Inadequate nursing services had made the post-operative management of heart transplant patients virtually impossible, and ,according to the Head of the Department of Cardiac Surgery, Professor Chris Barnard, if this continues the transplant programme will have to be discontinued. He said that mainly because of a critical shortage of trained nurses and the unavailability of anaesthetists, the number of patients treated by his department has declined steadily over the last two years, despite an increase in demand for heart surgery.

- A "critical and crippling" shortage of radiographic staff exists, with 20 posts for radiographers being vacant late last year.

This was caused by "low salary scales and arduous working conditions", according to Professor Beck.

Because of this, the hospital's vital new cancer weapon — a variable-energy linear accelerator — "cannot be operated other than for an occasional special patient", according to the head of the Division of Radiation Medicine, Professor Rosall Sealy.

- Much of the equipment in the Division Pathology is 10 to 20 years old, and the replacement of condemned apparatus is a major problem since the budget is restricted.

But in a statement later this week, Mr Loubser questioned the credibility of the report, and particularly the statement by Professor Heese on the in-

ment and Groote Schuur were engaged in a "continual battle against problems of staff provision and inflation" but he said the solution did not lie in "continuous emphasis of the size of the problem."

He viewed Professor Heese's statement seriously, and would ask the director of hospitals to make a personal investigation and "If he finds the figures to be true, to ask why Professor Heese did not mention the facts to the department earlier."

On Professor Sealy's statement, he said he could honestly not believe the accelerator was used only for "special patients"

[FROM PAGE 1]

Babies die in Groote Schuur

was caused ultimately by "just too many babies being born" and problems would remain until black birthrates were [illegible]

In his report, he said the continued presence of the [illegible] staff-deficiency situation aggravated the situation.

"The salutary lessons should be obvious for future planning. No new unit can function without adequate numbers of appropriately trained staff, and installation facilities for intensive care and epidemic nursing are necessary for the new-born."

In the hospital's report, the medical superintendent, Dr Bryan Hendrick, said inflation had created "large problems with the budget".

"The upsurge in the economy of the Republic resulted in a draining away of many members of staff to the private sector because the salaries offered outside the public service were so much more attractive."

Professor Beck said in his report the heart surgery facilities had led to [illegible] patients and a [illegible] of patients [illegible] deteriorating states.

The head of the hospital's nursing [illegible], the Director of Nursing, Miss M. Bennett, said that [illegible] nursing posts [illegible] a large [illegible] of students. This [illegible] 47 students in Health [illegible] Nursing in January 1987.

Other comments from the report:

- The outpatients department "reported increasing [illegible] and long patient lists".

- In many areas of the Division of Pathology, increasing workloads resulted in "unbearable strain on staff and equipment".

- The department of Physiotherapy lacked [illegible] of beds, theatre facilities and medical and clerical staff, had hampered efficiency.

QUANTITY SURVEYING

(Continued)

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II : A R Low Keen

III: No award

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URBAN & REGIONAL PLANNING

The Star Monday July 13 1981 7

Star 13/7/81

Success saga of Reef hospital

(98)

At a time when hospitals everywhere are suffering acute staff shortages and dwindling bed numbers, Edenvale Hospital has doubled its staff and patient capacity since January this year.

At an exhibition last Friday Dr George Perling, superintendent of the hospital, said that in the next few months he would be opening the intensive care ward and thereafter his greatest and probably final ambition — the spinal injury rehabilitation centre.

Dr Perling thanked the Press for its co-operation. But most important, he said, was the unfailing help of his team of nurses in making Edenvale Hospital such an encouraging example of success.

Its intention was to give the public an insight into the hospital world and, hopefully, to encourage nursing recruits.

The district governor of Rotary, Mr Mike Coleman, said he knew Dr Perling's dreams would become a reality.

He pledged the full support of Rotary, Bedfordview.

Dr Perling said the exhibition at the Eastgate Shopping Centre, which ends on July 17, was probably Edenvale Hospital's greatest achievement.

Move for new teaching hospital in Durban

NM 14/7/81

Political Reporter

CABINET approval for a new multiracial teaching hospital in Durban will be sought by Dr Fred Clarke, MEC in charge of hospitals, when he visits Cape Town next week.

Dr Clarke said yesterday a site for the proposed 1 200-bed hospital had already been identified.

It was envisaged that white enrolment at the new teaching hospital would be restricted to allow greater opportunities to black and brown medical students.

He would seek assurances from the Government that the overcrowded and outdated King Edward VIII Hospital would be upgraded as a matter of urgency.

Dr Clarke is to see the Prime Minister, the Minister of Health and the Deputy Minister of Finance.

He pointed out that even if the Government agreed in principle to building a new hospital, it would take 10 years before the first patient was admitted.

Exco and provincial officials had met representatives of the University of Natal in Durban last week to discuss the building of a new hospital for the Natal Medical School.

Dr Clarke, who will accompany the Administrator of Natal, Mr Stoffel Botha, would try to solve the impasse between the Province and the Government over the size of the hospital.

Somerset hit by nursing shortage

Medical Reporter

SOMERSET Hospital was last year hard hit by the nursing shortage and almost half of the posts for white nurses were either vacant or filled by unqualified staff last December.

The hospital was also affected by a 'critical' shortage of radiographers and during the second part of the year doctors were asked, where possible to reduce the number of their requests for X-ray examinations, says the hospital's annual report.

Like the 1980 report recently released by Groote Schuur Hospital the Somerset report also discloses that the hospital was hampered by a lack of staff, a lack of space, and shortage of funds.

However, the hospital, 'because of its fine record, has not yet run into trouble with the serious nursing staff shortages reported elsewhere,' says the report.

One of the gravest causes for concern was the shortage of student nurses.

A total of 41 of the 175 posts set aside for student, pupil and assistant nurses in the white West block were unfilled by the end of last year.

Five of the 17 posts for senior sisters and four of the 43 positions for sisters were also vacant in this block.

Less affected was the hospital's North block, where 16 of the 68 student midwife posts and five of the 12 pupil nurse posts were unfilled.

'A total of 45 percent of our white posts are either vacant or are filled by other categories of staff,' said the report.

'Difficulty has been experienced in getting adequate staff for all departments, especially the maternity unit, monitor room and night duty shifts.

QUANTITY SURVEYING

(Continued)

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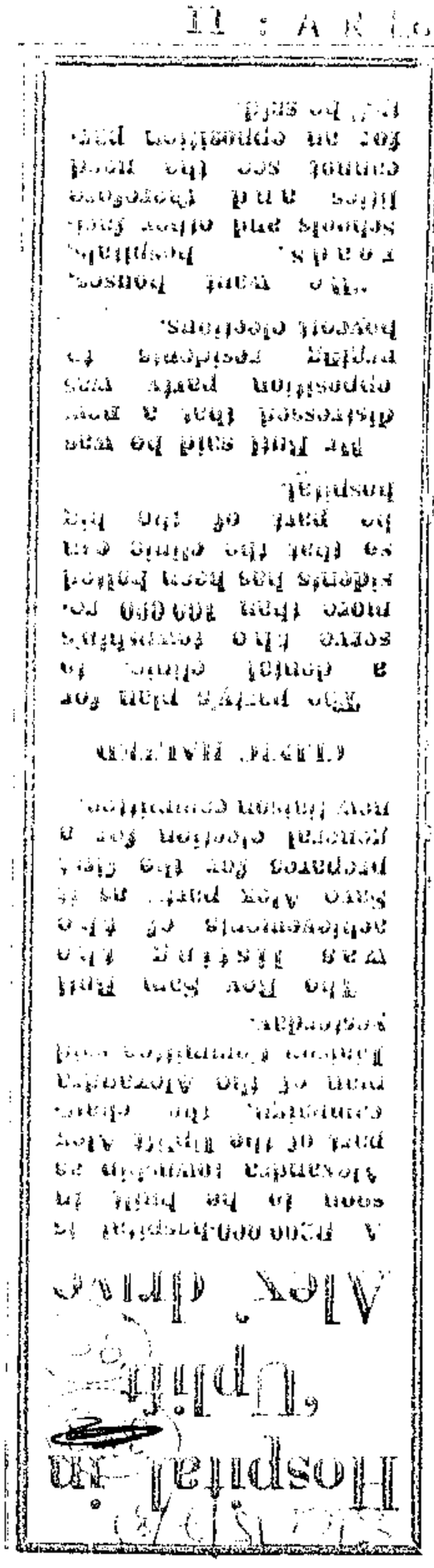
URBAN & REGIONAL PLANNING



CRISIS AT BARA AS TALKS BREAK DOWN

By WILLIE BOKALA

NEGOTIATIONS for the reinstatement of Baragwanath radiographers who resigned last month, leaving the hospital in a crisis, have now broken down completely.

Sowetan 17/7/81

And the Transvaal Medical Society (TMS) says it fears there will be a total breakdown in services unless the authorities do something quick to normalise the situation by taking back the 37 resigned radiographers.

The superintendent's office, however, continued to deny this week that a crisi existed and said despite the resignations last month, the hospital could still afford to provide a 24-hour X-ray service.

The TMS said in a statement it wanted to make the general public aware of the seriousness of the situation it claims.

• Great difficulties have been put in the way of doctors in attempting to obtain X-rays for patients where needed. Doctors have to request separate transport facilities, interns need the permission of seniors to use X-rays and generally, doctors were frustrated because the use of X-rays was discouraged. Money is being used to attract people to work extra hours in the department. Greater use is being made of unqualified diploma students by offering them remuneration for extra services and this has blunted the breakdown in services since the radiographers resigned.

• The use of specialised equipment at the hospital has been restricted. The EMI scanner was previously made available for use by the other hospitals in the Transvaal, but, this service has now been severely curtailed.

The superintendent, Dr Chris van den Heever, is said to have issued application forms to the radiographers to make new applications, but they have declined this offer because the conditions for their return have not been met.

He is also said to have snubed and given the committee representing the radiographers a "cold shoulder" when they attempted to have a meeting with him last week.

The radiographers claim they would not be protected against victimisation if they signed the application forms without a guarantee.

Dr van den Heever could not be reached for comment on the TMS claims this week. He was said to be busy with arrangement for the hospital choir to go on a tour of Israel.

Confusion over hospital pull-out

THE decision by the Lebowa government to withdraw its Pedi-speaking nursing staff from Shiluvane hospital, Tzaneen, last week has created a staff shortage and inconvenience for patients still in the hospital.

The hospital, which is on the "border" between Lebowa and Gazankulu bantustans, was under the control of the Presbyterian church until last week, when the church decided to hand it over to Gazankulu.

The move has prompted the Lebowa government to withdraw its nursing staff and the patients were carried by trucks to Meetse-a-bophelo and Kgaphane hospitals in Sekhukhuniland, causing overcrowding in both hospitals.

The Lebowa Chief Minister, Dr CM Phathudi, confirmed that his government has withdrawn its nursing staff from the hospital because of the raw deal they have received from the Presbyterian church.

Argus 24/7/81

Allegations nonsensical — matron of hospital

(98)

Medical Reporter

CLAIMS that 13 tuberculosis patients left the Sonstraal Hospital, Paarl, because they were receiving inadequate food and treatment were today described as 'a lot of nonsense' by the matron.

The matron, who did not want her name published, confirmed that the patients had discharged themselves, but said their complaints stemmed mainly from not being used to the changes in their diet.

'One told me that she usually has eight slices of bread — each more than 2 cm thick — and a cup of tea for breakfast.'

MENU

'Here their breakfast consists of porridge with milk and sugar, an egg and tea.'

'They receive tea again later in the morning, meat and two types of vegetable for lunch, and soup with a dish such as spaghetti and mince or fish for supper. Later in the evening they receive tea and bread with a spread on it.'

A former patient, Miss Julia Jordaan, has alleged that TB sufferers did not receive cough medicine. The matron said this was 'definitely not true.'

'Miss Jordaan claims that I was the person who refused to give them medicine on the grounds that they would not have received it at home.

'Yet it is the sisters who are in charge of dispensing medication, and when the patients ask for something they receive it immediately.'

The matron also denied a claim that Miss Jordaan spent eight days in the hospital before being examined by a doctor.

It is understood that several patients who left the hospital later approached the local divisional council clinic for treatment.

URBAN & REGIONAL PLANNING

Row mounts over white nursing crisis

APM 24/7/81

THE furore over white medical staff vacancies is mounting among doctors. While hundreds of vacancies are advertised in the Transvaal, black medical personnel are searching for jobs.

. . . while blacks hunt jobs

By ADA STUIJT

The supervisor of Soweto's Baragwanath Hospital, Dr Manie van der Heever, says he has experienced no staff problems.

"I can pick and choose my nursing staff because there aren't many vacancies for black nurses."

And yet white hospitals are being forced to close entire wards because of the lack of personnel.

Two wards with 58 beds will close at Vereeniging's white hospital at the end of this month because of a shortage of nursing staff, according to a spokesman for the hospital.

"We suffer a 48% shortage of junior personnel, students and student nurses and will refer all non-urgent cases to our waiting list when the two wards close at the end of the month," he said.

Protected

An entire ward at the Johannesburg General Hospital is run by six part-time nurses and one fulltime nurse.

At J G Strijdom and Edenvale hospitals, many vacancies are filled by part-time staffers.

The whole of the old Children's Hospital is being used as an outpatients clinic. Many types of patients are treated there. Even the Toy Library — a protected workshop for white mentally handicapped patients — is housed there.

Last night, Prof Guy de Klerk, chairman of the Medical Association of South Africa, pleaded to allow black nursing staff into white Government-run hospitals on the Afrikaans radio-programme Rekenskap.

But this viewpoint was called "selfish of whites" by the president of the South African Nursing Association, Professor Charlotte Searle.

"The white population is trying to lure away coloured and black nurses who are desperately needed by their own people," she charged.

Professor Chris Barnard — who also featured on the radio programme — last week pleaded for "medical service stints" for young women at Government hospitals. He saw it as similar to military service for young men.

His viewpoint last night was supported by Prof De Klerk — even though the two medical giants clashed about the quality of medical services in South Africa.

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(Continued)

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Sophisticated technology was used at Baragwanath Hospital this week to test the hearing of Mr Johannes Motloung (51), a former Springbok shot-put and javelin paraplegic champion. The R75 000 evoked response averager — one of the most advanced diagnostic machins of its kind in the world — was handed over to the hospital's acting superintendent, Dr S Cronje (centre), by Dr Jon Peters (left) and Mr Gary Smith of the manufacturing company.

Bara gets advanced diagnostic machine

SOW 24/7/81 (98)

Medical Correspondent

One of the most advanced diagnostic machines of its kind in the world has been installed in the neurology department at Baragwanath Hospital.

The American-made evoked response averager is the first to be sold to a South African medical institution. It is used to detect brain tumours, sight and hearing disorders and other serious conditions.

The highly sophisticated medical system detects hearing loss in new-born babies and others unable to communicate.

The hospital's neurology and speech therapy and audiology departments plan extensive research using the apparatus.

The machine was this week handed over to the acting superintendent of the hospital, Dr S Cronje, by the manufacturers.

The apparatus records waveforms (evoked potentials) emanating from the sensory areas of the brain. The waveforms, produced when the brain receives a stimulus through one of its sensory areas, are recorded and used to diagnose disease.

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(Continued)

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URBAN & REGIONAL PLANNING

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Star 30/7/85

Pretoria hospital forced to close 2 more wards

Medical Correspondent

Pretoria's HF Verwoerd Hospital — hard hit by a serious nursing shortage — is closing two more wards today, the superintendent, Dr T van Wyngaard, has disclosed.

The nursing crisis now affects several Rand hospitals and some institutions have filled only half their nursing posts. Nurses are working under great pressure to cope with the work.

The Star reported yesterday that the multi-million Rand Johannesburg Hospital is admitting only the most seriously ill patients. Only 1 023 of a potential 2 000 beds are being used. More than 120 beds were closed in December.

The H F Verwoerd Hospital and the Far East Rand Hospital in Springs have each filled only half of their nursing posts.

Dr van Wyngaard of Pretoria said today: "We are being compelled to close 39 more beds today. We are trying our best under difficult circumstances and can cope with most admissions. No emergency cases are being turned away."

Far East Rand Hospital said part-time nurses were helping to relieve the pressure. No wards had been closed recently.

Edenvale Hospital had sufficient nurses to "hold its own," said the superintendent, Dr C Perling.

A spokesman said Baragwanath Hospital had no severe nursing shortage but had insufficient radiographers.

Dr S S Weyers, superintendent of the J G Strijdom Hospital, Johannesburg, said his hospital was short-staffed but that no beds would be closed. Dr Weyers added that many posts were filled by unqualified staff.

More wards Close as staff shortage hits

(98) RDM 1/8/81

By PHILLIP GARDNER

PRETORIA'S biggest hospital, the H F Verwoerd, will close two children's wards with 38 beds at the weekend, the superintendent, Dr E van Wyngaard said yesterday.

The hospital, hit by a severe shortage of qualified personnel, has already closed 200 beds. Earlier this week the gynaecology and female neurology wards had to be closed.

However, Dr Van Wyngaard said he was "very optimistic" that the situation would stabilise.

"It's a bad time of the year. Nurses are writing exams and doing courses. At the moment we can cope with most of the admissions and no emergency cases are turned away," he said.

"The situation will stabilize, I am very sure of that," he added.

The superintendent of the Pretoria West Hospital, Dr H Malan, said although 50 beds had been closed for about five months, the hospital was coping with the situation.

Dr Malan said she did not foresee having to close more beds.

Shortage

She said a number of nurses who had completed their training would join the hospital staff shortly, which would be a great help.

A spokesman for the Zuid Afrikaanse Hospital said although they had a 10% staff shortage, he did not foresee they would be closing beds in the future.

Dr S Latsky, MEC for Hospital Services, said the administration was doing everything possible to attract staff, but a shortage of all types of hospital personnel was being experienced.

This was forcing the closure of hospital beds. There was no immediate solution to the problem.

Ambulance fall: 2 men fired

DD 1/8/8 (98)

EAST LONDON — An ambulance driver and his assistant have been fired after an elderly patient in their care fell out of the back of a municipal ambulance in Duncan Village.

The patient, who was lying on a stretcher, slid out of the back door of the ambulance and sustained minor injuries.

The city's chief fire officer, Mr Bill Kenny, said the two ambulancemen had been given their marching orders yesterday.

"Thank goodness the patient's injuries were not serious. He could have been killed," Mr Kenny said.

He accused the driver and the assistant of "gross negligence" and said he had no alternative but to dismiss them "on the turn."

"I will not, under any circumstances, tolerate such flagrant disregard for orders laid down for the care of patients," Mr Kenny said.

The divisional ambulance officer of the fire department, Mr Theunis Barry, said at least three standing orders must have been disobeyed.

"The most serious is that both men were in front when the patient fell out. We have a very strict ruling that the assistant must, in all cases, be with the patient in the back of the ambulance.

"As the senior of the two, the driver should have ordered his assistant into the back, and the assistant knows that he should have been in the back.

"Secondly, all ambulances have a locking device which locks the stretcher to the side of the ambulance, and this had not been done.

"Thirdly, the door of the ambulance has a strong lock on it, and this could not have been closed properly."

Mr Barry said of the four ambulances used for black patients, three were bought in December last year and are new. The fourth is larger and is two years old.

The Daily Dispatch was invited to inspect all four ambulances yesterday, and all were spotlessly clean and in good working order.

"Any fault, no matter how small, has to be logged by the driver in a special faults report book. The fault is then examined by an inspector and if there is the slightest hint that the fault could prevent top class running of the ambulance, the ambulance is put out of commission and fixed up by our own mechanics," Mr Barry said.

"There was nothing wrong with the door of the ambulance or the locking device for the stretcher.

"We are very proud of our ambulance service, and I can assure you we intend to look after it. We don't ride rubbish on the roads," Mr Barry said.

"We have inspectors who do spot checks on ambulance calls, but we have between 2 000 and 3 000 calls every month and we can't check them all. But this will not happen again," he said. — DDR

Debts are unpaid hospital fees

Star Reporter

FORTY percent of the province's debits during the past financial year were unpaid hospital fees of R6,4-million, the Progressive Federal Party's spokesman on finance in the Provincial Council, Mr Geoff Everingham, said yesterday.

Quoting the provincial auditor's report, Mr Everingham said R1,7-million had been written off as "irrecoverable fees".

The sum of outstanding and irrecoverable fees had been rising during the last few years and the trend was in the wrong direction, he said.

The auditor had also reported that of 115 hospitals inspected, 44 exercized insufficient control over fees, and at 43 there was insufficient control of stocks.

At 18 hospitals admission forms had been unavailable.

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(8.20)

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Hospital claims 'totally unjust'

CT 5/8/81 (98)

Staff Reporter

THE MEC for hospitals, Mr P J. Loubser, yesterday queried the motives of those who highlighted hospital problems with such "regularity and venom" while at the same time underplaying facts which disputed their criticisms.

Mentioning the "sensational and negative" reports which appeared in "some newspapers", Mr Loubser said one got the impression that such criticisms were aimed at putting the government in a poor light.

Replying to Dr John Sonnenberg's motion that a select committee be established to investigate nursing, Mr Loubser said he noticed that the opposition's provincial spokesman on health matters had told the press of his intention to raise the motion as early as July 17.

He criticized Dr Sonnenberg for not bringing his call for a committee to his notice sooner.

"Not once has he been into my office," he told the Provincial Council.

Mr Loubser said he was aware of the problem areas and that he had the "greatest admiration" for those who worked within these areas.

His department had left "no stone unturned" in its efforts to improve the situation and he thought it "utterly unjust" to accuse the administration of doing nothing.

He quoted figures showing how the salaries of white nurses had risen by more than 17 percent in 1979, more than 15 percent last year and again more than 17 percent this year.

The salaries of coloured nurses had risen by more than 20, 17 and 32 percent over the same period, and those of black nurses by more than 23, 18 and 36 percent.

"Total parity" in salaries between white and coloured nurses was the aim of his department and he hoped the next salary adjustment would accomplish this in all ranks.

$x_{i1}, x_{i2}, \ldots, x_{in_i}$) is chosen from each stratum. ($\sum_{i=1}^{k} n_i = n$).

Each SRS has sample mean and variance

$$\bar{x}_i = \frac{1}{n_i} \sum_{j=1}^{n_i} x_{ij} \qquad (8.21)$$

$$s_i^2 = \frac{1}{n_i - 1} \sum_{j=1}^{n_i} (x_{ij} - \bar{x}_i)^2 \qquad (8.22)$$

and the stratum sampling fraction $f_i = n_i / N_i$

We define the Stratified Sample Mean (an estimate of $\bar{X}$) as

$$\bar{x}_{st} = \sum_{i=1}^{k} W_i \bar{x}_i = \frac{1}{N} \sum_{i=1}^{k} N_i \bar{x}_i \qquad (8.23)$$

The unstratified estimate of $\bar{X}$, $\bar{x}$ is equivalent to

$$\bar{x}_{SRS} = \frac{1}{n} \sum_{i=1}^{k} n_i \bar{x}_i \qquad (8.24)$$

and is only equal to $\bar{x}_{st}$ when $f_i = f$ (for all i),

Copper pipes for hospital

Financial Reporter

A CONTRACT to supply 30 tons of copper tubing for the first stage of the replumbing of the Johannesburg Hospital has been awarded to Maksal Tubes (Pty).

The present pipes were installed when the hospital, which has had a history of faults, was constructed. The hospital was officially opened on July 3, 1978.

In the past financial year the hospital spent R250 000 on repairing burst water pipes before a decision was made to replace the iron pipes with a stronger, more durable, copper piping.

In May this year the technical manager of the firm contracted to install the pipes when the hospital was built said the new copper piping, its fitting, and installation would cost about R4-million. The original plumbing contract with iron piping was worth R4 500 000.

The water leaks have been attributed to a form of bacteria that thrive in the iron piping and cause rust. They do not affect copper.

It was a nightmare being a patient at Mowbray

CT 5/8/81 (98) ~~175~~

MENTION Mowbray hospital to anyone and they will immediately respond that it is a superb hospital, equipped with the best, staffed with the best, etc etc.

Having been there a few weeks ago, I can vouch for the superb medical and nursing care. But, and it's a big but, Mowbray is beginning to suffer the consequences of inadequate staff.

The nursing shortage is not as noticeable in the labour ward where one is under constant observation but as soon as your baby has been born and one is wheeled upstairs to the post-natal section, the effects of understaffing become very obvious.

For example, a few hours after my son had been born, I was uncomfortable and bleeding and needed attention.

Rang the bell

I rang the bell but there was no response. Three hours later, I got up out of bed and flagged down a nurse in the corridor. She explained that there were so few of them on duty that they could only attend to major crises.

That same night, one of the women in the ward had to keep her finger on the bell for five minutes before someone went to her aid.

Nurses I spoke to in the wards said they could not manage to give their patients the "textbook" care they needed because there was such a shortage.

One midwife, who was ready to qualify in a few weeks, spoke to me as she dusted my locker. She said that as soon as she had finished her midwifery course she was going to leave nursing.

The reason? After being qualified for three years she was clearing a salary of R285 a month. She loved nursing but could not manage on her earnings and was leaving to go to university, and be supported by her parents again.

Being a patient at Mowbray was a nightmare. One had to nag for every pill, every bit of attention . . . not because the nurses did not want to help. They just did not have the time because there were so many that needed their help.

After a particularly bad night, I began to feel that I was one of the weary wounded in a makeshift hospital after the charge of the Light Brigade.

Those nurses work long hours and they are under the steely care of a very efficient head nursing sister in the ward. But even her watchful eye and the brave efforts of midwives cannot provide adequate care for new mothers.

To beat it all, one of the nurses told me that Mowbray was supposed to be one of the best-staffed hospitals in the Western Cape. One shudders to think what the others are like.

This is what the Mowbray midwives had to say:

- When the wards are not busy we can cope but as soon as we have our full quota of patients we get into a panic, there just aren't enough of us around.
- We work long hours and have to do the most mundane chores but things are going to get worse because the graduates aren't coming in to take over. They are leaving in droves.
- The reward of nursing patients back to health has ceased to be important. I have to live as well.

STAR 19/5/75

Pretoria hospital faces crisis

Own Correspondent

Pretoria's H F Verwoerd Hospital is running on student power and will face an unprecedented crisis when students start examinations in two months' time.

The superintendent, Dr Evert van Wyngaard, said the hospital would have to close down more wards if the staff situation did not improve before October.

And the chances of improvement were slim.

At the moment 238 of the 1 137 beds in the hospital were not in use due to staff shortages.

With the present 53 percent shortage of qualified staff and other staff, including student nurses, the hospital was already run with less staff than the absolute minimum required to ensure the safety of patients, Dr van Wyngaard said.

The hospital will be severely hit when student nurses and medical students recruited to do part-time work are withdrawn from the hospital to write exams.

"I honestly don't know how we are going to man the wards," Dr van Wyngaard said.

H F Verwoerd was a training hospital and the wards had to be kept open if staff were to be trained for the future, he said.

The hospital was struggling to keep staff it has trained. Of the group that qualified at the end of July only one percent of the original group would stay on at the hospital.

Dr van Wyngaard said that the rate of applications from students to be trained next year was very slow.

Although scholars were still interested in holiday work in the hospital, the danger that they would lose interest in nursing as a career, because of the pressure on them caused by the staff crisis, was very real, he said.

H F Verwoerd depended heavily on it's district service because patients had to be discharged earlier than usual. At the moment a squad of 13 district nurses took care of about 600 discharged patients at their homes, said Dr van Wyngaard.

Emergency cases could still be handled at the hospital.

He said urgent attention must be given to the financial situation of nursing staff. That would include salaries, housing and fringe benefits.

The problem areas had been identified and brought to the notice of the Director of Hospital Services, Dr Hennie Grove.

Another long term solution would be if hospital work for girls leaving school was made compulsory, as national service was for men.

Besides alleviating severe staff shortages, it might entice girls to make nursing their career. He said there was a wide range of hospital work from which girls could choose. The "forced labour" of national servicemen hardly resulted in an army of poor quality, he said.

Another positive step would be to contact schools to promote nursing as a career, said Dr van Wyngaard.

Funds for hospitals inadequate —professor

Argus 6/8/81

(98)

Medical Reporter

THE quality of South Africa's curative health services would deteriorate if the Government did not provide enough money for them, the head of the University of Cape Town's Department of Medicine, Professor S R Benatar, warned last night.

Already hard-hit were the teaching hospitals in the Cape, which in some cases received less than half the amount of money allocated to the hospitals in the other three provinces.

'Even more alarming is the fact that several non-teaching hospitals are receiving greater financial support than our teaching hospitals in the Cape,' said Professor Benatar during his inaugural lecture.

BEDS FULL

Pointing out that the beds in Cape hospitals were almost always full and that teaching hospitals spent almost three times more on their patients than non-teaching hospitals, Professor Benatar said it was clear that these hospitals were 'inadequately funded.'

An example of this was Groote Schuur Hospital, where the budget allocation had risen by only 5,7 percent a year between 1976 and 1979.

OLD EQUIPMENT

'In the face of inflation this was clearly inadequate, and especially so when one considers the rate at which old equipment needs to be replaced . . . and the increased amount of time that needs to be spent with each patient when more and more complex medical problems are handled,' said Professor Benatar.

Professor S R Benatar

Although the Cape Provincial Administration had recognised this and increased the hospital's budget by almost 40 percent between 1979 and 1980 morale had dropped and staff had already resigned.

SENIOR STAFF

This meant that there was still a shortage of senior staff.

Professor Benatar also called for immediate improvements in salaries and working conditions for nurses as they would have to play a considerably larger role in medicine as the population grew.

It was not enough simply to allocate more money for preventive medicine, he said.

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One in five hospital jobs is vacant

6/8/81 (96)

Political Staff

An average of one in five posts in the Transvaal hospital services for medical, paramedical, nursing and administration staff is vacant.

Figures released by the MEC in charge of hospital services, Dr Servaas Latsky, showed that the shortage was worst in paramedical services where more than a third — 36 percent — of the 1 918 posts were vacant.

There was a 26 percent shortage in the 25 796 nursing posts, while medical staff vacancies amounted to 19 percent of the 4 595 posts and administration shortages to 16 percent of the 4 168 posts.

TRAINING

Dr Latsky said there were 581 whites and 504 black, coloured and Asian nurses in their first year of training.

There were 507 white, 398 black and 63 coloured and Asian nurses in their second year.

In their third year were 555 whites, 543 blacks and 77 coloured and Asian nurses.

Ninety-three white nurses were completing their fourth year. No figures were given for other races.

Replying to questions by Mr Joel Mervis (PFP, Edenvale), Dr Latsky said that 64 931 blacks had applied to be trained as nurses at Baragwanath Hospital from 1978 to the end of July this year.

REJECTED

Of these, only 1 676 students and pupil nurses had been accepted. Most applications were rejected because they did not meet the requirements of the SA Nursing Council.

The Johannesburg Hospital had 2 327 nursing posts, of which 1 187 were filled full-time and 112 part-time.

All were filled by white nurses as there were not enough suitably qualified black students available for black hospitals and it was out of the question to staff the Johannesburg Hospital with black nursing applicants.

It was also against provincial policy.

Dr Latsky said 169 student nurses who, normally, would have been in their third year had dropped out since the course started.

The post-operative observation facility in the surgical section at the hospital had been closed from September 1 last year to February 28 this year because of a shortage of suitably qualified nurses, Dr Latsky said. He could not give any assurance that it would not be closed again.

ANALYSIS

The hospital's bed occupancy rate last year was about 74 percent and 1 017 beds were currently in use.

An analysis of figures released by Dr Latsky showed that slightly more than half the 2 504 nursing posts at the hospital were filled.

Most other posts at the hospital showed a shortage of between 20 and 40 percent.

O Page 13: Other Provincial Council news.

Row over nurse shortage

CT 7/8/81 (98)

Political Staff

HOUSE OF ASSEMBLY. — The Minister of Health, Dr L A P A Munnik, said yesterday there was no serious shortage of white nurses in South Africa — the problem was there were too many hospital beds for whites.

Dr Munnik said the alleged shortage of nurses was a shortage on paper.

In the Cape, 89 percent of the nursing posts were filled. There were 126 vacant positions for trained white nurses but 206 vacancies for trained black nurses.

Dr Munnik asked how black nurses could be taken away and placed in white hospitals. "It would be one of the most immoral acts to take them away and let them work for whites," he said.

"One of our biggest problems is that we have too many white (hospital) beds for the white population," Dr Munnik said. For that reason, no further hospitals would be built without permission of the minister and thorough investigation to see whether it was "absolutely necessary".

Dr Munnik's statements came during a heated row with Dr Marius Barnard, Opposition spokesman on health, who spoke about the "critical" shortage of nurses that was causing "utmost concern in the medical profession".

Some doctors believed the mortality rate was increasing as a result, he said.

Dr Munnik said the former surgeon had attacked him in the House because he had not forgiven Dr Munnik for having taken disciplinary steps against him when he was Administrator of the Cape.

Earlier Dr Barnard had referred to the minister as a once "cocky young man" (mannetjie-uitkrop) and a not bad administrator" but, "without doubt a weak minister".

"This minister has proved wrong the saying that things cannot get worse. They are not only getting worse, things are getting worse than worse."

The nursing crisis was such that some doctors were saying that the mortality rate was increasing as a result. Government members treated such serious things lightly but life was not a laughing matter.

Did the minister not believe that the practice of apartheid in the health services of the country was immoral and expensive? He should say what was more important to him as a man who took the Hippocratic Oath, the health of his patients or the colour of their skins.

Dr Munnik replied with a scathing attack on Dr Barnard, accusing him of behaving like a "prima donna" while he as a cardiac surgeon at Groote Schuur and antagonizing nurses by his behavior that allegedly included throwing around "clamps and things" in the operating theatre.

Dr Barnard challenged Dr Munnik to prove his allegations.

In spite of strong objections from the Opposition, the Deputy Speaker, Mr Frank le Roux, who was in the chair, allowed the minister's remarks to stand.

Mr Le Roux said he did not interpret the minster's remarks as a reflection on the "integrity and professional conduct" of Dr Barnard.

During his speech, Dr Barnard said that according to the latest statistics there were only 167 black doctors in the country out of a total of 12 638. The statistics also showed that in some urban areas there was one doctor for every 600 people while in some rural areas there was one doctor for every 100 000 potential patients.

The shortage of nurses was so severe that many hospitals were closing beds and wards, Dr Barnard said.

Dr Munnik replied by quoting statistics to show that there was no serious nursing shortage among whites. In the Free State, 86 percent of the posts were filled, in Natal 96 percent and in the Transvaal 76.

South Africans would not accept opening hospitals to all and while he remained minister that would not be allowed. Such a step would cause chaos, Dr Munnik said.

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1 200-bed hospital for Pretoria

By GERALD REILLY

THE Cabinet has given the go-ahead for a 1 200-bed academic hospital to be built in the grounds of the H F Verwoerd Hospital in Pretoria, the Administrator Mr Willem Cruywagen announced last night.

The 1 200 beds would include 150 beds for other races for specialist treatment.

Demolition

The planning team had already been appointed.

The new hospital would necessitate the demolition of certain existing buildings but, the Administrator said, an assurance could be given that the Sir Herbert Baker part of the existing hospital would not be affected.

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Annual report contradicted by Munnik

Dr L A P A Munnik

JOHANNESBURG. — The statement to Parliament on Thursday by the Minister of Health, Dr L A P A Munnik, that there is no serious shortage of white nurses in South Africa, contradicts his own department's annual report and his own spokesman.

In his own department's annual report, the minister contradicts his Thursday parliamentary statement: "Sufficient personnel could not be recruited or retained. In the case of nursing staff the shortages have reached serious proportions.

"The general revision of salaries as from 1 April 1980 has not resulted in an improvement of the situation. In the Witwatersrand area the recruitment of staff has virtually ceased.

"As a result of the staff situation essential services for which the department is responsible are being rendered unsatisfactorily and certain services run the risk of collapsing," the report further states.

"This state of affairs assumed dramatic proportions towards the end of the year. "The department will therefore not be able to meet its statutory and other commitments even on the basis of minimum efficiency. This particularly applies to nursing of patients in the care of the State . . ."

The Administrator of the Transvaal, Mr Willem Cruywagen, said that of the 12 169 white nursing posts available, only 8 001 had been filled, while more than 10 000 black nurses were employed in the 11 681 available posts in the Transvaal.

And the province's hospitals are closing down wards because of the critical nursing shortage, their superintendents have said.

Yet in Parliament on Thursday, Dr Munnik said there was no serious shortage of white nurses in South Africa — the problem was there were too many hospital beds for whites.

● This past month, the superintendent of Pretoria's H F Verwoerd Hospital, Dr Evert van Wyngaard, said his hospital was forced to close several wards because of the nursing shortage.

● This month the Andrew McColm Hospital in Pretoria was forced to cut another 18 beds, bringing the total of beds closed in provincial hospitals in Pretoria to 179 — 93 in the H F Verwoerd, 50 in the Pretoria West Hospital and 36 in the Andrew McColm.

● The nursing crisis at Johannesburg Hospital is now so critical that only the most seriously ill patients are being admitted, Dr Neville Howes said. He said only 1 023 of a potential 2 000 beds were in use. More than 120 beds were closed in December.

● Dr Hennie Grove, director of Hospital Services in the Transvaal, said yesterday that 90 percent of the nursing posts at the Indian Hospital in Johannesburg still had to be filled.

"The white population is trying to lure away coloured and black nurses who are desperately needed by their own people," she charged.

Yet Baragnawath Hospital superintendent, Dr M van der Heever, said he could pick and choose his nursing staff because there were not many vacancies for black nurses.

Nurses: New call for explanation

CT 9/8/81

Chief Reporter

DR Marius Barnard, the Opposition spokesman on health in Parliament, yesterday challenged the Minister of Health, Dr L A P A Munnik, and the provincial hospital authorities to explain why, if there was an excess of beds for whites, costly hospital expansion schemes were being proceeded with.

He was commenting on the statement made in Parliament by Dr Munnik that there was no serious shortage of white nurses in South Africa: the problem was that there were too many hospitals beds for whites.

Dr Munnik said the alleged shortage of nurses was "a shortage on paper".

Dr Barnard, with whom Dr Munnik clashed in the no-confidence debate in the Assembly on Thursday, said yesterday:

"If the Minister of Health is correct about there being too many beds for whites, how does he explain the fact that the Cape Provincial hospitals department recently increased its quota of white beds by taking over the Volkshospitaal in Cape Town from private ownership?

Projects

"And how does he explain the vast sums of money being spent on new hospital projects or on major extensions when whole floors have had to be shut down in existing hospitals because of the shortage of nursing staff?

"Surely this reflects very poor planning on the part of the authorities — and as it is the taxpayer who must foot the bill, the public is surely entitled to know who was responsible for this poor planning, and for the excessive expenditure it has incurred."

○ A woman who said she was a former cardiac theatre sister at Groote Schuur Hospital, and preferred to remain anonymous, telephoned the Cape Times yesterday to say she had been shocked and angered by the reported statement in Parliament by Dr Munnik that Dr Barnard had behaved "like a prima donna" while he was a cardiac surgeon at Groote Schuur Hospital.

"I worked with Dr Barnard for about 10 years and I think it is grossly unfair that the public should be left with the impression that, as the minister put it, Dr Barnard antagonized nurses by his behaviour which allegedly included throwing around 'clamps and things' in the operating theatre.

Theatre staff

"What I can say as a matter of fact, from personal experience — not the hearsay Dr Munnik appears to have relied on — is that theatre staff used to fight among themselves to 'scrub' for Dr Barnard in theatre.

"The reason is that we found him a very human, reasonable person — and a very considerate and kindly man who always had time to discuss things or to hear about one's problems.

"This picture painted of him in Parliament as someone who upset the nurses by throwing things around the theatre is an entirely false one, and I can only deplore the fact that smear tactics of this kind can be resorted to by a member of the cabinet."

Critics 'insult' doctors

Staff Reporter

THOSE people who climbed on to soapboxes and found fault with the provision of medical services in South Africa were actually insulting doctors, nurses and others in the medical profession, the Minister of Health, Dr L A P A Munnik, said yesterday.

He was speaking at the official opening of the 25th academic year day and 25th anniversary of the faculty of medicine of the University of Stellenbosch at Tygerberg Hospital.

"There is not a single person in South Africa who does not have access to the best medical services available, no matter what his or her race, colour or ethnic origin," Dr Munnik told about 200 doctors, students and official guests.

The days had come when it was too expensive to build big hospitals, and services were being further hampered by a threatening shortage of nurses and doctors.

Those in medicine were nevertheless still winners on the world scene, Dr Munnik said.

"As far as our medical services are concerned, we have nothing to be ashamed of."

Hospital wrangle costing R1-m a month

S. Times 9/8/87 (98)

By RAJENDRA CHETTY

GOVERNMENT delay in approving a badly needed hospital in Durban is costing the taxpayer R1-million a month.

The cause is a wrangle between the Natal Provincial Council and the Government over the number of beds the hospital — to be built at Phoenix — should have.

The province feels it can save R22-million of the R50-million cost of the hospital by using existing plans for the new 1 000-bed Grey's Hospital to build the hospital. The Government is opposed to this because it claims only 600 beds are necessary.

Dr Fred Clarke, MEC in charge of hospitals, confirmed that the delay was costing R1-million a month.

He said Natal was ready to call for a tender this year and save itself a fortune if the Government sped up its decision and approved the 1 000 bed hospital.

He said he had held lengthy talks with the Minister of Health, Dr Lapa Munnik — and there was still no decision.

Dr Munnik had promised to look into the matter and arrive at a decision shortly.

"The Indian community was given an assurance that a hospital would be built at Phoenix but the Government won't approve one with 1 000 beds and proposes instead a smaller one with 400 beds," Dr Clarke said.

Dr Clarke said he had produced facts and figures in support of Natal's contention that Phoenix needed a large hospital but the Government still insisted on a much smaller one.

He said the figures had shown that a hospital in Phoenix would immediately cater for a population of 378 000, stretching from the township along the North Coast to Stanger.

The nearest hospital to Phoenix is the R K Khan in Chatsworth, some 40km away, and Stanger, 60km away.

Dr Clarke said the Phoenix hospital would have to cater for over 500 000 people by 1985 and most of these people belonged to the lower income group with a high hospital usage.

"These people cannot afford private doctors and if the small hospital is built then I am afraid it will be impossible to cater for the entire community and we will be forced to build prefabs."

Published by the Computing Service, University of Cape Town.

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Soweto doctor at head of new hospital board

A prominent Soweto doctor has been elected chairman of the new Hillbrow Hospital (formerly General Hospital) advisory board, the first of its kind in the history of South African hospital administration.

Dr J Jivhuho of Meadowlands township, was elected at the board's inaugural meeting last week.

The board consists of a number of black leaders, including the Rev N Khumalo and Mrs Lucy Mvubelo, a veteran trade unionist.

The meeting was attended by Dr H A Grové, director of hospitals, and Dr J Nach, the hospital's superintendent.

Dr J Jivhuho said he hoped to lead the board to serve the interests of the black community.

STAFF

Dr Grové said his department had appointed the board to reach a broad spectrum of the black population.

"My department wants to use your knowledge, insight and ability. You were not appointed because you are black, but because you represent various sections in your community," Dr Grové appealed to the board to look for a qualified staff of doctors, nurses and nursing sisters to improve hospital services.

There was a shortage of qualified nurses and other staff which could only be solved by the board by getting the best of staff.

The Hillbrow hospital was opened earlier this year after it moved from the old complex.

Dr Grové also urged members of the board to show appreciation for any "excellent" work done by the staff.

INCENTIVE

"It won't cost anything to pat a cleaner or a person who cuts grass on the shoulder. If you show concern, your appreciation will serve as an incentive."

Dr Grové said the superintendent of the hospital, matron and the secretary of the board, would keep the board regularly informed about the administration of the hospital.

Members of the board would not be allowed to make individual Press statements, but would collaborate with the superintendent to issue joint statements.

The board must hold at least six meetings a year to see adequately to the well-being of hospital administration.

not be hit by the section as it was then worded. The 1959 amendments were intended inter alia to bring such transactions within the net of the section and based on the decision in Smith's case (supra) the amendment has achieved this result.

Race barriers may go at hospital

Argus 12/8/81 (98)

Medical Reporter

DR H REEVE SANDERS, chief medical superintendent at Groote Schuur Hospital, last night hinted that the new hospital under construction might not be racially segregated along the present lines.

She said she had received no official directive regarding segregation in the new hospital and that the institution's facilities were not being duplicated for the different races.

Replying to a question from the floor during a panel discussion at the University of Cape Town's medical students' conference, Dr Sanders said that two-thirds of Groote Schuur's patients were black and 60 percent of them came from the greater Cape Town area.

She told the conference that the new hospital complex, which would cost R140-million at current building costs, would provide 340 new beds.

There were now about 1 400 beds, and these had been established by 'enclosing every balcony, nook and cranny and erecting prefabs.'

The new beds would mainly be used to provide services that could not be provided by other health care facilities.

However, building of the hospital was attacked by two other members of he panel, UCT's co-ordinator of the Nusas directive for health, Mr Jeremy Dyssell, and the secretary of the Cape Housing Action Committee, Mr Trevor Manuel.

Mr Manuel said large hospitals were showcases for modern technology which often used their expertise to score diplomatic points.

Large hospitals were largely inaccessible to many people and the emphasis should remain on preventive medicine, he said during a heated discussion.

Mr Dyssell remarked that the building of bigger and better urban hospitals was 'a little bit off the mark' when one considered the health problems such as malnutrition in rural areas.

The present staffing problems at local hospitals could only become worse if these hospitals expanded.

Dr H Botha, chief director of health promotion in the Department of Health and another panel member, said he hoped there would be a swing to community health centres.

Edendale officials may be charged

NM 12/8/81

Mercury Reporter

IT IS possible that charges will be laid against certain top administrative officials at Edendale Hospital, following a comprehensive investigation by a six-man body into allegations of maladministration at the hospital.

This was revealed yesterday by Dr Dennis Madide, KwaZulu Minister of Health and Welfare. He was commenting on the findings of the six-man commission appointed by his department to look into the affairs of the hospital.

Dr Madide said a prima facie case had been established.

The commission had discovered extreme laxity in the general control of the hospital, he said, as well as open defiance of Ulundi directives by hospital officials and non-compliance with accounting procedures as laid down by the Treasury Department of KwaZulu.

This made it very difficult for Ulundi to check the financial position of the hospital.

Dr Madide said an irregular coupon system for buying meals was found to be operating without Ulundi's knowledge.

The KwaZulu minister denied that five top administrative officials had been forced to resign as a result of the investigation.

They had been transferred, he said because they had refused to accept the authority of the KwaZulu Government and had adopted a policy of 'open defiance'.

He also queried remarks by other white members of staff that their future in this black hospital was not very secure.

As long as they wanted to be of service to the KwaZulu Government, there was no reason to feel insecure, he added.

'The only people involved are those who have indicated their defiance of Ulundi,' Dr Madide pointed out.

The minister said that Edendale was a top-class specialist hospital.

'When you have a hospital like that, you want to see a proper administrative backup.

Dr Madide said that an atmosphere of inefficiency had been created in order to build up a case for the hospital to be taken over by the Natal Provincial Administration.

The Edendale Hospital was transferred to KwaZulu on October 1, 1977.

The medical superintendent of the hospital, Dr T Adams, refused to comment yesterday, saying that the matter was in the hands of his lawyers.

critical district because of its proximity to Cape Town, Woodstock and Uitvlugt, and because of the presence of the military there, had a village management board. The outlying areas on the Cape Flats where living conditions were becoming increasingly bad, fell under the Divisional Council of the Cape District, which had very restricted jurisdiction. Then the docks, a crucial area where the disease had originated, was under the independent control of the Table Bay Harbour Board, while yet another presence, completely beyond the influence of the Colonial government, was the Imperial army which had almost certainly brought the disease to Cape Town. To complete the catalogue, there were also such peripheral organisations as the Cape Government Railways and City Tramways, whose interests were involved.

Under these cir vernment felt the need
for a co-ordina pe Peninsula Plague
Advisory Board l 10th July 1901, its
function being ely. For this reason
its report is a s and prejudices of
the different a ction taken, than of
action which re

Like their coun own authorities,
especially the r of eliminating the
plague primaril In the handbill issued
to householders ment announced: "For
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danger of gettir T OF VENTILATION, AND
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In a memorandum on the role of rats
in spreading the

"Rats and mic ome infected by eating
contaminatec or places. They
spread the P tion to healthy houses.
Filth associ ly favourable to the
growth of th ir, and dryness are
its most dea Old, dilapidated,
dark, unsani localities infected
by rats are nin often carry the
infection fr

31. Graph Showing BAAB Expenditure relative to Income, 1973-8
(To the nearest hundred thousand rands) per sector[4]

1976-7 1977-8

Ambulance service welcomed

98 NM 13/8/81

Mercury Reporter

PUBLIC figures and protection services welcomed this week's announcement that the Province is to assume responsibility for ambulance services in Natal but criticised the available Government grant as too small.

The reactions follow the announcement by Dr Fred Clarke, MEC in charge of hospitals, that R3 231 000 has been granted by the Government for the Province's take-over of ambulance services on October 1.

Dr Clarke yesterday named Dr Alan White, chief surgeon at Addington Hospital, as the head of the Province's emergency services.

Dr White confirmed that he had been offered the appointment and that there was 'no doubt I will accept it'.

The Provincial Administration will take over the Pietermaritzburg municipal ambulance services and establish a service for the Greys Hospital area.

Subsidy

The Durban metropolitan area, however, will continue to be served by corporation ambulances with a provincial subsidy.

Dr Clarke said in a statement: 'Improvements to all services will be made within the limits of the finances available.' He was not available for further details yesterday.

Councillor Stan Lange of Durban's Trading Undertakings Committee described the service as a 'hopeful start'.

'I am anxious for news on how it's going to affect the city's ambulance service. But that money is peanuts,' he said referring to the Government grant. 'The service won't go very far on that because modern ambulance prices have gone up tremendously and standardisation is expensive,' he said.

Good thing

The chief fire officer for Durban's fire department, Mr Steve Smith, said: 'I think it's a good thing but it's hard to comment before seeing the full details.'

Mr Smith said it was hard to believe that the service could be run economically if the minimum charge for a trip by ambulance would be R5. The basic charge for services from Durban's fire department is R18.

The vice-chairman of the Red Cross in Natal, Mrs Inka Mars, said: 'We are delighted.' She hoped the society would benefit from the Government grant.

Dr White said he was looking forward to directing the service. 'Emergency services have been my main interest. We have been badly in need of such a service for a long time.'

Trauma

He said ambulances were one aspect of the emergency service. Co-ordination of existing services and communication would be priorities.

'As trauma is the biggest killer, the service will aim at optimal care at the scene, safe conveyance and efficient reception at hospitals,' he said.

'With the size of the grant you can't expect miracles, but you've got to cut your coat to suit your cloth.'

Dr White has been overseas several times to study paramedic services.

26. Statistics of the demand at peak hours will clearly show how many machines and cashiers are needed. ' ... Provision must also be made for the customers requiring additional services once in the hall without leaving the building, but still passing through

Modern beer halls committed the board to raising tion, but also new expensive loans - the latter were internal loans with high the original beer interest rates of 10% and a short redemption period. remained symbol riot proof.[18]

The beer halls 1976 are fitte are protected l steel entrance Despite the in and consumption have proved to beer and liquor the insurrectic the halls and c 1978 no structu sold[19] - but a 77 financial y profit margin

17. In Langa ... steel security doors and by rioters ... will also be installed. were agai

18. A new beer ... was descri fire-proof windows bu the liquor separate c direct radio links to the cops ... Financial Mail, 29.4.1977.

19. The rebuilding of the beer halls committed the board to raising new expensive loans - the latter were internal loans with high interest rates of 10% and a short redemption period.

African News warned, "The prospect before the city and district is not without grave possibilities, for Cape Town is an old town and it is in some particulars Eastern, which is to say, it contains a vast number of people and places not unsuited for the purposes of breeding spots of plague...Still," it added, "it would be foolish to sup trouble with a long spoon."[24]

The incidence of plague was small at first, but it gradually increased in numbers and virulence. The earlier cases had all been the bubonic form, but later the pneumonic type also appeared, 38 cases having been identified by 21st May. Professor Simpson attributed the progress of the disease partly to the unseasonable weather, for January had been unusually cool and wet, the highest rainfall for that month since 1845, being recorded. These conditions, he believed, were favourable to the development of the plague bacillus, which had been present in Cape Town for some time but until then had made little headway. Thereafter, he noted that a rise in temperature was regularly followed in ten to fourteen days by a rise in the number of cases, partly explaining the fluctuating pattern of the disease.[25]

The plague reached its peak in the week ending 16th March when 81 cases were admitted to hospital, although the largest number of fatalities occurred at the end of April and the beginning of May, with 32 to 33 deaths a week. The last patient was identified on 21st October 1901, and the last person discharged from hospital on 27th November.[26] Because no official report was eve [illegible] 1. The official pla [illegible] idemic in Cape Tow [illegible]

		African
		142
		61
		43.0

[illegible] figures:[27]

'Private-patients' clash over hospital (98)

Argus 13/8/81

Provincial Staff

DR JOHN SONNENBERG, Opposition spokesman on hospital services, and Mr Piet Loubser, MEC, clashed over the Volkshospitaal and Woodstock Hospital during discussion in the Cape Provincial Council yesterday.

Dr Sonnenberg (PFP, Green Point) said that on August 7 there were only 59 patients at the 134-bed Volkshospitaal, and all were private patients.

The province had bought the hospital for R1,75-million against an offer by a private company and was in competition with private hospitals.

The Ned Geref Kerk had run the hospital as a private institution 'very well' for 50 years. It should have remained private.

PRIVATE INTERESTS

Mr Piet Loubser, MEC in charge of hospital services, said the Volkshospitaal should not be seen from the point of view of private interests, who wished to use it to make a profit.

In spite of the figures on August 7, provincial patients were treated at the hospital. He did not believe all private patients should be compelled to attend private hospitals.

Mr Loubser and Mr J N Moolman (NP Tyger Valley) accused Dr Sonnenberg of using Woodstock Hospital as an election issue last April.

'SPREAD RUMOURS'

Mr Moolman suggested that Dr Sonnenberg had 'spread rumours' that the white section of the hospital was to be closed.

During lively exchanges Mr Loubser withdrew and apologised for making an interjection that Dr Sonnenberg had told 'a lie.'

Dr Sonnenberg said strong rumours were reported at the time that Woodstock Hospital would be closed to whites and this had caused concern.

As MPC for the area he had taken the action he had and did not regret it.

After a public meeting in Woodstock a statement was issued b ythe Provincial Administration that the hospital would not be closed to white patients.

a large number of Jews forced to emigrate from the Transvaal during the Anglo-Boer war which brought to the city a large number of skilled and semi-skilled artisans who found themselves living in the working-class areas of the town;[36] and the mass migration following the pogroms in Lithuania, Poland and Latvia,[37] which had the same effect as the former movements. These new immigrants went to work in small factories doing manual labour in exchange for meagre weekly or monthly wages, and their situation did not improve greatly even after the first World War. Although economic and occupational mobility amongst South African Jews in general, and Cape Town Jews in particular, was evident there were still large numbers of unemployed and needy people in the community. In some cases the situation appeared to be dramatic. In 1918, for example, the Cape Town Jewish Philanthropic Society had helped financially five hundred persons, including heads of families, children and pensioners[38] and, during the same year, the Cape Town Jewish Ladies' Association had dealt with three hundred cases of poor people involving an expenditure of £323.[39] The two organisations continued their assistance during the following years, while a third one, the Cape Town Jewish Sick Relief Society, spent £37 per month on prescriptions, and more for financing 1 235 visits to doctors by sick needy Jews.[40] During the next ten years, these organisations kept up the work of helping hundreds of Jews.[41]

There were 21 242 Jews in Cape Town in 1921, 11 396 males and 9 846 females.[42] There are no official figures showing the occupational distribution of the economically active, so the researcher has to rely heavily on sources such as naturalisation papers or city directories. The former present major difficulties, mainly due to the factor of social mobility (the stated occupation of the applicant was that of his old country). Though directories have shortcomings, "used carefully and with imagination they provide as good an approximation of the past as we are likely to find"[43] The division of labour appearing below is based on an

Cape gives Lovedale hospitals to Ciskei

Argus 13/8/81

Provincial Staff

THE CAPE'S hospitals in Ciskei have been given free of charge to the Ciskei Government, Mr P J Loubser, MEC in charge of hospital services, said yesterday.

The two hospitals are at Lovedale.

Although Ciskei would become independent only on December 4, the Administrator and Provincial Executive Committee had approved the transfer as from June 1, complete with the grounds, all equipment and stores.

Mr Loubser told the Provincial Council that this had been done with the hospitals at Umtata, Butterworth and Mount Fletcher when Transkei became independent in 1976.

He said the Ciskei Government had given an assurance that all black personnel would be retained, without change in conditions of service, for six months from the date of independence.

White and coloured staff had the choice of remaining at Lovedale as seconded there by the Provincial Administration or returning to the Cape Health Department.

CMC in hospital talks

DD 14/8/81 (98)

EAST LONDON — Issues raised about Frere Hospital and the treatment and appointment of coloured and black nurses there would be raised again, the chairman of the Coloured Management Committee, Mr D. Alexander, said yesterday.

Mr Alexander was commenting on a report tabled at the last meeting of the management committee.

He said three members of the committee — Mrs L. B. George, Mr J. F. Temmers and Mr J. L. Seegers — had been elected to see the hospital's medical superintendent, Dr S. Richardson.

Only Mr Temmers had attended the meeting and the issues raised were a non racial graduation ceremony, coloured and black nurses in white wards, sale of food in wards, standard of food in relation to fees payable, a creche for nurses' toddlers and the day hospital.

Dr Richardson is reported to have said it was policy to have separate graduation ceremonies.

On black and coloured nurses working in white wards, Dr Richardson was adamant that only nursing aides were used and not nurses in training.

The report said Dr Richardson had referred the matter of sale of food in wards to a matron who denied this occurred.

On the standard of food for patients and nurses and whether whites were given mealies and beans (mngqusho) at meal times, Dr Richardson said patients were given the food to which they were accustomed. Blacks were given mngqusho and coloured nurses chicken.

He also pointed out that hospital fees were related to the income of the patient and not to his skin colour.

Dr Richardson said a creche for toddlers of black and coloured nurses could be considered.

— DDR

forcing single women into domestic service. The limited availability of houses excludes single residents from the most expensive form of accommodation so that their labour is reproduced on the same terms as migrants, that is the cheapest.

Where a married couple have Section 10 rights, they may proceed to apply for a house although they will have very limited choice of type, position or area. Leases are renewed on a monthly basis; in terms of Section 29 of the Urban Areas Act of 1945 no tenant of a family house may remain unemployed for more than thirty days without notifying the board. His lease may be terminated if he remains 'habitually' unemployed or, in the opinion of the board, 'is no longer a fit and proper person to reside in a Bantu residential area'. Housing has therefore become the privilege of a small minority of the population, and tenancy is linked to employment. The system of allocation of housing therefore reinforces labour control. Further, through the creation of the BAABs the state was able to link labour allocation and worker accommodation directly.

Earlier in this paper the question was posed : 'How may political control of the working class be maintained where all workers, by virtue of their accommodation, have potential access to collective political movements?' South Africa's systems of labour control are closely linked to and dependent on institutions and processes of political repression. Not only are blacks deprived of basic political rights but the primary conditions for the organisation of the working class are undermined. The separate accommodation of migrants and Section Tenners undermines the basic unity of the working class. The location of hostels primarily in Langa and Nyanga and of family housing in Guguletu minimises the possibility of

45.

Table 6: Increases in site - rental components April to October 1978

Free out-patient care for over 70s

WM 14/8/81

98

Natal first with new scheme

Political Reporter

NATAL has become the first province to provide free out-patient medical treatment for anyone over 70 years old, regardless of race.

Mr Peter McKenzie, chairman of the New Republic Party's hospitals group in the Natal Provincial Council, said yesterday the measure would come into effect on October 1.

The higher cut-off levels of income at which patients are classified private and thus responsible for their own medical expenses, would become operative on the same date.

He welcomed the move by Exco to alleviate 'the plight of the elderly' whose financial security had been aggravated by factors such as increased costs of food, drugs and rented' accommodation. All provincially-run hospitals, including King Edward VIII in Durban, were included in the scheme.

In-patients

The free outpatient treatment included the costs of drugs, blood tests and ECGs.

'The principle that in-patients in this age group will continue to be looked after socially has been retained.

'This is because it can involve the supply of pacemakers, new heart valves and so on. The fee will depend on income so that those who can afford the full fee will pay it and those who cannot will be assessed at what they can afford.'

Mr McKenzie said that old age and other pensions were excluded from assessment.

'For example, a civil pensioner earning R500 a month, who would have been eligible for an old age pension of say R128 a month, will have his income assessed as R500 less the R128 he could have earned and hence his assessment would be based on a figure of R372 a month.'

Cut-off

A further change had been approved by Exco to the system known as the 'healthy year maximum'. In terms of the system, a family unit was not required to pay more than one month's income on in-patient expenses per calender year. Payment would now be based on 80 percent of one month's income, a 20 percent cut.

The higher cut-off level of income was announced by Dr Fred Clarke, MEC in charge of hospitals, during the June session of the Provincial Council.

Mr McKenzie pointed out that the raising of the cut-off point for classification as a private patient would also ease the burden on elderly people.

For example, a single person's cut-off figure previously set at R325 had been raised to R510.

Nursing shortage could cripple hospital, says Prof

Medical Correspondent

As the nursing shortage at the Johannesburg Hospital becomes more acute a professor of cardiology at the hospital says that the medical and nursing staff will not be able to cope.

Professor J B Barlow, chief physician and professor of cardiology at the hospital and the University of the Witwatersrand, was commenting on a statement made by the Minister of Health, Dr Munnik, in Parliament last week.

The Minister was reported to have said there was no serious nursing shortage in South Africa. The problem was that there were too many hospital beds for whites.

His comments have been condemned by Opposition spokesmen on health and leading Johannesburg medical academics.

Professor Barlow said the Minister's statement that 76 percent of nursing posts in the Transvaal had been filled was misleading.

There was no serious shortage of black nurses in Johannesburg but leading academic hospitals, including the multi-million Johannesburg Hospital, were critically short of nurses.

The hospital's chief superintendent, Dr Neville Howes, disclosed recently that only 1 023 of a potential 2 000 beds were in use. More than 120 beds were closed in December.

Now leading specialists at the hospital, including Professor Barlow and Professor Bert Myburg, chief surgeon and professor of surgery, have warned that 100 more beds may have to be closed next month.

"It is a crisis situation. We cannot afford to reduce the number of beds. We are barely coping and if matters get worse we will not be able to cope," said Professor Barlow.

He called for a substantial increase in nurses' salaries.

"We do not want to lose lives because of the nursing shortage," Professor Barlow said.

workers were endorsed out of the area over the last three years. Contract workers were especially crucial to sustained beer consumption. The beer and liquor enterprises have been maintained at tremendous financial expense to BAAB's accumulated capital (which might otherwise have been used to improve the service structure of the township) and at the cost of the criminalisation of domestic production and consumption. However, the board is of necessity committed to maintaining the halls and outlets. While locations remain self-financing,

sources will remain

to well over a million rands. However, due to the reduction of the contract worker population after this period this figure decreased relatively (by 24% in 1978 alone). See Appendix A). Rentals, beer and liquor income and labour bureau fees constitute the foundation of income for services. Minor sources of income include fines for the contravention of labour regulations, which in the peak year 1975-6 brought in about R290 000, 2% of total income. However, financial reliance on fines may increase where the budget becomes constrained (as in

1977 and 1978 following the reduction of liquor income) thus placing a premium on repression of residents.

Lodging fees and visitors' fees constitute a sector of income and are arbitrary forms of levy aimed at boosting BAAB's income. In 1977 lodging fees were R1,75 per person per month. It is estimated that in the Pen BAAB area there are at least 5 000 lodgers.[21] Lodgers bear the brunt of a double rental as most of them contribute to the rent of the householder as well. Visitors' fees are fees charged for temporary accommodation

categories of income include fees for the licensing of premises, and advertising levies.

21. The waiting list for family housing is 1 404 families at three adults per family. Thus 4 212 people may be living as lodgers.

Welcome for free scheme

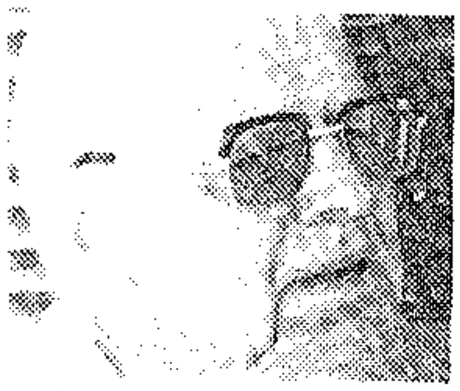
NM 15/7/81

98

Mercury Reporter

MORE than 100 000 pensioners could benefit from the Natal Provincial Administration's announcement that treatment of outpatients would be free of charge as from October 1.

Random interviews with some of the approximately 60 pensioners awaiting outpatient treatment at Addington Hospital yesterday greeted the announcement with enthusiasm but added it would make very little actual difference in terms of money. One said, however, it served to illustrate that at least the province has shown that they do care'



MR William Pullock ... very good idea.

'I never pay more than R1 for treatment or for medicines but I know there are many pensioners who are too afraid to go to the hospital for fear of having to pay enormous sums of money. This will obviously not happen so much in the future,' Mrs Gerbecht Krummeck, 76-year-old widow from Bill Buchanan Park said.

MRS Gerbecht Krummeck ... excellent idea.

According to Dr Derek Lawson, deputy medical superintendent at King Edward VIII Hospital, the new ruling would have 'very little effect on outpatients' at the hospital.

'Most patients pay only R1 for both treatment and medicines so all it means is that for those over the age of 70 years they will no longer have to pay this sum,' he said.

MRS Gwendolin Gold ... at least they care.

... and it could be extended

Political Reporter

THE new system of free out-patient medical treatment for people over 70 years old could be extended in the future, depending on finances, Dr Fred Clarke, MEC in charge of hospitals, said yesterday.

Several thousand people of all races would benefit from the system coming into effect from October 1.

'We will monitor the effect of giving free treatment to the over-70s before considering dropping the age limit. We are working with a stringent budget.'

Dr Clarke said the system would cut congestion in administrative sections at hospitals but would not eliminate all delays in clerical and medical work.

More shocks at sick Edendale

Suffer in silence

R76m REQUIRED FOR MENTAL HEALTH FOUNDATION

By William Saunderson-Meyer

MORE than half the South African population will suffer from a treatable form of mental disturbances but only a tiny minority will get treatment because of the shortage of funds.

Just to cope with the most urgent needs of the mentally handicapped the Mental Health Foundation will need to raise almost R76 million, its president, Justice Tienie Steyn said at the launching of the Foundation in Johannesburg this week.

This money will go towards providing training centres, special day care centres and protective workshops for about a fifth of the estimated 108 000 people of all races who urgently need care.

According to samples conducted by the World Federation for Mental Health a constant ten percent of the population suffers from mental disability of an acute form which requires treatment or rehabilitation. In South Africa that means there are facilities for only one in twenty people needing treatment and care.

The facilities available are overwhelmingly for whites.

Services for black and coloured people are a travesty of what is required. In Soweto alone a minimum of 2 000 cases await treatment or care whereas a bare 140 are catered for at the Witwatersrand society's two day-care centres, Justice Steyn said.

"The plight of the children is unbearable to know of — chaining to beds and lack of protection from a hostile environment are not uncommon.

"The response shown by the children to training is outstanding and immediate and for this reason the provision of facilities for all mentally handicapped people, but particularly for black children, has become an absolute priority," he said.

MR JUSTICE STEYN

S. Tribune 16/8/87 (98)

Call to remove hospital officials amid allegations of theft and medicine abuse

By TICKS CHETTY

THE KwaZulu Government has asked for two more senior white adminstrative officials to be transferred from Edendale Hospital following a top-level investigation into allegations of mismanagement at this giant Pietermaritzburg hospital for blacks.

Dr Dennis Madide, KwaZulu's Minister of Health and Welfare, said an investigation by a nine-man KwaZulu Government team at Edenvale had showed that:

- There was large-scale pilfering at the hospital with meat, linen, nurse's uniforms, soap and wheelchairs being stolen for private use or sold for gain.
- Police have been asked to investigate the dispensing of drugs at the hospital and there is a possibility that charges will be laid against top-ranking officials and other staff members.

Dr Madide confirmed this week that they had asked the Department of Health in Pretoria for Dr T. M. Adnams, the hospital superintendent, and Mr T. Hearn, the chief pharmacist, to be transferred.

Dr Madide said he had taken this step after the KwaZulu investigating team had recommended that Dr Adnams, Mr Hearn and five other white officials be removed from their posts.

The request to have Dr Adnams transferred comes a week after the doctor announced he will retire at the end of next month.

Although Dr Adnams, Mr Hearn and most of the other officials refused to discuss the matter with the **Sunday Tribune** this week, it was pointed out that Dr Adnams' retirement had nothing to do with the investigation.

Dr Adnams, it was pointed out, was due to retire at the end of next month.

The KwaZulu Government has asked the Department of Health to sanction their transfer requests because the officials concerned have been seconded by Pretoria and Edendale.

Last week five officials — Christiaan Hauptfleisch, deputy superintendent (administration), R. Clarke, control administrative officer, J. H. van der Merwe, administrative officer in charge of stores, C. J. Strydom, administrative officer in charge of admitting, and Ram Govender, in charge of the main kitchen, received their transfer notices.

Mr Hauptfleisch said he would be seeing his MP soon to get him to raise the matter in Parliament.

It was reported earlier this week that Dr Adnams had referred the matter to his attorney.

Discredit

Dr Madide said they had asked for the transfer of the seven officials because, as senior administrative officials, his department held them responsible for proper management of the hospital.

Although the KwaZulu Government has already taken steps to stamp out the alleged irregularities at the hospital, Dr Madide blamed certain white officials for the problems at Edendale.

He claimed the problems had arisen because some officials were trying to discredit the KwaZulu Government.

Dr Madide described the findings as "a great pity and the result of a gross abuse of trust."

After its two-week probe at Edendale, the investigating team reported that:

- The nurses and patients did not receive an adequate supply of food;
- Poor control and supervision of the kitchen made it easy for pilfering;
- There was no evidence of proper records being kept of meal and other tickets issued;
- Many financial agreements had been entered into in defiance of instructions from Ulundi, seat of the KwaZulu Government;
- Some heads of department, most of them white, were not judicious with their spending;
- There were strong rumours that meat from the hospital was sold at private houses. This was still being investigated;
- There were claims by some black staff that they were intimidated if they complained about conditions at Edendale; and
- Certain items of medicine were allegedly dispatched to institutions that were not part of KwaZulu.

Dr Madide told the **Sunday Tribune** that since the start of the investigation conditions had improved at Edendale.

"We have already taken steps to ensure that the hospital is properly run. I can't tell you exactly what the steps are, but from now on KwaZulu will maintain an effective presence at Edenvale," he said.

Dr Madide said when the investigation started the team had little co-operation from top people in management, with some even adopting a bullying attitude.

According to Dr Madide some top people in management at the hospital often ignored instruction in circulars from his department with the usual statement, "It cant' work here."

Ridiculous

"The team also found that 533 temporary workers at the hospital were receiving breakfast and lunch for R2,50 a month. This is a ridiculous sum for people to pay to receive meals for a whole month.

The investigators, according to Dr Madide, also found that tickets were sometimes issued to outpatients as record of payment for treatment. When they asked why this was done, the team was told that tickets were issued when the till was out of order.

"What bothers us about this is that nobody seems to know exactly how many tickets are printed or how many were issued."

Dr Madide said the team had also found an apparent discrepancy between the amount of medicines prescribed and the amount of medicines in the bulk stores.

The team, Dr Madide said, had also watched the delivery of meat to the hospital. The delivery invoices stated that they were of a certain grade, but on checking it was found that the meat was of a lower grade than that stipulated on the invoices.

"It is quite clear from the team's report that a system of kickbacks is involved with some people making a real big financial killing."

Asked to explain why he felt that certain top-ranking white officials were attempting to discredit the KwaZulu Government, Dr Madide said: "We have heard stories about certain white staff members agitating for Edendale to again be brought under the control of the Natal Provincial Administration. I feel they want to discredit blacks so that they can say, 'We told you so. Blacks can't administer hospitals'."

Dr Madide also said the whites in control of Edendale were slow in recommending blacks for top positions at the hospital.

Although Edendale came under the control of the KwaZulu Government in October, 1977, very few blacks held senior positions there.

Dr Madide said the team was continuing with its investigations into certain aspects of the hospital's administration. There is a possibility of charges being laid against some people, but he could not say against whom until the investigations were complete.

society, a sort of poor relation, and had accepted European leadership so long, that it did not occur to them to stand on their own feet politically".[75] In the case of the Cape Muslims, a further reason, evident from their social history in Cape Town, could be advanced. The emerging religious cleavages and religious leadership struggles which disrupted their communal relatedness and religious consolidation from the 1840s onwards, were their primary concern.

Politics to them was thus of secondary importance. It would not have helped them to attain the social positions, in their own social status structure, which at the time were being hotly pursued. Hence, while the whites were debating and demanding representative government, Muslim focus was on the emerging disruptsion of their socio-religious order and the social positions which emerged as a result of these disruptions. Achmat of Bengal, who was their Chief Imam or Kadi,[76] by virtue of his position as spiritual-cum-temporal head of his community, failed to respond. He, by then already an old man (in his nineties), was pre-occupied with dissension in his own community. His sons, and some of the members of his congregation, seceded from his leadership and were busy establishing their own mosque not even a hundred yards from where he was practising as the Kadi or Chief Imam of Cape Town.

On his death, in 1843, he was succeeded by an equally old man, Abdol Barrie, who lacked the charisma, leadership qualities and communal support to cement the Cape Muslims once again into a cohesive group. Abdol Barrie died in 1851. He failed, as was customary, to nominate a successor and a leadership struggle for the position of K[illegible] emerged with at least three possible contenders. This [illegible] resolved. It is hardly likely t[illegible]ense internal problems could have [illegible]al issues of the day.

When the War of [illegible]tern Frontier in 1846, some Musl[illegible] while many were conscripted wit[illegible] and 60 years as the conditions on t[illegible]nd though they were

(d) the asset may be taken over by the lessee at an agreed value,

(e) the asset may be sold, with the recipient of the proceeds being taxed on the amounts received.

Generally, the proceeds on sale (or value at which the asset is taken over) will constitute a recoupment of past lease payments, if the proceeds are credited to the lessee. If credited to the lessor, this would be set off against the tax value at the time of disposal. The taxpayer acquiring the asset will be able to claim the normal allowances on a second-hand asset.

A practical illustration of these principles is found in the 'residual value' lease, where the lessee guarantees the lessor a certain sum on expiry of the lease. Thus, if a residual value of R3 000 was stipulated in the lease agreement, and the asset was sold by the lessee for R2 200, the lessee would pay R3 000 to the lessor. If the tax value in the lessor's books was R1 600, the lessor would be subject to a recoupment of R1 400. The lessee would claim as a deduction the extra R800 (R3 000 - R2 200) which it had to find from its own resources.

4. <u>The Capitalisation of Leases</u>

Financial leases may lead to eventual [illegible] ip of the leased asset by the [illegible] is not the case, a financial l[illegible] right to use the asset for t[illegible] and places him under an obliga[illegible] s due in terms of the lease. [illegible] ed that leased assets shoul[illegible] in the books of the lessee, even[illegible] by him.

The arguments in fa[illegible] supported by the general prin[illegible] ements should reflect the economic substance of transactions, rather than their legal form. It is argued that ownership is

Hospital crisis: New row looms in Parliamen

CT 19/8/81 (98) (FNT)

Political Correspondent

HOUSE OF ASSEMBLY. — The row about hospital staff shortages, particularly at Groote Schuur, has erupted again after a statement by the Department of Health, Welfare and Pensions that some essential services are in danger of collapse.

The Director-General, Dr J de Beer, said in his 1980 annual report tabled in Parliament yesterday that salary increases had not been able to alleviate serious staff shortages.

This follows the annual report of Groote Schuur Hospital which said the shortage of nursing and para-medical staff there had reached critical proportions.

That report, backed by statements from the heads of various departments at the hospital, was immediately challenged by the Cape MEC in charge of hospital services, Mr P J Loubser. He said the Groote Schuur vacancy rate averaging 10 percent did not lend credibility to accusations of a critical nursing shortage.

Yesterday the Opposition health spokesman, Dr Marius Barnard, called on Mr Loubser to reconsider his repudiation of the Groote Schuur report.

"The Groote Schuur report was made by highly-qualified and internationally-esteemed professors.

"Now we have a very serious statement from the Department of Health, Welfare and Pensions. The matter must be cleared up and Mr Loubser must state again whether his facts were right as far as Groote Schuur is concerned," Dr Barnard said.

Referring to staff shortages, the department said sufficient personnel could not be recruited or retained.

"In the case of certain categories, as for example health inspectors and nursing staff as well as administrative staff in general, the shortages have reached serious proportions.

"The general revision of salaries as from April 1, 1980 has not resulted in an improvement of the situation. In the Witwatersrand area the recruitment of staff has virtually ceased. The reason for this is obviously the fact that the department is unable to offer competitive salaries.

"As a result of the staff situation, essential services for which the department is responsible are being rendered unsatisfactorily and certain services run the risk of collapsing.

"This state of affairs assumed dramatic proportions towards the end of the year," Dr De Beer said.

"The department will therefore not be able to meet its statutory and other commitments even on the basis of minimum efficiency. This particularly applies to medico-legal examinations as evidence in courts, health inspection services by health inspectors, nursing of patients in the care of the state and answering inquiries re social pensions and allowances.

"On other levels, the quality and extent of service is handicapped by a shortage of staff."

Dr De Beer's report is expected to lead to further questioning of the Minister of Health, Dr L A P A Munnik, during the coming parliamentary debate on his portfolio.

During the censure debate earlier this month Dr Munnik reacted angrily to accusations by

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said that, of exis
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vaal, 86 percent
State, 90 percent
and 96 percent i

"Does it point
the Cape Provin
cent of the exist
filled?" he asked

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type datum, like a real type datum, is also the computer real number, but the degree of approximation is greater than datum because it can contain more significant digits. The nt digits is not necessarily double that of a real type value; han that of a real type value, and this number must be specified . In addition, its range of values may be the same as or greater han, that of a real type value. This range must also be specified r. A double precision type datum may be positive, negative, or all arithmetic values, the value zero is treated as neither tive.

atum is the processor approximation to the value of a complex psented as a pair of real type values; the first of the pair l part of the complex value, the second of the pair represents of the complex value. Each part, therefore, has the same degree s a real type datum.

tum is an item that may assume only the values *true* or *false*. ard internal representation for these values; internal representa- n the processor.

datum is a string of characters taken from the processor set the FORTRAN set) of characters. The blank character is a sig- r in Hollerith type data.

e (arithmetic, logical, or Hollerith) that is defined by its appear- n executable statement. Once defined, it must not be redefined he program. For example, in the arithmetic assignment statement

3 0 0 0 0 0

an arithmetic constant.

ual the term "constant" alone, when applied to an arithmetic onstant without a sign. An integer, real, or double precision e *signed* when it is written immediately after a plus or minus *signed constant* may have the plus sign omitted; the minus sign r a negative value.

As mentioned above user files stored on drum are not backed up. In fact they are liable to be lost if the system has to be 'rebooted', for example after a system crash. Furthermore the operators normally run a program called REMDRUM each morning. This program deletes user files from the drum without making a backup copy.

Recovery of files or elements of files

The Computing Service will, as a matter of course, recover the latest available copy of any file lost because of system problems. A file which has been 'rolled out' will be 'rolled back' without further user intervention if any run tries to assign it. There is obviously a delay while the correct tape is found and loaded. This can be a problem if the run which requires the file is a demand run - see the section 'Tips for Users' below. Obviously files cannot be 'rolled back' when the computer is unmanned.

Users can request the Computing Service to recover files in various other circumstances. A file which has been REMOVEd by the Computing Service within the last year can be reloaded on request by the user. Fill in the form provided for this purpose at Reception. Reloading of the files is normally done only in the late afternoon or evening.

A file which has been accidentally deleted may be recoverable if a request is made before all copies on backup tapes have been destroyed - this may be days or weeks depending on circumstances. Enquire at Reception. A file which has been corrupted by a user error should likewise be recoverable provided the request is made before the last uncorrupted backup copy is destroyed. If a user realises immediately that he has corrupted a file he can REVERT his file in a demand or batch run. In this case the file must not be deleted - see the explanation in 'Tips for Users' below. The advantages of REVERT are that the process can be initiated by the user without having to call at Reception and that the recovered file should be available for use within perhaps half an hour (provided the computer is manned) rather than hours.

Users frequently corrupt (or accidentally delete) elements rather than whole files. Recovering the whole file from backup involves losing all changes made since the backup copy was made. If an earlier uncorrupted copy of the element (or the accidentally deleted element) still exists in the file (i.e. if the file has not been PACKed by the Computing Service or the user since the corrupted element was created or the accidental deletion occurred) it can be reinstated. This can be done by the user using RESCUE. See 'Tips for Users'. However RESCUE cannot be used from an S account. It is unfortunately necessary for S account users to have their elements RESCUEd by the HOT SEAT advisor.

Backup of files that a

User files which are both the Computing Service and the users. fourteen months WILL CERTAINLY BE LOST en!

Any user who has had a VEd and has had to wait for it to be reco rating experience worth avoiding. The eldom used file is corrupted this may not g Service) backup copies have been corru

If it is known that a ser should arrange his own backup on tape. in the case o programs developed or b individual. Such programs tend to be for

Tapes can be purchased ption. They are available in three size and cost from R13 upwards (cash or order) in from time to time. Users' tapes can be stored by the Computing Service or by the users.

Star 19/8/81

Bara radiography staff hard hit by resignations

radiographers at Baragwanath Hospital are having to work extensive overtime to compensate for the staff shortage caused by the resignation of about 40 junior radiographers who quit over pay two months ago.

A hospital spokesman said today that the hospital still provided a 24-hour radiography service and did not have to turn patients away, despite the shortage.

"The radiographers do a lot of overtime. It's hard work but we can cope," he said.

The spokesman added that vacancies due to the mass resignation had been advertised and several applications had been received.

In all, 37 people in the radiography unit had terminated work over pay and working conditions.

A member of the group which resigned said they were not prepared to go back until their salaries were adjusted.

2. WRITING A FORTRAN PROGRAM

2.1. GENERAL

This section discusses the organization of FORTRAN programs and the rules for writing a source program, with particular attention to constants, variables, and arrays.

2.2. ORGANIZATION

Organization of a FORTRAN program necessitates discussion in two areas: the concept of subprograms and the organization of program units.

2.2.1. FORTRAN Program

A FORTRAN program is made up of one, and only one, *main program* and as many subprograms as required. The main program contains the steps required to solve a given problem, the subprograms are subordinate program units used by the main program. Both are referred to as *program units*.

Staff crisis shuts 10% of white hospital beds

Mail Correspondent

MORE than 10% of the beds for whites in Transvaal provincial hospitals were out of commission because of staff shortages, the MEC in charge of hospital services in the Transvaal, Dr S Latsky, said in the provincial council yesterday.

Replying to questions from Mrs Irene Menell (PFP, Houghton), Dr Latsky said the total number of beds available for whites was 10 353. Nearly 1 200 were out of commission.

Dr Latsky said that during the first six months of the year, 774 beds had been closed because of staff shortages.

Of these 154 were closed at the Johannesburg Hospital, 81 at the H F Verwoerd Hospital in Pretoria, 116 at the South Rand Hospital, and 103 at the Far East Rand Hospital.

Beds available for blacks totalled 12 262, for coloureds 807 and for Asians 205. None of these had to be shut, Dr Latsky said.

Answering other questions from Mrs Menell, Dr Latsky said there were 48 beds for psychiatric patients in white hospitals but none for coloureds, Asians or blacks.

Eliminated

A total of 2 122 psychiatric patients were treated in 1980.

On doctor's pay he said the salary differential for black, white, coloured and Asian doctors had been eliminated in provincial hospitals.

The total running costs of the Johannesburg Hospital last year was R40 061 191. The average number of beds in commission during the year was 1 223 out of 2 600.

The new hospital at Kwa Thema on the East Rand would cost R24-million and would be completed in 1987.

Replies

Other questions drew these replies from Members of the Executive Committee:

- The Randburg Totalistor netted R3 543 000 in the 12 months to the end of February. Of this R475 200 went in provincial taxation;
- Ninety eight cases of drug abuse in schools were reported to the Transvaal Education Department in 1980. The misuse of alcohol was part of the problem;
- The province plans to build seven preprimary shcools each year for the next three years; and,
- There are no plans to open a Totalisator agency in Hillbrow.

We're trying our best to end shortage of nurses, says Latsky

By GERALD REILLY

THE personnel shortage in the province's hospitals and traffic departments posed great problems, the MEC in charge of the departments, Dr S Latsky, said in the Transvaal Provincial Council yesterday.

The nursing shortage was particularly serious in the Pretoria-Witwatersrand-Vereeniging complex.

The shortage of sisters in this area was 49% and student nurses 33.16%. The shortage also affected administrative personnel.

Regrettable

Because of it nurses had to work overtime to keep essential services functioning.

It was regrettable that this was necessary, but the April increases for nurses fell short of what was needed to solve the problem.

He had asked the Commission for Administration to speed up the investigation into salaries.

Despite criticism from the Progressive Federal Party, the department was doing everything in its power to solve the associated problems. But there was no instant solution.

No solution

The PFP's spokesman on hospitals, Mr Sam Moss, had claimed he should be replaced because he had failed to solve the problem. How could he when he had only been in office for 2½ months, Dr Latsky said.

A recruiting mission had been sent overseas and candidates had been impressed with conditions in South Africa.

In addition to 21 radiographers and 96 nurses, a few student nurses had been recruited.

On the suggestion that there should be compulsory national service for women in hospitals, Dr Latsky said it would be impossible to accommodate all the women in hopitals and it was wrong in principle to force people to do something in which they had no interest.

Criticised

He criticised the Opposition for suggesting that nurses should become more militant and congratulated nurses on their orderly behaviour.

On salaries for doctors of different race groups, Dr Latsky said they had now been equalised at all levels.

In nursing the salary differentiation was in the "process of equalisation".

The lack of personnel in the traffic deparment was also a problem. Of 300 white inspector posts, only 135 were filled.

The Commission of Administration had completed a special investigation into this group and hopefully there would be improvements.

Unsatisfactory salaries were a factor, but everything possible was being done to put matters right.

An investigation was also being made by the National Institute for Road Research and other bodies into uniform driving tests for light and heavy vehicles.

This would hopefully lead to better trained drivers and to fewer road accidents.

The noise made by motorbikes was another issue being looked at, but a difficulty was the problem of measuring noise.

for the procurement of labour the immediate interests of the headmen were inimical both to capital and to labour in a developing capitalist MOP. Having dealt with the role of the headmen we discussed the high incidence of industrial action at the time, in terms of labour consciousness. It was argued that while a proletarian consciousness was clearly emerging, the demands of labour at the time indicated a desire for justice and fair treatment rather than a class consciousness based on the inherent exploitation of capitalism. The precise nature of labour consciousness was firmly located within the transition from a pre-capitalist to a capitalist MOP. We concluded that the relative strength of labour at the time was precisely related to the fact that wage labour provided a mere supplement to subsistence agriculture in the Transkei. Finally, we discussed the relative strength of labour in terms of the competing interests of large-scale employers. The initial process of combination amongst capitalists and their increasingly close connections with the State (both processes which were only concluded later in the twentieth century) can, we suggest, be clearly seen in its embryonic form during the period 1900-04.

Private hospital fees go up again

Argus 21/8/81 (98)

Medical Reporter

FEES at private hospitals are to rise about 10 percent from the beginning of next month, according to a circular issued by the Representative Association of Medical Schemes.

This is the fourth increase in less than two years and means the cost of treatment at private hospitals has rised by 56,5 percent since the beginning of last year.

According to the circular the increase has been approved by the Minister of Health, Welfare and Pensions, Dr L A P A Munnik and the new tariffs will be published in the Government Gazette 'as soon as possible'.

HARDEST HIT

The last increase was in April when fees were increased by about 15 percent.

Hardest hit were patients in hospitals with more than 70 'white' beds, such as the Leeuwendal and Vincent Palotti nursing homes.

These beds were raised from their July 1980 price of R27,50 to R31,50 a day while daily rates in intensive care units were increased from R57,50 to R72,50.

In smaller hospitals the daily rate for beds was raised from R24 in July 1980 to R37,50 in April.

Exact details of next month's increases are not yet known.

currently executing program or operation system c
processing. Transparent control statements are id
presence of @@ in columns 1 and 2.

Not all operating system control statements
transparent control statements; only those shown
in addition there are special transparent control

@@ASG	@@QUAL
@@BRKPT	@@START
@@FREE	@@SYM
@@HDG	@@USE
@@MSG	

The following rules apply to transparent control st

1. They may be entered only in a demand run, not

2. They may not be entered from any device
terminal keyboard. They may not be entered fr
or from output generated by an executing
addition they may not be added to the control
the @ADD statement.

3. Processing of any previous transparent control
be completed; if a second transparent control
input before processing of the previous tran
statement is completed, the following diagnost

*@@IMAGE IGNORED - TRANSP. CTL IN PRO

If the terminal is printing at the time you
transparent control statement, pressing the <BREAK>
printing to stop and the message:

OUTPUT INTERRUPT

to be printed. The transparent control stateme
entered, after which printing continues as before
pressed.

When processing of the transparent control statement
the message:

-@@COMPLETE

is printed.

However, if bits of the facility status word
transparent control command the following message w

-@@ERROR - XXXXXXXXXXXX

where XXXXXXXXXXXX is the facility status word. If
set only as a warning, the command will be processe

-@@ERROR - 000200000000

for a file that has been assigned using @@ASG with

6.5. FORMATTED WRITE STATEMENT

Function:

To indicate the output of data to a specified output device in accordance with a format specification.

WRITE *(u,f) I/O list*

or

WRITE *(u,f)*

where: *u* is either an integer constant or an integer variable that identifies an input unit.
f is either the statement label of a FORMAT statement or the name of an array that contains the format specification.
I/O list is described in 6.2.2.

Rules:

(1) The number of records to be transmitted depends upon the I/O list and the format specification.

(2) Format control i

(3) The first charac
control characte
start in position
character by pri
tion 2 of a print
processor.

(4) There are no st
devices; this de
indicate a print

Examples:

(1)

```
      WRITE(3,1
   10 FORMAT(1H
```

The printer sta
NAME OF PRO

(2)

```
      WRITE(NOUT=6
      NOUT=9
   10 FORMAT(1H
```

Nursing crisis: Munnik speaks

Political Staff

HOUSE OF ASSEMBLY. — The Minister of Health, Welfare and Pensions, Dr LAPA Munnik, yesterday denied having said there was no serious shortage of nurses in South Africa.

Dr Munnik was reported in several newspapers as having made this point during a recent parliamentary speech. Speaking again in Parliament yesterday, Dr Munnik denied he made such a statement — and was immediately faced with a barrage of interjections from the Opposition.

Afterwards, Dr Marius Barnard, Opposition spokesman on health, said: "The minister is playing with words, but we are quite used to that. He did the same thing after he spoke about the R20-health diet for the aged."

Dr Barnard said Dr Munnik's speech in the Censure Debate was designed to dismiss allegations of a serious nursing shortage and he called the matter a "so-called" crisis.

"He quoted many figures to show that nursing quotas in all the provinces were almost full and then asked rhetorically whether the matter could be defined as a crisis. It is time the minister stopped playing with words," Dr Barnard said.

Speaking during the debate on the Nursing Amendment Bill yesterday, Dr Munnik said he wished to put the record straight regarding reports on his speech during the Censure Debate.

Dr Munnik specifically referred to a report on his speech that he said appeared in the Cape Times.

"I am accustomed to this sort of reporting, but I just want to say in the House for the sake of the record that I never said that there was not a shortage of nurses."

In his Censure Debate speech, Dr Munnik spent much time repudiating allegations by Dr Barnard that there was a serious and critical nursing shortage. Dr Munnik referred to the matter as a "so-called crisis", and quoted figures to show how few vacancies there were in the different provinces.

"One of our biggest problems in this country today is that we have too many hospital beds for whites in South Africa . . . we cannot build more hospitals and then wonder why we have a shortage of nurses for then the shortage is on paper and in terms of the buildings we have erected," he said.

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JOHANNESBURG CITY COUNCIL

Lack of nurses could be causing deaths — Browde

Star 26/8/81

(98)

By Deon Delport
Municipal Reporter

Deaths may be occurring in the Johannesburg Hospital because of the shortage of nurses, Dr Selma Browde told fellow-councillors at yesterday's city council meeting.

She was urging the city's management committee to put pressure on the provincial and public service authorities dealing with nurses' salaries.

Her request came in response to a letter to the council from the Johannesburg branch of the National Council of Women urging representations to the authorities about the immediate needs of the Johannesburg Hospital.

"It is a very frightening situation when someone can go to hospital for an operation or to be cured and can actually die because of the shortage of nursing staff," she said.

Dr Selma Browde . . . frightening situation.

The management committee should urge the province not to allow control of nurses' salaries to go to the Commission for Administration.

Nurses should be employed where they were needed irrespective of their race or colour, she said.

The authorities should raise salaries instead of trying to bring black nurses into the Johannesburg Hospital at current salaries. That would be exploitation, she said.

The management committee should also urge the employment of unskilled workers to fill empty posts at the hospital.

The nurses who should be saving lives were doing menial jobs, she said.

In reply, Mr Francois Oberholzer, chairman of the management committee, said recent recruitment trips overseas had had encouraging results.

not be hit by the section as it was then worded. The 1959 amendments were intended inter alia to bring such transactions within the net of the section and based on the decision in Smith's case (supra) the amendment has achieved this result.

Hospital for Lenasia

Star 27/2/81

COST R2-m

A group of Indian doctors will soon see a long-awaited dream come true, the start of work on a R2-million private hospital in Lenasia.

The three-storey building will initially have 71 beds, three operating theatres, maternity ward, radiology section, nursery, pharmacy, specialists' consulting rooms and other facilities.

Plans are completed and tenders are expected to be called for in three months' time.

More than 50 doctors, with some pharmacists and businessmen have formed a company, Lenmed Clinic Ltd, to launch the scheme on 1,25 ha of ground in Lenasia Extension 8.

The public is being allowed to buy shares.

Company secretary Mr D K Bhana said the hospital would not be "out of reach" of the ordinary man.

"We are not building an elitist clinic. It will also be open to all races."

Plans for a hospital in Lenasia had been going on for more than 20 years.

The Provincial Administration — which is now putting up a day clinic in Lenasia — has said in the past that the problem was suitable land, because proposed sites were delo-mite.

Row brewing between SA and KwaZulu

NM 28/8/87 147 98

Parliamentary Correspondent

CAPE TOWN—An intergovernmental storm is brewing between South Africa and KwaZulu over the refusal by the Minister of Health, Dr Munnik, to accede to KwaZulu demands that certain white staff members at Edendale Hospital, Pietermaritzburg, be transferred back to the Republic.

Mystery surrounds the reasons for KwäZulu's insistence that the staff members be transferred but it has been speculated among other white staff members that it was an attempt to create openings for black administrators.

Reacting in the Assembly yesterday to a query by Mr Graham McIntosh (PFP, Pietermaritzburg North) about whether he had agreed to the transfer of the staff members at Edendale, Dr Munnik said he was not prepared to take them away from the hospital and allow KwaZulu to investigate charges against them.

'I told the Minister of Co-operation and Development (Dr Koornhof) that I am quite prepared to have a full South African Police investigation.

'I am not going to move them from that hospital and allow a KwaZulu team to come and examine the doctors when I don't know what they want to investigate,' said Dr Munnik.

Mr McIntosh asked if Dr Munnik was aware that there had been a two week investigation at Edendale by the KwaZulu Department of Health and a request to transfer seconded members away from the hospital.

'This minister has already upset KwaZulu by transferring nurses without consultation.'

Press reports in Natal said that five staff members had been forced to resign and that the hospital superintendent Dr T Adnams had announced his retirement.

Pretoria to get 1200-bed hospital

Star 28/8/81

(98)

Own Correspondent

A 1 200 bed academic hospital is to be built in the vicinity of the H F Verwoerd Hospital in Pretoria.

This was announced by the Administrator of the Transvaal, Mr Willem Cruywagen, who said the new hospital had been approved by the Cabinet.

Mr Cruywagen said it would include a maximum 150 beds for blacks who needed specialised treatment.

PLANNING

In a statement Mr Cruywagen said the Cabinet had also agreed that the planning of the hospital, in co-operation with the Department of Health, Welfare and Pensions, should begin immediately.

The statement gave no indication of when building would start, nor of the estimated cost.

Mr Cruywagen said provincial consultant teams had already been appointed and the planning of the hospital would be carried out as a matter of urgency.

SITING

The siting of the hospital would be decided only after further investigation and after consultation with the architects.

"The siting of the new hospital will necessitate the demolition of certain buildings but the assurance can be given that the Herbert Baker Section of the existing hospital will not be affected," Mr Cruywagen said in his statement.

Mr Cruywagen said that the site in Erasmusrand bought a few years ago by the province with the new hospital in mind, would be kept provisionally for possible future provincial needs.

The rector of the University of Pretoria had been told of the Cabinet's decision, Mr Cruywagen said.

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ments were
the net of
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ring such transactions within
the decision in Smith's case
this result.

not be hit by the section as it was then worded. The 1959 amendments were intended inter alia to bring such transactions within the net of the section and based on the decision in Smith's case (supra) the amendment has achieved this result.

Star 28/8/81

Too few nurses ward closed

A day ward at Johannesburg Hospital which has helped to reduce the work load in paediatric wards has been closed because of the nursing staff crisis.

Professor J Chappell, professor of paediatric surgery at the University of the Witwatersrand, said that previously children undergoing minor surgery were admitted to the ward and not separated from parents. They were discharged after the operation and this reduced hospitalisation and cut costs.

"Because of the closure there is more pressure on nurses in paediatric surgical wards," he said.

Said a German doctor: "The fact that surgery patients can be discharged once the effects of anaesthesia wear off means that we can reduce costs by one-tenth."

Paediatricians believe that wherever possible, out-patient treatment is always less of a risk than keeping children in hospital.

Academic hospital unnecessary – PFP

Star 2/9/81 (198)

Own Correspondent

The decision to build a new 1 200-bed academic hospital in Pretoria has been slammed by the Leader of the Opposition in the Transvaal Provincial Council, Mr Douglas Gibson.

Speaking in the council during the Works Vote of the Budget debate, Mr Gibson (PFP Bezuidenhout) said he had grave misgivings over the project and that the final cost could be R120-million.

He wanted to know where the paramedic, medical, nursing and technical staff — already so stretched — would come from to staff the new hospital.

Mr Gibson also wanted to know whether a 1 200-bed training hospital was justified, and whether the existing H F Verwoerd Hospital could not be extended, modified and upgraded.

In that way the University of Pretoria's training needs could be met.

Mr Gibson said it had also to be borne in mind that the new Johannesburg hospital, with 2 000 beds, was running with a number of beds closed.

When building a hospital one had to take into account not only the capital costs, but the yearly running costs which would follow.

The Administrator, Mr Willem Cruywagen, said the proposed hospital had been very carefully planned to meet the requirements of the University of Pretoria's medical school, where a certain number of beds per student was needed.

However, ma ... cted" in that the invento ... the end of the maturat ... , arises in distinguish ... d a holding period.

If interes ... es, this could result in ... aced in the market. ... s - they feel interest s ... s until they are sold.[4] T ... r a distinction to be made be ... aturation period. Anthony fe ... ycle is short, the intere ... ugh to warrant assigning such costs to inventory. Where the passage of time is significant in the production process, interest cost is important and should be recorded.[5] It may be added that this will not lead to overstatement of the value of inventories, due to the application of the lower of cost or net realisable value rule.

One respondent suggested that interest be capitalised on inventories only in the event of specific stockpiling.[6] Another suggested the treatment of applying the policy to inventories only if the cycle of purchase - process - sale of inventory exceeds the annual reporting cycle, or where the stock turnover is exceptionally low. If the stock turnover is low, then it is likely production will not be unduly

Talks today to end Edendale Hospital dispute

NM 2/9/81

Mercury Reporter

THE KwaZulu Minister of Health, Welfare and Pensions, Dr Dennis Madide, and the secretary of the department, Dr M V Gumede, will travel to Cape Town today to meet the Minister of Health, Dr LAPA Munnik, in an attempt to break the deadlock over the Edendale Hospital dispute.

This was announced last night by the KwaZulu Chief Minister, Chief Gatsha Buthelezi, who said he had been in touch with Dr Piet Koornhof, Minister of Co-Operation and Development.

Dr Koornhof had suggested that the KwaZulu Cabinet should accept a compromise whereby a new investigation should be made into alleged irregularities at the hospital and that no administrative staff at the hospital should be removed while this was in progress.

Chief Buthelezi said the Cabinet felt very strongly about the issue.

They feel we have been humiliated not only by Dr Munnik but also by the utterances of Dr T Adnams, the medical superintendent, and other white officials,' he added.

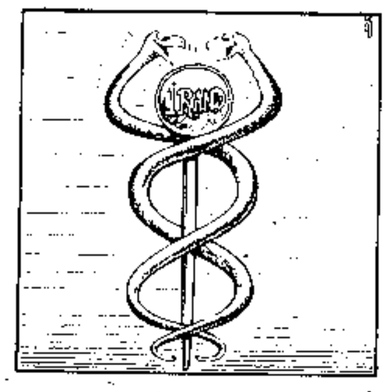
A six-man KwaZulu body investigating allegations of maladministration at Edendale Hospital last month discovered 'extreme laxity in the control of the hospital' as well as 'open defiance of Ulundi directives by hospital officials and non-compliance with accounting procedure.'

Dr Madide said later six top administrative officials had been transferred as a result of the investigation.

However, Dr Munnik said in Parliament last week he was not going to move the officials from the hospital.

STATE MEDICAL SERVICES (98) FM 4/9/81

A burnt out case?



Government health services in SA are in a sick and sorry state. In the Transvaal alone, 20% of the 10 353 available white hospital beds are empty because of acute staff shortages, whilst all but the seriously ill are being turned away. Health services throughout the country are in a state of similar crisis.

Despite Health Minister Lapa Munnik's protestations to the contrary, the annual report of his own Department of Health, Welfare and Pensions warns that staff shortages have reached such serious proportions that "essential services run the risk of collapsing."

Yet private hospitals, where there are no staff shortages, are by no means full although their bed occupancy rates have increased sharply over recent years. In the Seventies, there was a boom in the building of private hospitals but probably not a profitable one. Nearly all new clinics built claim they lost money as bed occupancy rates were not as high as they had expected. For example, the original owners of the Park Lane in Johannesburg, built at a cost of about R5m, were forced to lease it to another group.

At present, 60 private surgical and medical hospitals offer 24-hour service nationally — supplying between 6 000 and 7 000 beds — but exact occupancy rates are unobtainable. Neither Mannie Finger, chairman of listed Amalgamated Medical (AMMED), owners of five clinics, nor Bunny Bloch of Clinic Holdings, owners of 13 clinics, is willing to disclose them.

However, according to John Randall, chairman of the Representative Association of Private Hospitals (RAPH), "private hospital bed occupancy rates now average 70% in direct contrast to 55%-60% occupancy rates of the past few years."

This indicates that private hospitals *are* increasingly becoming alternatives to State institutions. Some believe that they offer a better service than the State, others are compelled to use them simply to obtain treatment. According to Dr Neville Howes, chief superintendent of the Johannesburg Hospital "only the most serious patients are being admitted, others are being referred to private nursing homes and hospitals."

There is also a cost dimension to the issue. According to one clinic owner: "The average stay in a private nursing home is now four days, whereas in a State hospital it is 9,2 days. Private hospitals are definitely more cost-efficient than State hospitals."

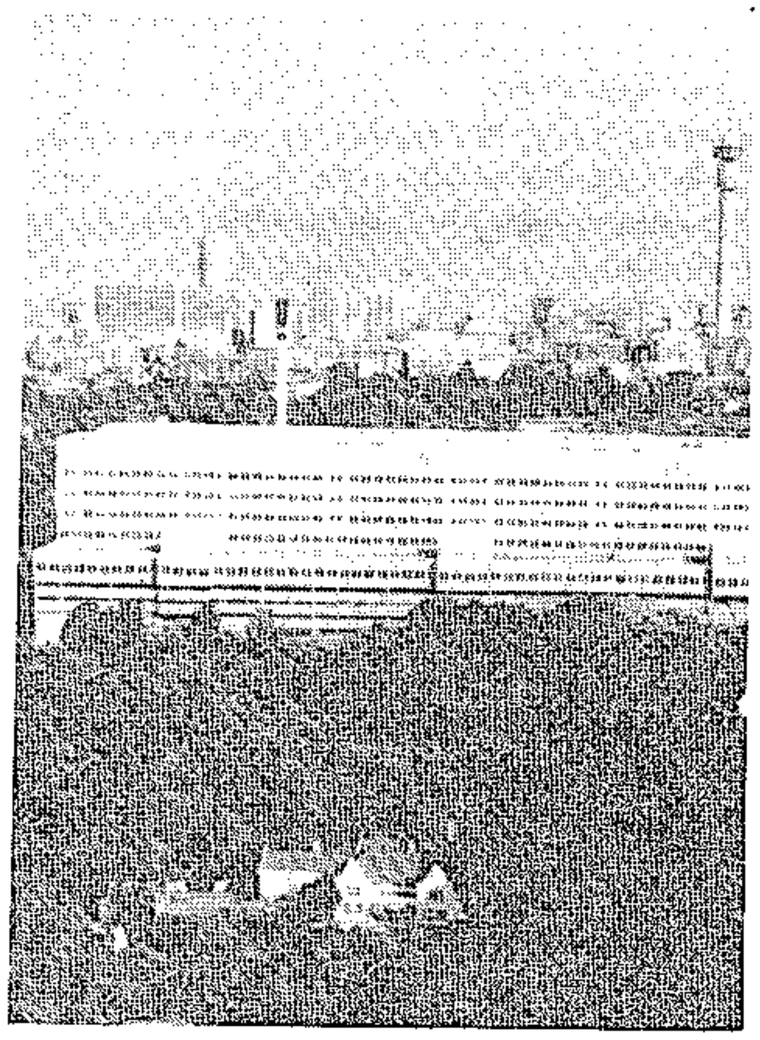
But a shorter stay cannot simply be attributable to the high costs of private hospitalisation forcing a need for greater efficiency. The rapidly growing membership of medical aid (MA) schemes means that increasing numbers of people can in fact afford private hospitalisation. Presently, approximately 80% of whites, 20% of coloured people and an increasing number of blacks are members of such schemes.

The demand for private medical facilities can be expected to increase due to rising incomes, a growing number of firms expanding fringe-benefit programmes to include black members and a drop in the standards of State-supplied medical services.

Middle-income black patients or MA members will no longer put up with the 200%-300% overcrowding at Soweto's Baragwanath Hospital with its consequent delays in care and attention. After a directive earlier this year by the Minister permitting private hospitals to admit black patients, they have been swift to respond.

Says Joseph Steyn, Registrar of MA schemes: "There are 251 registered MA schemes in SA, with 1 291 909 white members and 287 962 dependents. There are 416 191 black, coloured and Asian members with 493 143 dependents — 909 334 people."

A study undertaken by the PE Consulting Group SA — a private sector management consultancy — reveals sufficient demand from private paying black patients in Soweto to fill at least 100 beds and maintain a minimum of three operating theatres.



Johannesburg's General . . . only for the seriously ill?

The survey estimates that at least 8% of all black patients treated can afford private hospitalisation. This suggests that if Soweto has a population of 1m, 80 000 can afford private treatment. So a 100-bed private facility there could in fact be underestimating demand.

The relative cost of private medicine has long been the focus of heated public debate. Yet Munnik has approved an increase of 9,9% in doctors' fees and a 10% increase in the costs of private hospitalisation from September 1. In addition, it is likely that contributions to medical-aid funds will increase between 12%-15% before the end of the year to keep pace.

The fact of the matter is that the cost of private hospitalisation is approaching market clearing levels. Therefore costs appear high mainly in relation to heavily-subsidised State facilities which in turn bear little relationship to true cost. Fees at provincial hospitals are calculated according to a sliding scale determined by income. The average fee paid by a hospital patient is R8 per day, the top rate being R25 all-inclusive. Some patients without MA membership pay as little as R2 a day. However, a recent survey revealed that the actual cost of hospitalisation on a daily basis was R72,39 (a figure calculated over the period April 1980 to end-January 1981).

In private hospitals, where the cost of treatment has increased 26% since last year (and is due to increase a further 10% from September 1) the daily bed rate alone is R31,50, excluding medication.

The cost of a bed is just the beginning. According to Medschemes' Keith Hollis: "At present, a three week to one month stay at a private hospital for treatment of a coronory thrombosis costs between R1 000 and R1 500. This would include a possible one to five days in intensive care costing R60 a day. If the patient has had no surgery and is placed in a general ward, this would cost R33 a day for two to three weeks. Drugs are the major additional cost and could amount to R600 for a person hospitalised for one month."

These tariffs compare well with the cost of hospitalisation in other countries. For example, hospitalisation in Canada costs R194 a day, Netherlands R144, US R144, and Britain R141.

Last week Munnik announced that an investigation into the possibility of a differentiated salary scale for nurses was underway and that nurses might be given special salary treatment similar to that recently given to teachers.

That may help. But at present white provincial hospitals continue to cut ser-

Edendale men transferred, says Buthelezi

NM 4/9/81 (980)

Mercury Reporter

SEVEN hospital administrators who left their posts at Edendale Hospital yesterday had been transferred in terms of an agreement reached in Cape Town on Wednesday between officials of the South African and KwaZulu governments.

This was the interpretation of the Chief Minister of KwaZulu, Chief Gatsha Buthelezi.

He said it had been agreed by Dr Piet Koornhof, Minister of Co-operation and Development, Dr L A P A Munnik, Minister of Health, and Dr Dennis Madide, KwaZulu Minister of Health, Welfare and Pensions, that a full investigation would be continued at Edendale.

In addition, it had been decided that the future of the seconded employees would be dealt with administratively to the mutual satisfaction of both governments.

Chief Buthelezi said he felt a 'great sense of relief' at the outcome of the discussions. He felt that the whole 'rumpus' had been unnecessary.

He said Dr T N Adnams, medical superintendent of Edendale Hospital, who left his post yesterday, was due for retirement in any case.

The Chief Minister denied that the KwaZulu Government had been bent on 'africanising' the hospital.

The KwaZulu Government was not anti-white, he declared.

It was highly likely, he continued, that white incumbents would take up the positions presently held by the hospital administrators who were to be transferred.

Referring to reports that whites would walk out of KwaZulu hospitals if KwaZulu insisted on the removal of the white officials, Chief Buthelezi dismissed these as 'rumours'.

However, if it came to the push, KwaZulu would be prepared to face that hardship rather than have the dignity of its people impugned, he said.

The Edendale row started last month when a six-man commission of inquiry appointed by KwaZulu published a lengthy report following allegations of maladministration at the hospital.

'Open defiance'

Dr Madide, Minister of Health for KwaZulu, announced at the time that the commission had discovered extreme laxity in the control of the hospital.

He said there had been 'open defiance' of Ulundi directives by hospital officials and non-compliance with accounting procedures as laid down by the Treasury Department of KwaZulu.

Dr Madide said an atmosphere of inefficiency had been created in order to build up a case for the hospital to be taken over by the Natal Provincial Administration.

When the Ulundi team visited the hospital, they were refused admission to the dispensary by the chief pharmacist, Mr Peter Hearn.

Other officials involved in the row are: Mr C J V Hauptfleisch, the deputy superintendent (administration), Mr R Clarke, control administrative officer, Mr J H van der Merwe, administrative officer in charge of stores, Mr C J Strydom, administrative officer in charge of admitting and Mr Ram Govender, a cookery instructor.

The controversy took a further turn on Wednesday when Dr Adnams refused to hand over hospital keys to a KwaZulu investigating team at the hospital and instructed his white officials to carry on as usual.

The meeting in Cape Town on Wednesday was designed to break the deadlock over the Edendale Hospital dispute.

UNIVERSITY OF CAPE TOWN

DEPARTMENT OF ACCOUNTING

TAXATION AND ESTATE DUTY II - 1981

COURSE OUTLINE/READING LIST 3rd & 4th QUARTER

LECTURE DATE	LECTURE NO.	TOPIC	THE INCOME TAX ACT	MEYEROWITZ	ILLUSTRATIVE EXAMPLES	TUTORIALS
10 August	17	Source	s.1 'gross income' definition	Chapter 7	-	10.4

23

Hospital of 'Kind heart'

The super-sophisticated teaching hospital, which has intensive care and medical equipment on a par with major hospitals in America and Europe, has a casualty ward for men with only 10 beds.

When the Sunday Express arrived at Pelonomi there were 61 patients sharing the 10 beds and the sister on duty said: "That's a little . . . not long ago I was on duty when 107 patients were made to share those 10 beds."

A wall separates it from the women's casualty ward, where the sight that meets the eye is just as bad.

Women lie in hospital beds in the passage. Another was on one of the benches, suddenly in the down-sunshine. He had a tracheotomy tube attached to his throat and said he was told by the nursing staff to sit in the sun.

"I have been in Pelonomi for four months . . . I've never had my own bed," he said.

"In all that time I have been kept in the casualty ward and was told there was no room for me elsewhere.

"We have shifts in the ward. . . sometimes I spend about three days sleeping on the ground before I get a turn to sleep on a bed. If another patient is very ill we help him by allowing him more time to sleep in a bed."

Last year Pelonomi was

Joseph Jeremia was one of the patients suffering from throat cancer.

Dr Viviers said there was no problem in the casualty ward because of a shortage of beds. It was hoped that a new casualty ward would be completed in September.

Pelonomi is the only large and sophisticated hospital for Blacks in the Free State, but even if the R60-million expansion programme is completed there is little hope of the hospital being able to provide a bed for every patient.

The situation has been aggravated by the Onverwacht resettlement camp outside Thaba Nchu, where about 60 000 people are accommodated without adequate health services.

"There is just no way that with the problems involved in contacting their parents we can make arrangements to have the children collected," said Dr Viviers.

Another factor contributing to the bed shortage problem is the number of children left abandoned by parents after being treated.

When the Sunday Express visited the children's wards there were 16 children from all over the Free State and Lesotho who had not been fetched by their relatives or parents.

In all, four of the hospital's children's wards there is also a shortage of beds.

Dr Viviers said the hospital's [illegible] of dumping from [illegible] parents [illegible]

THE HOSPITALS CRISIS

10 SUNDAY EXPRESS September 6 [illegible]

Pictures: Chief Photographer DOUG LEE

Throat cancer but he had to share his bed

S Express 6/9/81 (98)

● Mrs Anna Mtsetsi wanted to cry when "I saw my husband lying cramped up with another patient".

ONE MAN'S AGONY

THE last time Mrs Anna Mtsetsi — mother of 12 — saw her desperately ill husband, Japtha, he was lying huddled on a hospital bed he shared with another patient at a Bloemfontein hospital.

Japtha Mtsetsi is one of the 1 200 patients sharing 1 040 beds at Pelonomi, a hospital for Blacks, and was moved from pillar to post to make room for more patients.

Mrs Mtsetsi, who works on a farm in Virginia, said her husband was suffering from throat cancer and had been in Pelonomi for two months.

Her work and the nearly three-hour trip to Bloemfontein makes it difficult for Mrs Mtsetsi to visit her husband more than once a week.

"But every time I see my husband I can't stop crying.

"The last time I saw him he was lying with a drip in the one arm on a bed he had to share with another patient.

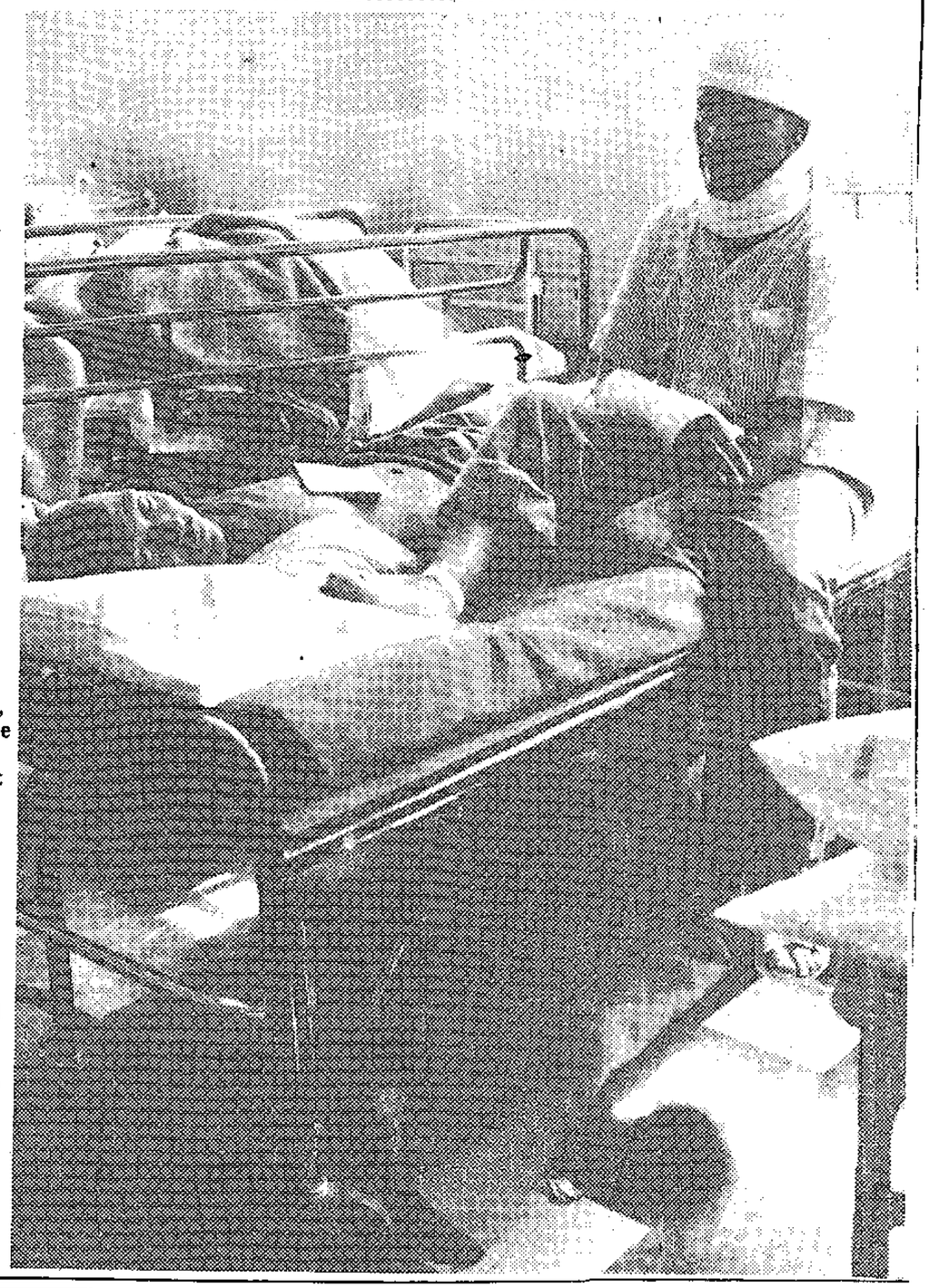
"His clothes were absolutely filthy and he hadn't been washed.

"He was in pain and lay all cramped up on the bed."

Mrs Mtsetsi said Japtha, who was a miner at Harmony Mine, Virginia, was transferred from the Welkom Hospital to Bloemfontein after throat cancer was diagnosed.

"When he first arrived at Pelonomi he had to sleep under a bed in casualty, but as his condition deteriorated he was put in a bed which he had to share with another patient.

"I despaired and cried . . . together with the other mothers and relatives of the sick patients lying on the floor."



● Two to a bed and one under, all because there are no beds at Pelonomi. The hospital has 1 200 patients and only 1 040 beds and so patients are forced to share beds and even sleep on the floor.

ANOTHER'S DESPAIR

A man who wants to die like a dog

KENNEL attendant, Mr David Mothudi, has asked that if he falls ill his employer treat him like she treats her dogs — "put a needle in me and make me go to sleep".

Mr Mothudi, who works for an animal welfare society in Virginia, made this plea after he heard of how a sick relative spent weeks sleeping under a bed at Pelonomi Hospital.

His relative, Mr Japtha Mtsetsi, was sent to Pelonomi Hospital in Bloemfontein to be treated for throat cancer.

Mr Mothudi said he would never go to "a place for sick people and then sleep on the floor with many, many other people".

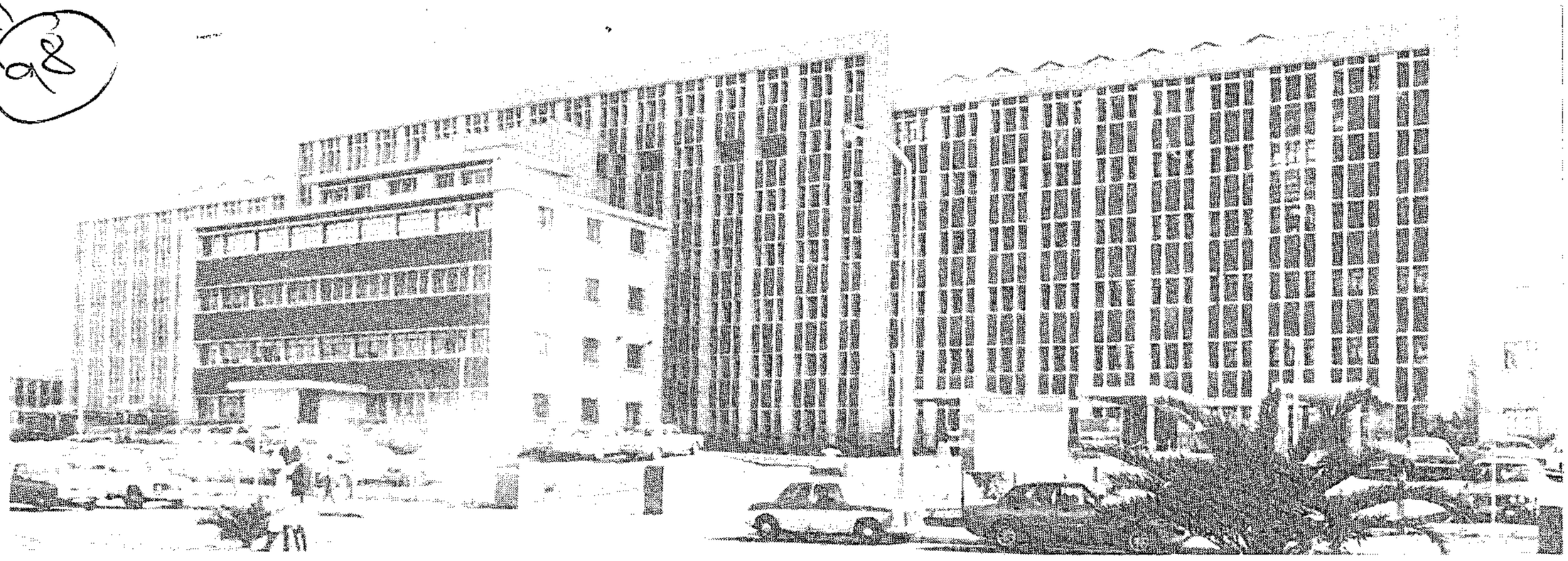
He approached his employer at the animal welfare society, who did not want her name disclosed, and asked that if he were to become very ill she "please do to me what she does to her dogs . . . put a needle in me and make me go to sleep".

Mr Mothudi, a soft-spoken, middle-aged man, told the Sunday Express that many relatives of sick patients were distraught about conditions at Pelonomi, particularly the casualty ward.

"It is just very sad to see your sick loved-ones battling for a little space because there are no beds available," Mr Mothudi said.

● David Mothudi would rather be "put down" than go to Pelonomi

FRERE HOSPITAL



The imposing facade of the Frere Hospital as it is today.

100 years old today

. . . and the old Frere Hospital in Beaconsfield Road.

Foundation stone laid on September 7, 1881

It was on August 8, 1877 that the question of a public hospital was first mooted at a Council meeting by Mr Alfred Webb. He proposed that selected erven be sold for the erection of a hospital within the municipality.

After consulting the Government Surveyor, the site on which the Drill Hall and adjacent buildings now stand was selected.

The Government disapproved on the grounds that the site was situated on Railway Reserve land and so a new site was chosen.

Finally, in January 1881, title to the land in Beaconsfield Road was received. The foundation stone was laid by Richard Walker, the first Mayor of East London, on September 7, 1881 and the hospital was named Frere Hospital after Sir Henry Bartle Edward Frere, Governor of the Cape Colony from 1877 to 1880.

The first wing was officially opened on April 11, 1882 and consisted of four wards. At the time of the opening there were two inpatients.

By the end of the first month, six whites and one black patient were inmates.

The buildings, now used by the Municipal Public Health Department, served East London as a hospital from 1882 until 1933.

Even in those early days the hospital was too small for its needs and it was ill-equipped. Its accommodation was inadequate and it possessed no proper nursing staff.

It was in charge of an old gentleman named Summerfield and his wife, whose designations were steward and matron.

They neither knew nor professed to know anything about nursing, which was done by two "nurses" partially trained.

Shortly afterwards two trained and certificated nurses from England were employed. One was appointed matron in charge and the other a staff nurse.

In those days there was no operating theatre. A small make-shift ward originally intended as a black women's ward was used as a theatre. Wards and furnishings were paid for by leading citizens of the day.

In those days East London had three doctors — today there are 178.

The 20 acres of ground on which the hospital was to be built was donated by the Council.

On March 12, 1931, the foundation stones of the proposed new buildings were laid by Mr C P Perks, chairman of the Hospital Board, who had worked very hard in the interests of the hospital, as did his predecessors, Mr David Rees and Mr Will Crosby.

A document of historic interest reading as follows was placed behind the foundation stone:

EAST LONDON NEW HOSPITAL DECLARATION

On this 12th Day of March, Anno Domini, 1931, and in the twenty-second year of the reign of His Most Excellent Majesty King George the Fifth, of the United Kingdom of Great Britain and Ireland, and of the Dominions, Colonies and Dependencies beyond the Seas, Defender of the Faith, Emperor of India.

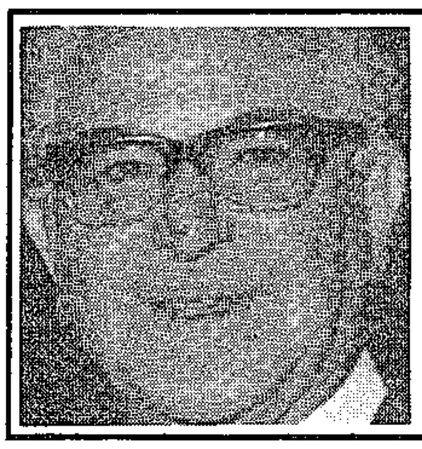
Lieutenant-Colonel His Excellency the Right Honourable The Earl of Clarendon, G C M G, Governor-General and Commander-in-Chief in and over the Union of South Africa; and the Honourable J H Conradie, Administrator of the Province of the Cape of Good Hope; General The Right Honourable James Barry Munnik Hertzog, BA, LLD, M L A, Prime Minister of the Union Government; J A Bowie, M L A, Member of the Legislative Assembly for East London Central; and F L Gregg, M P C, Member of the Provincial Council for East London Central; R J Gill, Senior Magistrate and Civil Commissioner, East London; Dr J Bruce Bays, M D, Mayor of East London.

Public Works Department, Architects; and Messrs Murray and Stewart (Pty) Ltd, Builders.

The following being the Board of Management of the East London Hospital:

Chas P Perks Esq J P (Chairman); Guy Chatterton Esq; G Hamlett Esq; R S Wakefield Esq; Dr J Bruce Bays, M D; G M Hopkins Esq; Dr P P J Ganteaume M B E; Dr J P Ziervogel; S T Wakefield Esq B A, J P; P Moorshead Esq; J F Pearce Esq; R R Greenwood Esq; C D Ewan (Secretary and Treasurer).

These foundation stones were laid by C P Perks Esq J P, in the presence of a representative gathering of the townspeople and representatives of Public Bodies.



All the articles on this and the following two pages are extracts from a comprehensive history of Frere Hospital written by Mr David Lazarus. Mr Lazarus has been on the board of the Frere Hospital for 40 years, first joining the board in 1939. He has been chairman of the board since 1958 — an unbroken stint of 23 years in the chair.

Chatterton: 42 years on board

This article would not be complete without a special reference to Guy Chatterton who served on the East London Hospital Board and the Hospital Board for Frere Hospital from 1916 to 1958 — a total of 42 years.

He was chairman of the board of management of the EL Hospital Board from 1948 to 1949 and chairman of the Hospital Board for the Frere Hospital from 1950 to 1958.

A dapper, conscientious man and a gentleman in every sense of the word, he was one of East London's early dental surgeons.

On his retirement in 1958 the then Acting Director of Hospital Services, Dr J. A. Hendricks, wrote to him:

"Under the guidance of your board, Frere Hospital has grown from a 100-bed hospital to one of the largest in the country. Your enthusiasm for the training of black nurses has earned for you a place of prominence in the ranks of those who spared themselves no effort in working for the benefit of the sick.

"The fact that Frere was the first institution in the Province to train black nurses for the state examinations speaks highly of you and your Board".

Dialysis machines installed

Frere Hospital has carried out peritoneal dialysis for many years, but because it had no artificial kidney machines, patients had to move to such other centres as Cape Town or Port Elizabeth for this type of treatment.

In 1976 a new Renal Unit was opened, specialised equipment was bought and nursing sisters were given suitable training.

We now have six dialysis machines and we can be proud of our own system of hospitalisation, which caters for the needs of the lower income groups and the underprivileged, while retaining the autonomy and independence of the medical profession.

The chairman of the Frere Hospital Board, Mr David Lazarus, and then then president of the Gately Rotary Club, Mr J. Hannocks, inspecting one of two renal dialysis machines presented to the hospital in 1979.

Hospital boards fulfil an essential function

Hospital boards fulfil an essential function.

They serve as a link between the community and the hospital authorities. The goodwill and understanding brought about in this way are of inestimable value and it greatly contributes to the high quality of hospital services for which the Cape is known.

With effect from January 1, 1950, the hospitals in the Cape Province, then administered by hospital boards, became provincial hospitals administered directly by the Cape Provincial Administration and the existing hospital boards were dissolved.

In a letter from the then Administrator, Mr J G Carinus, he wrote, inter alia: "There are very real grounds for regretting the changing circumstances, particularly as the existing Boards have done so much since 1912 and made so many sacrifices for our hospitals and the sick.

"Thanks to the devoted efforts of the members of Hospital Boards, individually and collectively, hospitals in this Province have reached a high degree of efficiency, where the afflicted can receive relief and succour in times of distress, pain and danger.

"I have at times had reason to entertain doubts whether the general public really realises and appreciates the gratuitous self-sacrificing and philanthropic services rendered by members of Hospital Boards."

The Board, thereafter, became the Hospital Board for the Frere Hospital, replacing its former designation.

It has been my experience for many years that the relationship among members of the Board has always been one of whole-hearted co-operation, characterised by dedication to the interests of the hospital with individual or group interests always in the background.

Today Frere is one of the best organised and well-run hospitals in the Cape and, indeed, the country.

Spotlight on those who serve humanity

Rewarding career

The greatest wealth a city can possess is health — and nurses can play an important part as health teachers.

Once a young woman has her basic training as a nurse, the whole world is open to her. She has learnt not only a valuable art, but to understand other people. She learns to exercise self-control and courage.

Today, those who are concerned with the welfare of human beings and desire to serve humanity will find a rewarding career in the nursing profession.

The trained nurse has unlimited opportunities. It is one of the noblest vocations which serve humanity and no other vocation can be more rewarding.

It is a career in which a woman's natural ability to give help and to show sympathy can find expression.

A nurse's training is never wasted for she remains a useful member of the community whether she stays in the profession or not.

It enables her to run a home, teaches her hygiene, first aid and the care of infants and children. Nursing is an art that is never forgotten and a skill that is never entirely lost.

If she is interested in children, she can specialise in paediatrics and work in a children's hospital. If she is interested in community health she can become a health visitor.

If surgery fascinates her, then she can study theatre techniques and become a theatre sister. The nurse who is interested in teaching can do so within the profession by becoming a sister tutor.

The ambitious woman who wishes to reach the top is able to obtain a diploma in administration and become a matron.

There is no end to the variety offered by the nursing profession, nor is marriage a bar to advancement.

There are many male nurses, too, who have trained in this country alongside their female counterparts. They play an important part and are to be found in almost every branch of the profession.

The nursing of the sick is a vocation which, in the light of modern scientific knowledge, has been elevated to the dignity of a profession and the South African-trained nurse can compare with the best in the world.

34 on the staff in 33

The present Frere Hospital building was handed over to the Hospital Board by the Department of Public Works in January 1933 and the first patients were transferred on February 1, 1933.

The whole hospital staff totalled 34, which included a matron, six sisters, six staff nurses and 11 student nurses. The total beddage numbered 202.

The official opening by the Administrator, Mr J.H. Conradie, took place on May 5, 1933.

The door was unlocked with a golden key made by the late Mr F. Feller of East London.

The maternity block, completed in 1933, was opened on June 20, 1934, by Lady Clarendon, wife of the Governor-General.

In 1961 a resident paediatric medical officer was appointed for the first time at Frere.

In the same year medical officers started at R3 120 a year and after four years, drew R3 720. This was subsequently raised to R3 960, rising to R4 200 a year.

Between 1950 and 1968, when the foundation stone of the new treatment block was laid, the total spent on the hospital since it was taken over by the province in 1950 was R4 676 000 and the number of beds increased from 476 to 871.

In the same period the number of in-patients rose from 9 616 to 24 672 and out-patients from 55 810 to 340 747.

On April 16, 1969 the foundation stone of the present imposing structure — the new administrative and treatment block — was laid by the then Administrator of the Cape, Dr J. N. Malan.

This new six-storey block cost R3 730 000 and made the Frere Hospital complex a key hospital in the Cape Province.

Frere is the fourth largest provincial hospital in the Cape and the estimated expenditure in running it for the financial year 1981-1982 amounts to R17 298 000.

If we include the orthopaedic workshop and laundry, the total would be in the region of R17 922 000.

The total revenue received by Frere in fees for accommodation and other services amounted R980 000.

The personnel of the staff of the Frere Hospital totals 2 643 with over 900 beds in use.

Acclaim for orthopaedic

Fourteen years ago, East London was visited by Professor D. Riordan, Professor of Clinical Orthopaedic Surgery at Tulane University in New Orleans.

Professor Riordan said then that in the Orthopaedic section of Frere Hospital he had seen the most scientific way of analysing a patient's deformities that he had come across anywhere in the world — high praise from one of the world's top experts in orthopaedic surgery.

We have, in East London, an orthopaedic department of which we can be justly proud and great credit is due to the East London and Border Society for the Care of Cripples.

If any person deserved recognition for outstanding service in the cause of Cripple Care, the late Margaret Fuller did.

Margaret Fuller — aptly described as "Mrs Cripple Care" — deserved every praise that was lavished on her.

No words of mine can adequately pay sufficient tribute to her. I was privileged to have been a close friend and confidant.

Combating cancer with cobalt unit

East London is the third city in the Cape where the treatment of cancer can be undertaken using a cobalt unit.

The cobalt unit was installed in 1976 at a cost of R76 000 and is being used more and more in the treatment of cancer patients from the Border and Transkei.

It has now become possible to treat many patients without transferring them to Cape Town or Port Elizabeth.

Another valuable amenity is the telephonic transmitter designed for the transmission of electrocardiograms from patients with permanent pacemakers. There are dozens of other types of sophisticated equipment.

The ultra-modern Intensive Care Unit is one of the finest units of its type. It is used primarily to treat coronary heart disease and other cases of a serious nature.

Expensive and highly complex modern equipment is used in the unit. It is highly specialised, both with regard to staff and equipment.

Nursing College's first principal

When the Frere College of Nursing was established in 1970, Miss R. S. McDermott became the first Senior Principal, a post she held until her retirement in 1978.

She had qualified as a primary school teacher and taught for a while before enlisting with the Sawaaf.

After five years of war service, during which her duties included gas, regimental and physical training instruction, she started training at Groote Schuur Hospital and in 1949 came to East London to start her midwifery training at Frere Hospital.

In 1953 she obtained a diploma in nursing at the Witwatersrand University and returned to teach midwifery at Frere Maternity Department.

In 1959 she transferred to the general side of the hospital as head of the lecture unit until the Nursing College was opened.

A battle to find efficient nurses

A 100 years ago, nursing problems also were experienced, as the following passage will show:

"The difficulty of providing efficient nursing has proved here (as in all colonial hospitals) very great. Early in the year it was decided to place the institution under a lady superintendent who, with skilled nurses, was obtained from England.

"This system, though good in the abstract, has proved unworkable and has resulted in the discharge of one nurse and the resignation of the lady superintendent.

"The Board has decided to return to the old system of placing the hospital under a married couple as house steward and matron, with nursing assistance to be obtained in the Colony.

"This change, it is calculated, will effect a saving of at least £100 per annum, but will necessitate more constant supervision on the part of the House Committee and secretary."

Maternity concern

In 1960 I was one of a delegation which met the Administrator, Mr J. G. Carinus, drawing attention to three urgent requirements at the hospital — the need for a new maternity block; the need for eye wards and the need for X-ray equipment.

The National Council of Women described the accommodation for maternity cases at Frere as "shocking".

The Administrator was told that East London was a prescribed area for training midwives, but the number of maternity nurses being trained was inadequate.

Some had left before completing their courses "as they could not face the bad conditions".

Nevertheless, even at that time, the best nursing results in South Africa were achieved by students in the maternity section of the Frere Hospital.

Centenary message

— from the Senior Principal of the Frere College of Nursing

In 1891 South African nurses became the first nurses in the world to achieve state registration on completion of their training.

In 1914, Dr John Tremble, a young doctor from England working at Frere Hospital, founded the South African Trained Nurses' Association which, as the South African Nursing Association, today forms the professional body uniting all nurses in South Africa.

The chairwoman at the first meeting of the association in October, 1914 was Miss Joan Schweitzer, Matron of the East London hospital. She was also its honorary secretary and treasurer.

1939 saw the outbreak of the Second World War and Frere Hospital nurses joined other South African nurses at the front who achieved a reputation for quality and compassion in caring for the men injured in battle, second only to that of the Australian nurses.

Nurses training at Frere Hospital attended classes in the hospital lecture unit until July 1, 1970 when the Frere College of Nursing was established as an independent institution.

The College was housed in its present building in the hospital grounds and all the members of the hospital unit teaching staff transferred to the establishment of the college.

The head of the teaching unit, Miss R. S. McDermott, became the Senior Principal of the College. She remained in this position until her retirement on June 30, 1978 when she had completed 35 years service at the Frere Hospital and Frere College.

Hospitals affiliated to the Frere College are Frere Hospital, East London; Grey Hospital, King William's Town; and since 1974, Frontier Hospital, Queenstown.

Tuition offered by the College covers all the requirements for nursing courses:

Diploma for registration as a general nurse and midwife (3 years);

Diploma for registration as a general nurse (3 years);

Certificate for enrolment as a nurse (2 years).

In addition, college staff assist with the tuition of students taking the national diploma in radiography course; the national diploma as orthopaedic technician course; and the post-basic nursing course diploma for registration as an orthopaedic nurse.

The world in which we live is changing at an ever increasing pace and knowledge valid now is obsolete within five years. For that reason staff at the Frere College, like others involved with nursing education, make use of progressive teaching methods which are based on student self-study.

During the last two years there has been an increasing number of student-produced exhibitions, work presentations, debates and seminars as we — the nurses of today — try to equip those who train today for practice in the world of the future.

Values and attitudes are changing all the time, but there are three fundamental values and attitudes in nursing which never change and which we endeavour to instil into the students passing through the College:

Enthusiasm with discipline. This embraces enthusiasm for life, for people, for caring and committment to the job that needs to be done; together with the discipline needed not to fear death, to continue to care for those who reject all overtures, and to take the job through to its end.

Love with intelligence. Nursing is a caring profession and nurses are people who love those around them, who are committed to helping those who need help. Emotion expended without the discipline of thought, however, becomes a burden to those who receive it and a waste of vital energy to those who expend it. Knowledge must support love. The theory behind practice is what nursing entails.

Growth outward and upward. Nursing expands continuously to reach all people in all walks of life and fields of enterprise, but the practitioners of nursing cannot hope to be successful in their expansion if they do not preserve their own integrity and that of their profession in all that they do.

It is these three fundamental values that nurses of today need to pass on to the nurse of tomorrow so that the next 100 years of Frere Hospital may produce nurses of the same calibre as were found in the past 100 years.

ROLL OF HONOUR

Medical Superintendents

Dr E. F. H. Mohr	15.7.35—10.11.40
Dr J. Tremble	1.8.41—10.11.43
Dr G. E. Nesbitt (Acting M/S)	16.11.43—14.4.44
Dr A. H. Tonkin	15.4.44—31.12.45
Dr B. Bromilow-Downing	24.4.46—28.12.55
Dr R. S. Cormack	13.1.56—31.1.58
Dr J. G. Steyn	13.1.58—19.1.68
Dr F. L. S. Visser	1.6.68—30.6.79
Dr S. S. Richardson	1.7.79—To date

Matrons

Miss M. Greene	1.5.19—26.8.38
Miss M. Greene	27.9.38—31.3.46
Mrs J. F. Albertyn (née Allan)	4.6.46—30.4.49
Miss G. A. Gleaves	1.1.50—30.6.73
Miss B. S. Willetts	1.7.73—30.6.75
Mrs A. van der Walt	16.2.76—14.10.80
Miss C. van der Merwe	1.1.81—

. . . and from the Student Nurses

The Frere Hospital Student Nurses Committees represent all the nurses in training — students, pupils and pupil nursing assistants.

The essential needs of the patient have not changed over the last hundred years. What has changed is the tempo of living — the stresses under which we work.

As medicine and medical technology advance, so must nursing and the depth of knowledge required of today's nurse is far greater than that of her predecessor.

For example, the nurse of today studies not only anatomy and physiology, but also applied physics and chemistry so that she has a deeper understanding of the subject.

She learns not only the science and art of nursing, but psychology and sociology as well so that she can give supportive as well as physical care to her patient.

Adding to the stress, and increasing the work-load, is the chronic shortage of nurses.

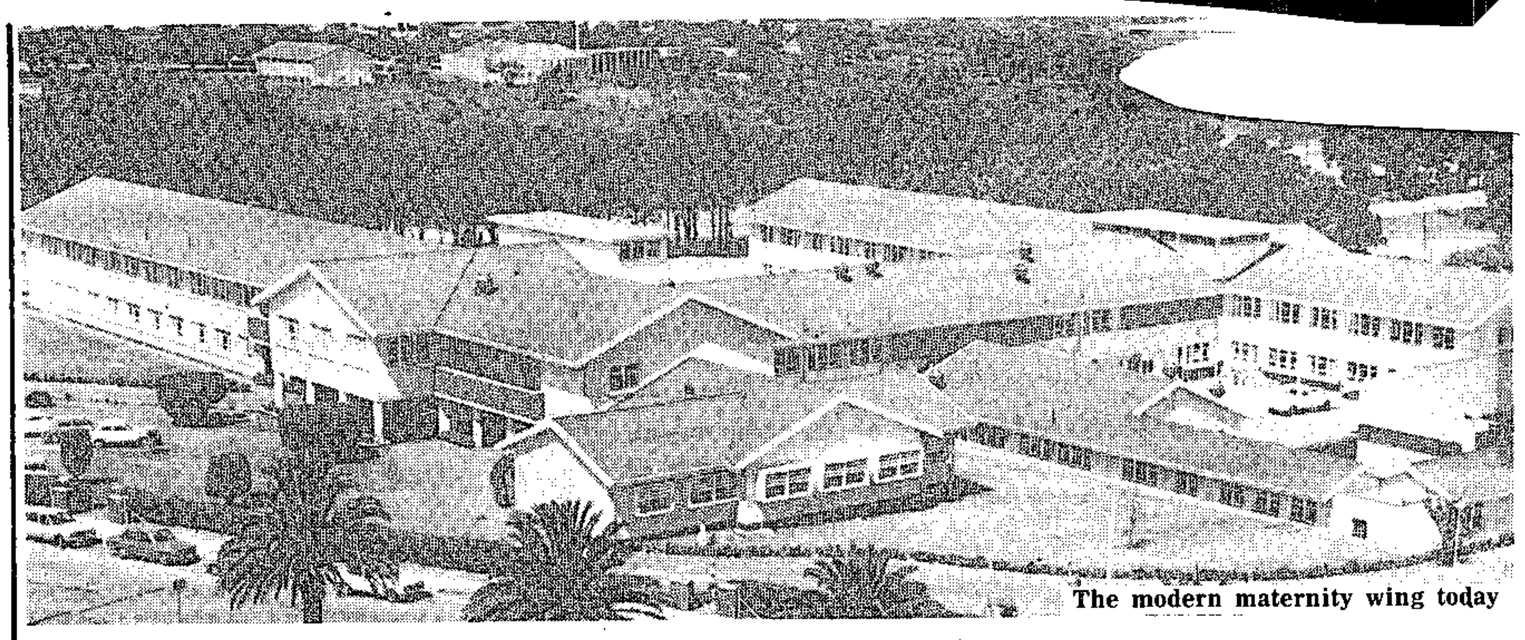
Why?

Why is it that so few young women and men are entering the nursing profession? Nursing is a caring profession and, as such, the rewards are great.

It is extremely demanding — physically, mentally and emotionally — but it is also intensely satisfying.

During this centenary year, a number of boys and girls from high schools in East London have been on tours of the hospital and college and have been given some insight into nursing and hospital life.

We hope that at least some of them will join us and experience the tremendous satisfaction and joy we feel in the practice of our chosen profession.


The modern maternity wing today

The birth of the maternity section

A comprehensive obstetric and neonatal care service is a very much taken for granted facility in a community in this year of 1981.

Frere Hospital is able to offer such a service to-day, thanks to the foresightedness and dogged perseverance of its Hospital Board and certain community groups, notably the National Council of Women.

When Frere Hospital opened at its original site in 1881, maternity cases were only admitted if an emergency arose, and then only among the general patients.

Ante-natal care was very limited, district deliveries were the order of the day and maternal and infant mortality rates were high. Statistically, maternity cases were shown under "Diseases Return", along with all other admissions.

The first Caesarean section was recorded in the 1920 statistics, which also showed that five out of 21 mothers who had "accidents of labour" died.

In 1922 the need for a separate maternity home was first expressed. It was hoped to incorporate this with the new hospital building which was being planned.

The Administrator could not promise support for this because of financial circumstances and he advised the Board to "wait for better times"!

When a member of the Executive Committee of the Provincial Council attended the ceremony of the turning of the first sod at the site of the new general hospital in 1930, the need for separate maternity accommodation was again expressed.

He realised that this was necessary and suggested that any money saved from the main building plan be put towards the building of a maternity block.

Stronger action was taken in September 1931 when representations, supported by a petition from the National Council of Women, were made to Mr Gregg, local member of the Provincial Council.

As a result of this, approval was given to a scheme "which was not to exceed £7 000" and building on the new maternity block started in December 1931.

It was completed in 1933 at a cost of £9 553, had 20 beds available and opened to receive patients on November 1, 1933.

A sister and three staff nurses were appointed to the unit and Dr W. Waddell was appointed the first honorary gynaecologist and obstetrician. He started an ante-natal clinic in December of that year.

On June 24, 1934, the new Maternity Block was officially opened by Her Excellency, the Countess of Clarendon, and in her honour it became known as the Lady Clarendon Wing.

In her address Lady Clarendon expressed the hope that "more such wards and skilled nursing care for mothers and infants would become available throughout South Africa".

She paid special tribute to the National Council of Women for its role in achieving a separate maternity hospital for Frere.

During 1934 a total of 284 in-patients were treated and in August of that year the first district midwife was appointed to attend to booked multiparous patients in the town, Cambridge and Amalinda areas.

Social workers were asked to assist in publicising the service so that a large practice could be built up with a view to gaining recognition from the Medical Council as a training centre for midwives.

By 1942 "acute and serious congestion" in the maternity department was noted. A request by the Board in 1943 for separate and extra facilities for non-white patients was left in abeyance until after the war.

In 1945 proposals for a separate non-white hospital, which would include a maternity department of 75 beds, were submitted, but by 1946 little progress had been achieved.

At that time 14 white and 12 non-white beds were available in the Lady Clarendon Wing.

The heavy demand for maternity beds continued and in spite of approval for the additional maternity accommodation in 1948, no plans were submitted until 1953 and only in 1956 did the building of the present Maternity Block start.

It was eventually opened on February 22, 1960 and provided 30 beds for whites and 63 for non-whites.

By 1964 the number of hospital deliveries had reached 3 411 and in 1965 an additional labour suite for non-white patients was established.

The number of district deliveries dwindled and this service ceased in 1967 when only district nursings were undertaken.

The number of hospital deliveries thus increased and reached a peak in 1972 when 5 700 live births were recorded.

Today Frere Maternity caters for the obstetric and neonatal care of the entire community of East London as the private hospital maternity service was closed in 1979.

In 1980 the midwifery service of the local Municipality was taken over by Frere's Duncan Village Obstetric Unit, which opened in February 1981.

This synopsis would be incomplete without reference to the training of student midwives. Frere received recognition as a school for midwives in 1935 when two pupil midwives started training.

Lectures were given by Dr Waddell and a registered midwife on the staff. Within a short time excellent examination results were achieved with several students gaining top places among entrants from the Cape Province.

In 1950 the William Waddell Prize was instituted in recognition of his outstanding services to student midwives.

In spite of a petition in 1931 by the National Council of Women and the Municipality for the training of "native midwives", training of non-white students only started on September 1, 1960 and in order to provide sufficient cases for these students, Frere took over district midwifery services in Cambridge, West Bank and part of the East Bank Location from the City Council on March 1, 1961.

At present the one-year course for the diploma of midwifery, as well as the midwifery section of the integrated course in nursing is offered. In addition the first male midwife qualified at Frere Hospital during 1980.

The struggle of the past continues today, but with its striving spirit to spur it on Frere Maternity confidently expects to meet the challenge of the next 100 years.

One of the nurses' homes at Frere Hospital — a far cry from the primitive conditions at the site of the "first" Frere Hospital in Beaconsfield Road.

From pondokkie to palace

The year in which the original Nurses' Home was built is not ascertainable, but it is clear that it stood near the Hospital in Beaconsfield Road. It is equally clear that by 1933 it was far from being an ideal residence.

The change-over from Beaconsfield Road to the new Hospital buildings took place on February 1, 1933. The Nurses' Home was a handsome two-storey building which could accommodate a matron, six sisters, six staff nurses, 28 probationers and a home housekeeper.

In the South African Nursing Record of May, 1933, the editor (Dr John Tremble) remarked: "The Nurses' Home is a palace compared to the pondokkie that passed as a residence in the old place."

Palace or no, within two years it was apparent that accommodation was inadequate and, in October 1935, the Hospital Board obtained the Administration's approval for additions and extensions to the hospital buildings.

The expenditure was to be limited to £12 800 and of this amount, £8 073 was allocated to the Nurses' Home for the addition of 25 bedrooms. The work of the Nurses' Home was started in mid-November and completed in August, 1936.

By the end of 1936, the number of nursing staff had increased to a matron, nine sisters, 13 staff nurses and 43 pupil nurses (probationers) with the inevitable rise in accommodation requirements.

By 1937, therefore, the Hospital Board was already contemplating further additions. Not only had the nursing staff increased considerably, but, "in order to comply with the SA Medical Council's regulations that nurses be granted one day off per week instead of a day per month as heretofore, the number of nurses will have to be further increased."

It was proposed that the Nurses Home be extended to accommodate an additional 55 nurses and that covered walk-ways be built, connecting the new and existing blocks to the kitchen and Nurses' Home.

These extensions were started in November 1939 and completed in July 1941.

During 1942 the following programme was prepared for approval: European night nurses, quarters to accommodate 48 nurses £14 700; additions to the European home, accommodation for an additional 38 nurses, £20 000. Approval, apparently, was not forcoming as the additions were proposed again in 1945.

When Dr John Tremble (founder of the South African Trained Nurses Association and a former Medical Superintendent of Frere Hospital) died in November 1943, the Board proposed that a memorial in his honour should take the form of a swimming pool for nurses.

The sum of £3 462-1s-2d was raised by the public but, in the Board report for 1945, the Administration advised that it was "not possible at this stage to authorise the Board to proceed with work of this nature owing to the existing shortage of cement."

As a point of interest, the fund lay in abeyance for some years until Dr Bromilow-Downing's tenure of office as Medical Superintendent when he suggested that a recreation hall would be of more value and more widely used than a swimming pool. As a result, the John Tremble Memorial Hall was built alongside the Nurses' Home in 1953.

In 1952, at a cost of £497-13s-1d, two new tennis courts for white nurses were constructed across the road from the Home. They were opened by the reigning Miss South Africa, Catherine Higgins. The chairwoman of the Student Nurses Association presented her with a sterling silver brooch in the form of a tennis racket.

Further amenities were added for the use of the white nursing staff in 1957 when a bicycle shed was constructed behind the garages and in 1960 a swimming pool was provided by the Provincial Administration.

By this time, however, it was apparent that accommodation was again at a premium and that an additional floor should be added to the Nurses Home. Building started in 1961. When the alterations were completed in 1962 the Nurses' Home now could accommodate 200 nurses — a far cry from the 40-odd of 30 years before.

From the number of extensions and alterations between 1935 and 1962 one patch-work of buildings, but this is not so. While remaining utilitarian, the Nurses' Home is, in fact, an attractive, imposing three-storeyed building with the war-time extensions being built in the form of a broken square that forms an attractive quadrangle.

There is little to indicate that the building was not planned as it now stands.

However, in this modern day and age, the Nurses' Home no longer accommodates only nurses — or even woman exclusively.

Male student nurses, student radiograhpers, medical technologists and doctors are accommodated in what is now known as Nerina House.

X-RAY AND RADIOTHERAPY DEPARTMENTS

. . . and a novel way to dry your stockings!

Originally these two departments were combined and the first student radiographers joined the staff in July, 1949.

Their training took two years and in those days this period qualified one in both diagnostic and therapeutic work. The examinations were set by the British Society of Radiographers for the MSR diploma.

In 1954 the Society of Radiographers of South Africa decided to introduce the National Diploma in Radiography (SA) but Frere Hospital students continued to write the British MSR exam until April, 1961.

The School of Radiography started with three students and over the years gradually has increased to the present number of 22. Those radiographers who were students in the early years remember many aspects of their working days which differ radically from present day conditions.

To start with, they did their complete training on a 'pay as you learn' basis: they paid for their lectures and received no salary until they were qualified and they had to be 20 years old before being allowed to write their final exams.

Also, it wasn't a foregone conclusion that they would be allowed to write their "finals" — they first had to achieve a certificate of competence from the radiologist in charge.

All lectures were given out of working hours and one had to go to different parts of town to the homes of the lecturers and to the Technical College.

In this centenary year of Frere Hospital, it would seem appropriate to recall some of the difficulties as well as some of the lighter moments in the department.

Now, when the processing of films is done in an automatic unit it is hard to believe that we used to do everything by hand in tanks of chemicals.

The smell and mess were indescribable and there were duck-boards on the floor of the dark room to keep our feet an inch or two above the always-wet floor.

The temperature of chemicals had to be kept constant; the surround tank was adjusted by either adding hot water or ice and one always knew when an ice block had been delivered because the smell of fish pervaded the department — a fishing company had this contract!

There were occasions when the outlet blocked up and the tank overflowed. An urgent shout of "flood" brought everyone scurrying with mops, buckets and dustpans to scoop up the tide which threatened to flow into the main corridor of the hospital — and sometimes did!

One usually got shoes and stockings wet and the remedy was to sit on the film-drying cabinet and dangle one's legs inside in order to dry off.

There were no such people as dark room attendants, housekeepers or cleaning maids — students were expected to deal with all these chores.

And one could always tell a radiographer by the chemical stains on her hands and uniform — for which there was no efficient stain remover.

The first radiographer-in-charge was also a qualified physiotherapist so she had divided loyalties. In fact, she had been persuaded by the radiologists to try her hand at radiography and went on to qualify in this profession.

The equipment and machinery available in the 1950s was somewhat ancient and even hazardous. For example, one Deep X-ray therapy unit had overhead cables which made contact only when the door was closed — or so one believed.

However, one radiographer had the shock of her life — literally — one wet day when the cables sagged and touched the top of her head and she was flung across the room.

Somewhat numbed and shaken, she lived to tell the tale and is still on the staff!

The X-ray Department has not been without some unusual incidents over the years.

There was, for example, the case of the murdered chief whose body had to be checked for bullets a week later. The radiologist, to spare the radiographers this unpleasant task, said he would do the job himself.

The long basket was placed on the x-ray table and the radiologist, an elderly man of habit (quite forgetting the inanimate state of his "patient") could be heard saying, 'Now hold your breath ...'

Another incident took place before decimal coinage was introduced when a mother brought along her young son who had swallowed a coin. On X-ray examination it could be seen in the stomach and the mother was shown the film. "Look, there's the penny," said the doctor. "It's not a penny — it's half a crown," was the retort.

"If it had been only a penny I wouldn't have worried, but I want my half a crown back".

Early in the 1960s a decision was made to divide the combined department into separate diagnostic and therapeutic departments as each section had built-up considerably through the years.

Obviously the number of staff members had also increased and about seven years earlier student radiographers had begun receiving salaries — starting at around £10 a month. How very different the position is today when they earn enough to be self-supporting.

This story wouldn't be complete without a comment on uniforms. From being tight-waisted and starched with the hem two inches below the knee and worn with stockings and brown lace-up shoes, times have certainly changed.

The latest regulations provide for brown skirts and slacks — freedom indeed and in line with realistic fashion trends.

The old fogeys of yesteryear who designed the earlier garments would be horrified!

The day Sister Aiden died

Jean Blyth looks back on the 20 years she spent at Frere Hospital from 1952 to 1971 . . .

I came to the Frere Hospital at the beginning of July 1952 and retired on pension at the end of 1971.

I came as a sister when junior trained nurses were still known as staff nurses. I worked in the old Clarendon Wing, while Miss M. Ottee was sister-in-charge.

It was dreadfully congested. The duty-room and office, white wards and labour wards occupied the front half and the non-white area was at the back.

After a month I went on District Maternity, the junior of three sisters. Part of our work was to check bookings to make sure the accommodation was adequate for home delivery or, in the case of black patients, to see if they were eligible for hospital delivery.

"Madams" were apt to say that they could not spare the maid for clinic and got a fright when told that if the maid was not there, she would find herself responsible for the patient.

We were responsible for midwifery patients in a small square of the East Bank Location, handed over to us by Lloyd's Clinic to make sure that the student midwives fitted in all ten of the statutory district deliveries during their six weeks on District.

During my fourth month on District, four of us, returning from a Sunday half-day outing in broad daylight and in good time for first supper, were surprised to find the gates and doors on the Nurses' Home locked and bolted.

We later heard that a riot had broken out in Church Square in the location. Among the dead were an insurance agent and a medical nun. The man had gone to collect premiums on Sunday afternoon — the only day he was sure of finding his clients at home.

Sister Aiden (Dr Elsie Quinlan) was in charge of St Peter Claver Mission. She had received a call to a patient. Both had been warned of the danger, but had insisted that they were so well-known that no one would harm them.

Sister Aiden's car was stoned, overturned and set alight.

White trained staff worked in shifts in the black wards that night, caring for the riot victims so that the ward nurses could get on with their routine work.

In June 1955 I took charge of Crosby, the only children's ward apart from Margaret Fuller and a small ward in Casoojee where coloured and Indian children could be nursed. Black children were nursed in the private and semi-private wards of Male I and II.

When the new blocks were built, the non-whites at last had two children's wards. On the white side a new medical block, later named the Lazarus Block, was built, which included a modern children's medical ward. Thus Crosby became purely surgical.

During this time, from December 1957 until November 1963, I had been doing holiday relief, working all over the hospital and in addition doing a good deal of general district work and night duty.

In November 1963, I took over Sprigg Ward.

Many changes had taken place and were taking place during that time. The Clarendon Wing, which had been used for non-white out-patients after the Maternity Section moved across the road to its new building, was swallowed up by the new buildings going up. It had been terribly cramped, but in a way it was sad to see it go.

While I was working in Sprigg, rooms for distressed relatives were opened on the ground and first floor main corridors, which eased things for us, but the room on the ground floor later was taken over for specialised clinical tests.

It was while I was at the Frere that the present doctors' common room was built on. The old rustic "log cabin" refreshment kiosk made way for the new glass-walled restaurant, which today is the only familiar landmark in front of the hospital.

Now, even the old front entrance of the hospital has gone and the Frere Hospital that I knew for close on 20 years has made way for the modern institution that it is today.

The men in the chair

Those who served as chairmen on the East London Hospital Board (as it was originally known) were:

David Rees	1913—1917
J. A. Goldschmidt	1917—1922
William Crosby	1922—1926
C. P. Perks	1926—1931
S. T. Wakefield	1931—1934
J. F. Pearce	1934—1946

R18m a year to run Frere says Lazarus

DD 8/9/81

98

EAST LONDON — It costs nearly R18 million a year to run all sections of Frere Hospital, the chairman of the board, Mr Dave Lazarus, said last night.

Opening an exhibition at the G. G. Smith Gallery at the East London Museum last night which forms part of the centenary celebrations of the Frere Hospital, Mr Lazarus said the total revenue received by Frere from fees for accommodation and other services amounted to R980 000.

He said the new six-storey block cost R3,7 million and made the Frere Hospital complex a key hospital in the Cape Province.

"Now over 900 beds can normally be available and the staff of Frere numbers 2 643. During last year, 27 833 in-patients were admitted, and outpatients numbered 577 000," Mr Lazarus said.

He said East London was the third city in the Cape Province where the treatment of cancer could be undertaken, using a cobalt unit.

The cobalt unit was installed during 1976 at a cost of R76 000 and was being used more and more in the treatment of cancer patients from the Border and Transkei.

"It has now become possible to treat many patients without transferring them to either Cape Town or Port Elizabeth. Another valuable amenity is the telephonic transmitter designed for the transmission of electrocardiograms from patients with permanent pacemakers.

"The ultra-modern intensive care unit is one of the finest units of its type. It is used primarily to treat coronary and other cases of a serious nature," he said.

Mr Lazarus said in 1976 a new renal unit was opened, specialised equipment was purchased and nursing sisters were given suitable training.

Before then, because Frere had no artificial kidney machines, patients with their families had to move to other centres, such as Cape Town or Port Elizabeth, for this type of treatment.

Tracing the history of Frere Hospital, Mr Lazarus said for a quarter of a century the struggle for better hospital accommodation had been proceeding in East London.

"The issue had become so protracted that in 1879 it was proposed that Fort Glamorgan on the West Bank be used as a temporary hospital because of the situation.

"The medical practitioners, however, all of whom were living on the East side of the river, considered the scheme impracticable. Finally, title to the land in Beaconsfield Road was received," Mr Lazarus said.

"Today this building is occupied by the Municipal Public Health Department. The first wing was officially opened on April 11, 1882, and consisted of four wards. There were two in-patients.

"By the end of the first six months, six whites and one black patient were inmates. The hospital at the time made provision for 26 beds, half for males and half for females.

"Even in those days, the hospital was too small for its needs. It was ill-equipped, its accommodation was inadequate and possessed no proper nursing staff," Mr Lazarus said. — DDR

Above: Mrs A. S. Botha and Mr W. H. Archer inspect an oxygen tent display at the Frere Hospital exhibition. Below: Mrs P. Wium, Dr H. Kayser, Dr P. Wium and Mr D. Lazarus share a joke at the exhibition.

Criticism 'part of total onslaught'

THERE was no doubt that criticism of the hospital services was part of the total onslaught against South Africa, Mr P J Loubser, MEC for hospitals, told delegates at the two-day hospital management conference which opened at Goudini yesterday.

Some of this criticism was so negative that the impression was gained that it was calculated to create "a psychosis of discord and crisis" just to show the authorities in a bad light.

"There must be no doubt that it is all a part of the total onslaught against South Africa as an important bulwark of western civilization. Anyone who does not realize this is in danger of unconsciously aiding in the process," Mr Loubser said.

Hospital personnel worked in an atmosphere of almost continual tension in which human problems of birth, illness and death were part of the everyday routine and emotions often reached crisis levels. This could be aggravated by unnecessary misunderstandings.

Such tension was a potential minefield of conflict and created a heavy responsibility for both staff and administration.

"Never must it be said of the hospital services of the Cape that anything was done or left neglected which could be used against the interests of our country," he said.

Because of the intimate nature of their work, hospital staff and administration should dedicate themselves to service of high quality irrespective of persons and towards better mutual relations between all groups, Mr Loubser said.

● Leading article, page 10

R8,5m for Border projects

DD 12/9/81 (98)

From BARRY STREEK

CAPE TOWN — The government is to spend more than R8,5 million on capital projects in the Border during the current financial year.

Two projects — extensions to the Komani Hospital at Queenstown and to the Tower Hospital at Fort Beaufort — will cost R6,265 million.

And a further R870 000 will be spent on the J. J. Serfontein School at Queenstown — leaving another R2,7 million still to be spent in later years.

These details were revealed yesterday in a memorandum tabled in Parliament by the Minister of Community Development, Mr Pen Kotze.

At Komani Hospital, R3,3 million will be spent on additional accommodation, in a project which will eventually total R8,9 million, and R135 000 will be spent on the power supply at the hospital.

At the Tower Hospital a further R2,8 million will be spent on the R7 million extensions for additional accommodation.

Other projects in the Border include R190 000 on the police station at Elliot. This is a new project which will eventually cost R685 000.

The final R60 000 of the R1,3 million extensions to the Fleet Street police station in East London will be spent during this financial year.

Another R500 000 will be spent at the Fort Glamorgan prison on the R4 million extensions, and R70 000 will be spent at the Fort Beaufort prison in the first phase of R200 000 additions and improvements.

The government will also spend R300 000 on the Michausdal Senior Secondary School at Cradock, R250 000 at the Parkside Primary School, and R390 000 at the Panorama Senior Secondary School in East London.

Altogether the government will be spending R8 505 000 on the Border capital projects during the financial year. — PC.

Beds

252. Dr. M. S. BARNARD asked the Minister of Health, Welfare and Pensions:

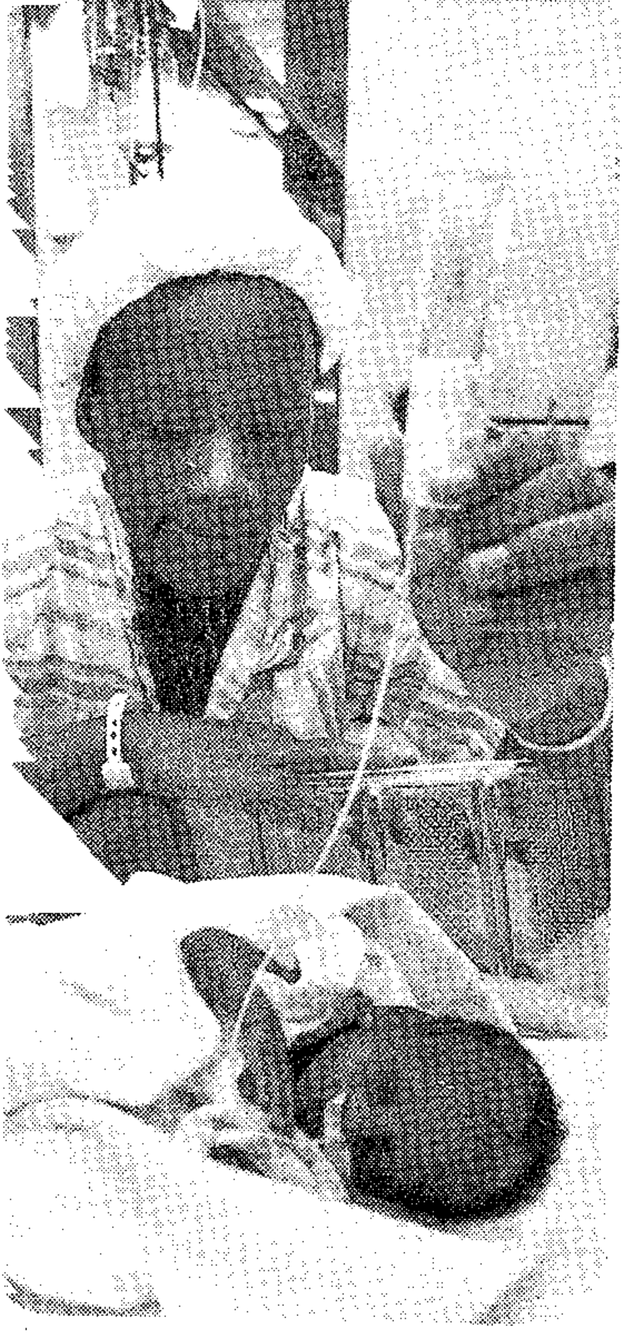
How many beds are (a) available and

(b) needed for (i) Coloured, (ii) Asian and (iii) Black patients in South Africa?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(a) (i), (ii) and (iii)
The latest available figure as determined in 1979 is:
49 356 separate statistics of beds for Coloured, Asian and Black patients are not available, as beds are interchangeable.

(b) (i), (ii) and (iii)
51 320 on the basis of 4 beds: 1 000 population.
33 415 on the basis of 3 beds: 1 000 population.
25 610 on the basis of 2 beds: 1 000 population.



UBE FOOD . . . but still in touch: Mrs Lydia Kubeka .eds her tiny infant, Kenneth

How Bara keeps those vital bonds intact

A touch of love

FEEDING TIME IN WARD 40 . . . mothers breastfeed their premature babies

To separate mothers and newborn babies for long periods can damage both their relationship and the child's future development. Baragwanath Hospital tackles the problem of keeping mothers and their low-weight babies together in a novel way.

Lin Menge and Sophie Tema report

Pictures: Raymond Preston

EVERY now and then, Baragwanath Hospital administration tries to tell Harry Stein that hospital beds are for sick people, not well mothers.

"The future of the children is at stake," replies the chief paediatrician. And so the mothers stay, living at the hospital in a system which has put Baragwanath among the world's frontrunners when it comes to "bonding" mothers and children.

Instead of going home, while their premature or low weight newborn babies remain in hospital for another six to eight weeks, the mothers are encouraged to stay. They move into a dormitory next door to the ward and they feed, change and handle their babies until the latter are ready to go home.

In fact any mother whose hospitalised baby is being breastfed will be admitted. Mothers mingle with the nurses not only in the special care wards of the obstetrics department but even in the intensive care wards. And feeding time in the premature ward of the paediatrics department sees rows of women holding their tiny children to their breasts.

Fairly regimented

The mothers don't saunter in and out at will, of course. As Prof Stein says, the system is fairly regimented and closely supervised. At feeding time, a long line of mothers, "rubbed up" and clad in sterile gowns, *have a splash of antiseptic cream on their hands from a nurse before marching into the wards to their appointed places, to set about feeding their infants from tubes, bottles or breasts.*

Why is it so important that the mothers should be there? It doesn't happen in white hospitals.

"We do a lot of things that don't happen in other hospitals," says Prof Stein.

And, today, it is accepted that a lot of damage can be done by separating mother and newborn baby.

The evidence is at its starkest in the animal world, where a rat will eat her ratlings if they have been taken away from her for a day or two, and a cow will kick away a calf from which she has been separated. In fact cow and calf would have to be tied together for a few days to get them to bond again.

PROF STEIN . . . "lot of things that don't happen in other hospitals"

Constant figure

Prof Stein explained what happens to the baby.

"Lack of bonding leads to severe emotional deprivation because, at the time when the baby is most dependent and vulnerable, the one constant figure disappears out of his life and he is handled by a whole series of people in a sterile atmosphere. There is no one person whom he gets to know, whose feel he gets used to."

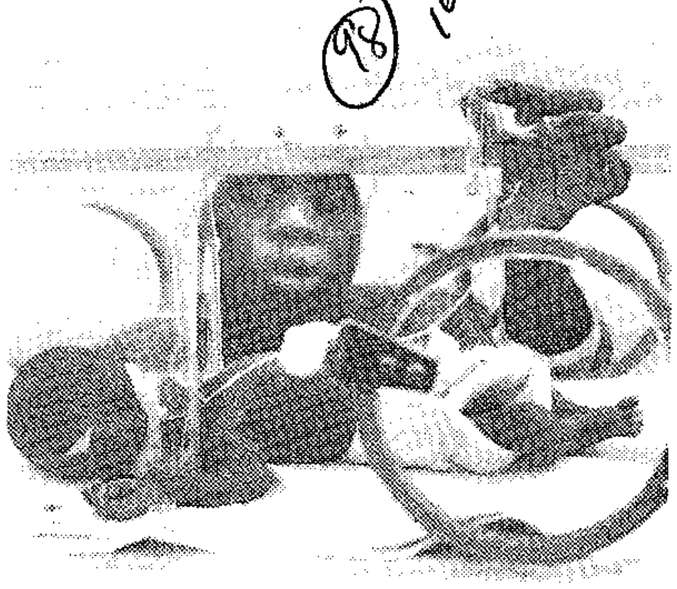
And, as overseas research has shown, there is a higher-than-average incidence of delinquency, school and drug problems and later baby battering in those unbonded individuals.

Miss Bernice Dub, a Johannesburg social worker who has researched bonding at Baragwanath, explained the situation from the mother's point of view.

First there is the shock to the mother of producing a tiny wizened creature, perhaps as little as 750g in weight, when she expected to see a healthy, bouncing baby.

"The mothers can't believe they produced such a baby. They are frightened to touch it, afraid it will die," says Miss Dub.

In past years, no touching of premature children was allowed because of the danger of cross-infection. But now it is accepted that importance of bonding outweighs the danger of infection, provided only the one mother handles the child.



ON HAND . . . Mrs Susan Matsoele tube-feeds her baby in an incubator

Small babies

So, from the outset, the mother is encouraged to touch her tiny baby and overcome her anxiety. In some cases, the baby is barely larger than the mother's hand and the baby's tiny claw-like hand no larger than the mother's finger nail.

Hospital sisters explain to the mother that the baby will have to remain in hospital for a long time and that she should do so too. Because premature and low-weight babies are usually born to very young or to older mothers (over 40 years) there are seldom other small babies at home. The mothers receive lectures on hygiene, contraception, the advantages of breastfeeding and causes of prematurity.

If babies are not bonded with their mothers, they are more likely to be ill-treated by their mothers when they go home, says Miss Dub. So the lack of bonding might lead to abuse of the small child by his mother and to that child abusing his own children when he grows up.

But bonding was a relatively minor consideration when Baragwanath Hospital first introduced the living-in system for mothers in the 1950s, says Prof Stein.

In those days, one in four children in Soweto died in the first year of life. Malnutrition was rife (and fatal as regards 40% of malnutrition admissions) and it was felt that, if babies were not breastfed, they were very likely to suffer from malnutrition. Breastfeeding was therefore one reason for keeping the mothers in hospital; the other was the shortage of trained nurses — the hospital needed the mothers' help.

'Rather happy'

Today, bonding is the main consideration, although malnutrition has by no means disappeared and twice as many black infants die in their first year as whites do. Of the 17 000 babies born annually at Baragwanath, some 4 000 are less than 2,5kg at birth. Of these, some 2 500 need to remain in hospital for six to eight weeks and, in most cases, the mothers remain with them.

One of the mothers of a premature infant, Mrs Lulama Makhonqoza, said: "I felt rather happy when the hospital staff asked me to stay with him. I would have been very upset if I had to leave him in their care, even though I know that they would have looked after him quite well."

Mrs Emily Masibi had premature twins. She said: "I love my babies. I thank the staff for having allowed me to stay on in the hospital until they are full-grown."

Mrs Hilda Dludlu said: "My baby is indeed growing. I can see the difference between the time he was born and now. I was shocked when I saw him after birth."

She would not have agreed to leave her baby alone in hospital, she said. "I prefer being with him at all times because we have to know and grow attached to one another".

KwaNdebele: hospitals

*13. Mr. H. E. J. VAN RENSBURG asked the Minister of Co-operation and Development:

How many hospitals are there in kwaNdebele?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

None. The Philadelphia Hospital, situated outside but adjacent to KwaNdebele, also renders services to kwaNdebele. There are fifteen Clinics in kwaNdebele of which two are Mobile Units.

Day hospitals the answer says Loubser

DD 19/9/81

98

EAST LONDON — Medical services were not readily available to everyone and this deficiency could best be filled by the establishment of day hospitals such as the new Duncan Village one, said the MEC for hospitals in the Cape, Mr P. J. Loubser.

Officially opening the day hospital yesterday, Mr Loubser said the Hospital Department felt the many people who had "no convenient access to official health service facilities" could best be served by day hospitals or community health centres.

Mr Loubser said it was the Department's intention to establish these day hospitals or health centres in other places as well, according to the needs of the community and the available funds.

He said a further reason for this new approach of community facilities was that "if we were to continue on the pattern which has been followed for many years, South Africa would not be able to keep pace with the costs of its medical services".

The Department had had to budget for more than R420 million, an increase of nearly four hundred per cent over the last nine years, for this present financial year. This amount was just for hospital services alone, not all health services. During 1979, just under 600 000 in-patients and just over seven million out-patients were treated at Cape provincial hospitals.

Mr Loubser said most of the money was spent on the highly sophisticated services and "a change of emphasis to basic or primary health services therefore became imperative". Such services could be provided by the Duncan Village Day Hospital.

He said the Department of Health felt too little was being done in the early prevention of diseases, which when not treated became chronic. The outcome was loss of valuable time and unnecessary money to cure the patient.

Saying the philosophy of the department was to prevent small streams from becoming large rivers, Mr Loubser added: "The aim of a centre like this one for community health is specifically to give preventive treatment and to provide for the early diagnosis and treatment of illnesses which cannot be prevented."

The population figures for 1978 would have more than doubled by the year 2 000 and unless families were educated as to family planning to enable adequate provision for children, a "disastrous state of affairs" would be inevitable. Facilities such as the Duncan Village Hospital were to be used to "turn the tide against the population explosion".

Mr Loubser said it was imperative that the aged were better cared for. The day hospital would bring health services for the aged within easier reach, with the provision of house-visits to the elderly.

Calling on the whole community to help in creating a healthier society, Mr Loubser said his motto was "Health for All". The success of health services depended on the attitude of the community, especially their attempts to remain healthy themselves.

Mr Loubser thanked the local municipality on behalf of the Cape Provincial Administration for giving them the premises in 1979 for the nominal amount of R2. The day hospital is designed to handle 400 to 500 patients per day. There is also a fully equipped maternity ward with nine beds. — DDR

We had a hard time, say patients

Weekend Post Reporters

A NUMBER of ex-patients have telephoned Weekend Post and given accounts which point to a serious shortage of nurses in the Provincial Hospital.

A woman who spent a short spell in hospital recently said that the nursing staff were stretched to the limit.

"At night, in the ward I was in, we saw only two young nurses who literally ran to try and cope with the demands being made on them. One young girl never stopped running.

"There were five of us who had undergone operations that day, and the sixth person was still very ill from her operation some days before.

"It appeared to me as though there were only two nurses on duty on each floor, with a sister on another floor in charge. What would have happened if there had been a crisis?" she asked.

While she was there, three nurses resigned within a few days of each other.

"The little things one used to get in hospital, like a comforting telephone message or the personal return of your watch after you came round from the anaesthetic, were missing this time.

"One certainly could not blame the nurses. They just do not have the time any more for these small details."

A woman who was discharged this week after an abdominal operation, said: "There seems to be a critical shortage. I was in a surgical ward with 30 other women and there were two nurses and one sister looking after us. We just had to help ourselves quite a lot of the time."

A mother said there seemed to be a serious shortage of nurses in the children's wards.

"One cannot expect the nurses to do more than they are doing," she said.

A young woman who had a baby recently said that the nursing staff at Sandford were "quite tremendous". One could not find fault with them but there was lot to be desired in some respects.

This was not from the nursing angle. There was a lack of supervision of non-skilled staff.

She referred to the "dangerous state" of the slippery showers and toilets.

One ward at Sandford was closed and the other was full. The nursery had 39 babies supervised by four nurses, and although she was first told that her baby had to stay in the nursery she was asked to keep her child because of the staff shortage.

Another mother told Weekend Post that when her child was dangerously ill through an allergy to dairy products a bowl of porridge was brought for breakfast. When she queried this it was discovered that the porridge had been made with half milk and water.

A grandmother who is a fully trained nurse "specialled" her grandchild. Noticing a deterioration, she called a specialist at six o'clock in the morning. "What would have happened if he hadn't been available?" she asked.

Another time she heard a child crying persistently and on inspection found the baby's leg was entangled in the bars of the cot.

Nursing crisis hits Provincial Hospital

Ev Post 19/9/81 (98)

By SALLY KERNOHAN and NOREEN SUTCLIFFE

SERIOUS concern is being expressed by doctors, nurses and patients about conditions at Port Elizabeth's Provincial Hospital because of what they describe as a critical shortage of nurses.

Hospital officials have consistently denied there is a nursing staff problem, and they refused to comment this week.

But reports of difficulties at the hospital have persisted, and this week a nursing sister telephoned to say the situation was desperate.

was very difficult to get a hospital bed for a patient at the moment.

"This week I had a patient with an abscess who should have been hospitalised. I had to treat him in my surgery, although the abscess should have been drained under general anaesthetic in theatre.

staff, who were willing to comment only on condition that their identities were not disclosed.

It was alleged that:

- A number of beds in medical and surgical wards of the hospital had been closed because of the nursing shortage.
- Some surgical wards ran on only two nurses and one sister. The specialist said to be at least six nurses and two sisters.
- A wing in Sandford Maternity Hospital was closed for two months, ostensibly for painting, but the staff shortage was in fact responsible for this move in the city's only maternity hospital.
- Some nursing sisters were voluntarily doing 24-hour shifts on Fridays, with the rest of the weekend off to rest.
- In operating theatres, staff sometimes comprised one sister and one nurse instead of the required two sisters and two nurses.
- In some cases, mothers had been requested to nurse their hospitalised children because nursing staff could not cope.

"It's a shocking situation," said one nursing sister. "We are doing our best, but how can we care for patients properly in these circumstances?"

According to regulations, said one nursing sister, each theatre should be staffed by a floor nurse, scrub sister, anaesthetic nurse and — between two theatres — an anaesthetics sister.

"If you are lucky you have one nurse and one sister in each theatre," she said. "Patients, nurses and doctors are suffering because of the shortage."

"The situation is chronic," another sister said. "All the energy is being taken out of us. We are all getting very sour."

Doctors, too, are beginning to feel the effects of the crisis.

"The situation is totally unfair on the nurses and sisters," said a Port Elizabeth specialist.

"I understand the shortage applies more to nurses than sisters. This could be because the academic level required for girls wanting to enter the profession is too high.

"Patients are certainly not getting the attention they used to get.

"Sisters are having to do junior work. They are working far harder than they should, and they all look exhausted."

A Port Elizabeth general practitioner said it tients are suffering."

Where does the fault lie?

In every case salaries and, to a lesser extent, working conditions, were cited as major causes of the staff shortage.

One nursing sister said she was earning a little over R700 a month after more than 20 years' service. Overtime pay for sisters was R4.50 an hour — only 75c more than a nursing assistant received.

"Nurses should get more time off," said another sister. "They get one weekend off a month. The girls coming into the profession now are not content with that."

Others agreed with the specialist that academic qualifications appeared to be a stumbling block. (Aspirant nurses need matric with maths and science).

It was also said that the Provincial Hospital employed only white staff, while at places like Groote Schuur and Tygerberg there were a number of coloured nursing sisters. Many of the coloured sisters worked in intensive care units, a leading specialist said.

Dr Leon Cilliers, Superintendent of the Provincial Hopsital, refused to comment when approached by Weekend Post, because, he said, "political capital is being made out of the situation".

Referring to a recent statement by Mrs Molly Blackburn, MPC for Walmer, in which she said conditions in the hospital were mediaeval, Dr Cilliers said: "We will not attract nurses by always giving negative information."

Mr D J Retief, deputy director of Hospital Services for the Provincial Administration in Cape Town, referred questions back to the hospital authorities, saying: "The situation is nothing new. What is so urgent about it now?"

Meanwhile, Mr Herbert Hirsch, leader of the Opposition in the Cape Provincial Council, described as "ludicrous" the statement by Mr P J Loubser (MEC in charge of hospitals) that some of the criticism of the hospital services was part of the "total onslaught" against South Africa.

"The chickens are now coming home to roost, and Mr Loubser's smokescreen will not fool people regarding the nursing shortage and other inadequacies in the provincial hospital and health services," Mr Hirsch said.

Recruiting problems — Page 3

Casualty 'could not cope with an emergency'

Weekend Post Reporter

THE casualty department at the Provincial Hospital is so inadequate that if Port Elizabeth had even a minor civil disaster there would be a high mortality rate, according to Mrs Molly Blackburn, MPC for Walmer.

Mrs Blackburn accompanied Dr Marius Barnard on an inspection of the department this week.

"The casualty department has not been refurbished in any manner for at least 20 years and is completely inadequate," she told Weekend Post.

"There is a single entrance which leads through the waiting room.

"There is not one X-ray machine in the department. Patients needing X-rays have to be transported about 100 metres to the hospital's X-ray department.

"The department has only two examining rooms and theatres, a dressing room and plaster theatre.

"Even if we had only 60 gravely injuried people, the department would be unlikely to be able to cope," said Mrs Blackburn.

She said the situation could be alleviated to some extent by building on a separate waiting room.

"Then the current waiting room could be used as a clearing section," she said.

Commenting on the shortage of nurses at the hospital, Mrs Blackburn called on the authorities to admit there was a problem. "The authorities cannot hide the situation any longer," she said.

Subsidies cut could hit TB centres

C. Herald 19/9/81

98

TUBERCULOSIS treatment centres run by the Divisional Council could be heavily hit—leading to a possible spread of the disease — by drastic Government cuts on TB drug subsidies.

Happily the Council's Health Committee has recommended that R12 500 be spent on wiping out the shortfall in funds, but this has still to be passed by the Finance Committee and the general Council.

The Council's Medical Officer of Health said in a report to the Health Committee that the drug Rifampicin (the most important part of the four-drug TB therapy) has been cut by half to R13 000 for the six-month period October 1981 to March next year.

LONGER

This means that if the Council was to treat TB patients on only three drugs, the treatment would last three to four times longer than the present six months.

Additional dangers included more patients as a result of the drug shortage, slower healing time and more drug-resistant patients.

'The already precarious control of the disease will be greatly reduced,' he said. He also pointed out that there would be greater financial problems for families of TB patients as a result of breadwinners being off work for longer periods.

HARDER

And because of the long period of treatment without the vital drug, it would be so much harder to get patients to comply fully with the treatment.

He warned: 'If the Council does not augment the Rifampicin supplies by some means its TB service will deteriorate severely.'

Nursing position will be 'better soon'

EvPost 21/8/81

Post Reporter

THE staff position at the Provincial Hospital in Port Elizabeth should ease at the end of this month when student nurses return to the wards from a study period, a spokesman for the hospital said today.

He was commenting on reports in Weekend Post on Saturday about the staff position at the hospital.

The spokesman said the comments of Mrs Molly Blackburn, MPC for Walmer, on the conditions at the casualty department were "highly irresponsible". Mrs Blackburn had said the department was so inadequate that if Port Elizabeth had even a minor civil disaster there would be a high mortality rate.

Nobody in authority had been consulted about the visit by Mrs Blackburn and Dr Marius Barnard, reported in Weekend Post. He felt they owed the hospital an apology for bad manners.

Referring to the statement by a patient that there were only two nurses on duty on each floor at night, with a sister on another floor in charge, the spokesman said this had been the case for years.

The hospital had contingency plans to cope with any disaster, he said, adding that a statement would be issued soon on this subject.

A Port Elizabeth woman who recently "specialled" her grandchild at the hospital today paid tribute to the staff.

Mrs Daphne Lombard, a trained nurse, said she believed she was the person quoted anonymously in the Weekend Post report.

"I want to make it clear that I have no complaints at all about the hospital," she said. "I was terribly grateful they allowed me to nurse my grandchild. The staff was fantastic."

Mrs Lombard said it was true she had asked for a specialist to be called early one morning when she noticed a deterioration in the child's condition, but this was not a reflection on the hospital staff.

"I also want to make it clear that I did not go to the newspaper with any information".

● *The report giving patients' views included several complimentary references to the nursing staff.*

Dr Cilliers hits back in defence of PE hospital

Ev Post 23/9/81

(95) (98)

By SHIRLEY PRESSLY

THE medical superintendent of Port Elizabeth's Provincial Hospital, Dr Leon Cilliers, said today that the hospital had "clear and unequivocal contingency plans for emergencies".

He was commenting on questions posed yesterday by the Progressive Federal Party's Health spokesman, Dr Marius Barnard, who recently visited the casualty section unofficially with Mrs Molly Blackburn, MPC, for Walmer. They said they were invited in by staff to see the situation for themselves.

Dr Cilliers added: "If Dr Barnard thought we didn't have adequate contingency plans, it would just show how little he knows about hospitals and their planning in general."

Dr Cilliers said Mrs Blackburn's explanation for going to the hospital was "a lame excuse — one which speaks of political naivete.

"One is surprised that they are suddenly so terribly worried about the facilities for the white group," said Dr Cilliers.

"Why this sudden concern about the white group? Their excuse for the visit is a lame one. They saw a charge nurse — not a matron on duty — and people in high places should know how to do things correctly," he said.

Dr Cilliers replied to three questions posed yesterday by Dr Barnard. These were in response to a hospital spokesman's statement that he and Mrs Blackburn owed an apology for their "bad manners" for visiting the hospital without informing anyone in authority.

Dr Barnard's questions to the unnamed spokesman were:

- Was he satisfied with the casualty department's waiting room?
- Was he satisfied with the X-ray facilities at casualty?
- What were the contingency plans the hospital would implement to deal with 50 white casualties with severe injuries if they were all brought in at once after a disaster?

In reply, Dr Cilliers said: "Generally speaking the waiting room at casualty is adequate. But when private doctors use it as a consulting room, especially at weekends, because they are too lazy to go to private homes to see private patients, then it is not adequate."

Dr Cilliers said he knew the X-ray facilities in casualty were not adequate and it was a "bit of a nuisance" to have to use the X-ray facilities in the hospital, but the hospital had excellent portable units.

Dr Mike Vurgarellis, regional medical superintendent for the Eastern Cape, said Dr Barnard and Mrs Blackburn should have approached the superintendent if they wished to visit the hopsital.

Commenting on Dr Barnard's questions, Dr Vurgarellis said his department was obviously not satisfied with the situation in the casualty section, and that was why it had been working for several years to improve it.

In March this year, architects, engineers and quantity surveyors were appointed to plan the extensions. These had now been approved and work would start next year, at a cost of about R250 000.

He said details of plans for emergencies could obviously not be given, but the hospital was well prepared. He had offered Mrs Blackburn a full briefing.

Commenting on the nursing situation, Dr Vurgarellis said: "Although the girls are working in difficult conditions, no patient will suffer."

Curbs set on local health services

DD 23/7/81 (98)

PORT ELIZABETH — A drastic curtailment of the expansion of health services run by local authorities has been recommended by the Department of Health.

All vacant health posts with local authorities and subsidised by the department have been frozen and no additional staff may be taken on to run new clinics completed during the 1981/82 financial year.

Last night the Director-General of Health, Dr J. de Beer, said the money allocated to health this year was sufficient to maintain health services but not to expand them.

The purchase of medicines is to be strictly controlled and expenditure on high protein diets for tuberculosis patients is to be cut.

These are among the money-saving measures to be adopted in the Eastern Cape according to a circular distributed to local authorities by the regional director of health in Port Elizabeth, Dr J. D. Krynauw.

The cutback on funds for the Department of Health is in terms of the government's broad policy to curtail state spending as an anti-inflationary measure.

The measures to be adopted in the Eastern Cape, and which will vary only slightly nationally according to regional needs, came under sharp attack from the Progressive Federal Party's health spokesman, Dr Marius Barnard, who said the decision was a cause for great concern.

He warned that by freezing all vacant posts the already serious nursing staff shortage would be aggravated.

The circular says no vacant subsidised posts may be filled without the prior approval of the department. If this occurs subsidies will be forfeited.

The posts to be frozen include those of nurses and health inspectors.

Dr De Beer said last night that existing health services would not suffer.

The freezing of posts would affect "a few hundred jobs" nationally.

Referring to diets for tuberculosis patients, he said that while a diet needed to maintain the general health of patients would be administered, high protein diets could to some extent be eliminated because of the advent of the new and highly effective TB drugs.

Dr Barnard questioned a health policy which cut back on expenditure affecting largely low-income groups, terming them "preferential cuts'.

State Health has provided funds for a subsidised feeding scheme as a stop-gap measure until tuberculotics receive disability grants, which can sometimes take several months to come through.

Because of employer prejudice tuberculotics invariably lose their jobs and have no other source of income. Concerned people have therefore condemned the cutbacks as self-defeating.

Doctors, nursing sisters and Santa officials were adamant that correct feeding was vital in TB treatment. One said: "There is little benefit from pumping drugs into a malnourished body." — DDC.

Hospital hit by staff crisis

Star 24/9/91

~~175~~ 98

By Langa Skosana

The radiography department at Baragwanath Hospital has been hard-hit by staff shortages that have forced the department to close at night.

A spokesman for the hospital today confirmed that the X-ray unit at the hospital would be closed from between 11 pm and 8 am from Mondays to Thursdays because of lack of staff.

She said a statement would be made later today.

Hospital sources said an average of 12 patients a day were X-rayed between 11 pm and 8 am at the hospital.

A radiographer said X-ray staff were told on Monday that the hospital could not provide a 24-hour service because of the staff shortage.

"We were asked if we could be on call. We refused as we are already overworked. If we were on call we would be forced to do a complete night duty as doctors would order us to X-ray patients," she said.

She said that 30 radiographers had quit the hospital because of poor pay over the past three months. Staff who stayed on have been asked to do overtime and were finding the hours very strenuous.

BARA IN X-RAY SCANDAL

By WILLIE BOKALA

BARAGWANATH hospital was plunged into another crisis this week after the superintendent ordered that no X-rays of patients be taken at night.

And doctors say this unprecedented move might mean an average 12 patients a day were in danger or faced possible death if the hospital did not provide a full 24-hour X-ray service.

The superintendent's new move, in which he informed staff that the X-ray department would be closed between 11 pm and 8 am from Monday to Thursday, as from September 21, 1981 (Monday), also contradicts his recent statement that the hospital would continue to give a 24-hour service despite the mass resignation of experienced radiographers.

Only 13 weeks ago, when the 37 experienced radiographers resigned because of dissatisfaction in conditions and salary scales, Dr Chris van den Heever, said in a statement he wanted to assure the public that irrespective of the resignations the hospital was not in a crisis situation.

Dr van den Heever was said to be busy yesterday compiling information on the radiographic department to prepare for a Press statement on the new crisis. A statement he was supposed to have released to SOWETAN yesterday was not available at the time of going to press and hospital authorities said it would be available today.

Information from the hospital was that an average of 12 patients were X-rayed a day between the hours of 11 pm and 8 am at the hospital and that these people's lives might be in danger if the service was cut.

SUPERINTENDENT: Dr Chris van den Heever.

The first departments to be hit would be Casualty and Wards. People who get seriously injured at night will suffer most and doctors will not be able to order X-rays for patients who get seriously sick in Wards.

Approached for comment yesterday, the Transvaal Medical Society (IMS) said it was "criminal" for any hospital to withhold medical services from patients.

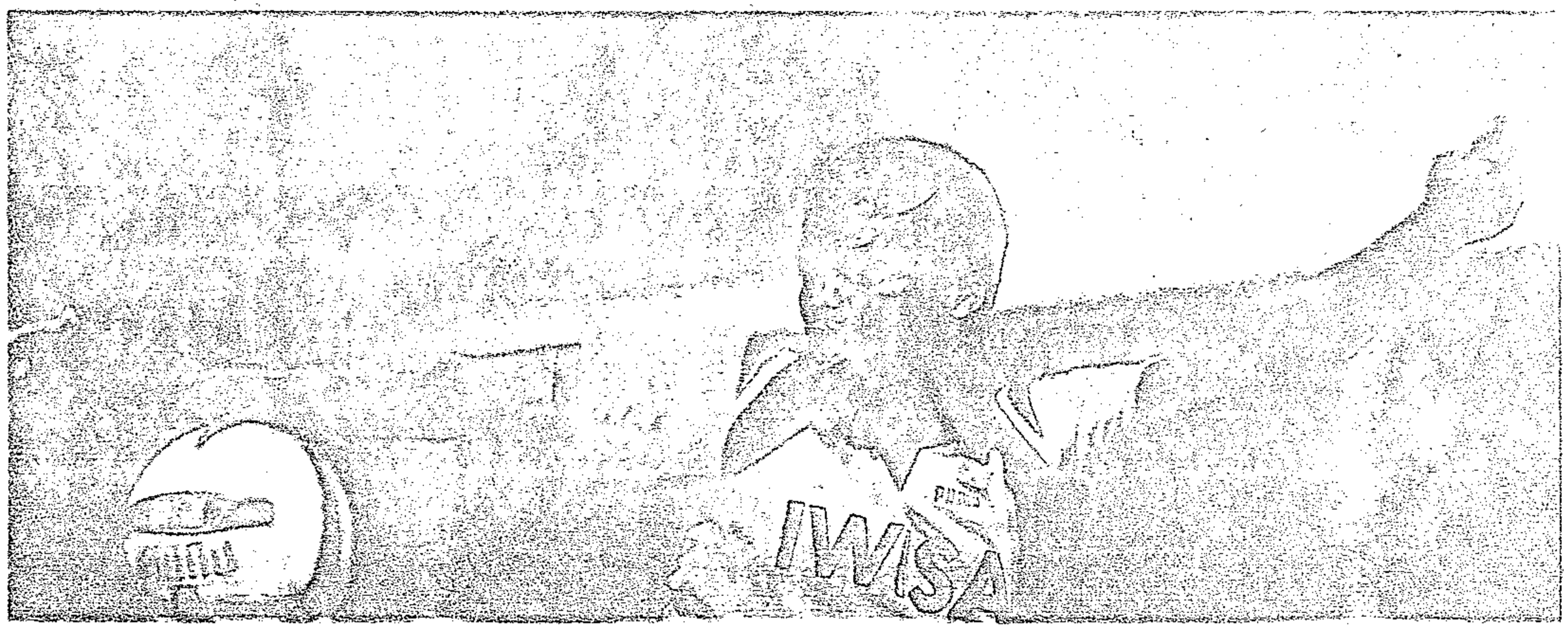
They said the hospital had to re-employ the resigned radiographers. They called on the hospital authorities to seriously consider the implications of their new instruction as Baragwanath was the largest hospital in Africa, and the busiest in the world.

The IMS has been so angered by this that they are going to rally for support from the community to get the hospital radiographers re-employed.

Fish and chips workers go back

By SELLO RADOTHATA

THE 10 workers who went on strike at the Marshall Street Captain Dorego outlet this week returned to



Bara crisis — a community disaster

By WILLIE BOKALA

THE radiographic crisis at Baragwanath Hospital will have disastrous consequences on patients and adverse effects on the black community if an immediate solution to the problem is not found.

This was said in a statement released by the Transvaal Medical Society yesterday after it had been reported that the hospital was faced with a crisis after the superintendent ordered that no X-rays of patients be taken at night.

The TMS attributed the crisis to the resignations 13 weeks ago of supplementary radiographers which resulted in staff shortage in the X-ray department, and to the Medical and Dental Council and the hospital authorities' intransigent attitude and refusal to meet the demands of the radiographers.

In a move which doctors say may adversely affect or possibly kill 12 patients a day at the hospital, the superintendent this week informed staff that the X-ray department would be closed between 11 pm and 8 am from Monday to Thursday, as from September 21, 1981.

This contradicts Dr Chris van den Heever's statement after the mass resignation of the radiographers that the hospital would continue to give a 24-service to patients.

the TMS says they are deeply concerned by the breakdown in the radiographic services at the hospital. "It is to be noted that following the resignation of the supplementary radiographers, the result in staff shortage at the hospital's X-ray department has led it to adopt the following measures:

- The use of specialised radiographic facilities such as the EMI scanner which was previously made available for use by other hospitals in the Transvaal is now markedly restricted.
- The X-ray department is now closed between 11 pm and 8 am from Mondays to Thursdays.
- A number of radiographic investigations have been decreased.

Storm breaks over closure of X-ray unit on week nights

RDM 25/9/81 (98)

By ADA STUIJT

A STORM has broken over Baragwanath Hospital's decision to close its X-ray department on weeknights. Black doctors and medical personnel are convinced that this will cause unnecessary deaths among their emergency patients.

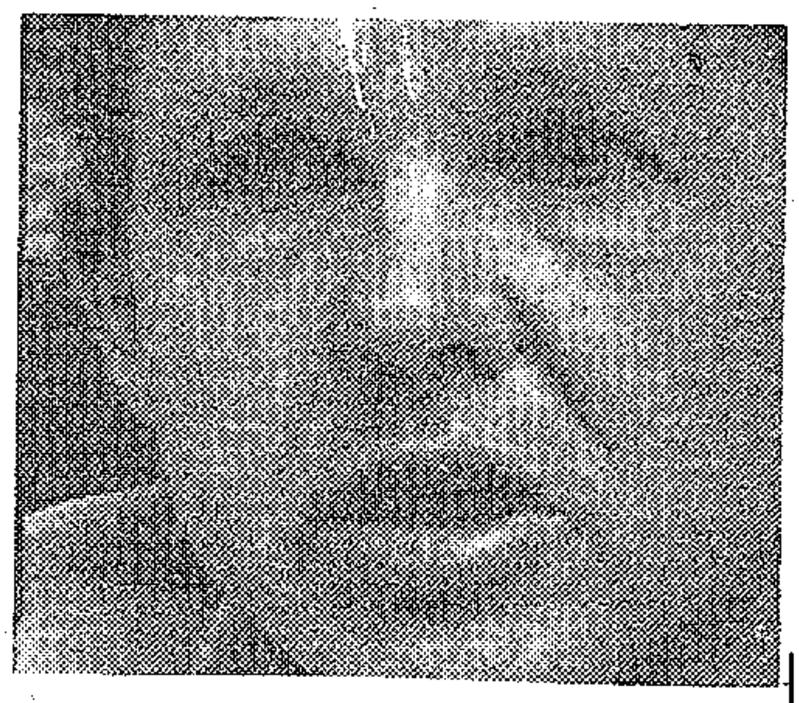
On Monday, the hospital's medical personnel were stunned when the superintendent, Dr Chris van den Heever, informed staff that the X-ray department would be closed between 11pm and 8am from Monday to Thursday.

The announcement contradicted an earlier promise that the hospital would continue to give a 24-hour service despite the mass resignation of 37 radiographers recently.

Spokesmen for the Transvaal Medical Society — an organisation which represents black medical personnel and doctors — yesterday blasted the closing of the X-ray department.

"We are deeply concerned by the breakdown in radiographic services at Baragwanath Hospital. But this staff shortage in the X-ray department has also led to breakdowns in other services. These included:

- Restrictions in the use of the EMI brain scanner which was previously made available to other hospitals in the Transvaal. It is now used solely by Baragwanath, one of the few hospitals in the country to have such a facility.



DR CHRIS VAN DEN HEEVER ... decision will cause unnecessary deaths.

Overtime

- Discouraging outside clinics from making use of Baragwanath X-ray facilities by reducing transport from these clinics to the hospital.
- Encouraging the remaining eight radiographers to work overtime.

These measures for a major teaching hospital which provides medical aid to about two million people will have many disturbing consequences, the spokesman said.

Emergency services on weeknights will also be seriously hampered.

"It has to be emphasised that patients requiring hospitalisation at night are often among the most seriously ill," the spokesman said.

The heavy workload of the present radiographers causes their efficiency to be, at best, sub-optimal, the society said, and repeated the following terms on which the 37 supplementary radiographers would return to their posts, which are:

- To recognise that the supplementary radiographers who, prior to 1979, could not attend diploma courses, are nevertheless as qualified to perform their duties as do the so-called "fully-trained" radiographers;
- Provision of adequate salaries;
- A general improvement in working conditions;
- The unconditional re-acceptance of the radiographers into the X-ray department.

"Failure to find an immediate and acceptable solution to this problem will have an adverse effect on the community as a whole.

Dr Chris van den Heever, supervisor of the hospital, was not available for comment.

Rules:

(1) Each entity in a given list, *k*, is assigned the same storage or part of the same storage. The sequence of items in a list is unimportant.

(2) The number of subscript expressions for an array element must be either the same number as in the array declarator or it must be 1. However, the number of storage units reserved by the array declarator must not be exceeded by the array element reference.

(3) If a two-storage entity is equivalenced to a one-storage entity, the one-storage entity will share storage with the first storage unit of the two-storage entity.

(4) If one array element is equivalenced to an element of another array, both arrays

Sick are going home too soon

Star 25/2/81

By Pamela Kleinot

The Johannesburg Hospital can no longer fulfil its commitments to taxpayers because of the nursing shortage, says Professor J B Barlow, professor of cardiology at the University of the Witwatersrand and Johannesburg Hospital.

In a hard-hitting series of disclosures he said sick patients were being discharged too early or being refused admission.

Professor Barlow warns that the nursing staff shortage has deteriorated beyond the "crisis situation" and no one has listened to the ever-growing number of pleas on the issue.

He says the Johannesburg Hospital's cardiac intensive care unit runs the risk of having no trained nursing staff at all.

His warnings come at a time when the staff crisis appears to be worsening at other hospitals as well.

Baragwanath Hospital's radiography department this week closed down the X-ray section at night because of a staff shortage. Three months ago 39 radiographers quit the hospital because of poor pay.

Professor Barlow's disclosures were made in an editorial published in the "SA Journal of Hospital Medicine" where he called for an immediate increase in nurses' salaries.

No nurses, so vital wards are unopened

Star 25/9/81 (98)

Edenvale

By Erik Larsen

Edenvale Hospital is unable to open two much-needed wards — an intensive care unit and an orthopaedic ward — because of a serious nursing staff shortage.

Superintendent of the hospital, Dr George Perling, said they needed at least 30 nurses before they would be able to open these units.

"My main objective is to see these units opened as soon as possible," he said. "At the moment I'm working on a scheme to attract nurses to the hospital."

He said this scheme was still in the "planning stage" and was not willing to give details until he had come up with something concrete.

The recently completed orthopaedic ward, which is the first of its kind on the Reef and will deal mainly with spinal injuries, requires abut 20 nurses to run it.

The intensive care unit, which houses highly sophisticated life-saving equipment and cost several thousand rand to build, requires about 10 nurses to run it.

"These units are essential for the hospital," said Dr Perling.

He explained that in spite of the nursing shortage at the hospital they were still coping. "We have never turned patients away," he said.

Dr Perling recently launched a new scheme to attract nurses to the hospital part-time.

He said the scheme had proved "highly successful."

Baiga crisis — a community disaster

[illegible]

Bara at crisis point

If Baragwanath Hospital continues to [illegible] appeal to its radiography staff to work long overtime hours, it will lead to the hospital losing more radiographers who will quit because of the strain.

This is the opinion of a source who confirmed the hospital has been forced to close the radiography unit between 11 am and 3 pm from Monday to Thursday because of staff shortages.

The source said: "You can imagine what will happen if these people continue to work overtime. We will have no staff in the end."

The closure of the unit at night was caused by the resignation of about 40 supplementary radiographers there [illegible] quit because of disparities in salaries.

At the time, Dr van der Merwe, the hospital's superintendent, said although he sympathised with them, neither the hospital nor the Transvaal Provincial Hospitals Department could do anything about upgrading their wages which are determined by the State Administration Commission.

Meanwhile, the Transvaal Medical Society said the radiography crisis at Baragwanath will have disastrous effects on patients and on the black community.

The society said in a statement that it attributed the crisis to the resignations of the supplementary radiographers after the refusal of the authorities to consider their demands.

Ambulance late so neighbours deliver baby

3 health centres for mentally ill

Star 28/9/81

(98)

Three community health centres which will include psychiatric services are being planned for Soweto, the Minister of Health, Dr Munnik, has announced.

Speaking at a recent symposium of the Mental Health Society of the Witwatersrand at the Rand Afrikaans University, Dr Munnik said that although his department had spent R70-million during the 1980/81 financial year it was "only the tip of an iceberg as far as costs for the prevention of mental illness are concerned."

He urged private industry and the community to regard the money provided by the department "as an investment in trying to prevent mental illness."

He said mental illness was one of the major problems of the present day and the promotion of community services was vital.

"It has been estimated that 40 to 60 percent of illness is a result of mental problems, and there is no state of physical ill-health that does not cause secondary emotional distress," he said.

Bara must take responsibility, say doctors

RDM 30/9/81 (98)

By SOPHIE TEMA

BARAGWANATH Hospital, and not the doctors who work there, should take responsibility for the deaths of patients who have not been X-rayed.

This view was taken by Black doctors at a meeting at Baragwanath yesterday. It follows the decision of the authorities to close the hospital's X-ray department on week nights.

The doctors yesterday resolved to seek legal advice on the matter.

Normally, the bulk of the medical and social responsibility in the event of death falls on doctors, not on the authorities.

Radiographic services at the hospital have been seriously hampered since 37 nurses resigned over a salary dispute two months ago.

Yesterday's meeting of doctors was organised by the Transvaal Medical Society (TMS), which represents black medical staff.

Petition

They resolved that all doctors at the hospital should become involved in pressing for the reinstatement of a round-the-clock X-ray service, and that a petition of formal complaint be signed by all doctors and sent to the hospital superintendent, Dr Chris van den Heever, and the director for hospital services, Dr H A Grove.

The doctors intend involving the hospital's advisory council and all radiographers in a campaign for improved radiograpic services.

The doctors said they had been told the hospital was investigating the use in emergencies of general nurses with a knowledge of radiography. Some Intensive Care Unit doctors were now even doing X-rays themselves.

A spokesman for the TMS said: "X-ray services are necessary to the practice of medicine, and particularly at Baragwanath which treats more than a million patients each year.

The nurses would not return to the hospital unless salaries were adequate and there was a complete change in general working conditions, and provision of adequate salaries.

Dr Van den Heever declined to comment.

Example:

The following program has read in s into array NUMBER.
Each telephone number contains se a code). To ensure
that all values have been read in c hecked to see that it
is greater than zero and not greate h error is detected,
control is passed to an error routin sage) and execution of
the program is terminated. The sec ssumed to be the STOP
statement encountered during norm ed to show that a program
may have more than one STOP stat

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D,M,E,N,S,I,O,N  N,U,M,B,E,R(1,0,0,0)
D,O  10  K=1  1,0,0,0
I,F(NUMBER(K) GT 0 A,N,D
9,9,9) G,O  T,O  10
S,T,O,P
C,O,N,T,I,N,U,E  10
S,T,O,P
E,N,D
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Bara docs' now fear patients may just die

Sowetan 30/9/81 (98)

By WILLIE BOKALA

DOCTORS at the Baragwanath Hospital now fear patients may die in their hands if the 24-hour X-ray service is not restored at the hospital.

And in a unanimous agreement during a meeting attended by about 30 doctors yesterday it was decided that a memorandum tabling all grievances of doctors be drafted and sent to both hospital authorities and the director of hospital services.

Up to now the superintendent of the hospital, Dr Chris van den Heever, has refused to comment on the issue and officials from his office have referred enquiries to the department of hospital services. The director, Dr Grove., could not be reached for comment.

The breakdown in X-ray services at the hospital — the biggest in Africa and busiest in the world — came as a result of last week's decision by hospital authorities to close the X-ray department from 11pm to 8am from Mondays to Thursday, a move which doctors have described as "criminal and totally unacceptable".

This also follows the mass resignation of supplementary radiographers from the hospital in June after they had protested discriminatory salary scales and bad conditions of work.

Doctors at yesterday's meeting called on the authorities to re-consider the grievances of the resigned radiographers and re-employ them to bring the hospital back to the normal 24-hour X-ray service.

They also warned the authorities against trying to use scab labour by letting doctors handle X-ray themselves or training nurses to handle X-rays as that would not be solving the problem prevalent at the hospital.

Bara crisis charge the Govt won't 'recognise'

RDM 1/10/81 (98)

MEDICAL authorities would not comment on statements issud by the Transvaal Medical Society on the week-night closure of the Baragwanath Hospital X-ray department "because the Government does not recognise" the society.

By ADA STUIJT

That was the explanation yesterday of the MEC for Hospital Services, Dr Servaas Latsky, for a wall of official silence encountered by the Mail in seeking reaction to TMS charges on the X-ray crisis.

He said: "This so-called Transvaal Medical Society is a non-statutory body representing all and sundry black hospital workers — not just doctors, but also nurses and janitors.

"The Government doesn't recognise this organisation. They don't allow white members into their organisation, and the authorities, such as Dr Chris van den Heever, superintendent of the hospital, will not discuss the radiologist crisis with this so-called society, because it would mean that the Government takes cognisance of them.

"That's why Dr Van den Heever is not prepared to comment to the Press on any statements this group makes.

"They are nothing if not a political pressure group — and politics does not belong in the world of medicine.

"Transvaal Hospital Services tries to provide the best services it can to the public, and that includes patients at Baragwanath Hospital.

Resignations

"The Baragwanath doctors who head this organisation have no right to make statements to the Press, because they are Government employees and any complaints they may have, they should take to their supervisor.

"Any of the 37 radiographers who resigned are invited to discuss the matter on an individual basis with Dr Van den Heever, because they resigned as individuals — not as members of a non-recognised organisation like that," he said.

Authorities last week ordered that Bara's resignation-hit radiography department be closed on week-nights, from Monday to Thursday.

At a meeting at Bara on September 28, black doctors and spokesmen for the Transvaal Medical Society said the hospital would have to take responsibility for any deaths of patients in cases where an X-ray had not been done because the X-ray department was closed.

These doctors resolved to seek legal advice on the question of responsibility.

It has been reported that some doctors in the intensive care unit are doing their own X-rays, and thst general nurses with a knowledge of radiography are also to be pressed into service when emergencies warrant it.

Neither Dr Hennie Grove, Director of Transvaal Hospital Services, nor Dr Chris Van den Heever, superintendent of Bara, have so far been prepared to comment on TMS statements.

Wrong baby gets a free meal

Star 3/10/87

By Elaine Reyneke

A four-day-old baby was given to the wrong mother for breast-feeding because of chronic overcrowding at the Sandton Clinic this week.

Criticising the hospital's system after the incident the baby's rightful mother, who wishes to remain anonymous, said mounting work pressure was crippling the efficiency of staff.

She said the clinic's maternity unit was heavily overbooked and maternity staff could not cope.

"The entire affair is shocking and I am not prepared to drop the matter which was traumatic for myself and the other mother involved," she said.

She said the incident was not the only emotional upheaval experienced during her stay at the clinic.

"At one stage I was informed that my baby had jaundice — I later found out that this information had been divulged to the wrong mother."

A further incident involved a "complete breakdown in communication" between a general surgeon at the clinic, a gynaecologist and two paediatricians.

'After the birth of my baby the doctors discovered clots forming in my leg. I was put on an anti-coagulant to stop the clotting and was then given conflicting opinions as to whether I could continue to breast-feed my child."

The father of the baby said the three incidents caused "tremendous psychological trauma" and he has threatened legal action against the clinic.

"The maternity unit is so overcrowded people are sleeping in the corridors," he said.

A senior spokesman for the clinic admitted a mistake had been made.

"A formal apology has been made to the rightful mothers," he said.

He believed the entire incident was "a storm in a teacup" and said he was thankful that the wrong baby was not in fact taken out of the hospital as was the case in Cape Town earlier this year.

He said the incident occurred when a temporary nursing sister, working under pressure, failed to check whether the baby's arm band number corresponded with that of the mother.

"The entire staff at the clinic has been notified of the incident and it will not happen again," he said.

Reacting to accusations that the clinic was overbooking patients to bring in more money, the spokesman said, "We are breaking our necks to assist the public and are doing everything within our power to help patients who have been turned away from provincial hospitals because of bed shortages."

'R400 000 cut' for King Edward VIII Hospital

NM 5/10/81 (98)

Mercury Reporter

DURBAN'S King Edward VIII Hospital faces a R400 000 cut in its expenditure, further curtailing the hospital's strained health service for blacks.

This was disclosed yesterday by Dr Jerry Coovadia, a senior member of the hospital staff, during an annual memorial lecture to mark the 112th anniversary of the birth of Mahatma Gandhi.

He said that unless there was democratic control of the country's resources there could be no hope for justice in South Africa.

Dr Coovadia told a large gathering at Phoenix Settlement: 'Recently we learned that at King Edward VIII Hospital there is to be a R400 000 cut in expenditure.

'Accordingly, the strained health service which we offer black people at our hospital will be compromised even further.

'This has come about because someone in the Government decides to cut the inflationary rate in South Africa and this results in Natal hospitals reducing expenses by about R1 600 000.

'On what basis was the decision made to cut hospital services and not defence expenditure or contributions to white education?

'You did not decide, neither did I. But someone did and now we suffer the consequences,' he said.

'The only road to control is political freedom. Gandhi knew how important politics was to life.'

Dr Coovadia said the passive resistance campaigner had rejected distinctions on the basis of race, creed, colour or sex and, during his stay in South Africa, had led the fight against apartheid.

'Gandhi saw quite clearly that having a vote was only the beginning of self-government. Much more was required for freedom to be achieved.

'Only within an equal economic society could men and women hope to attain development of their personalities, liberation from exploitations and the fulfilment of their hopes and joys.'

Corrector day hospitals

319. Mrs. H. SUZMAN asked the Minister of Health, Welfare and Pensions:

Whether any progress has been made in regard to the building of day hospitals in Coloured; if so, (a) how many such hospitals are planned, (b) where are they to be situated, (c) what will be the strength of the staff required to run each such hospital and (d) when is it anticipated that such hospitals will be (i) commenced and (ii) completed?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

Day hospitals are known as community health centres.

Yes.

(a) two new community health centres are being erected; seven new centres are in various stages of planning; seven existing centres will be upgraded; and one existing centre will be rebuilt on another site;

(b) the two new centres, which are in the process of being erected, are situated in Zola and Chiawelo; the seven new centres are being planned for Mafeto, Meadowlands West, Dobsonville, Protea, Mapetla and Naledi and one on the site of the St. John's Eye Hospital; the seven existing centres which will be upgraded are situated in Tembisa, Orlando, Meadowlands East, Orlando West, Soweto, Diepkloof and Diepmeadow; the existing centre which will be rebuilt on a new site, is situated in Pimville;

(c) it has not been determined but will depend on the workloads in the various centres;

(d) (i) the seven new centres, the seven centres which will be upgraded and the one that will be rebuilt, are still in the planning stages and no indication as to when building operations will commence can be given at this stage;

(ii) the centres in Zola and Chiawelo are expected to be completed during May and June 1982 respectively.

Face the issues, say medics

Sowetan 7/10/87 (98)

By WILLIE BOKALA

THE Transvaal Medical Society has described the recent attack on it by the Government as nothing but a tactic to divert attention from the real issues - the dangers facing patients and the general crisis at the Baragwanath Hospital.

The TMS said in a statement that the radiography issue and the consequent crisis at the hospital has resulted in a series of critical statements being levelled against them, instead of evoking concern and positive response from the authorities.

After keeping silent on the crisis issue for almost a week, medical authorities said last week that they could not comment on the allegation of a complete breakdown in services made by the TMS, because the body was not recognised by the Government.

Dr Servaas Latsky, the MEC for Hospital Services, said: "This so-called Transvaal Medical Society is a non-statutory body representing all and sundry black hospital workers — not just doctors, but also nurses and janitors. The Government does not recognise this organisation.

"That is why Dr Chris van den Heever, superintendent of the hospital, will not discuss the radiology crisis with this so-called society and is not prepared to comment to the Press on any statements by this group. Bara doctors who head this organisation have no right to make statements to the Press because they are Government employees and any conmplaints should be taken to their supervisors."

But the TMS said it appeared as if Dr Latsky and other authorities hoped through such criticisms to remove the focus from the major issues at the hospital.

Crisis-hit hospital closes 215 beds

Star 8/10/81 (98)

A total of 215 of the 320 beds at Kempton Park Hospital are being closed from today because of the shortage of nurses.

The decision was made at an emergency m ing of the Hospital Advisory Board last night. Seventy-five beds had already been closed.

"We are now left with one-third of a hospital to serve a populaton of 100 000," said one doctor.

An official of the Department of Health is expected to visit the board to discuss the nursing staff problems at the hospital.

Specialists and private doctors have complained that patients have had to be left in the casualty section until places could be found in other hospitals.

"We are drifting into something which is totally uncontrollable," said a doctor. "It is not. ber and there has not been one application for student nurse training."

The Kempton Park Hospital has only 21 student nurses for 182 posts. There are 39 sisters for 88 posts.

The doctor blamed low nursing salaries which did not compete with those of clerks in the private sector.

The situation had deteriorated so much that one unqualified second-year nurse was running a ward of 30 beds on her own.

Million patients at PHC clinic

RD 9.10.81 (98)

By SOPHIE TEMA

A TWO-YEAR-OLD Diepkloof boy Zebulon Sedibe was yesterday the millionth patient to be treated by Baragwanath hospital's Primary Health Care Clinic in Diepkloof — one of five started in Soweto in July 1976 with PHC teams and a doctor as consultant.

Primary Health Care, which involves trained nurses performing certain functions of doctors, has now been recognised by the South African Nursing Council and will be known as a Diploma in Clinical Nursing Science, General Health Assessment, Treatment and Care.

Dr P J Beukes, deputy superintendent of the Baragwanath Hospital, who started the PHC programme and is in charge of clinics in Soweto, said: "We realised that the ratio of doctors to patients was insufficient, so the next best thing to alleviate the situation was to train nurses to do part of the work done by doctors.

Training

"We have already trained nurses for seven hospitals in the country including King Edward V111 in Natal.

"Over the years Baragwanath Hospital has trained 10% more nurses than it needs to provide for industry.

"Eighty percent of the patients are treated by PHC nurses, 20% are referred to doctors and of the these only 4% get admitted.

"We do not claim to be the first to come up with this programme, but we definitely boast of offering the most sophisticated course."

Mrs R Bomvana, matron-in-charge of the clinics, said: "In the past the criteria for nurses to be trained in PHC was to be double qualified — midwifery and general nursing.

"But nurses are now required to have most of the post basic courses including a matriculation certificate."

A mother who had taken her baby to the Soweto clinic yesterday, Mrs Anna Tshabalala, said: "Having nurses doing the job makes it so much easier, because patients can communicate more easily with them."

Growing staff crisis cripples hospitals

RDM 9.10.87 (98)

By ADA STUIJT

ANOTHER 300 white hospital beds were closed in the Witwatersrand area yesterday as the chronic shortage of nurses continued to worsen.

Hardest-hit so far are the Far East Rand Hospital in Springs and the Kempton Park Hospital, serving hundreds of thousands of residents of the East Rand's industrial and mining areas.

At these two hospitals, only terminally-ill or critically-ill patients are admitted. A total of 215 of the 320 beds at Kempton Park and 32 beds at the Far East Rand were closed yesterday.

Specialists and doctors complain that patients have to be left in the casualty sections for hours before they can be placed in hospitals.

At both hospitals, the radiology departments are closed on week-nights — and at Kempton Park, only emergency X-rays are taken by a radiologist who is on standby duty and has to be called from home.

The Kempton Park superintendent, Dr L M van Schalkwyk, said the hospital faces having to close another 30 beds unless more student nurses are found.

"Unless nurses receive competitive salaries, this situation will just worsen. We are drifting into something which is totally uncontrollable," he warned.

"We have closed Wards 8 and 3 — the general and surgical wards — and we try not to admit patients unnecessarily. We are a nine-ward hospital.

"Those patients who could possibly be nursed by their own families or in a nursing home, we don't admit."

Dr Van Schalkwyk said 30 high school students had worked part-time at the hospital throughout the school holidays, but no student nurse applications have been received so far.

"We operate on less than half our nursing capacity. Of our 182 open nursing posts, only 20 were filled."

According to other Kempton Park staff, the area now has one-third of a hospital to serve a population of 100 000.

An official of the Department of Health is expected to meet the hospital advisory board to discuss the nursing staff problems.

Grave

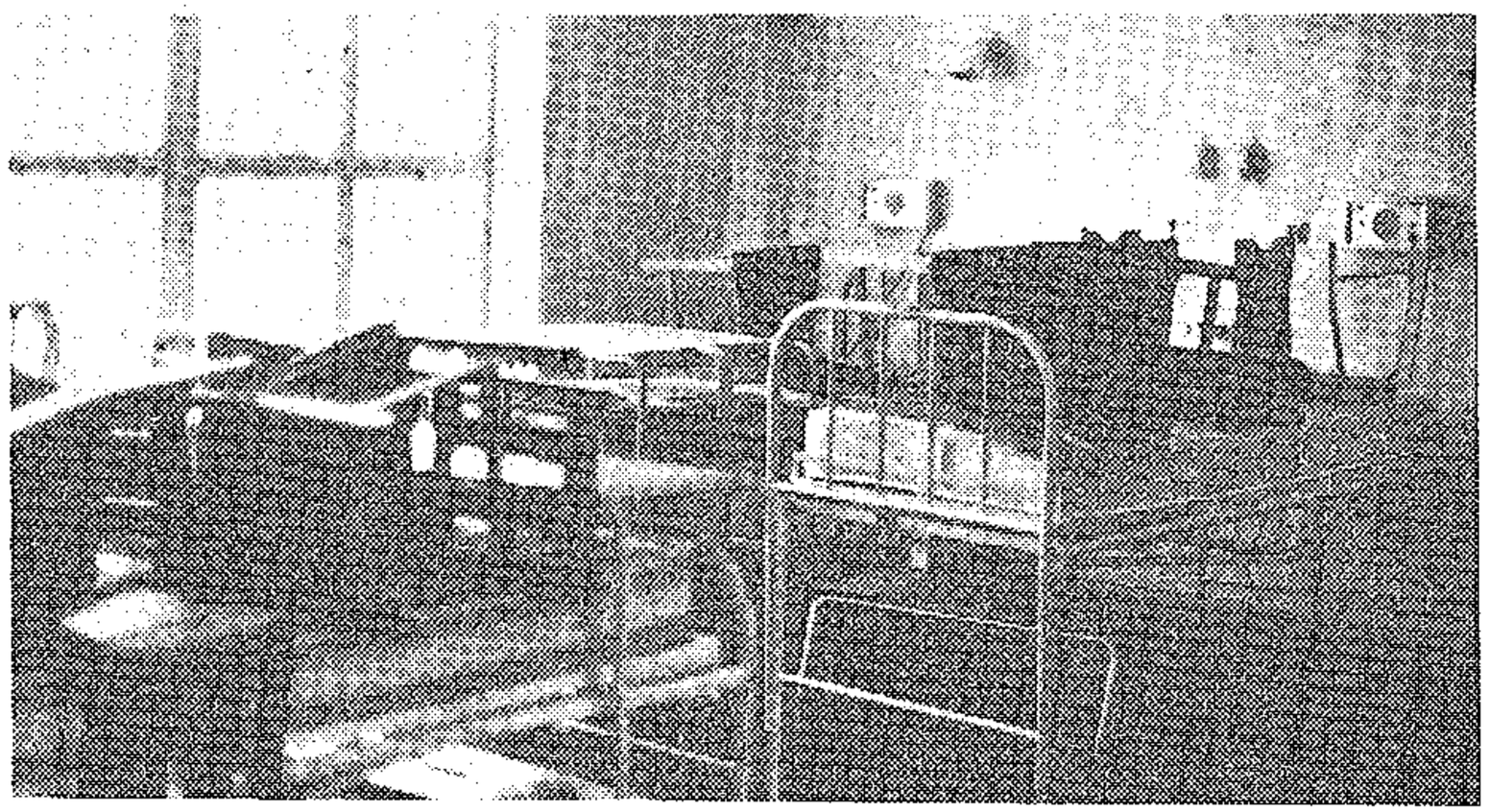
At the Far East Rand Hospital in Springs, the situation is equally grave, with the X-ray department shut on week-nights and the surgical and men's and women's medical wards combined in one ward.

Three-quarters of the hospital is closed down because of the shortage of nurses.

A staff of only 60 runs the entire hospital in the daytime, and it is far smaller at night.

Its casualty department is turning away patients, admitting only terminally-ill cases for the geriatric ward, emergencies and maternity cases.

The paediatric ward only admits extreme cases and the surgical ward has closed down completely.



SOFT BEDS, HARD BATTLES . . . a closed ward of a Witwatersrand hospital bears silent testimony to the nursing crisis which is denying room to all but the seriously ill

On Thursday last week, eight nursing sisters resigned and a brief, unsuccessful experiment was attempted in the geriatric ward — untrained black staff, the so-called "pink maids", nursed the terminally-ill patients.

"Qualified nursing staff and the patients' families objected to this method of having unqualified people look after those patients, and the experiment lasted only a few days," a well-informed hospital source told the Rand Daily Mail yesterday.

"The racial barrier played a role only because the "pink maids" have no nursing qualifications," he said.

The source said the eight sisters resigned because they had to do menial labour as well as nursing duties — and complained that they were overworked because of the staff shortages.

"Let Dr L A P A Munnik (the Minister of Health) put on a white overcoat for only one day to work here — his eyes may open to the fact that there is a nursing crisis," he said.

Battling

At the beginning of the year, for the 125 available nursing posts, only 22 new student nurses could be recruited — and 14 resigned within a month.

Other Witwatersrand hospitals including Baragwanath, J G Strijdom, Johannesburg and Ontdekkers, have a less critical situation but are battling to keep nursing staff.

Half the Johannesburg Hospital's wards are permanently closed.

Baragwanath's radiology department is closed on week-nights. J G Strijdom Hospital is operating at half its nursing strength — but so far, has not had to close wards.

At the Ontdekkers Hospital in Florida, there is a 20% nursing shortage, but no wards have closed and the X-ray department is operating full-time.

At the Boksburg-Benoni hospital, the X-ray department is closed because of a lack of radiologists.

Approached yesterday, Dr Munnik's secretary said the Minister of Health would not comment on the situation at the moment.

Drastic cuts will force economies on hospitals

NM 9/10/81 (98)

Mercury Reporter

DRASTIC cuts in Government spending will force Natal hospitals to prune expenditure, even on drugs.

Describing the picture as grim, the MEC for Hospital Services, Dr Fred Clarke, said the reductions, which were part of the Government's anti-inflationary measures, had come at a time when the cost of drugs, fluids, and blood products had risen as much as 37 percent.

In May he was forced to put up hospital fees by 50 percent in an effort to balance the Natal budget, but nevertheless these fees accounted for only 8,5 percent of the annual running costs.

'It seems we will have to look to other areas for additional finance,' he said. 'This could include charging for cancer treatments, an area which at present is free.'

Hard hit by the reduction is King Edward VIII Hospital, which will suffer a cut of R400 000.

Dr P Truter, chief medical superintendent, said she would be spreading the reduction across all the departments of the hospital in an effort to avoid freezing posts or withholding purchase of equipment which the hospital had planned for over many years.

In a circular to her staff, she said tl[illegible] the numerous economies already being practised at the hospital, new ones would be implemented.

This would include further economies in general administration and at departmental level, as well as a more careful scrutiny of the kinds and amounts of drugs prescribed by doctors.

Blood products

Dr Truter said the 20 most expensive drugs cost the hospital about R400 000 a year and the use of many would have to be limited.

It was essential, she said, that the use of blood and blood products be rationalised.

'My budget allows me R100 000 a month and last month we spent R160 000. This just cannot be allowed to happen again,' she said.

Dr M Barlow, medical superintendent of Addington Hospital, said it was ridiculous to have to cut back on essentials like drugs, fluids and blood when running a hospital.

'How can you cut back when prices continue to spiral?' she asked, adding that health appeared to have a very low priority in the country at the moment.

Medical chiefs launch probe into Bara plight

RDM 16 10 81 (98)

By SOPHIE TEMA

THE SA Medical and Dental Council has begun its investigation into allegations of an "appalling state of medical practice" at Baragwanath Hospital raised in a petition by staff doctors.

The superintendent of Bara, Dr Chris van den Heever, has meanwhile issued a statement listing developments since the petition was drawn up in June last year — and saying no media probe would be allowed unless authorised by the Director of Medical Services.

But yesterday some of the 60 doctors who signed the original petition claimed there had been no significant change in conditions for patients.

The petition calls for an urgent inquiry into the "appalling state of medical practice" at Baragwanath.

Dr Van den Heever said in a statement: "With regard to the present discussions by the SAMDC on the petition signed by the Baragwanath Hospital medical staff we would like to underline the following:

"The petition was prepared and signed in June 1980 by 60 medical practitioners at Baragwanath Hospital.

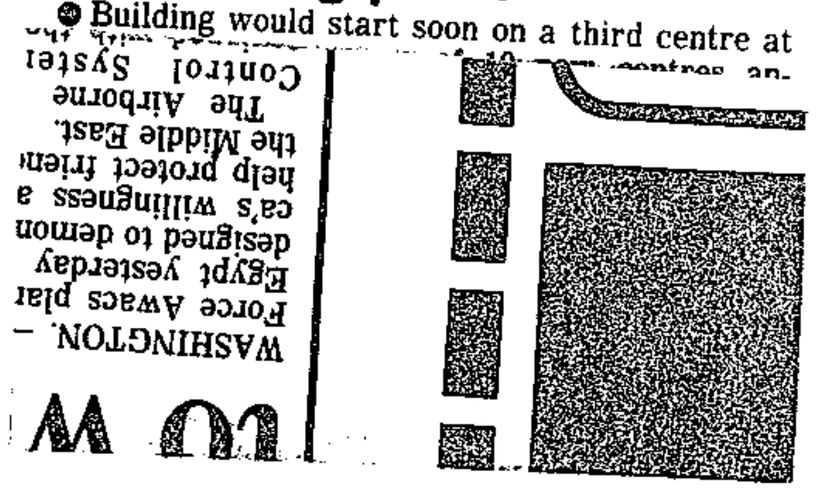
"This represents 10% of the total medical staff establishment."

Among developments since then:

- 80 beds had been made available — in July last year — to the Department of Medicine, the area most affected by the overcrowding of the winter of 1980;
- The number of beds for black patients at the Hillbrow Hospital had been increased to 593;
- Two community health centres were under construction in Soweto and would be commissioned next year;

Upgrading plans

- Building would start soon on a third centre at



Police probe death plunge

PAROW police are investigating possible negligence after four-year-old Joelene Happie fell to her death from a sixth floor toilet window at Tygerberg Hospital on Saturday, September 26. C. Herald 10/10/81 (98)

Joelene's body was found in the yard of the hospital minutes after her parents, Mr Taliep and Mrs Jochera Happie, of the Strand had come to visit her.

Mystery surrounds the cause of her death, but it is believed that she could have climbed on to a wash basin or stood on a locker and fallen through the window.

A spokesman for Parow's detective branch said on Wednesday the investigation was still at an early stage and would take some time.

NEGLIGENT

'The investigation will definitely take more than two or three months. We are trying to determine whether anybody was negligent,' he said.

Tygerberg Hospital's public relations officer, Mrs Elizabeth Naude, said it was difficult to control the children at the time the incident happened.

'It was visiting hour and all the children were excited and walking around because their parents were there,' she said.

She said Joelene was regarded as being old enough to be on her own and did not need to be accompanied.

Asked if there were any bars or restrictions on windows, she said Joelene was 'very small and could go through fairly small gaps.'

'It is also thought she might have climbed on top of something and gone through the window,' Mrs Naude said.

She said it was the first time an incident of this nature had occurred at Tygerberg Hospital.

Matron's answer to crisis — unisex wards

RDM 10/10/81 (98)

By ADA STUIJT

IT'S boys and girls together in two wards of the Far East Rand Hospital in Springs — in separate beds of course — as part of matron's streamlining answer to the nursing crisis.

And pointing out the "spruced-up" appearance of men and women patients in the "co-ed" wards, she admits: "When we started this experiment, we had our doubts — but they were of short duration.

"The male patients especially responded very favourably to this arrangement. They care for their appearance better and definitely don't use bad language any more," she said.

Male and female patients are sharing a geriatric ward and an acute medical ward.

The 338-bed hospital is operating at two-thirds of its capacity, with the nursing staff shortage forcing the closure of 117 beds.

Three nursing sisters and two staff nurses resigned from the hospital this month — but all for family reasons, and not because they were dissatisfied with working conditions, the matron said.

Dedicated

"I agree nursing salaries must be upgraded. Due to the changed sociological pattern, nurses frequently have to support their own families. They have become breadwinners as much as men have, and should be paid accordingly," she said.

"The nurses at this hospital are dedicated to the patients because we are a small community here, and get emotionally attached.

"These nurses are just wonderful to work with — and we will do anything to keep them, including running the day creche for them.

"But I feel that the nursing shortage definitely has some good side-effects as well. Now, we only get those girls who are completely dedicated to nursing," she added.

"As a result, the quality of nursing patients get here is high. Nurses are now doing what they were trained for. Out of the 28 student nurses — for 125 open posts at the hospital — we are going to get 28 super-dedicated nursing sisters."

There is a day-time nursing staff of 103 regular nurses, while the night staff is about 40.

"I view a hospital as a place where the acute patients should be nursed. With this nursing crisis, the district nursing system is really coming into its own. Our hospital has 280 patients who are visited by district nurses at home — and this cuts down considerably on a patient's hospital stay.

Emergencies

"Hospitalised patients frequently suffer anxieties — about their jobs, their families at home — but with the district nursing system, patients who were previously admitted to hospital for long periods are now taken care of in their home environment."

The hospital does not turn away any emergency cases, according to acting superintendent Dr Deon Cloete.

"We refer the so-called "cold cases" — patients on the list for elective surgery — and those patients who can afford it, to private hospitals where we can, but we have not had one emergency case turned away," he said.

Dr Cloete said that the ward maids do assist with patients at times — but are never used for nursing duties.

"They help the nurses when geriatric patients have to be turned over every two hours, make beds, clean wards, and they attend lectures on hospital ethics, hygiene, and other subjects."

Blow for Baragwanath crisis plea

Star 13/10/81

98

Own Correspondent

Doctors at Johannesburg's Baragwanath Hospital have petitioned for an urgent inquiry into the "appalling state of medical practice" at the hospital.

The petition was sent to the South African Medical and Dental Council in Pretoria but the matter was yesterday referred to next year's meeting of the council.

The petition signed by more than 60 doctors said patients had to be "nursed" on the floor.

"Wards which contain 40 beds may have well over 120 patients."

Sick patients had to be discharged prematurely.

Medicine and injections could not be accurately administered and were frequently omitted. Intravenous drips often ran

before the petition was directed to the South African Medical and Dental Council, he said.

"Delays beyond the control of the department occur," he said.

There was no justification for the expansion of the department of medicine at Baragwanath. The Johannesburg General Hospital was being utilised for black patients and should alleviate the situation.

Barely copes

A spokesman for the SAMDC said today he was not able to comment on when the council would consider the petition.

"The only people who can make decisions like this are all busy at a council meeting which will last until Thursday," he said.

Leading doctors and nurses have warned that the multimillion-rand Johannesburg Hospital also faces a crisis situation, with hundreds of beds having to be closed

Natal waits for new hospitals chief

NM 13/10/81

(98)

Mercury Reporter

FEARS that the vacant Natal Director of Hospital Services post could be filled by a political appointee or Government 'discard' continue to grow as the delay in nominating a successor continues.

Dr Fred Clarke, MEC for Hospital Services, said that Natal's hospital services were the most progressive in the country, and that the worst thing that could happen would be to be fobbed off with a director who insisted on pushing a Government line.

The Commission of Administration which was responsible for the selection of the new director, had been informed of the impending retirement of Dr V A van der Hoven nearly four months ago — he retired at the end of September — but no names had yet been submitted to the Executive Committee for approval, he said.

'Normal procedure is for the post to be advertised for senior members of the State Health Department. If there are no applications it is then advertised publicly countrywide.

'From what we can ascertain there were no applications from the top public servants, which means that the position will now be open to any medical man in the country. From the applicants three names will be selected for us to choose one.'

Most senior man in Natal in line for the post and the man favoured by the committee was the present deputy director, Dr J Vorster.

'The committee has no power in either influencing or rejecting the choice made by the commission, but we are determined to resist if we feel the wrong man is chosen, as we did when Dr Gabriel Krog was selected as Director of Education,' said Dr Clarke.

When approached about applicants for the position, a spokesman for the commission said the information was not available yet.

Doctors petition for Bara probe

(98) Sowetan 14/10/87

DOCTORS at Baragwanath Hospital have petitioned for an urgent inquiry into the "appalling state of medical practices" at the hospital.

The petition was sent to the South African Medical and Dental Council sitting in Pretoria, but the matter was referred to next year's meeting of the council.

The petition, signed by more than 60 doctors, stated that medical wards at the hospital were so overcrowded that patients had to be accommodated and nursed on the floor.

The increase in the volume of admissions over the past 35 years had resulted in the "present catastrophic and inhumane situations where wards which contain 40 beds may have well over 120 patients," they said.

"Such conditions constitute a blot on the professional medical practice in South Africa and urgent attention should be given to the matter" the petition said.

The director of Hospital Services in Transvaal, Dr H Grove said in a letter, read before the SAMDC, statistics had proved the allegations of overcrowding were "considerably exaggerated and did not reflect the factual situation at the hospital although medical wards were overcrowded on some occasions."

Hospital Services had initiated the planning of better accommidation at the Baragwanath Hospital and elsewhere to relieve the position long before the petition had been directed to the council, he said.

"It, however, takes time to achieve this goal and delays beyond the control of the department also occur."

He was satisfied there was no justification for the expansion of the department of medicine at the Baragwanath Hospital. Meanwhile, the Johannesburg General Hospital was being used for black patients and should relieve the situation at Baragwanath he said. — Sapa.

Star 14/10/81

Conditions improve at Baragwanath

(98)

By David Braun

Conditions at Baragwanath Hospital have improved considerably since a petition urging an inquiry into the hospital was signed by 60 doctors, says Baragwanath superintendent, Dr Chris van den Heever.

Dr van den Heever said today that the petition was signed in June last year.

"In July last year 80 beds were made available to the department of medicine, the area most affected by overcrowding in the winter of 1980," he said.

"The beds for black patients at the Hillbrow hospital, formerly the general hospital for whites, have been increased to the 593 now in use.

"Community health centres, at Zola and Chiwelo are under construction and will be commissioned next year."

Dr van den Heever said these two centres formed part of the 10 new centres for Soweto announced by the Transvaal Provincial Administration in June last year.

In addition to these centres plans for upgrading the eight provincial clinics in Soweto were well advanced.

"Many of the new centres will have short-stay

To Page 3, Col 5

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Conditions at Bara inhumane, doctors claim

RDM 14/10/81 (98)

By SOPHIE TEMA

OVERCROWDING in Baragwanath Hospital's wards 15 and 16 has resulted in "inhumane" conditions at the hospital.

Each of these wards may well have more than 120 patients — with about 40 beds.

This was said yesterday by a doctor at the hospital who confirmed that more than 60 doctors had petitioned for an urgent inquiry into the "appalling state of medical practices" at the hospital.

The petition was sent to the South African Medical and Dental Council.

The matter was referred to next year's meeting of the council.

The doctor said: "Overcrowding in wards 21 to 26, 30, 35, 38 and 40 is also very notable, particularly at night when all the patients have gathered in their respective wards.

The doctor said the medical wards at the hospital were so overcrowded that dozens of patients had to sleep on the floor.

The petition said: "The increase in the volume of admissions over the past 25 years had resulted in the present catastrophic and inhumane situation where wards which contain 40 beds may have well over 120 patients.

"Such inhumane conditions constitute a blot on the professional medical practice in South Africa and urgent attention should be given to the matter."

The Director for Hospital Services in the Transvaal, Dr H Grove was yesterday reported to be attending a meeting and would only be available for comment tomorrow.

Earlier it had been reported that he had told the SAMDC: "Statistics had proved the allegations of overcrowding were considerably exaggerated and did not fit in with the factual situation at the hospital, although medical wards were overcrowded on some occasions.

"Hospital Services had inititated the planning of more effective accommodation at the Baragwanath Hospital and elsewhere to relieve the position long before the petition had been directed to the SAMDC . . .

A patient could be stranded

Expy 15/12/87

By BEV MORTIMER

PATIENTS about to be operated on in hospitals could be stranded when machines broke down if more service engineers could not be obtained, the director for Philips Medical Systems, Mr Mauurice Reznik, said yesterday.

Speaking at a Press conference in Johannesburg, Mr Reznik stressed the importance of highly trained service engineers — of which there was an acute shortage in South Africa.

He said modern, highly-computerised machines, such as the latest X-ray scanning machines, needed servicing by highly trained people.

"But it costs R27 000 to train just one man — and there is nowhere in South Africa where they can be trained in this specialised field."

Another problem was that the few service engineers available were reluctant to work irregular hours, said Medical Systems' international service manager, Mr David van der Bijl.

"If a machine breaks down at night or at weekends, engineers do not want to give up their hobbies or time with their families," he said.

SOWETAN 11/6/89

MEDICAL SERVICES (98)

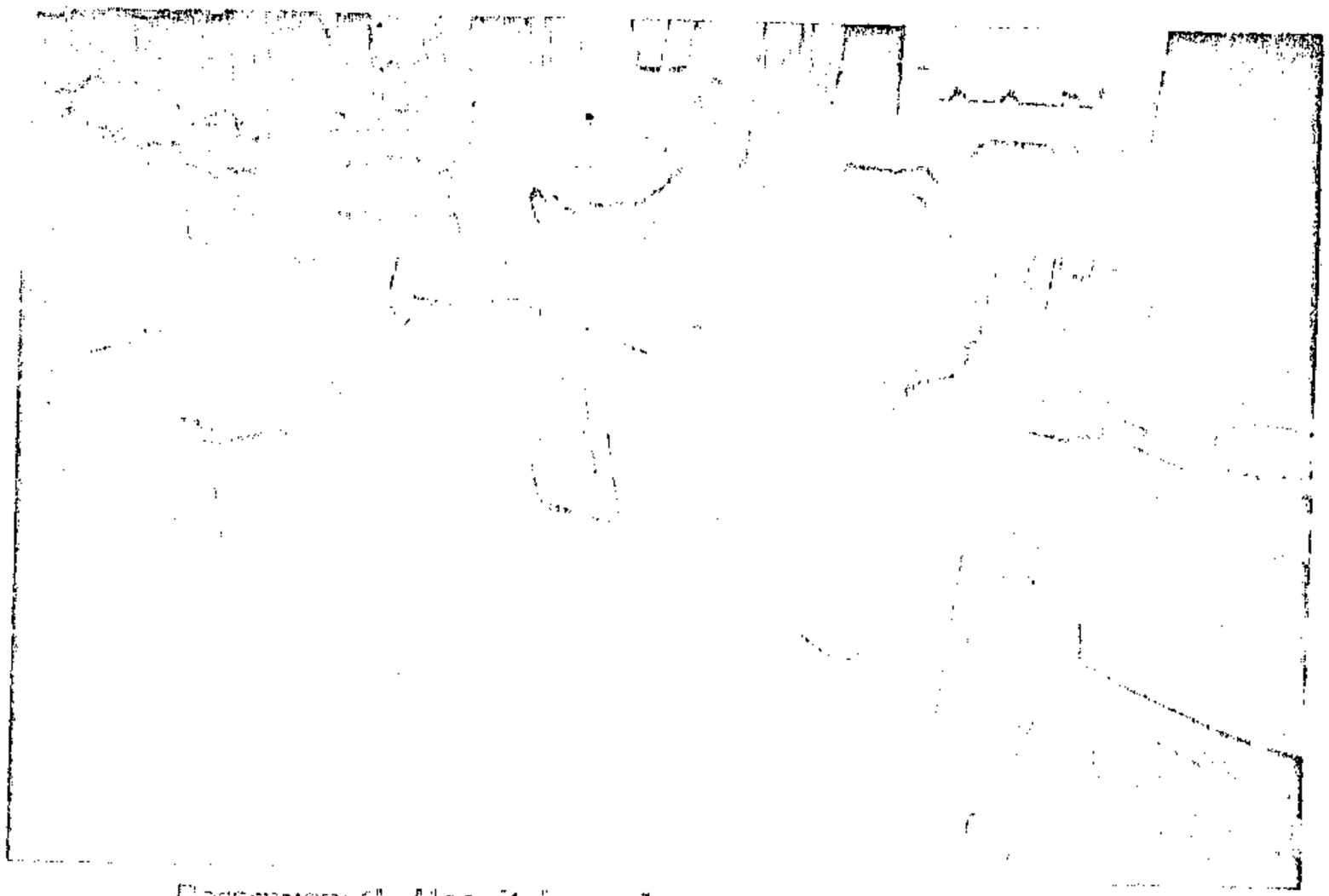
Baragwanath disarray

The petition sent to the SA Medical and Dental Association by doctors at Baragwanath Hospital is the latest symptom of deteriorating public health services. A black medic at the hospital tells the *City Press* that the situation is so bad there could be a possible breakdown of medical services at any time.

The registrar of the council has said the petition is under consideration and the matter will be discussed at the next meeting of the executive committee on November 23.

Official response to complaints has generally been to call them "exaggerated" though it is admitted that overcrowding has occurred on some occasions.

Overcrowding is considered the major problem at black hospitals. Baragwanath, the largest black hospital in SA, serves the estimated 1,5m residents of Soweto and is a magnet for many from the outlying rural areas. Bed is much pressured in



Baragwanath: [illegible] forms of overcrowding have broad[illegible]

facilities, especially beds. Patients often sleep on the floor and treatment cannot be adequate.

The authorities have indicated that several day hospitals will be built in the area and the use of the Johannesburg General Hospital by black people will be increased. There is also a possibility of qualified black doctors being harassed by more salaries. Private hospitals and clinics are offering salaries which [illegible] the public service in some cases and are attracting senior black [illegible].

The consideration of the petition is underway. It is likely that Baragwanath's severely overworked staff, mainly radiographers, [illegible] unless drastic steps are initiated to reduce pressures on black hospitals and improve the quality of services, other medical staff might consider this possibility.

BARA PROBE (98)

Doctors at Baragwanath Hospital petition for an urgent inquiry into the "appalling state of medical practices" at the hospital "where wards which contain 40 beds may have well over 120 patients."

FM 16/10/81

Woman died after 'routine' operation

CT 16/10/81 (98)

A NEWLANDS woman who went to hospital to have varicose veins removed died of an overdose of nitrous oxide, a Cape Town inquest magistrate heard yesterday.

Mr Richard Cole was giving evidence before Mr P L May and an assessor, Professor L S Smith, at the inquest on his wife, Gwyneth, who died on November 30, last year, at Groote Schuur Hospital.

Mr Cole said his wife was a fit, healthy, outdoor-loving person. She played tennis twice a week, swam and often went for walks on the mountain.

She suffered from varicose veins "for some time and considered doing something about it", Mr Cole said. Both he and his wife were led to believe that the operation would have been a routine one. His wife would have been "up and about in two days".

On November 30 he was telephoned and told his wife was rushed from the Vincent Pallotti Hospital to Groote Schuur Hospital in a critical condition. A neurologist advised him to seek medico-legal advice as "his wife's condition was terminal and it was clear that she had received an overdose of nitrous oxide".

Dr Christiaan Wicht, an anaesthetist at Vincent Pallotti, said Mrs Cole was admitted to the hospital on November 25 last year. He examined Mrs Cole the same night and found her fit for the operation.

During the operation he noticed the anaesthetic machine had gone "haywire". Mrs Cole then suffered a cardiac arrest. The surgeon, Dr Alexander Brown, helped him resuscitate Mrs Cole and she was taken to Groote Schuur Hospital and placed under intensive care in the respiratory unit.

Dr Wicht said the oxygen knob on the anaesthetic machine was so sensitive that "the brushing of a feather could change it".

Sister Annemarie Niehsen told the court she was in charge of the operating suite at the hospital. The anaesthetic machine was bought in 1980 and was in good working order. Because of the slight change in the design of the machine she attached a warning note to the machine as an extra safeguard.

She said the machine was last checked on November 21, five days before the operation.

Sister Niehsen said she went on leave between November 22 and 29. On her return she was told there had been a cardiac arrest in the operating theatre. She immediately summoned Mr Cyril Sutton, a technician at the company which manufactured the anaesthetic machine.

Mr Sutton testified that he tested the machine on November 26 in the presence of a Dr Bosman and Dr Wicht. He found it to be in "good working order".

The hearing was adjourned till 11 February 1982 for further evidence.

Mr F G Barrie appeared for the State. Mr D Irish instructed by Findlay and Tait appeared for the Cole family. Mr A D Dalling appeared for the anaesthetic machine manufacturing company. Mr M T Steyn appeared for the Vincent Palloti hospital. Mr J R Fisher appeared for Dr Wicht and Dr Brown.

2 000 sign petition on Bara X-ray row

RDM 17.10.81 (98)

By SOPHIE TEMA

A PETITION calling on Baragwanath Hospital authorities to redress the grievances of 37 black radiographers who resigned in June this year has been signed by more than 2 000 health workers — including 50 doctors — at the hospital.

The petition also calls for a 24-hour X-ray service. The X-ray department has been closed at night for the past three weeks and doctors at the hospital are concerned about the effect this could have on patients.

The petition is also being circulated at other black hospitals on the Witwatersrand and will also be sent to the South African Medical and Dental Council.

It has also been signed by doctors at the Coronation, Leratong and Natalspruit hospitals.

The chief superintendent of Baragwanath hospital, Dr Chris Van den Heever, was not available for comment yesterday.

The petition states: "We note with alarm the development of events in the X-ray department over the past two months. This has led inter alia to:

- The resignation of 37 radiographers, and
- The suspension of X-ray services from 11pm to 8am from Mondays to Thursdays thus depriving the people of Soweto with a 24 hour, seven-day X-ray facility.

"We are concerned with the fate of the 37 radiographers — all now unemployed, the additional strains that the remaining radiographers now work under, and the decline in the standards of the X-rays.

"We therefore appeal to the authorities to:

- Recommend a 24 hour — seven day a week service, and
- Reopen negotiations with the 37 radiographers so that they return to work as soon as possible without victimisation and under favourable conditions."

Bara crisis: 'some might resign'

(98)

KDM 19.10.81

Mail Reporter

UNLESS drastic steps are taken to reduce pressures on black hospitals and improve the quality of services, some medical staff at Baragwanath Hospital might consider resigning.

This grim warning is contained in the weekly business magazine, the Financial Mail.

The FM was referring to the petition sent to the South African Medical and Dental Association by about 60 doctors at Baragwanath on the "appalling state of medical practice" at the hospital.

The FM quoted a black doctor who has said that the "the situation is so bad there could be a possible breakdown of services at Bara".

The hospital's administration has said the complaints are "exaggerated" but has admitted that overcrowding has occured accasionally.

Baragwanath's superintendent, Dr Chris van den Heever, said last week: "The overcrowding problem will never be completely solved.

"Overcrowding will remain as long as there are few general practitioners in Soweto. And, with the building of community health centres (now under construction) in Chiawelo and Zola, overcrowding at the hospital may be eased.

"Overcrowding has been with us for many years. It varies from department to department and from season to season."

Last year Baragwanath treated more than a million patients "through the work of 600 specialist-orientated doctors".

The FM says the authorities have indicated that several day hospitals will be built in Soweto and the use of the Johannesburg General Hospital by blacks, could relieve pressure.

"However, the provision of qualified black staff is being hampered by poor salaries.

"Private hospitals and clinics are offering salaries almost double that in the public service in some cases, and are attracting senior black nursing staff.

"The seriousness of the petition is underlined by the fact that Baragwanath recently experienced a mass resignation of staff, mainly radiographers.

"Unless drastic steps are initiated to reduce pressures on black hospitals, and improve the quality of services, other medical staff might consider this possibility," says the FM.

Baby closes another X-ray unit

By WILLIE SCHOKALA

TYPE crisis at Baragwanath Hospital has taken a new twist with authorities ordering the closure of yet another X-ray service.

Doctors at the hospital yesterday came out strongly against the closure of the unit used to X-ray women with pregnancy problems.

The doctors also attacked the authorities for pretending there was no crisis following the mass resignation of radiographic staff.

The supplementary radiographic staff all resigned to protest against unsatisfactory working conditions and salary scales.

The hospital first closed the X-ray service to patients on weekdays from Mondays to Thursdays. Doctors there said they feared more radiographic services would be closed down if the resigned radiographers were not re-employed.

The black Women's Federation of South Africa has also condemned the closure of the latest service and called on the authorities to redress the situation before the "crisis takes a turn for the worst".

The federation said the authorities were committing a crime against the black society by not allowing our women a chance to get treated for birth problems.

"Or do they feel that we blacks are too many and have now decided to cut down on our birth rate by not giving us treatment when we have pregnancy problems?" they asked.

Hospital authorities refused to comment on the latest development, saying they were not prepared to say anything about the hospital as they were waiting for orders from "head office".

Doctors hit out at closure of X-ray unit

(98)

RDM 21·10·81

DOCTORS yesterday accused Baragwanath Hospital authorities of displaying "a lack of feeling and disregard for human life" in closing the hospital's maternity X-ray unit.

By SOPHIE TEMA

Reacting to the closure of the unit last Thursday, doctors said in a statement that the radiographer crisis at the hospital had evoked mainly negative responses from the authorities.

The move to close yet another radiographic unit is understood to arise from the general crisis over X-rays that arose at Baragwanath after 37 radiographers resigned over a pay dispute in July.

Week night X-ray services — between 11pm and 8am — were suspended four weeks ago.

Doctors said the unit closed in the maternity section had been set up to detect pregnancy complications and infertility.

Meanwhile, a petition calling on Baragwanath Hospital authorities to re-open negotiations with the black radiographers who resigned has been signed by more than 2 000 health workers — including 50 doctors at the hospital. The petition also recommends that a round-the-clock X-ray service be re-introduced.

The statement issued by doctors yesterday appealed to the South African Medical and Dental Council and hospital administrators to act on the grievances of the black radiographers so X-ray services at Baragwanath could again be provided.

Issued by members of the Transvaal Medical Society, the statement said: "The Transvaal Medical Society is most perturbed by the proposed discontinuation of X-ray investigations for infertility problems.

"Infertility problems are a significant cause of unhappiness and marital instability in the black community.

"In addition the social stigma attached to this unfortunate situation are considerable.

"The management of infertility in the black population is an important aspect of health-care.

"Any measures adopted to curtail these vital aspects can only be seen as a lack of sensitivity towards the sociological, psychological and physical aspects of health in the black population.

"The radiographer crisis at the Baragwanath Hospital has evoked mainly negative responses by the authorities despite appeals by the supplementary radiographers for the past four years and our attempt to negotiate with the authorities to remedy the situation. The attitude of the relevant authorities appears only to be conducive to further aggravation of the situation.

"We are convinced that such a situation would not be allowed to occur in a white hospital. It appears that the needs of the disenfranchised are often ignored.

"We are deeply concerned about every aspect of the health status of the black community and therefore appeal once more for the authorities concerned, namely the South African Medical and Dental Council as well as the hospital administrators, to pay heed immediately to the grievances of the supplementary radiographers and to act upon these so that radiographic services at the hospital can be re-established.

Repercussions

"By so doing the authorities will be demonstrating a sincere concern for the health and welfare of the black people," the statement said.

A gynaecologist at the hospital said yesterday: "This shows clearly that there is a crisis and a complete decline in the hospital's X-ray department.

"How is it possible to have X-ray units closing down overnight when there are so many patients — who desperately need these services — to be treated.

"The hospital authorities will have to give thought to the situation because this can have serious repercussions on patients with pregnancy complications."

The hospital's chief superintendent, Dr Chris van den Heever, was said to be at a conference of hospital services and was not available for comment yesterday.

The 10 enter Bara X-ray row

Sowetan 22/10/87 (98) ~~(54)~~ 114

THE Committe of Ten and the Soweto Civic Association have now entered the row over the radiographic crisis at Baragwanath Hospital, describing the situation there as "scandalous."

No positive action was seen from the hospital authorities by last night as the situation continued to decline towards total breakdown point, with doctors threatening action and calling for an immediate redress.

The hospital administration continued to refuse to comment on the crisis yesterday while at head office — the Department of Hospital Service in Pretoria — Dr H Grove and his assistants were said to be at a conference and would not be available until next week.

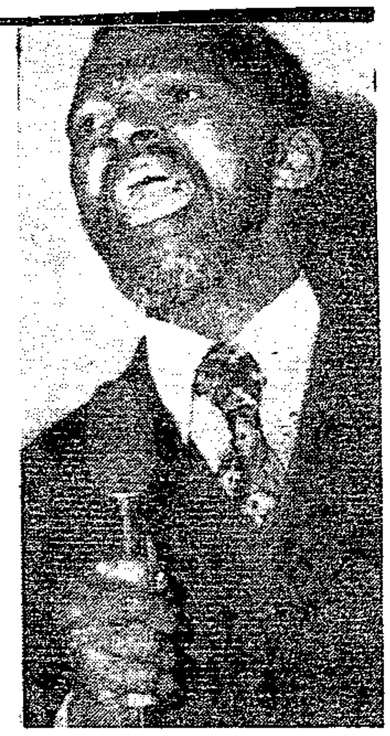
The radiography crisis was aggravated last week when the authorities ordered the closure of yet another X-ray service to patients. X-ray investigations for infertility problems — a test method used to scan the uterus of women with pregnancy problems called the Hysterosalpingogram — were discontinued at the hospital on Thursday last week.

This came just four weeks after the closure of the X-ray department to patients from Mondays to Thursdays between 11 pm and 8 am. Doctors there said they feared more radiographic services would be closed down if the situation was not redressed immediately.

The breakdown in radiography services follows the mass resignation of supplementary radiographers at the hospital because of dissatisfaction with working conditions and salary scales four months ago.

Dr Nthato Motlana, speaking for the Committee of Ten and the Civic Associaiton, said the crisis would be discussed at a meeting to be held on Sunday and a decision for action would be taken. "It is scandalous for the hospital administration to close medical investigations to patients," he said.

"We as residents of Soweto want to protest in the strongest terms possible at this inhuman, heartless behaviour by the administration of the hospital.



CRISIS: Dr Motlana.

Politics out in hospital talks

RDM 23.10.81 (98)

By ADA STUIJT

HOSPITAL superintendants, matrons, and administrators were the guests of Dr Hennie Grové, the Transvaal Director of Hospital Services, during the three-day annual conference held near Naboomspruit this week.

The three days were filled with — at times heated — discussions.

Issues discussed were smoking in hospitals, caps and pants suits for nurses, and emergency beds in casualty departments.

Dr Grové told the Rand Daily Mail that no political matters — for example the thorny question of black nurses for white provincial hospitals — were discussed.

"We want to provide the very best the province can afford.

"Political issues were not discussed," he said.

The tanned doctor, who recently underwent heart by-pass surgery, was sure of one thing: nurses would be pleased to hear that pants suits are now considered acceptable for nursing staff of all ranks.

"The pants suits must be in the hospitals' accepted colour scheme, but I am happy to say the majority of delegates were in complete agreement on this issue."

Caps

The atmosphere was less cordial, however, when the question of nurses' caps was considered.

"Opinions differed so sharply that we decided each nurse would vote on it later in her own hospital. Some delegates were dead-set against any cap — but others wanted the old veil back," Dr Grové said.

The issue of blood transfusions for Jehovah's Witnesses was referred to a committee which would consider all the medical and legal aspects, he said.

Emergency beds in casualty sections, which at present may be assigned by casualty doctors, will in future only be assisgned the hospitals' administrators, it was decided.

Smoking

Cigarette smoking in TPA hospitals was discussed at great length, Dr Grové said.

"Consider a heavy smoker who is put next to a lung patient.

"We have to consider the rights of both. A heavy smoker, if you remove his cigarettes, may get withdrawal symptons — and psychological drawbacks.

"On the other hand, the lung patient has the right — in fact needs — to have clean air to breathe.

"We consider cigarette smoking a health hazard in hospitals, however.

"We therefore discussed the practicality of setting aside special smoking areas or wards but this would not always be practical for smaller hospitals."

Patients could die, says Bara doctor

Star 23/10/91

98

By Langa Skosana

Lives could be at stake at Baragwanath Hospital because of the closure of the radiography unit at night after 37 supplementary radiographers quit in June.

So serious is the situation at the hospital that a diagnosis cannot be made at night on patients involved in car accidents or fights who might need emergency treatment.

A doctor at the hospital warned yesterday that many patients could die.

In six evenings since the radiography unit was closed at night, 10 patients with head injuries, nine with actual or suspected fractures, six who were involved in car accidents, three with stab wounds and six with internal problems could not be X-rayed.

The Transvaal Medical Society is deeply concerned about the situation.

It has called on community organisations to attend a meeting on Thursday at the Glyn Thomas House at Baragwanath Hospital at 7.30 pm to find a solution.

The TMS has accused hospital authorities of remaining insensitive to the crisis.

Doctors at the hospital told The Star they have not been told what to do if an emergency crops up at night.

"If there is a train accident or a bus disaster, there will be a catastrophe. It seems the authorities want this to happen before they devise a plan," one doctor commented.

Despite a notice from hospital authorities banning unauthorised meetings, the medical staff met yesterday to discuss the crisis, which stems from the resignation in June of 37 radiographers who did not receive salary increases on a par with their qualified counterparts.

The hospital superintendent, Dr Chris Van den Heever, had no comment today.

S Africa urged to end 'apartheid medicine'

(98)

NM 29/10/81

SIR — Now that the Medical Association of South Africa has been readmitted to the World Medical Association, the international community and all concerned South Africans will be having the legitimate expectation that the Medical Association of South Africa, subscribing as it does to the principles entrenched in the Hippocratic Oath and the aims and objectives of the World Medical Association, will be seen to allow its voice to come over very loudly and clearly in its opposition to apartheid medicine as practised in South Africa.

Of course there will be those who will try to salve their consciences and say 'this is politics' and fight shy of the issue. The response to such thinking is: 'What in South Africa is not dictated and determined by politics?'

Institutionalised apartheid has been imposed on South Africa's people notwithstanding that there can be no moral justification for it, and notwithstanding the untold hardships that it has brought in its wake to the vast majority of the South African community.

The following are but a few examples of 'apartheid medicine' in South Africa:

Health care services are heavily loaded in favour of the privileged, affluent white minority.

a) In 1979 there were 10 975 white doctors as opposed to 1 000 Asian; 230 coloured and 167 African doctors.

b) In 1980 the number of tuberculosis notifications were: white 564, Asian 644, coloured 8 365, African 36 164.

c) Infant mortality rates:
White 21,6 per 1 000;
Asian 36,4 per 1 000;
Coloured 132,6 per 1 000;
African 123,9 per 1 000.

d) Of the 8 000 black children admitted to King Edward VIII Hospital, half were found to be suffering from kwashiorkor or marasmus (severe forms of malnutrition). Of 6 000 apparently healthy children in Umlazi who at birth weighed the same as well-nourished American children, half were stunted in growth at age four, and by age 12 up to 40 percent were lighter than the average American child of the same age.

Meat price

It has been reported that there will be soon be a meat glut in the country. Meat has been priced right out of reach for the vast majority of South Africa's peoples, and in spite of this surplus the surplus will be exported at lower prices just to [illegible]

to see the kind of image the Medical Association of South Africa will now project, subscribing as it does to the aims and objectives of the World Medical Association. The Medical Assoication of South Africa will now have to be seen to oppose apartheid medicine.

The credibility of the Medical Association of South Africa is at stake.

M GABRIEL
N KHAN
I M KARA
D M NAIDOO
P PATHER
M P ROYEPPEN
K M PILLAY
R KHAN
V OMAR

Hurwitz, president of the Housewives League, says that the Meat Board prefers to buy up all excess carcases so as to keep prices high).

e) Hospital services:

Hospital beds Persons Per bed:
White 72 620 61,3
Asian 2 057 504,8
Coloured 5 059 346,1
African 58 080 337,4

Hospital expenditure (per patient day):

White Hospitals

Bloemfontein National R107,47
General (Johannesburg) R101,95
H F Verwoerd R 82,00
J G Strydom R 75,76

Black Hospitals

Baragwanath R 37,24
Kalafong R 20,54
King Edward VIII R 31,10
Coronation R 41,56

Discrimination

The effects of this kind of discrimination are seen when one examines the facilities at the hospitals which cater for all race groups. It becomes abundantly clear how the better facilities are always on the white side.

Whereas there can be whole floors of empty beds on the white side there will always be overcrowding on the black side.

Where there is an abundance and the best in specialist facilities (coronary care units, etc) on the white side these facilities are either primitive or absent on the black side.

Where there are ample facilities for private patients on the white side these are meagre or absent on the black side.

Whereas the tastes (in food) of the individual are always catered for on the white side, whether one is a fee paying or indigent patient, one has to take it or leave it on the black side.

Biko affair

All these examples of apartheid medicine are nothing new to South Africa, and yet where has the voice of the Medical Assoication been in opposing such blatant discrimination?

The record of the Medical Association of South Africa in the handling of the Biko affair has, to say the least, left much to be desired. The Biko affair will, as the president of the Medical Association says, 'be a cross we will have to bear for a long time'.

All concerned South Africans and the international community will be waiting

X-RAYS: Dr van den Heever makes a plan.

Now Soweto residents need not fear falling ill

Bara gets X-rays

Sowetan 30/10/81 (98)

BARAGWANATH hospital resumed its 24-hour X-ray service from last night.

Dr Chris van den Heever, Superintendent of the hospital, announced yesterday the hospital was able to recommence its emergency X-ray service because a formula had been worked out with the Director of Hospital Services, Dr Hennie Grove.

The hospital had since September 21 suspended its X-ray service on week nights between 11pm and 8 am because of a shortage of radiographers.

The staff position had become critical when 37 supplementary radiographers resigned in June because of poor salaries.

The suspension of the X-ray service at night raised a storm of outrage among Soweto residents because emergency cases admitted to the hospital late at night would have to wait nine hours before they could be X-rayed.

Dr van den Heever yesterday thanked the people of Soweto for being patient and sympathetic during October when there was no emergency service.

He said the radiographers had through their dedication and loyalty been an example to the rest of the hospital.

New plan to put spotlight on crisis at Bara

RDM 30/10/81

98

By SOPHIE TEMA

VARIOUS community organisations and members of the public have resolved that a committee be formed to liaise with the Transvaal Medical Society to investigate the X-ray crisis at the Baragwanath Hospital and have services re-established.

The resolution was taken at a meeting organised by the TMS, which represents all health workers and doctors at the hospital.

It was agreed that an attempt to get the community working in co-operation with the TMS would create greater awareness of the crisis at the hospital following the resignation of 37 supplementary radiographers.

The MEC in charge of health services, Dr Servaas Latsky, refuses to recognise the TMS.

This week the chief superintendent of the Baragwanath Hospital, Dr Chris van den Heever, announced that the hospital was to resume its 24-hour X-ray service which was closed on September 21.

Strategy

Dr Van den Heever said the Baragwanath Hospital Board, the Medical Advisory Council, and radiographers met this week to work out a way of restoring the emergency service at the hospital.

Reacting to the announcement, speakers at the meeting said: "If one aspect of the closure is resolved that does not resolve the whole crisis.

"The resumed service will be inferior and will never suffice in the completely depleted radiography department".

Standard

"The standard of emergency services provided during the evenings will be seriously compromised. This is evident from the statistics accumulated over a period of six evenings in the casualty department when X-ray facilities were unavailable.

"During this period X-rays could not be done in the following clinical situations:

- 10 patients with head injuries;
- Nine patients with actual or suspected fractures of bones other than the skull;
- Six patients involved in motor vehicle accidents;
- Three with stab wounds in the chest;
- Six patients with emergency internal problems; and,
- Two patients with other surgical problems unrelated to trauma.

"The use of specialised radiographic facilities, such as the EMI scanner, which was previously made available for use by other hospitals in the Transvaal, is now restricted to Baragwanath only.

"The X-ray department is now closed between 11pm and 8am from Mondays to Thursdays, and doctors have been told to decrease the number of X-ray investigations.

"The use of X-ray facilities by outlying clinics was discouraged by making it more difficult to get transport to Baragwanath.

"X-rays for infertility have now been stopped.

"Hospital authorities including the Director for Hospital Services were approached and told of the grievances of the supplementary radiographers who resigned in June, but they remained insensitive to the problems of the crisis."

Doctors fear disaster in emergency treatment at Bara

Sunday Express 1/11/81 (98)

ALTHOUGH midweek night-time X-ray services have been resumed at Baragwanath Hospital after a five week suspension due to the shortage of radiographers, doctors feel the crisis is not over.

Dr Chris van den Heever, the hospital's superintendent, said in a statement this week an arrangement had been made for the remaining radiographers to recommence the service.

But doctors said at an emergency meeting that a heavy workload would be placed on the remaining radiographers and that they would have a major problem providing an effective service.

"This strategy was not a solution. It had never worked before", a doctor said.

"Any defects in the radiography department will affect the delivery of health care from this hospital.

"It will also affect more than 2-million people living around here.

"We are not having a crisis, but facing a disaster."

What the hospital authorities should do, was to unconditionally re-hire the 37 radiographers who resigned in June over a pay dispute and working conditions.

Some of the radiographers who had resigned were prepared to return to serve the community on favourable terms.

A doctor said he had learned from other sources that the hospital would have four radiographers on standby during weeknights.

They would be paid overtime and receive extra remuneration for every case they dealt with.

According to the sources the radiography unit would be operating fully by sometime in December.

Others sources have, however, said there is no indication of when the unit will be operating round the clock again.

Last week doctors monitored 36 emergency cases during six nights when the vital X-ray services were unavailable and they could not diagnose ailments.

The doctors were deeply concerned about the situation and felt there would be catastrophe during the festive season when

X-RAY SERVICES RESUMED BUT ON A SHOESTRING

By MURIMISI MAKARINGE

many serious accidents and assaults occur in Soweto.

Of the 36 monitored cases, 10 patients had head injuries, nine had actual or suspected fractures of bones other than the skull, six were involved in car accidents, three were stabbing victims with chest injuries, six had emergency problems involving internal medicine and two suffered from other surgical problems unrelated to trauma.

Doctors said the lives of patients who needed to be X-rayed — but could not be because of the paucity of radiographic facilities — were at stake.

Last month, hospital authorities closed down the X-ray unit from 11pm to 8am from Mondays to Thursdays.

This was a direct result of the mass resignation in June of 37 radiographers.

Concerned about the situation, the Transvaal Medical Society issued a statement which said:

"The closure of the X-ray department will magnify manifold problems relating to the diagnosis and management of critically ill patients.

"It has to be emphasised that patients requiring hospital therapy at night are often seriously ill."

During the closure of the department contingency measures were adopted by the hospital.

These were:

- The remaining radiography staff was encouraged to work overtime.
- Directives were issued to decrease the number of radiographic investigations.
- The use of specialised radiographic facilities, such as the EMI scanner, were restricted.
- X-ray requests from the wards during normal working hours were refused.
- The use of X-ray facilities by outlying clinics was discouraged. (There was difficulty in getting official transport from the clinics to the hospital).

Doctors slam Bara officials

By NKOPANE MAKOBANE

THE manner in which the authorities have handled the radiographic department issue at Baragwanath Hospital so far was typical of officialdom in South Africa, a doctors' and community leaders' meeting was told last week.

The meeting called by the hospital doctors to seek support from the community to tackle the resignation of 37 supplementary radiographers who quit in June over pay disputes was told that there cannot be a proper X-ray service at the hospital unless they were reinstated.

The meeting took place on the night when the hospital's superintendent, Dr Chris van den Heever, announced earlier that a 24-hour emergency service was to be resumed because a formula had been worked out.

However, a doctor said he did not believe the restoration of the service was possible by merely increasing the workload on the remaining radiographers. He said the situation was actually becoming worse.

He also said the radiographic department was very important to Baragwanath because its closure could affect over 2-million people. For this reason its present position was not only seen as a crisis but a major disaster.

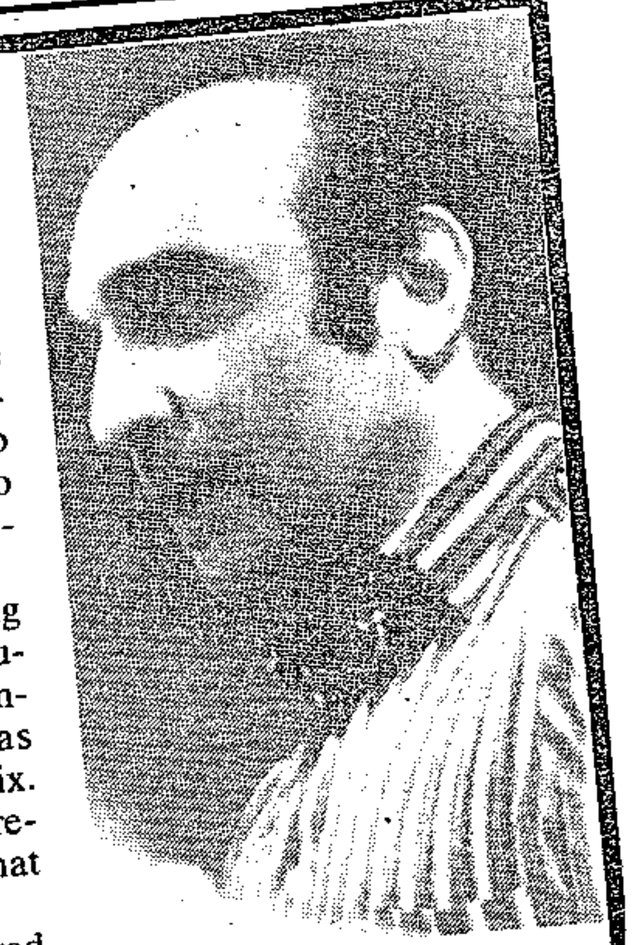
Another doctor said the Press statement about the restoration of the service was not sufficient and added that the service would only come up in December and not last week as announced.

He attacked the hospital authorities and said the only thing they had done so far was to attack the Transvaal Medical Society — the unrecognised body which represents all health workers.

He said the manner in which the whole affair had been attended to has shown a lack of responsibility and democracy. He said there had not been any consultation or explanation given to the people concerned to avert or resolve the problem.

"This is not surprising considering the way the authorities have handled sensitive areas such as Pageview and District Six. People just do not have recourse to the powers that be," he said.

Dr Joe Variava chaired the meeting.



CHAIRMAN: Joe Variava.

The file directory ite s are established when the file is created. tems are recorded in the Master File Direct device type.

Temporary files have t initial creation. These tables are maint ram Control Table area of the appropriate pro ory items are created for temporary files. d be released (via the FREE command) when no is desirable in order to return the auxilia lable pool. Temporary files not released by t the conclusion of the run.

6.2 MASTER DIRECTORY

A Master Directory i ass storage unit. The Master Directory con tems for each file catalogued for the d ctory is allocated on a track basis (1792 ector (28 word) basis. When the first track directory items, the first sector of tha trol information concerning the status tors of that track (i.e., whether available o

Additional words in used in a similar manner for eight additiona eight additional tracks are actually alloca e the physical track address is recorded ir n, the additional tracks need not be contigu ack nor to each other.

The system determi start of the Master Directory accordin . The first track of the Master Directory c ility Table specifying the status of all e Track Availability Table size is device typ ning sectors in the initial Master Directory directory items. All sectors of the eight n allocated, are used for file directory items. If more than a total of nine tracks are needed for directory items, a tenth track is allocated.

Its address is stored in the initial track control sector, and the first sector of the track is used as a control sector for this track and up to eight additional tracks. Thus, the Master Directory is open-ended; it increases in size in proportion to the number of files stored on the mass storage unit.

6.3 MASTER FILE DIRECTORY STRUCTURE

The MFD consists of look-up table entries and directory items. A look-up table is used to reference the catalogued files. The

TMS to meet again over Bara

By NKOPANE MAKOBANE

THE Transvaal Medical Society is to hold another meeting with community leaders from at least 40 organisations next week in order to speed up finding a solution to the depleted Baragwanath Hospital X-Ray Service.

The meeting follows shortly after a similar one last week called soon after the hospital announced that a 24-hour emergency service was to be resumed because a formula had been worked out.

The crisis at the hospital arose in June after 37 supplementary radiographers resigned because of a pay dispute and since then there has been an outcry of their unconditional reinstatement.

At the last meeting it was decided that an action committee comprising of representatives from different community organisations be formed to help work out strategies together with TMS which felt strongly the community had to get involved if the prevailing situation had to be stopped from worsening.

Yesterday a doctor said restoring the service would not have the desired effects so long as those who quit were not brought back. He said the introduced system of paying radiographers overtime for extra duties was affecting their performance.

Doctors critical of PE hospital 'chaos'

E POST 10/11/81

78

By MOKONE MOLETE

ABOUT 75% of all doctors at Port Elizabeth's Livingstone hospital have signed a petition expressing their "strongest dissatisfaction" with conditions in the casualty department.

Today the hospital's Medical Superintendent, Dr R E J Clarke, refused to discuss a memorandum outlining problems at the hospital and sent by doctors to the Director of Hospital Services, Dr R L M Kotze.

The 14-page memoramdum, which invites Dr Kotze to discuss issues ranging from problems experienced by the individual departments to the lack of equipment and conditions in the casualty department, was sent to Dr Clarke by the hospital's medical advisory committee.

Dr Kotze will visit Port Elizabeth to discuss the crisis but the date is still unknown.

In a telephone interview, Dr Clarke said the memorandum was an "internal" matter. He said Livingstone Hospital, "like any hospital in the world, is a living organisation, constantly developing. As such there are always aspects which have to be modernised and improved".

The petition said doctors and nurses in the casualty department performed "a most vital and uneviable task under the most atrocious conditions".

One doctor said most departments at the hospital were desperately in need of staff. Livingstone was badly overcrowded, he said.

"The situation here is not up to accepted standards," he said.

There was overcrowding in the maternity and gynaecology wards where patients sometimes had to share beds.

"At weekends there is chaos in the casualty department, where patients have to be accommodated on the floor or in the corridors."

Clinic planned for City offices

CAPE TIMES 12/11/81 (98)

Chief Reporter

CITY PARK in Bree Street, a multi-storey building owned by Cape Town City Council the office component of which has stood vacant for more than a year, is to be leased by the council for 10 years to a company with plans to redevelop the top six floors as a medical complex.

In a statement yesterday the council's Executive Committee said the Administrator had approved a contract being entered into with Clinic Holdings (Pty) Ltd, which would have an option to buy the property for just over R9-million within a month of termination of the lease.

This selling price, it said, compared with the original cost of establishment of R4,25-million.

The lease would start on January 1 next year.

The redevelopment envisaged by Clinic Holdings, the Exco said, would include a clinic, operating theatres and consultants' rooms and the necessary supporting services.

Parking

The eight parking floors would remain as such.

The initial annual rental, exclusive of rates, was R609 500 rising to a rental for the final year of R1 050 845. The current annual rates payable amounted to R165 000.

"This lease is 'fully repairing' and the tenant envisages the expenditure of a minimum of between R5-million and R6m on alterations, renovations and equipment to render the premises suitable for its purposes.

"In the event of the tenant exercising its option to purchase the building in due course, provision is made for a minimum of 1 000 parking bays to be retained on the site in perpetuity.

"The council in adopting this proposal considers it will accord substantially with its desire to revitalize the western area of the City and it is hoped this development will make a contribution to the desired renaissance of that area."

● The City Council's handling of the disposal of City Park, the office component of which has stood vacant since the City Engineer's Department was moved to the Civic Centre on the Foreshore, has come in for some strong criticism recently.

Article

In the latest issue of the journal Finance Week, almost a whole page is devoted to a critical review of the City Park situation. The article begins: "If ever a case-study were required on how the sale of a public building should not be handled, then look no further than officials of the Cape Town City Council."

● In its statement yesterday the council's Exco said that since 1978, various proposals for the disposal of City Park had been received and considered "in an endeavour to deal with the building to the best advantage of the City.

"Unfortunately immediately prior to, and indeed for some time after the building became vacant, the property market was not in a buoyant state; such interest as was forthcoming was at a level which rendered it impossible for it to be seriously entertained or encouraged.

"There was generally a lack of tenant demand for large areas of space which naturally meant a lack of demand for a building of this size.

Sale

"The possibility of a sale by either public auction or tender was considered but rejected, in view of the lack of demand at a reasonable level.

"To have offered the building for sale in this way would have exposed the council to the very considerable risk of the response being at an unacceptably low level with the result that the building would have been down-graded in the eyes of would-be purchasers of whom there have never been an over-abundance."

The Exco statement said a number of seriously-intended proposals had been considered, and the negotiations had now culminated in the Administrator's approving a contract being entered into with Clinic Holdings (Pty) Ltd.

Alarm in Ixopo over hospital beds

NMERCURY 13/11/81 (98)

Mercury Reporter

IXOPO's emergency hospital cases will have to be taken 80 km to Grey's Hospital in Pietermaritzburg when the local mission hospital closes its doors to white, coloured and Indian patients at the end of the year.

Disgruntled residents have launched a petition spearheaded by the local Women's Institute to stop the closure.

Although Christ the King Hospital, the only hospital serving a vast area spreading from Underberg to Highflats, caters primarily for black patients, it has offered semi-private and private wards to other population groups since 1938.

This had been a crucial service, a Red Cross spokesman said, in emergency cases such as a heart attack where it is often fatal to move the patient before his condition has stabilised.

The president of Ixopo's Women's Insitute, Mrs Lorna Johnson, said yesterday the matron had told them that the hospital was closing the wards because they were not used enough.

'The petition will appeal to people to use the hospital if we manage to get it to stay open.'

She said the hospital had three rooms with three beds in each and another room downstairs plus smaller rooms upstairs which had been available to patients who could afford the fees.

'They have just reconstructed the entire hospital and have added a new theatre with laboratories,' she said.

She said the Ixopo Health Committee could not afford to build a sanatorium to compensate for this closure as all funds the residents had collected for medical services had been poured into this hospital.

A local farmer, who asked not to be named, said the town planned to build an old-aged home 'but who would stay there now there is no hospital they can be taken to'.

The matron, Sister Erica, said admission to the private wards had dropped below 30 percent in the past two years.

She said these wards had been running at a loss during this period.

'We have decided to close the private wards temporarily, but if the demand is there we will consider reopening them.'

2.10 S

Previous
concept

FILE MANIPULATION

system files have been concerned with the
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s and the acquisition of space or facilities (ASG)
escription will be given of the utilization
files (SDFF) by the user. SDF files are used
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ained by the operating system for the user.
F files by accessing the @DATA processor. This
be used to create or modify data files. SDF
in a manner similar to source elements in
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e user to create SDF files, modify this file
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iles is established by the submission of the
tatement. The rules for file nomenclature that
discussed apply to all files. The SDF file uses
in addition to the EXTERNAL name as previously

QUALIFIER*FIL

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ong as the user
he project. It should be emphasized that the
le names by the user is the exception rather than
due to the implicit qualification by PROJECT-ID.
r should ever need to explicitly provide a qualifier
created by another project number.

2-48

City Park deal 'unwise'

C Times 14/11/81 (98)

Chief Reporter

THE City Park deal done between the Cape Town City Council and a private company, Clinic Holdings, in which the property is to be leased to the company for 10 years and in which the lessee will then have an option to buy for a fixed figure of R9-million, has evoked critical interest in the property market.

While one property expert feels the council has done "not too badly at all" in the deal considering that the building had become "somewhat of a white elephant", several others said yesterday they considered the council's fixing of a sale price 10 years hence was unwise and economically unsound.

Some also felt the building should have gone to public tender.

A prominent property consultant said that if inflation continued at the present rate, the lessees of City Park, who propose turning the top six floors into a medical centre after spending R5-million to R6-million on redevelopment, had emerged favourably from the deal and in time "will probably rub their hands with delight".

"To fix a selling price a decade hence when one doesn't know what the value of money is going to be is unwise to say the least of it. In 10 years time that building could be worth R20-million or more, and its sale then at less than half the market price would constitute a considerable loss to the City."

A leading central-City property broker said office rentals were "soaring" and that City Park with its 10 000 square metres of office space would have been "very readily lettable" after revamping and in the hands of a private developer, if it had been made available in the market.

"The forward-fixing of a selling price is sometimes done in property deals, but in a highly inflationary period it seems strange to adopt this procedure when it would have been far better to deal in the market."

The broker said R9-million receivable in 10 years' time, discounted at 10 percent a year, would be worth R3,5-million today — "that is, if R3,5-million were invested today at 10 percent interest it would accumulate to R9-million in 10 years.

"At 15 percent, the present value would be R2,25-million. This does not take into account rent receivable during the period of the lease."

Survey

● An office survey of the Cape metropolitan area for October, produced by an international firm of real-estate brokers, shows that only 5 000 square metres of office space is available in the area, out of a total stock of 1 100 000 square metres (0,45 percent).

"Only 16 165 square metres of new office accommodation is planned for 1982 and with an assumed demand of 33 300 square metres (3 percent of total stock), demand will far outstrip supply and rents must continue to rise at a rate well in excess of the inflation rate."

● The six-storey office component of City Park has been standing vacant for more than a year. In a statement this week the City Council's Executive Committee said the possibility of a sale of the building by either public auction or tender was considered by the council but rejected "in view of the lack of demand at a reasonable level".

In terms of the contract being entered into with Clinic Holdings (Pty) Ltd, the statement said, the firm would after termination of the lease have an option to buy for R9 053 165, as compared with the cost of establishment of R4,25-million.

The initial annual rental exclusive of rates would be R609 500, rising to a rental for the final year of R1 050 845.

● The eight floors of parking are to remain as such.

Broker defends City Park deal

CAPE TIMES 17/11/81 98

Chief Reporter

MR David Annenberg, the property broker who acted for Clinic Holdings (Pty) Ltd in the controversial City Park transaction concluded between this firm and Cape Town City Council, yesterday defended the deal as "a most viable proposition for the council and a fair and reasonable one for the lessee".

He regarded as "ill-considered" the views of other property experts who in the Cape Times on Saturday were quoted as saying the city council had acted unwisely in forward-fixing a selling price 10 years hence, when the lease expires.

"To put the record straight:

● For three years every property broker of standing in Cape Town has known of the council's intention to dispose of City Park. Details and plans of the property have been available to interested parties.

● Former offers received by the city council have been unacceptable. Of the recent offers — and re-offers — Clinic Holdings' submission of plans to convert the six upper floors of the building into a full-scale hospital complex while retaining the parking garage, found acceptance for a number of reasons, which seem to have been overlooked by the critics.

"The final offer by Clinic Holdings took the form of a lease arrangement with rentals starting at R609 500 a year, escalating — at six per cent a year compounded — to over R1 m a year in the 10th year with an option to purchase, at the end of this period, for more than R9 m.

Expenses

"As the lease is 'fully repairing' the lessee bears the cost of all expenses relating to the property such as rates, insurance, repairs and maintenance. Consequently the rental is a net figure to the council and amounts to over R7 m over the lease period.

"When added to the option figure the total sum accruing to the council will be in excess of R16 m."

Mr Annenberg said in reply to criticism of the forward-fixing of a selling price of R9 m when the property might be worth R20 m or more in 10 years time:

"By the same token, at the end of the lease period we could be experiencing a 'low' in the property market cycle. The market value of the property at that time could thus be half the option figure, or even less.

"Perhaps the most important factor overlooked by critics is the use to which the building will be put and the enormous benefit derived by the City of Cape Town, and the central business district.

"The lessee is the largest private hospital group in the Republic. It plans to convert City Park into a modern hospital complex which will be active 24 hours a day, seven days a week, resulting in a much-needed regeneration of activities in the CBD after normal working hours, and a revitalization of the western side of the City."

'Soaring'

Replying to critics who have said that with office rentals "soaring" and with central-city accommodation in increasing demand, the top six floors of City Park should have been made available as offices, Mr Annenberg said:

"This would do little for the City, and after 5pm and over weekends the area, as for most of the CBD, would be 'dead'.

"Taking all financial and other aspects into consideration the city council, with the approval of the Administrator, has made a wise decision in the interests of Cape Town."

● Clinic Holdings (Pty) Ltd, whose 10-year City Park lease starts on January 1, is Johannesburg-based. The managing director is Mr Barney Hurwitz, whose firm already operates 11 medical clinics or private hospitals in Johannesburg, Durban, Pretoria and Benoni — and the Sea Point Clinic in Cape Town.

It is understood the company will spend more than R5 m on converting the six-floor office component of City Park into a fully-equipped private hospital, with about 200 beds and five operating theatres.

● The most attractive feature of City Park is in its eight floors of parking. There are 1 150 parking bays, which have been leased by the city council to G Dale Kuys at R16 a bay a month. The lease expires in 1985 and there is no option to renew.

98

Bara 'run by racists'

By NKOPANE MAKOBANE

BARAGWANATH Hospital is run by authorities who are racist and not at all concerned about the welfare of the community they are supposed to be serving, a meeting of doctors and community organisations has been told.

The meeting, called last week by the hospital's doctors to seek support from the community to tackle the resignation of 37 radiographers, was also told that employees at the hospital were working under "military conditions."

The community leaders learnt that the remaining radiographers have been threatened with action should they be found speaking to members of the Transvaal Medical Society — the unrecognised body which represents all health workers.

There have been a lot of limitations to mobilising workers within the hospital because of tougher State machinery imposed by the hospital.

Incidents were cited where those collecting signatures for a petition — which already has well over 2000 names — have been arrested.

Answering a question, a doctor said the TMS is not yet strong enough to call a general strike because the authorities may feel they have nothing to lose. That is why they were currently using pressure which needed the support of the community.

"The hospital's situation is not like in industry where workers can down tools for their demands with the knowledge that management or the establishment will back down in the interest of their profits. We are dealing with a delicate situation because lives are concerned," another doctor said.

A speaker said that workers within the hospital should also be seen to be actively participating in fighting to solve the radiographic crisis in order to win support from outside community organisations.

Another speaker said the remaining radiographers are indispensable and if they were to also resign, the authorities would come to their senses.

Among points agreed upon at the meeting were that:

- A community health committee be formed to exert pressure and bring public complaints to relevant authorities.
- A medical-legal clinics organisation be initiated.
- Means of supporting radiographers who are still unemployed be looked into.

Sonnenberg 'emotional on hospital criticism'

ARGUS 18.11.81 (98)

Medical Reporter

MR P J Loubser, MEC in charge of Cape hospital services, has criticised MPC, Dr John Sonnenberg, for his 'emotional and unscientific approach' to the problems facing Port Elizabeth's Livingstone Hospital.

In a statement issued today Mr Loubser said that Dr Sonnenberg had created the impression that 'the dedicated and competent personnel of the hospitals and works department of the Cape Provincial Administration' had been failing

Mr P J Loubser

in their duty by ignoring the very real needs of the hospital.

Mr Loubser was commenting on a statement made by Dr Sonnenberg following a fact-finding mission during which he and MPCs, Mrs Di Bishop and Mrs Molly Blackburn, had visited three PE hospitals.

HORRIFYING

In a report in The Argus yesterday, Dr Sonnenberg described conditions at Livingstone Hospital as 'horrifying'.

He said that most of the hospital's problems were caused by 'years of bad planning'.

According to Mr Loubser, the Provincial Administration has spent 'millions of rands' on improving hospital accommodation, equipment, and other services.

'This has, in fact, been done in such a manner that the Director of Hospital Services (Dr R L M Kotze) has been invited by the medical committee of the Livingstone Hospital to pay a visit to the hospital to create an opportunity for them to express their gratitude,' he said.

'Naturally, the staff have further justifiable needs which require urgent attention. However, many of these are already receiving active attention.'

NEW UNIT

Items receiving attention included a new intensive care unit, extensions to the casualty department and a new teaching block.

Mr Loubser denied that there had been a delay in the building of the Dora Nginza Hospital in New Brighton, and said that the completed first phase was already being effectively used.

'I have full confidence in the relevant officials, who I prefer to advise me in this complex and highly specialised field, rather than politicians, albeit medical practitioners,' he said.

Dr Sonnenberg today told The Argus that he stood by his earlier comments.

GOOD JOB

'The hospital staff are doing a good job under difficult circumstances, and I was not questioning their good faith and competence,' he said.

'However, my observations were not only based on what I saw with my own eyes, but on statements made by the superintendent in the hospital's 1980 report.

Dr Sonnenberg said that Mr Loubser's statement contained 'distortions' in that the Director of Hospital Services had not been invited to Port Elizabeth so that the staff could thank him for anything.

'The staff there are disgruntled,' he said.

Conditions at hospital in PE 'horrifying'

ARGUS 18/11/87 (98)

Medical Reporter

CONDITIONS at Port Elizabeth's Livingstone Hospital were 'horrifying' and 'hopelessly inadequate,' Dr John Sonnenberg, MPC for Green Point and provincial chief Opposition spokesman on health, said yesterday.

The hospital was so badly planned that 'if a Russian had designed it he probably would have been sent to Siberia,' Dr Sonnenberg told The Argus after returning from a fact-finding trip to the Eastern Province.

He was one of a team of three who visited Port Elizabeth, following a petition and complaints about overcrowded conditions at the hospital.

Accompanied by Mrs Di Bishop and Mrs Molly Blackburn, PFP MPCs for Gardens and Walmer respectively, he spent last Friday visiting the Livingstone, Provincial and Dora Nginza Hospitals in Port Elizabeth.

BATTLING

'The staff at Livingstone Hospital are battling against trying conditions and insurmountable odds,' said Dr Sonnenberg.

The hospital was designed to accommodate 673 beds, but there were now 1 170 beds which were 'always full.'

The maternity section was intended for 32 women but was accommodating 56 mothers and their babies at the time of the MPCs' visit.

'There were only two toilets for those 56 women,' said Dr Sonnenberg.

The casualty section, which treated 100 000 patients a year, was 'hopelessly inadequate' and the paediatric section was 'horribly overcrowded.'

It catered for more children than the Red Cross Children's Hospital in Rondebosch.

The equipment available was unsatisfactory and 10 of the operating tables were 25 years old, said Dr Sonnenberg.

The hospital was also a built it would be a 'major catastrophe' if a fire were to break out now, he said.

BAD PLANNING

'The authorities are definitely trying their best, but the problems are a result of years of bad planning.'

New intensive care units and casualty departments should be completed within 3 years, but until then the hospital was 'hamstrung,' and could only do patchwork repairs.

The Dora Nginza Hospital, on the outskirts of New Brighton, had been intended to supplement the Livingstone Hospital, but a shortage of funds meant it would not be completed for four or five years.

Until then it would not be able to deal with major emergencies.

The Provincial Hospital also had an inadequate casualty section and the wards — particularly those for orthopaedic patients — were overcrowded, said Dr Sonnenberg.

'The health services in the Eastern Cape are definitely not on a par with those here.'

The director of Cape Hospital Services, Dr R L M Kotze, is to visit Livingstone Hospital to investigate the problems. It is not yet known when he will travel to the city.

'Crisis' in ambulance service

CAPE TIMES 19/11/81

98

By JANE ARBOUS

THE risk of a patient dying because of the delays in Cape Town's ambulance service was increasing, Dr John Sonnenberg, the Opposition MPC for health matters and City councillor on the amenities and health committee, said yesterday.

Dr Sonnenberg blamed not only the government but the South African Association for Municipal Employees, a white union which opposed the lifting of job reservation in Cape Town's key ambulance, fire and traffic departments.

This "ideological imposition" had led to a staff crisis in the ambulance service. "There are plenty of people ready to be trained. The fact that they are not white should not matter at all," he said.

In spite of doing "a darn fine job", the service was experiencing "unacceptable delays" in emergencies.

The service has to cover 2 000 sq km, serving a general population of nearly two million. Last year, the service handled more than 110 000 emergency cases.

A senior spokesman for the local office of the Department of Manpower Utilization told the Cape Times he was aware of the staff problem in the Peninsula's emergency services.

Job reservation

He said the recent Wiehahn Commission had recommended the repeal of job reservation legislation. The government had agreed to this except for a few areas, one of which was the Cape Town City Council.

"Any recommendations by this department would not have a greater importance that those of the commission which was appointed by the State President."

The chairman of the Cape Town branch of Saame, Mr A J Uys, said the existence of job reservation was being used as an excuse for the staff shortage.

Pressed on whether he thought the union presented any barrier to people of other races, he conceded that if the post of a white employee fell vacant, the union's job was to get a white replacement. He added that the union would have no objection to coloured people filling any advertised posts on condition that the council had no applications from whites.

Mr Uys emphasized that the union's concern was over the "right rate for the job" and that it opposed the employment of other races at a lower wage. "This idea that we can get coloureds for less money is nonsense."

"We're not here to keep the coloured man out of a job. He must just get the right rate for the right job."

Mr Uys's argument was dismissed by Dr Sonnenberg who described it as "falacious" and "a thinly-disguised attempt by the union to practice a form of discrimination and protection".

"Equal pay for the same work" was council policy in all areas, he said.

"The jobs are there, but in terms of job reservation we can only employ a certain percentage of coloureds."

The ambulance service has vacancies for 38 white drivers and co-drivers.

However, a cautious note of optimism was sounded yesterday by the chairman of the amenities and health committee, Mr Emil Riese.

While the council, according to its policy, has repeatedly asked for the lifting of the colour bar over the years, it had recently applied again to the government for more coloured firemen and ambulance drivers, he said.

"We are hopeful that the authorities will agree to this in the near future."

Study finds that 97 out of every 1 000 Zulu infants die in Natal region

NATAL MERCURY 19/11/81

(98) (237)

Mercury Reporter

ABOUT 97 Zulu children out of every 1 000 die before they reach the age of one in Natal and KwaZulu, according to a study carried out by a team from the University of Natal's Medical School.

These figures were released by Dr Walter Loening, senior lecturer in the Department of Paediatrics and Child Health at the University of Natal's Medical School in a talk on primary health care at the South African Institute of Race Relations offices yesterday.

Dr Loening said a study carried out in four Zulu communities had shown the infant mortality rate to range from 53.5 in KwaMashu to 134.1 in the Inanda-Ndwedwe area.

It was also noted that in black urban areas 14.6 percent of childhood deaths were not recorded, and this percentage reached as high as 73.2 in the more remote rural areas, Dr Loening said.

The official figures for other racial groups in South Africa were: coloured 122; Indian 35 and white 20 infant deaths out of every 1 000 live births.

The infant mortality rate was one of five universally accepted criteria whereby primary health care in a country or community could be evaluated, and these criteria could give some idea of the state of primary health care in the Natal-KwaZulu area, Dr Loening said.

The other criteria were morbidity (the prevalence of preventable diseases), nutrition, the availability of adequate potable water and safe sanitation, and the delivery of health care (the priority rating that primary health care had in a country's planning and budgeting).

Dr Loening said that in the light of these criteria and the avaliable data it was clear that 'formidable and yet eminently preventable diseases were a major problem amongst the majority of people' in the Natal-KwaZulu area.

Prestige

He criticised the Government for continuing to pour money into prestige institutions such as Groote Schuur, which according to Dr Loening had just been granted R140 million for expansion, while the KwaZulu Government could not obtain 1 percent of that sum for capital expenditure on clinics that would provide primary health care.

'This does not make sense, because it is obvious that if a small sum of money is spent on primary care, vast hospital complexes would not be needed for tertiary care,' he said.

DR Walter Loening . . . 'It does not make sense.'

Addington puts out SOS for black nurses

STAR 21/11/81

98

DURBAN — Black nurses will be caring for white patients at Addington Hospital, possibly by Christmas.

Dr Fred Clarke, MEC in charge of hospital matters, said yesterday the critical nursing shortage at Addington had forced the closure of six wards — three this month.

"It is New Republic Party policy that we will not hesitate to use nurses of another race group so that we can maintain this essential service," he said.

"We have to supply the service, it is our responsibility and we have no choice in the matter. We will go ahead with it — to hell with the flak.

"We cannot go on like this. There has been a drop in the number of student nurses and I cannot have the remaining girls carrying the load over Christmas."

Addington is short of 149 student nurses alone—33 percent under the required number.

"It may be necessary to curtail some of the cold surgical procedures at Addington over this period, because we just do not have the staff at the moment.

"There are no staff problems at the black hospitals in Durban, so we will move some of their nurses to Addington as soon as possible."

"Other white provincial hospitals are not experiencing such a drastic shortage of nursing staff. It will not be necessary to introduce black nurses there."

OVERTIME

This decision follows a statement last week by the Minister of Health, Dr Lapa Munnik, that the findings of the Government inquiry into nursing conditions and salaries would not be released this year.

"We believed that the increases would be made known before Christmas. I think the Minister really did try to have them ready within the next few weeks, but it appears the fiscal position

The long walk

Natal Mercury 26/11/81

98

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King Edward VIII patients have to use the stairs before surgery

Mercury Reporter

SCORES of patients at Durban's King Edward VIII Hospital daily have to walk up a flight of stairs to the operating theatre before getting their pre-operation medication because the lift is out of operation.

After ear, nose, throat, eye and caesarean operations these people are then carried back to the wards by hospital porters.

The ageing lift which usually carries about 40 patients a day to the first floor N block theatre suite is being replaced and the crowded hospital cannot afford to close the block.

A source within the hospital told the Mercury that porters lugging patients in canvas stretchers even had to walk round workers replacing the lift.

Problems

He said this situation seemed incongruous when Addington Hospital had closed five of its wards and had an empty theatre block because of staff problems.

Another hospital official, who asked not to be named, said the antiquated lift had given problems in the past during which patients had been asked to walk to theatre but it had never been closed for this length of time.

The official said the usual practice was to give the patients medication in the wards and then to wheel them to the operating theatres.

'Although it is not essential that people be given their pre-medication a long time before the operation, nurses were objecting to this interim practice.'

The official said the staff working in this particular block had met to discuss the closing of the lift but had decided they could not afford to stop operating.

'Had we known six months ago about the replacing of the lift we perhaps could have put off people coming for operations.

'But even then that would have been difficult as many of the patients come from rural areas where there is no general practitioner and just arrive at the hospital.

'There had been a suggestion to use Addington's empty wards and theatres but the doctors who carry out the operations also hold clinics here.'

Dr P Truter, the superintendent of King Edward VIII hospital, said the practice of giving patients medication in the theatre was practised 'throughout the universe'.

She said no approach had been made to Addington for the hospital to use its facilities.

Dr Fred Clarke, the MEC in charge of hospitals in Natal, said that the closure of the lift was not 'presenting too many problems'.

Situation

He said as only minor operations were being carried out in the theatre suite there was no reason why people shouldn't walk up for their operations.

'The superintendent has assured me that should this situation become a problem she won't hesitate to ask either Wentworth Hospital or Addington to give assistance,' he said.

The Opposition spokesman for health, Prof Marius Barnard, said that this type of treatment of patients could be justified only in a crisis.

'For the best treatment of patients before an operation everything must be as quiet as possible and to move them in this fashion afterwards is risking the patient's chances of recovery.'

Hospitals will get big cash injection

RDM 26/4/81 (98)

By GERALD REILLY

A MASSIVE R420-million will be spent on hospital services in the current financial year, the Director of Hospital Services, Dr Hennie Grove, said yesterday.

Speaking at the F H Odendaal Hospital in Nylstroom, Dr Grove said his department faced a difficult task in making ends meet.

Maintanance expenditure on hospital services in 1969-70 amounted to R58 900 000. This year it would be about R330-million.

On facilities for blacks, Dr Grove said in the past 10 years 5 008 new beds had been provided in new hospitals or extensions to existing hospitals.

It cost about R41 000 a bed at the new Laudium 96-bed hospital for Indians in Pretoria.

Dr Grove revealed that a new hospital for Indians with 380 beds was planned for Lenasia.

A community health centre with 12 maternity beds and 20 short-stay beds had also been built.

Extended

The Leratong Hospital would soon be extended by 203 beds.

The new Soweto hospital was planned to include 1 200 beds.

The erection of 10 new community health centres in Soweto had been approved.

The upgrading of the existing eight clinics to full-scale community health centres had also been approved.

Stressing the huge expansion of services for blacks, Dr Grove said in 1970 there were 8 061 beds available for "non-whites". Today there are more than 13 379.

No-lift situation angers surgeons

Natal Mercury 28/11/81 98

7-2

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EXAMPLE 3

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Mercury Reporter

IT WAS 'criminal' that patients and staff at the overcrowded King Edward VIII Hospital in Durban had to 'grin and bear' the inconvenience of being without a lift to carry patients to theatre, according to the surgeons and anaesthetists who work there.

They will have to suffer these conditions until early next year after the builders' holiday.

A surgeon, who asked not to be named, said yesterday: 'It is sad that theatres at Addington Hospital have closed down and are gathering dust while we have to struggle here at King Edward. We should be allowed to use their facilities to help us over this crisis.'

He said patients had to walk up stairs to receive their pre-operative medication while workmen repaired the lifts. The usual practice was to give the patients medication in the wards and then to wheel them to the operating theatres.

'We usually do this two hours before the operation. The whole point of the medication is to allay the patients' anxiety before going into theatre. Now they have to get their medication in theatre,' the surgeon said.

He said patients affected were those who underwent operations to the eye, ear, nose and throat.

He disagreed with a statement by Dr Fred Clarke, MEC in charge of hospitals, that the closure of the lifts did not present 'too many problems' because only minor operations were being carried out.

'Ear, nose, throat and eye operations can hardly be regarded as minor surgery,' he added.

The medical superintendent of King Edward VIII Hospital, Dr Priscilla Truter, has said that no approach had been made to Addington Hospital for use of their facilities.

This example illustrates a run stream which will compile and execute a user's program. The user has specified through the options that he wishes his run to be terminated if the program runs for more than three minutes (the T option), or produces more than 100 pages of output (the P option). In this example the user has supplied element names for the elements produced by the language processors. The source element is named SYM and the relocatable binary is named RB and are placed into the run temporary program file TPF$. The program produced by the user is placed into execution in the manner described in the previous example. The user program may acquire card images by issuing card read commands. The data images are placed in the run stream following the @XQT statement.

EXAMPLE 4

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@RUN,M      RUNID,1747Ø8,PROJFLD
@ASG,C      ABC*DATAFILE,F/5
@USE        9,ABC*DATAFILE
@FOR,IS     ELM,ELM
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Mother's battle for disabled son

CAPE TIMES 3/12/81 98

By CLARE STERN

A GUGULETU mother broke down and wept this week when she spoke of her futile attempts to have her 35-year-old-son who is semi-paralysed, transferred from a Ciskei hospital to a Cape Town nursing home.

Mrs Mabel Mpambo, 53, who works as a char, has saved for many years to bring some joy into the life of her son Hugh who broke his spine while playing rugby 18 years ago. At the time of the accident, he was in Standard 8.

Hugh spent three years in various hospitals in the Cape before being transferred to Peddie Hospital, Ciskei, where he passed matric by correspondence and studied law subjects with a view to becoming a court translator.

Since 1966, he has visited his mother seven times, accompanied by a nurse. His mother pays their travelling expenses on buses, trains and aircraft. She has four children, two of them still at school.

"To ease my son's discomfort, I usually insist that Hugh and the nurse fly to Cape Town. I have had financial help on occasions from the people for whom I char.

Intensive care

"They have also telephoned many hospitals and nursing homes in the Cape to establish if they can accommodate Hugh. But to no avail. One of the problems is that he is permanently disabled and needs to be washed and fed by a nurse."

To make matters worse, Mrs Mpambo herself has just come out of intensive care at Groote Schuur Hospital after suffering a heart attack.

But she continues to travel by train and bus to work each day.

"I have been worrying how I will pay in future for his visits."

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'Does sickness have a colour?'

C. Times 8/12/81

Staff Reporter

A DISTRAUGHT mother transferred her two children with meningitis from the Volks Hospital in Gardens to Woodstock Hospital at the weekend because she was told that as a coloured person she could not stay with her children.

Mrs Noreen van Boom said yesterday that on Saturday her two children Andrea, 11, and Megan, 7, were admitted as private patients to Volks Hospital with meningitis.

"I asked the doctor if I could stay with my children until they were settled and he asked the nurse but she said that only white mothers were allowed to stay with their children.

"I have never felt so humiliated in my life and blew my top. Does sickness have a colour? Nothing so disgusting has ever happened to me.

Operations

"There were white mothers there with children who had only had operations. My children were very sick. I just wanted to stay with them until they had settled."

According to Mrs Van Boom, the nursing sister telephoned the medical superintendant, Dr J G L Strauss, for permission but before he rang back, she asked for her children to be transferred to Woodstock Hospital.

The doctor who witnessed the incident said it was the most hideous thing he had ever seen in his medical career.

Embarrassed

"I was acutely embarrassed. If Mrs Van Boom had been told that no mothers could stay unless they had the superintendent's permission it would have been acceptable but to tell that poor women that only white mothers could stay with their children was dreadful. I will never admit another patient to the Volks Hospital again," he said.

Dr Strauss, confirmed yesterday that the sister had phoned the matron who in turn had phoned him for permission for Mrs Van Boom to stay with her children. He said he gave his permission but by that time Mrs Van Boom had decided to take her children elsewhere.

Dr Strauss said any mother, regardless of race, had to have his permission before she could stay with her children.

Cape Times 9/12/81

R400m health budget

Staff Reporter

THE cost of providing health care by the Cape Provincial Administration has escalated by 399 percent in the past nine years and for the year ending in March 1982, the CPA has budgeted an excess of R400-million.

These statistics were revealed by the Administrator, Mr Gene Louw, at the official opening of the amenities building of the University of Cape Town's medical faculty.

"It has become apparent that the major portion of the expenditure arises from the highly-sophisticated services rendered in our teaching hospitals."

The hospitals department had had to do a rethink on the services rendered, he said.

"From this it has become clear that due to lack of preventive treatment and late diagnosis many illnesses reach an advanced stage where hospitalization and sophisticated treatment are the only answer."

He said the establishment of community health care centres and the long-term impact of the 1979 Health Year had gone a long way to take the pressure off hospital bed occupation.

Cape hospital fees to double

C. Times 11/12/81 (98)

By MARILYN KEEGAN

PROVINCIAL hospital fees will more than double on February 1 next year, the MEC in charge of hospitals for the Cape, Mr P J Loubser, announced yesterday.

At Groote Schuur, Tygerberg, Karl Bremer, Mowbray, Peninsula Maternity and the Red Cross hospitals the maximum daily fee will be increased from R14 to R30.

The maximum daily fee for in-patients in the non-teaching hospitals will increase from R12 to R18.

In addition to the daily fee, the primary admission fee (a one-time payment) will be raised according to a sliding scale based on income but in the lowest income groups the present payment of R2 will remain unchanged.

Patients of certain income groups admitted to general wards will still be granted a percentage rebate — based on a sliding scale of their income tax — on the maximum daily fee. Concessions can be up to 100 percent of the account but will no longer be applicable to members of medical societies and medical aid schemes.

Lower income groups that do not pay income taxes will be liable for a primary fee only, while visitors from abroad, irrespective of income, will have to pay the maximum daily fee plus the maximum primary fee.

Out-patients fees, except for those in the lowest income groups, will also be increased. These fees, also based on a sliding scale according to income, now vary from 50c to R8 per visit but will be raised to vary from between 50c and R15 per visit at teaching hospitals and between 50c and R12 at non-teaching hospitals.

The sliding scale has been expanded in such a way that lower and middle income groups will not be affected to the same extent by the increases.

A special concession has been introduced for long-term patients in general wards. Patients in hospital for longer than 30 days will receive a 25 percent rebate; for a period exceeding 60 days, the rebate will be 50 percent and for a period exceeding 180 days, the rebate will be 100 percent.

This is the first time in five years that provincial hospital fees have been increased although the average cost per patient to the administration has risen by 80 percent.

"As is commonly known, the present tariffs are quite unrealistic compared with the cost of services rendered to patients. The tariff has always been highly subsidised and present revenue from hospital fees only constitutes about four percent of the running costs," Mr Loubser said yesterday.

The new fees will mean that revenue will jump to 10 percent of the running costs.

Hospital incident: Race laws blamed

CAPE TIMES 10/12/81 (98)

Staff Reporter

"EVIL apartheid laws" of the National Party prevented the efficient running of institutions and organizations in the community, according to the opposition spokesman on hospitals in the Provincial Council, Mrs Di Bishop.

Mrs Bishop was reacting to an incident last weekend when Mrs Noreen van Boom was told by a nurse she could not stay with her children who had been admitted to the Volks Hospital with meningitis because she "was coloured".

"This incident is yet a further example of hospitals under the control of the Cape Provincial Administration having to labour under the policies resulting from the hated racist ideologies of the government. Nothing justifies their perpetuation.

"I am convinced that the vast majority of patients and staff in the Province's hospitals want to see the eradication of unworkable, unwarranted, superflous and repugnant laws and policies imposed on them," said Mrs Bishop.

Meanwhile, the superintendent of Volks Hospital, Dr J G L Strauss has said that mothers from any race group are allowed to stay overnight at the hospital.

He said he would speak to the nurse who had made the comment about "diplomacy" and "human relations".

Dr Strauss said that no-one, no matter what colour they were, could stay overnight at the hospital without his permission.

In the case of Mrs Van Boom, the nurse had telephoned for his permission which he gave but by then Mrs Van Boom had decided to transfer her children to the Woodstock Hospital.

CAPE TIMES 12/12/81

Hospitals: Protect poor - PFP MPCs

98

Staff Reporter

WHILE an increase in provincial hospital fees is not surprising, it is to be hoped that such an increase will not adversely affect members of lower-income groups, says a joint statement from two PFP MPCs.

Dr John Sonnenburg, spokesman on hospitals, and Mr Geoff Everingham, finance spokesman, said in a statement yesterday that the opposition had called for a revision of the means test — which determines how much people will pay according to their income — during the last session of the Provincial Council.

Their statement follows the announcement by the MEC in charge of hospitals, Mr P J Loubser, that hospital fees in all provincial hospitals will double in February next year.

The PFP members said: "We reaffirm our call for a regular revision of the means test. It is vital that poorer members of society be protected from inflation in medical costs. This has been and will remain of increasing concern to the opposition.

"At the same time we accept that to assist the poor and yet simultaneously protect provincial revenue, the fees paid by the more affluent will have to be increased from time to time.

"To a large extent this will be passed on to the medical aid societies and will only be felt later when the societies next increase their rates," the statement said.

No need now to employ black nurses says director

N. MERCURY 16/12/81 (98)

Mercury Reporter

ADDINGTON Hospital was using the same number of beds this year as it had done last year although a number of wards had been closed.

Natal's director of Hospital Services, Dr J Verster, explained yesterday the wards had been closed so that the hospital could be run more efficiently and economically in view of the staff shortage.

"If we opened up those wards again there would be fewer patients in each ward than there are now. This would be a luxury we cannot afford with the present staff shortage," Dr Verster added.

He said the way the hospital had been rearranged worked well.

"At this stage we will not need to employ black nurses because we can cope. If we opened up the other wards we would have to take on extra staff," he said.

The intake of student nurses at Addington and Grey's Hospital in Pietermaritzburg for next year was good. At Addington there were 140 vacancies for student nurses of which 90 would be filled by diploma students in January and 29 by degree students in February.

At Grey's Hospital all the student nurse posts had been filled.

New Groote Schuur to cost R200-million

ARGUS 17/12/81

98

BRIAN STUART
Provincial Reporter

IT will cost about R200-million in the next eight years to build a brand-new Groote Schuur Hospital — ending the present overcrowding of both patients and specialist medical services at the hospital.

Mr Gene Louw, Administrator of the Cape, emphasised the need for an immediate start on the new hospital as an urgent necessity, and said inadequate space and patient overcrowding was already 'intolerable.'

The new Groote Schuur, to be built as a facility for all races, will have 1 722 beds, of which about one-third will be for white patients and two-thirds for coloured and black patients.

THE GO-AHEAD

The Treasury gave the go-ahead in 1979 for the planning of the new hospital. Now plans for the new building and extensions and updating of the existing buildings have been completed at Provincial Administration level — and all is now set for building to begin.

The design is the product of six years of intensive study of overseas medical services and the needs of a new Groote Schuur by experts in all the fields involved — architects, quantity surveyors, civil consultants, hospital specialists, Groote Schuur Hospital itself and the Provincial Hospitals Department and Works Department.

CRAMMED

The basic fact that they faced was that an important training hospital built in 1935 to cater for 722 patients now crams 1 350 patients into every available nook — there are almost twice as many patients in the available area as there should be in terms of the established South Africa hospitals norm.

In spite of ad hoc extensions to the old hospital, highly specialised services and the hospital's equally vital teaching service are jammed into about half the space needed for the efficient and effective operation of these services.

'The situation has reached a stage which can truly be described as totally intolerable,' Mr Louw said.

STANDARDS

'Adding bits and pieces is a futile exercise and not worthy of the high standards of our Cape hospitals. We must have a new Groote Schuur Hospital — and have it at the earliest possible date.

'The design team has completed its work, and tender documents are nearly ready. As far as I am concerned, we must call for tenders for the long overdue new hospital early next year.'

Four consortia of contractors have already been approved by the Provincial Executive Committee.

All is now set for building to begin, and the Treasury will be asked to make funds available in 1982.

'We cannot operate a teaching hospital effectively under present conditions at Groote Schuur,' said Mr Piet Loubser, MEC in charge of hospital services.

OUTPATIENTS

'The situation at Groote Schuur cries out for an immediate remedy.'

The plan is to build a totally new hospital, while retaining and expanding the existing outpatients, maternity and radiotherapy sections.

All other patients will be housed in the new building, while the old building will be updated for paramedical services, laboratories, professorial offices and hospital administration offices.

At December 1980 rates, the new buildings, conversion of old buildings and directly related site works was estimated to cost R120-million.

● Model of new hospital. — Page 12.

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and improve care. Although it will, mean a doubling of the present time we are using, most of the current site will be needed in the future.

Addington Hosp on coloured stud

Political Reporter

COLOURED nurses will begin training at Durban's Addington Hospital in the New Year, Dr Johan Vorster, director of hospitals in Natal, said yesterday.

He said a total of 30 student nursing posts had been created for coloureds. Ten student nurses would begin their training during January while others would follow with further intakes of student nurses.

Dr Vorster said the coloured student nurses would write the Nursing Council registration and enrolled courses and would carry out ward duties in the hospital.

Dr Vorster said black nurses had worked in the renal unit for about two years, while patients of all races were treated in the ICU, the eye clinic and the renal unit.

A spokesman for Addington said 124 student nurses were expected early next year, including 63 white and 30 coloured diploma course student nurses, 22 B Social Science student nurses and 29 pupil staff nurse trainees.

Vacant

A total of 42 student nursing posts would be vacant out of the 511 student nursing posts at the hospital.

At present, there were 166 vacant student nursing posts, but 25 school cadets were now coming to the end of their stint at the hospital, and 16 coloured and Indian ward attendants were filling in. A further 25 school cadets would take over from the current batch of cadets and would work until mid-January.

Dr Hunter Natal's choice for hospitals position

Political Reporter

UNEASE is mounting over the delay in naming Natal's new deputy director of hospitals, vacant since the appointment of the former incumbent, Dr Johan Vorster, as Natal's Director of Hospitals.

The Executive Committee was to have been told of the Commission for Administration's choice before the Christmas recess in mid-December.

The latest delay follows a lengthy wait for the naming of Dr Vorster's successor. Dr V A van der Merwe, Pears were expressed that a political appointee could be named to the post.

The Commission for Administration was told [illegible] Dr van der Merwe would arrive at [illegible] Hunter. But it was only in December that Dr Vorster finally moved [illegible] the post in a temporary capacity [illegible].

Consideration

The [illegible] considered [illegible] for the post of [illegible] Dr Hunter [illegible] tendent of the [illegible] Hospital, previously [illegible].

RDM 31/12/81 (98)

Black nurses are still taboo in Tvl 'white' hospitals

THE Transvaal Provincial Administration had no intention of training black nurses to help alleviate the shortage of nurses in the province's hospitals, Dr Servaas Lutsky, MEC in charge of hospitals, said yesterday.

By JOUBERT MALHERBE

He added that a major recruiting campaign for white nurses was underway and that the white nursing profession was opposed to black nurses in "white" hospitals.

Dr Lutsky was asked to comment on the announcement this week by Dr Johan Vorster, the Director of Hospital Services in Natal, that coloured nurses would start training at Durban's Addington Hospital in the New Year.

He said the recruiting campaign for white nurses was underway and he urged people not to "bring the colour aspect into it" and thereby deter prospective nurses from joining the profession.

"Those who try to turn the nursing shortage into a colour issue jeopardise the profession's future — and they must remember that they and their families may also suffer one day due to the shortage of nurses."

Dr Hennie Grove, director of Transvaal Hospital Services, declined to comment on Dr Vorster's announcement of saying that the involvement of black nurses in the province was a matter of provincial policy. "I only execute policy," Dr Grove said.

He said the nursing shortage in the Transvaal had stabilised, but he was aware that there was still a grave shortage of trained nurses in the province.

While many nurses still resigned for certain reasons, Dr Grove said many nurses who had left the profession earlier were currently returning.

How many

He could not say how many student nurses had enrolled for diploma or degree courses in 1982. According to Dr Grove the exact figure would only be known in February next year.

In addition to major publicity campaigns to attract people to the profession, a delegation of hospital service officials visited Britain in July this year to recruit staff.

Some of those who were recruited were beginning to arrive in South Africa, he said.