

HEALTH & DISEASE

Miscellaneous

1983

JAN. — DEC.

Cholera 'is hitting Mozambique areas'

LISBON. — Cholera is spreading through two provinces in southern Mozambique and could reach epidemic proportions in Maputo, the official Mozambican news agency Aim reported yesterday.

It said as an "urgent measure" the government had restricted travel between Maputo and outlying districts.

"Cases of cholera have increased considerably in recent days," the agency said in a dispatch monitored in Lisbon, "and medical authorities expect an epidemic

outbreak in the city of Maputo"

The agency made no mention of the number of cases or of deaths caused by the disease

It said authorities had taken "special measures" during recent months in the Moamba district along the South African border. This was "the focus of the epidemic".

In another dispatch, Aim said about 50 head of cattle were dying daily in the same area due to a severe drought.

— UPI

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Mercury **Three** ^{8/11/83} ⁽²⁹⁾
die of
cholera

Mercury Reporter

THREE people died in the C J Crookes Hospital in Scottburgh this week of cholera, a spokesman for the State Health Department confirmed yesterday

They were from the southern Umkomaas area

The spokesman said 740 cases of cholera had been treated in Natal and Kwa-Zulu this week.

Dr Jan van Rensburg, the regional director of the State Health Department, confirmed yesterday that cholera cases became more frequent as the weather warmed.

'But this is a seasonal pattern which reaches a height towards the end of February. Judging from last year's epidemic, though, it appears less serious this year.'

Thomas Land in London

New weapon against cholera

(89) Stan
8/1/83

A genetically engineered live vaccine for cholera control is being developed at the London School of Hygiene and Tropical Medicine. The vaccine promises three years' immunity to the disease, which is endemic in the Middle East and East Africa

Cholera is a disease of poverty and squalor, affecting a quarter of a million people a year and, in the absence of prompt medical treatment killing up to 90 percent of the youngest and oldest victims

Cholera outbreaks have been reported recently in the Middle East, Africa, Asia, Central America, Australia and Europe, but public health administrators in many places euphemistically describe the disease as gastro-enteritis because of the shame and fear associated with it

Present vaccines provide limited protection. The World Health Organization considers that mass vaccination programmes are not

at present cost-effective.

It hopes to attain long-term protection from the disease through the provision of proper sanitation standards everywhere. That is one of the big objectives of the UN's current Water Supply and Sanitation Decade

In the meantime, emphasis is being placed on treatment of the disease, the main danger of which comes from dehydration. Simply replacing lost fluid can save lives

Genetic engineering in vaccine development, applied by scientists at the London school in association with colleagues at Britain's Micro-biological Research Establishment at Porton Down, Wiltshire, may open an alternative approach

The new vaccine, developed with financial assistance from the Wellcome Foundation and Britain's Medical Research Council, may well be ready within a year.

Like a real cholera infection, it would give a three-year immunity.

The mechanism of the disease is still not properly understood. The bacteria produce a two-stage toxin, one of which causes diarrhoea leading to dehydration. Research workers have succeeded in splitting the toxin-producing gene

The next step is to place the doctored gene into the cholera bacterium, inducing it to produce only the harmless part of the toxin, assuring immunity without ill effects.

That would be a huge improvement on the existing vaccines based on dead bacteria. They provide up to six months' protection, but to only about half the people treated.

The new vaccine may take years to develop for large-scale application, so improvements in sanitation remain as urgently necessary as ever — London Observer Service



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RICHARDS BRAY

PIPELINE

UNDERFIRE

By Francis Henny

THE proposal for a multi-million rand pipeline at Richards Bay that will pump thousands of tons of toxic effluent into the sea has been slammed by an ecological consultant, who fears this massive pollution could lead to a cholera epidemic.

The planned R34-million pipeline will initially service only three local industries — the Mondi paper mill, the Triomf fertilizer factory and raw sewerage from the local municipality.

Construction of the pipeline — which will run 10 kilometres inland from the Mondi paper mill and five kilometres out to sea — is scheduled to begin at the end of the year.

However, Professor Michal Zakrzewski, a Durban ecologist appointed by the Natal Parks Board to investigate the environmental threat of the pipeline, is opposed to the plans and said "Cholera is already endemic in that area. There are proven cases that poisoned food consumed from the sea contained cholera bacteria.

"The wilful pollution planned at Richards Bay will contaminate seafoods and lead to cholera."

He said the sea was a God-sent gift that these industries were determined to use as a convenient dustbin.

"Triomf alone plans to dump 10 400 cubic metres of gypsum effluent into the sea daily. That's the equivalent of 600 big lorries dumping their loads into the sea every day."

Prof Zakrzewski said the gypsum waste product could be a valuable material.

"It can be converted into cement and it also contains flourine which we are already importing."

Pollution could lead to cholera epidemic, says prof

The three businesses will occupy a two-thirds capacity of the pipe. Effluent, chemicals and raw sewerage that is pumped into the sea and does not dissolve is expected to blanket the seabed for more than a kilometre in radius.

"That sea area is a narrow coastal belt and most of the pollution will stay within the coastal belt," he said.

"For the sea to remain a precious asset, it must remain a clean stretch of water and not a convenient sink for garbage.

"We are living in the midst of an environmental revolution. We may refuse to acknowledge it, but it will not take long before costly consequences in the deteriorating conditions of life become apparent."

Prof Zakrzewski said it was not the engineering of the pipe-line he opposed.

"There is still a need for that pipe-line, as more 60 000 cubic metres of water extracted from wood pulp will be pumped out every day.

"But it's not the water that is a problem, it's the chemicals it contains."

He maintains that the large percentage of the pipe-line occupied by the three industries will leave "no room for anyone else."

"These industries only occupy one-fifth of Richards Bay's industrial potential. When development increases, how will other industries dispose of their waste products?"

Prof Zakrzewski said there were viable alternatives to the pipe-line pollution.

"A firm could be hired to collect the waste, recycle what is possible and destroy the rest. They could burn it, fill in old mines or, as a last resort, carefully discharge it into the sea."

"The best solution is to produce less waste, but industries are too concerned with making profits to worry about pollution."

Chief advocate in favour of the pipe-line has been Richards Bay's mayor, Dr Jessie van der

Walt.

He was not available for comment but has recently drafted a written reply in response to Prof Zakrzewski's condemnation of the pipe-line.

In his reply he said "Useful foods and nutrients such as those contained in human wastes should not be prevented from reaching the sea."

"The most obvious reason for using the sea for waste disposal is a reduction in costs compared to the cost of waste disposal on land."

The Richards Bay municipality's sewerage will be macerated so that all solids pass through a three millimetre screen to prevent objectionable floating material from reaching the shore.

"Bacteria and viruses from municipal waste water do not constitute a public health hazard. The sea and its organisms naturally contain many of the substances that are discharged from outfalls."

"Besides, the sea is God's great self-cleaning dustbin. We must use it to fight poverty."

"We are free to choose. No pollution and poverty from no industry or controlled pollution and prosperity."

"Some 150 research institutions helped plan Richards Bay and their interest in monitoring the implementation of the plans continue to this day."

"All the research findings of the scientific institutes involved in the studies for the pipe-line indicate that residents and tourists would not be affected by it at all."

Prof Zakrzewski said "Dr Van Der Walt's arguments are no doubt based on the advice of experts which may have been valid 20 years ago, but with the rapidly advancing stage of knowledge in ecology and environmental sciences these arguments today are totally outdated."

There is a balance of payments deficit, the exchange rate cannot adjust and there will be a net outflow of gold. The IMF fixed parity system alleviates this to some extent by allowing countries to devalue or revalue their currencies periodically.

'Destructive' lifestyles Kill

APR 11/83

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Staff Reporter

DESTRUCTIVE lifestyles have caused the death of about 60 percent of white working men in South Africa, according to a study conducted between 1968 and 1977 and published in the South African Medical Journal.

Many of these premature deaths could have been prevented, said the author, Professor C H Wyndham. The South African economy could ill afford the loss of manpower, he said. About 40 to 50 percent

of deaths in white working women in South Africa were also caused by destructive lifestyles.

The greatest cause of premature death in South Africa was heart disease, accounting for 30 percent of deaths in working men and 20 percent in women.

Other causes of premature death were cerebrovascular diseases, lung cancer, road accidents, suicides, cirrhosis of the liver and chronic lung disease.

He said the number of deaths caused by heart disease, cerebrovascular

diseases, road accidents and suicide was higher among white South Africans than among Americans, Australians, or the British.

Professor Wyndham said the South African economy could ill afford this unnecessary loss of manpower.

He expressed the hope that this data on the mortality of whites would alert the health and manpower authorities to this alarming loss through "largely preventable premature deaths". It had been proved that

mortality rates from destructive lifestyles could be lessened, he said.

This was well demonstrated by the fact that deaths from heart disease and cerebrovascular diseases had been greatly reduced in the United States and Australia.

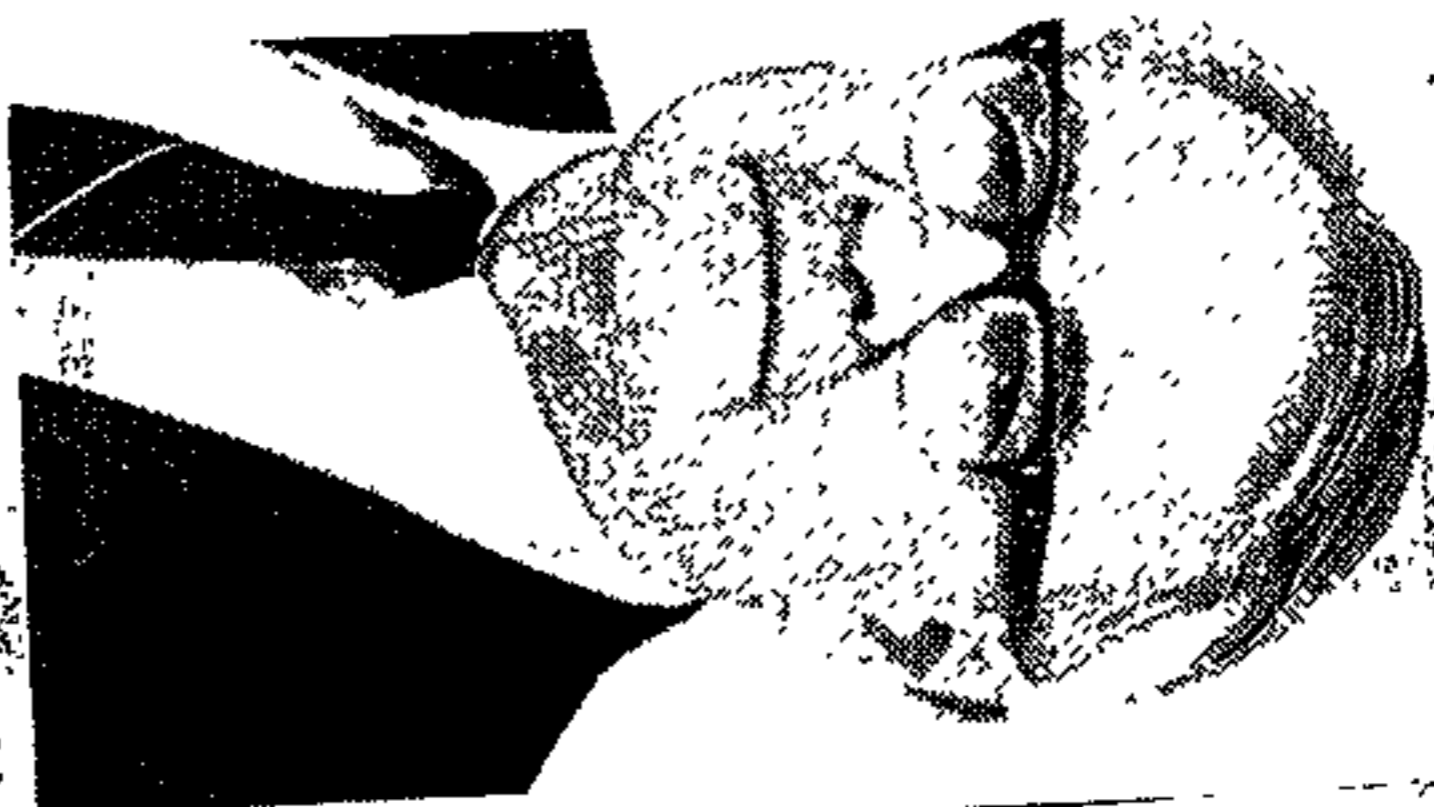
Professor Wyndham said the destructive factors which had been isolated in certain lifestyles included dietary excesses, sedentary habits, obesity and cigarette smoking, which together with hypertension were the major risk factors for

heart and cerebrovascular diseases.

Cigarette smoking was generally accepted as a cause of lung cancer and a contributory cause in chronic lung disease.

Acute alcoholic intoxication could cause road accidents, cirrhosis of the liver, and was often associated with suicides.

He said there was an urgent need for the setting up of a "working party" involving health and manpower authorities to develop ways of reducing mortality from destructive lifestyles.



Professor C H Wyndham.

By Pamela Kleinot

All skin-bleaching agents or skin-whiteners — except those containing two percent hydroquinone — may be banned by the Department of Health and Welfare this year.

The proposed legislation, published in the Government Gazette recently, requires that cosmetics containing hydroquinone be labelled as such.

The proposed controls stipulate that a label may not say that use of the product results in healthier, younger or rejuvenated skin, or that it helps skin look more beautiful, clearer or younger or will help fade spots or brighten, smooth and soften the skin.

DANGEROUS

The proposed legislation has been welcomed by a leading dermatologist, who said all bleaching agents, except hydroquinone, had proved to be dangerous.

She suspected that even cosmetics containing two percent hydroquinone used over a prolonged period might not be safe.

Hydroquinone is a

Planned law seeks ban on skin lighteners

89

Staw
12/1/83

bleaching agent that can lead to cosmetic ochronosis if used in high concentrations over long periods. Instead of lightening, the skin darkens, little lumps develop and the complexion becomes coarse.

In 1980 the Department of Health ruled that creams may not contain

more than two percent hydroquinone.

SAFE

The dermatologist said this regulation was based on what had been pronounced safe in the United States.

"But they haven't had the same experience as we have had. The sun in

South Africa probably is the most intense in the world," she said.

The dermatologist said the proposed measures would bring the sale of skin-bleaching products into line with those established by the Food and Drug Administration in the United States in 1978.

She warned that, as the Government had banned certain skin-bleaching agents, manufacturers tended to market a similar cosmetic with a new combination of skin-bleaching ingredients.

She called for more stringent control and proposed two measures — that new combinations of ingredients should be tested for safety before being sold, and that a cosmetic dermatological body be formed to assess the products for safety.

The Department of Health has called on anybody with any comments or representations they wish to make on the proposed regulations to send them before March 31 to the Director-General, Health and Welfare, Private Bag X63, Pretoria, 0001. These must be marked for the attention of the Director: Consumer Goods.

Death ^{(89) Mercury} from cholera ^{15/1/83}

Mercury Reporter

CHOLERA has claimed another victim in Natal following a death in the Ladysmith area last week.

Natal's Regional Director of Health and Welfare, Dr Johan van Rensburg, said yesterday that although cholera was still on the increase, and was expected to increase even further, the situation was far less serious than last year.

'About 4 000 suspected cholera cases were treated each week in Natal and KwaZulu during the height of the epidemic in January and February last year.

'At this stage, about 800 suspected cases are treated weekly,' he said.

The latest figures available reveal that 342 suspected cholera cases were treated in Natal for the week ending January 10, with one death and 141 cases confirmed.

The figures for KwaZulu for the same period were 467 suspected cases, 229 confirmed and no deaths.

There were three deaths in Natal as a result of cholera during the previous week.

The highest incidences of cholera were mainly in the inland rural areas south of Durban, said Dr van Rensburg.

The Department of Health and Welfare declined to release the name of the latest cholera victim.

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CRUNCH LOOMS FOR SKIN LIGHTENERS

16/1/83
GCP Reporter

PRETORIA — The

Department of Health is planning a massive crackdown on skin lighteners.

A whole range of skin lighteners will be banned if the department's proposals, gazetted recently, become law.

This will mean regulations governing skin lighteners in this country will follow those established by the United States Food and Drug Administration (FDA).

The proposals seek the banning of all bleaching agents used in various skin lighteners, except those containing a maximum of two percent hydroquinone. And strict controls are envisaged on the

advertising of those skin lighteners that survive the proposed ban.

Manufacturers will be prohibited from claiming that their products brighten, smooth or soften the skin. Neither will they be able to claim that use of their products results in healthier, more youthful, clearer or more beautiful skin, or that their products fade spots.

In a nutshell, it will mean that skin lighteners will have to be advertised as skin lighteners and nothing else.

The proposals also call for important changes in the labelling of skin lighteners that will provide guidelines and warnings to prospective users.

89 *D. Dushwiler* *18/1/83*
Man, 50, dies of cholera

UMTATA — A 50-year-old man died of cholera at Zitulele Hospital in the district of Mqanduli, the Deputy Secretary (professional) of Health, Dr G Solleder, said here yesterday.

The acting superintendent of the hospital, Dr B. J. Goodwin, said Mr Maxabiso Ngindoyi, from Sizindini administrative area, was admitted to the hospital on January 7 from Mapuzi clinic in a serious condition. He died a few hours later.

Dr Goodwin said about 17 members of Mr Ngindoyi's family were also treated and discharged.

Meanwhile Dr Solleder said there had been 47 new confirmed cholera cases between January 7 and 14.

Twenty-two were being treated at Isilimela hospital, 10 at St Barnabas and 15 at Zitulele.

Dr Solleder said the epidemic was not getting worse, thanks to the preventive measures that many people had taken.

The new cases come

after a short lull. Immediately before Christmas, 53 new confirmed cases were reported by the Department of Health.

The department was not slow to act as special cholera teams were dispatched to affected areas, mostly along the coast.

In conjunction with the Department of Agriculture and Forestry, the Department of Health has been able to protect water sources in affected areas — DDR.

65

Cholera claims another two victims in Transkei

89 ~~10~~ E. Post 17/1/83

Post Reporter

EAST LONDON — There have been two deaths resulting from cholera and 90 confirmed cases of the disease in the Transkei this month.

This was disclosed today by the Deputy Secretary of Health for Transkei, Dr G Solleder, who said most of the cholera cases were in the district of Mqaduli and Umzimvubu near Port St John's.

She said her department had teams in these districts trying to combat cholera.

To help fight the disease, the Transkeian Government had gazetted a list of regulations governing certain activities.

"In terms of these regulations certain public gatherings cannot be held without permission," she said.

Forty confirmed cases of cholera and 309 suspected cases were admitted to Natal hospitals at the weekend.

Since August there have been 920 confirmed cases and 15 have died from the disease.

Nearly 800 patients have been treated for cholera in Natal and Kwazulu hospitals since the beginning of the year.

A spokesman for the Kwazulu Health Department said today that there was no doubt that there

were many more cholera victims in the rural areas who were either too sick or did not know to report to the health authorities.

Recent rains and high temperatures had spread the disease and he predicted that the incidence of cholera would increase dramatically next month.

He said the worst-hit areas were the rural areas south of Durban.

To combat the disease it had been decided to set up an emergency medical centre in the Umkomaas Valley, he said. This would assist cholera victims whose nearest hospitals, apart from the centre, were Maritzburg and Durban.

MOH's warning on tetanus

Mercury Reporter
HORSE droppings can kill, says Durban's medical officer of health, Dr Colin Mackenzie.

Yesterday he issued a strong warning against their use on lawns and in gardens, saying this could spread tetanus around the city's suburbs.

He did not want to underestimate the danger.

'Horse manure is a prime carrier of tetanus spores — which have an incubation period of up to 30 years,' Dr Mackenzie said.

'Infections can be caused anytime within that period.'

All it would take to contract the dreaded disease was to cut one's self on a manured lawn.

He explained that the germ was not of the

This manure can kill

(89)
Mercury
19/1/83

'invasive' sort, which meant in this context it could enter the body only through puncture wounds. The majority of cases fol-

lowed injuries too trivial to warrant medical attention.

Though incidences had decreased dramatically in

the past decade, Durban still had the highest number of cases in South Africa. This was the reason King Edward VIII Hospital was equipped with the country's best tetanus unit.

The 'horse-dropping issue' was raised yesterday following reports that Johannesburg City Council is considering horseback patrols to combat crime in their parks.

Dr Mackenzie made his stand on the matter clear: 'There is no way I can allow horses in any area where children play around or sports activities take place.'

It was still possible to contract tetanus from playing in the sand at the Blue Lagoon beach area, which members of a riding club used regularly to exercise their horses before he banned the practice several years ago.

His advice to would-be gardeners was to use only cattle, pig or fowl waste matter — but only after special treatment to deter flies. However, there was no tetanus problem with those types of manure.

Ciskei ⁸⁹ polio ~~105~~ 19/1/83 project D. Dispatch appeal

KING WILLIAM'S TOWN — Ciskei's Minister of Health and Welfare, Dr C. H. J. van Aswegen, has appealed to all Ciskeian parents to co-operate in the annual polio immunisation campaign from February to May.

This appeal followed a preliminary report recently received from Dr C. Snyman of the Cecilia Makiwane Hospital who carried out an investigation at the request of the National Institute of Virology of the Republic of South Africa, he said.

The purpose of the study was to survey blood levels of antibodies to poliomyelitis in 200 children aged between two years and two years eleven months.

Dr Van Aswegen said 205 specimens were taken on the basis of random selection in urban and rural areas. Some were found to be immune to all types of polio; very few were found to be not immune at all and a large number found to be immune to some types of polio.

"In spite of the annual campaign and the additional campaign carried out in June and July last year, inadequate cover of the susceptible population may be an unpleasant reality and this could be due to several factors," he said.

"These could be health education not reaching the whole population, a small 'core' of parents unwilling to participate, a break in the 'cold chain' during which the vaccine should be protected from heat."

Dr Van Aswegen added that the reality was likely to be a combination of all three factors and steps were being taken to improve health education and to see to the proper protection of vaccines at the various clinics.

"An urgent appeal is made to all Ciskeian parents to co-operate as all these campaigns are carried out in the interests of the entire nation," he said. — DDR.

Cholera claims ⁽⁸⁹⁾ more Natal victims

Mercury Reporter

CHOLERA has claimed another two victims following a death in the Mtwalume area near Port Shepstone and one in KwaZulu last week.

Natal's Regional Director of Health and Welfare, Dr Johan van Rensburg, said yesterday that there had been a slight increase in the number of suspected cases reported in Natal during the past week.

The latest figures available show that 370 suspected cases were reported throughout Natal for the week ending January 17 compared with

a figure of 342 for the previous week.

The number of confirmed cases for the period were 155 with one death.

The figures for KwaZulu for the same period showed a decrease compared with the previous week with 315 suspected cases, 57 confirmed and one death.

'The majority of cases still appear to be concentrated in inland rural areas south of Durban although there has been a slight flare-up of isolated cases in the Ladysmith area,' said Dr van Rensburg.

D. Dispatch 22/1/83 **200 more cholera cases** (89) ~~107~~

PRETORIA — Two hundred more cases of Cholera have been reported in the Natal and KwaZulu areas, bringing the total in the latest epidemic to 1 254

The Deputy Director-General of Health, Mr James Gilliland, said yesterday two more people had died from the disease in Natal this week. One died in

Umtwalume and the other in Empumalanga

Although 200 proven cases of the disease were being treated a further 100 suspected cases were also being clinically treated, Dr Gilliland said.

No more cases had been reported from Transkei, where 88 people have contracted the

disease and one person had died since August

Dr Gilliland said there had also been no reports of more cases in the Transvaal. Although several cases had been reported in the Witwatersrand area, he said these were probably "imported" cases where the patients had travelled up from infected areas. — SAPA

ST GREY

Jo'burg to test children for deadly lead poisoning

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23/1/83

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JOHANNESBURG health authorities are preparing to start tests within three months to establish whether city toddlers are being poisoned by lead pollution.

Last November the Sunday Express disclosed that the city health department had decided to test the urine of children attending crèches near highways, where exhaust fumes from lead-containing petrol increase the threat of poisoning.

The tests will take about six months.

The decision coincides with findings in Cape Town that 17% of the pupils at a Woodstock school had dangerously high lead levels in their blood and that the teeth of children in the Cape Town urban area had accumulated a disturbing amount.

This week the Senior Deputy Medical Officer of Health for Johannesburg, Dr C E Newbury, said that although his department had no evidence to show children were at risk, "we plan to

By ARLENE GETZ

conduct tests because we don't want to become complacent".

"We haven't decided exactly where or how our study will take place, but we will probably start in March or April," he said.

The most recent Johannesburg studies have found that while the blood/lead levels of children were well below the danger point, they were almost twice as high as their rural counterparts.

Lead, one of the few met-

als not required by the human body, has a cumulative and ravaging effect on the central nervous system.

Striking hardest at children, it can cause irreparable mental retardation, a drop in intelligence levels, hyperactivity, learning problems, sterility, stillbirth and a wide range of foetal abnormalities such as spina bifida.

And lead is put into petrol in the form of a compound so poisonous that more than 100 American scientists involved in its early development became ill, insane or died.

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Dung is deadly

HORSE manure can kill, according to Durban's Medical Officer of Health Dr Colin Mackenzie.

He warned last week that horse manure was a prime carrier of tetanus spores which could survive for up to 30 years in the soil.

His warning was aimed at householders who use horse manure on lawns and gardens.

Dr Mackenzie didn't mince his words "Infections can be caused at any time within 30 years of manuring your lawn." All it would take to contract the disease was to receive a small wound or graze on the lawn.

He explained that the germ was not of the "invasive" sort. It could enter the body only through wounds, even comparatively minor cuts or a puncture caused by a thorn. The majority of cases followed injuries too trivial to warrant medical attention.

Though the incidence of tetanus infections had decreased dramatically in the past decade, Durban still had the highest number of cases in South Africa. This was the reason King Edward VIII Hospital was equipped with the country's best tetanus unit.

The "horse-dropping issue" was raised last week after reports that the Johannesburg City Council was considering horse-back patrols to combat crime in parks.

Dr Mackenzie made his stand on the matter clear: "There is no way I can allow horses in any area where children play or sports activities take place."

His advice to anyone in a tetanus area was to ensure that they and their children received a regular anti-tetanus booster injection - usually given every three years.

The Western Cape is regarded as a tetanus area.


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when a match is found, puts out a signal.

This gives the possibility of high-speed flight at low altitudes by voice control only as might be required by a military pilot in a combat situation.

Using the computer, the pilot could fly the aircraft with his voice while concentrating on other tasks.

Tested recently in a specially equipped F-16 fighter, the computer successfully recognized 36 different commands. Scientists claim the facility could be fully operational within a few years.

Meteorites

RARE meteorites discovered in Antarctica could provide clues about life elsewhere in the universe, according to the National Science Foundation.

Scientists on a project funded by the foundation have reported finding 31 meteorites, including several very rare types which contained carbon molecules.

Only about a dozen meteorites containing carbon have been discovered so far. Some of them had molecules of amino acids, the basic component of living cells. The finds indicate that there may be life elsewhere in the universe.

The meteorites were found in a mountainous area about 500 km from the South Pole.

Fossils

FOSSIL remains of a dozen previously unknown, 200-million-year-old reptiles were among bones of 24 species discovered last summer in a petrified forest in Arizona.

Among the species identified by scientists from Berkeley University, California and the Field Museum of Chicago was

one with 15cm teeth, a 1.8m skull and a 13m body.

Paleontologist Robert Long told newsmen "The creature probably weighed 10 tons. In its time, it could have been the largest living animal on earth. It carried armour like a tank."

The reptile, named Phytosaurus Rutiodon, probably spent most of its life submerged in water to support its body.

Pickled fish

SCIENTISTS have found a remarkable breed of fish in a stream deep in a Scottish forest - an acid-resistant trout which survives in waters harmful to other fish.

The discovery could be of vital importance in solving problems caused by acid rain falling over large areas of Europe and North America.

The acid rain is caused by massive quantities of sulphur-dioxide released into the atmosphere by power stations, factories, and households burning coal and oil. The result is a general rise in acidity levels in rivers, lakes, and streams.

Because of this, freshwater fish stocks have been drastically reduced in many areas.

The effect of acid water on fish is a rapid loss of body salts and eventual death. Females are often unable to release their eggs in acid conditions.

Researchers say the discovery demonstrates that fish are capable of adaptation. Lack of reliable records of water quality going back more than 20 or 30 years prevented accurate assessment of the time scale of the adaptation, but recent work suggested it would take many generations to accomplish in the wild.



Dropping from a horse can be a very dangerous picture shows, but horse droppings pose a threat.

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on and to possible exclusion from

Farmer first white cholera victim so far

89 Mercury
29/1/83

Mercury Reporter

THE first white person to have contracted cholera in South Africa during the latest outbreak of the disease is being treated in the Newcastle Provincial Hospital.

Natal's Regional Director for Health and Welfare, Dr Johan van Rensburg, said yesterday that an 86-year-old farmer from the Sweet Valley area near Memel, Mr W van Niekerk, was being treated for the disease which was confirmed in laboratory tests yesterday.

Dr van Rensburg said that a team from the Department for Health and Welfare was carrying out tests on the water at Mr van Niekerk's farm which was across the border in the Orange Free State.

Meanwhile, the disease claimed another victim during the past week with the death of a 63-year-old woman from Inanda.

Dr van Rensburg said that there had been a slight drop in the number of suspected cases reported in Natal for the week ending January 24 compared with the previous week.

The latest figures available reveal that 359 suspected cases were reported throughout Natal, with 173 cases confirmed and one death.

There had been a marked increase in the number of suspected cholera cases treated in KwaZulu for the week ending January 24 compared with the previous week's figure of 458.

A total of 1 207 cases were treated, with 248 confirmed and no deaths.

A spokesman for KwaZulu's Department of Health and Welfare said, however, that the figures for suspected and confirmed cases did not necessarily relate to one another since it often took as long as four days before cases were confirmed.

The spokesman said that there had been a sudden outbreak of the disease in the Natal Midlands near Ladysmith but that teams from the department had been working in the area and that the situation was well under control.

The increase was expected and would probably continue until the end of February.

The total number of reported cholera deaths since August last year was 18, according to figures released by the South African Department of Health and Welfare in Pretoria.

31/183 (89)
Cholera
Southern
strikes

SUSPECTED cholera cases treated in Kwa-Zulu had shown a marked increase in January, health authorities reported at the weekend.

Of 1 207 cases treated during the week ending January 24, 248 were confirmed and no deaths. The previous week 458 suspected cases were treated.

Elsewhere in Natal cholera claimed another victim during the past week — a 63-year-old woman from Inanda. Her name was withheld.

It was also announced that the first white person to have contracted cholera during the latest outbreak of the disease was being treated in the Newcastle provincial hospital.

HEALTH — 1  89
Lead poison threat

FM 21/1/83

Though few seem aware of it, lead poisoning is a notifiable disease in SA. In the last 10 years only one case, involving a child, has been reported. Yet a study by Yasmin von Schirnding of UCT's Department of Environmental Studies shows that a significant number of children living near Cape Town's city centre have lead levels in their blood above international safety limits.

Von Schirnding believes that high atmospheric lead levels may be a significant factor, particularly as most of the children with dangerously high lead concentrations attend schools on busy roads with high traffic densities.

Minister of Mineral and Energy Affairs P T du Plessis has promised action if it is proved that the high lead levels are related to the lead content of petrol.

The study was prompted by earlier data showing that Cape Town has the highest atmospheric lead levels in the country — comparable to those in the largest urban industrial complexes in the world.

Von Schirnding says: "At one Woodstock school alone we found that 17% of pupils had blood lead levels above the US safety limit of 29 micrograms a decilitre. In addi-

tion, there is evidence that this lead accumulation is affecting their behaviour and that they could be suffering from behavioural and metabolic problems."

There is considerable debate as to the health effects of relatively low level lead exposure and whether it causes intellectual impairment. However, says Von Schirnding "there is no doubt as to the health hazards of lead exposure at high levels."

She says that "young children are particularly vulnerable to lead poisoning which could result in irreversible brain damage. One of the other effects is a slight lowering of the IQ which could have profound effects on the community in later years."

The study suggests there should be legislation limiting the amount of lead in petrol. "The ideal situation would be to remove all lead from petrol, but in the absence of this, to remove it in stages from the present 0,836 g/l to 0,15 g/l — which is the West German standard and the standard which Britain and Australia are aiming at."

She also suggests that "legislation be introduced limiting the lead content of certain paints, and that schools and creches should not be sited on roads with heavy traffic flows or next to garages."

D. Dispatch
Mzimba: Ciskei (89)
2/2/83
free of cholera (18)

KING WILLIAM'S TOWN — No cholera bacteria had been found in Ciskei, the Director-General for Health and Welfare, Dr L. Mzimba, said here yesterday.

Commenting on the finding of cholera bacteria in Queenstown, Dr Mzimba said regular water checks were conducted and there had

been no trace of the bacteria. Areas adjacent to Queenstown and Transkei had been kept under a watchful eye.

Ciskei was ready and had been on the alert all the time, he said. There were stockpiles of medicine, enough staff and a full-time doctor and two part-time doctors in the Whittlesea area. — DDR.

Cholera germs in Swartkops

By CARLO MERCORIO

CHOLERA germs were found yesterday in the Swartkops River, which flows through Uitenhage, Despatch and Port Elizabeth.

This was confirmed today by Dr J D Krynaauw, Regional Director of the Department of Health, Welfare and Pensions, who said tests indicated the presence of cholera organisms in the water in the Perseverance area.

However, he stressed that no cases of cholera had been reported so far and the situation was being carefully monitored.

He warned the public not to drink water from the river — even if purified — or swim in it until further notice.

He said that at this stage it was better to leave the river water alone.

In addition, all water drawn from surface sources throughout the Port Elizabeth, Uitenhage and Despatch areas — other than from a tap — should be boiled or chlorinated before use.

Detergents like Jik, Javel or Milton could also be used, the correct and safe dosage being one teaspoon of detergent to 25 litres of water, he said.

The treated water should be allowed to stand overnight before use.

Dr J N Sher, Medical Officer of Health for Port Elizabeth, said nobody should swim in the river until further notice.

He said angling and other water sports where there was a low risk of swallowing water could still be continued at present.

"We will be intensifying our educational campaign and notices will be placed at strategic points along the river bank warning people not to drink or enter the water," he said.

To assist in the warning campaign, a private firm based in Johannesburg which specialises in broadcasting community messages from a light aircraft has offered

to help spread awareness of the dangers of cholera to people not easily reached by the media.

A private sponsor is required, and any firm or individual interested in assisting this project is asked to contact Mr Clive King at Media Air at 011-7870246.

Mr Edgar Crews, the co-owner of the Hougham Park oyster farm which received a clean bill of health at the end of December, said he was not aware of the latest development when phoned by the Evening Post.

He said he did not view the findings of the test as a cause for alarm, but he would be in contact with Dr Krynaauw to establish the facts of the situation.

Sunday's Santam Bank River Mile, the annual swimming race in the Swartkops River, has been postponed until further notice.

Meanwhile, cholera in Natal has claimed another three victims during the past week.

The three deaths, all blacks, occurred in Scottburgh and Umkomaas on the South Coast, and Clairwood, near Durban.

It is believed that about 329 suspected cases have been treated in Durban hospitals this week, which is an increase over the previous week's figure.

An 86-year-old Free State farmer from the Memel district, Mr H C van Niekerk, who has been admitted to the Newcastle Hospital, is progressing favourably.

He is the first white to contract the disease in the Free State or Natal this year.

Officials of the State Health Department are carrying out extensive investigation in the area where he farms to try to ascertain how he contracted the disease.



Three (89)
die Mercury
of 4/2/83
cholera

Mercury Reporter
CHOLERA has claimed another three lives in Natal during the past week, a spokesman for the Natal Regional Department of Health and Welfare said yesterday.

The three deaths, all blacks, occurred in Scottburgh, Umkomaas and Clairwood, the spokesman said.

The latest figures available show a slight decrease compared with the previous week's figure with 329 suspected cases in the Province for the week ending yesterday.

The first white person to have contracted cholera during the latest outbreak of the disease is 'progressing slowly', according to a spokesman for the Newcastle State Hospital.

'Genetic heart disease will hit thousands'

Medical Reporter

BETWEEN 20 000 and 25 000 South Africans, afflicted by a common genetic disease, will have heart attacks before they turn 60 — and many of them can do little about it.

The disorder, known as familial hypercholesterolaemia — or high levels of cholesterol inherited genetically — also affects between 60 and 70 children so badly that most of them will have heart attacks before they turn 20.

The devastating effects of this disorder were spelt out yesterday by Professor G. Berger, of the Red Cross Children's Hospital.

Addressing the UCT Summer School on the subject of heart disease, Professor Berger said that familial hypercholesterolaemia occurred only in certain segments of the South African population — particularly among Afrikaners.

SUBSTANTIAL

"The total number of people affected by this illness in this country is between 40 000 and 50 000. About half this number will have a heart attack before they turn 60," he said.

This disease represented a very substantial load of early heart attacks in South Africa.

One fifth or one sixth of all heart attacks (myocardial infarctions) were the result of familial hypercholesterolaemia.

STIGMAS

In many cases, those people affected would develop a number of stigmas, or small deposits of fat around the eyes. This suggested the presence of the disease.

"In the middle-age group," said Professor Berger, "another suggestive criteria of this disorder is a ring around the eye."

It also showed itself with deposits of fat developing around the achilles tendons.

BOTH PARENTS

"All this is in people who have inherited the disease from one parent."

A more unfortunate situation was where the individual child had inherited the disorder from both parents.

These children developed a severe skin disease in which yellow plates formed on the skin before they reached the age of 10.

This condition was sometimes present from birth.

ANGINA

"There are about 50 or 60 of such individuals in this country," said Professor Berger, "and they often have to have operations to remove deposits of fat under the skin, on the tendons, and between the fingers."

Many of these children experienced angina and heart attacks before the age of 10 and most of them had heart attacks and died before they reached 20.

Professor Berger said the treatment required both lifestyle modification, and in the case of the adult, specific medication.

MORE DIFFICULT

If done vigorously with the close co-operation of the doctor, the level of the cholesterol could be lowered.

In children it was far more difficult.

"It is a very intractable disease and it is extremely difficult to lower plasma cholesterol here and a variety of heroic means have been attempted to cure it," said Professor Berger.

2.0 PM (89)
**Three die
of cholera**

Mail Correspondent
4/2/83

DURBAN. — Cholera has claimed another three lives in Natal in the last week, a spokesman for the Natal Regional Department of Health and Welfare said yesterday.

The three deaths, all blacks, were at Scottburgh, Umkomaas and Clairwood.

In the week ended yesterday, Natal reported 329 suspected cases, compared with 359 and a death last week.

Cholera scare: pets can't carry it

89

E. Post 5/2/83
Dr Krynaauw

Weekend Post Reporter

PORT ELIZABETH pet owners needn't fear — the cholera bacteria found in the Swartkops river this week cannot affect animals or be carried by them.

The Regional Director of the Department of Health, Dr J D Krynaauw, was asked whether the cholera bacteria could be carried by dogs and other animals that enter the Swartkops River.

"There is no danger whatsoever because it is impossible for an animal to carry cholera," he said.

Dr J N Sher, Medical Officer of Health for Port Elizabeth, said: "Cholera is contagious by the oral route only.

"The cholera germs have to be ingested into the contents of the intestine before there is a danger of infection.

"If a dog shakes itself dry near its owner after swimming in the river, the chances are one in a hundred million that some of the water could actually be swallowed by the pet owner. There is a danger of infection only if water is swallowed and ingested."

He said the chances of this happening were negligible.

Meanwhile, all organised watersport has been banned on the river, which flows through Uitenhage, Despatch and Port Elizabeth, as a result of the finding of traces of cholera bacteria in a swab taken from the river between Redhouse and Perseverance.

The authorities have warned that all water from surface sources in the Port Elizabeth and Uitenhage area should be boiled or chlorinated before use.

Cholera tests negative

89 E. Post Post Reporter

8/2/23

LATEST tests on swabs from the Swartkops River submitted to the local division of the South African Institute for Medical Research were negative, says the Regional Director of the Department of Health, Dr J D Krynauw.

No cases of cholera have been reported to date in the Port Elizabeth, Uitenhage and Despatch areas since cholera bacteria were found in the Swartkops River near Perseverance last Thursday.

Testing would continue at least once a week but Dr Krynauw recommended that people did not drink water from the river or swim in it till the all-clear was given.

Cholera:
89 S. Post
no cases
11/2/83
but care
is needed

ALTHOUGH no cases of cholera have been reported in the Port Elizabeth, Uitenhage and Despatch areas after the identification last week of cholera organisms in the Swartkops River, regular swab tests are still being conducted by health authorities.

Dr J D Krynauw, Regional Director of the Department of Health, stressed that there was no ban on water sports on the river, but he strongly discouraged swimming in or drinking Swartkops water.

"One takes a chance swimming in or drinking from any river, especially one that lends itself to pollution like the Swartkops," he said.

"There is no ban as such and nobody will be patrolling the river banks this weekend. There are warning signs up and I think the public are aware of the situation by now."

"The public must use their discretion and avoid any situation that could result in their swallowing water from the river."

THE MINISTER OF HEALTH AND WELFARE:

(a) and (b) The information is not readily available and it will unfortunately not be possible to provide it.

Polio-myelitis

34. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

(1) How many (a) cases of and (b) deaths from poliomyelitis were reported in respect of each race group in each province for each month from January 1982 to the latest specified month for which figures are available;

(2) what steps are being taken to combat the spread of this disease?

THE MINISTER OF HEALTH AND WELFARE:

Reply:

(1) (a)

Cape Province	Total	Whites	Asians	Coloureds	Blacks
March 1982	1				1
April	1	1			
June	1				1
July	1			1	
August	2			1	1
September	3			1	2
October	2				2
November	2				2
December	1			1	
Total	14	1	—	3	10

Natal	Total	Whites	Asians	Coloureds	Blacks
February 1982	1				1
March	2				2
April	1				1
May	1		1		
July	2				2
August	2				2
October	1				1
November	4				4
December	2				2
Total	16	—	1	—	15

Transvaal

Transvaal	Total	Whites	Asians	Coloureds	Blacks
June 1982	1				1
July	10				10
August	17				17
October	2				2
November	3	1			2
Total	33	1	—	—	32

OFS Nil

(1) (b)

Transvaal	Total	Whites	Asians	Coloureds	Blacks
July 1982	1				1
October	1				1
Total	2	—	—	—	2

Cape Province Nil
 Natal Nil
 OFS Nil

(2) intensified immunisation campaigns, and surveys of immunisation status of high risk groups were launched, and sample surveys of the immunity of selected high risk groups were done serologically.

Killer cholera goes for a record as it floods country

By BARRY STREEK

SOUTH Africa is in the midst of one of its worst cholera epidemics with official figures for the disease in January the second highest so far.

There were 912 notifications confirmed last month — and this did not include parts of kwaZulu and Lebowa.

A Department of Health publication says in its latest issue that "no evidence has so far been received from Lebowa" but Lebowa Secretary for Health Dr M M Mphahlele said a number of deaths had occurred.

Dr Mphahlele said people were being admitted into hospitals with cholera "at an alarming rate".

The latest epidemic — dubbed 'Cholera Three' by the department — is worse than 'Cholera One' in 1980/81.

With 5 040 confirmed cases in the latest epidemic, there is every indication that 'Cholera Three' will be the worst so far when

figures from kwaZulu and Lebowa are included.

The Department of Health says: "There has been a dramatic upswing in the number of treated cases over the past few weeks."

And it admitted: "It is known that the reports of kwaZulu have not been coming through."

But kwaZulu is said to be one of the worst hit areas.

The department's figures also do not include the independent homelands.

Thus it reported one confirmed case in the Eastern Cape, but added that four more cases had been reported from Queenstown, although these were said to have been Transkei residents.

In Transkei there were 53 confirmed cases by the end of last year — and another 48 new cases confirmed within the first two weeks of 1983.

Now the killer disease has extended as far as Port Elizabeth, where it has infected oysters in the Swartkops River area.

And medical authorities in the Cape Peninsula are expecting cholera in the area soon.

89

S. Express

13/2/83

MONDAY, 14 FEBRUARY 1983

Indicates translated version.

For written reply:

Howard O 6/1.109

Cholera

111

35. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

(1) How many (a) cases of and (b) deaths from cholera were reported in respect of each race group in each province for each month from February 1982 to the latest specified month for which figures are available;

(2) what steps are being taken to combat the spread of this disease?

The MINISTER OF HEALTH AND WELFARE:

(1) (a)	Natal		Transvaal		O.F.S
	Asians	Blacks	Blacks	Blacks	Blacks
Month					
February 1982	1	1 938	21	21	
March	2	807	20	20	
April	1	770	38	38	
May	1	402	12	12	
June	1	244	26	26	
July		185			
August		21			1
September		9			31
October		121			1
November		146			46
December		491			117
January 1983		402			49

CAPE: Nil.

NATAL: Whites—nil.

TRANSVAAL AND O.F.S.: Whites, Asians, Coloureds—nil.

(1) (b)	Natal	Transvaal
February 1982	2	
March		17
April		10
May		9
June		11
July		2
October		2
December		2
January 1983		7

CAPE AND O.F.S.: Nil.

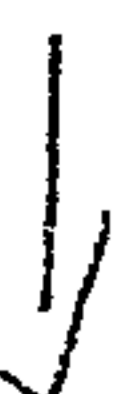
NATAL: Whites and Asians—nil.

TRANSVAAL: Whites, Asians and Coloureds—nil

111 MONDAY, 14 FEB

(2) cases are treated:

contacts are traced and treated; disease surveillance of cholera is comprehensive and tight; intensified health education programmes are carried out with special emphasis on the rendering and use of clean drinking water, improvement of personal hygiene and sanitary habits; and measures were initiated by the Department in co-operation with other Departments, for the supply of clean water to some susceptible communities in rural areas.



89
E. Post
15/2/83

Woman cholera patient dies in Q'town

By CARLO MERCORIO

AN elderly woman with cholera died in Queens-town's Frontier Hospital yesterday.

According to Dr L Tippett at the office of the Regional Director of Health, she was one of three confirmed cholera cases admitted to the hospital.

The dead woman was 72.

The other cholera cases are a woman of 29 and a child aged four.

They were admitted to the Frontier Hospital at the weekend. Specimens sent for laboratory analysis, confirmed the presence of cholera in all three.

Specimens from three men admitted to the hospital at the weekend were submitted for analysis yesterday. The results are expected later today.

All three, along with the woman who died, apparently attended a beer drink beforehand. According to Dr Tippett, the finding of cholera in the dead woman may be incidental.

The other two confirmed cases did not attend the beer drink.

A full investigation is underway and the situation is being closely monitored.

Dr Tippett stressed that no cases had been reported in the Port Elizabeth-Uitenhage-Despatch area and that the Swartkops River and other potential cholera sites had yielded no more positive findings of the disease.

More (89)

cholera

Mercury
cases

15/2/83
in Natal

Mercury Reporter

CHOLERA is still increasing in Natal but it should taper off during the winter months, Natal's deputy regional director for Health and Welfare, Dr G M Gregersen, said yesterday.

The latest figures available reveal that 436 suspected cases of cholera were reported in Natal for the week ending February 7. A total of 170 cases was confirmed and there were no deaths.

Dr Gregersen said the majority of the cases had been in the area just north of Stanger and in the Scottburgh district.

The figures for the same period for KwaZulu reveal that 673 cases were reported. There were no deaths.

Allocation

Q'town⁸⁹
Epilos
confirms
fourth^{16/2/83}
cholera
case

A FOURTH case of cholera was confirmed at the Frontier Hospital in Queens-town yesterday according to Dr J D Krynauw, the Regional Director of Health.

The results of tests on three other suspects are still awaited.

A 72-year-old woman died of the disease on Monday after she had been admitted along with five other people from Mlungisi township at the weekend.

A fourth suspected case was admitted to the hospital yesterday when specimen tests in the case of one of the original suspects proved positive.

The first positive signs of cholera organisms in the town were found after a sewerage system test in December.

Local health authorities are investigating the source of the outbreak and are conducting an educational campaign about the disease in the area.

No suspected cases have been reported in the Port Elizabeth, Uitenhage and Despatch areas.

shot the man next to him through the side. He then spun around and shot the man on the back seat through the chest — DDR

Letter bombs intercepted

LONDON — Security staff intercepted letter bombs delivered yesterday to the British Agriculture Ministry and the Canadian Embassy here

Police believe both bombs were sent by the Animal Rights Militia, an extremist group which claimed responsibility for a letter bomb sent to 10 Downing Street last November — SAPA-AP

Pacific rower is halfway

PAPEETE (Tahiti) — Briton Peter Bird, rowing across the Pacific alone in a 10 m boat, has reached the mid-point in his attempt and currently is about 100 nautical miles north of the French Polynesian island of Bora-Bora

Mr Bird left San Francisco on August 23 last year headed for the east coast of Australia. — SAPA-AP.

Woman, aged 72, dies of cholera

QUEENSTOWN — Cholera has broken out here, claiming the life of a 72-year-old Mlungisi woman

Three other patients at the Frontier Hospital including a four year old girl have confirmed cases of cholera while the results of tests on three other suspected cholera patients are being awaited

The town's chief health inspector, Mr W. L. Coetzee confirmed yesterday that Mrs Elsie Nqcabz had died of the disease

Earlier, a statement from the regional office of the Department of Health in Port Elizabeth said there were three confirmed and three suspected cholera cases in the town

Mr Coetzee then confirmed that a fourth suspected patient had been admitted to hospital and late yesterday afternoon he said that tests on one of the suspected cases had proved positive

Tests on the remaining three are still being awaited

Mr Coetzee said all the cholera patients had come from Mlungisi township in Queenstown

The first positive signs of the disease were discovered in December last year when a sewerage test pad was found to have cholera bacteria

Mr Coetzee said the municipality was working on finding the source of the cholera outbreak and was also undertaking an extensive anti-cholera education campaign

Mr Coetzee said there was no danger of cholera infecting the town's water supply

Meanwhile, health officials in King William's Town and East London said yesterday there were no signs of cholera in the towns — but they were keeping a close watch

The chief health officer in King William's Town, Mr Pieter de Goede, said there had been no indication of the

disease in the town yet "We have been monitoring the sewers every week for the last two years, and all tests have proved negative" he said

The Medical Officer of Health in East London, Dr J. R. van Heerden, also said there had been no signs of cholera in the city and that all sewerage test pads had yielded negative results

He said the city health department was keeping a close watch on the situation

The number of people treated for cholera in South Africa had risen to 9 200 since the start of the epidemic in August, a spokesman for the Department of Health and Welfare said in Pretoria yesterday. — DDR

Business, shares5
Weather: warm10
TV, radio, tides
Ships, aircraft10
Classifieds 11-15

Vince van der Bijl But it was in the Rovers Club pavilion, where most of the action took place when West Indian Sylvester Clarke took the cricket bat to teammate Alvin Greenidge

Startled club members moved their chairs aside as the men struggled before Clarke grabbed a bat intending to take a drive at Greenidge

Record producer Mr Peter Cooke, who organised the benefit match appealed to reporters "Chaps, don't put that in... it's the end of a long tour and everyone's a bit drunk"

It seems doubtful that they were the only ones:

- By 3.30 pm beer worth R15 000 had already been sold at the grounds and truckloads were still pouring in
- In the pavilion almost all the players were sipping alcohol and one batsman had a double tot of spirits with a beer chaser before going in to hit several fours.

As West Indian skipper Lawrence Rowe put it: "It's a festival match." — DDC.

See also P9; Match report P16.

Box 'h 43

West

for donations. The Co Donald Card, who is in charge of the Jackie the Bear fund-raising project, yesterday sharply criticised the poor response by businessmen to appeals for donations to the fund. He said: "Businessmen cry out against the little East London has to offer the public and offer the public and ment and any changes Zoo is a national monument and any changes the new site for Jackie's enclosure, Queen's Park National Monuments Council has agreed to Meanwhile, the Town Interact Club gave R100 and a breakfast, yesterday sharply criticised the poor response by businessmen to appeals for donations to the fund.

Bear fund apathy slammec

Sue-Ann O'Brien, 11, hands over R121 to Mr Dona Card which she raised for the Jackie the bear fund



JOHANNESBURG — The Sigma Motor Corporation yesterday advised its workers that there would be a temporary slowing down of production over the four-week period from February 21 to March 10. The company says the move is essential to correct stock imbalances and reduce inventories in the corporation's passenger vehicle model ranges. Sigma has consulted with the National Auto-motive and Allied Workers' Union (Naawu) on this issue. Some 700 workers at Sigma Park, near Pretoria, will be temporarily laid off, but production has been planned so

you expect our support for a motion and policy which is vague, to say the least? — DDC.

Sigma to lay off workers

Stores

Sigma

one New Republic Party member, Mr Ray Rade, MPC for King William's Town, democratic — that is at least inquiry, as in Israel, set up — that is at least judicial commission of

12-

Henry steps

Seven ⁽⁸⁹⁾ cholera ^{E. Post} cases in ^{17/2/83} Q'town

Post Reporter

SEVEN confirmed and two suspect cholera cases are being treated at Queenstown's Frontier Hospital, according to the Regional Director of Health in the Eastern Cape, Dr J D Krynauw.

Earlier this week, a 72-year-old woman of Mlungisi Township, Queenstown, died of the disease.

The others are from the same township.

As yet, no confirmed or suspected cases have been reported in the Port Elizabeth, Uitenhage and Despatch areas.

No further cholera organisms have been isolated in the Swartkops River or any other source of surface water in the area.

The Ciskei Department of Health and Welfare is launching another anti-cholera campaign in the Whittlesea district.

The announcement was made by the Minister, Dr H Aswegen, following the recent cholera death in Queenstown.

He said the Department planned to drop 100 000 leaflets in the surrounding areas. The leaflets would advise people what to drink and eat.

D. Dispatch 17/2/83

Eight ⁽⁸⁹⁾ cholera victims

QUEENSTOWN — The number of confirmed cases of cholera here doubled yesterday — but the outbreak of the disease has not reached epidemic proportions.

The town's chief health inspector, Mr W. L. Coetsee, said there were now eight confirmed cholera cases — four more than the four confirmed cases on Monday.

He said there were an additional four suspected cases.

Mr Coetsee said there had been no further deaths as a result of the disease.

A 72-year-old Mlungisi resident, Mrs Elsie Nqaba, died of cholera at the weekend.

"It is by no means an epidemic," he said.

DDR

Warning on plague peril in Sundays Valley area

Political Correspondent

CAPE TOWN — The Department of Health and Welfare has warned that the danger of bubonic plague remains a real problem in the Sundays River Valley because of the large number of carriers in the area.

In the department's report for 1982, the Director-General, Dr F P Retief, said plague-carrying rats and dogs had been traced over a large area.

This was of special concern because the plague bacillus could remain alive for a year in deserted rat tunnels.

Intensive surveillance, the taking of serum specimens, flea control, selective rodent control and the following up of symptoms were all being carried out to combat the plague danger.

Field and laboratory personnel were fully equipped to take and analyse hundreds of serum specimens a week.

The report said increasing resistance by rats against rat poison was suspected, especially in the coastal areas, and tests were being carried out.

In a reference to the plague cases in Coega last year, the department complimented the Dias Divisional Council, the Municipality of Port Elizabeth and the SA Institute for Medical Research for localising the outbreak.

Referring to the problem of plague-carrying rats and dogs in the Sundays River Valley, Dr Krynauw said that although there had been no cases of bubonic plague since the Coega outbreak last March, full-time surveillance teams were constantly in the field to identify carriers.

Plague bacilli were carried by fleas which lived on rats and dogs.

"The teams working out of Coega are concentrating at the moment on dogs as the extermination of rats in some areas is virtually impossible due to the thickness of the bush," he said.

The report also expressed concern at the levels of pesticide residues and antibiotics in milk and other dairy products.

The department referred to the levels as "disquieting", and announced a major education drive among farmers to warn them of the dangers of using certain pesticides and antibiotics.

Investigations had shown that the incidence of contaminated milk was widespread.

The major cause of the problem was ignorance over the proper use of pesticides and antibiotics as well as the misuse and illegal use of the poisons and medications.

The report mentioned that a banned antibiotic, dieldrin, was still regularly found in milk.

More cholera cases in Queenstown

D. Dispatel
18/2/83

89

EAST LONDON — Five more cholera cases have been confirmed in Queenstown, bringing the total number of positive cholera patients to 13.

This was announced by the town's chief health inspector, Mr W. L. Coetzee, yesterday afternoon.

There is also one suspected case of cholera.

Cholera broke out in the Mlungisi township here at the weekend. So far, only one person, a 72-year-old woman, has died of the disease.

Mr Coetzee said cholera bacteria had been found in the Mlungisi township sewer, the hospital sewer and at the main sewerage pump

station.

"This is not unusual, because we knew there was cholera in the township, cholera patients are being treated at the Frontier hospital and the pump station is where the sewers come together," he said.

"What is gratifying is that the Komani River, the only open water between Mlungisi and Queenstown, has consistently returned negative cholera tests, so there do not appear to be cholera bacteria in the river."

Mr Coetzee said the town's water supply was completely safe and was being chlorinated.

"We are taking various measures, but until

those measures have been implemented, we cannot announce what they are," he said.

● Another 47 cholera cases have been confirmed in Transkei — but none at eZibeleni, the industrial growth point 7 km from Queenstown.

This was confirmed here yesterday by the Deputy Secretary for Health (professional), Dr G. Solleder.

The majority of the cases were at the Isilimela Hospital near Port St Johns. A total of 27 cases were confirmed there while at St Barnabas, another 17 cases were confirmed.

The three other cases were in the Lusikisiki area. — DDR.

Fight against rats continues

PORT ELIZABETH — Although only one out of 312 rats tested between October and November last year by the Dias health department here was found with a positive trace of bubonic plague, health authorities will continue their pre-

ventative programmes.

Following a warning from the Department of Health and Welfare in its reports for 1982 that bubonic plague remained a problem in the Sundays River Valley, the department's regional director, Dr J. D. Kry-

nauw, said the area had been endemic for years and for that reason tests and preventative action would continue.

He said local authorities were encouraged to carry out de-fleaing and fumigation programmes. — DDC

Argus 18/2/83 89
13 cases of cholera in Eastern Cape outbreak

Argus Bureau

EAST LONDON. — Ten cholera cases being treated at the Frontier Hospital here bring the total confirmed cases since the outbreak this week to 13.

A 72-year-old woman from Mlungisi died of the disease at the weekend.

The medical superintendent of the hospital, Dr R Schaffer,

said today that 10 confirmed cases were being treated and provision had been made for more.

Dr Schaffer said he believed the outbreak would be brought under control in "10 to 14 days".

The chief health inspector, Mr W Coetzee, said no cholera bacteria had been found in the

Komani River, the only open water between Queenstown and Mlungisi.

Both Mlungisi and Queenstown had chlorinated water and sewerage. The water supply was completely safe, he said.

Mr Coetzee said various measures were being taken to control the outbreak, "but until those measures have been

implemented we cannot announce what they are".

Dr Schaffer said it was difficult to control the spread of the disease as more than 5 000 people from Ciskei and Transkei came to Queenstown each day.

He was confident, however, that the outbreak would be controlled.

11 cases of cholera are confirmed in Queenstown

E. Post 18/2/87

By CARLO MERCORIO

THE total number of confirmed cases of cholera in Queenstown has risen to 11 since the first victims were admitted to the Frontier Hospital at the weekend.

Dr J D Krynauw, the Regional Director of Health in the Eastern Cape, said today 10 confirmed and two suspected cases were being treated at the hospital.

The other confirmed case, a 72-year-old woman, died on Monday.

One of the victims is from the coloured township of New Rest and the rest are from the Mlungisi Township.

It is suspected one of the victims from Mlungisi Township is a Ciskei citizen

Dr L Mzimba, the Director-General of Health in Ciskei, said today this could not be confirmed at this stage.

He said he had been in the Whittlesea area yesterday supervising the anti-cholera educational programme which was being conducted by his department.

Leaflets telling the local population of the dangers of cholera and advising them what to eat and drink had been dropped from a light plane and nursing sisters at clinics were helping to make people more aware of the threat posed by the disease.

"We have got the people to chlorinate their drinking water and, so far, the progress of the campaign is quite satisfactory," he said.

19/2/83
89
Mercury

KwaZulu school closed after cholera outbreak

Mercury Reporter

A CHOLERA outbreak has closed a high school in the Nongoma area of KwaZulu, a spokesman for KwaZulu's Health Services said yesterday.

The school, shut on Wednesday, will remain closed until the authorities consider it safe to reopen it, he said.

The latest figures available for the week ending February 14 reveal that there was a slight decline in the number of cases treated in KwaZulu compared with the previous week — 788 people were treated as against 806. There were no deaths.

About 3 500 people were treated during the corre-

sponding week last year which, the spokesman said, indicated that the cholera epidemic this year was far less serious and widespread.

"The latest figures indicate that cholera might be tapering off, but the next two weeks will show whether the epidemic is following the same pattern as last year when it died down considerably during March and April," he said.

This week's figures for Natal showed a slight decrease on last week's — 410 suspected cases were reported, with 238 being confirmed. There was one death in the Scottburgh area.

Cholera ⁽⁸⁹⁾
2 Post
suspects
2/2/83
rise to 5

Post Reporter

ALTHOUGH no further cases of cholera were confirmed in the Eastern Cape at the weekend, the number of suspected cases being treated at the Frontier Hospital in Queenstown has risen to five.

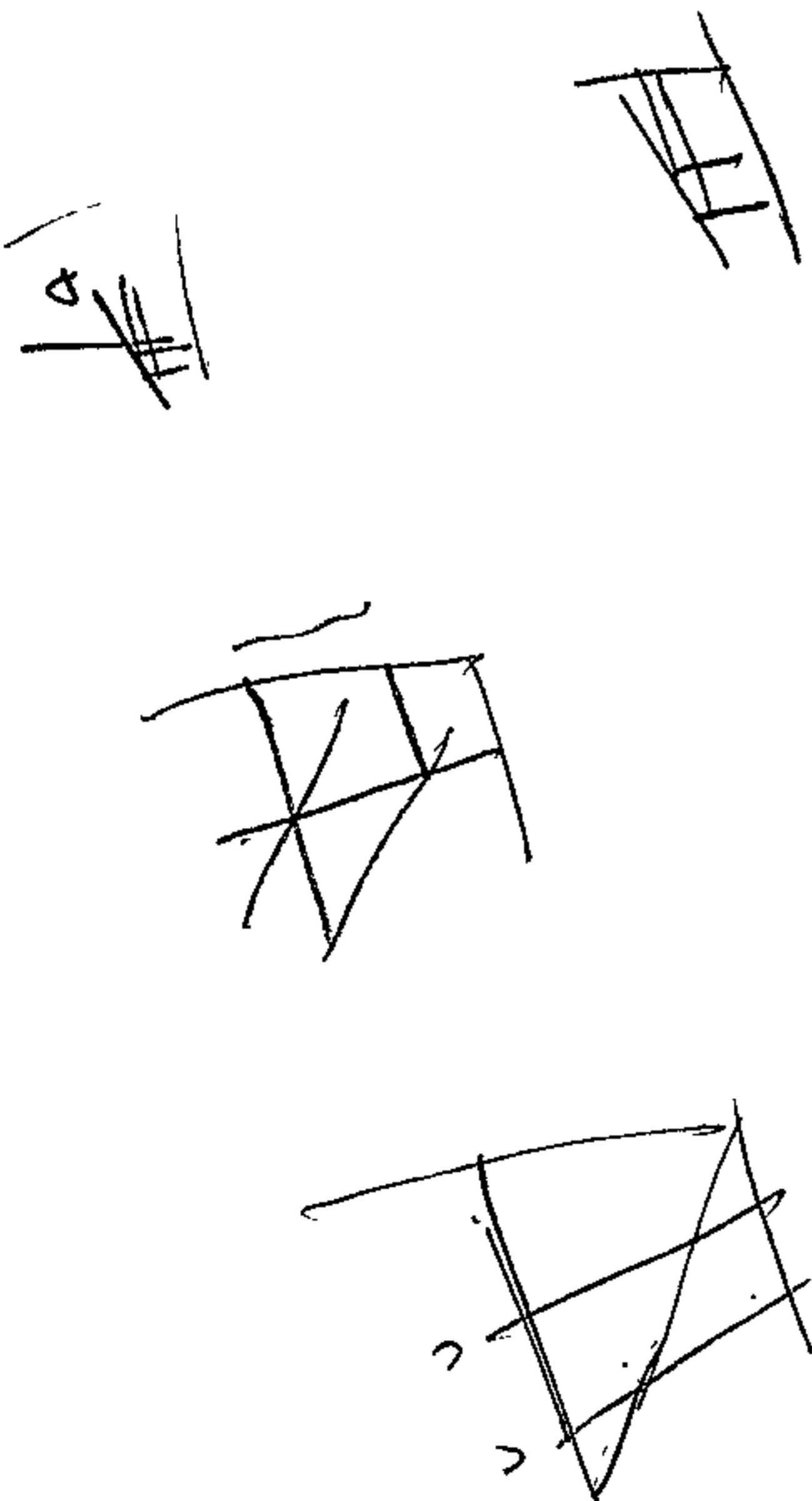
Tests proved to be negative in the case of a sixth suspect.

This was confirmed today by Dr J D Krynauw, the Regional Director of Health in the Eastern Cape.

Ten confirmed cases have been admitted to the hospital since February 12. The 11th victim, a 72-year-old woman, died last Monday.

Most of the victims are from the Mlungisi Township.

No suspected or confirmed cases of the disease have been reported in the Port Elizabeth, Uitenhage and Despatch areas.



(89) D. Disputis 22/2/83
Cholera specimens taken

EAST LONDON — Three people in Queenstown with suspected cholera had specimens taken on Sunday, the results of which were not yet available, Mr W. L. Coetzee, the chief health inspector for Queenstown, said yesterday.

Mr Coetzee said he had received 13 notifications of suspected local cases of cholera. Of these ten have proved negative.

Eleven positive cases of cholera have been confirmed at Queenstown, Mr Coetzee said.

One 73-year-old woman died last week and nine patients have been treated and discharged since.

Mr Coetzee said there was no cause for alarm as the situation was under control. — DDR

Leprosy in decline ⁽⁸⁹⁾

22/2/83

Star

Pretoria Correspondent

Leprosy in South Africa had dropped to such an extent only one out of five institutions which treated the disease remained, the Department of Health and Welfare said. The department's Salus publication said the remaining hospital, Westfort, near Pretoria had 152 leprosy patients last September.

Leprosy was present in the Cape's indigenous population when it was first colonised by Europeans in the latter half of the 17th century. The disease spread in all races and in 1882 the Leprosy Repression Act came about. Patients were sent to Robben Island and mainland institutions in

an attempt to control the disease.

In 1919 leprosy was declared a notifiable disease and remains so today, but compulsory isolation of bacteriologically positive cases is no longer enforced as it was many years ago.

The number of new patients registered annually reached a peak of 7 048 in 1936 but has steadily declined since then.

Patients with bacilliferous leprosy are kept in hospital, until they have completed an initial six weeks course of treatment. Further treatment is continued at home and patients return for examinations at specified intervals.

Depending on the type of leprosy, patients are

treated for several years or for life.

Because the number of patients has decreased, Westfort, established in 1898, is also being used as a psychiatric hospital.

The article said that about one-third of leprosy patients have relatives with the disease.

At the hospital patients are provided with physiotherapy, occupational therapy, orthopaedic surgery, specialist ear, nose, throat and dermatological services.

The disease was often diagnosed in the advanced stage. A 1981 survey found that 18 percent of newly diagnosed patients in Westfort already had permanent irreversible disabilities requiring rehabilitation.

Students sent home after cholera scare

By LEN KALANE

THE CHOLERA outbreak in KwaZulu has forced several schools to close down and school children have been sent home indefinitely.

Health authorities in the area have sent out letters informing parents that students in the Nongoma area had been exposed to the cholera infection and were regarded as suspect cases of the disease.

The Mlokothwa High School in the Nongoma district is one school that has been affected and according to a circular sent out to parents, children have to be kept at home until parents hear from the principal.

The senior health inspector at Nongoma said in the circular that by keeping the children at home, parents would have joined hands with the Department of Health and Welfare in its commitment to stemming outbreaks of in-



SENT HOME: Carol and her kid sister, Barney.

testinal diseases like cholera.

The inspector also advised the parents to keep the children indoors and not to allow them to visit neighbours, friends or relatives.

Carol Mdluli and her kid sister Barney are two Soweto children who have been affected by the closure of the

Mlokothwa school.

They told The SOWETAN that there was a widespread outbreak of cholera in the Nongoma district and hundreds of schoolchildren had been sent to hospital. Most have been sent home.

Carol and Barney are Std 7 students and are awaiting word from the headmaster to return to school.

89 Hansard Q. Col. 247
Sandton: bilharzia 23/2/83

*3 Mr D J DALLING asked the Minister of Health and Welfare:

- (1) Whether the water of the rivers and streams flowing through Sandton was tested for bilharzia by his Department in 1982, if not, why not; if so,
- (2) whether any traces of bilharzia were found?

The MINISTER OF HEALTH AND WELFARE:

- (1) Yes;
- (2) No.

Hansard Q. Col. 272-273
Cholera
89 23/2/83

37. Mr E. K. MOORCROFT asked the Minister of Health and Welfare:

Whether the (a) Fish, (b) Kowie, (c) Kariega and (d) Bushmans Rivers in the Eastern Cape have been checked by his Department for the presence of cholera; if not, why not, if so, with what result?



273

WEDNESDAY, 23

The MINISTER OF HEALTH AND WELFARE:

The Fish and Kowie Rivers were monitored regularly with negative results. The Kariega and Bushmans Rivers were not monitored as it is policy to monitor only rivers—(a) with a high pollution potential; (b) receiving effluent from sewage works; or (c) running through large communities.

equately protected against type I poliomyelitis which was mainly responsible for the epidemic.

Poliomyelitis

*8. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

What were the results of the survey carried out by his Department in respect of the immunization of high risk groups, as referred to in his reply to Question No. 34 on 11 February 1983?

†The MINISTER OF HEALTH AND WELFARE:

A survey carried out by questioning the parents of high risks age groups of children, indicates a considerable measure of uncertainty among parents in regard to the importance of immunization compared with the treatment of the disease. 8 to 26% of the persons questioned could not give a positive answer in regard to immunization—they did not know whether their children had been immunized—and 6 to 19% indicated that their children had not been immunized.

Lead level in blood

*9. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

- (1) Whether his Department monitors the lead level in the blood of school-going children; if not, why not; if so, (a) in which areas and (b) how frequently;
- (2) whether there has been any change in such level over the past five years; if so, what is the nature of the change;
- (3) whether he will make a statement on the matter?

†The MINISTER OF HEALTH AND WELFARE:

- (1) No; atmospheric lead levels are monitored in all major cities on a continuous basis. So far all results are

251

WEDNESDAY, 2

below the levels internationally accepted as safe. Consequently it is not considered necessary to do blood sampling;

- (2) falls away;
- (3) no.

Mr. D. J. N. MALCOMESS: Mr. Speaker, arising out of the reply given by the hon. the Minister, is he aware of studies carried out amongst children in Cape Town by the Environment Studies Group of UCT, under the auspices of Miss Von Schirnding? Is he also aware of the findings that the lead level in the blood of certain students is dangerously high in the Cape metropolitan area?

†The MINISTER: Mr. Speaker, that is a complicated question and I think that if the hon. member should Table the question both he and I will understand it better [Interjections.]

Mr. D. J. N. MALCOMESS: Mr. Speaker, further arising out of the reply given by the hon. the Minister, let me ask him a question which is perhaps simpler. Will he make himself aware of the contents of that report by Miss Von Schirnding?

The MINISTER: Mr Speaker, the answer still remains the same. If the hon member should table his question I shall look into the matter.

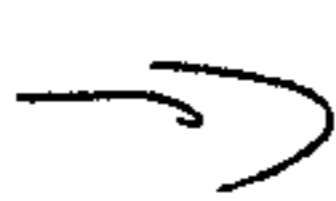
(89) Hausand Q. Col. 249-251
Poliomyelitis
23/2/83

*7. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

What were the results of the serologic test performed by his Department on high risk groups for poliomyelitis, as referred to in his reply to Question No. 34 on 11 February 1983?

The MINISTER OF HEALTH AND WELFARE:

Approximately 1 000 children between the age of two to three years in different areas which include urban and rural communities, were tested. It was *inter alia* found that 74% of the children was ad-



2 die of cholera in Transkei 89

UMTATA — Two people in different districts in Transkei have died of cholera, the deputy secretary (professional) of health, Dr G. Solleder, said here yesterday.

One victim of the disease died at Zitulele hospital, in the district of Mqanduli, while an eight-year old boy died at Butterworth hospital. Both died last week, she said. — DDR

Govt blamed for homeland diseases

Labour Reporter
GOVERNMENT policies are to blame for the high incidence of disease in the homelands, Ms Sue Myrdal, a community health worker, told an Institute of Race Relations meeting in the City yesterday.

Ms Myrdal said an estimated 240 out of every 1 000 children in resettlement camps died before they were one year old. This compared with an infant mortality rate of 10 out of 1 000 among white children in Cape Town.

Diseases which found a favourable home in the homelands — and which were getting worse in spite of medical advancement — included tuberculosis, polio, typhoid, cholera, trachoma and kwashiorkor.

These, she said, were "diseases of underdevelopment".

"The health status of people in the rural 'reserve' areas has been steadily declining since the beginning of the century. Before this time many parts of rural South Africa were self-sufficient in food production, while in some areas African farmers were marketing food. People were not starving,

people to the homelands — inevitably led to a high incidence of disease. It diminished people's resources and created much stress.

Ms Myrdal said starvation and a general lack of food in the resettlement camps pre-disposed people to a number of diseases and were largely responsible for the high infant mortality rate.

Cape Times

24/2/83



(89)

Inadequate sanitation was responsible for the incidence of water-borne diseases — an indicator of this being the cholera scourge of the past two years — while poor housing also had a negative effect on health.

She said health services for resettlement areas were a matter of luck, in terms of distance from hospitals, transport to get to them or visits by mobile clinics.

Alarm as cholera hits 129 pupils

89 (10/11)
By LEN KALANE

Sowetan 24/2/83

THE KwaZulu "government" is looking into conditions at the Mlokothwa High School in the Nongoma area where 700 students were sent home after an outbreak of cholera.

According to the KwaZulu Secretary for Education, Mr M Ndlovu, 129 schoolchildren were affected by cholera and treated at Mlokothwa. Mr Ndlovu said nine of these students were still very ill. Mlokothwa High had

to be closed temporarily when cholera suddenly broke out and 700 children were sent home as authorities feared that other students might contract the disease. He said the Government was still inspecting conditions at the school

at which there was a shortage of water. Mr Ndlovu said the water shortage affected ablution and sanitary facilities at the school which in turn caused cholera.

INSPECTOR

"We shut the school thinking that kids might be safer at home."

The KwaZulu senior health inspector has warned parents to keep the children indoors and they should not be al-

lowed to visit neighbours, relatives or friends.

The health authorities said all the 700 students at the Mlokothwa school had been exposed to the cholera infection and were thus regarded as suspect cases of the disease.

Mr Ndlovu, in the Ministry of Education, said the school would be re-opened as soon as authorities had satisfied themselves that it would be safe to do so.

89
S. Post
25/2/83
Hopes of
end to
cholera

Post Reporter

THERE have been no further confirmed cases of cholera at Queenstown's Frontier Hospital since February 15, according to Dr J D Krynauw, the Regional Director of Health in the Eastern Cape.

A total of 11 confirmed cases, most of them from the Mlungisi Township, have been admitted to the hospital since February 12.

Dr Krynauw said today that routine swab tests would continue to be made in the Swartkops River.

Although no tests indicating the presence of cholera organisms in the river have proved positive since the initial isolation on February 4, Dr Krynauw repeated his earlier statement that rivers are always potentially dangerous due to the presence of ecolo organisms which are the most common gut organism in man and animals.

Only 152 leprosy

(89) C. Herald 26/2/83

cases in SA

LEPROSY, a notifiable disease, has decreased to such a low level in South Africa that only one of the five institutions set aside for its treatment is still functioning.

An article in *Salus*, a publication of the Department of Health and Welfare, said Westfort Hospital in Pretoria West was the only one still treating leprosy patients. At the last count 152 people were being treated for the disease.

YEARS

Depending on the type of leprosy, patients are treated for several years or for life.

WARNING

NCI HENNY

removed large tapeworm cysts from his brain. The man has now recovered but could still be infested with dormant cysts.

"Incidents of young girls eating measly pork are isolated. The big problem is socio-economic," said Professor James van Dellen, head of neurosurgery at Natal University Medical School, based at Wentworth Hospital.

"People are not being taught basic hygiene, their animals roam free and pick up the infection by eating contaminated human faeces; they eat meat bought from backyard butchers; and animals are often bartered. One measly animal eaten at a feast can infect a lot of people.

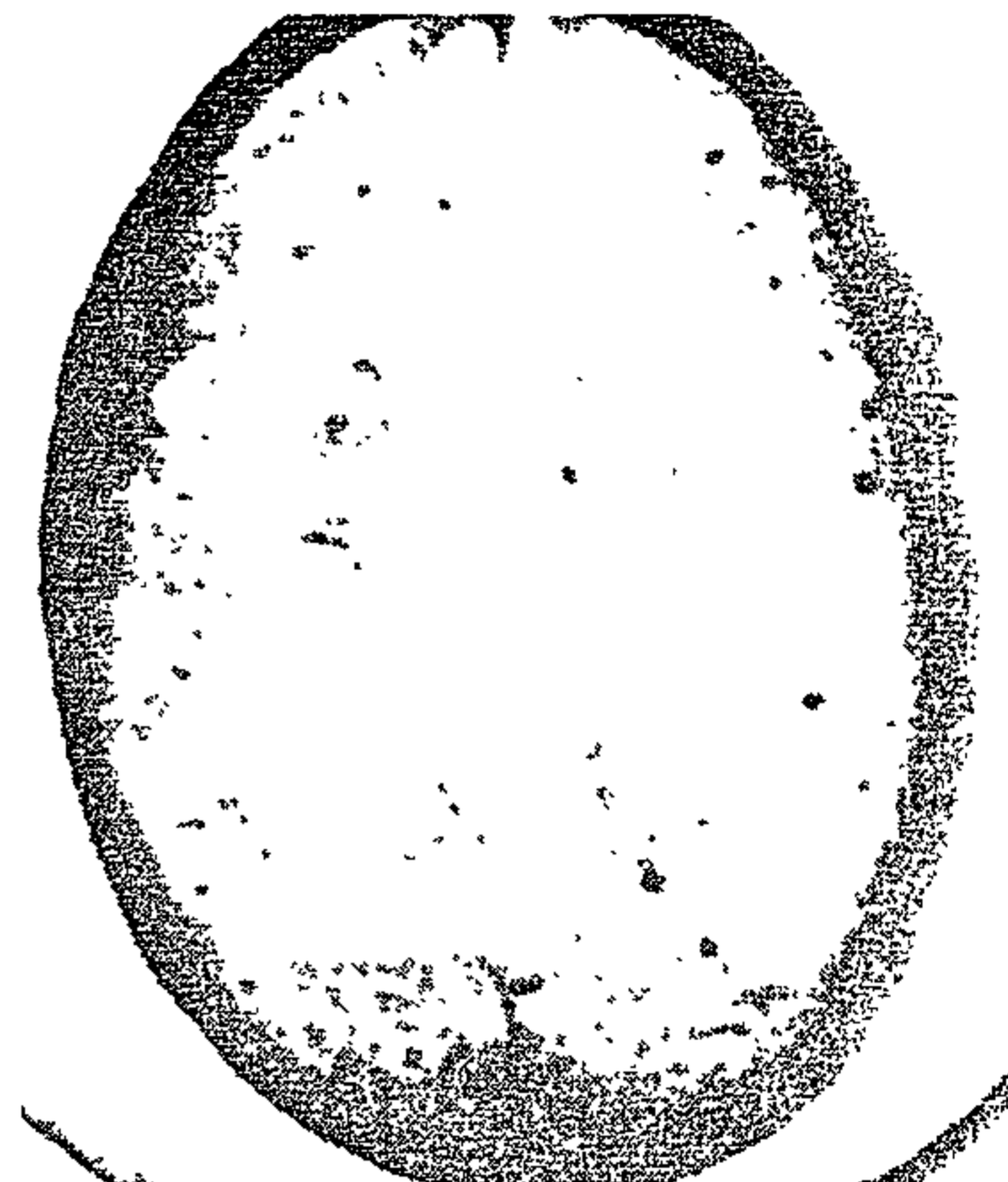
"We do between 20 to 25 brain scans of patients every day and on occasions four or five have cysticercosis. Of 4 077 patients scanned in one year, 84 had their brains infested with tapeworm larvae.

"Figures recorded between April 1981 and March 1982 show the age of those infected ranged from six to 76. It appears 92,8 percent were blacks, 6 percent were whites and 1,2 percent coloureds.

"Fifty-one percent of those patients apparently came from Durban and its surrounds, 38,1 percent from the rest of

Measly pork:
brain
damage
incidence
worries
the surgeons

89
S. Tribune
27/2/83



□ A scan, taken in layers much as bread is sliced, through a tapeworm-infested brain. The white craters are larvae.

Natal and 8,3 percent from the Transkei.

"The number of affected people in Durban is out of proportion to other major centres. Natal and Cape Town are the most affected, perhaps because the populations from Transkei and along the coast drain to here.

"However, Wentworth is a highly selective hospital and patients are first screened at clinics before being admitted here. Rural hospitals don't have scanners to pick up these disorders so they may see a large number of mentally disturbed patients without

being able to relate it to cysticercosis. Who knows how many epileptics actually suffer from tapeworm infestation?"

"We were shocked to discover how many of our patients came from Durban and the Natal area. There is a great need to find out just how widespread the problem is. It requires more study and more funds to send out social workers and set up laboratories," said Professor van Dellen.

His department is now working with the neurosurgical department at the University of Cape

Town to investigate the treatment of the problem.

"There are a variety of tape worms, in pigs and sheep and dogs. We are seeing the pig tape worm.

"This tape worm, or *Taenia Solium*, is normally an intestinal problem. As part of its natural cycle, the adult worm lives in the human gut. Eggs are formed in the tail segments which are passed out through the bowels, then eaten by pigs. The eggs are released in the pig's stomach, infecting the animal,

which is then eaten by humans. The larvae gets into the skin, the muscles, the eyes and, most seriously, the brain.

"But pigs are a cheap source of protein and are not costly to feed. So we cannot just go around slaughtering off pigs, otherwise these mostly rural people will be deprived of a valuable source of protein.

"The problem is not treating patients, although the cost is enormous, but trying to stop people from getting the disease. It calls for socio-economic improvement.

"The solution is to control pigs and control people showing signs of abdominal infestation.

"Until very recently there was no cure except using surgery to by-pass blocked systems. A new drug has now been developed which shows some promise but it is still undergoing trials.

"This tapeworm issue is not a problem for people eating bacon for breakfast or buying ham from the corner store because the meat comes from strictly controlled abattoirs. The big problem is uncontrolled slaughtering," said Professor van Dellen.

Share banking revolution

Standard and the UBS have almost identical IBM computer systems and their automated teller machines are also similar.

Lengthy discussions have taken place on giving each group's machines access to the other's data base. According to one insider, a major problem has been to ensure that UBS staff and customers do not also have access to Standard Bank accounts and vice versa.

Besides the similarity of their computer equipment, the two groups have other links. Several members of the UBS's board of directors (for example, Liberty Life's Donald Gordon) also sit on the board of Standard Bank Investment Corporation.

While falling short of a merger, a tie-up between the two would give both considerably more muscle. Standard has more than 1 000 retail outlets and the UBS 982 branches and agencies. They would be able to extend

their networks at a stroke and at the same time save money by avoiding duplication, especially of automated tellers.

UBS and Standard are among South Africa's most powerful financial institutions. Standard has assets of more than R10-billion, while the UBS's assets total around R5-billion. The UBS is about 10 times larger than the Standard Building Society.

The size of the two groups and the muscle which co-operation between them would give may be one reason why the Registrar of Financial Institutions has taken longer to decide on whether the proposed deal should go ahead than the two groups expected.

An announcement was originally due to be made early last week. Now nobody knows when or if the deal will materialise.

"It's still stuck in Pretoria," says Pank-

RMS WARR

By FRANCI HENNY



Dr. van Dellen shows the area of the head where tape worm larvae are found.

CONCERNED neurosurgeons are detecting an alarming number of patients in Natal, particularly the Durban area, who are infested with tape worm larvae in their brains, causing permanent brain damage and severe mental disorders.

Two out of every 100 patients seen at Durban's Wentworth Hospital have advanced stages of the infection, called cysticercosis. Once in the brain, the tumour-like tape worm cysts result in epilepsy, psychiatric disturbances, strokes with paralysis, spinal damage, blocked paths for cerebral fluid and paraplegia. They surround the cranial nerves and, if they get into the eyes, can cause blindness.

The average age of patients undergoing treatment is 28. Some are as young as six and all have gross mental disorders.

- A 20-year-old girl ate measly pork three years ago in a bizarre attempt to lose weight. She now suffers from epilepsy and raised cranial pressure that can lead to blindness.

- A Matatiele teacher ate a measly pork meal almost seven years ago. He was recently rushed to Wentworth Hospital in a coma with epilepsy, paralysis down one side of his body and severely raised intercranial pressure. Neurosurgeons

removed large tape worm cysts from his brain. The man has now recovered but could still be infested with dormant cysts.

"Incidents of young girls eating measly pork are isolated. The big problem is socio-economic," said Professor James van Dellen, head of neurosurgery at Natal University Medical School, based at Wentworth Hospital.

"People are not being taught basic hygiene, their animals roam free and pick up the infection by eating contaminated human faeces, they eat meat bought from backyard butchers; and animals are often bartered. One measly animal eaten at a feast can infect a lot of people.

"We do between 20 to 25 brain scans of patients every day and on occasions four or five have cysticercosis. Of 4 077 patients scanned in one year, 84 had their brains infested with tapeworm larvae.

"Figures recorded between April 1981 and March 1982 show the age of those infected ranged from six to 76. It appears 92,8 percent were blacks, 6 percent were whites and 1,2 percent coloureds.

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Measly pork
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S. Tribune
27/2/8.

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being able to relate it to cysticercosis. Who knows how many epileptics actually suffer from tapeworm infestation?

"We were shocked to discover how many of our patients came from Durban and the Natal area. There is a great need to find out just how widespread the problem is. It requires more staff and more funds to send out social workers to set up laboratories," said Professor van Dellen.

His department is working with the neurosurgical department at the University of C.

societies prepare banking rev

deposit and draw money from a Standard Autobank and apply for a mortgage from a Standard Bank clerk.

Those involved are not saying much at this stage. John Pank, Standard's public relations chief, merely confirms that "it's no secret that negotiations have been going on between the UBS and Standard Building Society on and off for some considerable time".

He adds: "A proposal is being considered by the Registrar of Financial Institutions and we await his reply."

The Deputy Registrar, Dr Robert Burton, refuses any comment on whether the deal is on or off. "It would be a breach of faith if we discussed things that were brought into this office," he said.

All signs point, however, to an arrangement which extends far beyond the takeover of one building society by another.

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their networks at a low cost by avoiding the expense of tellers.

UBS and Standard are powerful financial institutions with more than R10-billion in assets and around R5-billion in deposits. That is more than the Standard Bank.

The size of the two groups makes co-operation between them a matter of some importance. Why the Registrar of Financial Institutions has longer to decide on whether to approve the deal than the two groups themselves is a matter of some interest.

An announcement is expected next week. Now negotiations are in progress.

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Smith may have to ask UK for travel papers

By ROBIN DREW
Tribune Africa
News Service

HARARE Former Rhodesian Prime Minister Ian Smith may have to turn to his old enemy, the British Government, for a travel document to enable him to go to South Africa for medical tests.

Zimbabwe's Home Affairs Minister, Dr Herbert Ushewokunze, has refused to give back Smith's passport — seized nearly three months ago — because, he says, Mr Smith does not recognise Zimbabwe.

In a sarcastic reply to the request for the return of the passport, the Durban-educated doctor told Mr Smith to look elsewhere, possibly to Britain, for travel papers.

"I will brood on it," said Mr Smith yesterday

He was born in what was then Southern Rhodesia but his father came from Scotland.

"A few days are of no consequence. I was advised to go back to Johannesburg for further tests in February and I don't want to wait too long in case the condition deteriorates.

"But obviously I am dealing with an unstable character who is side-stepping the issue"

Mr Smith was treated in South Africa after collapsing in the Parliament building here last June

The former Prime Minister has denied saying that he did not recognise Zimbabwe

On a trip to the United States last year, he was quoted as saying that officially and legally his country was Zimbabwe and he had accepted it.

"But in my heart until

WORMS

By FRA:



□ Professor James van Dellen shows the area of the brain most affected by tape worm larvae

CONCERNED neurosurgeons are detecting an alarming number of patients in Natal, particularly the Durban area, who are infested with tape worm larvae in their brains, causing permanent brain damage and severe mental disorders

Two out of every 100 patients seen at Durban's Wentworth Hospital have advanced stages of the infection, called cysticercosis. Once in the brain, the tumour-like tape worm cysts result in epilepsy, psychiatric disturbances, strokes with paralysis, spinal damage, blocked paths for cerebral fluid and paraplegia. They surround the cranial nerves and, if they get into the eyes, can cause blindness

The average age of patients undergoing treatment is 28. Some are as young as six and all have gross mental disorders:

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- A Matatiele teacher ate a measly pork meal almost seven years ago. He was recently rushed to Wentworth Hospital in a coma with epilepsy, paralysis down one side of his body and severely raised intercranial pressure. Neurosurgeons

Building societies prep

FINANCE EDITOR

A revolution in banking habits is on the cards if Pretoria gives the nod to a deal proposed by Standard Bank and the United Building Society.

Rumours have been in the air for some time that the United, the country's largest building society, is to swallow Standard Building Society, controlled by the Standard Bank group.

But that would be just the start of sweeping rationalisation between the two groups. The eventual spin-off may be that a Standard Bank current account holder could draw funds from any UBS branch and make use of the bank's other services at a UBS office, including the purchase of mutual fund units or the arrangement of a hire purchase contract.

Likewise, a UBS account holder may be able to de-

posit and draw money from a Standard Autobank and apply for a mortgage from a Standard Bank clerk.

Those involved are not saying much at this stage. John Pank, Standard's public relations chief, merely confirms that "it's no secret that negotiations have been going on between the UBS and Standard Building Society on and off for some considerable time".

He adds: "A proposal is being considered by the Registrar of Financial Institutions and we await his reply."

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Sun. Times 27/2/83 (89)

SA women face filthy surgeries in Lesotho abortion racket

DOCTORS at a Lesotho hospital are lining their pockets with crude abortions on white women from South Africa and Europe.

An average of 10 abortions, costing R400 each, are carried out every month at the dingy Mafeteng Hospital — netting doctors at least R48 000 a year.

The operations are performed in dirty surgeries, with scant regard for hygiene — and often with the help of unqualified medical orderlies.

Some patients have had to be treated afterwards for severe infection.

The lucrative racket, illegal in both Lesotho and South Africa, was exposed by an 18-month Sunday Times investigation. Inquiries revealed that:

- Women are told to ask for "Dr Rudolph" — a code for abortion.
- Pregnancies of 14 weeks have been terminated in a surgery next to the office of the

By NORMAN CHANDLER

hospital matron, who later denied all knowledge of any abortions.

• Local anaesthetics are administered, despite the worldwide accepted practice of giving a general anaesthetic.

• The advanced American suction method is used. But, carried out by an inexperienced person, this is considered highly dangerous for women approaching the third month of pregnancy.

• At least two women — and possibly others — have been admitted to the Johannesburg Hospital in the past few weeks as a result of Lesotho abortions.

The latest abortion was to have taken place yesterday but doctors at the hospital refused to do it because of what they termed "unfavourable publicity."

Terminated

An American woman, living in South Africa, was to have paid R400 to have her four-week pregnancy terminated.

Miss A (her real name cannot be disclosed) said: "It was not an experience I was looking forward to."

Another woman said she had paid R300 in September last year, and a friend of hers had paid the same amount in December.

The woman, who was 10 weeks' pregnant, said a woman doctor (whose name has been given to the Sunday Times) gave her only a local anaesthetic — and did not wait for it to take effect.

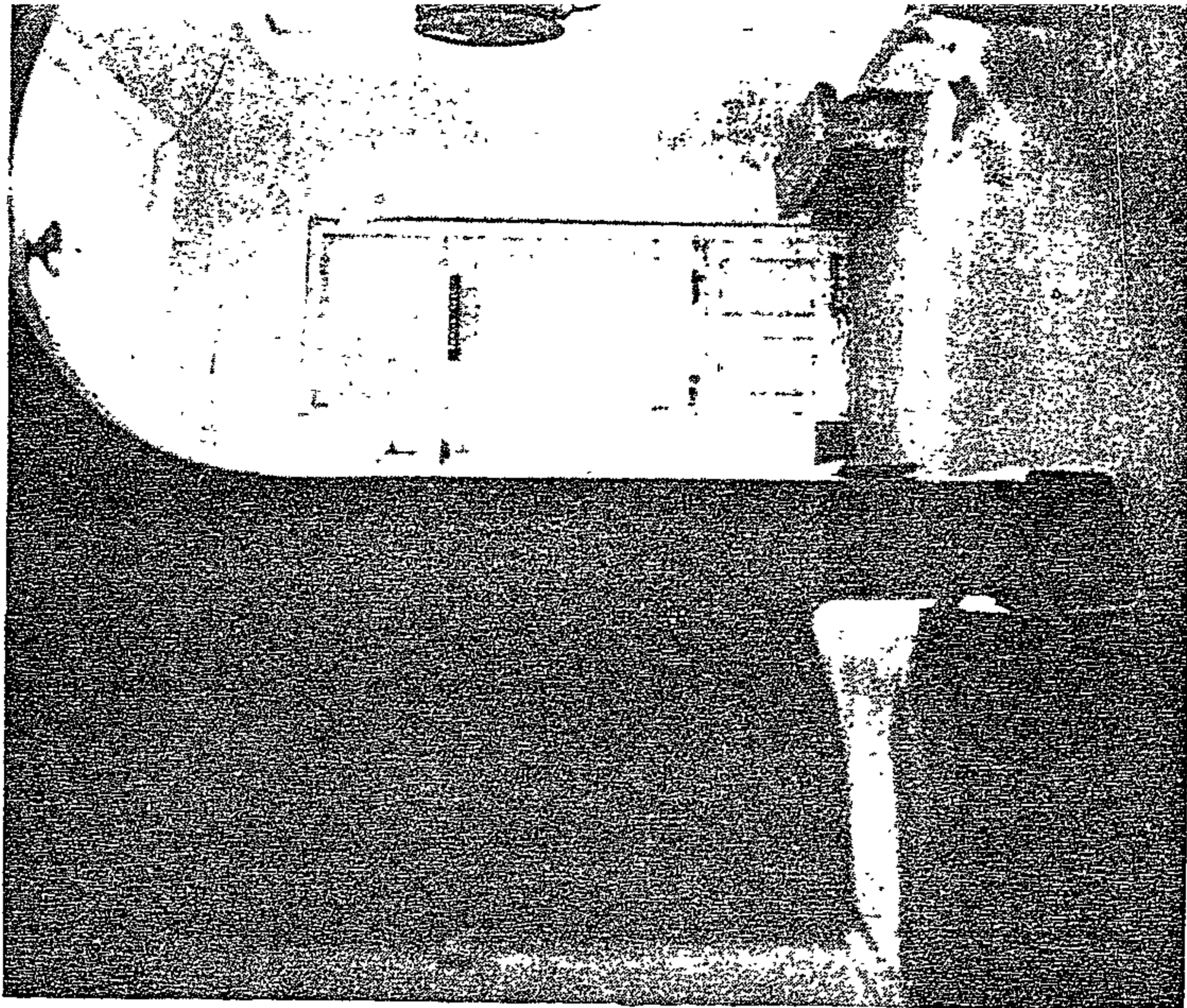
She screamed with pain during the operation, which was carried out so fast it took just 15 minutes.

Another woman, who was 14 weeks' pregnant, had an abortion by the same doctor.

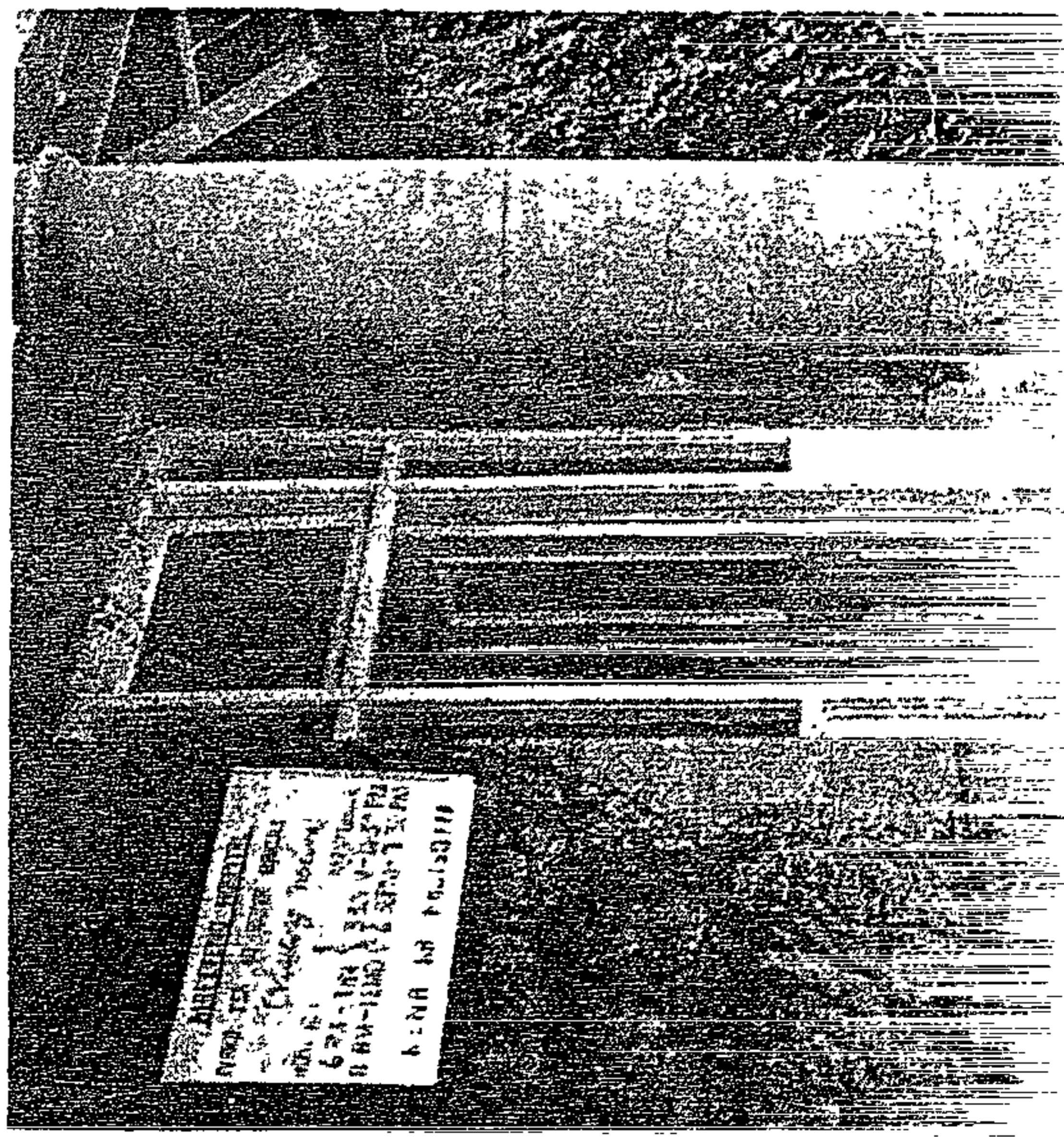
But in her case the operation took nearly an hour and the doctor had to call for help from an unqualified medical orderly.

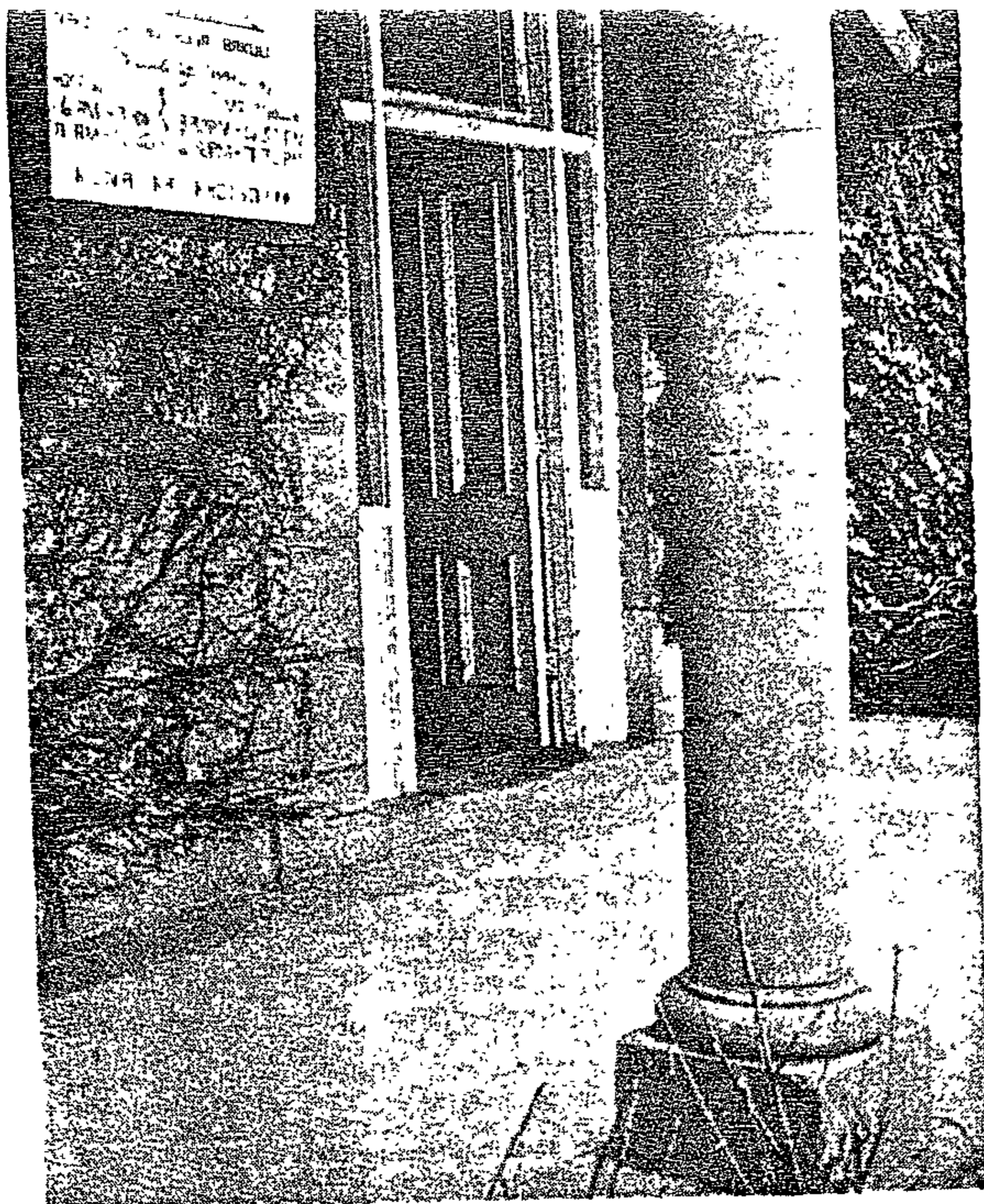
Both patients have since had treatment at Johannesburg Hospital. One was also treated for psychiatric problems caused by the abortion.

Last year a British woman living in South Africa paid R300 to have a six-week



THIS WAY, PLEASE ... this dingy corridor leads to the unhygienic





The entrance of Mafeteng Hospital in Lesotho

A nightmare story of pain and suffering

AN unmarried woman told this week of her six-month nightmare of pain and suffering after having an abortion at the Lesotho hospital. "I consulted friends who said they had heard of Mafeteng," said the 26-year-old woman.

"They recommended the procedure as being quite safe.

"When I reached Mafeteng I asked to see the matron and a person called Dr Rudolph. The matron claimed she did not know a Dr Rudolph but said that one of the local doctors could help me.

"The doctor herself was blasé about it all — almost a cavalier attitude.

Screamed

"She did not scrub up as one would think they would do, or should do, in this situation — she wasn't even wearing a surgical mask.

"The abortion procedure started at 5pm that day last September. It was all over 15 minutes later.

"I screamed my head off as she used the vacuum method.

"She did everything so fast — even the local anaesthetic wasn't allowed to take effect.

"I was 10 weeks' pregnant. "After the abortion, the doctor gave me penicillin and told me I was a coward

for having screamed. "She also said I would be in pain for about half an hour — but the pain stayed with me for another seven hours. "I spent the night at the local hotel and the next morning returned to Johannesburg.

By NORMAN CHANDLER

"Two nights later I was having hot flushes and, in the morning, incredible cramps with bleeding.

"I went to Johannesburg Hospital and was told that an incomplete abortion had been performed.

"They pumped me full of more antibiotics. "A week later I was again in a lot of pain.

"My gynaecologist diagnosed a low-grade infection. The treatment seemed to work for about two weeks.

"But three weeks ago the pains started again.

Pumped

"I regret the whole thing totally.

"Six months of pain have gone by since I went to Lesotho to have an abortion.

"I didn't want to have an abortion in the first place but I was too scared to have the baby alone.

"Everyone says how terrible abortion really is. I believe it should be clinically provided in South Africa, even if only available to single people.

"My attitude to men now is one of fear and hatred.

"I am under psychiatric treatment, which started literally within days of returning to Johannesburg.

"I don't know if I can now have a baby as a result of what I went through and still am going through.

Scared

"I have been in Lesotho, at this hospital, for three months."

Dr ACKUAH said he would comment further only to medical authorities in Lesotho, South Africa or Britain.

He then referred the Sunday Times to the Lesotho Permanent Secretary for Health, Mr Thomas Thavane, who was unavailable for comment.

Dr Ackuah's colleagues at the hospital include two Dutch doctors and a Mosotho woman doctor, named by a Johannesburg woman who had an abortion.

The woman doctor was not available for comment.

four-week pregnancy terminated.

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She screamed with pain during the operation, which was carried out so fast it took just 15 minutes.

Another woman, who was 14 weeks' pregnant, had an abortion by the same doctor.

But in her case the operation took nearly an hour and the doctor had to call for help from an unqualified medical orderly.

Both patients have since had treatment at Johannesburg Hospital. One was also treated for psychiatric problems caused by the abortion.

Last year a British woman living in South Africa paid R300 to have a six-week pregnancy terminated.

After the operation, the woman wept as she told me she would never have undergone it had she known what the conditions would be like.

Admitted

The senior doctor on duty — a Dutch practitioner who has since returned to Holland — admitted performing the abortion.

He said many women crossed the border to have illegal abortions.

They had started going to Mafeteng after a clinic at Teyateyaneng Hospital had been exposed more than two years ago.

A Teyateyaneng doctor, suspended from duty by the Lesotho Government, now works as a general practitioner at the Queen Elizabeth II Hospital in Maseru.

The new medical superintendent at Mafeteng Hospital, Dr A Ackuah, this week denied all knowledge of the abortions and asked how long the racket had been going on.

When told it covered more than 18 months, Dr Ackuah claimed: "I have never heard about this.

"I have been in Lesotho, at this hospital, for three months."

Dr ACKUAH



Dr ACKUAH

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The woman doctor was not available for comment.

No knowledge

The hospital matron, Mrs M Ntente, told me: "I have no knowledge of abortions being performed here."

When told that case histories were available and women had said they had seen her, she repeated her denial.

A hospital official describing herself as a "social worker" admitted that abortions had been carried out.

In a tape-recorded interview in the presence of police and hospital officials, she said: "All those doctors have all gone."

Asked whether abortions had been performed on white South African women, she replied: "I don't know whether they are South Africans, or where they may come from or what passports they held.

"We don't ask for their passports. We wouldn't know a white South African from a British white."

THIS :

13 have
cholera
in East
Cape

Post Reporter

THE number of confirmed cases of cholera in the Eastern Cape has risen to 13 with two cases being confirmed at the Cradock Hospital on Saturday.

The Regional Director of Health, Dr J D Krynauw, said two black children from the Lingelihle Township near the town were admitted to the hospital on Friday.

A further 10 people — most of them from the Mlungisi Township near Queenstown — are being treated for the disease at the Frontier Hospital.

A 72-year-old woman died earlier this month after she had been admitted there.

(29) D. D. Krynauw
**Cholera at
Cradock 3/33**

PORT ELIZABETH —
The number of confirmed cases of cholera in the Eastern Cape has risen to 13 with two cases being confirmed at the Cradock Hospital.

The regional director of health, Dr J. D. Krynauw, said two children from Lingelihle township near the town were admitted to the hospital at the weekend.

A further 10 people — most of them from the Mlungisi township near Queenstown — are being treated for the disease at the Frontier Hospital. — SAPA.

Please only mark the right hand side pages.
I have used the left hand side for rough work.
Thank you.

were immunised against poliomyelitis in each province in 1981 and 1982, respectively?

89) Poliomyelitis 1/3/83
 Hansard Q. Col. 393-396
 240. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

How many persons of each race group

The MINISTER OF HEALTH AND WELFARE:

Transvaal

1981

Whites	Coloureds	Asians	Blacks
139 989	29 550	22 242	801 974

395

TUESDAY, 1 MARCH 1983

396

1982	295 104	55 169	41 432	1 433 370
<i>Cape Province</i>				
1981	77 611	290 525	910	175 148
1982	77 890	242 446	474	255 788
<i>Natal</i>				
1981	23 693	7 199	41 168	266 730
1982	33 811	8 257	62 299	268 312
<i>O.F.S.</i>				
1981	6 265	1 893	Nil	266 738

1982

68 464	10 755	Nil	266 311
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89) *Humoured Q. 1.1.400 - 401*
Kwashiorkor/marasmus
1/3/83
333. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

How many patients suffering from (a) kwashiorkor and (b) marasmus were admitted to hospitals in South Africa in 1980, 1981 and 1982, respectively?

The MINISTER OF HEALTH AND WELFARE:

401

WEDNESDAY, 2

The admission and treatment of such patients are primarily a provincial responsibility.

Comprehensive figures for South Africa can thus not be supplied by the Department since these diseases are not notifiable.

Cholera

(89) ~~2) Fishery~~
found in

Mercury 2/3/83
Durban

shellfish

Municipal Reporter

CHOLERA-infested mussels have been found off Brighton Beach and on the rocks near the Reunion Canal.

Durban's Medical Officer of Health, Dr Colin Mackenzie, has warned people not to eat raw mussels or oysters from the Natal coastline unless they have been treated.

This was a fairly complicated process and should not be attempted by householders. However, cooked mussels and oysters were safe.

Yesterday was the first time since April last year that cholera had been detected in shellfish off Brighton Beach rocks. Cholera-infested mussels were last found off the canal mouth in October.

Dr Mackenzie emphasised that this did not mean bathers would get cholera.

Meanwhile, a CSIR report has absolved the city's controversial sludge experiment of pollution blame, and backed the findings of a similar survey which monitored the effects of the experiment.

The survey of the sea

and bathing beaches in the vicinity of Durban revealed that the water off the main beaches was purer now than before the start of the experiment in June 1981.

The 'most stringent microbiological testing system in the world' revealed no infective material from the two sludge outlets in the stretch of sea from the African Beach to Addington Beach.

Tests had proved, however, that the Umlaas and Reunion canals still carried sewage pollution into the sea and contaminated nearby beaches, and the Umgeni River had been responsible for periodic pollution.

Dr MacKenzie said there had been a dramatic change in the quality of the seawater along the main beaches since the city had stopped pumping sewage out of the harbour mouth.

The two sludge pipelines discharged sludge 3 km out to sea from the Bluff into an offshore current, but discharge from the canals was going out with one tide and coming straight back on the next.

Cholera: Frelimo to blame says SA

By BARRY STREEK

SOUTH Africa's cholera epidemic has been blamed on Frelimo by the Minister of Health, Dr Nak van der Merwe. He also said that over-population and the pollution of water contributed to the outbreak.

Dr Van der Merwe was replying to a call by the chief Opposition spokesman on health, Dr Marius Barnard, for more money to be spent on the prevention of cholera.

Dr Barnard said the Government was not paying enough attention to the provision of basic health needs.

Dr van der Merwe said cholera was fairly new to South Africa and it only came to the country "from across our borders when the necessary health control in some of our neighbouring states went to pieces.

"This is a demonstration of destabilisation in relation to health matters in our neighbouring states which has not been caused by the South African Government but in this particular case by Frelimo," he said.

Dr Van der Merwe said there was every indication that the 'Cholera 3' epidemic would be less serious than 'Cholera 2' despite the drought.

He also said the population explosion was a basic consideration which affected everyone in South Africa. If things continued as they were South Africa would have a population of 168-million by the year 2050.

S Express 6/8/83 89

89 Hansard Q. 61. 589
Pap smears 10/3/83

436. Dr. M. S. M. BARNARD asked the
Minister of Health and Welfare:

Whether his Department analyses Pap
smears free of charge for routine examin-
ation; if not, why not?

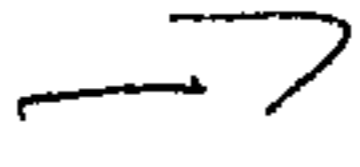
The MINISTER OF HEALTH AND
WELFARE:

No; it is estimated that a general screen-
ing program for all women at risk will cost
about R38 million per annum and would
need the services of 30 cytopathologists
and 1 200 cytotechnologists. Neither the
funds nor the staff are available.

(89) Hansard Q. Col. 589
Bubonic plague - 590
10/3/83

442. Dr. M. S. BARNARD asked the
Minister of Health and Welfare:

How many cases of bubonic plague
were reported in each province of the re
public in 1982?



10 MARCH 1983

590

The MINISTER OF HEALTH AND
WELFARE:

Cape Province 18.
Rest nil

Girl, 6, ⁽⁸⁹⁾ treated for ^{E. Post} ^{11/21/23} cholera

Post Reporter

A SIX-YEAR-OLD cholera victim has been treated and discharged from the Cradock Hospital.

The Cradock Medical Officer of Health, Dr A Lyell, said that after the girl's case was diagnosed about a month ago, a number of people who had been in contact with her had also been treated.

The town's Chief Health Inspector, Mr J Carstens, said tests for traces of the disease in sewerage water, water from the Fish River, and town water supplies had proved negative. However, as a precaution, the chlorine percentage of filtered water had been increased.

Twelve confirmed cases of cholera — most of them from the Mlungisi Township near Queenstown — have been reported in the Eastern Cape since the first case was confirmed at the Frontier Hospital in Queenstown last month.

A 72-year-old woman from Mlungisi Township died after she had been admitted to hospital after a beer drink.

No confirmed or suspected cases have been reported in the Port Elizabeth, Uitenhage and Despatch areas.

D. Dispatch 12/3/83 (89)
**Child discharged
after cholera**

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CRADOCK — A six-year-old child from the Lingehle township has been discharged from the local hospital after being treated for cholera.

The local Medical Officer of Health, Dr A. Lyell, said all people who had been in contact with her had been treated.

The chief health inspector here, Mr J. Car-

stens, said samples taken from sewerage water, Fish River and town water were all negative. As a precautionary measure the chlorine percentage of the filtered water had been increased.

Although the results of the Fish River water were negative it was suggested that there should be no swimming or drinking of river water. — DDR.

89
17/3/83
Man dies after eating mussels

~~Staff Reporter~~ Staff Reporter C. Trine

A 20-YEAR-OLD Atlantis man has died after eating white mussels on the West Coast, police disclosed yesterday, and it is believed the shellfish had been contaminated by a toxic red tide.

A police spokesman said the man, Mr Koos Julies, who lived on a farm near Atlantis, collected the mussels from Silwerstroomstrand on Tuesday.

A spokesman of the Sea Fisheries Research Institute has warned the public to avoid eating shellfish from the West Coast until further notice.

Two cases of cholera confirmed in Mdantsane

89

19/3/83 E. Post

Weekend Post Reporters

TWO cases of cholera were confirmed today at Mdantsane, the sprawling Ciskei dormitory township which serves East London.

The outbreak follows a vigorous programme of health education in Ciskei, and, surprisingly, has occurred in an area with piped water and piped sewage.

The two patients, a young man and an elderly woman, lived in the same house in the township, and both were responding well to treatment, according to Ciskei's Minister of Health, Dr C H J van Aswegen.

Dr Van Aswegen said today that no other cases were suspected.

"Everything possible is being done to contain the outbreak, and there is no need for panic, especially in view of the fact that no new cases have been reported."

All known contacts are being treated, but health officials are baffled about the source of the disease.

The two people were admitted to Cecilia Makiwana Hospital in East London on Tuesday. Laboratories at the hospital and at the Frere Hospital suspected cholera in an early diagnosis, but it was only confirmed today by the South African Institute of Medical Research (SAIMR).

Dr Van Aswegen said: "I personally am disappointed. We had hoped to prevent this happening. But I am confident this is an isolated incident."

"The South African health authorities have been informed, and the closest possible co-operation between the South African and Ciskei health departments is being main-

● To Page 2

Border cholera outbreak reported

89

E. Post

19/3/83

● From Page 1

tained at high level on a 24-hour-a-day standby arrangement."

Dr Ian Harris, Superintendent of Cecilia Makiwana Hospital, said: "We have had an ongoing programme to educate people throughout Ciskei on the need to drink piped water, or to boil or chlorinate drinking water."

"We are trying to find the source of the outbreak and are doing everything we can to contain it."

Dr Harris said Ciskeians living in rural areas were being advised how to chlorinate drinking water by using common household commodities like Jik, Javel or Nomisol — one teaspoon to 25 litres of water.

E. Post
No more cholera cases *21/3/63* *81*

Post Reporter

CISKEI'S Minister of Health, Dr C H J van Aswegan, said today that no further suspected or confirmed cases of cholera had been reported since Saturday when tests on two patients admitted to the Cecilia Makiwana Hospital in East London proved positive.

The two patients, a young man and an elderly woman, lived in the same house in Mdantsane near East London and were admitted to the hospital on Tuesday.

Last month 12 cases were confirmed in Queenstown and Cradock.

No cases have been reported in the Port Elizabeth, Uitenhage or Despatch areas.

Handwritten notes at the bottom of the page, including the word "Despatch" and other illegible scribbles.

D. O. Opatu
Minister:
cholera^{21/3/83}
isolated⁸⁹
incident

MDANTSANE — An outbreak of cholera here was an "isolated incident" and there was no need to panic, the Ciskei Minister of Health, Dr C. H. J. van Aswegen, said yesterday.

He said there had been no new cases reported for a week and that all known contacts were being treated.

Two cholera cases were confirmed on Saturday. They were a young man and an elderly woman who lived in the same house and who were admitted to Cecilia Makiwane hospital on Tuesday.

The cholera infection was confirmed on Saturday by the South African Institute of Medical Research.

Dr Van Aswegen said the two patients were recovering well and may be discharged soon.

The Cecilia Makiwane Hospital superintendent, Dr I. Harris, said they were still investigating the source of the outbreak.

The mystery was the fact that the outbreak had occurred in a house with piped water and piped sewerage. The Department of Health, he said, was trying to solve this mystery.

Meanwhile, the medical officer of Health for East London, Dr J. R. van Heerden, said there had been no indications of cholera bacteria in East London. All sewerage cholera monitors had proved negative. — DDR

(89)
~~Cholera~~
kills 250
people
7/4/83

LISBON. — A cholera epidemic in drought-stricken Mozambique has killed 250 people and afflicted about 7 000 others, Maputo Radio reported yesterday

Seven provinces have been affected during the last three months, with Gaza province being the worst hit, the report said

The National Directorate of Preventive Medicine gave the casualty figures yesterday, the radio said

Outbreaks in the badly-hit southern provinces were declining, it added

Cholera, a highly contagious intestinal disease, often accompanies droughts that force peasant and urban slum populations to drink contaminated water.

In January, Mozambique pleaded for international emergency aid to help an estimated 4-million people hard-hit by severe drought.

— Sapa-Reuter and UPI

(81) (10) (36) ~~36~~
ROM 7/4/83
**Drought is seen as
big typhoid source**

By LIZ MCGREGOR
Medical Reporter

THE drought is probably a major contributor to the outbreak of typhoid in KwaZulu, according to the Durban Regional Officer of Health

Thirty cases of typhoid, including two deaths, have been reported in Newcastle in the last month. Dr S Smith, Madadeni Hospital's superintendent, said yesterday that 53 typhoid cases had been admitted to the hospital since January. This was a sharp increase over the average, he said.

A major outbreak would be difficult to cope with because the hospital's water intake had been reduced by 60%, he said.

Dr J van Rensburg, Regional Officer of Health in

Durban, said yesterday that when water sources started drying up, they became increasingly polluted and people became less discriminating in their choice of drinking water.

Typhoid was spread through poor environmental circumstances and poor hygiene, he said.

Meanwhile, the number of bacteriologically proven cholera cases has risen to 3 421, according to a spokesman for the Department of Health and Welfare in Pretoria.

The number of people who have been treated for cholera is 15 361, she said.

This figure excludes Transkei and Bophuthatswana, for which figures were not available.

... was ordered by Mr
 Piet van der
 last week to pay
 Quatermaine more
 R250 000 which he
 borrowed from a
 with travel agency be-
 1977 and 1979
 was also ordered
 pay Mr Quater-
 maine's costs, his travel
 expenses and those of
 witnesses. Leave to
 appeal was denied.
 was not in court on
 last day of the hear-
 ing and it has since been
 reported he is in
 Holland.
 former wife, Erica, was
 forced from Mr Moll
 October last year and
 has been claimed the
 divorce was aimed at
 safeguarding the Molls'
 possessions. — Sapa

● See Page 5



... where to buy,
 ... hire all the
 ... and services
 ... need.

9505

By SHARON LI GREEN
 WITH a measles crisis on
 Port Elizabeth's hands, the
 Livingstone Hospital,
 which is "normally very
 full", is expected to become
 even more crowded now
 that it and other provincial
 hospitals have to keep their
 own infectious diseases
 cases for isolation instead
 of sending them to IFD
 hospitals.

This is the result of Gov-
 ernment legislation.

Previously Livingstone
 Hospital sent its IFD cases
 to the Algoa Chest Hospital,
 a private institution which
 accepted both black and
 coloured patients.

According to a spokes-
 man for the Algoa Chest
 Hospital this came to an
 end in March this year,
 after an instruction by the
 State Health Department.
 The hospital now concen-
 trates on tuberculosis
 cases.

This is in accordance
 with the New Public Health
 Act of 1977, according to
 the city's Medical Officer
 of Health, Dr J N Sher.

This legislation says pro-
 vincial hospitals are now
 responsible for their own
 IFD cases.

Measles crisis in PE area could crowd the hospitals

89
 11/4/83
 3

Dr Sher said almost 90%
 of the notified cases for
 Port Elizabeth — 716 for
 this year and 304 blacks and
 coloureds last year — ema-
 nated from the Livingstone
 Hospital, which fell under
 the Cape Provincial
 Administration.

The Medical Superinten-
 dent of Livingstone Hospi-
 tal, Dr R E J Clarke, gave
 the number of measles
 cases admitted for the past
 three months as 125.

There were 28 cases ad-
 mitted in January, 34 in
 February and 63 in March.
 Last month, between 15%

and 25% of them had died,
 he said.

He said all measles cases
 were serious and were iso-
 lated as far as possible.
 When he was asked whe-
 ther there was adequate
 isolation space for measles
 care at Livingstone Hospi-
 tal, he said the hospital was
 "normally very full".

Dr Sher said if any hospi-
 tal did not have sufficient
 facilities to cope with the
 complications of measles
 then a higher death rate
 could be expected.

The Empilweni Hospital,
 a State hospital, continues

to accept IFD cases — but
 only black cases — accord-
 ing to its Medical Superin-
 tendent, Dr A Schumann.

The Evening Post visited
 the paediatrics wards of
 the Livingstone Hospital
 and saw a large number of
 infants who had gastro-en-
 teritis and measles with
 other diseases.

Roughly 70% of the in-
 fants were said to have
 gastro-enteritis, while
 about 25% had measles and
 measles with either gastro-
 enteritis or broncho-pneu-
 monia or both, and others
 had measles with another
 disease.

The Medical Superinten-
 dent of the Port Elizabeth
 Provincial Hospital, Dr
 Leon Cilliers, told the
 Evening Post they had few
 measles cases.

He said measles used to
 be a recurring epidemic
 disease, but with modern
 treatment this was no
 longer so.

For the past six months
 to a year the hospital had
 looked after its own IFD
 cases, whereas previously
 very sick IFD cases had
 been sent to the Elizabeth
 Donkin, which had an infec-
 tious disease wing, he said.

Trip down

Rate already
 double last
 year's toll

ONE HUNDRED
 black and col-
 ored children in
 Port Elizabeth
 have died of mea-
 sles in the past
 three months —
 almost double the
 number of deaths
 for the whole of

By SHARON LI
 GREEN

Measles death cause concern

89
 11/4/83
 3

amateur sporting contacts with South Africa.
 Dr Craven added: "People are tired of politics getting in
 the way of sport. Every survey shows conclusively that the
 masses are in favour of sporting contact with this coun-
 try." — Sapa

... still attached hope to the
 today said he nevertheless
 cil, Mr Amichand Rajbansi,
 negotiating with the Gov-
 ernment about the position.
 Mr De Klerk's department
 — Indians may not live or
 work in the Free State.
 It was reported at the
 of the Free State.

By SHARON LI GREEN

ONE HUNDRED black and coloured children in Port Elizabeth have died of measles in the past three months — almost double the number of deaths for the whole of last year.

And the situation is expected to deteriorate further with the onset of winter.

The death toll has reached such alarming proportions that the city could be on the verge of an epidemic.

This was confirmed today by Port Elizabeth's Medical Officer of Health, Dr J N Sher.

An investigation by the Evening Post revealed that statistics for the child mortality rate from measles and the number of cases notified in Port Elizabeth were alarming.

The figures show that in the first three months of this year, 94 blacks and six coloureds have died from the disease, with 46 deaths being recorded last month alone.

This contrasts sharply with last year, when the deaths for the whole of 1982 totalled 47 blacks and seven coloureds, climaxing in December with 21 deaths.

The number of cases notified last year was 306, of which 259 were black, 45 coloured, one white and one Asiatic. For the past three months, 716 were notified — 664 blacks and 52

Rate already double last year's toll

coloureds This culminated last month with 267 notifications for March only.

The week before last, 77 cases were notified of which 69 were black. Of these 39 came from Zwide, 12 from Kwazakele, 18 from New Brighton, and eight from Missionvale, Gelvandale, Bloemendal, Korsten and Kleinskool.

The figures are in stark contrast to the one white and one Asiatic case of measles notified last year. There were no measles deaths this year or in 1982 in these population groups.

Dr Sher said the reason was that measles flourished in a background of socio-economic deprivation such as lack of education, malnutrition and overcrowding in unhygienic slum areas.

In January and February this year the Health Department has already immunised 3 809 children aged from seven months to four years. Last year 19 075 were inoculated and in 1981 the figure was 15 921.

The statistics for the Dias Divisional Council, which controls the area from the Fish River to the Gamtoos River, form an interesting comparison. This year six blacks have died compared with none last year.

For the past three months, 91 black and 17 coloured cases were notified, while last year the numbers were 73 blacks and nine coloureds.

The numbers immunised for the past three months have been 932 blacks, 152 coloureds and five whites. Last year 3 061 blacks, 434 coloureds and six whites were inoculated.

A spokesman for Dias said one advantage about rural areas was they did not have a high risk of measles spreading because the population density was not as great as in the urban areas.

Dr Sher attributed the present upswing in the incidence of measles to the susceptibility of the masses at the moment, the slum con-

ditions which tended to aggravate the disease, and the toxicity of the virus.

The crisis was compounded because the main target groups were indifferent, being migrants or unemployed drifters with no fixed home.

By the time the health authorities were notified, the victim had moved to another area without having received treatment, thus spreading the risk of contracting the disease.

Measles itself was rarely a killer. People died of the complications which set in as a result of measles, such as pneumonia, gastro-enteritis, encephalitis and tracheo-bronchitis. Ear infections could also result.

The Health Department hopes to make extensive use of the mass media in the next few days, to broadcast on the seriousness of measles and to appeal to people to come forward for immunisation.

Dr Sher has urged parents or guardians of children from six months to five years who have not been immunised to bring them to their nearest clinic immediately for assessment and inoculation against various infectious diseases, including measles.

Measles symptoms begin about 14 days after contact with an infected person and resemble those of the common cold initially. An early rash resembling grains of salt appears on the lining of the mouth inside, the cheeks.

Three days later, the typical measles rash of pink spots behind the ears and then face, trunk and limbs appears.

Measles is most infectious just before the rash appears, and a person with this disease should be isolated from susceptible contacts until 14 days after the onset of the rash.

The temperature rises with the appearance of the rash and gradually subsides. Treatment involves rest in bed, plenty of fluids, cough linctus, aspirin and tepid sponging.

● See Page 2

MEASLES CAUSES CONCERTS

89
E. Post
14/83

Leaders blame squalor for disease

Why blacks are prone to measles

E. Post

89 ~~298~~

12/4/83

By JIMMY MATYU

BLACK community leaders, who have appealed to parents to have their children inoculated against measles, blame the high death rate on conditions for blacks.

They were reacting to a report from Port Elizabeth's Medical Officer of Health, Dr J N Sher, that 100 black children had died of measles in the past three months.

In a statement today, the secretary of the Port Elizabeth Black Civic Organisation (Pebco), Mr Vuyisile Oliphant, said that as long as blacks did not have a say in determining their own destiny, children were going to continue to die from measles.

Mr Oliphant said: "What is needed is to prevent the cause and not to concentrate on the symptoms."

The rector of the St James Presbyterian Church and programme director of the Sisonke Community Centre in Zwide, the Rev Howard Hans, urged parents to take their children to health clinics to receive all the necessary inoculations.

"When my church started running a community creche, we found that some of the children had not received any inoculations," he said.

He said clean-up operations in places like Soweto by township authorities were appreciated but were not followed-up regularly enough.

Kwazakele businessman Mr Archibald T Yeko also appealed to parents to have children inoculated.

He said: "Health nurses should be asked to make regular calls at the schools."

By SHARON LI GREEN

TEN out of 100 Port Elizabeth children who died of measles this year were under the age of six months, the Medical Officer of Health, Dr J N Sher, said today.

These infants were all black

Dr Sher said far more blacks than coloureds contracted measles which accounted for the high death rate among blacks

This follows an investigation by the Evening Post which found that 100 children had died in the past three months as a result of this highly-infectious virus. Of these, 94 were black and six coloured. This was an almost 100% increase over the death toll for the whole of last year.

Dr Sher said blacks were

more susceptible to measles because of factors such as malnutrition and overcrowding

Children from susceptible groups should be immunised at the age of from six to seven months and then again at 15 months. Children in higher economic groups should be inoculated from the age of one, Dr Sher said.

Children from birth to six months had no real protection against measles although they received "passive immunity" from their mothers. They received immune antibodies through their mothers' bloodstream and milk. This immunity, however, waned from the age of four months, Dr Sher said.

Mothers should breastfeed rather than artificially feed their children

up to seven months so that their immunity could be passed from mother to child, increasing the child's resistance.

Children under six months should not be inoculated as most injections carried antibodies. By injecting them with antibiotics one would be neutralising the antibodies circulating in the bloodstream

Last week 55 measles cases were reported - 51 black and four coloured. This was a decline in the figure for a fortnight ago when 77 cases were notified of which 69 were black and eight coloured.

Dr Sher has urged parents or guardians of unimmunised children from six months to five years to take them to their nearest clinic immediately

for assessment and inoculation against various infectious diseases including measles

The clinics for blacks are

● New Brighton, Avenue E: ☎ 413713.

● Site and Service, Befile Street: ☎ 1662533.

● Zwide, Corner Johnson Road. ☎ 661296

The clinics for coloureds are

● Schauder Township, Jarman Hall, Highfield Road ☎ 414933.

● Gelvandale, Bell Road: ☎ 422801.

● Bethelsdorp Polyclinic, St Anne Street: ☎ 812131/2

● Chatty, Off Dullisear Road ☎ 812111.

● Walmer, Eighth Avenue: ☎ 512523.

D. Ospatle 12/24/83 (89)

Measles has killed 100 PE children

PORT ELIZABETH — One hundred children here have died of measles in the past three months — almost double the number of deaths for the whole of last year, health authorities said yesterday.

The situation is expected to deteriorate with the onset of winter.

The city's medical officer of health, Dr J. N. Sher, attributed the upswing in the incidence of

measles to the susceptibility of the masses at the moment, the slum conditions which tended to aggravate the disease, and the toxicity of the virus.

Measles is rarely a killer. People die of the complications which set in as a result of measles, such as pneumonia, gas-

tro-enteritis, encephalitis and tracheo-bronchitis.

The opposition's spokesman on health, Dr Marius Barnard, reacted with shock to the news yesterday, and said such an outbreak, considering the circumstances, was to be expected.

Dr Barnard said he

had been appalled at the lack of sanitation and facilities in the areas he had visited which left undernourished children open to infection and was therefore not surprised to hear of the serious outbreak.

"From what I saw, a serious outbreak of measles — or for that

matter any other serious disease — in the townships was to be expected. It is a sad reflection on government policy," he said.

Dr Sher said measures were being taken to alert members of the public to the complications of the disease and to promote immunisation of small chil-

dren to prevent its spread. Leaflets in three languages on the disease were being prepared to distribute if necessary, he said.

"Last week's figures show a reduction in recorded cases so we are hoping we are over the crest — but it is too early to say whether or not this is the case. There is

a possibility that the situation will deteriorate with the onset of winter," he said.

Last week 55 cases were reported whereas during the week before last 77 cases were notified.

Dr Sher said the health department had immunised 3,809 children aged from seven months to four years. Last year 19,075 children were inoculated. — DDC.

89

Typhoid linked to water curbs

Mercury Reporter

THE severe water restrictions in the KwaZulu district of Madadeni, near Newcastle, are the major contribution to the recent outbreak of typhoid there.

A spokesman for the KwaZulu Department of Health and Welfare said there was an 'uncontrolled settlement area' without proper sanitation and no organised water.

'These conditions are favourable for gut-related diseases. We can attribute dense, uncontrolled squatting and lack of water supply from pumps as the major contribution to the typhoid outbreak.'

Since the beginning of the year there have been 57 cases of typhoid.

'Although there have been more cases in the past three months, there is by no means an epidemic,' he said.

He added the natural surface water on which the Madadeni and Osizweni residents relied was drying off leaving fewer points where people could collect water for their daily needs.

'Because there are so many people relying on the same surface points — these being the severely restricted pumps in the townships — contamination is setting in and the number of typhoid cases is increasing.'

He said the long-term answer was to provide safe, piped water but the short-term answer was to provide boreholes in as many areas as possible.

'The KwaZulu Water Development Fund has started a crash borehole programme and there is a self-help community effort spearheaded by one of the Catholic nuns at the Blaaubosch Clinic. This is to encourage people to donate money for boreholes to be sunk,' he said.

The deputy Regional Director of Health in Durban, Dr G M Gregeresen, said there was no upsurge of typhoid in Durban.

'There has always been typhoid in Durban but there is no outbreak. There have been no abnormally high incidents of cases — only sporadic cases,' she said.

Mercury 13/4/83

Number of measles deaths now 110 in PE

89
E. Post
14/4/83

By SHARON LI GREEN
ANOTHER 10 Port Elizabeth children have died of measles this month, bringing the number who have died of measles this year to 110.

So far the death toll is more than 100% higher than that recorded for the whole of last year, when 54 black children died as a result of the measles virus.

The number of measles cases notified on Friday, Monday and Tuesday was 53 and the figure is expected to be even higher by the end of this week, exceeding the 55 cases for last week.

This was confirmed today by Port Elizabeth's Medical Officer of Health, Dr J N Sher.

The latest 53 cases notified — 41 black and nine coloured — are the reported cases for Friday, Monday and Tuesday only, Dr Sher said.

Dr Sher said that of the 10 latest child deaths, one was under six months, four from seven months to a year and five from one to two years.

Yesterday four children from Aloes were notified as having measles and were admitted to the Livingstone Hospital.

Three of these children were later discharged while the fourth child, who had tuberculosis, epilepsy and measles, remained in hospital.

Dr Sher said there had been an increase in attendance numbers at clinics by people needing to be inoculated.

Dr Sher appealed to par-

ents and guardians of unimmunised children from six months to five years to take them to the nearest clinic immediately for inoculation.

Children from lower socio-economic groups had to be inoculated from six to seven months while those from higher socio-economic groups from one year.

The Mobile Health Unit No. 2 for blacks will be in the following areas:

- Windvogel, Moravian Church, Bethelsdorp Road, on Monday from 8.30am to 11.30am.

- Salt Lake, DR Church Hall, Freeman Street, on Monday from noon to 3.30pm.

- Aloes, near Matthew's Brickfields, first Tuesday every month from 8.30am to 10am.

- Kleinskool, Uitenhage, second and fourth Tuesdays every month from 9am to 3.30pm.

- Missionvale, Church Road, first Tuesday every month from 11am to 3.30pm and third and fifth Tuesday monthly from 8.30am to 3.30pm.

- Helenvale, Bus Terminus, Wednesdays from 9am to 3.30pm.

- Malabar, Roman Catholic Church Hall, on the first, third and fifth Thursday every month from 1.30pm to 3.30pm.

- Malabar, SS Aulayam, School Hall, second and fourth Thursday every month from 1.30pm to 3.30pm.

- Gelvandale Extension, Stanford Road, Katanga (Helenvale), Friday, 8.30am to 11.30am.

Health Dept to intensify measles campaign

E. Post By SHARON LI GREEN

99

THE Port Elizabeth Health Department is to intensify its campaign against measles next week by stationing mobile units in black areas where people can be inoculated, according to the city's Medical Officer of Health, Dr J N Sher.

These drastic measures come after 10 child deaths in Port Elizabeth were reported this month and 53 measles cases notified from Friday to Tuesday. This figure is expected to be even higher by the end of the week, exceeding the 55 cases for last week.

Dr Sher was surprised at the decrease in the number of measles cases notified last week over the 77 cases notified a fortnight ago. He called it an "unexpected dip".

So far the death toll for this year is 110 — more than

100% higher than that recorded for the whole of last year, when 54 black children died as a result of the highly infectious measles virus.

On Wednesday the mobile unit at which people could be inoculated specifically against measles visited Alocs. Thirty people were immunised.

Among the areas the mobile units will visit next week will be Zwide, which probably has the highest incidence of measles, according to Dr Sher.

This did not mean people should discontinue going to clinics to be inoculated, he said.

Dr Sher appealed to parents and guardians of unimmunised children from six months to five years to take them to the nearest clinic immediately for inoculation.

15/14/83

Yesterday a new drug was flown to Port Elizabeth from Johannesburg in an attempt to reduce the incidence of measles and the mortality rate.

Professor J W Moodie, Professor of clinical virology at the University of Cape Town, stopped at Port Elizabeth to deliver an intravenous drug, Zovirax (acyclovir), which was donated by a national drug company and is used to bring relief to measles patients suffering from the complication of herpes.

The drug is not a cure for herpes, which first appears as a common cold sore and then spreads throughout the mouth and descends into the lungs, but will be used to prevent the sores from spreading.

● See Page 2

D. Dipata

15/4/83

Cholera case (89) reported in PE

PORT ELIZABETH — The city's first cholera case was confirmed yesterday

According to the city's Medical Officer of Health, Dr J N Sher, a 35 year-old woman from the Transkei was admitted to Livingstone Hospital in the early hours of Tuesday morning suffering from what was yesterday confirmed to be cholera

'She had apparently been in the city for 48 hours before she was admitted to the hospital, but immediate precautions have been taken to prevent the possible spread of the disease and there is no cause for alarm' Dr Sher said

He said the woman had arrived in Port Elizabeth by bus from Port St Johns at 5 pm on Saturday — DDC

New drug rushed to PE

D. Dispatch 15/4/83

PORT ELIZABETH — A new drug was flown to Port Elizabeth from Johannesburg yesterday as part of a desperate attempt to help lower the city's measles mortality rate for this year which has risen to 110 with a further ten sufferers dying from complications this week.

Professor J. W. Moodie, Professor of Clinical Virology at the University of Cape Town, flew into Port Elizabeth yesterday morning with a fifth of the country's available

supply of the drug which was donated by a national drug company and will be used to bring relief to measles patients suffering from the killer measles complication, herpes.

Professor Moodie — who was on his way to Cape Town and offered to stop off at Port Elizabeth to deliver the intravenous drug called zovirax — said it had been used in South Africa in test cases for a year but had only been released on the market this month.

(84)
"It has been available in other forms but not intravenously and therefore could not be used to cure the oral type of herpes which has been one of the contributors to the high measles mortality rate.

"Measles has a terrifying effect on the immunity of the child and this causes the herpes, which at first appears as a common cold sore, to spread throughout the mouth and descend down into the lungs causing death," Professor Moodie said. — DDC.

W
J & W

(89) EriPost
18 new
19/4/83
cases of
measles
notified

Post Reporter

EIGHTEEN more measles cases have been notified, Port Elizabeth's Medical Officer of Health, Dr J N Sher, said today.

This brings the total this month to 235 and for the year to 951 — more than three times the total for last year.

Of the 18, nine are from Zwide, five from Kwazakele and two from New Brighton. Two new coloured patients have also been notified.

A total of 165 cases were reported in January, February 263, March 288 and April 235. At 112 the death toll is more than double that for 1982.

Dr Sher said the additional four mobile units where children could be inoculated specifically against measles would be in operation in the black areas today.

'Terrific response to measles inoculation drive'

By SHARON LI GREEN

THERE has been a "terrific response" to the call for inoculation against measles with an attendance of 700 at two of the four additional units alone yesterday, the Medical Officer of New Brighton Clinic, Dr A C Bradley, said today.

Yesterday was the start of the City Health Department's intensified campaign in which four extra mobile units were in operation where children could be immunised specifically against measles.

The four areas visited by the mobile units yesterday were Soweto opposite Mbanga Street, Potgietersground on Red House Road, Site and Service in Kwazakele and Missionvale. The same venues as well as New Brighton were being covered today.

Dr Bradley said 700 people attended the two mobile units at Potgietersground and Soweto alone.

The Deputy Chief Public Health Nurse for Port Elizabeth, Mrs N Hall, gave the attendance figure for the mobile unit stationed in Kwazakele as 106 with a further 45 attending the Site & Service Clinic in Befile Street.

Dr Bradley said he was sure the increased number of people being immunised would help to reduce the high incidence of measles.

So far the death toll is 112, more than twice that of last year when 54 died of measles or its complications.

The total of measles cases notified this year is already 951, more than triple the figure for last year, which was 306.

Dr Bradley said the measles crisis could lead to an increased incidence of various diseases such as gastroenteritis, malnutrition and particularly tuberculosis.

(89) nom. 21/1/83
Cholera epidemic kills 42

MORE than 16 000 people have been treated for cholera in South Africa since the present outbreak of the disease.

Of the 16 203 people who have been clinically treated, 3 638 were confirmed cases.

This epidemic has claimed the lives of 42 people, the latest death being reported in KwaZulu, where 2 520 patients are being treated, according to a Department of

Health and Welfare spokesman .

In Natal, 22 people have died and 2 996 cholera cases have been proven.

Northern and Southern Transvaal have 523 proven cases and seven deaths have been reported.

In Kangwane, three people have died and 75 cases have been reported.

12 more die of ⁸⁹ measles in PE ^{21/4/83}

Post Reporter

TWELVE more children have died of measles this month, increasing the measles death toll for Port Elizabeth this year to 124.

This is more than twice the rate for the whole of last year when 54 died of the virus or its complications. Twenty-four deaths have occurred this month — 23 of them black children and one coloured, all under four years old.

The City Health Department has intensified its campaign against measles with the distribution this week of 45 000 pamphlets in townships and the mobilisation of four additional mobile units where children can be inoculated.

Yesterday over a 1 000 doses of the measles vaccine were administered, according to Dr A C Bradley, a municipal medical officer. He said the attendance numbers had increased daily.

The total figure for the number of measles cases notified in Port Elizabeth this year is close to 1 000. Dr Sher could not comment on whether there had been a national increase in the incidence of measles.

The city's Health Department has urged parents or guardians of children from six months to five years who have not been immunised to bring them for inoculation.

This is the story of a young woman who fell pregnant after she was raped, and of her struggle to procure a legal abortion. She, and her mother's employer who helped her, were met on all sides by sympathy and kindness but ignorance of the law and its application almost ruined this ambitious young woman's life.

Here is the story as told by Mrs Smith, the rape victim's mother's employer. Names have been changed to protect her identity.

Thandi is a 17-year-old Standard Eight schoolgirl, young for her age, who cherishes the ambition of being either a doctor or a social worker. She is a bright youngster and her mother, a northern suburbs housewife, will do anything in her power to help her daughter realise her ambitions.

On December 2 last her dreams were shattered.

Thandi was abducted from a street in central Johannesburg by two men who forced her into a car at a bus stop. She was taken first to a servants room in Houghton, then on the following day to a room in a block of flats in Hillbrow.

In the early hours of Saturday morning, December 4, the one man who had stayed with her locked her into the room and said he would be back.

By then Thandi had been forced to have sex five times.

Saturday, December 4. At 3.00 am Thandi escaped and walked to her mother in Athol Oaklands Road.

She arrived dishevelled and upset at about 6.00 am. At 8.30 am her mother's employer, Mrs Smith, had her at Hillbrow Police Station to make a statement.

They had to wait until 1 pm, said Mrs Smith and were then told that the district surgeon, who had to examine Thandi, was not available.

They would have to come back the next day.

Sunday, December 5. The police took Thandi to the doctor and told her if she had any problems to come back to them.

Mrs Smith then went on holiday for a month. When she came back she learnt that Thandi might be pregnant.

January 14. Mrs Smith took Thandi to the Hillbrow Hospital.

Workers in the polyclinic were non-committal about the possible pregnancy and Thandi was given some pills with the instruction to return in two weeks if her period hadn't started in 10 days.

She was not referred to the gynaecology department.

January 28. Thandi's period had not started so she went back to the polyclinic and this time she was given a blood test for pregnancy — a test Mrs Smith claims she should have had on the first visit.

It took yet another two weeks and three days to get the results.

February 11. Because Mrs Smith still hoped Thandi could have a D and C she sent Thandi back to the hospital with a friend, Mrs Jones.

Again they were seen in the polyclinic — it was Thandi's third visit to the hospital and still she was in the polyclinic and had not been referred anywhere for treatment.

Mrs Jones spoke to a doctor there and told him she wanted Thandi to have an abortion.

He laughed and said Thandi would just have to have the baby.

Although he had examined Thandi just two weeks previously and felt

A raped girl's battle for legal abortion

A SPECIAL INQUIRY BY
The Star

By Lynne Cornfield
Welfare Reporter

nothing, now on examination, he said she was very pregnant.

He sent for the results of the blood tests but they had not yet arrived. They came only three days later. They went to see the head of the clinic and he, at last, referred them to the gynaecology department.

An appointment was made for 7.30 am on the Monday morning.

February 14. Mrs Smith and Thandi were at the gynaecology department at the appointed time but had to wait two hours for a doctor.

Thandi was sent for sonar X-rays and for an interview with a social worker. The X-rays confirmed that Thandi was 12-and-a-half-weeks pregnant which tied in exactly with the date of rape.

It was now too late for a D and C. Thandi told the social worker that she would commit suicide if she couldn't have the abortion but this was left out of the report.

An appointment with a psychiatrist at Johannesburg Hospital was arranged.

February 17. Mrs Smith took Thandi to Johannesburg Hospital for the appointment with the psychiatrist because they had been led to believe that the hospital would grant permission for an abortion only on psychiatric grounds.

The psychiatrist "threw us out," said Mrs Smith.

February 18. Mrs Smith was on the telephone to any and everyone she thought might be able to help.

She phoned the Rape Crisis Clinic but when she told them Thandi was black they said they couldn't help. The person who spoke to Mrs Smith could also not tell her what the legal procedure was. (A Clinic spokesman was shocked when told of this later — see other story.)

She phoned Legal Aid, the West Rand Administration Board, the Department of Community Development, and the police.

Mostly she was handled politely and

kindly and somewhere along the line she was told she would have to go to the magistrate's court.

February 23. Armed with photostated police records, a policeman involved in the case, and hospital records, Thandi and Mrs Smith went to the magistrate's courts and were given permission for the abortion.

February 24. A gynaecologist at Hillbrow Hospital told them the case would have to be assessed by a hospital committee which would meet on the Friday but that the application would have to be accompanied by a psychiatric report.

He arranged for Thandi to be seen at Johannesburg Hospital but there was a mix-up and Thandi was sent home.

At 9.30 that night Mrs Smith tracked down the chief psychiatrist at his home. He said if Mrs Smith could have a report on his desk by 8.15 the following day he would see to it that Thandi's case went before the hospital committee.

February 25. Mrs Smith took Thandi

to a psychiatrist known to her at 7.00 am.

Thandi's case went before the board.

Of eight applications for abortions one was granted: it was Thandi's. She was told she must book into the hospital on Sunday, February 27.

There was one snag. Thandi still needed a form signed by the district surgeon. There was no one that could help in the district surgeon's offices that afternoon.

February 26. Mrs Smith and Thandi took the form to the doctor's home.

He told her it was the wrong form and sent Mrs Smith to the mortuary to fetch the right form.

She returned and he signed it but told her that every step she had taken had been irregular.

February 27. Thandi was admitted and the abortion performed — but because the pregnancy was so far advanced Thandi had to go into labour and give birth.



When an abortion may be performed

Thandi's story highlights not a weakness in the law, but in its application.

It also highlights the tragedy of the abortion controversy in South Africa that has made those who must ultimately end the pregnancy frightened to act.

The Abortion and Sterilisation Act of 1975 provides that a woman may have an abortion if: she falls pregnant as a result of rape or incest; she has a serious medical or psychological condition that pregnancy or childbearing would exacerbate; the foetus has a congenital deformity.

Under each of these circumstances there is a legal procedure to be followed.

If anyone whom Thandi had consulted could have told her what to do, she could have had the whole matter finalised within a few days and early enough in her pregnancy to have had a D and C.

Dr V D Kemp, the principal district surgeon in Johannesburg, the man who finalised Thandi's abortion, explained what a woman should do in the case of a pregnancy following a rape:

The rape must be reported to the police immediately. The police will then send the woman for an examination at the district surgeon's office.

When the woman suspects she is pregnant she must go to her own doctor, gynaecologist, or a hospital clinic to examine her, confirm the pregnancy and that it ties in with the date of the rape.

Then she must go back to the police who will again send her to the district surgeon's office where

Although, in very limited instances, the law does provide for legal abortions, most women are ignorant of their rights. More importantly, officials who should know, do not know under what circumstances legal abortion is allowed nor do they know what procedures must be followed to procure a legal abortion.

the private medical report can be confirmed. The woman will then be given a letter from the district surgeon recommending an abortion.

She must take the two medical reports, covering letter, and police confirmation that she reported the rape at the time it happened, to the magistrate's court where a magistrate will authorise an abortion.

The abortion should then be carried out without further ado at any state institution.

Dr Kemp said if the woman went in the first instance to have her pregnancy diagnosed to a place such as Johannesburg Hospital or Baragwaneth Hospital, she would be referred to the social welfare department which would arrange the rest.

A spokesman for Johannesburg Hospital confirmed that it was unnecessary for a woman to have a psychiatric report or to appear before a hospital committee for her case to be assessed if she already had permission from a magistrate for an abortion.

Something, somewhere, went wrong in Thandi's case. Something also went wrong with the call to the

Rape Crisis Clinic. A spokesman for the clinic told The Star there was no record of Mrs Smith's call. She said the clinic was there to aid rape victims of all races and Thandi should therefore have been helped. Counsellors, she said, knew the procedures and were there to inform and support rape victims.

On all sides it seems that Thandi was a victim of misunderstanding and misinformation. The point she wants to make with her story is that what happened to her must be happening to others as well.

Mrs Smith has suggested that some organisation should set out the legal position and procedures in pamphlets that could be left at police stations, district surgeons' offices, or hospital clinics.

That Thandi might not be alone and that there might be problems surrounding the issues of rape and abortion seems to have been recognised by the government.

At present the South African Law Commission, a permanent commission set up to investigate and study facets of law to see where improvements can be made, has been asked by the Minister of Justice to give urgent attention to the project: "Women and Sexual Offences in South Africa."

Questionnaires have been sent to many organisations in South Africa to pinpoint the issues and to assess public opinion. One of the questions on that questionnaire relates to the law and procedures pertaining to a rape victim seeking a legal abortion.

But however enlightened the law its value is lost in a community unaware, or frightened, of its application.

KILLER

SEX

(89) City Press
24/4/83

3, 1983

24/4/83

(89)

DISEASE

SWEEPS

COUNTRY

Health authorities and doctors blamed as deadly cancer strikes down black women

By BRUCE COHEN

JO'BURG — A killer sex disease is sweeping the country and doctors as well as health authorities have been slammed for not performing vital tests that could save the lives of thousands of black women in Soweto alone.

The disease, cancer of the cervix, is apparently caused by too much sex too early with too many partners.

Soweto women have the second highest incidence of the disease in the world.

There are no symptoms in the early stages of the disease and it can only be diagnosed by a test known as a "pap smear".

Obstructionism

But State-run family planning clinics do not perform these tests, doctors at hospitals and clinics have been accused of not performing them, and health authorities have been slammed for obstructionism.

Professor Charles Isaacson, head of anatomical pathology at Wits, has described cervical cancer as an epidemic

among black women.

At his inaugural lecture this week, he slammed the health authorities for trying to cut down on the number of pap smears done.

With the exception of Baragwanath Hospital, he said, "we have the incredible attempt by the authorities to cut down on the cost of pap smears and to reduce the numbers done."

Pap smears

In 1980, Dr Gladwyn Leiman, of the SA Institute of Medical Research at Wits, set up Operation Screen Soweto, a project involving the massive upgrading of laboratory facilities and the training of staff to analyse up to 100 000 pap smears from Soweto alone.

But doctors had responded dismally, and the lab is now only receiving 25 000 smears a year.

"Everybody knows about it, but nobody's doing anything about it," she said, painting a bleak picture of indifference from the medical profession.

She told City Press that when Operation Screen Soweto was launched, she lectured to doctors and gynaecologists at Baragwanath and the eight township clinics on cervical cancer, asking them to send in as many pap smears as they

could.

"But the response was apathetic, if not obstructive," she said.

She then approached 15 private doctors in Soweto and gave them equipment to perform the tests, "but only one of them still bothers to send in tests".

Dr Leiman called on the Ikgakeng women's group to adopt the programme last September, but they have not responded.

The Government has no statistics for deaths of blacks from cervical cancer (there are statistics for whites, coloureds and Indians) but Dr Leiman said that a study she conducted in 1981 showed that out of every 1 000 Soweto women tested, 41 had the early stages of cervical cancer.

Could die

She estimates that in Soweto alone, there are at least 5 000 women who have cancer of the cervix.

Every one of them could die if they do not get treatment.

"I urge black women to go to their clinics or doctors and demand pap smears," said Dr Leiman.

She said that cancer of the cervix was a socio-political disease, caused by the breakdown of the social fabric in apartheid ghettos.

Modern chemotherapy has provided many cures

By Diane de Beer

The public underestimates cancer incidence and overestimates cancer mortality.

This was found in a recent public survey, says Dr Hendre Falkson, senior lecturer at the department of cancer chemotherapy at the HF Verwoerd Hospital in Pretoria.

"People still think that cancer must be a death sentence, while there are many types of what used to be lethal cancer which can be cured completely today."

She emphasises that cancer is much more common than most peo-

Cancer muddles in the public mind

ple think — one in four will get it — but it is not, as most think, almost always terminal.

Dr Falkson mentions other widespread misconceptions about cancer.

● It is not true that the United States, and by implication the Western world, has the highest cancer death rate.

Czechoslovakia and other countries behind the Iron Curtain have more.

● It is not true that 80 percent of cancers are environmentally caused.

In only 30 percent of cancers is there some association with lifestyle — smoking habits and diet for example — and even

then it does not follow that one can prevent cancer by eliminating certain foodstuffs.

● Risk is part of living. The risk-versus-benefit ratio is part of daily life.

● The "artificial" is suspect and vice-versa" ideology is simplistic, as demonstrated with artificial sweeteners.

Through the advances of chemotherapy — the treatment of cancer with drugs — only has it become possible to cure more cancers.

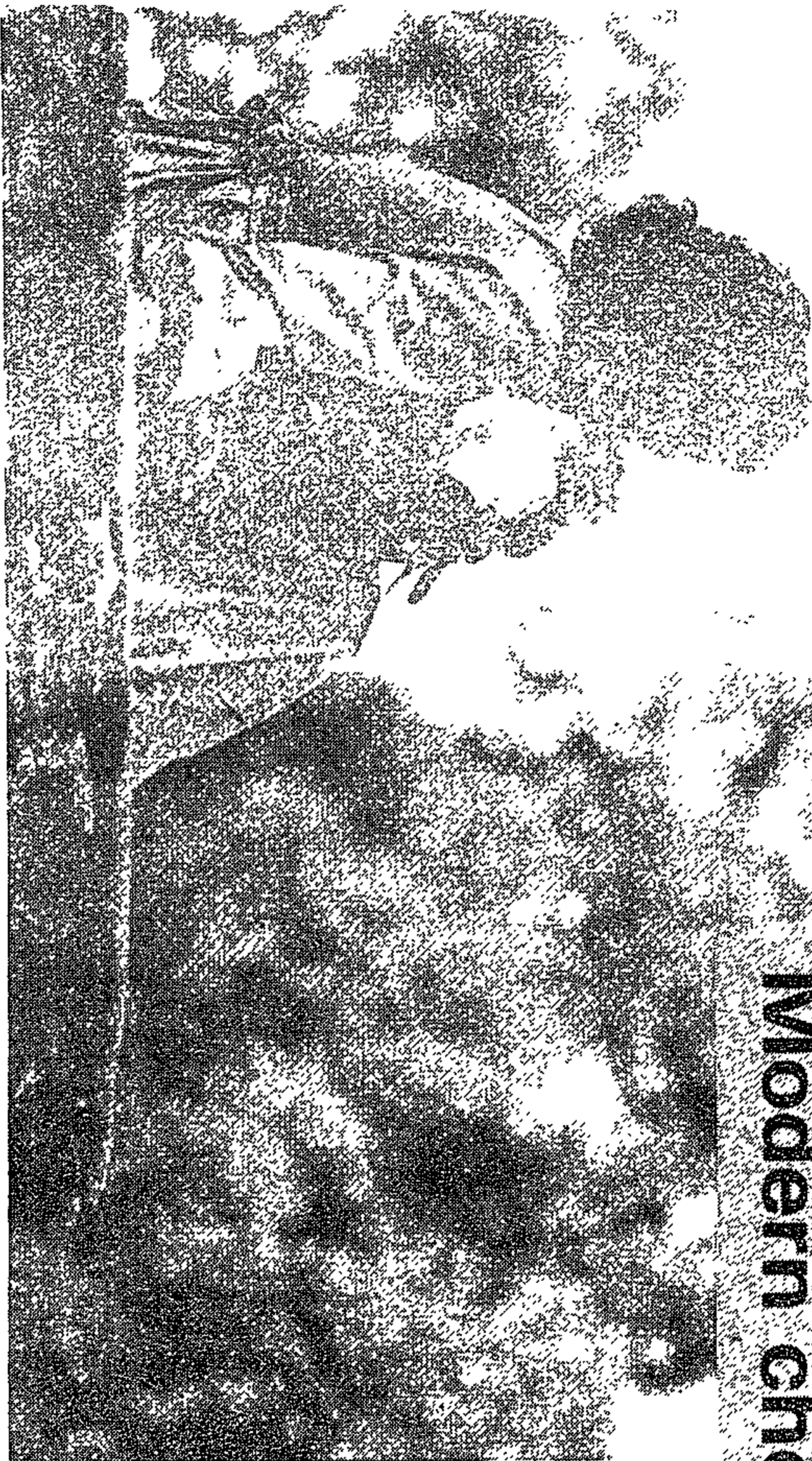
It was during World War 2, as a result of research into chemical warfare, that the possibilities of treating cancer patients by drug injections were realised.

"In this way a warfare method was changed to the advantage of humanity," says Dr Falkson.

No woman is immune from breast cancer. "Seven percent of white women can expect to have breast cancer at some stage."

If there's a high incidence of breast cancer in a woman's family she is a high-risk candidate. Women should not relax even if several biopsies have proved breast lumps to be benign, she warns.

Many women do not know how to examine their breasts and also are scared to have an exami-



"There has not been much progress in local treatment of cancer in the last 20 years," says Dr Falkson.

"To remove the primary tumour would in effect do nothing to prolong the life-expectancy of the patient."

"Mastectomy is still the best treatment for early breast cancer, but there is a 30 percent cure rate for all types of cancer."

Another 20 percent would have a seven-year life expectancy if they had surgery as the only treatment. Add radiotherapy to surgery and in many cases the cure has already spread, forming a secondary tumour.

Only 30 percent of the 300 cancers can be cured with local treatment, which includes surgery, often are missed into having a mastectomy when that is why women remove only the primary tumour.

The secondary tumour cells have an even greater tendency to spread than those of the primary tumour.

This means that once cells have been shed from the primary tumour and have started growing elsewhere, it will not make any difference to the patient's prognosis to remove only the primary tumour.

There thus has been enough time to shed cancer cells in the bloodstream and establish a secondary tumour.

That means that for one cancer cell in the breast to become a centimetre-big tumour the cancer has to have been established for seven years.

There thus has been enough time to shed cancer cells in the bloodstream and establish a secondary tumour.

That means that for one cancer cell in the breast to become a centimetre-big tumour the cancer has to have been established for seven years.

Most people think that cancer is a death sentence, says a chemotherapist. Many cures have evolved from modern therapy. Many women know too little about breast cancer and as a result undergo unnecessary operations. Some are in such dread of the disease that they refuse to consider going for a test. Women should be taught from an early age to go regularly for tests and become familiar with their own anatomy, she says.

of the people

Measles dead: 82% under ⁸⁹ 18 months old

By SHARON LI GREEN

MORE than 82% of the 124 children who have died of measles or its complications in Port Elizabeth this year were under 18 months.

This emerged at a Press conference today convened by the city's Medical Officer of Health, Dr J N Sher, and a visitor Dr J L Rawlinson, from the State Health in Pretoria.

Dr Rawlinson, presently doing an epidemiological investigation into the local measles epidemic, gave statistics intended to give an indication of which groups were severely affected.

It was found that 82,3% of the 124 deaths notified to the City Health Department from December 25 to April 22 were under 18 months old.

Dr Sher said this age group was the high-risk group as they were more susceptible to various in-

fectious diseases, including measles.

From four months old, the passive immunity the infant received from the mother via antibodies waned.

Of the 124 deaths, 34 were from Soweto, 30 from Site & Service, 23 from Zwide, 17 from New Brighton, 11 from Veeplaas and nine from other areas.

The total number of measles notifications from January 2 to April 23 this year was 1 057 — more than triple last year's figure of 306. Of the tally of 306, one was white and the rest black.

In 1981, there were 523 cases notified of which two were white. In 1980, of the 1 072 cases, 68 were white.

Since the additional four mobile units came into operation last Monday the attendances at these units and clinics had been increasing daily.

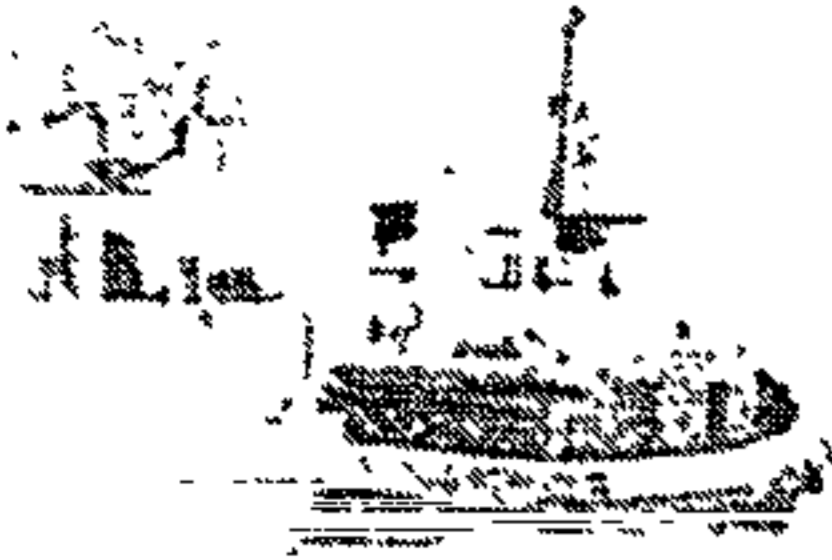
From April 18 to April 22,

the number of people inoculated at the mobile unit in Soweto was 1 500; in Zwide (Veeplaas) 860; at Site & Service 1 300; Missionvale, Kleinskool and other coloured areas 1 200; at Walmer and Willowdene 150; in the Westering shack area 42 and New Brighton 450.

For the same period there had been 100% increases in attendances at the clinics in Zwide, New Brighton, Kwazakele, Bethelsdorp, Chatty, Gelvandale and Malabar.

The regular mobile health unit where children could be immunised against various infectious diseases also showed a 100% increase. Schauder clinic showed a 50% increase.

The City Health Department has urged medical practitioners, clinics and hospitals to notify his department of measles cases promptly.



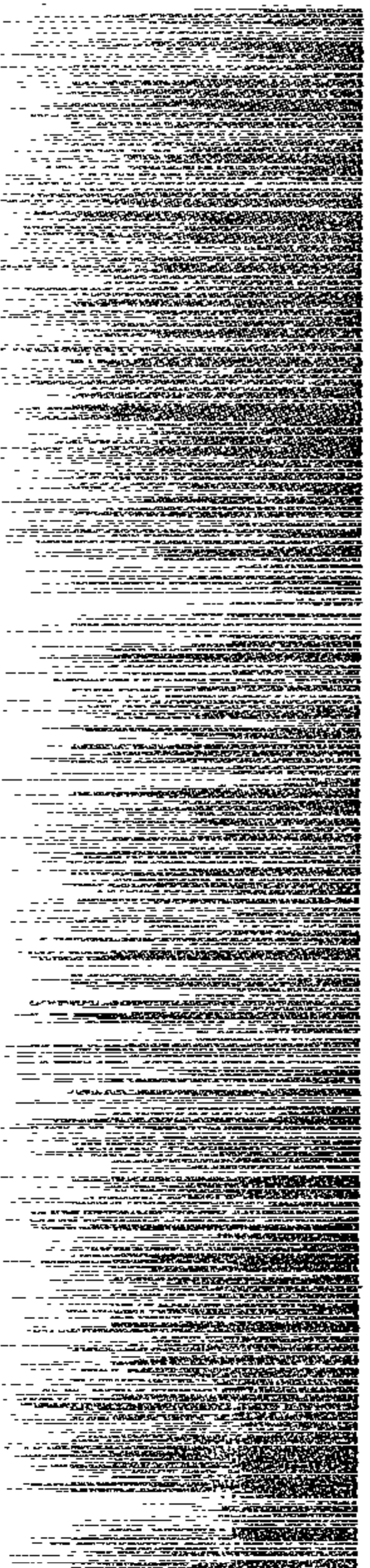
...takes to the River Anne Heseltine, wife Heseltine.

heysson

Mr Cheysson's statement at conference in Paris this week linking a Cuban withdrawal /Namibia independence.

...po friend" was the banner ... Turnhalle Alliance (DTA) ... kein.

... that guests at the award ... the Administrator-General ... lie van Niekerk; the National ... Pretorius; the Officer Com- ... orce, Major-General Charles ... Cape Town, Mr A van Zyl.



DISEASE blacks — Govt

Argus Foreign Service LONDON. — A "significant number" of British companies operating in South Africa report continuing efforts to help black workers by providing a range of fringe benefits beyond those required by law.

These include assistance with house purchases, transport, education schemes and clothing.

But, according to the Department of Trade this week, "only slow progress is being made towards the formal or informal recognition of unions representing black workers".

Also, it says, in only 41 of the 130 companies did negotiations take place over black wages and in 34 cases black workers were not represented on the wage negotiating body.

DETAILS

In the latest report on the code of conduct for companies with interests in South Africa, covering the period from June 1, 1981, to July 30, 1982, the Department of Trade disclosed that 90 percent of the companies continued to co-operate by providing details of their operations.

Of the 134 000 black workers covered by this report:

- 132 000 were above the poverty datum line;
- 2 000 were below the poverty datum line;
- 123 000 were above the higher datum level; and
- 11 000 were below the higher datum level.

The Department of Trade still declines to publish the names of companies paying below the poverty datum line because of "serious legal complications".

It mentions that 13 companies failed to reply.

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hunger warning by Natal doctors

107
89
90

28/4/83

Argus Correspondent

DURBAN. — Doctors working in Kwazulu have warned that thousands of people may starve to death this winter.

Others would succumb to diseases such as typhoid, cholera and measles, the doctors said.

The worst drought this century has brought on a crisis in the already impoverished hinterland where malnutrition and unemployment are rife.

The medical superintendent of Charles Johnson Memorial Hospital at Nqutu, Dr Arthur Coetzee, said more than half the malnourished children who were admitted to the hospital died.

"And we only get to see the tip of the iceberg. There is no way of telling how many will die before they reach us," he added.

Maize price increase

As the winter drew on, he expected more and more children suffering from starvation to be admitted. He feared that the recent maize price increase would exacerbate the situation.

"Because of the drought, there has been a total crop failure in the area and people have to buy food."

The hospital had a 120-bed children's unit. Most of those admitted suffered from malnutrition or a combination of malnutrition and infectious diseases.

Dr Coetzee said the hospital was overcrowded. Because of this it was stated in a report to the Kwazulu Health Minister: "We have to accept that it is normal for Kwazulu patients to be ill and die on the floor underneath the bed of another patient."

"What relatives think of this practice I shudder to think, but since most of them have no voice at either local or Government level, it doesn't seem to matter."

Doctors at other Kwazulu hospitals said they also faced a crisis this winter.

At Madadeni Hospital near Newcastle, 40 people have been treated for typhoid in the past month.

The medical superintendent, Dr Leslie Stewart-Smith, said that since January the hospital had treated 82 typhoid victims.

Many of the cases, he said, could be attributed to the chronic drought, which caused standards of hygiene to drop.

Doctors at a mission hospital in the Tugela Ferry area said cholera was endemic.

Throughout the region the water supply situation is desperate. Many people have to walk up to four hours to get supplies.

Swazis smuggle water

Argus Foreign Service MBABANE. — Swazi villagers in the south of the country are so short of water that they are crossing into South Africa and smuggling supplies back home.

The favourite method of the villagers in the Lavumisa area is to drive across in trucks at night with empty barrels to be filled up.

A spokesman for the Rural Water Board said: "People are literally begging for water."

PRICES

He said the villagers

Measles kills another 15 children in PE ^{29/4/83 E. Post} (89)

Post Reporter

ANOTHER 15 children have died of measles in Port Elizabeth this week, bringing the total since December 25 last year to 139 — and there is no sign of the situation abating.

This was said today by Dr J Rawlinson, an epidemiologist seconded from the Department of Health in Pretoria to carry out an in-depth study of the outbreak.

Dr Rawlinson said 13 of the 15 children who died were under 18 months.

There were also 127 new cases notified, including the

first white child to contract the disease. The child was from Kensington. Of the balance, 18 were coloured and the rest were black.

Since January 1 184 cases have been notified.

Of the latest deaths, one was coloured and the others black.

Figures collected by Dr Rawlinson showed that the sprawling unhygienic shanty town of Soweto and the township of Zwide contributed more than half of the notifications — and half of the deaths.

He said the number of children from the Soweto

and Zwide areas who were affected was way ahead of other areas.

“It is simply frightening how they have been affected,” he said.

By far the worst hit are black children under the age of 18 months, who constituted 82% of deaths. Children between six and 11 months constituted 35% of the death toll.

Dr Rawlinson said the immunisation campaign was continuing, and that the number of children attending the mobile clinics was increasing daily.

STEEL, ENGINEER

Year	African
1970	
1971	
1972	
1973	
1974	
1975	
1976	
1977	
1978	
1979	
1980	4 507

Address: P.O. Box 61289,
Marshalltown
Transvaal 2107

Officials: Ms. J. Hlongw

Area of Operation: Nation

Founded: This union broke
Union in 1979

Registration: Yes

Industrial Council: Iron

Membership: 1981 = 10 700

Another
two PE
^{2/27/83}
children
die of
measles

Post Reporter

TWO children died of mea-
sles or its complications
on Saturday, bringing
the death toll since De-
cember 25 to 141.

A spokesman for the
Empilweni Hospital
said today the victims
were a year-old-boy
from Veeplaas, who was
admitted on Wednes-
day, and a 10-month-old
boy from Soweto, who
was admitted on Fri-
day.

Nineteen more measles
cases have been notified
since Friday, according
to Dr J L Rawlinson, of
the Department of State
Health in Pretoria, who
is in Port Elizabeth in-
vestigating the epi-
demic.

A total of 1203 cases have
been reported since
January 2.

Of the latest 19 notifica-
tions, two are coloureds
from Missionvale and
Aloes while the rest are
African, mainly from
Soweto, Zwive and Site
and Service.

Last week the first white
case this year, a 2½-
year-old Kensington
girl, was notified.

Dr Rawlinson expressed
the hope that the num-
ber of notifications
would start decreasing
soon after the Health
Department's immuni-
sation campaign.

He said there had been a
decline in attendance
numbers at mobile units
and clinics, most likely
because most of the
population had been
immunised already.

ERS UNION

White	Total
	4 507

Star 27/1/81

Telephone: (011) 834 6665

Engineering and Allied Workers

and Metallurgy Industry

Four die of measles in ET

EAST LONDON — Four people had died of measles and the number of patients treated for the disease in the municipal area of East London had increased considerably over the last two months, the Medical Officer of Health here, Dr. J. R. van Heerden, said last night.

Dr. Van Heerden said ten patients were being treated at the Isolation Hospital and although the incidence of the disease here was not anything like that in Port Elizabeth, there was a definite increase. A total of 127 cases had been notified.

"We had 50 notifications in March and 36 in April as against 73 notifications for the whole of last year," he said. His staff had problems tracing people who cal-

led at the Day Hospital and clinics for treatment. The main problem was that sometimes they gave Duncan Village addresses and when staff tried to trace them they would either find they were unknown at those addresses or the addresses given were for houses that had been demolished.

"This means that the majority of cases must come from outside the municipal area," he added. The chief medical superintendent of Cecilia Makiwane Hospital, Dr. P. E. Pistorius, said it was common that the number of patients treated for measles increased in winter as the disease was endemic.

"But we have had no reports of any extraordinary numbers of patients with measles from our paediatricians," he said. Meanwhile, two more children died from measles in Port Elizabeth at the weekend and a further 19 cases have been notified. This brings the number of deaths this year to 137 — more than double the number of deaths reported last year — and 1 203 cases have been notified.

The medical officer of health in Grahamstown, Dr. J. Dippenaar, said the Health Department was sending vans into the townships broadcasting the seriousness of measles and appealing to mothers to bring their children for vaccinations. — DDR-DDC.

PE's measles outbreak 'may have spread'

E. Post

(89)

3/5/83

By SHARON LI GREEN
 ONE could only assume that the measles outbreak in Port Elizabeth had spread to other areas in the Eastern Cape, the city's Medical Officer of Health, Dr J N Sher, said today.

He was commenting on the fact that some surrounding areas had shown an increase in the incidence of measles this year.

According to the medical officer of health in Grahamstown, Dr J Dippenaar, and in East London, Dr J R van Heerden, there had been an increase in the number of measles notifications in their area this year.

Dr Sher felt the Health Department had "broken the back of the epidemic" and was now over the crisis. Attendances at clinics and vans had dropped this week because a large percentage of the population had been immunised.

The next step was preventive. "It is vital to return to the same areas and

to immunise them again after six to nine months."

Polio boosters which had been administered with measles vaccines would also be repeated. Polio had to be given at three months old and again at four months and six months for maximum immunisation.

Conditions such as lack of proper hygiene and overcrowding which allowed measles to flourish could lead to an increased incidence of polio, which was why immunisation against it was equally important.

The measles death toll for Port Elizabeth this year is 137, while 1 203 cases have been notified.

Dr J Rawlinson, an official from the State Health Department in Pretoria, who is here to investigate the measles outbreak, has submitted a preliminary report assessing whether the local epidemic has affected Eastern Cape areas. It has been submitted to the Regional Director of Health, Dr J Krynauw.

Government structures
 3 ways allocation
 which are meant to
 Def Social goods
 Merit goods
 Private goods - supplied by market
 in hospital - via consumer preference
 are necessary
 et al. in principle does not apply
 Benefit derived

(89) WDM 4/5/83
44 die as cholera epidemic sweeps SA

THE cholera epidemic in South Africa has killed 44 people and 17 481 people have been treated so far.

Of these, 3 909 cases have been bacteriologically proven, the Department of Health said in Pretoria yesterday.

In KwaZulu, 2 708 cases have been reported by telephone and the department

has been informed of nine deaths.

Natal has been the worst hit with 22 deaths and 3 235 proven cases.

Southern Transvaal has reported 159 cases and four deaths and Northern Transvaal 375 cases with four deaths.

In the Free State, 30 cases of cholera have been reported, but there have been no deaths.

In the Eastern Cape, 16 cases have been reported and one person has died.

In KaNgwane four people have died and 94 cases have been bacteriologically proven. — Sapa.

D. DISPATCH
129 measles cases
in East London (89)
5 MAY 1983

EAST LONDON — A total of 129 measles cases had been reported in the municipal area of East London, the medical officer of health, Dr J. R. van Heerden, said yesterday.

Two more patients had been admitted to Frere Hospital. One was from Duncan Village and the other was from Vincent residential area, the child of a domestic worker. The child came from outside East London.

Two other cases had been detected, but the Frere Hospital Day Centre staff could not trace them at the addresses given.



Dr Van Heerden

Dr Van Heerden had said on Tuesday 10 patients were being tre-

ated at the Isolation Hospital and although the incidence of the disease here was not anything like that in Port Elizabeth, there was a definite increase.

The chief medical superintendent of Cecilia Makiwane Hospital, Dr P.E. Pistorious, said there were no reports of any extraordinary numbers of patients with measles in his area.

The deputy chief nursing officer for Transkei, Mrs Doreen Baartman, said there were no extraordinary reports of measles in Transkei — DDR

Call for health services in Soweto

Post Reporter

THE lack of health services in Soweto could have contributed to the high incidence of measles in Port Elizabeth, Dr J Rawlinson, from the State Health Department in Pretoria, said today.

There is no clinic here or a regular mobile unit visiting the area. It would be wonderful if someone would donate a mobile unit, he said.

There were clinics in New Brighton, Site and Service, Zwide and Walmer.

One of the worst-hit areas of the local measles epidemic has been Soweto, which has no health services whatsoever.

Mobile units recently visited Soweto after the measles outbreak started.

He said the City Health Department did not have a regular mobile unit visiting black areas.

There were two mobile units run on a daily basis where people could be inoculated against various diseases such as diphtheria, whooping cough, tetanus, polio and measles.

One was for whites and the other, Mobile Health Unit No 2, visited only coloured areas including Windvogel, Salt Lake, Aloes, Kleinskool, Missionvale, Helenvale and Gelvandale Extension.

Dr Rawlinson, who is here to monitor the outbreak of measles, yesterday visited Soweto and Zwide.

Yesterday another 27 cases were reported and most of them came from Soweto and Zwide, he said.

This brings the number of notifications for this year to 1 243 — more than four times the amount of cases notified throughout last year. There have been 137

deaths from measles or its complications this year — nearly triple the number of deaths reported for the whole of last year.

According to figures released by the East Cape Administration Board, there were 8 471 shacks in Soweto occupied by 30 000 people. In Zwide there were 7 063 houses with 79 800 inhabitants and in the 11 652 houses in Kwazakale 100 028 people lived.

Dr Rawlinson's study will look at the reasons why the epidemic occurred, why the immunity of the community failed and factors contributing to the severity of measles in various communities.

He said there was an interplay of various factors. The drought had played a large role in contributing to the seriousness of measles with many from rural areas flocking to Zwide and Soweto.

He has requested the aid of Dr Stewart Fisher, from the Department of Community Health at the University of Cape Town, to help him collate statistics. Dr Fisher, who was in Port Elizabeth about three weeks ago to do a study on the high mortality rate of measles and factors associated with it, will be arriving here next week.

Dr Rawlinson was very hopeful that the incidence of measles would drop soon. Some of the extra mobile units immunising people specifically against measles had been withdrawn as attendance levels had dropped. However, the units were still operating in Soweto and Zwide.

From April 18 to April 29 more than 12 000 measles vaccines were administered.

89

Another eight measles deaths

Post Reporter

THERE have been eight more measles deaths this week in the Port Elizabeth area, bringing the death toll for this year to 145 or nearly triple the number reported for the whole of last year.

Eighty-three cases were notified this week, making the total for this year 1 286 — more than four times the amount of cases reported throughout last year.

More than 80% of the deaths occurred in children under 18 months of age.

At a Press conference today, Dr J Krynauw, Regional Director of Health, Dr J N Sher, the Port Elizabeth Medical Officer of Health, and Dr J Rawlinson, from the Department

of State Health in Pretoria, made an appeal to doctors, particularly private practitioners, clinics and hospitals throughout the Eastern Cape to notify it of all cases.

He said the incidence of measles in other Eastern Cape areas had increased and were not often notified. The disease could be controlled with the co-operation of the local authorities and community.

The incidence had increased for areas such as Ciskei, Grahamstown, Dias Divisonal Council and Queenstown for this year compared with last year, according to Dr Rawlinson, who is here to monitor the measles outbreak.

This did not necessarily

mean it was spreading from Port Elizabeth although the city had the highest measles death rate and highest number of notifications in the region.

Queenstown had 26 deaths this year compared with 12 last year, while Grahamstown had 12 this year and one last year.

Dr Krynauw said of the 145 deaths in Port Elizabeth this year one-third were found to be cases of undernourishment.

The incidence of measles in Port Elizabeth was expected to drop soon. The city had the best immunisation status at the moment unlike other Eastern Cape regions where there seemed to be inadequate coverage.

le-
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145 children have died in PE's measles epidemic

Scourge of the slums

w/e MRS 7/15/83

~~2/22/83~~
89

By KEN VERNON
Weekend Argus Bureau

PORT ELIZABETH. — Another eight children died of measles complications in Port Elizabeth this week, bringing the death toll for this year to 145 — almost triple the number who died from the disease last year.

A further 83 cases notified bring the total to 1 286 for the year, more than four times that for the whole of last year.

These facts were disclosed at a Press conference held by health authorities here yesterday afternoon.

The Regional Director of the Department of Health, Dr Japie Krynauw, said the number of cases in Port Elizabeth appeared to be decreasing, but there had been a marked increase in deaths and cases in the rest of the Eastern Cape.

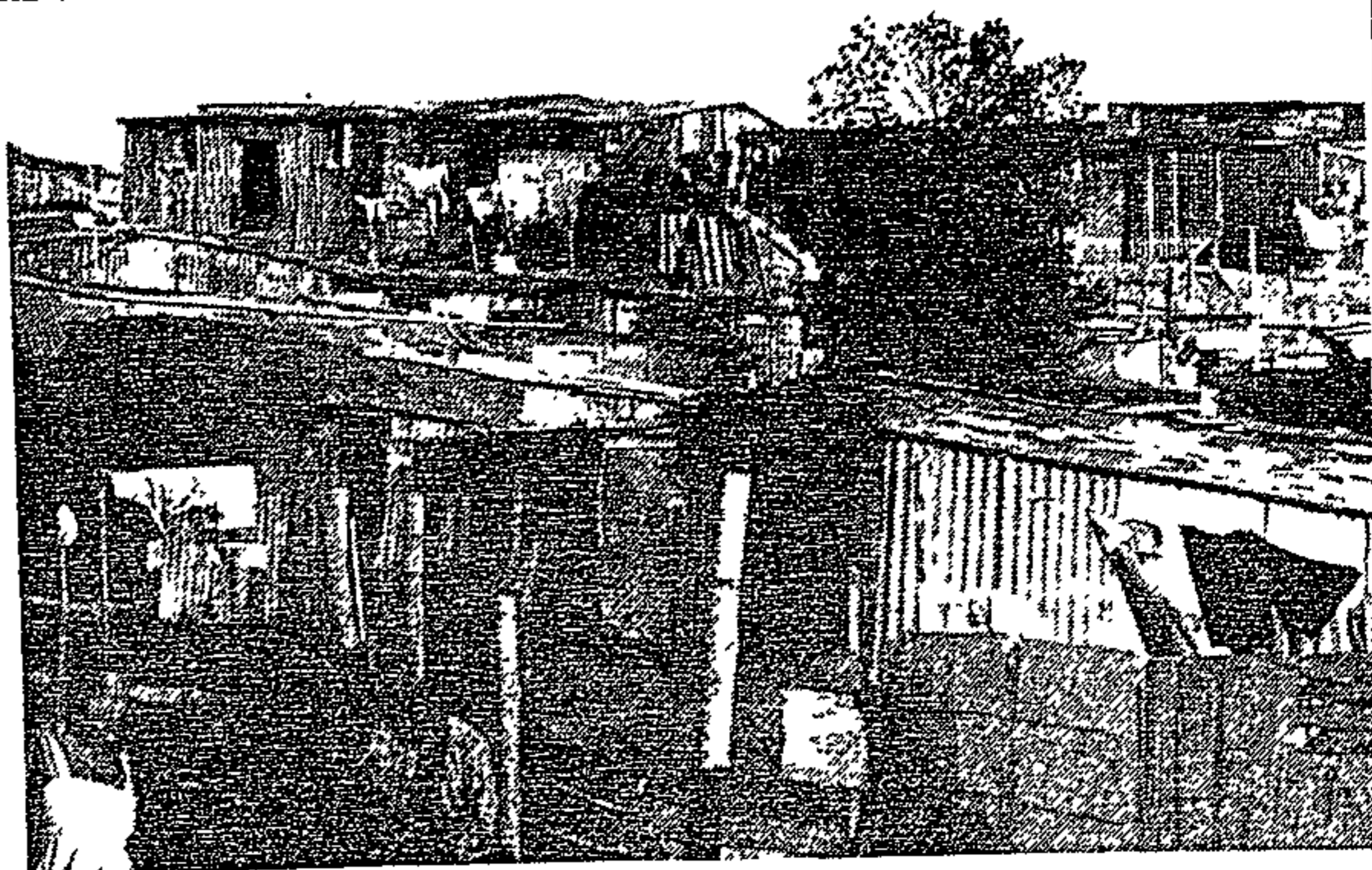
That was particularly in the Divisional Council areas of Dias, Smaldeel, Kaffraria and the municipal areas of Grahamstown, Queenstown, East London, Uitenhage and Adelaide.

Dr Krynauw said he had unofficially been informed of a higher incidence of measles in Ciskei.

Port Elizabeth's epidemic continues to baffle health officials in the city.

The deaths have continued in spite of a huge immunisation programme by local health officials.

A medical expert seconded from the Department of Health in Pretoria, Dr J Rawlinson, has found that more than 80 percent of the dead are children under the age of 18 months, and all of them children under 2½ years.



A VIEW of Port Elizabeth's Soweto where health authorities are fighting a running battle with measles.

The children are as much victims of poverty, squalor and overcrowding as of the deadly virus.

"Measles is a disease of the slums when it attacks in this virulent form," says Dr Rawlinson. "It is spread through contact, coughing, touching and so on, and it attacks those whose resistance is lowest.

"The children of the slum make a perfect target."

More than half the cases of measles — and half the deaths — reported here have been from the sprawling shanty squatter town called Soweto.

It was recently described by Dr Marius Barnard, Opposition spokesman on health, as "South Africa's worst slum". It shelters between 80 000 and 90 000 people under rusted corrugated iron and packing cases in unhy-

genic and overcrowded conditions.

Storm water drainage is non-existent. Stagnant, garbage-clogged pools abound, and "long drop" toilets are cheek by jowl with shacks.

Refuse and sewage is collected twice a week, but in an ill-defined and rapidly expanding area the services often break down and the only alternative is to dump refuse in the street or the back alley.

The conditions prompted Port Elizabeth's Medical Officer of Health, Dr J Sher, to remark that he was fighting "not only a highly contagious disease", but socio-economic conditions beyond his control.

The conditions are not unique in South Africa, and health officers are asking why the outbreak happened here.

Part of the answer is in the cause of Soweto's

existence. The influx into a poor health area of large numbers of people with little or no immunity has created a pool of people susceptible to disease, and who are able to infect many more people.

In such a way the "collective immunity" of a community is destroyed, says Dr Rawlinson, and the only way to combat the spread of the disease is large-scale immunisation.

Immunisation

"But effective immunisation is hampered by not knowing exactly how many people there are to be immunised, and by the fact that many may be illegally resident in the area, and so reluctant to bring their children forward until it's too late.

"In addition, unless the health service infrastructure is of a high standard, there is the risk that immunisation may not be carried out effectively."

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ute



IMMUNISATION continues ...



OFFAL is sold at a fly-infested street market.

MEASLES HITS EAST LONDON

89

CP Correspondent *City Press*

4/5/63
EAST LONDON } Four children have died of measles and 134 cases have been reported in East London since January this year.

This was a considerable increase in the number of chil-

dren treated for the disease the Medical Officer of Health, Dr J R van Heerden, told City Press.

In Port Elizabeth, the situation is much worse, with 137 deaths and 1 203 cases reported.

In East London, 76 children have been admitted to

the isolation hospital this year. During the whole of last year only 73 admissions were made and there were no deaths.

Dr Van Heerden appealed to parents to have their children vaccinated as soon as possible. He said the situation could become critical if parents did not act quickly.

Blue Monday for commuters hit by new fares

Staff Reporter

IT WAS blue Monday for commuters who had to pay increased bus fares awarded to City Tramways by the National Transport Commission last week

The increases average 12 percent.

Commuters interviewed at the Castle Street terminus this morning emphasised it would be the low income groups and those living furthest from the city who would be hardest hit with the greatest fare increases.

TAKE THE TRAIN

A regular commuter, Mr V Abrahams, who described the increases as "absolutely ridiculous," said he would "have to take the train to Cape Town" from tomorrow as he believed his fare from Mitchell's Plein had increased by 10 c.

Some commuters were not aware their fares had been increased. Mrs D Castle of Woodstock said it was "shocking" when she discovered she had paid 34 c instead of 30 c to get to town.

Mrs J Luyt of Woodstock, said: "What about

the people from far away? The fares have increased more in the coloured townships."

DELAYED

Mrs Veronica Mandida, the only breadwinner of her family in Langa, said it was going to be "difficult" now for a lot of families. She had paid, an extra 5 c on her previous fare of 42 c to Mowbray, and an extra 4 c on her usual fare of 30 c from there to town.

A commuter on a Tamboerskloof bus to the city said everyone on her bus had been delayed today as the driver told each passenger individually their fare had increased

"Nine out of 10 people did not know about the increase," she said, and had to get the extra money out of their purses.

"We only get one increase a year, but the bus fares go up about every six months it seems," she said.

D. D. ispatu 10/5/83 (89)

Measles increases

EAST LONDON — The incidence of measles here is rapidly increasing, a doctor said here yesterday.

Dr L. B. Schneider, the deputy medical officer of health, said the clinic in Duncan Village was very busy with 17 cases being admitted since Friday.

Six cases had been reported last week, he said, and there had been one death.

Dr Schneider said the high incidence of measles was customary at this time of year, but

this year was a little worse than in the past.

He said that vaccination against the virus was free and available to everyone.

A spokesman for the Frontier Hospital in Queenstown, said there had been a number of deaths but that this was usual at this time of year.

No exact figures were available, she said.

Dr L. Z. Mzimba, the director-general of the Ciskei Department of Health and Welfare, was unavailable for comment yesterday. — DDR

Few measles victims ill nourished, says doctor

89
2 Post
10/17/83

By SHARON LI GREEN

MALNUTRITION did not contribute a great deal to the number of child deaths this year, according to Dr Stewart Fisher, who recently completed his study on the high measles mortality rate and factors associated with it.

Dr Fisher, of the Department of Community Health at the University of Cape Town, was in Port Elizabeth last month to assess the local measles epidemic and to determine whether it was due to immunisation failure.

He has returned to the city to help Dr J Rawlinson from the State Health Department in Pretoria to collate statistics.

Dr Fisher said today that of the 124 children who had died at the time of his study last month, about 37% of the those who died in hospital were found to be malnourished and 67% were well-nourished. Most of the 124 deaths were hospital deaths, Dr Fisher said.

Most of the other deaths were from pneumonia, and one from the complications of measles.

"I initially thought malnutrition would play a large role in the deaths, but

most of the children who died were in fact well nourished," he said.

He said he considered whether the measles flare-up was due to vaccination failure or failure to vaccinate. He thought it was most likely because a large portion of the community had not been inoculated against the highly infectious virus.

Dr Fisher said he had decided against testing the new oral prophylactic intended to bring relief to measles patients suffering from the killer complication of herpes.

The reason was that very few patients were contracting herpes. He had originally been requested by Professor J W Moodie, professor of clinical virology at the University of Cape Town, to investigate the possibility of using the oral prophylactic.

The death toll for this year was 145, or nearly triple that of last year. A total of 1 271 cases had been reported — more than four times the notification figure for last year.

An estimated 20 000 of 40 000 children had still not been immunised in the black areas.

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PORT ELIZABETH — Another 78 measles notifications have been reported this week indicating that the measles epidemic is not decreasing, according to Dr J. Rawlinson, from the State Health Department in Pretoria who has been monitoring the measles epidemic for three weeks.

This brings the number of notifications this year to 1349 — more than four times the number of notifications for the whole of last year. This year's death toll has been 145 — almost triple the number of deaths last year.

Dr Rawlinson said that

78 measles ⁽⁸⁹⁾ cases reported

12 MAY 1983

D. D. STARH

the city health department had been optimistic that the epidemic was abating because notifications appeared to be decreasing on a weekly basis. But considering the 78 notifications this week it seemed that the epidemic was reaching a plateau but not decreasing.

He added that despite the immunisation campaign in the black areas

there were still about 20 000 children who had not been inoculated.

“There are too few health clinics in the black areas and some people have to travel long distances to get to them. Immunisation campaigns are short-term rescue operations but the long-term solution lies in an improved health services infrastructure,” he said. — DDC.

Fighting back against

CAPE TOWN - More attention is being paid to black health needs by medical researchers in South Africa.

Although much of the research is still focused on the health needs of wealthier groups, a gradual change of emphasis is taking place.

This emerges from the annual report of the Medical Research Council which was tabled in Parliament.

Much more needs to be done - and many critics believe there will be no major change in the health profile of the majority of South Africans without major social and economic change.

But the change in research is noticeable.

Cancer

The Medical Research Council contains details of projects on cancer of the gullet - the most common cancer among black men - diabetics at Baragwanath Hospital, a disease of the joints in KwaZulu, the low priority given to TB, nutritional diseases, obesity in black women, stress among miners, and cholera.

It has been found, for example, after extensive field research in the Transkei that cancer of the gullet "is most often seen in people with a deficiency of various minerals and vitamins."

Their investigation indicates that it is not the lack of food that causes this because their findings show that these communities do have sufficient protein and energy.

Maize

But the main staple in the diet is maize, which has low levels of essential vitamins and minerals.

They say that the cancer can be prevented, or minimised, by a varied and balanced

diet.

And the use of enriched maize meal, which is now available in many parts of South Africa, would help.

They believe that the numbers of deaths from cancer of the gullet would drop by 80 percent over 20 years if the mineral and vitamin deficiencies were corrected.

The "human biochemistry unit" in Johannesburg has found that black adults and schoolchildren "do not easily detect" the difference between fortified mealie meal and unfortified mealie meal.

Medical researchers have argued for years that if mealie meal was fortified it could play an important role to improve health standards.

Compulsory

And the human biochemistry unit has pointed out that the fortification of maize was "carried out successfully in the US many years ago."

Why, therefore, is the enrichment of mealie meal not made compulsory in South Africa?

The medical researchers don't ask or reply to that question, but it is clear from their investigations that the Government should take action to compel companies to enrich all mealie meal.

The Tuberculosis Research Institute in Pretoria says the assumption that the TB problem has been resolved has led to "a sharp reduction" in research in developed countries, but despite this it has been able to extend its work.

89 killer diseases
1978/83 Press

One of the problems is the low priority given to anti-TB work by health workers, the institute says.

Another is that the procedures in TB control need to be simplified so that they can be used in different conditions.

Epidemic

In its annual report, which was released this week, Santa outlined just how bad the TB epidemic in South Africa is.

It said that between 50 000 and 60 000 cases are reported every year and that about 100 000 more cases are unreported.

Ten people die every day from TB in South Africa.

Santa also said that overcrowding under "atrocious environmental conditions" such as Crossroads, coupled with malnutrition, undernourishment and rising unemployment resulted in the disease spreading over a wide area.

This finding tends to confirm the view that it is not just doctors, health workers and hospitals that will end the TB epidemic - more basic issues need to be tackled - but the research, if applied, would help.

The Institute of Biostatistics in Cape Town is evaluating the delivery of health care, particularly in Soweto. It found, for example, diabetics who were admitted to Baragwanath often had to be readmitted again later.

This was because diabetics lacked the knowledge and skills necessary to prevent another emergency, and a programme had been instituted to help this problem.

There was also the problem that the treatment suggested for these diabetics was not being complied with and research was being conducted to co-develop new strategies to prevent this.

Mseleni

The institute was also looking at Mseleni joint disease which crippled both men and women of all ages in north-east KwaZulu.

It has been found that this disease exists in a larger area.

"Because of the debilitating nature of disease and its high prevalence, there are serious socio-economic implications for the inhabitants of the area."

The National Research Institute for nutritional diseases in Cape Town is researching various aspects in which important diseases have a basis or component relating to the food people eat.

It has found that there is "a high prevalence of malnutrition" among people who have kidney failure and liver disease.

Toxin

This institute also found that a popular breakfast food had more than the legal limit of toxin in breakfast food.

It discovered "unacceptably high" levels of fungus in sorghum beer malt.

Another research institute has found cholera germs survive far longer in wooden containers and to a lesser extent in earthenware pots - but disappear rapidly in plastic and metal containers.

All this research indicates that the focus of at least some of the medical research is changing.

It is about time

Free water, but beware of cholera and bilharzia

Mercury Reporter

18/5/83

AMANZIMTOTI is issuing permits allowing people to draw water in bulk from the Amanzimtoti River free — but the water is contaminated with cholera and bilharzia.

According to the Town Clerk, Mr D C Ongley, use of the water will be entirely at the owner's risk and the council will accept no responsibility in the matter.

Water is being drawn from above the drift at the River Garden Hotel, about 1 km upstream from the Amanzimtoti village.

'Priority will be given to owners of swimming pool businesses and to individuals who want to top up their pools. Permits valid for a month will be issued to people in the pool business,' said Mr Ongley.

Signboards erected by the Amanzimtoti Municipality along the riverbank warn people not to bathe or swim in the river because of a danger of infection.

Up until now blacks from the nearby township of Kwa Makuta have been drawing water into plastic containers without permits.

Mr Ongley said the area would now be policed but the permit system would not be applied vigorously.

'But we can prevent people from drawing water from the drift if we have to.'

Pumping equipment and vehicles have to be supplied by the permit

Epidemic claims 11 more children

89

E. Post
20/5/83

By SHARON LI GREEN
ANOTHER 11 children have died of measles complications in Port Elizabeth, bringing the death toll to 166 — more than triple the figure for the whole of last year.

The number of measles cases reported this week was 85, boosting the notified figure for this year to 1 471.

The fight against the disease continues, with 848 children immunised by the City Health Department from last Friday to Wednesday.

So far 22 000 children have been vaccinated against the highly infectious disease this year, compared with 19 075 for the whole of last year. But an estimated 20 000 children are still at risk.

The breakdown of the 848 children immunised up to Wednesday is: Zwide mobile unit, 508; Kwazakele mobile unit, 92; Zwide Clinic, 74; Site and Service, 70; New Brighton Clinic, 60; Bethelsdorp Clinic, 41; Schauder Clinic, two, and Gelvandale Clinic, one.

According to the municipal Medical Officer of Health, Dr J N Sher, a vast proportion of the priority group of children from six months to two years had been vaccinated.

Many mothers whose children had already been immunised were bringing them to clinics for their second inoculation, according to a spokesman for one of the mobile units visited by the Evening Post yesterday.

The shortage of clinics in

the black townships was stressed by a nurse from one of them. She said staff coped only because they worked "flat out from 8am to 5pm".

Another problem in the medical campaign was the inaccessibility of thousands of potential cases.

Although some people had access to newspapers and radios, and children brought home information pamphlets issued at schools, most of the township residents relied on the spreading of news by word of mouth.

Mothers approached in Zwide and Kwazakele yesterday expressed deep concern about the epidemic. One said that whenever a child died the word would go out and people would gather to discuss developments.

This was particularly so in the squalid shantytown of Soweto, where the vast majority of people — most of them unemployed — could barely afford basic foods and newspapers were an unheard of luxury.

A large percentage of the 166 deaths occurred in Soweto, where measles flourished while medical workers had no hope of isolating cases.

Distances to hospitals — Dora Ngina in Zwide, Empilweni Hospital in New Brighton or Livingstone Hospital in Korsten — were vast, and many people could not afford transport.

One old woman commented on the increasing hardships: "Life is so miserable here, and now in the wet weather it is worse."

Measles toll of 167 leaves trail of grief

89
E. Post
24/5/83

By SHARON LI GREEN

THE death of young children from measles has left many Port Elizabeth families bereft and shaken.

In many cases, prevention could have prevented the sad loss.

So far 167 young children have died.

During a recent tour of the townships it was clear that overcrowding was a serious problem when it comes to highly infectious diseases such as measles.

In densely populated, unhygienic conditions in Soweto, Port Elizabeth, where there are 8 471 shacks inhabited by 80 000 people, those with sick children complained there was no way of isolating or caring properly for the ill.

Distance to the hospitals — the Livingstone Hospital in Korsten and the Dora Ngiza in Zwide — are vast and for many it is a long walk.

A mother in Soweto told of the loss of her nine-

month old daughter, Nozuko, who died on Ascension Day.

Mrs Thembeka Nontuthuzelo said she first noticed Nozuko "was having chest problems" and then "a sudden rash came out on the skin".

While preparing to take her daughter to hospital, the child died although Mrs Nontuthuzelo claimed she had been immunised against measles at seven months.

Fourteen-year old Samuel Schoeman has experienced the tragic loss of his three-year-old sister, Pumuza, who died at the Livingstone Hospital last month.

He said: "Pumuza was very sick and then my mother took her to the hospital. She was told by others my sister was suffering from measles."

Another Port Elizabeth mother, Mrs L Thurstone, is also grieving over the death of her two-year-old daugh-

ter, Chiquita, who died of measles complications in the Provincial Hospital last week.

Chiquita is the first white child to have died as a result of measles this year.

She was said to have died of black measles, more commonly known as haemorrhagic measles — a virulent and uncommon strain of measles.

The Port Elizabeth Health Department received another 40 measles notifications yesterday — 34 black and six coloured children — boosting the notifications for this year to 1 520, nearly five times the number for the whole of last year.

The breakdown for the number of notifications for this month is: for the week ending May 6, 83 cases were reported; for the week ending May 13, 115 cases, and for the week ending May 20, 98 cases, while 40 cases were notified to the municipal department yesterday.

May 1983

D. Nizipatu

~~100~~

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UMTATA — The cholera epidemic had adapted to the drought conditions in Transkei, the Minister of Health, Dr Charles Bikitsha, said here yesterday

Cholera has adapted to Transkei drought

Opening the first multilateral technical committee on health and welfare, Dr Bikitsha also criticised Division of Health services on racial grounds

On the cholera situation, he said his ministry had thought they had the situation under control but some unexpected twists in the epidemiology of the disease were noticed

"We noticed the persistent appearance of new cases when we had believed we had controlled the disease. After all, there was no rain to wash faecal deposits on the veld into the rivers and dams

"Yet although there was no water to wash hands after defecation and no green vegetation to use as toilet paper, suddenly the disease be-

gan to spread by contact. Handshaking especially after the funerals of cholera victims or at the end of Holy Communion services, became a health hazard

"The disease had changed its character and had adapted to the drought"

Calling for an end to racial approaches to health services, Dr Bikitsha said: "after all we

say about regional development, the development bank, constellation, even ignoring the national boundaries, why then do we persist in compartmentalising health services?

"Why do we continue to train doctors, paramedicals and nurses in different schools for different ethnic groups when we are committed to fighting the same

enemy — disease? Do we really have to dissipate the scarce resources of the nursing profession by creating separate examination boards to issue different but similar certificates?

"Are we really honest and dedicated to the concept of adequate and compatible health standards or are we just mouthing these platitudes?"

He said the independent and national states did not have the funds to correct earlier mistakes of South Africa and called for meticulous planning and care in the disposal of industrial effluent — DDR.

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Measles worst in PE area ^{Dispatch} 23/5/73 — health chief

EAST LONDON — The outbreak of measles in the Border and Ciskei was not nearly as serious as in Port Elizabeth.

This was disclosed yesterday by Dr J. C. Kry-nauw, the regional director of health in the Eastern Cape.

He said there had been a slight rise in the number of cases, but lack of notifications of cases of the disease made it difficult to keep a proper count.

The East London medical officer of health, Dr J. van Heerden said there were only two notifications in May

last year, but this year there had been 41. Three people had died.

Dr P.E. Pistorious, the chief medical superintendent for Cecilia Makwane Hospital, Mdantsane, said there were 15 notifications in April this year compared to five last year. One death had been reported.

He said Ciskei was experiencing a slight rise in the incidence of measles, but could not elaborate.

So far, 167 children have died in Port Elizabeth and 1 511 cases have been treated. —
DDR

31 more children die of measles, taking toll to 197

By SHARON LI GREEN

THE measles scourge has claimed the lives of another 31 children boosting the toll for 1983 to 197 — nearly four times the total for the whole of last year.

Of these deaths, 27 were African, three coloured and one white.

Although the number of deaths reported this week was very high, the municipal health department was confronted with a problem as there was a lag in the notification system.

Most of these deaths occurred over the last four weeks but were only notified this week. As a result the department was not getting an accurate picture of the epidemic according to the city's Medical Officer of Health, Dr J N Sher.

The notification system for the number of measles cases reported was more efficient and here there was only a seven to 10-day lapse in the system.

Seventy-one measles cases — 57 African, 13 coloured and one white — were reported to the department this week, increasing the number of notified cases for this year to 1 551, or more than five times the number throughout last year. But the number for this week — which is the lowest weekly figure for this month — was encouraging and showed "evidence of abatement and a downward

tendency".

Dr Sher attributed the decrease in the incidence of cases notified this week to the enhanced immunity status of the population.

But the department remained concerned and was maintaining its immunisation campaign against the highly infectious disease with an estimated 23 000 children having been inoculated this year, he said.

The measles incidence was much higher five years ago before the introduction of the measles vaccine into South Africa.

The reason the present local measles epidemic had aroused grave concern was that even "in the face of immunisation there was such a high incidence in the number of measles deaths and cases reported", Dr Sher said.

The present "root cause of the problem" was the low immunisation status of the community and overcrowding.

A large percentage of the deaths and measles cases reported emanated from the poverty-ridden, overcrowded and unhygienic shanty town of Soweto and the townships of Zwide and Kwazakele.

These adverse factors, along with undernourishment and poor housing, contributed to the spread of measles in the most susceptible population groups.

28/5/83 (89) E. Post

Measles epidemic leaves death and many questions in its wake

By SHARON LI-GREEN

THE measles epidemic which has claimed the lives of nearly 200 young children this year, leaving many Port Elizabeth families in mourning, has sprung many questions as to why it flared up in the city.

Evidence from the present outbreak shows that measles is rife in the high-density and high-risk groups who are most susceptible to infectious diseases.

The scourge has killed 197 children this year, or more than five times the number for the whole of last year, and 1551 cases have been reported this year, which is more than five times the number throughout last year.

Age is a high-risk factor to contracting the highly-infectious disease, with 83% of the deaths and notifications having been of babies under 18 months old.

Dr J Krynauw, Regional Director of Health and Welfare for the Eastern Cape, told the Weekend Post measles was controllable and preventable if parents had their children immunised.

"Apart from the socio-economic aspects which will be improved in future — but cannot be rectified overnight — we need the co-operation of the population to have their children vaccinated."

He said people in the lower socio-economic groups had all the more reason to have their children immunised.

But in the teeming African townships, where resi-



MRS THEMBELA NONTUTHUZELO of Soweto, Port Elizabeth, has experienced the tragic loss of her nine-month-old daughter Nozuko, who died of measles complications on Ascension Day. Here she holds her other daughter, four-year-old NANA.

dents faced increasing hardships, their priority line-up was not the same as that of the white man's.

Their predicament was stressed by an elderly woman in Soweto, who said: "Life is hard here, many are unemployed, and the rent for a shack is going up in July."

Another mother in Soweto said distances to the hospitals — the Dora

Nginza Hospital in Zwide, the Empilweni Hospital in New Brighton and the Livingstone Hospital in Korsten — were vast and many could not afford the "pirate taxis" operating in the area.

Some of the grief-stricken who had experienced the tragic loss of children in Soweto did not realise they had been suffering from measles until it

was too late.

Experts say measles itself is not a severe disease — it is the complications such as pneumonia, gastroenteritis, trachea-bronchitis and encephalitis which can be fatal if not treated.

The municipal health department has been faced with the formidable task of combating the disease, which has been partly due to the low immunity status of the masses.

But health officials are baffled as to exactly why it occurred in Port Elizabeth.

Speculation is that the intra-migration of people within the townships and the flocking of those from Eastern Cape rural areas to the city's townships because of the drought may have contributed to the high incidence of measles cases notified.

The Eastern Cape region (excluding Port Elizabeth) had also shown an increase in the incidence of measles. For January this year, 97 cases were notified, 113 in

200 posters have been printed, warning of the seriousness of the disease and urging mothers to bring their children to clinics to be immunised

The municipal health department has immunised 23 000 children this year of which about 18 000 had been vaccinated since the campaign had been stepped up in mid-April.

But a problem in the medical campaign was the inaccessibility of thousands of potential cases — and it was estimated 19 000 children were still at risk.

Although some people had access to newspapers and radios, and children brought home information pamphlets issued at schools, most of the township residents relied on the spreading of news by word of mouth.

According to Dr Krynauw, unless there was 100% coverage of the community, a certain percentage who had been immunised could still develop measles in a mild form.

"To have an adequate coverage, one must immunise one and a half times as many of the number of births in a particular year — especially those in the lower socio-economic groups."

Children in higher socio-economic groups normally received one injection against measles, but because of the high incidence of deaths and notifications of those under 18 months, it was necessary to inoculate children from the high-risk and high-density areas twice at intervals, for optimum protection.

Another problem the health department faced was the laxity of the notification system. Although the 31 deaths reported this week was a very high figure, most of the deaths occurred over the last four weeks but were only reported this week — which made it difficult to get an accurate picture of the epidemic.

Port Elizabeth's Medical Officer of Health, Dr J N Sher, said 71 cases were reported this week — the lowest weekly figure for this month — which was an

(3)	(2)	(1)
External	Internal	

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

NER BOOK
E TOWN

February, 141 in March and 176 in April, compared with a total of 1 189 for the whole of last year.

Dr Krynauw said he had reason to believe there were more measles cases than had been notified.

Since the intensification of the medical campaign against measles, thousands of rands have been spent. An additional 17 nurses have been employed, and extra emergency units have been mobilised. A total of 65 000 pamphlets and

encouraging and showed "evidence of abatement and a downward tendency".

But what of the future?

According to Dr Sher, immunisation campaigns were short-term rescue operations to "break the back of the epidemic" — the long-term solution lay in improved living conditions, better education and an improved health services infrastructure which, at present, was "chronically inadequate" in the black townships.

tified in 1983 as at the latest specified date for which figures are available;

- (2) whether any persons have died in 1983 as a result of measles or complications caused by it; if so, how many in each race group in each province as at the latest date for which figures are available;
- (3) whether any such persons were (a) under the age of 18 months and (b) between 18 months and five years of age; if so, how many in each case;
- (4) whether any steps have been taken by his Department to combat the disease; if not, why not; if so, what steps?

†The MINISTER OF HEALTH AND WELFARE:

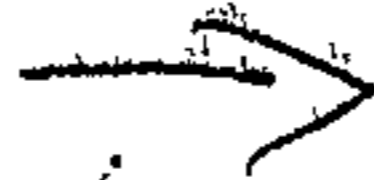
- (1) (a) 11 201.
(b) 3 994 as at 23 May 1983.
- (2) Yes; it is as follows as at 23 May 1983:

89 3/6/83 Hansard
Measles
Q. Col. 1461-1462
*15. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

- (1) How many cases of measles (a) were notified in 1982 and (b) had been no-

	Cape	Natal	OFS	Transvaal
Coloureds	13	none	none	none
Blacks	146	2	none	3
Whites	none	none	none	none
Asians	none	none	none	none

- (3) Yes.
 - (a) 78 under 12 months;
 - (b) 83 between 1 and 4 years.
- (4) Yes; the outbreak of measles at Port Elizabeth and vicinity was investigated epidemiologically. A comprehensive health education program was launched by means of pamphlets, posters and the public media (press



89 E. Post
**16 more
measles
deaths:
toll is
now 214**

By SHARON LI GREEN

ANOTHER 16 deaths from measles complications were reported to the City Health Department this week, bringing the death toll for this year to 214, or more than four times the number for the whole of last year.

But, according to a municipal medical health officer, Dr A C Bradley, the disease may be on the wane because the number of notifications reported this week was only 22.

Of these, eight were from Site and Service, 11 from Zwide and Soweto and one from New Brighton. There were also two white cases, from Algoa Park and Humewood, aged two years and one year respectively.

The total of notified cases for this year now stands at 1 564 — more than five times the number for the whole of last year.

There was a lag in the notification of deaths to the department with most of the deaths having occurred from April 28 to mid-May.

This made it difficult to get an updated picture of the epidemic, said Dr Bradley.

The notification figure could not be correlated with the number of deaths notified because the new notifications were received only after the last death was reported.

The decrease in the incidence of cases notified was attributed to the population's increased immunity status and to the increased number of children who

● To Page 3

** E. Post 89
**16 more
measles
deaths
recorded**

● From Page 1

had contracted measles, thus creating natural immunity.

"The medical campaign has played a role," he said.

Dr Bradley said the municipal health inspectors and nursing sisters were visiting households in the black areas as part of a survey on the immunity status of children who had died of measles, and to immunise defaulters.

He added that Dr J Rawlinson, seconded from the State Health in Pretoria, who had been in Port Elizabeth to monitor the outbreak, would be doing an antibody survey on a random group of immunised children to determine whether the antibody level had increased due to the efficacy of the vaccine.

Factors such as overcrowding and unhygienic slums, which tended to aggravate the infectious disease, and the low immunity status of the masses were said to be causes of the measles outbreak.

Dr Bradley said that because of the Health Department's immunisation campaign, Port Elizabeth would have one of the highest immunisation levels in the country.

"The campaign will bear fruit particularly in the next few years because of the increased immunity of the black children," he said.

Measles kills ⁽⁸⁹⁾ 197 ^{5/16/83} children ^{City Press}

By BENITO PHILLIPS

EAST LONDON — 197 children have died in the measles epidemic that is gaining force in the Eastern Cape.

And 1 551 cases have been reported.

The death count is already four

times higher than last year's.

Medical authorities have inoculated 23 000 children.

Most cases come from the slum areas like the new squatter section.

In King William's Town two deaths and 50 cases have been notified.

How many (a) cases of and (b) deaths from cholera were reported in respect of each race group in each province for each month from February 1983 to the latest specified month for which figures are available?

Q. Col. 1505 - 1508
Cholera
89. Hansard 8/6/83
911. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

The MINISTER OF HEALTH AND WELFARE:

(a)	Whites:	none	March	— 1		
	Coloureds:	Cape	February	— 1		
		Natal	February	— 1		
	Asians:	Natal	February	— 1		
		Transvaal	February	— 2		
	Blacks:		February		March	April
	Cape		0	9	0	1
	Natal		403	243	123	0
	O.F.S.		1	3	6	0
	Transvaal		48	53	10	4

1507

WEDNESDAY, 8 JUNE 1983

1508

(b)	Whites:	none			
	Coloureds:	none			
	Asians:	none			
	Blacks:		February	March	April
	Cape		1	0	0
	Natal		1	0	0
	O.F.S.		0	0	0
	Transvaal		1	1	0

(2) Yes.

(a) Uprooting of the plants by hand.

(b) Falls away.

(3) (a) In 1980.

(b) 60 litres by spraying by hand.

(4) Yes. The precautionary measures prescribed by the manufacturers.

(5) No. The herbicide concerned is imported from England.

(6) It is not customary to furnish information concerning "strategic stock-piling".

11 more children die of ²⁻¹⁰⁻⁸³ ⁽⁸⁹⁾ measles in PE

By SHARON LI GREEN

ELEVEN more children died from measles complications in Port Elizabeth this week, boosting the mortality rate for this year to 224.

Another 41 notifications were also reported to the health authorities, increasing the number for 1983 to 1 605.

The deaths are Africans from Veeplaas, Zwide, New Brighton and Site and Service. Of the notifications, 36 are African and five coloured.

A big percentage of the total deaths and notifications this year was from the slum area of Soweto and the overcrowded townships of Kwazakele and Zwide.

One death reported this week was of a 10-day-old child. This is being investigated by the municipal Health Department because the incubation period for the disease is 10 days.

Dr A C Bradley, the Municipal Health Officer, said the number of notifications was higher than last week, but the death toll had decreased slightly from last week.

There was no correlation between the tallies for notifications and deaths, he said.

"The measles outbreak is by no means over although the epidemic is abating."

The department remained concerned and was maintaining its immunisation campaign with mobile vans stationed in Soweto, Kwazakele and New Brighton. This service was well supported this week, he said.

An estimated 200 children were inoculated on Wednesday. The department had immunised 25 300 in the past five months and a rough calculation showed that fewer than 10 000 were still at risk, he added.

Dr Bradley said the municipality had learnt the importance of mobile services for the African townships from the current outbreak and was motivating an application for two permanent fully fledged mobile units for black townships.

While inoculating children against measles, health personnel also immunised them against polio. Doctors in the Health Department have held regular meetings to keep abreast of the measles outbreak and to discuss plans.

The department had entered phase two of its health campaign and would be visiting the black areas they had been to six weeks ago to give those previously immunised their second polio boosters.

4 more die in measles scourge

89 S. 4th Ave
17/6/83

By SHARON LI GREEN

FOUR African deaths from measles complications were reported to the Municipal Health Department this week, increasing the mortality rate for Port Elizabeth this year to 228, or more than four times the number for the whole of last year.

The Health Department was notified of 59 measles cases this week, of which 44 were black, nine coloured, two Asiatic and four white from Westering, Sidwell and North End, boosting the total number of notifications for the city this year to 1 664, or more than five times the number received throughout last year.

The infectious disease, which assumed alarming proportions in April, has attacked with unbridled severity the African townships and, in particular, the congested and poverty-stricken slums of Soweto and Veeplaas, whose inhabitants were described as living "under appalling conditions" by Dr Marius Barnard (PFP MP and spokesman on health).

The city's Medical Officer of Health, Dr J N Sher said today there was an "overall" decrease in the incidence of measles.

The department remained optimistic all the time and felt the disease was "under reasonable control".

The department was continuing its immunisation campaign, although attendance numbers at the mobile vans were "tailing off".

The emergency mobile vans were introduced in the African townships only since the epidemic reached frightening proportions in the city. Previously the black locations had not been serviced by health units.

The health services infrastructure in the townships was described by Dr Sher as being inadequate and he added that "it behoves all of us to work towards improved living conditions and education".

On Wednesday and Thursday this week 161 children from Soweto, Zwide, New Brighton and Site and Service were inoculated against measles.

Spate of flu mainly strikes younger children

89 P. 058
18/6/83

COLD weather has brought a spate of Bangkok flu to the Cape.

Virologists in Cape Town have identified the strain as the virus which has plagued South Africa for the past three years.

But it was not unusual for this time of the year, according to Port Elizabeth doctors.

One doctor said flu and cold weather went hand in hand. When there was a change in the weather, there were more flu cases.

Many of his patients had asked for flu vaccinations before winter.

This had kept the numbers down.

A pharmacist said there had been an increase in flu prescriptions, which was quite normal for the winter months.

"It doesn't seem to be a really serious situation. Today many people, influenced by advertising, tend to treat themselves.

"Those suffering from secondary complications seem to be in the younger and older age groups."

Port Elizabeth's Medical Officer of Health, Dr J N Sher, said there was a serious outbreak of flu, but as it

was not a notifiable disease the exact number of cases could not be determined.

Union High School in Graaff Reinet has experienced one of its worst outbreaks in years. At one stage 110 pupils were in bed.

The principal, Mr A Burrell, said some rugby fixtures between his school and Grey today had to be cancelled.

Though the examinations were over, it was still regrettable that some sporting fixtures had to be cancelled.

"It seems to have mainly

struck those in the lower standards," he said.

Mr Burrell said some pupils, who lived nearby, had to be sent home to take the pressure off the school's sanatorium.

At one stage 57 of the 89 children at the Walmer Pre-Primary School were absent.

"I considered closing the school," said the principal, Mrs Brenda Southey.

Professor John Moodie, head of clinical virology at the University of Cape Town, confirmed that the flu mainly affected younger school-going children.

over that. The decision has to be taken elsewhere, not by the Minister.

Howard
*25. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

- (1) Whether, with reference to his reply to Question No. 22 on 15 June 1983, researchers from the Council for Scientific and Industrial Research and the South African Medical Research Council and health staff from the regional offices of his Department have paid visits to any maltsters; if not, why not; if so, (a) when and (b) what were the findings;
- (2) whether any action was taken as a result of these findings; if not, why not; if so, what action;
- (3) whether his Department has held any discussions with the Sorghum Development Association; if not, when will they be held; if so, (a) when were they held and (b) what was the nature of these discussions?

THE MINISTER OF HEALTH AND WELFARE:

- (1) No; as there are more than 30 maltsters scattered throughout the country and visits involve staff from the S.A. Medical Research Council, C.S.I.R., regional offices of the Department and the local authorities, it takes time to organize and coordinate such visits;
- (2) falls away;
- (3) (a) and (b) discussions are scheduled for today, the nature being the role that the association can play in the prevention of mycotoxins in sorghum malt.

Dr. M. S. BARNARD: Mr. Speaker, arising out of the reply given by the hon. the Minister, are he and his Department therefore satisfied that a substance containing a

high concentration of carcinogens is sold to the public?

The MINISTER: Mr. Speaker, I would not have arranged to meet these people if I were satisfied about the situation.

Dr. M. S. BARNARD: Mr. Speaker, further arising out of the reply given by the hon. the Minister—I do not think he answered my question fully—can the selling of this substance to the public be continued with?

The MINISTER: Mr. Speaker, I have just told the hon. member that discussions with these people are hopefully being conducted today. If the hon. member tables another question at a later date I will be able to reply to it thoroughly.

Dr. M. S. BARNARD: Mr. Speaker, arising further from the hon. the Minister's reply, am I to accept, therefore, that the hon. the Minister of Health and Welfare and his Department feel that the carcinogenic substances are not a danger to public health? [Interjections.]

Howard
*26 Mr S. A. PITMAN asked the Minister of Law and Order:

Whether any persons were shot by the South African Police in January 1983; if so, how many persons were shot and (a) killed and (b) wounded in that month?

+The MINISTER OF JUSTICE (for the Minister of Law and Order):

- Yes. 83.
- (a) 22.
- (b) 61.

Howard
*27. Mrs. H. SUZMAN asked the Minister of Co-operation and Development:

How many contract workers in each Administration Board area will be entitled

to qualify for rights under section 10(1)(b) of the Blacks (Urban Areas) Consolidation Act, No. 25 of 1945, in view of the decision by the Appeal Court in the Rikhoto case?

The MINISTER OF EDUCATION AND TRAINING (for the Minister of Co-operation and Development) (reply laid upon the Table with leave of House):

The figures have been obtained from the administration boards and it is emphasized that the figures represent estimated numbers since the actual total number can only be determined on a basis of examination of each individual case. This task, considering the fact that there are approximately 800 000 contract workers employed and the time involved, cannot be undertaken at this juncture.

The figures in respect of each administration board are as follows:—

West Rand	42 330
East Rand	15 600
Port Natal	29 761
Central Transvaal	12 482
Western Cape	12 000
Drakensberg	9 089
Southern O.F.S.	7 657
Orange Vaal	4 800
Eastern Transvaal	1 141
Western Transvaal	3 044
Highveld	2 510
Northern Cape	1 735
Eastern Cape	1 176
Northern Transvaal	477
	143 802

This is the number that could optimally qualify. If in terms of the Appeal Court's decision and the relevant Act the conditions under which a contract worker can qualify be applied, the actual number would be very considerably less.

Howard
*28. Mr. H. H. SCHWARZ asked the Minister of Law and Order:

- (1) Whether any (a) attorneys and (b)

advocates are subject to restriction orders at present, if so, (i) how many in each case, (ii) what are the names of the persons involved and (c) on what date was each of these orders imposed;

- (2) whether any of these persons are subject to restrictions concerning the (a) places and premises they may enter in connection with practising their professions and (b) maximum number of persons they may consult with at any one time; if so, (i) to whom do these restrictions apply and (ii) to what extent in each case;
- (3) whether any other restrictions apply to these persons; if so, what restrictions in each case?

The MINISTER OF LAW AND ORDER:

- (1) (a) Yes
- (i) Four
- (ii) M J Naidoo; D P Jana; N R L Haysom; C. Sewpersadh
- (b) No.
- (c) Naidoo on 10 May 1982, Jana on 21 August 1979, Haysom on 5 April 1982, Sewpersadh on 23 June 1981

- (2) (a) and (b) Yes.

- (a) (i) Naidoo, Jana, Haysom and Sewpersadh.

(ii) Jana and Haysom are restricted to the magisterial district of Johannesburg. Naidoo is restricted to the magisterial districts of Durban and Pinetown and Sewpersadh to the magisterial districts of Durban, Pinetown and Inanda. They may not leave the districts con-

Meningitis (89) Star 'is not an 27/6/83 epidemic'

CAPE TOWN — An outbreak of meningitis in the small mining town of Alexander Bay, which has claimed the lives of two children and put 16 people in hospital, is not an epidemic, says the regional director of health.

Dr Nico le Roux confirmed today that there had been a mild outbreak of the illness, but said it was fairly common at this time of year. A quarantine placed on the town was lifted today.

The outbreak, which claimed the life of its first victim two weeks ago, attacked mainly women and children in the Alexander Bay and Port Nolloth areas.

(89) WOM 27/6/83
Meningitis quarantine order

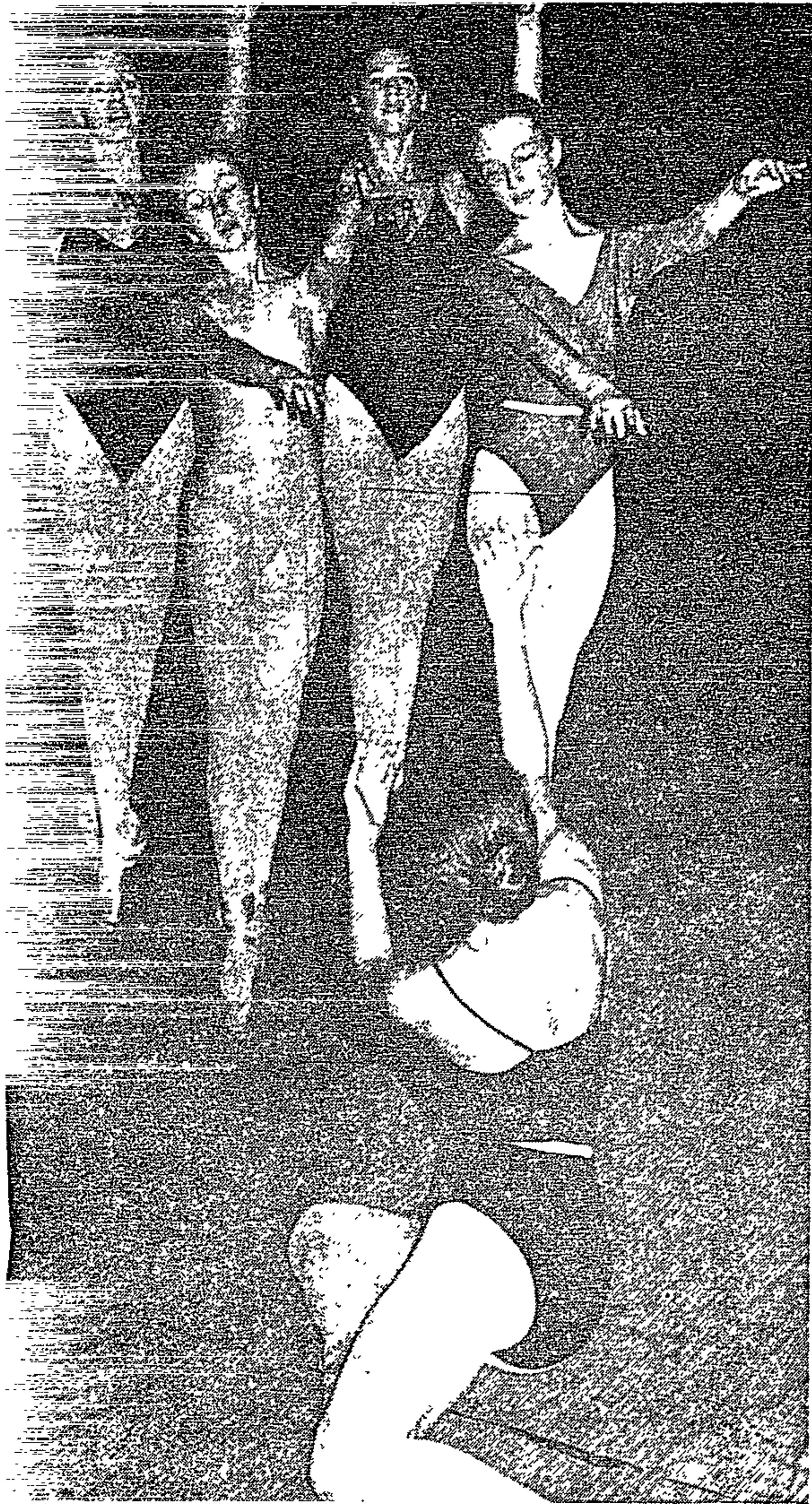
CAPE TOWN. — An outbreak of meningitis has caused Alexander Bay on the north-western Cape coast to be placed under quarantine, the SABC reported yesterday.

At least six patients have been admitted to the local hospital with meningitis

since Friday and nobody is allowed to visit or leave the town.

The town's four doctors were already under extreme pressure because of a severe influenza epidemic in the town and at Port Nolloth, 100km further south. — Sapa.

Dancers rehearse



DANCERS from five ballet schools in Port Elizabeth and Uitenhage are coming together to stage *The Wild Swans*, scheduled for the Port Elizabeth Opera House from July 21 to 24. Hardworking ballerinas, rehearsing for a scene from the production at the Savoy Club Theatre Port Elizabeth were (back, from the left) LAUREN FINLAY, TANYA WYATT, JEAN DAVIES, ANNE VAN RENSBURG with JACQUI WYATT in front. The ballet has been choreographed by Mrs Mignon Furman and dancers are being "polished" by an assistant, Miss Debbie Mayhew, from the Ballet School at the University of Cape Town.

Three burglaries in a week
Post Reporter
PORT ELIZABETH

Ex-security policeman
251
Post

Measles toll: 3 more deaths
89
E. Post
1/7/83

Post Reporter
THREE deaths — two blacks and one coloured — from measles complications and 17 measles notifications were recorded by the Port Elizabeth Health Department this week.
The death toll from the disease, which flared up in the city in April, is now 240 for this year, which is more than four times the total figure for last year. The total notification figure for 1983 stands at 1 720 — more than five times the number that contracted measles last year.
Of the 17 latest notifications, 11 are black, four coloured and two white.
Dr J N Sher, the city's Medical Officer of Health said today that the department was "very hopeful that the outbreak was at its tailend", but the immunisation campaign was continuing.

New PO to be opened
Post Reporter
THE new Linton Grange Post Office, in old Cape Road, Port Elizabeth, will be opened on Monday.
A total of 1 050 private boxes have been provided.
People who rented boxes at the old post office may obtain their keys from the Postmaster.
Those with private boxes at other post offices may apply for a transfer to Linton Grange.

Municipal Reporter
THE Port Elizabeth City Council last night approved an increase in the construction cost of driveways and motor slopes.
Construction costs for motor slopes, driveways and concrete strips will be increased from R33 a square metre to R40 a square metre from today.
A Ward 5 councillor, Mr Solly Rubin, said he had been unable to find out why only the City Engineer's Department was

Telebank points open in

Accider in stree worry resident

By SHARON LI GREEN
RESIDENTS in Elizabeth Street, North End, Port Elizabeth, are extremely concerned over the number of accidents that have occurred in the area.
In the past eight months two residents have had their walls knocked down.
As a result a yield sign has been erected at the intersection of Elizabeth and Middle streets, and there is now a stop sign where Elizabeth Street and Kirkwood Road cross.
The steep street — a main thoroughfare for motorcyclists and heavy duty drivers — also has a prominent hump.
One resident who has lived in the area for many years said "The street is dangerous, particularly at peak hours. It is used as a main thoroughfare by trucks and lorries that roar up and down daily. Motorcyclists disturb the peace at night."
"Delivery vans park in the street and have on occasion left their engines running because they say they have difficulty in starting up again. Consequently the vehicles roll down the hill."
Mrs C Bezuidenhout, who had her bedroom wall demolished when a car crashed into her house one Sunday morning in November last year, said: "It was sheer luck I wasn't there at

Increase in PE drivewa
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Ward 1 councillor
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Granny is ahead of schedule
Post Reporter

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Natal outbreak of rabies worst in year

Mercury 15/7/83 (89)
3 Hawetock
2 General

Mercury Reporter

RECENT rabies outbreaks in parts of Natal have caused concern.

Dr Bill Posthumus, assistant regional director of Veterinary Services in Natal, said that last month the province had had its greatest number of outbreaks in a year.

'It is noticeable that some of last month's seven cases occurred on areas bordering with KwaZulu,' he said.

'We are holding an intensive inoculation campaign along the coastal belt and the turnout has been good, especially among the Indian population. I am thrilled with the outcome.'

The director of Veterinary Services in KwaZulu, Mr Dave Osbourn, said

that a current problem there was to motivate people to bring their dogs in for inoculations.

'Once there is a tragedy and someone is bitten, they become more aware,' he said. 'But this is also often the case in many white areas.'

'Any occurrence of rabies is a cause for concern but lately they have also been in areas including Mapumulo and Gindhlovu that have been quiet in the past. There have even been cases where inoculated animals have caught the disease.'

He added that sometimes there was a feeling of reluctance in having animals inoculated.

Deaths of animals were frequently blamed on inoculations.

Disease jabs for staff of luxury hotel

By ANDREW
DONALDSON

THE entire staff of the luxury Mmabatho Sun Hotel near Mafikeng in Bophuthatswana were inoculated against hepatitis last week, after five employees had contracted the infectious disease.

Four of the five were later declared free of contagion, a spokesman for nearby Victoria Hospital said.

Asked if he could confirm that an epidemic had been averted, the doctor — who wished to remain anonymous — replied: "Not yet. People at the hotel are working at very close quarters and, at this stage, we can only take precautions."

Of the five, three were employed in the hotel's banqueting section, one handled reservations, and one worked in the casino. Southern Sun marketing director, Mr Jurgen Burmeister, said this week that since the inoculations no further cases had been reported.

He said Mafikeng medical authorities had assured him the disease was "not that easy" to pass on.

For this reason, it was not necessary to contact guests staying at the hotel at the time the five employees contracted it.

All possible precautions to ensure the safety of new guests had been taken in co-operation with the local medical authorities, he said.

The hospital spokesman said the five employees had contracted the viral strain. This is commonly known as hepatitis A, which has a short infectious period.

Isolation of the sick person for a fortnight is considered adequate, but the infectious period can begin before hepatitis begins to manifest itself in a patient.

Notifications, but no deaths from measles

89 E. Post
18/7/83

THERE were no deaths from measles complications last week — the first time since the measles epidemic reached alarming proportions in Port Elizabeth in April.

However, 21 measles notifications — 17 African, three coloured and one Indian — were reported to the Port Elizabeth Municipal Health Department for the whole of last week, increasing the notification for 1983 to 1 753 or more than five times the number throughout last year.

The death rate stands at 243 or nearly five times that for last year.

The City Medical Officer of Health, Dr J N Sher, said there had been a constant weekly decrease in the death toll and notification rate "for some time now".

So far, the department had administered at least 30 000 inoculations against measles compared with

roughly half that number throughout last year.

Two mobile vans are still circulating in the townships and health staff are continuing to give children polio boosters and inoculations against measles.

"Roughly 800 black babies are born a month and the campaign is still drawing new susceptible children requiring immunisation against measles," said Dr Sher.

"But they were aware of the need for immunisation up to this point in time — now there is a need for it. Their first priorities were food and clothing, rather than getting an injection."

The outbreak of the disease had severely attacked the overcrowded slum of Soweto as well as Zwide and Kwazakele.

Dr Sher could not say whether the immunisation campaign had terminated the measles outbreak.

6 die of typhoid in Transkei

D. N. SPATC #

22/7/83

QUMBU — A typhoid fever outbreak in the district here has claimed six lives

A total of 43 cases have been referred to the Nessie Knight Hospital at Sulenkama over a two-month period

This was confirmed by the superintendent, De Helmut Amit.

Ten people — four children, two men and four women — are in isolation at the hospital but their condition has improved and they are waiting to be discharged.

Dr Amit refused to name the dead but confirmed that four were from two families from Tsilitwa — a nearby village with a population of about 1 000 — which was the worst-hit area.

The other two victims were from Qwetlana, near Mount Frere and Shawbury.

Dr Amit said everything was being done to control the situation but he was up against some problems, the worst being the poor infrastructure.

The Department of Health has rushed water into the area and yesterday new water tanks were seen at strategic points in Tsilitwa.

Dr Amit said: "The first course of action was

to provide additional water to enhance personal hygiene.

"The provision of good clean water for drinking was essential. Springs are also being chlorinated and we are appealing to people in the affected areas to boil drinking water."

Besides the problem of catering for a wide area, they were also up against superstition and religious resistance to the campaign to stem the outbreak.

Dr Amit confirmed that there were enough anti-biotics available to treat disease. — DDR.

Handwritten scribbles and a signature, possibly '2 byn', located on the left side of the page.

2 more measles deaths in PE

89
E. Post
22/7/83

Post Reporter

THE death of two Zwide infants from measles complications were reported to the City Health Department this week, boosting the death toll for this year to 245 or nearly five times the number for the whole of last year.

Meanwhile, 13 measles notifications — 12 black and one coloured — were received by the department this week, increasing the notification figure for Port Elizabeth to 1766, more than five times the number reported last year.

There has been a constant weekly decrease in the number of measles notifications received by the department, according to the Medical Officer of Health, Dr J N Sher.

This was in drastic contrast to the alarmingly high number of notifications reported in April when the measles outbreak in the city was at its peak.

Dr Sher said the department was aware of the need for mobile clinics in the Port Elizabeth black townships.

Two mobile vans continued to circulate in the townships where the majority of the deaths from measles occurred.

So far, an estimated 13 000 inoculations against measles — more than double the number last year — had been administered.

Six die from typhoid

89
23/7/83
ROM

Mail Correspondent

UMTATA. — A typhoid outbreak in the Transkei district of Tsolo has claimed the lives of two women and four men.

Over the past two months a total of 43 cases of the disease that killed more soldiers than did bullets in the 19th Century, have been referred to the 240-bed Nessie Knight Hospital at Sulenkamae.

This was confirmed by the superintendent, Dr Helmut Amit.

Dr Amit said everything was being done to control the situation, but the hospital suffered from a poor infrastructure.

The Department of Health has carted water to the area, and yesterday new water tanks were installed in Tsilitwa.

"We are appealing to people in the affected areas to make sure to boil drinking water," Dr Amit said.

Besides catering for a wide area, the authorities were up against superstition and religious resistance.

There was opposition from one church to Westernised medicine, while in another case a sub-headman did not want a spring to be treated because of superstition. He had since been ordered to co-operate by the chief.

Dr Amit said the hospital had enough anti-biotics to fight the disease, which exhibits symptoms such as headaches, fever, vomiting, diarrhoea or constipation, weakness and dehydration.

Health officials were contemplating a door-to-door health education campaign to collect stools to try to weed out carriers.

Some patients were affected without knowing it, and their symptoms were so mild they escaped detection.

Deaths which might have occurred without being referred to the hospital were ruled out by the coffin-maker at Sulenkama, Mr Ncedisi Mvuvu, who said there had been no increase in demand for coffins.

He was still selling approximately 50 a month.

85

Heart disease kills Soweto

DISEASE IN SOUTH AFRICA — PART SEVEN
Rheumatic Heart Disease Part 1

SOWETO has the highest incidence of rheumatic heart disease in the world: in fact, the highest recorded incidence in over thirty years, and probably unparalleled since nineteenth century Europe.

In most industrialized countries the reported incidence of both rheumatic fever and rheumatic heart disease has declined dramatically; but in South African blacks established rheumatic heart disease is common, often encountered at a younger age, in a more severe form, and frequently necessitating cardiac surgery.

In Soweto, the overall prevalence rate of rheumatic heart disease is 7 per 1 000 school children. (In northern India the incidence is 1 per 1 000). The peak rate of rheumatic heart disease in Soweto is an astounding 19 per 1 000 in the seventh school grade.

But even the above rates represent an underestimate of the true prevalence of rheumatic heart disease in Soweto, since an unknown number of children do not attend school, and children with severe rheumatic heart disease are less likely to attend school.

Acute and chronic rheumatic heart disease account for 25 percent of patients with clinical heart disease at Baragwanath Hospital (in Johannesburg);



Focus on Health

and 60 percent of these patients are below the age of 40 years. Also at Baragwanath, rheumatic heart disease is the commonest cause of death at autopsy, and accounts for between 20 percent and 30 percent of all cardiac deaths at autopsy.

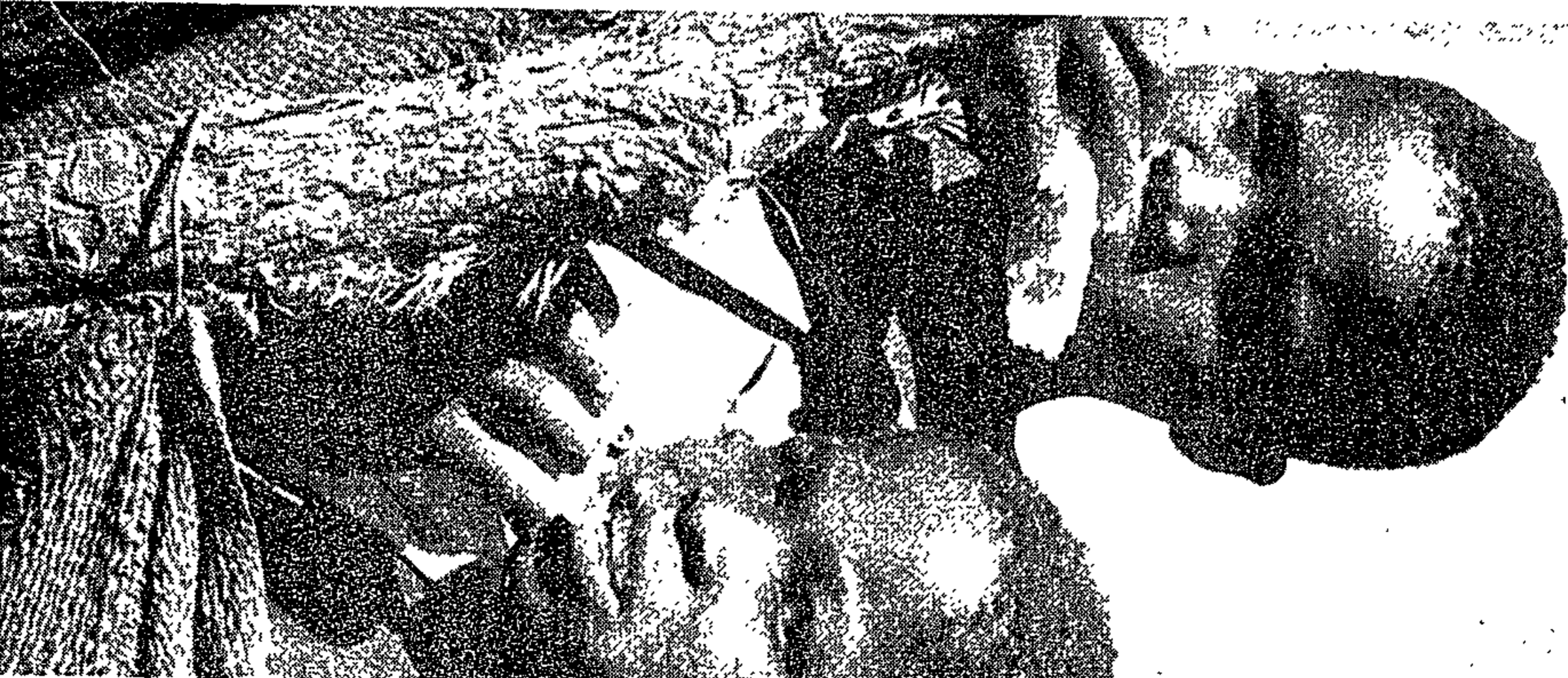
Overcrowding is the most important factor contributing to the high incidence of rheumatic heart disease; and the concomitant poverty and under-nutrition are frequently indicted as predisposing factors. No other disease has a clearer 'social incidence' than acute rheumatic fever, which occurs perhaps thirty times more frequently in poorer children in industrial towns than on children that are well-off. In fact, the incidence of acute rheumatic fever increases directly with poverty, malnutrition, overcrowding and bad housing conditions.

In the black townships, overcrowding is rife both in the home and at school. In Soweto not a single house was built either in 1979 or in 1980, and the official waiting list for 16 000 houses and 1 200 sites is a gross underestimate. In Atteridgeville, outside Pretoria, the building of houses was frozen in 1968, and the official waiting list is for over a thousand houses.

Without doubt, the incidence of rheumatic heart disease increases with increasing family size, with increasing number of children in the family, with increasing number of people sharing a bedroom, and with increasing age of the children (between two and eighteen years of age).

The carrier rate of the causative organism, group A/B haemolytic Streptococcus, is 50 per 1 000 Soweto children with a peak incidence of 70 per 1 000 in the fifth and sixth school grades. The carrier rate is highest in the winter months — May to August — dropping dramatically in September. Rheumatic fever occur most frequently during late winter.

Most children with rheumatic heart disease are asymptomatic, and in one Soweto survey an amazing 90 percent of the children with rheumatic heart disease were asymptomatic. Eighty percent of the children were diagnosed to have the disease for the first time during the survey, indicating the urgency for a comprehensive preventive and educational campaign.



Seven out of 1 000 school children in Soweto suffer from rheumatic heart disease.

Measles epidemic 'may be over' 1/8/83

Post Reporter

THE measles epidemic which has claimed 245 lives this year may be over, according to Port Elizabeth's Medical Officer of Health, Dr J N Sher.

Six measles cases — five black and one coloured — were reported to the Port Elizabeth Health Department last week, increasing the year's notification figure to 1772 — more than five times the number last year.

But no deaths from the disease were recorded by the department all last week.

Dr Sher said mobile vans were still immunising children in the townships, where most deaths from the disease occurred.

By SIMON WILLSON
Industrial Editor

THE chemical content of the Wiltwatersrand's water supply was rising perilously close to international safety limits, a university scientist warned yesterday.

He said that if the drought persisted into next year, the limit would be breached and a health problem would arise on the Reef.

Professor David Stephenson, director of water systems research at the University of the Wiltwatersrand, said the threat came from the repeated recycling of the Reef's water supply.

Health hazard warnings on PWV water

He said that if the drought continued and the chemical content was increased, Reef water consumers would face a choice between drinking water with a chemical content above internationally acceptable limits or doubling the cost of drinking water by using a more complicated filtration process to remove the chemicals.

Prof Stephenson said that the more water was recycled, the more chemical solids it accumulated. These solids could not be removed by the standard purification process now used to treat PWV water, but only by more complicated and expensive desalination methods.

Existing treatment of PWV water removes biological impurities by methods similar to those used on swimming-pool water: conventional filtering and chlorination.

The build-up of chemicals - mineralisation - is aggravated by the evaporation of water by industry, by irrigation and by the domestic and industrial addition of salt and salt compounds to water.

Prof Stephenson said yesterday it was already too late to prevent further chemical build-up in the Reef's water this year as the effects of the drought worsened and recycling increased.

a suitable purification plant would take at least five years.

"We took a chance that this would not happen, but we've lost and the dice have rolled against us," he said.

"The international limit will probably be exceeded next year. It's very worrying."

Removal of the chemical content of PWV water would double the price of the water, he said. The chemicals -

mainly salt and calcium - could only be removed by sophisticated desalination equipment which would have to be installed from scratch.

Mr Etienne Myburgh, deputy chief engineer (operations) at the Rand Water Board, said yesterday that the World Health Organisation's recommended limit for dissolved solids in drinking water had been exceeded in the PWV area during the last two years.

"The WHO standards are set very low to allow for a safety margin. But we are concerned about the dissolved solids content. It's a serious problem," he said.

He said the Rand Water Board had no immediate plans for treating Reef water in a desalination plant. "To accommodate that kind of process in the quantities of water that we treat would result in a tremendous increase in costs," he said.

Convicts were 'delirious'

Prison

deaths,

beatings



19/8/83

Press



Rennies in a Big merger

A MERGER that will bring together Rennie's, Holiday Inns, Safmarine, Southern Sun and Mr Sol Kerzner, was announced yesterday by Finansbank.

This follows the announcement on August 3 that the Kerzner Group of Mr Kerzner and associates would acquire a 51% interest in a new holding company, Newco, which would be formed to acquire, with effect from October 1, the hotel-resort interests of Southern Sun in Bophuthatswana, Ciskei and Mauritius and to take responsibility for their management.

It was also announced then that the Kerzner Group had an option to acquire a further 9% of Newco on April 1 next year. Yesterday's announcement

89 19/8/83 ard warnings on PWV water supply

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He said the Rand Water Board had no immediate plans for treating Reef water in a desalination plant.

"To accommodate that kind of process in the quantities of water that we treat would result in a tremendous increase in costs," he said

"We haven't even looked at the technical feasibility of doing this."

He said the WHO's maximum recommended content for dissolved solids in drinking water was 500mg a litre, while its maximum allowable limit was 1 500mg a litre.

He said RWB water's solids content had reached 780mg in a small area between April 1981 and March 1982. The average maximum content for the whole PWV

area over the same period had been within the international limit at 480mg.

Mr Myburgh estimated the present chemical level of Reef water at 400mg. The situation had been helped by the water restrictions and by the reduction in chemically-contaminated surface water running into the Vaal River catchment area.

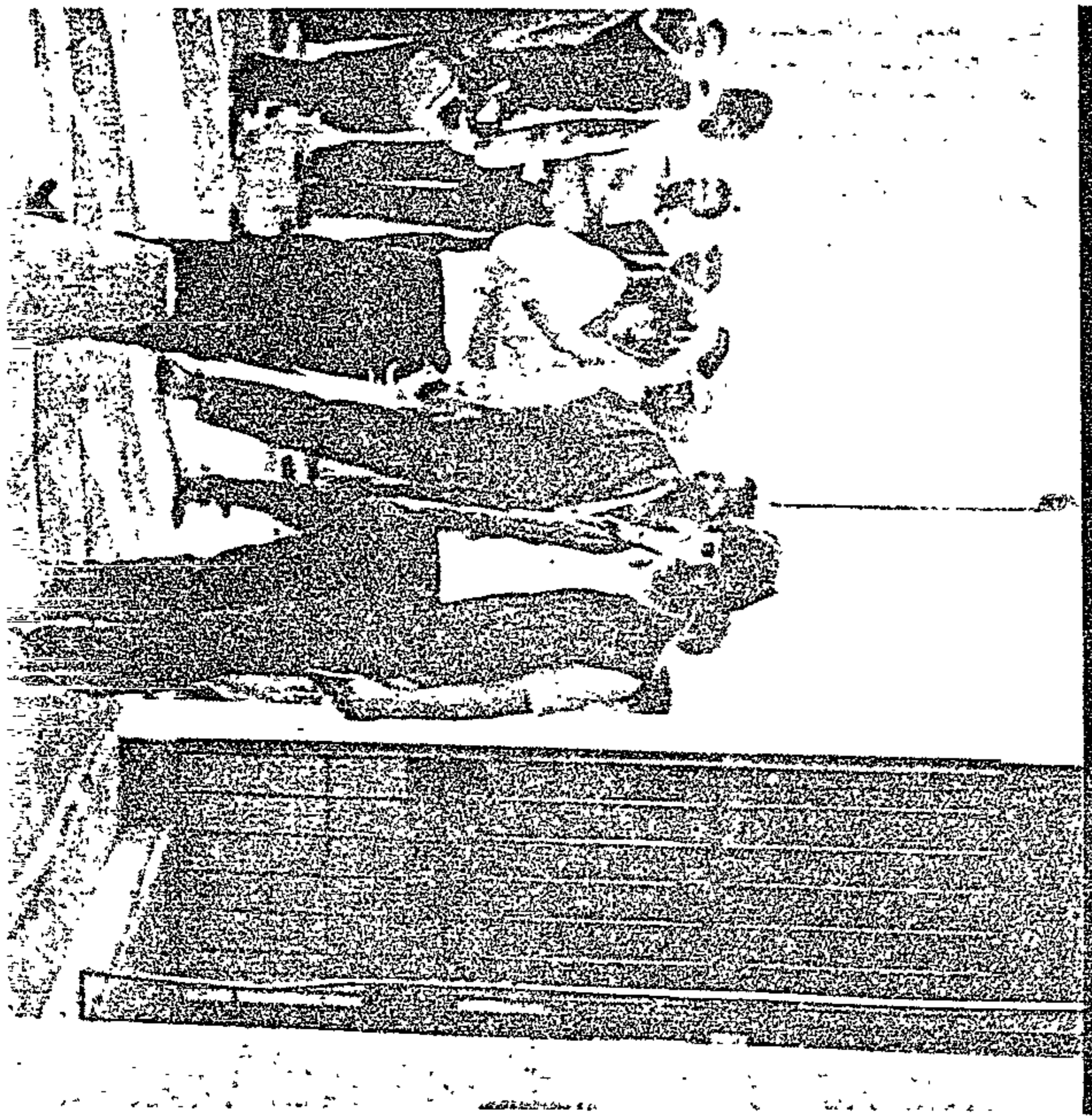
He said the chemical count in the Reef's water would fall further once the summer rains augmented the available fresh water supply.

Prof Stephenson, however, maintained that action had to be taken to avoid purity problems with Reef water.

"The chemical content will gradually build up unless we desalinate," he said.

A spokesman for the Johannesburg Medical Officer of Health said last night there was no reason for immediate concern, because the international limits on chemical content incorporated large safety margins.

"There is no danger at the moment but if the drought continues in the near future, this could become a problem," he said.



Remmies in a Big merger

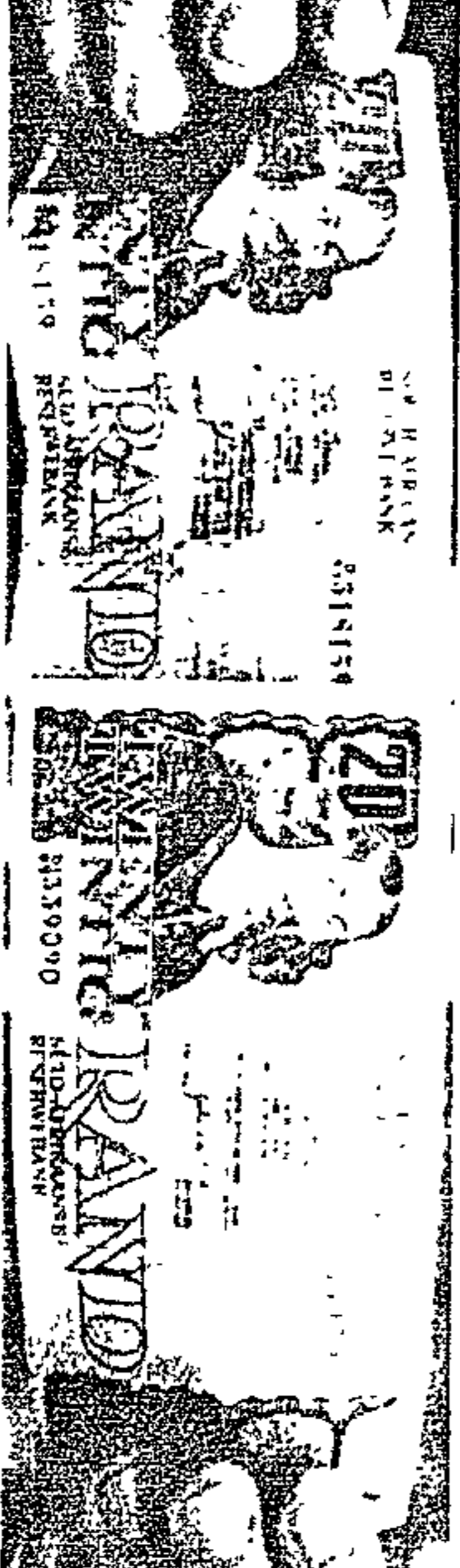
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It was also announced then that the Kerzner Group had an option to acquire a further 9% of Newco on April 1 next year.

Yesterday's announcement said Union Acceptance had bought 9% of Newco.

Fake notes pouring into SA economy



Can you spot the difference? The false note on the left is slightly smaller and printed on softer paper than the real note on the right.

By EMIELIA JAROSCHKE
Crime Reporter

THE R20 note forgery racket — which police began investigating nine months ago — has grown into a R750 000 industry with forged notes pouring into southern African monetary systems daily, it was disclosed to the Rand Daily Mail yesterday.

The racket has spilled over into Zambia and Swaziland. Police have also seized notes in Bophuthatswana.

area over the same period had been within the international limit at 480mg.

Mr Myburgh estimated the present chemical level of Reef water at 400mg. The situation had been helped by the water restrictions and by the reduction in chemically-contaminated surface water running into the Vaal River catchment area.

He said the chemical count in the Reef's water would fall further once the summer rains augmented the available fresh water supply.

Prof Stephenson, however, maintained that action had to be taken to avoid purity problems with Reef water.

"The chemical content will gradually build up unless we desalinate," he said.

A spokesman for the Johannesburg Medical Officer of Health said last night there was no reason for immediate concern, because the international limits on chemical content incorporated large safety margins.

"There is no danger at the moment but if the drought continues in the near future, this could become a problem," he said.

Yver, head of South African Crime Prevention and the Commercial Branch, said the factory which churns out the notes had not yet been found, in spite of 10 countrywide arrests.

He warned the public to be on the alert and pointed out that the forged note differs from the real currency in the following ways:

● The paper is softer and less crisp than that of the real note.

● Notes were discovered in Booyens and Johannesburg. One, with the serial number D/93 318159, was handed to a clothing shop in Hyde Park Sandton.

Brig Van der Vyver said that since the first note with the serial number D/90 789188 was discovered in November last year, police had seized 23 791 similar notes to the value of R475 900 on 97 different occasions throughout the Republic.

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Change in
measles
pattern

Post Reporter

CONTRASTING with the trend since January, more measles cases among whites than coloureds or blacks were reported to the Port Elizabeth City Health Department this week.

The Medical Officer of Health, Dr J N Sher, said 13 cases were reported this week — eight whites, four coloureds and one black.

However, about four of the white cases were late notifications, he said.

A two-month-old black baby died this week.

This year 1 798 cases have been notified with 249 deaths reported.

29
Post
19/8/83

ology of trade unionism.

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0662

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0657

Question No. 17, standing over, on 29 June 1983, the local Metropolitan Transport Advisory Council has made any decisions or recommendations in respect of the most economic and suitable mode of transport for the people of Khayelitsha; if so, what is the purport of the decisions or recommendations; if not, when is it anticipated that such decisions or recommendations will be made?

The MINISTER OF MANPOWER (for the Minister of Transport Affairs):

Yes.

The Cape Town Metropolitan Advisory Board recommended to the Administrator-in-Executive Committee that a study be undertaken by the core city, namely Cape Town, to ascertain the most economic and suitable mode of transport. The decision regarding the recommendation is being awaited.

Khayelitsha

*22. Mr. K. M. ANDREW asked the Minister of Co-operation and Development:

- (1) How many (a) families and (b) persons were living at Khayelitsha as at the latest specified date for which figures are available;
- (2) whether any of these persons have been allocated sites for the erection of dwellings; if so,
- (3) whether any persons have constructed dwellings on these sites; if not, why not?

The DEPUTY MINISTER OF CO-OPERATION:

- (1) As at 22 August 1983:
 - (a) 112 families,
 - (b) 439 persons.
- (2) Yes, 112 persons.
- (3) Yes, temporary shelters have been

erected. Discussions were held with site holders and it is hoped that the erection of a more conventional type housing will be commenced within the next two or three weeks.

Port Elizabeth: fire-fighting services

*23. Mr. A. SAVAGE asked the Minister of Co-operation and Development:

- (1) Whether fire-fighting services are available to the residents of the Black townships of Port Elizabeth; if so, what organization or body supplies these services;
- (2) whether charges are levied in respect of these services; if so, (a) how are these charges calculated and (b) what are the amounts charged?

The DEPUTY MINISTER OF CO-OPERATION:

- (1) Yes. Services are supplied by the Municipality of Port Elizabeth.
- (2) Yes. (a) and (b) Charges are fixed by the Municipality of Port Elizabeth and are as follows:—

Major equipment

 - Turn out i.e. going to site of fire and returning to fire-station—R50,00 per vehicle.
 - Pumping and operating—R50,00 per hour.
 - Stand by—R25,00 per hour.

Auxiliary equipment

 - Turn out i.e. going to site of fire and returning to fire-station—R25,00 per vehicle.
 - Pumping and operating—R25,00 per hour.
 - Stand by—R12,50 per hour.

Service vehicles (sedan cars, etc.)

- Turn out—R12,50 per vehicle.
- Stand by—R5,00 per hour.
- Water jet—R10,00 per jet

Personnel

- Officer—R12,50 per hour.
- Fireman—R5,00 per hour.
- Auxiliary fireman (trained)—R3,00 per hour.
- Auxiliary fireman (untrained)—R2,00 per hour.
- *Special extinguishing material* (foam, powder, etc.)
- Cost of material plus 25%
- Cost of operating special equipment—R6,00 per hour.

Extinguishing of fire in non-rateable buildings

Three times the normal tariffs indicated above.

Special calls (burning vehicles)

Normal tariffs as indicated above.

Special personal services

For example the freeing of passengers trapped inside vehicles after accidents, no charges are levied.

24/8/83
 Port Elizabeth: hearing of pupils
 Q. SAVAGE asked the Minister of Internal Affairs:

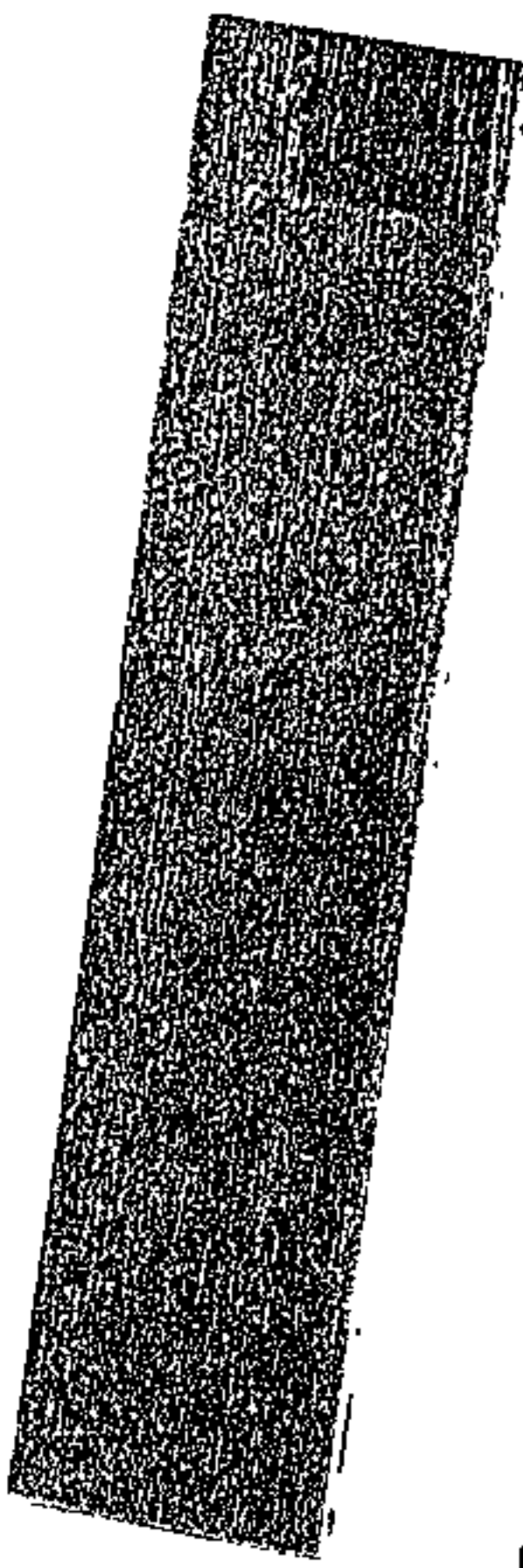
- (1) Whether tests are done on the hearing of pupils at Coloured primary schools in Port Elizabeth; if not, why not; if so, how many pupils have been tested in 1983;

- (2) whether any of these pupils have impaired hearing; if so, how many;
- (3) whether special classes are available for these pupils; if not,
- (4) whether such classes are to be established; if not, (a) why not and (b) where will these pupils receive their education; if so, when is it anticipated that such classes will start operating?

The DEPUTY MINISTER OF INTERNAL AFFAIRS:

- (1) and (2) Hearing tests are not conducted by schools. When a child with impaired hearing comes to attention, that child is referred by the school, the School Psychological Service or the School Medical Service which are managed by the Department of Health and Welfare, to a clinic, hospital or school for the hearing impaired where the necessary testing is conducted. In some cases the parents themselves arrange for the testing. As the tests are not conducted by the schools, particulars of the number of children involved are not readily available.

- (3) and (4) No special classes in ordinary schools are presently being offered to pupils with impaired hearing, as there are a number of factors such as difference in abilities and different school standards, which make their education under present circumstances extremely difficult. State assistance is available to private organisations who wish to establish such schools. There are in fact already in existence two schools for the deaf namely the Nuwe Hoop Centre, Worcester and the Dominican School for the Deaf, Wittebome, each with room for 300 children and which are subsidized by the State. At the Nuwe Hoop Centre a separate division for 150 children with impaired hearing is being erected and it is expected that classes will commence towards June 1984. The estab-



1955

WEDNESDAY, 24

lishment by the State of further schools for the deaf is also receiving the necessary attention.

Mr. D. J. N. MALCOMESS: Mr. Speaker, arising out of the reply of the hon. the Minister, may I ask whether he or his Department is aware of the fact that audiograms were conducted on Coloured children by the Port Elizabeth Deaf Association, details of which were given to his Department, and that from those audiograms the need was definitely established for classes for Coloured children with hearing defects in the Port Elizabeth vicinity?

†The DEPUTY MINISTER: Mr. Speaker, we are aware of that and are investigating the whole matter.

(89) *Mercury*
**'No flu epidemic'
in the schools**

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Mercury Reporter

THERE has been no indication of influenza reaching epidemic proportions in Natal schools.

The Director of Education, Mr Solly Levinsohn, said yesterday the department's medical section had to be informed if any illness reached epidemic proportions in a school.

'Although there have been a number of children absent with flu, we've had no reports indicating it has become an epidemic.

'I don't even know of any schools where there have been 'hundreds' of cases as has been reported,' he said.

Durban's MOH, Dr Muriel Richter, said although flu was not a notifiable disease, the impression she had got from general practitioners was that it was nowhere near epidemic proportions.

'It seems to be normal for this time of year,' she said.

A survey of schools in Durban revealed there were more pupils absent than usual, but it was not alarming.

the end of my tolerance"

More cases of bubonic plague in Owambo

WINDHOEK. — The present drought in South West Africa had caused an increase in the number of bubonic plague cases in Owambo, the Administrator-General of SWA/Namibia, Dr Willie van Niekerk, said yesterday.

In a statement issued in Windhoek, Dr Van Niekerk said action had been taken to curb a potentially dangerous health problem in a certain restricted area of Owambo, identified by the World Health Organisation as an endemic plague region.

Bubonic plague is transmitted by the fleas of infected rats and mice. The present drought which has persisted for a number of years, had forced the rodents to look for food closer to human habitation. This had, in turn, resulted in the increase of bubonic plague cases reported, Dr Van Niekerk said.

bomb blasts, one at the home seen appearing for 15 for been paid.

'New threats' on prison witnesses

By WIM VANVOLSEN

WITBANK. — There was more drama at the Barberton Prison Farm heat exhaustion trial yesterday when two witnesses held up proceedings with dramatic claims that threats by warders against witnesses had spread from the Barberton to the Witbank Prison.

The trial was moved from Nelspruit four weeks ago when complainants alleged their lives were in danger there after warders had threatened them for giving evidence against the accused.

A half-blind convict caused a stir in court yesterday when he said he had been refused food for the whole weekend at the Witbank prison.

Eight warders face three charges of murder and 34 of assault following alleged beatings with rubber batons of prisoners who were pushing wheelbarrows at the prison's farm dam on December 29 last year in a temperature of 35°C.

Convict Patrick Schlemman told Mr Justice D O Vermooten that after he became sick last Sunday night, a fellow prisoner brought him food from the kitchen.

When a warder found him eating in his

cell, he was told, "You must not think you are a gentleman. These things of Barberton are not yet finished — we'll see who laughs last."

Schlemman complained the threat had frightened him and said although he was a prisoner, he was still a human being.

The judge advised Schlemman to speak to Colonel P J Strydom, head of the legal section of the prison's department, who has been attending the trial as an observer.

A half-blind complainant with grotesquely deformed eyes, Jabulani Thango, caused another sensation when, after having been helped to the witness box by two warders, he broke down and started sobbing, saying he could not see and that he was hungry.

He refused to give evidence until I have been given food because I haven't had my last five meals."

Thango claimed he was supposed to receive only vegetarian food, but that he had also been refused this.

He also said a warder had thrown "a medicine" in his eyes in Nelspruit and this had caused him to go blind.

The judge asked Thango to stand down and called for a full explanation

from the prison authorities.

Later in the day the head of the Witbank Prison hospital, Captain N J van Niekerk, told the court Thango's requests for a special diet had been turned down by medical officers as "not necessary".

The captain also said that medical files showed that Thango had had one artificial and one very weak eye since 1981.

The State prosecutor, Mr S A Engelbrecht, decided not to call Thango as a witness.

Before taking the oath Patrick Schlemman handed over a written statement to the judge.

The statement describes assaults, isolation punishment, attempted suicide bids and the refusal to do work, all after the incidents of December 29 at the Barberton prison.

Schlemman then gave evidence, saying he had seen convict Gen Griffin receive a beating which "still frightens me until this day".

Another convict, David Johnson, claimed Warder Burger Van Dyk had called him a "koolie" before beating him.

All's quiet at trial of Gerhardt

CAPE TOWN.

— The Gerhardt high treason trial entered its second week yesterday in the Supreme Court, and apart from security checks there was little activity in or outside the court.

Commodore Gerhardt, wearing navy trousers, checked shirt and navy jersey, and carrying a briefcase, looked relaxed as he was led to the court just before 10am by his police escort.

His wife followed, wearing a navy pinatone dress, beige polo neck jersey, and also carrying a briefcase. The couple, accused of spying for Russia, have pleaded not guilty to charges of high treason.

Police continue to run daily security checks on all those entering the court. All the women pass through one door, men through another. — Sapa

'Rehabilitate' give evidence

By JOHN MOJAPPELO
Pretoria Bureau

THE trial of a Soweto man appearing on a charge of high treason in the Pretoria Supreme Court was held behind closed doors yesterday for evidence to be given by two "rehabilitated terrorists".

Mr J M Pelser, the State prosecutor, asked that only court officials be present when the evidence was given.

Mr Pelser said the evidence related to the tales of three African National Congress men, Simon Mogerane, Thabo Motung and Jerry Mosololi, who were executed in June after being found guilty of high treason.

Mr Pelser said the two witnesses would be referred to as "X one" and "X two".

With the exception of a police officer and an employee of the Department of Co-

Two more implosions set for city centre

Mall Reporter

JOHANNESBURG'S skyline is to change yet again with the implosion in the next two months of two more buildings in the city centre.

Geneva and Locarno House, bounded by Rissik, Main, Loveday and Marshall streets, will become rubble

on October 2, while Van Eck House, in the same block, is due to be imploded on November 6.

A spokesman for the company overseeing the blasts, which will be done by Mr Mike Perkins from Britain and his demolition team, said the blasts would be done on

separate days.

The implosions will be the second this year in the city.

The highly-publicised "crumblings" of the Von Brandis Garage on July 31 was attended by hundreds of spectators. Meanwhile, a spokesman for Old Mutual denied the

group was planning to implode buildings owned by them in the city centre.

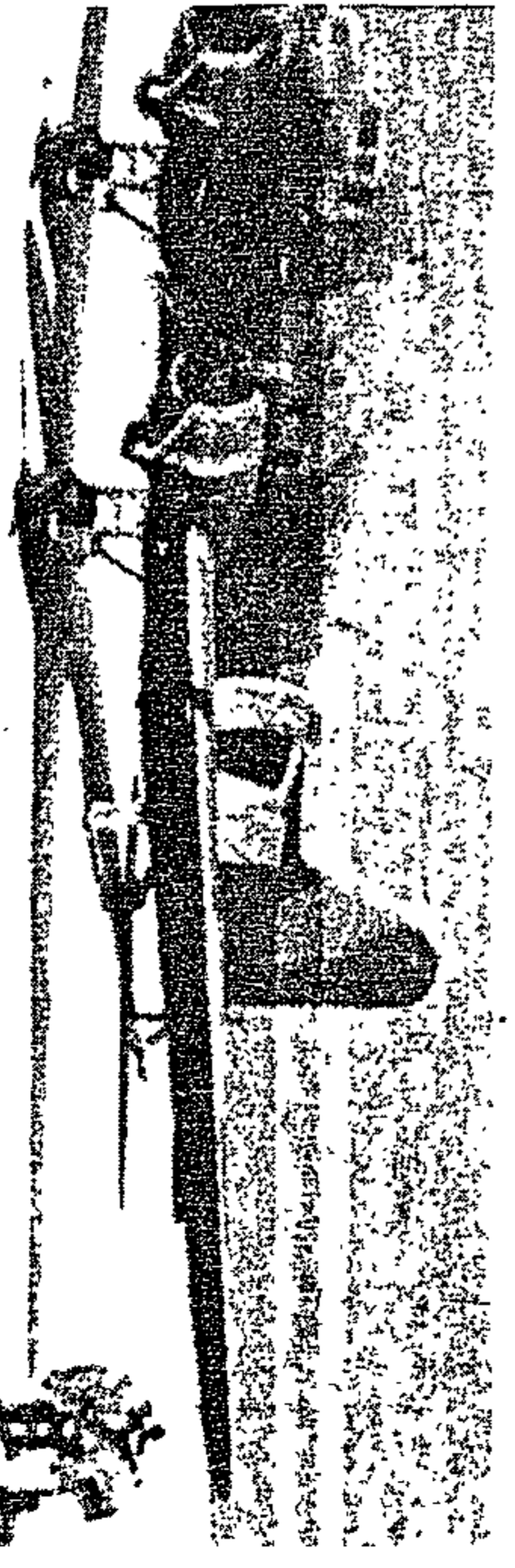
Mr M Raggett said a feasibility study into possible development for a site bounded by Pritchard, Kerk and Harrison streets, which includes the BP Centre, was still in the preliminary stage.

Released

after 13/9/83
2 months

Political Reporter

MR SYDNEY RAPIPLANE



NOBODY CAN POSSIBLY OFFER

'Soldiers have plague reports are denied

7/11/83
#100
89
RDM
14/9/83

By TONY WEAVER
Mail Africa Bureau

WINDHOEK. — Reports reaching Windhoek that "at least three" national servicemen or Permanent Force members serving in the Ovambo war zone had been flown to Pretoria for treatment for bubonic plague were yesterday denied by a spokesman for the South West Africa Territory Force (SWATF).

The spokesman said that "medical command of SWATF confirms that at this stage there are no known cases of plague among military personnel".

It was established yesterday that since November last year there had been 450 cases of bubonic plague officially reported to the Department of Health.

However, the actual number of cases treated and those not treated in the more remote areas is thought to be considerably higher, as many cases are not recorded.

The recently released report of the Broeksma Commission into Health Services in SWA referred to the lack of statistics, especially from the war-torn northern areas, as a serious medical problem.

Dr Willie van Niekerk, Administrator General of the territory, said in a statement on Monday night that the number of cases of

bubonic plague in the Ovambo war zone were on the increase

This was because of the drastic drought situation which had forced rats bearing plague-carrying fleas to seek food closer to human settlements.

The "conservative" figure of 450 reported cases since November last year compared with "about 150" cases in the same period the previous year, official sources said.

Medical personnel in the Ovambo war zone, who asked not to be named, said yesterday "a large number of cases" treated at remote hospitals and clinics were never officially reported, despite the fact that bubonic plague is a notifiable disease.

The sources added that the official figures also did not include those victims who do not make it to a doctor in time to be saved.

Medical sources cited as another reason for the increase in plague cases the huge build-up of squatter camps around Oshakati and Ondangwa, the two main Ovambo towns, as a result of increased military activity in other areas.

Half the population of Ovambo live in the 30km strip between the two towns, with 6 000 squatters living in squalid conditions with no sanitation and no toilet facilities at Oshakati alone.

owner

she had heard
ner call for
on investiga-
that the dogs
ed the vagrant.
ical expenses
paid. Mr Gel-
said.
day of the at-
King. Mr Gel-
and his wife
ermanus.
turned to their
tleno's Trust.

after sunset and noticed
that the dogs were not
running around on the
premises as usual. Mr
Geldenhuis said.
He found them locked
in an outer building on
the premises.
Later he was informed
the dogs had attacked a
passerby on the main
road earlier in the day.
"It was important that
I should find out wheth-

er the dogs had any
blood on their bodies I
examined them very
carefully, but I was quite
unable to find anything.
The trial continues to-
day.
Mr R D McDougall, in-
structed by Buirski, Herb-
stein and Ipp, is appearing
for Mr King and Mrs J H B
Traverso, instructed by Row-
an and Pullen, is represent-
ing Mr Geldenhuis.

Plague spectre in Ovambo

89
15/9/83
C. T. J. M. S.

From TONY WEAVER
WINDHOEK — Twenty-
five cases of bubonic
plague and one death
have been reported this
month in SWA/Nami-
bia's most densely popu-
lated area, housing a
quarter of the total 3-
million population.

The 30km strip be-
tween Oshakati and On-
dangwa in the Ovambo
war zone, where 250 000
people live, often in
squalid squatter camps
and which is the main
base for South African
Defence Force troops in
the north was yesterday
disclosed as being the
breeding ground

Dr A Hitzeroth, Depu-
ty Director for National
Health, said yesterday.
"The situation could be
described as under con-
trol, but anything can
happen tomorrow."
"I am worried. We
cannot relax for a
second, we have to be
on the lookout constant-
ly."

'Own system'

In August 38 cases
were reported, with two
deaths, and there have
been a total of around
450 cases reported since
November last year

Dr Hitzeroth said he
had not heard of any
cases yet of plague
among military person-
nel, but emphasized
that "the military forces
have their own system
of reporting, their
figures are separate to
ours".

He said unconfirmed
reports, denied by mili-
tary spokesmen, that

there had been three
cases of soldiers hit by
plague, were "possible
but unlikely", as mili-
tary health care was far
superior to that avail-
able to civilians.

The "terrifying" possi-
bility existed that the
bubonic-plague strain,
borne by fleas carried
on rats, could mutate
into pneumonic plague

"That is worse, that is
a formidably dangerous
disease, a real killer."

There were no plans
afoot to attempt a quar-
antine of Ovambo, be-
cause "how do you
quarantine half the
country's people?"

There was no innocu-
lation against bubonic
plague available.

Although the plague is
not contagious, and can-
not be transferred by
human contact, the dan-
ger existed of fleas
bearing plague being
transported on humans
or dogs from one part of
the country to another.

Dr Hitzeroth said the
most "worrying aspect"
was that "we expected a
decrease in plague in
the rainy season, and
that did not happen".

"We must assume that
the infection, probably
that of rodents, is
spreading"

The war in Ovambo
was having a serious ef-
fect on preventive medi-
cine programmes he
said, as "we cannot
move freely in the rural
areas to check on
kraals".

● City can deal with
plague, page 5



• Gool, with some of the produce that has risen sharply in
and the heavy winter rains in the Western Cape.

Picture: Alvin Andrews

Cop without a bike

Own Correspondent
PRETORIA. — A traffic
policeman, Officer A C J
van Rensburg, of Pre-
toria, was warned yes-
terday that he may be
dismissed because after
a year's service he has
not managed to get a
motorcycle licence.

The city's traffic chief,
Mr Rob Ehlers, said in a
report: "The traffic de-
partment gave him all
possible encouragement
and assistance, but he
just can't succeed in get-
ting the licence."

Officer Van Rensburg
is also required to ob-

cence. He has also not
been able to get it.

A fellow traffic officer
said yesterday: "It is a
real problem, but every
time he went for driving
tests, some small prob-
lem cropped up."

However, the traffic
chief was authorized by
the City Council's man-
agement committee this
week to tell Officer Van
Rensburg that unless he
gets his licences by ear-
ly next year, his services
may be terminated.

Officer Van Rensburg
was not available for

Owner has killer dogs put down

JOHANNESBURG. — gating.
The owner of the two The chain of one of

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ews

Hot-tempered SA scores highest heart attack rate

By HELENE ZAMPETAKIS

SOUTH AFRICANS are a bad tempered lot — in fact, one of the hottest tempered nations in the world — and this is one of the reasons they feature so high on the world's heart attack rating.

The director of the Johannesburg City Council's Cardiac Rehabilitation Unit, Dr Roy Morris, revealed this in response to a study on the relation between bad temper

and heart attacks reported in Polus, the Heart Foundation of Southern Africa's newsletter.

The report disclosed that people who lose their temper stand a five times greater chance of having a heart attack.

Dr Morris said a temper tantrum could add the final ingredient to the "high-risk factors" that caused a heart attack — smoking, obesity,

high cholesterol levels and high blood pressure.

When a person loses his or her temper, it stimulates the conditions of mini-stress:

● It excites the adrenal glands which send the blood pressure and the pulse rate soaring.

● The blood vessels narrow and not enough oxygen passes to the heart.

● There was evidence to suggest that hormones of the adrenal glands could affect the

ability of the platelet blood cells to coagulate, making them stick together too easily and clogging up the blood vessels, either temporarily or permanently.

● Without oxygen, the heart muscle collapses, inducing a heart attack.

A clinical psychologist, who cannot be named, said bad temper was often related to "type A" behaviour characterised by people who had a low frustration level. This

included people who:

● Made too many commitments.

● Met too many deadlines.

● Were constantly rushing.

● Had a high achievement motivation level.

● Had a high tension level and a low frustration level.

"This type of behaviour causes frequent temper outbursts and is related to cardiovascular disease to which heart attacks are related," the clinical psychologist said.

And, according to long term results of the study revealed in Polus, everything must be done to keep tempers under control.

"If you feel your anger rising, the experts advise you to carry out some physical exercise, then relax and listen to music and try to think a few funny thoughts about the person who has angered you," the report warns.

Killer plague traced to Ovambo war zone

By TONY WEAVER
Mail Africa Bureau

WINDHOEK. — Twenty-five cases of bubonic plague and one death have already been reported this month in South West Africa's most densely populated area, housing a quarter of the total 1-million population.

The 30km strip between Oshakati and Ondangwa in the Ovambo war zone, where 250 000 people live, often in squalid squatter camps, was yesterday revealed as being the breeding ground for the dreaded disease.

Dr A Hitzeroth, deputy director for National Health, and responsible for environmental health in the territory, said yesterday. "The situation could be described as under control, but anything can happen tomorrow.

"I am worried. We cannot relax for a second, we have to be on the lookout constantly."

In August, there were 38 cases reported, with two deaths, and there have been

around 450 cases reported since November last year.

Dr Hitzeroth said he had not heard of any cases yet of plague among military personnel, but stressed that "the military forces have their own system of reporting. Their figures are separate to ours."

He said unconfirmed reports, denied by military spokesmen, that there had been three cases of soldiers hit by plague, were "possible but unlikely", as military health care was far superior to that available to civilians.

The "terrifying" possibility existed that the bubonic plague strain, borne by fleas carried on rats, could mutate into pneumonic plague, he said.

"That is worse, that is a formidably dangerous disease, a real killer."

There were no plans afoot to attempt a quarantine of Ovambo, because "how do you quarantine half the country's people?"

There was no inoculation against bubonic plague available, and antibiotics had to be administered once the symptoms became clear.

Although plague is not contagious, and cannot be transferred by human contact, the danger existed of fleas bearing plague being transported on humans or dogs from one part of the country to another.

Dr Hitzeroth said the most "worrying aspect" was that "we expected a decrease in plague in the rainy season, and that did not happen".

"We must assume that the infection, probably that of rodents, is spreading."

The war in Ovambo was having a serious effect on preventive medicine programmes he said, as "we cannot move freely in the rural areas to check on kraals".

The spectre of a mass outbreak of plague in the area is a frightening one.

Over 6 000 squatters live around Oshakati in filthy, insanitary conditions.

15/9/83
89 ROM

Staff Reporter

DR REG COOGAN, Medical Officer of Health for Cape Town, last night described bubonic plague as one of the six "formidable epidemic diseases" and said it had a "fairly high mortality rate if not treated".

He said bubonic plague was a notifiable disease which meant that it was required by law to notify local public health authorities of incidents involving the disease.

He said overcrowded conditions where rats thrived were conducive to this "Third World" disease, but that a modern city had the resources to deal quickly with cases.

'Hygienic city' can deal with bubonic plague

(89) Times
15/9/83

It was often a complication, such as severe pneumonia, that caused death and all age groups were susceptible.

"Antibiotics will usually prevent death if treatment is started in time. Immunization by vaccine does exist but gives only short-term protection and is usually used by doctors and

nurses who are working in areas where the plague is present."

He said that only when an extermination programme to destroy rats "by every possible means" was put into effect was this vaccine used.

Symptoms included severe fever, swelling of lymph glands, shock and

delirium.

Bubonic plague had a fairly short incubation period of two to six days, said Dr Coogan, and it was highly unlikely that people coming in from rural areas where the plague was present could cause problems in a hygienic city.

Domestic rats usually became infected by fleas from wild rodents and there were various areas in the country known to harbour the germs.

The last outbreak of bubonic plague occurred in Cape Town during the South African War when infected fodder harbouring rats was brought from India for English cavalry horses.

(89) ~~221~~

We're keeping close watch on plague — SADF

16/9/83

By TONY WEAVER
Mall Africa Bureau

WINDHOEK. — The medical corps of the South African Defence Force is monitoring the bubonic plague situation in the Ovambo war zone closely, and as yet there have been no cases of plague reported among soldiers serving in the area.

It was disclosed on Wednesday that the 330km strip between Oshakati and Ondangwa, which houses not only close to 250 000 South West Africans but also thousands of South African national servicemen, was the breeding place of the current epidemic.

Since November last year, 450 cases have been reported, with 63 cases and three deaths registered in the last six weeks alone.

A spokesman for the SADF's Medical Services said from Pretoria yesterday that "no Defence Force member has reported sick with bubonic plague".

Besides a large concentration of military personnel in the area, there are also

scores of "internal refugees" living in squatter camps with no sanitation around both Oshakati and Ondangwa.

Preventative medicine programmes in the rural areas surrounding Oshakati are being hampered by the war, and Windhoek doctors, concerned about the spread of the disease and its possible mutation into the deadly pneumonic plague, suggest an agreement should be reached with Swapo on treatment.

Contact should be made with Swapo so that medical teams can move freely in the bush areas where the guerrillas maintain a strong presence, in specially marked vehicles.

They argue Swapo would readily agree to such an arrangement, because its forces were as much threatened by the disease as civilians, and the danger existed for Swapo that guerrillas returning from "active duty" in Ovambo to their base camps in Angola could carry disease-bearing fleas back with them.

Only away games for rugby brawlers

Mall Africa Bureau

WINDHOEK. — Rugby matches played by the Rehoboth Rugby Club will now take place in Windhoek, following ugly scenes which erupted two weeks ago when players and spectators brawled with each other and rugby officials.

The disciplinary action was imposed by the Central Rugby Union yesterday.

At the match, the referee, Mr Kobus Kriel, was beaten up by spectators and players after he sent a Rehoboth player off the field and abandoned the match between Rehoboth and a Defence team, 15 minutes early because of the brawl.

The match was awarded to

the Defence team, and when their manager went to the aid of Mr Kriel, he was allegedly beaten up, had a tooth knocked out, his glasses smashed and his watch stolen.

The manager, Captain Alex De Witt, also alleged that in the change rooms after the match, a Rehoboth player threatened to shoot him and drew a pistol.

Rehoboth denied the charges, blaming bad refereeing for the incidents, and also alleged the defence players hurled racial insults at them in the scrums.

Rehoboth now have to travel 88km to Windhoek every week to play their rugby.

cy 'boosting racism in SA'

ed of its citizens," he said. million blacks ed foreigners without their four impoverished independent

vice-president United Auto there had been "ages" in SA's al and trade have not been

Mr Stepp and other witnesses said the "new deal" to improve the lot of blacks and coloureds was actually part of a "divide and conquer" policy that benefited a few and increased repression of the majority.

Professor Stanley Greenberg of Yale University said the changes in the system of apartheid were simply to entrench the white minority's already firm economic and political

assistant Secretary of State, defended the "constructive engagement" policy, which seeks a positive approach to encourage South Africa to change its racist policies.

Prof Greenberg said SA whites understood constructive engagement to mean the US was backing the white minority government.

"I am afraid that black South Africans, too, have heard that message," he said.

stration had begun a new dialogue with the government of Angola to expel Cuban troops, and was able to talk to all parties in the region with hope for a breakthrough one day to peace.

Mr Gray said this was simply a restatement of goals set in 1981, that dialogue with Angola had always been possible, and that Mr Wisner could cite no specific accomplishment

AA 'yes' to licence plans

Mall Reporter

THE Automobile Association has welcomed statements by two Cabinet Ministers that legislation was being planned for compulsory carrying of



will compete in the Epol/SPCA Day of the Mutt show on Sunday, will be made by councillor, Mr H G Rudolph, after a display of drum the biggest, cutest, bravest, most exotic, daintiest, fluffiest and here is one of the comperes of the show, Leonne Carnot, protecting The contest will be held at the Hector Norris Stadium, next to the pen at 9.30am.

Picture: JILL EDELSTEIN

16/9/83

89 ~~Times~~ Times

SWA plague: No SADF cases yet

From TONY WEAVER WINDHOEK — The Medical Corps of the South African Defence Force is monitoring the bubonic plague situation in the Ovambo war zone closely, and as yet there have been no cases of plague reported among soldiers serving in the area.

Wednesday that the 330km strip between Oshakati and Ondangwa which houses not only close to 250 000 Namibians — a quarter of the total population — but also thousands of South African national servicemen, was the breeding place of the current plague epidemic.

year. 450 cases have been reported, with 63 cases and three deaths registered in the past six weeks alone.

A spokesman for the SADF's Medical Services said from Pretoria yesterday: "We have the situation under control and as yet no Defence Force member has reported sick with bubonic plague."

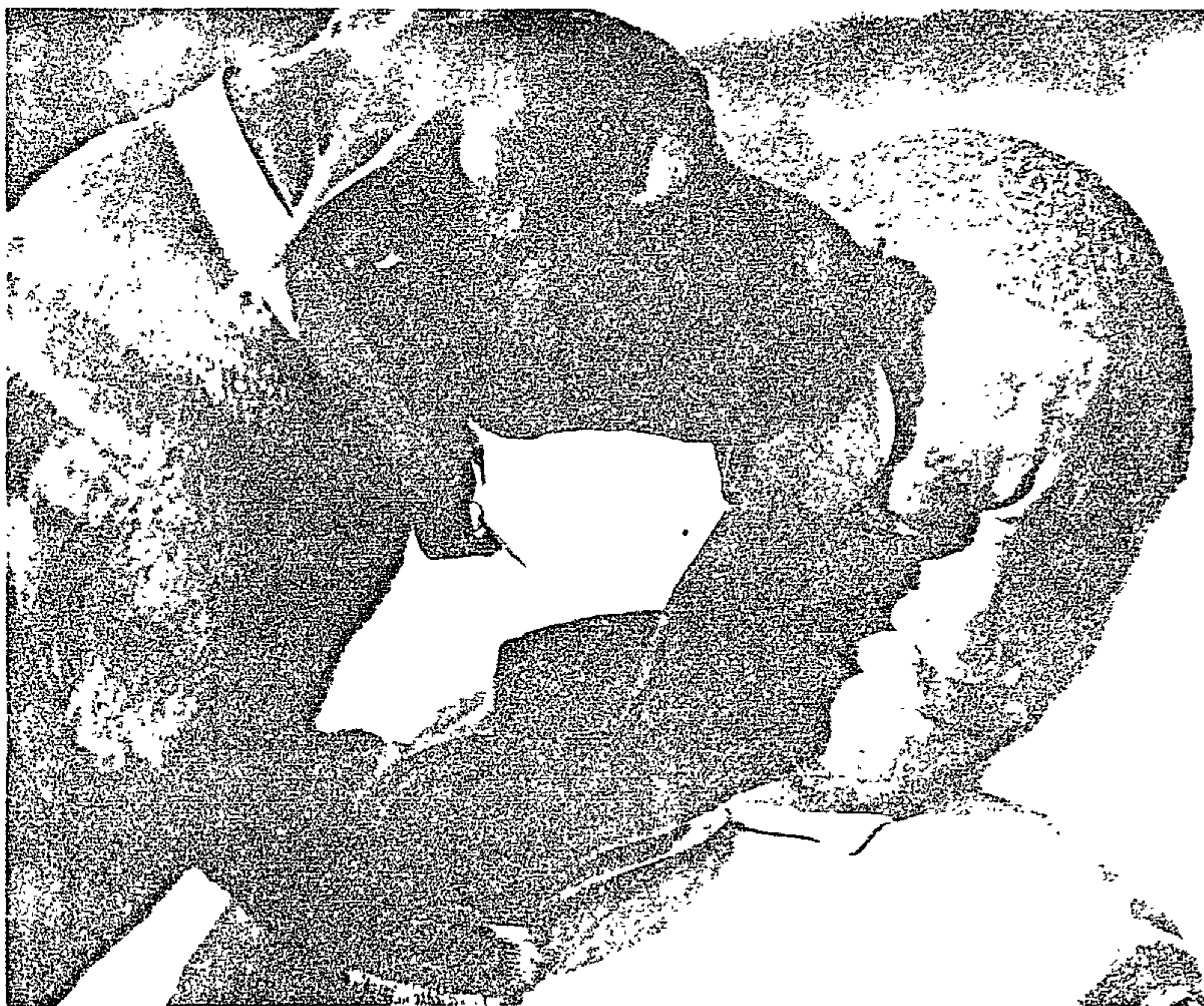
She added that "if someone comes in with the symptoms of plague, then measures will be taken immediately to prevent the disease from spreading, and thorough checks will be done on all personnel".

Besides a large concentration of military personnel in the area — headquarters of the

SADF and South West Africa Territory Force in the Ovambo war zone — there are also scores of "internal refugees" living in squatter camps with no sanitation around both Oshakati and Ondangwa.

Preventive medicine programmes in the rural areas surrounding Oshakati are being hampered by the war.

It was disclosed on Since November last



Meek as a lamb, Lockheed, a Staffordshire bull terrier, smothers Mr John Maya with affectionate, sloppy kisses. Lockheed is one of four Staffordshire bull terriers which belong to Mrs Glenda Johnstone, of Kenilworth. Picture: Dan Bosman

Bull terriers 'a bundle to handle'

Staff Reporter

BULL terriers and all related bull terrier breeds are fierce fighting machines and were a potential danger in the wrong hands, Peninsula dog lovers and breeders warned yesterday.

They gave assurances, however, that the dogs would "definitely" not attack unless they were "really provoked".

Mrs Glenda Johnstone and Mr Bobby Goode, both bull terrier and

she said.

Mr Goode said pure-bred bull terriers would never attack a person unless they were "really provoked", or if they were kept in an inadequate environment.

Cross-breeds, or dogs that had been crossbred with bull terriers, were as unpredictable as "ill-bred humans".

Both Mr Goode, who is also chairman of the Terrier Club, and Mrs Johnstone, said the dogs

Princesses 'tortured' servants

Own Correspondent

LONDON. — Two Arab sisters accused of torturing and seriously injuring their women servants at their London home are both wealthy Kuwaiti princesses, it emerged yesterday.

Magistrates granted them bail for three months for committal proceedings after a brief hearing at the Marylebone Court, London

Shekha Faria, 38, and Sheka Samiya, 35, both face two charges of assault. They are half-sisters of the King of Kuwait.

They are accused of causing grievous bodily harm to their Sri Lankan servants.



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De Hoop: NCW plea

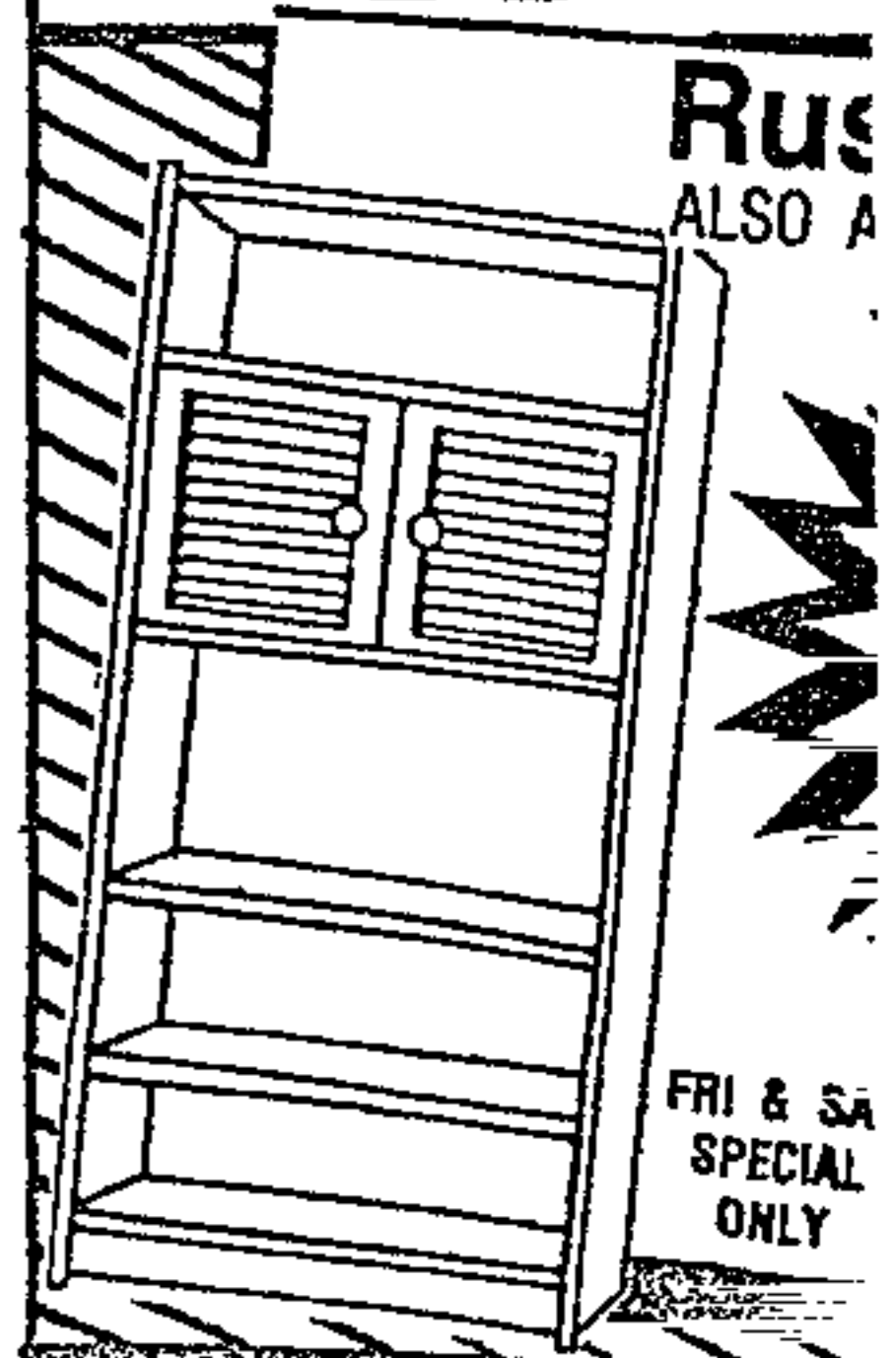
THE National Council of Women (NCW) has added its voice to condemnation of the siting of the proposed De Hoop missile-testing base and has called on Armscor and the government to find an alternative site "where a vital part of South Africa's environmental heritage will not be at risk".

In a statement this week, Mrs Else Schreiner, national NCW president, said there were "agriculturally-arid and environmentally-unimportant areas of the country such as the north-western Cape which would be more suitable".

She expressed concern that population explosion caused by movement of people into the area would "have a serious effect on the atmosphere and nature of Arniston, where many cottages have been declared national monuments".

Hyper

Rus ALSO A



FRI & SA SPECIAL ONLY

Technical Centre Main Rd Retreat

1 dead, 86 cases being treated

Bubonic fever on the rise in SWA war zone

By TONY WEAVER
Mail Africa Bureau

WINDHOEK. — There has been a dramatic increase in the number of bubonic plague cases reported in the Owambo war zone this month, with 86 cases being treated and one person dying.

This means that this month alone there have been almost half as many cases reported as in the entire medical year of 1982, when 166 cases were reported between March 1982 and April 1983.

This month's cases bring the number of cases reported in the area in the past six months to 353 and the number of deaths to five.

The head of environmental health in the State Health Department, Dr A Hitzeroth, said yesterday that what was worrying was that there appeared to be no increase in actual cases of plague, but rather an increase in the number of cases reported.

This could mean there had been more than 500 cases of plague in the past six months.

"Bubonic plague is essentially a disease of rodents, and cases in humans are almost an accident — so the fact that we have so many human cases being reported shows just how

far and how extensive the disease is among rodents and their fleas," Dr Hitzeroth said.

The Department of Health was taking urgent measures to combat the spread of the disease.

People who have had immediate contact with victims of the plague are being placed under observation.

The disease is still being contained in South West Africa's most densely populated area, the 30km strip between Oshakati and Ondangwa, which houses 250 000 people — a quarter of the total population — and thousands of national servicemen and policemen.

"This is not the end. We expect many more cases, especially as the hot, dry months of October and November approach and the rats come closer to the squatter camps for food," Dr Hitzeroth said.

He said that besides the plague, typhoid, tuberculosis, venereal disease and malaria were their biggest problems in the north.

"With the existing war conditions, the growth of internal refugee camps around the towns, the breakdown of health infrastructure and the constant movement of people, the situation in the war zone is highly conducive to the rapid spread of disease," Dr Hitzeroth said.

Beach ban hits children

Mail Correspondent

PORT ELIZABETH — A group of black schoolchildren from Natal were asked yesterday by police to leave Pollok Beach, because it is reserved for "whites only".

Major Gerrie van Rooyen confirmed last night that the children had been asked to leave the beach after several complaints had been received.

He said the station commander of the Baakens Street Police Station, Colonel Louis Paulsen, went personally to the beach and explained to the children that the beach was not open for all races.

"The children understood and left the beach without incident," Major Van Rooyen said.

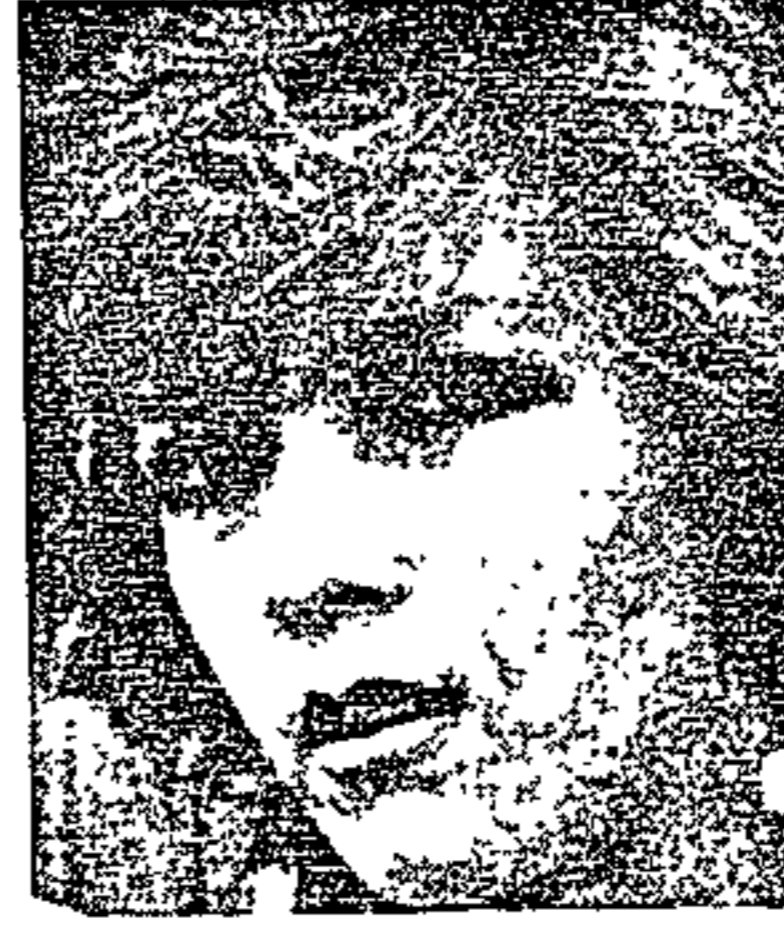
The words "Whites only" on the notice board had been painted out on Wednesday by "vandals."

Firemen from yard, near wood had

Armed gangs in hold-ups



Mr Ricky Damatta, left, waiting in his car for his friend Mr David McEwen, saw the armed hold-up



MISS MARION SWART
Witnessed hold-up

By ANN PALMER

TWO gangs of robbers made off with more than R25 000 yesterday in two separate hold-ups, an hour apart, at building societies in Johannesburg.

An employee of the SA Permanent Building Society, Mr P S Venter, 65, accompanied by two security guards, was taking money to the branch in Biccard Street, Braamfontein.

He was confronted by two men wielding guns outside the building society. As the men tried to grab the money bag, a scuffle broke out

An eye-witness, Mr Ricky Damatta, was waiting in his car nearby. He said he saw men grappling on the ground in what looked like a fight.

"As two men started running away, I saw the one security guard grab one of the fleeing men's dust coat and hit him over the head with a truncheon," he said.

"They ran to a beige car which was parked right next to the building society. There were two more men in the car. It seemed the second robber took fright when his accomplice was attacked and he shot wildly.

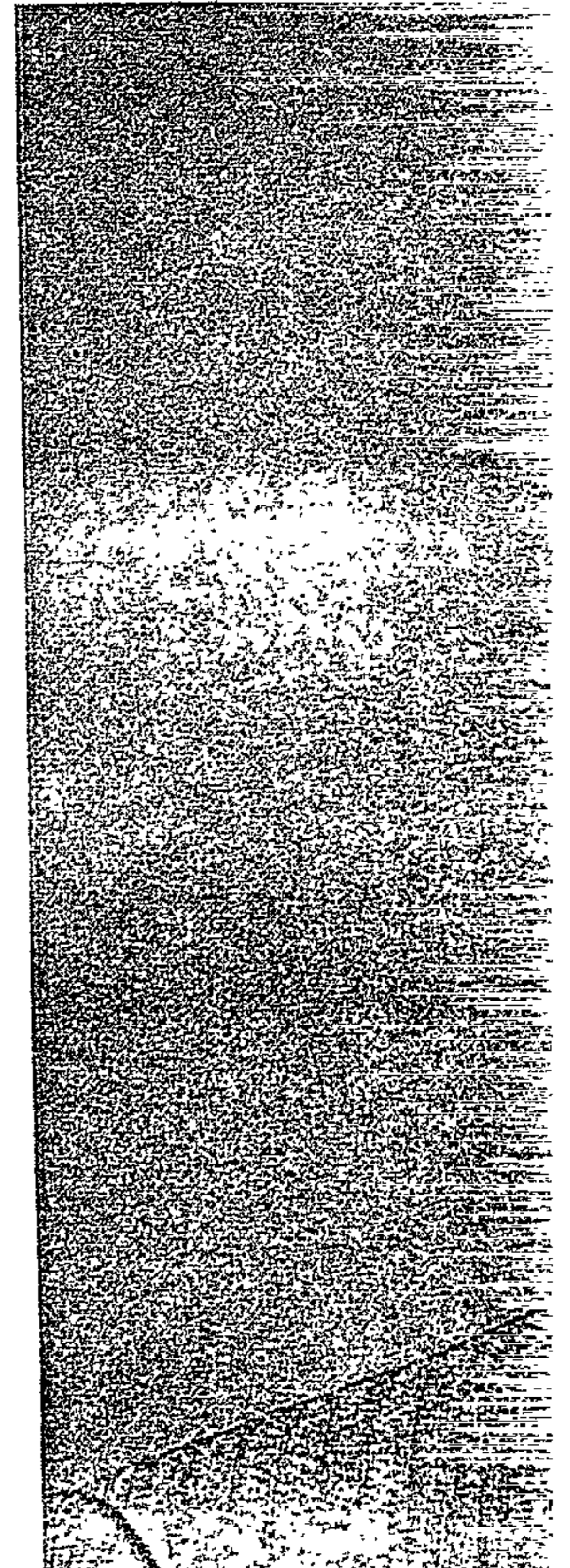
"They then sped off down Juta Road," said Mr Damatta.

The men made off with R17 600. No-one was injured.

An hour earlier, a gang of three men armed with a gun and a knife entered the Allied Building Society in Pritchard Street, Johannesburg. They approached a teller, Mrs Joan Evans, 37, and demanded money.

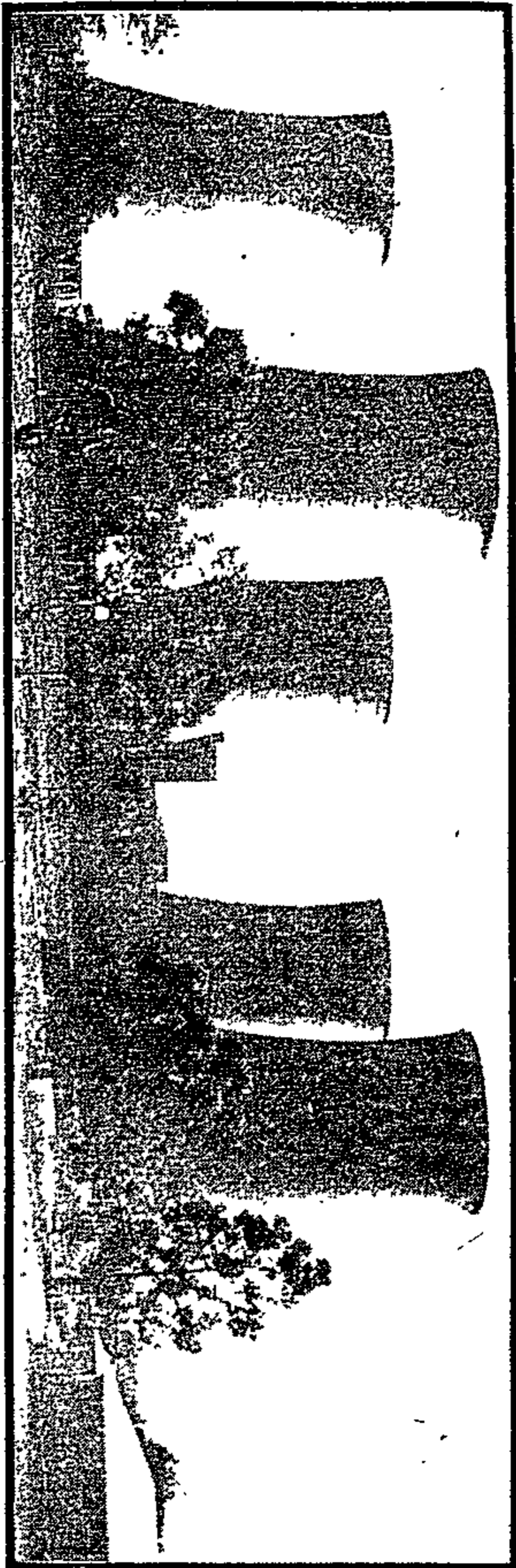
They threatened her and three other employees with the gun and knife before fleeing with R7 990.

No arrests have been made



The case of the Kelvin Cough

S. Spence
By DEBBIE REYNOLDS



● The Kelvin power station near Kempton Park — residents are thumping their chests because of the pollution.

AN EAR, nose and throat specialist has blamed pollution from the Kelvin power station for the respiratory problems of several Kempton Park residents.

Pollution from the power station, built in 1953, has become "unbearably bad" over the past four years, despite adaptions costing R4.5-million.

The Kempton Park town council has disputed a claim that the soot and grime belching from the power station are a health hazard.

The claim was made in a letter to the council by the specialist, who for professional reasons may not be named.

"It has been my experience that the incidence of nasal and sinus problems in the Kempton Park area is very high," he wrote.

"There is no doubt that pollution is an important factor in the development of respiratory diseases and in particular those affecting the nose and sinuses."

The Johannesburg city council recently spent R4.6-million on the Kelvin B station after complaints over the years from Cresslaw and Croydon residents about pollution.

But two weeks ago, residents were again enraged by a particularly bad bout of grime which covered swimming pools and cars in a thick layer of black soot.

Mr M Pomeroy, Johannesburg's acting deputy city electrical engineer (generation), said this week another R200 000 would be spent on the power station to further reduce the pollution.

Last year, the Kempton Park town council was re-

Doctor blames his patients' lung problems on grime from power station

ported to be seeking legal advice on possible action residents could take against the Johannesburg city council, which runs the coal-fuelled power plant.

And last month, the council began measuring the pollution level, using a CSIR testing formula.

"Our aim is to see which areas are suffering from pollution and to gauge just how bad the pollution level is," said Mr J S Terblanche, Kempton Park assistant chief chemist.

But Johannesburg city electrical engineer Mr Wesel Barnard said R4.6-million had been spent to renew the precipitators — which extract dust from smoke — and over 99% of all solid matter was now extracted before it left the stacks, compared to 93% a few years ago.

According to Mr S M Lloyd, chief air pollution control officer for South Africa, this was well within the limits set down by the Department of Health, Welfare and Pensions.

already started.

Spokesman 22/10/83
Mawu hails ruling

THE Metal and Allied Workers Union (Mawu) has welcomed the Industrial Court's decision in reinstating 12 sacked workers at Barlow Manufacturing Company before a strike at the plant.

Mawu's spokesman said that after the sacking of the workers they declared a dispute with the company and subsequently an industrial court action seeking the workers' reinstatement.

The Industrial Court has rejected Barlow's contention that it be allowed to appeal or challenge the power to reinstate workers if they have been fired with proper notice.

The court found that the company's contention that the court should not reinstate the workers has no reasonable prospect of being upheld by the Appeal Court.

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FRUIT CHEWS
150 g
OR
APPLE-CHEWS
150 g

(22) (89) NAM 29/10/83

Plague and measles kill eight

By TONY WEAVER

Mali Africa Bureau

WINDHOEK. — Six children have died of measles and two adults of bubonic plague in South West Africa this month, according to the State Health Service.

Twenty-six children are being treated for measles in Windhoek and 78 cases of bubonic plague have been reported in the Owambo war zone since the beginning of October.

The latest deaths from bubonic plague have raised to seven the number of deaths since March this year, while 436 cases have been reported in the same period.

In September alone, 105 cases of plague were reported in Owambo.

Dr A Hitzeroth, head of environmental health in the State Health Service, confirmed yesterday that the cases of bubonic plague were still confined to Namibia's most densely populated area, the 30km stretch between Ondangwa and Oshakati, housing a quarter of

Namibia's population and thousands of national servicemen and police.

Health authorities blame the outbreak on rats, bearing plague-infested fleas, seeking water close to human settlements because of the drought.

They also point to the rapid growth of squalid squatter camps housing internal refugees from the war, and the breakdown of health services in the region as the war intensifies.

One encouraging trend is that the number of plague cases reported is dropping, and things seem to be under control.

Dr Hitzeroth added that so far no cases of pneumonic plague, a killer disease mutated from bubonic plague, and which is extremely infectious and has no cure, had been reported.

He said the measles outbreaks could not be classified as an epidemic as, although it was "a nasty disease for children", it was a common-place disease in Namibia and cases occurred regularly throughout the territory.

89
Rabies

kills

4/11/83
boy, 14

DURBAN. — A 14-year-old boy has died of rabies in a Durban hospital, after being bitten by a stray dog.

Natal veterinarians have called an urgent meeting with the Department of Veterinary Services after the alleged breakdown of the rabies inoculation programme in KwaZulu.

Doctors said the dead boy, Matteus Gasa, was cutting grass at Molweni in early September, in an area where no rabies had been reported, when he was bitten.

More than a month later, he fell ill and died in the out-patients department of the King Edward VIII Hospital.

A spokesman at the South African Veterinary Association said rabies was definitely on the increase again.

He said veterinarians would meet the Assistant Director of Veterinary Services for Natal, Dr P J Posthumus, to discuss what action should be taken. — Sapa.

Bid to combat rabies threat

Mercury
5/11/83

Mercury Reporter

RABIES control in KwaZulu areas is causing concern among State and private veterinarians who are due to meet next week and formulate a plan of action.

The meeting is a result of the increase of rabies in the areas and follows the death of a 14-year-old boy, Matteus Gasa.

He was playing on the banks of the Umgeni River when a dog rushed out of the bush and bit him. He died 12 days after falling ill.

Yesterday the assistant director of Veterinary Services for Natal, Dr P J Posthumus, said there was no need for panic in the white area

but the continued low grade existence of rabies in the black areas was cause for concern.

KwaZulu veterinarians were having difficulty persuading their people to inoculate dogs. Many blacks believed that this would ruin their dog's hunting instinct or that the injection would kill them.

Dr Angus Pringle Natal spokesman for the SA Veterinary Association said: 'Our executive will meet Dr Posthumus on November 17. We have formulated a broad plan of action which we hope will be implemented.'

The last major rabies outbreak spread from Adams Mission.

7/11/83
10/14

Vets worried over rabies in KwaZulu

Mail Correspondent

DURBAN. — Rabies control in KwaZulu areas is causing concern among State and private veterinarians who are due to meet next week and formulate a plan of action.

This planned meeting is a result of the increase of rabies incidents in the areas and follows the death of a 14-year-old boy, Matteus Gasa.

Matteus was playing on the banks of the Umgeni River when a dog rushed out of the bush and bit him. Twelve days after falling ill, Matteus was dead.

The assistant director of Veterinary Services for Natal, Dr P J Posthumus, said at the weekend there

was no need for panic in the white area, but the continued low grade existence of rabies in the black areas was cause for concern.

KwaZulu veterinarians were having difficulty persuading their people to inoculate dogs. Many blacks believed that this would ruin their dog's hunting instinct.

Dr Angus Pringle, Natal spokesman for the SA Veterinary Association, said: "Our executive will meet Dr Posthumus on November 17. We have formulated a broad plan of action which we hope will be implemented."

In recent weeks a number of cases have been confirmed in Ballitoville.

(89) ~~20~~
Plague ~~20~~
ROM
kills two
16/11/83
in SWA

WINDHOEK. — Two people have died of bubonic plague this month in the endemic area of central Owambo in the northern South West African war zone, the Deputy Director of National Health, Dr A Hitzeroth, said yesterday.

In the first two weeks of the month 28 patients were treated for the disease.

Dr Hitzeroth said there had been a decline in the number of cases reported since September, when one patient had died and 105 others were treated.

Last month two people died and 87 patients reported to hospitals and clinics for treatment.

Bubonic plague, transmitted by fleas from infected rats and mice, had always been present in Owambo, but was at times dormant.

"We expect the present epidemic to last for quite a while," Dr Hitzeroth said.

"It is difficult to combat infected rodents in an area as large as Owambo."

Most of the plague cases reported were in a 30km strip around Oshakati and Ondangwa, where about 250 000 people lived, mostly in shanties.

The first symptom of the plague was a painful red swelling of the lymph nodes — usually in the groin or the armpits — later accompanied by fever and severe headaches. Successful treatment with antibiotics relied on early diagnosis, Dr Hitzeroth said. — Sapa.

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MONDAY, NOVEMBER 21, 1983

One death in typhoid outbreak

By SHARON LI GREEN *£. Post*

There had been an outbreak of typhoid in Port Elizabeth recently but the situation was under control, according to Dr J N Sher, the city's Medical Officer of Health.

The City Health Department was notified of one death and 14 cases of the disease during the past five to six weeks.

Of the 14, eight were coloureds living in one house in Windvogel. Two were from Korsten, two from Gelvandale, one from Schauderville and one African from Soweto. There were two carriers of the disease with no symptoms, six had various symptoms while another six were open cases. The ages of the victims ranged from one to 61 years. Earlier this year, two notifications were received bringing the total to 16.

This is an increase over the eight notifications received in 1981 and two in 1982.

Dr Sher said there was no need for alarm. But with the approach of summer, he appealed to the public to combat flies ruthlessly with insecticides. Food and refuse bins should be covered and it was important to see that high standards of personal hygiene were maintained.

"Clothing must not be shared and hands must be washed with soap and water after going to the toilet," said Dr Sher.

If there were an inordinate number of flies then the Health Department should be notified, said Dr Sher.

The contagious disease occurred mainly in spring and summer. Symptoms were diarrhoea, stomach pains, a fine rash and perforation of the bowels.

The disease spread through contamination of the hands through faecal matter and urine. Nursing personnel at the Health Department offered help to those requiring information on personal hygiene and disinfectants could also be obtained at the department.

BUS HIT IN BT

2 taker release

EAST LONDON was hijacked ir passengers held

The hostages were released later today and a man was the bus crowded with corn to work.

An armed man entered Stirling and Nahoon, th

Meet Mamma, Pappa and baby Smurfs



PE typhoid: One
dead, 14 treated

ARGUS 22/11/83
Argus Bureau

PORT ELIZABETH (89) One person has died and 14 have received hospital treatment in an outbreak of typhoid in Port Elizabeth's townships.

But the city's Medical Officer of Health, Dr Joe Sher, said the outbreak was well under control and that there was no cause for alarm.

HYGIENE

He said that of the 14 cases eight were from one house in the coloured area of Windvogel, two were from Korsten, two from Gelvandale and one from the Soweto squatter camp.

Dr Sher said typhoid was directly related to personal hygiene.

"Simply washing your hands with soap and water will stop the disease in its tracks," he added.

29
24/11/63
ROOM

NAMPO: Most US grain IS healthy

THE extent of contamination of a consignment of maize imported into South Africa was very limited, the chairman of NAMPO, Mr Hennie de Jager, said yesterday.

He was commenting in a statement on reports that a consignment of maize imported from the US to augment maize supplies hit by the drought, was contaminated by alfatoxin.

Mr De Jager said precautions were always taken to prevent contaminated maize from reaching the consumer.

Despite this assurance, he said, NAMPO was making a serious appeal to relevant bodies to ensure that no contaminated maize be allowed to leave the country's harbours.

NAMPO had, prior to the start of the present imports, pointed out that the imported maize would not be of the same quality the local consumer was used to.

He said the reported occurrence of alfatoxin in the imported consignment of maize, with its allied problems, confirmed again the importance of the South African maize industry as a basic supplier of high quality feed for man and animal.

The deputy director of the Department of Health, Dr G I van Rooyen, confirmed that South Africa had rejected some of the imported maize as unfit for human consumption. None of the maize was sold as it was monitored in the ship's hold, he said.

While Dr Van Rooyen would not give an exact figure, he said one lot of maize, which was heavily contaminated, was ordered to be destroyed immediately, and another to be rejected for human consumption. — Sapa.

Pox

(89)

virus

E. Post
wiped

9/12/83
out

in SA

JOHANNESBURG — The final trace of smallpox was eradicated from South Africa today.

The Minister of Health, Dr Nak van der Merwe, destroyed the virus, which was kept in the maximum security laboratory at the National Institute for Virology in Sandringham, Johannesburg. It was destroyed in a sterilisation unit.

Until today the institute in Johannesburg was one of three centres which kept the deadly "Variola" virus for experimental purposes, since smallpox was wiped out six years ago.

International headlines were made in 1980 when the World Health Organisation announced the world was free of smallpox.

More than two million people died from the disease before the eradication campaign was launched in 1967.

After the last recorded case, the WHO ironically reported that the greatest danger of the infection was posed by laboratory virus stocks.

This danger was highlighted in 1978 when a British photographer at Birmingham University was killed by a smallpox virus that escaped from the laboratory.

After her death, a WHO report named the National Institute for Virology in Sandringham as one of the few laboratories holding the virus that did not meet the required safety standards.

The virus is still available at the Centre for Disease Control in Atlanta in the United States and at the Russian Centre for Virus Production.

Sapa

Natal fights the malaria menace

By Kim McGowan

THE hot weather has arrived in Natal, bringing with it the mosquitoes — and with them the complaints from people being bitten.

How serious is the problem from a medical and nuisance point of view — and what is being done about it?

Mr Brian Sharp, an entomologist of the SA Medical Research Council based in Durban at the Research Institute for Diseases in a Tropical Environment, says that people complaining about bites in built-up areas should take a trip to the endemic malaria area where biting rates in excess of 200 per man per hour have been recorded.

Eighty years ago in Natal there would have been a good chance of contracting malaria as far south as Durban. Now, however, the chances are slim.

Thanks to an efficient control programme, malaria is confined to the Natal coastal plain below the 400 m contour line, north of Mthunzi.

Prophylactic treatment is only necessary in areas around St Lucia and northwards — Natal's present endemic malaria area. A large majority of this area falls within KwaZulu.

Prior to the present drought conditions, which started in 1979, the average number of malaria cases recorded in KwaZulu — between 1975 and 1978 — was only 1 008 cases a year.

The KwaZulu control programme involves the mammoth task of annu-

ally spraying every single hut in the area — amounting to 82 987 in 1981 — utilising a total of 27 895 kg of 75 percent water-wettable D D T.

Surveillance

A total of 348 910 households were visited during 1981 and a total of 76 861 blood smears were taken as part of an active surveillance programme in a search for positive malaria cases.

Blood samples are tested and every positive case is followed up to establish where the person was bitten. In 1982, because of the drought and the efficiency of the control programme, there were only 75 cases of malaria in KwaZulu.

Malaria is still the world's main tropical disease and is rife throughout Africa and the adjacent islands. In Natal the malaria season is from late November to June.

In their quest for blood, man-biting mosquitoes are initially attracted by exhaled carbon dioxide. They pick up the scent, however faint, and follow it to its source.

Mr Sharp has been investigating the adult behaviour of malaria-transmitting mosquitoes in Natal for the past four years.

Most of his field work is done in the malaria area of KwaZulu — where the mosquitoes are more dangerous than the crocodiles.

Am investigating the genus *Anopheles gambiae*. It is a species first thought to have consisted of one mosquito but which has since been shown to consist of a complex of

six morphologically indistinguishable species. Of these six species, four occur in the endemic malaria area of Natal and each show different behaviours. Research is necessary to establish their individual roles in malaria transmission.

Further areas of his research centres on the breeding requirements and habitats utilised by the species.

Traps

Mr Sharp uses a variety of traps to collect mosquitoes in the field. Window traps are set up in hut windows which catch the mosquitoes as they leave at first light.

A pyrethrum/paraffin mix — used as a 'knock-down' — is sprayed into the roofs of huts to kill the mosquitoes resting there. The dead mosquitoes, which fall on to a sheet laid on the floor of the hut, are then collected.

All-night outdoor bait catches are carried out using men, goats and cattle to sample and assess outdoor biting mosquitoes.

Pit traps or holes in the ground are also used. Malaria mosquitoes favour such resting places during the day because there is damp earth and higher humidity. Up to 600 mosquitoes have been caught in one of these holes in one night.

The blood from mosquitoes captured by these various techniques is then extracted and tested to see what the mosquitoes have fed on.

But it's not quite so simple and the success of a man-baited trap is very much a team effort.

Each member lies on a stretcher — covered only by a pair of pants — for 15 minutes in every hour, alternating throughout the night.

While he lies there, the other two team members collect the mosquitoes from his body using glass sucking tubes.

Only female mosquitoes bite man — they use the blood to get the energy and 'raw materials' to lay their eggs. They lay eggs every two to three days depending on temperatures. Under laboratory conditions a mosquito can live for about 30 days.

There are numerous species of mosquito which don't bite man at all and malaria is not just confined to man. There are bird, monkey, rodent and reptile malaras, to name a few, and a different species of mosquito for each type of malaria.

All-night

Malaria is not cross-infected — that is, man can't contract rodent malaria, for example. All malaria mosquitoes bite at night only, hence the importance of Mr Sharp's all-night work.

'Now people are well informed, there are clinics all over, hospitals are more efficient and, with the continuous and highly efficient malaria control and surveillance programme, this province has only a low rate of transmission.

'The death rate too, is low, practically nil. Because it is a notifiable disease, every general practitioner who comes across a positive case must fill out a form and report it to the relevant health authority.'



Mr Brian Sharp checks for larvae in 'The Big Muddy', a mosquito-breeding area in KwaZulu.

'If D D T wasn't used in the annual spraying of every hut in the endemic areas, there would be a dramatic increase in the malaria incidence in Natal.'

Mr Sharp said water wettable D D T is the cheapest and most effective residual insecticide available, which doesn't have any harmful effect on man in the method used.

For agricultural insecticidal purposes, D D T is banned.

Many local authorities along the coast have an active programme aimed at controlling the larvae of nuisance-value

mosquitoes. However, there are problems and complete control is difficult.

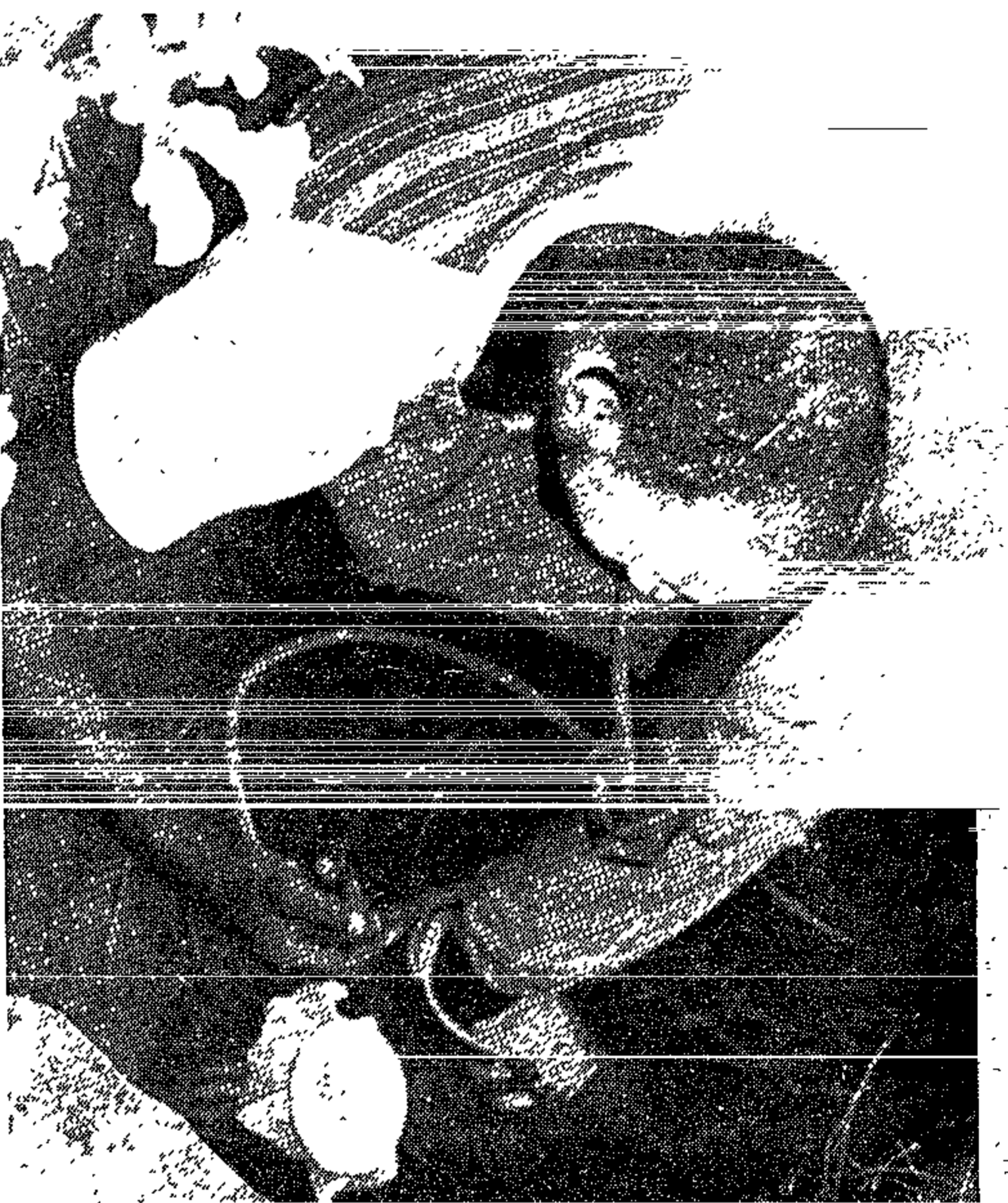
Mr Sharp suggests that, for efficient control of nuisance mosquitoes, the adult should be caught, identified and looked up in the well-documented literature to find out what its specific breeding requirements are.

In this way larval control can be directed at the relevant nuisance species. But efficient control programmes are the end product of years of research and are completely reliant on their scientific basis,' said Mr Sharp.





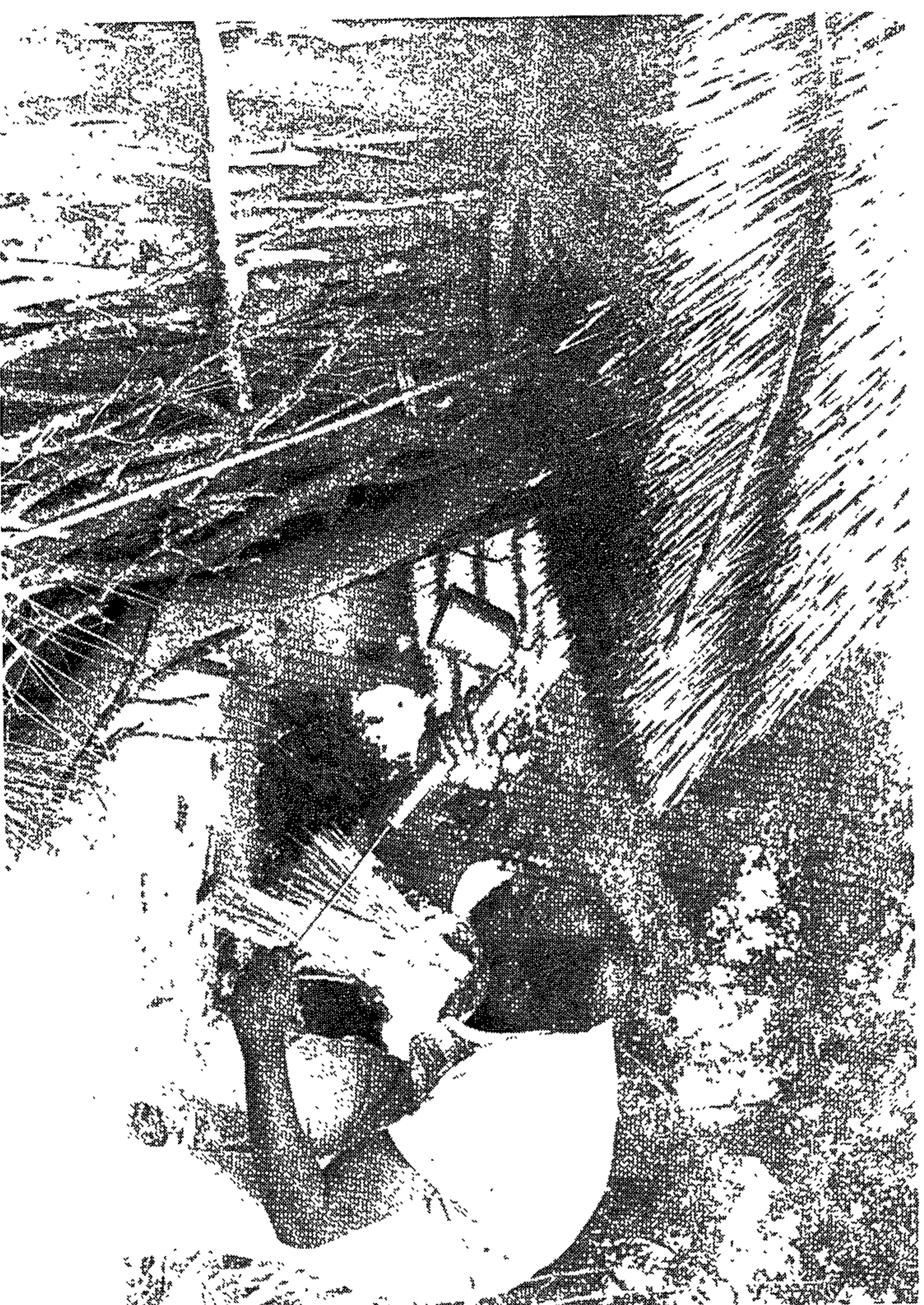
Mr Brian Sharp examines a window trap set up on a hut in the malaria area of Kwazulu.



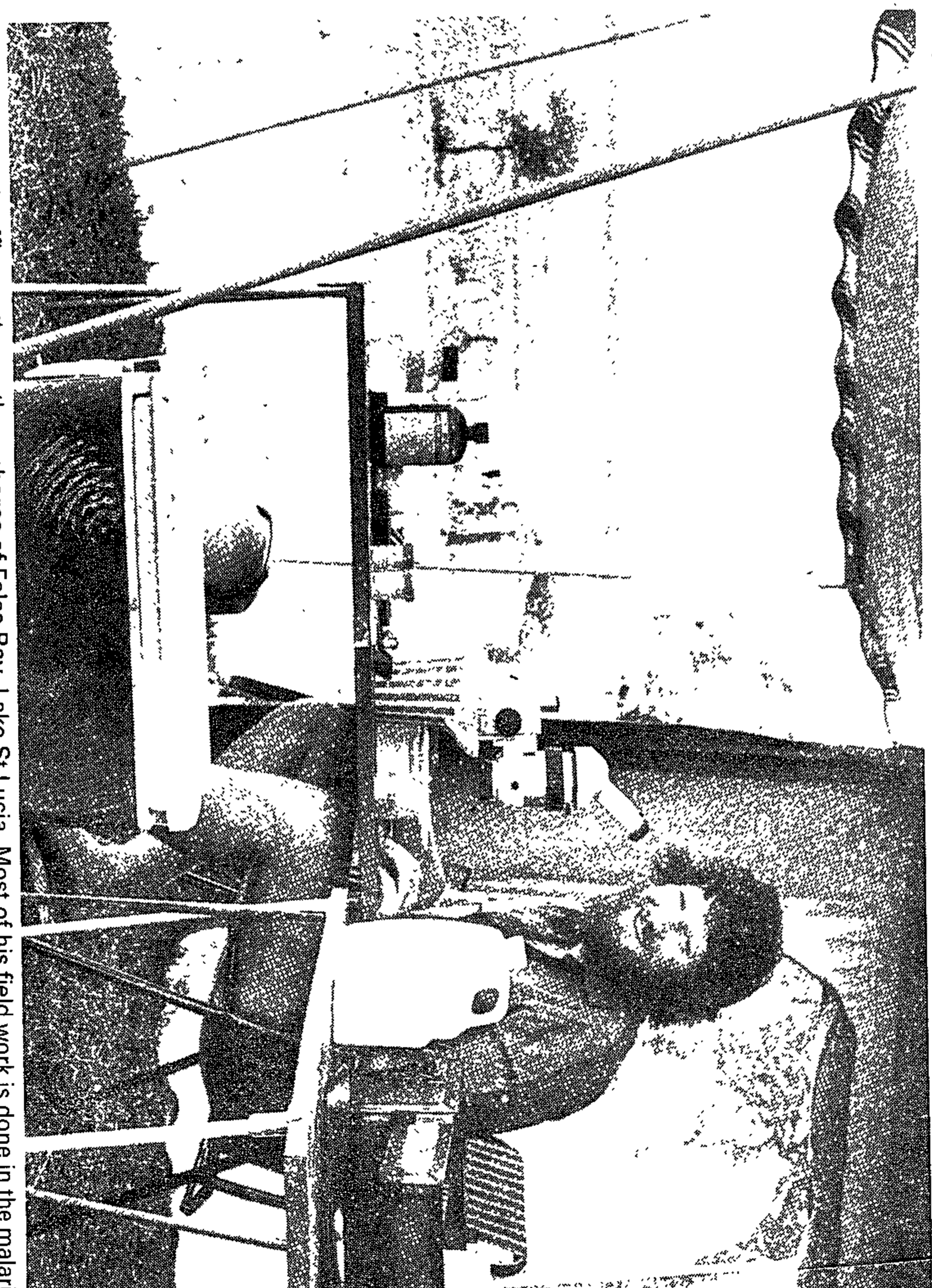
Field assistant Mr David Mthembu collects mosquitoes from a pit trap using a sucking tube. Up to 600 mosquitoes have been caught in similar traps in one night.



Field assistants Mr George Ngobo (left) and Mr Mthembu collect mosquitoes off a sheet after a 'knock-down' in a hut in Kwazulu.



Mr Mthembu is busy with a 'knock-down' on the outside of a hut in Kwazulu.



Mr Sharp in his office on the southern shores of False Bay, Lake St Lucia. Most of his field work is done in the malaria area of Kwazulu.

HEALTH AND DISEASE -
Miscellaneous diseases. - 1984

JANUARY —

NOV.

89 210M
Malaria:
no need
2/2/84
to panic'

Mail Reporter

AN INVESTIGATION carried out by the Johannesburg Department of Health after two children contracted malaria, has established the cases are freak incidents.

The two children, aged 11 and 15, were cousins from Noordgesig, near Soweto, where they were neighbours.

They were admitted to Coronation Hospital with malaria last week and were in satisfactory condition, a hospital spokesman said.

Dr Baldwyn Richard, Johannesburg's Medical Officer of Health, emphasised yesterday there was no need for the public to panic.

"We have conducted extensive searches in the area for anopheles mosquitos — which carry the disease — and have found neither larvae, nor adults."

Dr Richards said neither children had travelled out of Johannesburg and it was thought they had contracted malaria from a mosquito brought in from an endemic malaria area by a train or bus.

Although it was unusual for a case of malaria to be reported without patients visiting known malaria areas, similar cases had been reported in Johannesburg before.

"The two reported cases appear to be isolated," he said.

89) Hammond Q. 61. 35
Sandton: bilharzia
2/2/84

39. Mr D J DALLING asked the Minister of Health and Welfare:

- (1) Whether the water of the rivers and streams flowing through Sandton was tested for bilharzia by his Department in 1983; if not, why not; if so,
- (2) whether any traces of bilharzia were found?

The MINISTER OF HEALTH AND WELFARE:

- (1) Yes;
- (2) no.

Cholera:
89 D. Dispatch
no cases
3/2/89
reported

EAST LONDON — No cases of cholera have been reported in the Eastern Cape and Border regions during the past few months.

Because most incidents of cholera occur during the summer rainfall months, the period has been dubbed "cholera season".

Dr J. D. Krynauw, the regional director of the Department of Health and Welfare in the Eastern Cape, said from Port Elizabeth yesterday that it "was difficult to say" why there have been no incidents of cholera lately.

"It does seem to be more prevalent during the summer season but can also go into March and April," he said. —
DDR

By DAVID CAPEL

A CONSUMER would have to eat thousands of kilograms of peanut butter to be affected by aflatoxin poison, a spokesman for the Department of Health and Welfare said yesterday.

Dr Gerhardus Oberholster, chief director of consumer products, was commenting after his department's decision to order the removal of stocks of Pot o' Gold peanut butter, found to contain aflatoxin, from shop shelves.

"There is really no cause for concern," said Dr Oberholster. "Only one day's production was concerned and this is being taken off the market."

He said aflatoxin could have two effects: If there is a high enough intake in a short period it can lead to acute liver failure, and if there is a

89 RDM 7/2/84

Govt reassurance on peanut butter

reasonable level taken over a lengthy period it can cause cancer of the liver or gullet.

Meanwhile discussions between the city health department in Cape Town and "interested parties" over the withdrawal of four brands of peanut butter from shops, took place yesterday.

The talks arise after four brands of Transvaal-manufactured peanut butter were withdrawn from shops on the orders of the Department of Health.

Tests conducted last week showed some of the batch to have too high a level of aflatoxin.

Cape Town's Medical Officer of Health, Dr Reg Coogan, confirmed that discussions between his department and "interested parties" were taking place.

Dr Coogan said further details would be released later today.

The four brands of peanut butter involved are OK Bazaars' house brand, Pot o' Gold, Checkers Yellow Band, Nyl and Family Favourite.

Meanwhile a spokesman for SA Oil Mills — a Tiger Oats subsidiary — said last night the company did not accept the findings which had led to the scare. The manag-

ing director, Mr W Henderson, has flown to Cape Town to sort the position out.

The statement from the company said "SA Oil Mills is deeply concerned about the situation currently being addressed by the Press regarding aflatoxin in certain brands of peanut butter from stores in the Western Cape.

"Whilst we have been packaging peanut butter products for 50 years including leading national brands like Pot O' Gold, this is the first time there has been the slightest suggestion that this or other brands have unacceptable levels of aflatoxin.

"This belief is founded on the fact that our ongoing laboratory and quality control checks, which have been intensified as a result of the current situation, have failed absolutely to show the presence of an unacceptable level of aflatoxin at either intake or despatch stages."

Mr Henderson said: "We feel that there has been considerable over-reaction in the Press to the withdrawal of various brands from supermarket shelves. But quite naturally, if this is subject to a national investigation, then one must consider this action by the retailers as commendable."

PENNY POLOMY DEATH SCARE

C. Herald
9/12/34
(89)



● THE victim ... little Gordon Jaftha.

By TYRONE SEALE

LITTLE Gordon Jaftha's journey from the cradle to the grave lasted just 26 months.

He died in agony at Tygerberg Hospital last week, after eating "penny polonies" which his mother had bought for him and some other children in the home.

This week, grief-stricken mother of four, Mrs Louise Jaftha, 33, described the last, agonising moments of her youngest child.

"His lips turned blue the polonies, but the child and he vomited uncon-trollably; then he became didn't stop them from stiff and we had to rush having it," Miss Elizabeth Nelson, of Glen died while the doctors' Road, Clarke's Estate, were working on him," she said.

COLLAPSED

Gordon was one of 14 people who were poisoned after eating the polonies, which were bought at shops in Clarke's Estate, Elsie's River, Strand and Fingrove.

Mrs Jaftha, who also became ill, added: "After In the home where she lives, three young children complained of stomach pains and collapsed on a staircase after eating some of the polony. The children had to be rushed to Tygerberg Hospital where they were

Power to amazing Amandla



R1 000
water
bill
shock

WATER does not come cheaply for the residents of drought-stricken Beaufort West.

But many people of this Karoo town were more than a little shocked when they received their latest water accounts.

One unfortunate man was presented with a bill for more than a R1 000. And 10 others were informed that they would have to pay amounts ranging between R200 and R900.

They are all refusing to pay until the authorities conduct a thorough investigation. To cope with the drought

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Bit test case verdict

C. Herald 9/12/84

The ruling was significant in that it affected all fu-
SIGNIFICANT
wished to evict a tenant.
the council, the magistrate said, to refuse to say why it
Miss Petersen won the case. It was unreasonable of
tember 16 last year.
Finally, the matter went to the civil court on Sep-
the Kensington/Racton Residents Association.
receiving no joy from the authorities she approached

woman.
their
ship
Miss Petersen
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the Kensington/Racton Residents Association.
receiving no joy from the authorities she approached

"They don't lay their hands on scripts at all," he said. "They've got nothing to do with marking papers."

Another teacher said of the white teenagers. "I find it annoying and downright insulting to be faced by these youngsters, with all their arrogance, should I happen to have made a mistake in my calculations."

INSULTING

He conceded that white helpers had been employed temporarily by the examiners, but only as administrative assistants. They were paid by the examiners, "out of their own pockets," he said.

Mr E Fossell, of the Department of Education and Training, said the department regarded the allegations in a serious light and would investigate them thoroughly should details be furnished.

Teachers also complained about the different treatment of African and white teachers. White teachers they said, stayed in hotels and travelled in their own cars, while African teachers stayed in school hostels in the townships outside Pretoria where the food was "shocking".

Teachers in charge of the markers had appointed unqualified relatives as markers. The wife of one English examiner gave instructions to markers in one case, they said. "You could see even by the way they addressed one another that they were related," one teacher said. He said in one group almost all the whites had the same surname.

DENIED

But the Department of Education and Training has denied any knowledge of the allegations.

It called on the teachers to furnish details so that the matter could be thoroughly investigated. There would be no victimisation of teachers who volunteered information, a spokesman said this week.

Teachers also alleged that senior examiners in charge of the markers had appointed unqualified relatives as markers. The wife of one English examiner gave instructions to markers in one case, they said. "You could see even by the way they addressed one another that they were related," one teacher said. He said in one group almost all the whites had the same surname.

Pupils' mark metric papers

C. Herald 9/12/84

WHITE pupils, some as young as 16, were used to mark African metric papers in December last year. And other pupils, armed with calculators, were responsible for checking the addition of marks.

These startling allegations were made this week by African teachers who had gone to Pretoria last December for the marking.

Moves are now under way in Durban to form a group to publicise these irregularities which, teachers say, have been going on for some time.

"Sometimes batches of unfinished papers were brought back and teachers were asked to finish them. Marking is an enterprise, it's a money-making exercise. You are paid according to the number of scripts you mark," one teacher said.

Teachers also complained about the different treatment of African and white teachers. White teachers they said, stayed in hotels and travelled in their own cars, while African teachers stayed in school hostels in the townships outside Pretoria where the food was "shocking".

TREATMENT

There are memorandums for marking, but they are meaningless if you don't teach the subject or are not acquainted with it. Unmarked papers were also taken to some hidden marking centres by examiners where they were marked by people unknown.

"There are no older than the kids in my class. They're no older than the kids in my class."



Council launches top-level probe

THE Divisional Council has started a top-level investigation into "penny poisonies" after the recent outbreak of food poisoning which resulted from these red-skinned snacks.

The Divisional Council Medical Officer of Health, Dr Len Tibbitt, said last week that his health committee would investigate a number of aspects related to "penny poisonies" and that particular attention would be given to the nutritional value of the "penny poisonies", also known as "Olla worsies" and "Pinochio worsies".

Dr Tibbitt said it was the first time that such probes had been experienced with "penny poisonies". He said the poisonies were bought in Elsties Riss.

Dr Len Tibbitt said last week that the "food item is suspected of being the causative agent and a preservative" used as a substance used as a preservative.

Health, Dr Len Tibbitt, Medical Officer of the Divisional Council, told mortem on Gordon, who carried out a post-mortem on Gordon, told Professor T Schwart, Mrs Jaftha said.

again, Mrs Jaftha said, never buy those things but from today I will polonies to make stews, after eating the polony. I sometimes used the vomited for two days. Mrs Jaftha herself suffered dizzy spells and also been poisoned. hospital, because she had when she returned from hospital, her niece Elizabeth Jaftha said that that he did not make it. Mrs Jaftha told us ready dead. Shortly after that, the doctors told us "He didn't move in the car. It was if he was already dead. Shortly after that, the doctors told us that he did not make it."

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As I picked him up, he gave two jolts. I thought it was because he didn't feel like lying down. But and I knew something then his lips turned blue, and I took him to her mouth vomiting and started vomiting and blue. She said, "Monica and Samuel also turned blue. Monica collapsed on the staircase (in the maisonette) and she could not even speak. "We rushed around to get a car to take the children to hospital, because we were expecting the worst."

Samuel and Daniel were discharged the following day, but Monica was kept at the hospital until Thursday.

In the home where she people who were poisoned after eating the polonies, which were bought at shops in Clark's Estate, Elsties River, Strand and Firgrove.

Mrs Jaftha, who also became ill, added: "After rushed to Tygerberg Hospital where they were successfully treated for food poisoning. They are: Monica Arnold, 10, her brother Daniel, six, and their five-year-old nephew Samuel. Miss Nelson said that the children's mouths turned blue shortly after they had eaten the penny poisonies.

COLLAPSED

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VOMITTING

Then, her nieces, Joan Sellidon, 10, and Elizabeth Herbert, 13, also started shaking violently, but the family did not realise immediately that the children had been poisoned.

Mrs Jaftha said a relative arranged for a car to take Gordon to the nearest hospital.

DEAD

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Rehabilitation village for lepers to open in Transkei

88 89
E. Post

11/2/84

By MARC DOBSON

A UNIQUE rehabilitation village for leprosy sufferers is being established in Transkei and the first families are expected to arrive within the next two months.

The Rev Fred Le Roux, regional secretary of the Leprosy Mission in Port Elizabeth, said the settlement would provide leprosy patients with a place of refuge and employment.

He said it was estimated that one out of every 10 000 people in Southern Africa was afflicted by the disease, but the village would cater only for those patients who had been treated and were symptom-free.

"Leprosy patients are often rejected or ostracised when they return to their communities, due to the age-old stigma attached to leprosy and the fear that the disease will be transmitted to others," said Mr Le Roux.

"This fear is quite unfounded, because leprosy patients who have received treatment are not contagious at all.

"About 90% of those exposed to leprosy are naturally immune, and those living under good hygienic conditions and better living standards are especially

resistant to the disease"

The village, currently being built about 30 kilometres from Engcobo, has been named the New Life Centre because "it's to be a place where leprosy patients will find a new life in Christ", said Mr Le Roux.

"Not only will this new life be a fresh start, but it will be a life of quality that these people will not have known before.

"Many leprosy sufferers arrive back home to a hopeless situation with no work, no funds to support themselves and no self-esteem. At the centre they will be channelled back into a worthwhile life."

Mr Le Roux, whose task it was to recruit volunteer workers for the village, said an administrator had already been appointed, but the mission was still looking for two social workers and an agriculturalist.

"We will probably be starting off the village with about four families, but we expect the size of the community to expand rapidly once the venture gets off the ground," he said.

Because leprosy attacked the nerve fibres of certain muscles and often resulted in paralysis and

deformities, sheltered employment was necessary for those patients who had been treated and discharged, he said.

At the centre, workshops would be established so that patients could engage in leather and mat work. Work will also be provided on the land.

"At the Westfort Leprosy Hospital in Pretoria, male patients are already being taught how to tend a small piece of ground so that it yields produce all year round," said Mr Le Roux.

Sufferers in Port Elizabeth are sent to the Westfort Leprosy Hospital, where occupational therapists encouraged them to knit and crochet to keep their hands supple until surgeons could operate.

Diseased feet were also operated on because the germ attacked nerves behind the knees and ankles. Because the foot lost sensitivity, patients tended to walk on sharp obstacles, which often resulted in crater ulcers on the soles of the feet.

"It's vital that leprosy sufferers contact a clinic as soon as they detect early signs of the disease," said Mr Le Roux.

"These are a distortion of the face, numbness and the development on the body of light-coloured, insensitive patches of skin."

 **GALLAGHER**
SECURITY S.A.

WHY ERECT A CONVENTIONAL

New-look

Fears of

Mercury 11/2/84

malaria

spread

in Natal

Mercury Reporter

FEARS of malaria spreading throughout Natal and reaching Durban have been confirmed by health officials, and medical teams are carrying out a widespread campaign to combat the disease.

Hordes of the deadly mosquitoes which spread the disease are swarming over the flood-stricken areas in KwaZulu and defence force and medical teams are spraying stagnant pools with insecticide to prevent more larvae from hatching.

In and around Durban teams are also spraying waterlogged areas to prevent mosquitoes from breeding here.

'This is an ongoing precautionary method, but because of the recent flood conditions we have stepped up activities and increased the number of teams,' said Dr Johan van Rensburg, the regional director of State health for Natal.

Killer anopheles mosquitoes have hatched in KwaZulu and carry the disease which can be cured only with chloroquine in the form of tablets for adults and syrup for children.

According to Col Colin Harwood, Officer Commanding Natal Medical Command, 45 military doctors are manning clinics and hospitals in KwaZulu to cope with the expected outbreak and are also dealing with other medical needs.

Visitors to KwaZulu and other Northern Natal regions are being warned to take precautionary measures well before leaving for the areas while the local inhabitants are being given medicines to avoid contracting malaria.

Medical teams are combing the flood-affected areas, spraying stagnant pools where the mosquitoes breed.

Impossible

However, this was an impossible task, said Mr Tony Johns, secretary of the Department of the Chief Minister of KwaZulu, as the floods had left thousands of water holes in the vast areas where mosquitoes were breeding.

'I only hope Pretoria can deliver the medical supplies needed for this operation,' said Mr Johns.

There are also fears of typhoid and cholera breaking out and medicines for those diseases are also en route to KwaZulu.

Many ⁸⁹

typhoid
cases

in 16/2/54
Natal

DURBAN — "An unusually high" number of typhoid cases has been admitted to hospitals here and there is a possibility that other hospital services will have to be discontinued temporarily to accommodate them, according to Natal's Director of Hospital Services.

Dr Johan Vorster said that about 60 typhoid patients had been admitted to King Edward VIII Hospital.

They were moved to Clairwood Hospital, where most infectious cases were treated, he said.

Dr Vorster said if the number of typhoid cases increased, hospitals would be obliged to cut down on other services.

"Last year during the cholera epidemic we had to close down our surgical ward and this may well happen again," he said.

Although there had been larger outbreaks it looked "as if there is a problem. It is up to the Department of Health to use preventative measures, but we have received a steady stream of patients since Christmas and we are expecting more."

Dr J. W. van Rensburg, regional director for State Health in Natal, said the disease peaked in summer. Usually 90% of the cases were from Kwazulu. Sapa

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SWA malaria epidemic scare

From TONY WEAVER WINDHOEK. — The advent of the rainy season in the SWA/Namibia war zones has seen a dramatic drop in the number of cases of bubonic plague recorded — but at the same time, malaria is on the verge of reaching epidemic proportions.

"Several" cases of national servicemen in the war zones suffering from cerebral malaria had been recorded in the past few weeks, military spokesmen con-

firmed this week.

Forty confirmed cases have been treated at the military hospital in Pretoria, but some of these were from camps in the Eastern Transvaal, where the disease is also endemic.

Dr A Hitzeroth, head of Environmental Health for SWA/Namibia, said yesterday that it was "natural" that the military would fly its cases to Pretoria from the Ovambo and Kavango war zones. "as they have daily flights to

and fro".

"Malaria is a notifiable disease, but we get so many cases, particularly in the Ovambo area, that it is hardly possible to document them all," he said.

Doctors at Oshakati Hospital said this week that they were treating up to 10 cases of cerebral malaria a week, with non-cerebral malaria cases being dosed and discharged, as bed shortages do not allow for fuller treatment.

Dr Hitzeroth warned yesterday that tourists travelling north of Tsumeb and to the Etosha Pan must take anti-malaria tablets or else face the risk of contracting cerebral malaria, which could be fatal.

But the good news from his department is that the rainy season, which has caused the increase in malaria cases, has helped to control the rise in bubonic plague, which threatened to reach epidemic proportions last year.

First rains

There were only 30 cases of plague with one death in January this year, against 105 and one death in September last year.

The drop in plague cases can clearly be seen with the advent of the first rains in late October last year.

October saw 87 cases treated with one death, November 45 cases and three deaths, December 28 cases and three deaths, and January 30 cases.

The total figure of bubonic plague cases for the period March 1983 to January 1984 were 548 with 14 deaths.

Dr Hitzeroth ascribed the drop in cases in part to the fact that with good rains falling in Ovambo, rats bearing plague-infested fleas no longer needed to scavenge in the area of the Ovambo squatter camps.

He said that while malaria, particularly cerebral malaria "which is the nasty one", had not yet reached epidemic proportions, this danger did exist, and his department was monitoring the situation.

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- 2 nylon cutting lines

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20⁸⁸

ARGUS 17/2/84 87

Typhoid outbreak after floods

Argus Correspondent DURBAN. — A typhoid epidemic has broken out in the Inanda squatter settlement near here.

A total of 124 typhoid victims from Inanda and the nearby Kwazulu area of Ndwedwe were being treated at the King Edward VIII and Clairwood hospitals today. More than 140 people were treated for the disease at the two hospitals last month.

Although the epidemic has not claimed any lives yet, a senior medical spokesman for the Kwazulu Department of Health said it was certain that people would die.

The spokesman said that because of the crowded living conditions, typhoid was endemic in Inanda. However, it had now reached epidemic proportions.

Bail ap by Ver

Man guilty of ke

Court Reporter A MAN has been fined R100 (or 50 days) by a Cape Town Magistrate for causing a nuisance by allowing his rooster to crow and disturb his neighbours.

The sentence was conditionally suspended for three years.

Roger Harry Henry Adlington, age not given, of Wigtown Road, Green Point, had pleaded not guilty.

Four witnesses told the court that during October 1982 and on November 9, 1983 they were disturbed by Mr Adlington's rooster which crowed every morning between 4.30 and 7.30.

Mr Donovan Cooper said that he had complained about the noise in 1982, and Adlington had told him he was keeping the rooster for a Christmas dinner.

DION

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- Sturdy plastic rule with built-in 8-digit calculator
- Rule shows imperial and metric measurements
- Rule includes conversion table
- With time, date and seconds

Malaria in SWA ⁸⁹ nearly epidemic

17/2/84 D. Dispatch
WINDHOEK — The advent of the rainy season in the SWA war zones has seen a dramatic drop in the number of cases of bubonic plague recorded — but at the same time, malaria is on the verge of reaching epidemic proportions.

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“Malaria is a notifiable disease, but we get so many cases, particularly in the Ovambo area that it is hardly possible to document them all,” he said yesterday.

Doctors at Oshakati hospital said this week they were treating up to 10 cases of cerebral malaria a week, with non-cerebral malaria cases merely being dosed and discharged, as bed-space shortages do not allow for fuller treatment.

Dr Hitzeroth warned yesterday that tourists travelling north of Tsumeb and to the Etosha Pan must take anti-malaria tablets.

But the good news from his department is that the rainy season, which has caused the increase in malaria cases, has helped to control the rise in bubonic plague cases, which threatened to reach epidemic proportions last year.

There were only 30 cases of plague with one death in January, this year, compared to 105 and one death in September last year, he said. — DDC

ASIANS: 77

Natal:

February 1983	74
April 1983	1
May 1983	1

Transvaal:

April 1983	1
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BLACKS: 4 676

Cape Province:

February 1983	10
April 1983	1

Natal:

February 1983	1 432
March 1983	1 212
April 1983	665
May 1983	416
June 1983	237
July 1983	86
August 1983	50
September 1983	69
October 1983	137
November 1983	21
December 1983	1

OFS:

February 1983	4
March 1983	8
April 1983	3

Transvaal:

February 1983	143
March 1983	68
April 1983	106
May 1983	6
June 1983	1

Unspecified: 5

Natal:

February	2
March	1
April	2

(b) Whites	none
Coloureds	none
Asians	none
Blacks	18

Cape Province:

February 1983	1
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Natal:

February 1983	3
March 1983	1
May 1983	2
June 1983	3
July 1983	1
August 1983	3

Transvaal:

February 1983	1
March 1983	1
April 1983	2

- (2) (a) A comprehensive surveillance system was instituted;
- (b) treatment of cases to save lives and reduce further excretion of organisms;
- (c) tracing and treatment of contacts to prevent infections;
- (d) health education was intensified;
- (e) participation in the Interdepartmental Committee providing advice to authorities responsible for providing services.

1) Hausard Cholera Q.61-307
22/2/84
265. Dr M S BARNARD asked the Minister of Health and Welfare:

- (1) How many (a) cases of and (b) deaths from cholera were reported in respect of each race group in each province for each month from February 1983 to the latest specified month for which figures are available;
- (2) what steps are being taken to combat the spread of this disease?

The MINISTER OF HEALTH AND WELFARE:

(1) (a) WHITES: 8

Natal:

February 1983	4
March 1983	1
April 1983	2
May 1983	1

COLOUREDS: 5

Natal:

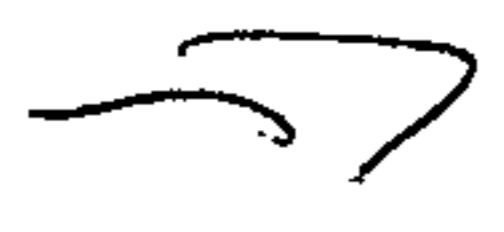
May 1983	1
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Cape Province:

February 1983	1
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Transvaal:

May 1983	3
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Throat RSM 23/2/84 cancer 84 spreads to Cape

Mail Correspondent

CAPE TOWN. — Cancer of the gullet, which has reached almost epidemic proportions among blacks in Transkei and Kwazulu since 1950, is now also becoming extremely common among coloured men in the Cape.

But in some cases "a carrot a day may keep the cancer away". The deficiency of vitamin A and its products, which are found in carrots, has been found to be one of the factors causing this form of cancer in SA.

The disease is strongly associated with socio-economic conditions and of sufferers admitted to Grooté Schuur Hospital only 10% are white.

In high incidence areas like Transkei, the disease occurs as often in women as in men, but in areas where it occurs less frequently men are far more prone.

The incidence in the Cape is not yet known because few people go to hospitals or clinics for tests. However, the disease has been found quite frequently among hospital patients.

There is no cure when the disease is at an advanced stage, but it can be diagnosed very early — even before symptoms have shown themselves.

If diagnosed early, cancer of the gullet can be cured.

Diagnosis is quick and painless and involves swallowing a gelatine capsule which leaves a small sponge when dissolved.

The sponge is then tested, rather like a pap smear.

Early symptoms to watch for are pain or difficulty in swallowing.

Among coloured men in the Cape with this form of cancer, five significant common factors have been found: low socio-economic conditions, excessive eating of red meat, exposure to wood fires, pipe smoking and wine drinking.

Alcohol and pipe smoking, especially of home-grown Transkei tobacco, have been found to act together as one cause of the disease.

Other possible causes are soil and plant deficiencies caused by soil erosion and mycotoxins, poisons that form in mouldy grain products.

Natal has 156 typhoid cases

Mail Correspondent

MARITZBURG. — Provincial hospitals in Natal are treating 156 confirmed typhoid cases, according to the MEC in charge of hospital services, Dr Fred Clarke.

Dr Clarke said this was "very worrying" because the water-borne disease took so long to treat, unlike cholera, which could be treated in 24 hours.

"It can be very prolonged and serious, although the mortality rate is not as high as cholera."

156
RAM 23/2/84

TYPHOID SCARE SHAKES ULUNDI

FOUR thousand Ulundi people face the threat of typhoid because of a broken water purifier in the town.

The purifier was damaged during the recent floods and health workers this week inoculated the town's residents, including the entire Legislative Assembly, after it was found they were drinking contaminated water.

But now medical experts have warned that the inoculation exercise was a waste of time because the vaccine isn't effective.

And they have also warned that the flood-

All homeland MPs get typhoid jabs

89
~~89~~

**CP Correspondent:
DURBAN**

damaged area could become a "breeding ground for disease".

"The inoculation campaign could well prove to have been a waste of time," said one health expert, who asked not to be named.

"The vaccine is even less effective than anti-cholera jabs, which give protection from symptoms to only one person in five, and then only for a couple of months.

"People who feel they are at risk should try to be careful about their personal hygiene, and make sure they purify their water at home."

As the number of people being treated in Durban for typhoid soared this week, a senior Department of Health official in KwaZulu warned that this was the result of the early rains this year.

"The effects on health of the flood have not yet been felt. In a couple of weeks, we

will probably start to see the result."

The health official added: "We are apprehensive about what will happen, because there has never been such an ideal breeding ground for disease in modern times."

He said he feared an increase in malaria and in typhoid. Durban's King Edward and Clairwood hospitals area already treating over 130 cases, and Clairwood has opened a special typhoid ward.

The health official said the other big concern was food, as more than half a million people have no food, no crops and now no land to plant on.

Warning as upsurge in typhoid kills two in PE

89 E. Post 27/2/84

By CLAIRE PICKARD-CAMBRIDGE

THERE have been two deaths among 27 reported typhoid cases in an upsurge of the disease in the coloured and African areas of Port Elizabeth over the past five months.

The Port Elizabeth Medical Officer of Health, Dr J N Sher, told a Press conference today that three of the typhoid cases were reported this weekend and all known carriers of the disease were under close medical observation.

All cases had been admitted to the Livingstone Hospital and symptom-free black patients had been transferred to the Empilweni Hospital.

Dr Sher warned that although it was not an epidemic, the disease had posed a danger in the townships for some time.

Only four cases of typhoid were notified to the department in 1980, eight in 1981 and two in 1982.

"What is significant is that 12 cases were discovered in one semi-detached house in Windvogel where 14 people were living," said Dr Sher.

Four cases were discovered in a semi-detached house next door housing 15 people.

Eleven other sporadic cases had been found in various

coloured and black areas.

He said his department had been notified of three additional cases which had been "imported" from Glenmore near Grahamstown and Wartburg in Natal during December and January.

Dr Sher said: "As far as Port Elizabeth is concerned, an unusual occurrence was that more than one case per home occurred, but this is not surprising because of the gross overcrowding involved and the poverty-stricken conditions under which the occupants were living."

He said typhoid was spread through the ingestion of contaminated milk and contaminated water, in the stools and urine of infected patients and by flies.

He stressed that the present occurrences had been spread by the human carriers due to basic lack of hygiene, the preparation of food by infected carriers and a failure to wash their hands after visiting the toilet.

He said it was essential for people to wash their hands with soap and water and to dry them with a towel to break the cycle of typhoid in a community.

The 16 cases to date which had been found in two homes could not be tied up with another 11 sporadic cases which

● To Page 3

Two die in PE typhoid outbreak

89 E. Post 27/2/84
● From Page 1

had been investigated by the department.

He said there could be a relationship between the outbreaks in the two adjacent homes in Windvogel.

The cases under observation had been treated and some discharged from hospital. The department had attempted to localise the spread of the disease in the community by spraying the infected homes against flies and giving the occupants soap, disinfectant, toilet rolls and mutton cloths.

The department had also provided films in an attempt to educate them about the disease, and social workers had been contacted to assist.

The department had also removed five schoolchildren

who were housed in the two infected homes in Bethelsdorp and they would be under observation for the next two to three weeks.

The department was also immunising the other inhabitants of the two semi-detached houses as an additional safeguard.

Dr Sher said symptoms of the disease were a fever, headaches, disturbed bowel habits, lassitude and a rash in the form of discreet pinkish spots which were infectious. He warned however that there were many carriers who did not necessarily display the symptoms.

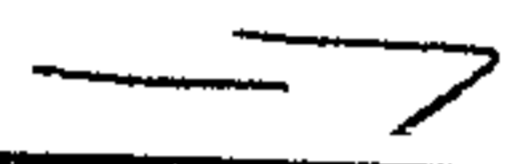
If people were known to be carriers they should not prepare foodstuffs for anyone else, he said

89 Hansard Q. Col. 364
Cholera 27/2/84
266. Dr M S BARNARD asked the Minister of Health and Welfare:

- (1) Whether the State (a) took any preventive measures to combat the spread of cholera and (b) undertook a campaign to educate the rural population in respect of cholera in 1983; if not, why not; if so,
- (2) whether details of these activities are kept; if not, why not; if so, (a) where and (b) what was the cost to the State in 1983 of (i) these preventive measures and (ii) the said campaign?

The MINISTER OF HEALTH AND WELFARE:

- (1) (a) Yes;
(b) Yes;
- (2) (a) and (b) (i) and (ii)
Various Government Departments



are involved as well as the relative Provincial Administrations and Local Authorities. The information is therefore not readily available and it will unfortunately not be possible to provide it.

ed in respect of each race group in each province for each month in (i) 1983 and (ii) 1984 as at the latest specified date for which figures are available;

(2) what steps are being taken to combat the spread of this disease?

The MINISTER OF HEALTH AND WELFARE:

(1) (a) WHITES—40

Cape: 8	
January 1983	1
April 1983	2
May 1983	1
October 1983	3
November 1983	1

Natal: 9

February 1983	1
May 1983	2
August 1983	2
September 1983	1
October 1983	2
November 1983	1

Transvaal: 23

February 1983	1
March 1983	3
April 1983	2
May 1983	1
June 1983	3
July 1983	4
August 1983	2
September 1983	1
October 1983	4
November 1983	2

COLOURED—65

Cape: 47

January 1983	6
February 1983	8
March 1983	4
April 1983	2
May 1983	3
June 1983	1
July 1983	2
August 1983	4
October 1983	6
November 1983	7
December 1983	4

Natal: 5	
January 1983	1
July 1983	1
August 1983	1
September 1983	1
December 1983	1

Transvaal: 13

January 1983	2
February 1983	1
May 1983	1
June 1983	1
July 1983	2
October 1983	4
November 1983	2

ASIANS—21

Cape: 1

July 1983	1
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Natal: 16

February 1983	2
March 1983	1
April 1983	1
June 1983	1
July 1983	1
August 1983	1
October 1983	8
December 1983	1

Transvaal: 4

January 1983	2
March 1983	1
June 1983	1

BLACKS—4 530

Cape: 78

January 1983	7
February 1983	9
March 1983	11
April 1983	5
May 1983	12
June 1983	8
July 1983	6
August 1983	1
September 1983	5
October 1983	6
November 1983	7
December 1983	1

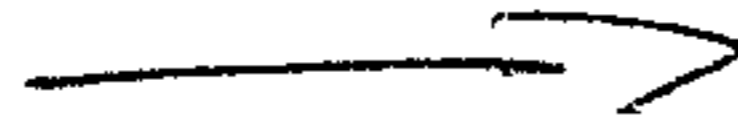
Natal: 1 187

January 1983	107
February 1983	102

provencu.
89) *Howland* Q. Col. 368
Typhoid 28/2/84
268. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) How many (a) cases of and (b) deaths from typhoid had been report-

March 1983	113	August 1983	1
April 1983	140	October 1983	2
May 1983	121		
June 1983	143	ASIANS—None	
July 1983	96		
August 1983	96	BLACKS—72	
September 1983	102		
October 1983	112	Cape: 4	
November 1983	50	February 1983	2
December 1983	5	November 1983	1
		December 1983	1
OFS: 27			
February 1983	1	Natal: 21	
March 1983	2	January 1983	3
April 1983	1	March 1983	2
May 1983	2	April 1983	5
June 1983	4	May 1983	1
July 1983	8	June 1983	1
August 1983	1	July 1983	1
September 1983	7	August 1983	2
November 1983	1	September 1983	1
		October 1983	5
Transvaal: 3 247			
January 1983	221	OFS: 1	
February 1983	393	June 1983	1
March 1983	299		
April 1983	361	Transvaal: 46	
May 1983	473	January 1983	3
June 1983	317	February 1983	3
July 1983	267	March 1983	3
August 1983	179	April 1983	7
September 1983	225	May 1983	8
October 1983	180	June 1983	3
November 1983	233	July 1983	2
December 1983	99	August 1983	5
		September 1983	3
UNSPECIFIED—		October 1983	3
Natal: 5		November 1983	4
January 1983	1	December 1983	2
February 1983	1		
April 1983	1	(2) (a) Health education;	
May 1983	2	(b) treatment and isolation of cases;	
		(c) advice with regard to environ-	
Transvaal: 1		mental factors surveillance.	
January 1983	1		
(b) WHITES—1		Durban harbour: storing of vehicles	
Cape: 1		298. Mr D J N MALCOMESS asked the	
November 1983	1	Minister of Transport Affairs:	
COLOUREDS—5		(1) Whether any vehicles belonging to	
Cape: 5		the South African Transport Services	
January 1983	2		



RDM 28/2/84
Upsurge
of typhoid 89

PORT ELIZABETH. — Two people have died of typhoid and 25 others have contracted it in what was described yesterday as "a considerable upsurge" in local coloured and black areas.

The medical officer of health, Dr J N Sher, said three cases were reported this weekend and all known carriers of the disease were under close medical observation.

He warned that the disease had been simmering in the townships for some time. — Sapa.

Domoina:
Stu cholera 89
29/2/84
warning
on travel

The Star's Foreign
News Service

MBABANE — Swaziland is facing a new cholera threat, this time from Mozambique where the disease has spread since the floods caused by Cyclone Domoina.

Deputy director of medical services Dr. M.R. Owen warned this week that two cases of cholera contracted by Swazis who had been to Mozambique had already been treated.

He warned anyone travelling to Mozambique or Natal to take thorough hygiene precautions.

Cholera caused more than 20 deaths in Swaziland in 1982 after it spread into the country from the Eastern Transvaal and northern Natal.

The authorities then imposed a ban on the importation of any fruit or vegetables from South Africa as a precaution.

The ban is still in effect.

2 more typhoid cases in PE this week

By CLAIRE
PICKARD-CAMBRIDGE

TWO more cases of typhoid have been reported to the City Health Department since the weekend, bringing the number of confirmed cases in Port Elizabeth to 29 during the past five months.

The upsurge of the disease in the black areas of Port Elizabeth has resulted in two deaths, and all known typhoid carriers are under close observation.

A spokesman for the City Health Department said the two most recent cases — a 19-year-old woman and a four-year-old child from the same house in Windvogel — had both been hospitalised.

They brought the toll of stricken inhabitants in the tiny house to six. Fifteen people live in the two-room house.

The spokesman said all close contacts of known typhoid carriers had been immunised.

The Port Elizabeth Medical Officer of Health, Dr J N Sher, told a Press conference earlier this week that it was unusual to have more than one case per home.

However, he did not find it surprising because of the gross overcrowding and poverty-stricken conditions under which the inhabitants were living.

He said it was essential for people to wash their hands with soap and water, to dry them with a towel to break the cycle of typhoid in a community.

Directorate of Forestry
Branch
 Forest and Timber Industries.....
 Research, National Forestry Planning and Information...
 Environmental Conservation.....
 Marine Development

(a) Approved posts (b) Vacancies

76 26
 130 15
 35 9
 617 147

In addition there are 9 regional organizations with 2 013 approved posts of which 321 are vacant.
 There are also a further 9 344 formal

authorizations in respect of local wage workers which are not included in the above-mentioned figures and where 718 vacancies exist.

Directorate of Water Affairs

Branch
 Scientific Services ..
 Water Resources ..
 Water Quality ..
 Works ..
 Water Supply ..

(a) Approved posts (b) Vacancies

406 116
 441 164
 223 19
 661 245
 1 522 445

There are a further 6 085 approved posts, of which 400 are vacant, for workers who are paid according to local wage scales and which are not included in the above-mentioned figures.
 In terms of section 3(2) of the Water Act, 1956 (Act 54 of 1956) persons can be

employed on a temporary basis for construction purposes according to Departmental needs. Particulars of such employees are naturally not included in the above-mentioned figures. At present there are 7 243 such employees in the service of the Department.

(a) Approved posts (b) Vacancies

Directorate of Administration
Branch
 Law Administration ..
 Financial Administration ..
 Staff Administration ..

125 18
 179 13
 154 29

There are also a number of other divisions and sub-divisions with 249 approved posts of which 31 are vacant that do not fall directly under the above-mentioned branches organizationally.

An investigation revealed that the figures in respect of the approved posts in the Directorate of Water Affairs furnished in reply to Question No 218 of 1983 were regrettably incorrect, hence the deviation. The above figures, however, reflect the true position as at 8 February 1984.

89 Howasud Q. 61. 460
 2/3/84
 Poliomylitis

267. Dr M S BARNARD asked the Minister of Health and Welfare:

- (1) How many (a) cases of and (b) deaths from poliomylitis were reported in respect of each race group in each province for each month from January 1983 to the latest specified month for which figures are available;

- (2) what steps are being taken to combat the spread of this disease?

The MINISTER OF HEALTH AND WELFARE:

(1) (a) Whites: none.
 Coloureds: 3.
 Transvaal: 1
 Cape: 2
 Asians: none
 Blacks: 74
 Cape: 7
 Natal: 49

February 1983 1
 May 1983 1
 June 1983 2
 July 1983 1
 September 1983 1
 November 1983 1
 January 1983 8
 February 1983 2
 March 1983 9
 April 1983 1
 May 1983 9
 June 1983 4
 July 1983 3
 August 1983 6
 September 1983 3
 October 1983 3
 November 1983 1
 January 1983 1
 February 1983 7
 March 1983 2
 April 1983 1
 May 1983 3
 June 1983 2
 July 1983 1
 August 1983 1

(b) Whites: none
 Coloureds: none
 Asians: none
 Blacks: none;

- (2) (a) Health education.

(b) Continuation of an effective comprehensive immunization programme.

(c) Surveillance.

Port Elizabeth: Supreme Court
 394. Mr T ARONSON asked the Minister of Community Development:

Whether his Department intends erecting a building to house the Supreme Court in Port Elizabeth; if so, (a) what stage has

an athletics meeting at the Bethelsdorp Senior Secondary School. Various newspapers also carried reports and leading articles in connection with the alleged incidents. The matter is still being investigated departmentally.

Coloured schools: involvement of certain organization

*4. Mr A E NOTHNAGEL asked the Minister of Internal Affairs:†

Whether he will make a statement on the Government's attitude to the involvement and activities at Coloured schools of an organization the name of which has been furnished to the Minister's Department for the purposes of his reply?

†THE MINISTER OF INTERNAL AFFAIRS:

Yes. The policy applied by the Department of Internal Affairs in respect of the practising of sport, cultural and other extra-mural activities at schools for Coloureds has been phrased as follows in the Education Bulletin of the Director of Coloured Education:

"It is the view of the Department that all pupils must be given the opportunity to develop their potential in the field of sport, cultural and other extra-mural activities to the full. The importance of the task of principals and teachers to arrange such activities on an organized basis in order to render a positive contribution towards the physical, spiritual and cultural development of the youth cannot be emphasized enough. The Department notes with appreciation what has already been done in this regard.

The Department wishes to make it clear that under no circumstances may any pupil be discriminated against in regard to participation in school sport, cultural or other extra-mural activities either within the school or in compe-

tion with other schools, on the grounds of political, religious or cultural considerations. Teachers concerned with the organization and holding of such activities must refrain from introducing the views and aims of adult organizations or societies of which they may be members into the school milieu.

Should specific complaints be received that a pupil has been discriminated against in the participation in school sport and/or other cultural activities, either on an internal or inter-school basis, the Department will be compelled to react to such complaints by investigating the matter and initiating disciplinary action against teachers found guilty thereof.

The Department therefore appeals to principals and teachers to act as educationalists and to ensure at all times that each pupil of the school is given the opportunity to take his rightful place in organized extra-mural activities, whether internal or inter-school, on the strength of his enthusiasm, interest and achievement alone. In this way the pupil will be afforded the opportunity to develop his potential and interest and to make a real contribution towards furthering the image of his school."

This policy is regularly brought to the attention of school principals and their staff.

†Mr A E NOTHNAGEL: Mr Speaker, arising out of the hon the Minister's reply, can he tell us whether it was brought to his attention that since the victimization and indoctrination of the first pupils by people with so-called links with Sacos, reports have again appeared in the newspapers in regard to Sacos activities at certain schools, where pupils were once again victimized? Furthermore, can he tell us whether the Department is paying particular attention in its inquiries to the activities of teachers with alleged links with Sacos, who are trying to apply the policy of that body in schools?

†The MINISTER: Mr Speaker, we have noted the further case which has been reported in newspapers. That case is also being investigated departmentally at the moment. Disciplinary steps by the Department are limited to contraventions by school principals and teachers of the policy which I have just explained to the House in my reply to Question 4. We do not take disciplinary action against persons on account of their membership of any particular organization. However, if a particular organization holds views that are contrary to this policy, and when members of such an organization carry that policy and those views into schools and apply them there, we shall take very strict action against them.

899 Howard
27/3/84
*5. Dr M S BARNARD asked the Minister of Health and Welfare:

Whether his Department intends to introduce a programme of routine screening for cervical carcinoma among Black women; if not, why not; if so, (a) when and (b) what will be the (i) nature and (ii) extent of the screening programme?

†The DEPUTY MINISTER OF WELFARE:

No. Departmental screening is restricted for all races to such tests indicated by clinical evidence, due to acute shortage of qualified laboratory personnel and specialist cytologists.

*6. Mr K M ANDREW—Co-operation and Development—[Reply standing over.]

*7. Mr K M ANDREW—Defence—[Reply standing over.]

*8. Mr K M ANDREW—Defence—[Reply standing over.]

Vice-Admiral R Chamorro: diplomatic official

*9. Mr S S VAN DER MERWE asked the Minister of Foreign Affairs:

(1) Whether Vice-Admiral Ruben Jacinto Chamorro was accredited as a diplomatic official in South Africa; if so, (a) during what period, (b) of which country was he an accredited diplomatic official and (c) what was the nature of his diplomatic position;

(2) whether any steps were taken in respect of his accreditation; if so, (a) what steps, (b) why and (c) when;

(3) whether his Department has received any representations concerning Vice-Admiral Chamorro; if so, (a) from whom, (b) when and (c) what was (i) the nature of the representations and (ii) his response thereto?

†THE MINISTER OF MINERAL AND ENERGY AFFAIRS (for the Minister of Foreign Affairs):

(1) Yes.

(a) 14 June 1979 to 24 February 1983.

(b) The Republic of Argentina

(c) Armed Forces Attaché.

(2) Yes.

(a) A diplomatic Note dated 6 June 1979 was received by the Department of Foreign Affairs from the Embassy of Argentina

(b) It is established international diplomatic practice.

(c) The answer to this part of the question has been furnished under 2(a).

Shortage of flu vaccine but it's no sweat

By SHARON LI GREEN

THIS winter could be one of headaches, aching muscles, fatigue, dizziness and listlessness for some if the prediction of a shortage of flu vaccine in Port Elizabeth becomes a reality.

Leading pharmaceutical companies in the city forecast a shortage of the vaccine — most of which is imported — because of manufacturing difficulties among other reasons.

But most spokesmen felt that vaccinations should only be advised for those at risk of developing complications of flu infection. Included would be people suffering from chronic pulmonary disease, cardiac disease, chronic renal disease, diabetes and the frail and elderly.

A medical adviser with a major pharmaceutical company said that no widespread flu epidemic was anticipated and an adequate stock of flu vaccine was not kept.

He felt that there was a shortage of vaccine because the full supply ordered had not been received. He said however that this would not pose a crisis.

The World Health Organisation and the United States National Institute of Health recommended that in the absence of a widespread flu epidemic in the world this year only those particularly at risk should

be vaccinated.

A pharmacist with a wholesale company said that it was premature to predict a shortage because much of the vaccine had not yet been released on the market.

"But there might be a shortage eventually," she said. "The whole thing's a bit of a laugh. The flu business is difficult to predict and only people exposed to secondary infections should be inoculated.

"We usually handle about 7 000 doses for the Eastern Cape. But one gets a rather fragmentary picture of supply and demand because we don't know the

quantities others distribute."

Most of the vaccine was manufactured overseas and before it was released in this country it underwent stringent tests which contributed to the delay in having vaccine available on the market, she said.

Asked to comment, the Port Elizabeth Medical Officer of Health, Dr J N Sher, said that any shortage would not pose a major problem. "The number of people dependent on flu vaccine is marginal. Key people include the elderly, doctors and nurses.

"But most people don't really need it. What's a bit of flu between friends. The absenteeism rate is higher because people have to be inoculated."

(89) E. Post

24/3/84

RDM

^{RDM}
^{29/3/84}
The cough drop kids

**CRIME REPORTER
in Cape Town**

THEY walk into a chemist and ask for a "six pack" of cough mixture just as any other person would walk into a bottle store and ask for beer.

The addicts are young — often schoolchildren — and are clever at conning the pharmacist to get what they need to give them a "high". And there's virtually nothing to stop them from doing it.

This particular drug problem is not new, but is on the increase in the Peninsula and the rest of the Republic.

The Schedule Two drugs used to become "high" mainly consist of cough mixtures, appetite suppressants and cough tablets.

According to a Cape Town pharmacist, providing a customer with more than one bottle of a Schedule Two drug was a moral more than a legal issue.

"If I don't sell him what he wants he will go across the road to another chemist and get it," he said. "If those type of people want something they will do anything to get it."

He said that another problem was when addicts stole prescription pads off doctors' desks and forged prescriptions to obtain Schedule Five and Six drugs such as Wellconal or "pinks", as they are known.

If the person who presented the prescription "looked respectable" the chemist would not even "bat an eyelid" and hand over the drugs.

Andre Van Rensburg, of Cape Town, is 28 and calls himself a "hardened former drug addict".

He drank cough mixtures for about 10 years and at one stage consumed eight 150ml bottles a day.

"It has ruined my life and I want to help young people not to do the same," he said.

89 *Hansard Q. Col. 802*
 Atmospheric lead levels
 29/3/84

663. Mr R R HULLEY asked the Minister of Health and Welfare:

- (1) What are the latest average recorded atmospheric lead levels measured at urban locations during (a) summer and (b) winter at (i) the Cape Town City Hall, (ii) the Port Elizabeth City Hall, (iii) the Durban City Hall, (iv) the Johannesburg City Hall, (v) Munitoria, Pretoria, and (vi) Arcadia, Pretoria;
- (2) during which years were these measurements taken?

The MINISTER OF HEALTH AND WELFARE:

(1)	A	B
	Summer 1982	Winter 1983
(i) Cape Town City Hall	2,27	2,87
(ii) Port Elizabeth City Hall	2,11	1,49
(iii) Durban City Hall	0,93	0,61
(iv) Johannesburg City Hall	0,56	0,58
(v) Pretoria, Munitoria	1,06	0,69
(vi) Pretoria, Arcadia	1,05	0,66

803

FRIDAY, 30 M

All lead concentration expressed in micrograms per cubic metre.

- (2) Summer 1982 (October 1982 to March 1983);
 Winter 1983 (April 1983 to September 1983).

Hansard Taxable earnings *Q. Col. 803*
 30/3/84

664. Mr B B GOODALL asked the Minis-

Three die ^{past} of cholera in Natal ⁸⁹ _{5/4/34}

DURBAN — Three people have died of cholera in the past week and at least another 70 have been treated for the disease which has flared up in Maphumulo on the Natal North Coast.

The names of the dead are not available.

A Kwazulu Department of Health spokesman said although the incidence of cholera had dropped to less than a quarter of cases at the height of the epidemic two years ago, isolated pockets could be expected.

Residents of areas which had not been affected in the past had not built up a natural immunity and were more likely to be affected.

EL dysentery virus causes ^{7/4/84} concern

EAST LONDON — There is a high incidence of a strain of dysentery in East London at present, particularly in small children, a city doctor, who cannot be named for professional reasons, said yesterday.

The doctor said that a form of gastro-enteritis, caused by an airborne virus, was affecting

quite large numbers of small children.

He had sent three of them from the virus to hospital to date and said that other doctors had also sent a number of the worst cases to hospital.

The doctor stressed that the sickness could normally be dealt with in the home and only the

cases which were neglected or went without medical attention for a long time, developed into a more serious condition.

"The important thing is to prevent dehydration of the patient. A mother can do this easily just by introducing liquid into her child with

a spoon or a pipette. If done consistently at short intervals of say a couple of minutes, it is possible to prevent dehydration," the doctor said.

He said that there was always a pool of enteroviruses around and that every now and then the count increased. The

change of seasons often triggered the increase of the virus.

The medical superintendent at Frere Hospital, Dr Rob Newbery, said that there were quite a few cases of diarrhoea around at present but that the situation was "nothing abnormal". —
DDR

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

- Yes.
 (a) 466.
 (b) 67 186.

West Rand: commissioners' courts

796. Mr P G SOAL asked the Minister of Co-operation and Development:

Whether any persons appearing before the commissioners' courts falling within the area of the West Rand Administration Board in 1983 were legally represented in court; if so, how many persons (a) were and (b) were not so represented?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

- Yes.
 (a) 250.
 (b) 88 661.

Northern Transvaal: commissioners' courts

797. Mr P G SOAL asked the Minister of Co-operation and Development:

Whether any persons appearing before the commissioners' courts falling within the area of the Northern Transvaal Administration Board in 1983 were legally represented in court; if so, how many persons (a) were and (b) were not so represented?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

- Yes.
 (a) 15.
 (b) 4 656.

Eastern Transvaal: commissioners' courts

798. Mr P G SOAL asked the Minister of Co-operation and Development:

Whether any persons appearing before the commissioners' courts falling within the area of the Eastern Transvaal Administration Board in 1983 were legally represented in court; if so, how many persons (a) were and (b) were not so represented?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

- Yes.
 (a) 138.
 (b) 15 753.

Western Transvaal: commissioners' courts

799. Mr P G SOAL asked the Minister of Co-operation and Development:

Whether any persons appearing before the commissioners' courts falling within the area of the Western Transvaal Administration Board in 1983 were legally represented in court; if so, how many persons (a) were and (b) were not so represented?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

- Yes.
 (a) 46.
 (b) 14 761.

Central Transvaal: commissioners' courts

800. Mr P G SOAL asked the Minister of Co-operation and Development:

Whether any persons appearing before the commissioners' courts falling within the area of the Central Transvaal Administration Board in 1983 were legally represented in court; if so, how many persons (a) were and (b) were not so represented?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

- Yes.
 (a) 528.

ted in court; if so, how many persons (a) were and (b) were not so represented?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

- Yes.
 (a) 28.
 (b) 20 836.

X

TUESDAY, 1 MAY 1984

+Indicates translated version.

For written reply: *Hans and 1/5/84*
 89 *Cholera*
 719. Mr E K MOORCROFT asked the Minister of Health and Welfare:

Whether any measures against cholera were taken in 1983 in the Black townships of (a) Bathurst, (b) Port Alfred, (c) Grahamstown and (d) Kenton-on-Sea; if not, why not; if so, (i) what measures, and (ii) what amount was spent, in each case?

The MINISTER OF HEALTH AND WELFARE:

- Yes,
 (1) Bathurst
 (a) The water supply in the black township was improved at a cost of R20 000.
 (b) The Divisional Council of Dias is taking care of cholera guidance in this area.

- (c) The Cholera Vigilance Committee of Dias Divisional Council will co-ordinate any measures to prevent an outbreak of the disease in this area.

- (b) 25 936.

Highveld: commissioners' courts

801. Mr P G SOAL asked the Minister of Co-operation and Development:

Whether any persons appearing before the commissioners' courts falling within the area of the Highveld Administration Board in 1983 were legally represented in court; if so, how many persons (a) were and (b) were not so represented?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

- Yes.
 (a) 711.
 (b) 10 738.

Southern Orange Free State: commissioners' courts

802. Mr P G SOAL asked the Minister of Co-operation and Development:

Whether any persons appearing before the commissioners' courts falling within the area of the Southern Orange Free State Administration Board in 1983 were legally represented in court; if so, how many persons (a) were and (b) were not so represented?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

- Yes.
 (a) 175.
 (b) 25 050.

Orange Vaal: commissioners' courts

803. Mr P G SOAL asked the Minister of Co-operation and Development:

Whether any persons appearing before the commissioners' courts falling within the area of the Orange Vaal Administration Board in 1983 were legally represented in court; if so, how many persons (a) were and (b) were not so represented?

(2) Port Alfred

- (a) Since the areas at risk were identified, the water supply system in the Black township was improved at a cost of R258 000.
 - (b) Possible infection of the Kowie river was monitored generally and 25 swabs at a cost of R105 were taken during the past 12 months.
 - (c) Proper guidance is maintained.
 - (d) A vigilance committee also exists in this area.
- (3) Grahamstown
- (a) The Black townships were not identified as areas at risk because basic facilities such as water and sanitation, were provided generally.
 - (b) In order to monitor cholera infection in the community, 105 swabs were taken at strategic points in the area of the local authority during the past 12 months at a cost of R441.
 - (c) Proper guidance is maintained.
 - (d) A vigilance committee on which representatives of various authorities, local authorities, the Provincial Administration board, Provincial Administration etc., serve, exists to co-ordinate activities during any cholera outbreak.
- (4) Kenton-on-Sea
- (a) Water was provided from the Bushmans river to three communal water distribution points in the Black township at a cost of R13 000. Further improvements in the water distribution system are being planned for the near future.

(b) Possible cholera infection of the Bushmans river is monitored. During the past 12 months 11 swabs were taken at a cost of R75.

(c) The Divisional Council of Dias is taking care of cholera guidance in this area.

(d) The cholera vigilance committee of Dias Divisional council will co-ordinate control activities during any cholera outbreak in this area.

Howard
National states: unemployed/economically active persons 1/5/84
757. Dr M S BARNARD asked the Minister of Co-operation and Development:

Whether his Department keeps statistics on the number of persons who are (a) unemployed and (b) economically active in the national states; if not, why not; if so, (i) what are the relevant statistics in respect of each specified national state and (ii) in respect of what date are these statistics furnished?

THE MINISTER OF CO-OPERATION AND DEVELOPMENT:

- (a) No.
- (b) No. Labour is a function which has been transferred to the national states in terms of the National States Constitution Act, 1971 (Act No 21 of 1971) and the Department of Co-operation and Development consequently does not keep such statistics.

Howard
Curfew regulations 1/5/84
765. Mr P G SOAL asked the Minister of Co-operation and Development:
How many persons in each of the towns on the East Rand were prosecuted under curfew regulations in 1983?

THE MINISTER OF CO-OPERATION AND DEVELOPMENT:

None.
Q. 61. 1061
Domestic workers: accommodation
768. Mr P G SOAL asked the Minister of Co-operation and Development:

(1) Whether during 1983 the East Rand Administration Board refused to re-new permission to flat-owners and/or tenants in the East Rand area to house their domestic workers and/or cleaners on their premises; if so, (a) in respect of how many domestic workers and/or cleaners was such permission refused in that year and (b) what were the reasons for the refusals;

(2) whether the Administration Board took steps to find alternative accommodation for those in respect of whom such permission had been refused; if not, why not;

(3) whether he will reconsider such refusals?

THE MINISTER OF CO-OPERATION AND DEVELOPMENT:

- (1) No.
- (2) and (3) Fall away.
KwanDebele: Unemployment Insurance Fund
Howard Q. 61. 1061
811. Mr R A F SWART asked the Minister of Co-operation and Development:

How many residents of KwanDebele received Unemployment Insurance Fund benefits as at the latest specified date for which figures are available?

THE MINISTER OF CO-OPERATION AND DEVELOPMENT:

The Department of Manpower administers the Unemployment Insurance Fund. The Department of Co-operation and Development has no record of these matters.

Howard Q. 61. 1062
853. Dr W J SNYMAN asked the Minister of Co-operation and Development:†

(1) Whether in the latest specified financial year for which figures are available the Lebowa Development Corporation granted loans to companies in which (a)(i) directors and (ii) officials of this corporation and (b) Cabinet Ministers of Lebowa had an interest; if so, (aa) to what companies, (bb) for what purpose, (cc) what is the capital amount involved in each such loan and (dd) in what way is the capital amount being repaid and interest being paid;

(2) whether the repayments and payments were made by the due dates in each case; if not, by what amount is each of these companies in arrears in respect of (a) instalments and (b) interest;

(3) whether any security was offered in respect of the loans; if so, what are the particulars of the security in each case;

(4) whether he will request the Lebowa Development Corporation to have their auditors publish a report on this matter; if not, why not; if so;

(5) whether he intends to lay such report upon the Table; if not, why not;

(6) whether he will make a statement on the matter?

THE MINISTER OF CO-OPERATION AND DEVELOPMENT:

- 1983/84 Financial year
- (1) (a) (i) Yes, in two separate instances.
 - (ii) No.
 - (b) No.
 - (1) (a) (i) Firstly:

(aa) Seshego Roller Mills (Pty) Ltd.

(bb) To equalize capital borrowed by Seshego Roller Mills from the Lebowa Development Corporation and the Northern Transvaal Co-operative.

(cc) R116 000.

(dd) Capital to be repaid on demand. Interest equal to the Bank prime rate or as mutually agreed upon is charged, with an agreed minimum of 14%. Interest is payable monthly.

(2) Yes.

(3) Yes. The Northern Transvaal Co-operative stood surety.

(1) (a) (i) Secondly:

(aa) Packsure (Pty) Ltd.

(bb) Financing in respect of fixed and working capital.

(cc) R900 000.

(dd) R100 000 per annum and interest.

(2) Yes.

(3) Yes. A registered bond on all floating assets, a sworn valuation of machinery and equipment and a cession to the Lebowa Development Corporation of debtors, decentralization concessions and company shares (including franchise) and all other funds of the company.

(4) No.

(5) Falls away.

(6) No.

WEDNESDAY, 2 MAY 1984

†Indicates translated version.

For oral report
Kirkwood Sanatorium
2/5/84

*1. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) Whether his Department plans to extend the Kirkwood Sanatorium in the Eastern Cape; if not, why not; if so, (a) why, (b) what will be the nature of the extensions and (c) how many beds will be provided;

(2) whether the plans for these extensions have been approved; if not, why not; if so,

(3) whether tenders have been (a) called for and (b) accepted; if not, why not; if so, when are the extensions due to be completed?

†The MINISTER OF HEALTH AND WELFARE:

(1) Yes;

(a) to provide facilities for adult psychiatric patients, and mentally retarded Black and Coloured children for whom no provision presently exists in the Eastern Cape;

(b) ward accommodation, dining facilities, occupational therapy and classroom facilities;

(c) 100 adult psychiatric beds and 200 beds for mentally retarded children;

(2) the plans for the extensions have been approved by the Department.

(3) (a) and (b) No; because the Smith Mitchell organization, owners of the existing facilities will carry out the ex-

tensions themselves, the extensions are due to be completed not later than January 1985.

For oral report
Eshowe/Shinghlovu corridor: farms
2/5/84
*2. Mr R A F SWART asked the Minister of Co-operation and Development:

(1) Whether farms in the Eshowe/Gingindlovu corridor acquired by the South African Development Trust have been transferred to the KwaZulu Government; if so, when; if not, why not;

(2) whether it is the intention to transfer this land to KwaZulu; if not, (a) why not and (b) what steps are to be taken in respect of this land; if so, (i) when (aa) was this land acquired and (bb) is it due to be transferred to KwaZulu and (ii) why was it not transferred to KwaZulu before this date;

(3) (a) who administers this land and (b) for what purpose is it being used at present;

(4) whether any of these farms are being leased to White farmers at present; if so, (a) how many, (b) why and (c) to whom is the rental being paid;

(5) whether he will make a statement on the matter?

The DEPUTY MINISTER OF DEVELOPMENT AND OF LAND AFFAIRS:

(1) No, because the final consolidation proposals are still to be considered and after a decision on the proposals have been taken negotiations in regard to the use of the land and incorporation of the land in KwaZulu will have to take place.

(2) Yes.

(a) and (b) Fall away.

(i) (aa) Mainly in 1975.

(bb) As soon as the matters

mentioned under (1) have been disposed of.

(ii) Because the matters mentioned in (1) have to be disposed of before incorporation can take place.

(3) (a) The Department of Co-operation and Development.

(b) The land is being rented for normal farming purposes.

(4) Yes.

(a) Three farms.

(b) In order to preserve the land in its present state and to use it to some advantage until incorporation is effected.

(c) The South African Development Trust.

(5) According to a Government decision Trust land must be handed over as soon as possible to the national and/or independent state concerned.

*3. Mr R A F SWART asked the Minister of Co-operation and Development:

(1) Whether the South African Government has expropriated any land at (a) Mabensu and (b) Nsumu in Natal; if so, (i) when and (ii) what area of land in each case;

(2) whether this land is to be given to KwaZulu for consolidation purposes; if not, what steps are to be taken in respect of the land; if so,

(3) whether this land has been transferred to the KwaZulu Government; if so, when; if not, (a) why not, (b) when is it due to be transferred and (c)(i) who administers this land at present and (ii) for what purpose is it being used?

Big increase in WR measles cases in 1983

By Terry Friend
West Rand Bureau

Measles hit the children of Roodepoort hard last year, with 57 cases in 1983 compared with five the previous year.

This is revealed in the annual report of the city's medical officer of health.

Following a bad year for infective hepatitis (jaundice) in the city in 1982, last year showed a drop of more than half. There were 30 cases compared with 71 in 1982.

Tuberculosis remained the most common infectious disease, occurring mainly among the blacks, though the figure remained constant. There was a big drop in the number of pellagra cases, because of better socio-economic conditions.

Cases of kwashiorkor showed a further drop to only 20 new cases, and all recovered after treatment at clinics.

A doctor at Empilisweni clinic in Crossroads today criticised Dr Tibbit's statements as "grossly unfair and sweeping, calculated to scare people".

"We don't see any cholera here and there are a few cases of typhoid. But staff do believe that Dr Tibbit has not touched on the true health problem of Crossroads — tuberculosis — which is, in fact, the duty of the Divisional Council to curb."

The doctor disagreed with the statements and said staff would meet later today to discuss a response.

● Dr Ivan Toms, who is also on the clinic staff, said: "In a community of 50 000 people an average of 12 cases of measles a month is not very bad. TB is out of control, not because of Crossroads housing but because of the apartheid system."

"Cholera is unlikely to cause a problem because we have a (Turn to Page 2, col 10)

ARGUS 23/5/84
Warning on health

Cont from Page 1

clean water supply from the municipality and cholera is water-borne.

"And how can moving Crossroads residents to Khayelitsha stop the flow of people from the Transkei and Ciskei? When people are starving in the homelands they will come to the city."

"There is very little scientific information which links housing to health issues unless it's overcrowding. According to a study done for the Carnegie inquiry into poverty there are on average 13 people in ev-

THE Department of Health is to investigate the hazardous health conditions at Crossroads with a view to deciding what State help can be given.

The Minister of Co-operation and Development, Dr Piet Koornhof, said today he had asked the Health Department to go into the matter.

He said his department was extremely worried about the present situation there and was in favour of everything possible being done to ward off a bad situation.

Earlier the Medical Officer of Health for the Cape Divisional Council, Dr L R Tibbit, had warned that the health situation at Crossroads was "potentially dangerous" to all the people of Cape Town.

Immunisation campaign

Dr Tibbit recommended that the population of Crossroads be drastically reduced if the city was to avoid possible outbreaks of cholera and typhoid.

While the council had not detected any cases of cholera in the camp, it had traced seven cases of typhoid — four of them in a small area of inter-related shacks.

An immunisation campaign was launched two weeks ago and 1 000 people in a particular area of Crossroads were immunised.

"We do not get typhoid in Cape Town. It is unusual and a serious matter."

Dr Tibbit said that cholera was the fastest-spreading of diseases and could get out of control within weeks if it reached Crossroads.

"This has not happened, but we would like to prevent it by getting people out of Crossroads."

"I do not control the housing situation in Crossroads. I am under contract to provide a preventive and promotional health service in the area. But the housing and sanitation are far below standard and potentially dangerous to all the people of Cape Town. I recommend that the population of Crossroads be drastically reduced."

He said that while he could foresee cholera coming to Cape Town, there was nothing more he could do as conditions in Crossroads made even the placing of additional pail toilets difficult. There was no room and lorries could not reach the pails to clear them out.

"The people must be moved out, density and overcrowding renders it impossible to do any more."

The overcrowding and poor sanitation at Crossroads had also led to "out of control" tuberculosis, gastro-enteritis and pneumonia.

"I believe the development of Khayelitsha along the lines of aided self-help housing is acceptable," he said. There would be less overcrowding because there would be more houses and more space.

ARGUS 23/5/84
Crossroads: State to probe health hazard
ARGUS CAPE TOWN 23/5/84

Staff Reporters



Boomer and his prang-utan friend at a recent dog show in Johannesburg. His prang-utan friend is Boomer. His prang-utan friend is Boomer. His prang-utan friend is Boomer. His prang-utan friend is Boomer.

Teleletters

RECENT weather rebates and rebates are the main topics discussed by Teleletters yesterday.

collect their meagre pensions. Surely something can be done to help these elderly people in those circumstances?"

Mr D M Verschoor, Bothasig: "The workers of the City Council would be happier with a

Many attend Norval service

Chief Reporter

A LARGE number of friends and professional colleagues joined the family at a memorial service for Mr Ronald Norval, Senior Assistant Editor of the Cape Times, at St Michael's Church, Rondebosch, yesterday.

Mr Norval died at his home in Kenilworth last Friday after an illness, aged 58. He had been on the editorial staff of the Cape Times for 37 years.

Mr Colin Eglin, MP, who spoke at the service, said he had first befriended Mr Norval when they were school-boys at Pinelands, and over the years he had come to know him as one who had subscribed to and upheld the highest professional standards, and also as one who could not abide pomposity.

'Conservative liberal'

He had seen Mr Norval as "a conservative liberal" who had made his imprint on the Cape Times, which he had served with distinction. "In fact much of the character of the Cape Times can be attributed to the character of Ronnie Norval."

Mr Eglin also paid tribute to Mr Norval's efforts over the years in the cause of conservation, "and to improving the quality of life of people in this area".

Mr Gerald Shaw, Chief Assistant Editor of the Cape Times, read a message from the Editor, Mr A H Heard, who is in Taiwan. In this, Mr Heard said Mr Norval had over the years been involved in every major editorial development at the Cape Times.

"We have lost a very dear colleague, a wise and balanced counselor, and a loyal friend. His passing is a great loss not only to this newspaper but indeed to the community of the Cape, which Ronnie served as a journalist of distinction and integrity."

Cholera warning for City

By DI CASSERE

THE City of Cape Town could face outbreaks of diseases such as cholera and typhoid fever unless overcrowded conditions and poor sanitation at Crossroads were relieved, the Medical Officer of Health for the Cape Divisional Council, Dr L R Tibbit, said yesterday.

The Combined Health Control Scheme of the Divisional Council treated 100 000 people last year at Crossroads, as opposed to 73 668 in 1982.

"The incidence of typhoid fever has escalated in the past few months and we have undertaken massive immunisation campaigns," said Dr Tibbit.

"Measles notifications in 1982 were 290 for the whole scheme, all races, and of these 175 were from the black population. Last year the corresponding figures were 337 and 186.

"Again we had to do repeated inoculation campaigns to avoid the same situation that pertained in the recent Port Elizabeth epidemic which caused many deaths."

Cholera, possibly the fastest-spreading disease, was "knocking on our door", according to Dr Tibbit.

"The portal of entry of cholera which is expected to arrive from the north is extremely likely to be through Crossroads because of the tremendous influx of people from the homelands. If this occurred, it would be a major health hazard for the City of Cape Town."

Dr Tibbit said that the development of Khaye-

litsha was an acceptable way of coming to grips with the public health and housing problems.

He said homes at Khayelitsha would have proper sanitation and water-borne sewerage. Three to four combined day hospitals and local health clinics would be built.

"There are about 8 000 black families waiting for homes, and the Crossroads area could only provide for about 1 000. Khayelitsha will be able to provide 5 000 homes by the end of this year alone.

"I'm worried, really worried, about the overcrowding and lack of water and sanitation at Crossroads. I think the situation has gone too far, as there has been even more crowding recently.

"I am concerned purely with the human angle, the health aspect and the sheer discomfort in which those people live," Dr Tibbit said.

Dr Reg Coogan, Medical Officer of Health for Cape Town, said:

"We rely entirely on Dr Tibbit for information on conditions at Crossroads. These latest figures sound alarming, but there has not yet been any spillover into Cape Town.

"We have had a couple of cases of typhoid this year, but those were imported. For the past four or five years we have had an intensive campaign against measles, with about 36 000 doses of vaccine being given a year. This has been very successful and we have had very few cases.

"Of course we will be keeping a close watch on the situation."

SA blooms at Chelsea show

Own Correspondent

JOHANNESBURG. — South Africa had won the coveted Wilkinson Sword for the best overseas exhibition at the Chelsea Flower Show in London for the fourth time running, the Department of Foreign Affairs announced yesterday.

(80) KSM 24/5/84

Cholera epidemic threat in Cape

Mail Correspondent

CAPE TOWN. — The city of Cape Town faces outbreaks of diseases such as cholera and typhoid fever unless overcrowded conditions and poor sanitation at Crossroads are relieved, says the Medical Officer of Health for the Cape Divisional Council, Dr L R Tibbit.

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Cape Town.

"We have had a couple of cases of typhoid this year, but those were imported. For the past four or five years, we have had an intensive campaign against measles with about 36 000 doses of vaccine being given a year. This has been very successful and we have had very few cases.

● Crossroads has been fraught with leadership struggles and violence over the past months, with the camp's following divided between Mr Johnson Ngxobongwana, the dominant leader, and Mr Oliver Memani. At the end of December, faction fights occurred and followers of Mr Memani fled to KTC.

8-25pc rise in medical dental fees

Political Correspondent

MEDICAL and dental fees for members of medical schemes are to be increased by between 8,8 percent and 25 percent from July 1, the Minister of Health, Dr CV van der Merwe, has announced.

Medical fees will rise by 8,8 percent and dental fees by 10 percent, with an additional increase of 15 percent for general practitioners within the dental profession.

The minister said the Medical and Dental Council had proposed a general increase of 33 percent in dental fees, but he was not prepared to accept this.

This will be the last time the minister will have to determine a fee on the recommendation of the council.

In terms of the Medical Schemes Amendment Act, passed this year but not yet implemented, fees will in future be determined by the Representative Association of Medical Schemes after consultation with medical associations.

Cape Times 29/5/84
'A bottomless pit'

Staff Reporter

THE demands made on health services in South Africa appeared to be a bottomless pit, the Administrator of the Cape, Mr Gene Louw, said yesterday. Speaking at a City hotel during a one-day seminar on cost-effective management in government and private hospitals, he said the budget for health services in the Cape Province for the current financial year was about R720-million. At present the Department of Hospital Services employed about 45 000 people. Mr Louw said South Africa had a combination of First and Third World socio-economic structures. Setting objectives, therefore, became a fine art. "We have the people and the systems, but as any worthy manager must do, we also ask ourselves whether our infrastructure is performing at optimum or at mediocre levels." Mr Louw said the administration, with the SA Medical Research Council, was establishing means to evaluate present services and to probe how future development should take place.

- will be taken as a result of this inquiry; if not, why not; if so, what action;
- (12) whether he will make a statement on the matter?

The MINISTER OF NATIONAL EDUCATION (Reply laid upon the Table with leave of House):

- (1) All external technikon examination papers are set by examiners and moderated by moderators appointed by the Department of National Education;
- (2) the examiner concerned marks all the scripts while the moderator concerned normally moderates a random sample of 20 scripts, but in the case of the subject concerned in this question, viz Public Relations III in 1983, the moderator moderated all the scripts;
- (3) yes,
- (a) an undated letter in January 1984 and another letter dated 31 January 1984;
- (b) students of the Pretoria Technikon;
- (c) (i) Complaints about a missing page of the question paper; about poor examination results in the subject by a group of students in comparison with their year marks and their results in other subjects and doubts about the marking of scripts;
- (ii) the matter was investigated by the Department and a special re-examination based on the syllabus of 1983 has been arranged in June 1984

for all students who wrote Public Relations III and who wish to better their examination results. For the information of the hon member I wish to mention that the examination is scheduled for Monday 4 June 1984;

- (4) yes;
- (5) yes, during the investigation it appeared that all the scripts had been re-marked by the moderator;
- (6) no;
- (7) (a) and (b) yes; the examiner;
- (c) no, the moderator;
- (8) falls away
- (9) yes,
- (a) after receipt of the representations;
- (b) the Department of National Education;
- (c) it was found that while an hour extra time was allowed at the Pretoria Centre for the replacement of the missing page, candidates could have been prejudiced due to differences in the interpretation of the syllabus and in the offering of the subject by the various technikons;
- (10) (a), (b), (c), (i) and (ii) no, because in fact no errors occurred in the examination paper and all reasonable steps have been taken to ensure that the candidates be re-examined as soon as possible;
- (11) a discussion between officials of the Department of National Education and the Management Committee of

the Public Relations Institute of South Africa took place on 28 May 1984 with a view to promoting better communication and co-ordination. A letter has been addressed to the Committee of Technikon Principals on the composition of the course, the interpretation of the syllabus and matters relating to examination and certification;

- (12) no.

House of Representatives/Delegates: housing units

*29. Mr P G SOAL asked the Minister of Community Development:

Whether his Department is building any housing units in Cape Town for members of the House of (a) Representatives and (b) Delegates; if not, why not; if so, (i) where, (ii) how many units, (iii) what is the total estimated cost involved and (iv) when is it anticipated that they will be completed?

†The MINISTER OF COMMUNITY DEVELOPMENT:

The provision of housing to members of the House of Representatives and the House of Delegates is receiving the urgent attention of the Department of Community Development. Details are not available at this stage.

Koevoet

*30. Mrs H SUZMAN asked the Minister of Law and Order:

(1) Whether he has been informed of submissions made by the South West African Bar Council to a certain judge, whose name has been furnished to the South African Police for the purpose of the Minister's reply, concerning the activities of Koevoet and requesting a special inquiry; if so, what is the name of this judge;

(2) whether he intends to take any steps to implement the Bar Council's request; if not, why not; if so, (a) what steps and (b) when?

The MINISTER OF LAW AND ORDER:

- (1) No.

(2) Falls away.

*31. Mr K M ANDREW asked the Minister of Health and Welfare:

(1) Whether any cases of typhoid fever were reported in the Cape Peninsula in (a) 1978 and (b) 1983; if so, how many in each of these years;

(2) whether there was (a) an increase or (b) a decrease in the incidence of typhoid fever per 1 000 members of the Cape Peninsula population during the period 1978 to 1983 as compared with the period 1973 to 1978?

†The MINISTER OF HEALTH AND WELFARE:

- (1) Yes;

(a) 112;

(b) 30;

(2) (a) no;

(b) yes.

*32. Mr P A MYBURGH asked the Minister of Community Development:

With reference to his reply to Question No 919 on 24 May 1984, on what date will work (a) commence and (b) be completed on each specified dwelling unit in Naruna Estate in Plumstead?

National States

- (a) Full time: nurses
—Kwandebele 1.
—Kangwane 1.
(b) Part time—none.

Handwritten: Howard Q. 61.
Dental clinics 5/6/84 1455
897. Dr M S BARNARD asked the Minister of Health and Welfare:

How many dental clinics had been established in respect of each race group in (a) the Republic, and (b) each specified national state whose government had not yet taken over health services, as at the latest specified date which figures are available?

Diseases	Whites	Coloureds	Asians	Blacks	Unspecified
Cholera	9	8	230	6 557	9
Typhoid	43	67	21	4 994	8
Paratyphoid	0	0	0	1	0
Tuberculosis	660	10 957	402	42 470	143
Brucellosis	60	2	0	19	0
Leptosy	3	1	0	120	0
Diphtheria	1	6	0	22	0
Meningitis	49	315	3	251	0
Tetanus	5	18	1	261	0
Poliomylitis	0	4	0	87	0
Measles	1 275	1 435	20	11 734	59
Viral hepatitis	732	399	52	644	46
Rabies	—	—	—	—	—
(Human contacts)	—	—	—	—	136
Trachoma	0	1	0	567	0
Malaria	115	15	7	805	3
Toxoplasmosis	1	0	0	1	0
Primary malignancy of bronchus	125	116	12	105	0
Primary malignancy of lung	63	30	9	44	0
Malignancy neoplasm of pleura	0	1	0	0	0
Poisoning from any agricultural or stock remedy	4	20	0	60	0
Lead poisoning	0	0	0	2	0

The MINISTER OF HEALTH AND WELFARE:

- (a) Whites—68.
Coloureds—36.
Indians—7.
Blacks—35.
For all race groups—84.

(b) Kangwane—Blacks—5.

Handwritten: Notifiable diseases 5/6/84
898. Dr M S BARNARD asked the Minister of Health and Welfare:

How many cases of each notifiable disease were notified in respect of each race group in 1983?

The MINISTER OF HEALTH AND WELFARE:

Handwritten: Kwazulu: extension 5/6/84
971. Mr H D K VAN DER MERWE asked the Minister of Co-operation and Development:†

- (1) Of how many parts does the national state of Kwazulu consist;
(2) whether it is the intention to extend the area of this national state; if so, (a) when and (b)(i) how many hectares are to be added and (ii) what is the estimated cost thereof?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

- (1) 25, plus 4 areas which are being administered by Kwazulu Government in terms of Proclamation R.19 of 1981.

- (2) The intentions of the Government in regard to the consolidation of Kwazulu will only be known when the Government makes known its recommendations in this regard in the usual manner. The process that will lead to the announcement of the Government's intentions is presently under way.

Handwritten: Howard Q. 61. 1457
5/6/84
989. Mr H E J VAN RENSBURG asked the Minister of National Education:

How many White pupils entered for the matriculation or an equivalent examination in (a) 1981, (b) 1982 and (c) 1983?

The MINISTER OF NATIONAL EDUCATION:

- (a) 1981 — 64 291.
(b) 1982 — 61 302.
(c) 1983 — 64 621 (preliminary statistics).

WEDNESDAY, 6 JUNE 1984

†Indicates translated version.

For oral reply:

Prime Minister:

Handwritten: Howard
South West Africa: amount paid to political party/Front

Handwritten: Q. 61. 1458
1. Mr J H HOON asked the Prime Minister:†

- (1) Whether (a) the Government and/or (b) the Administrator-General of South West Africa paid an amount to a political party or front in South West Africa in the past five years in settlement of a case certain particulars of which have been furnished to the Office of the Prime Minister for the purposes of replying to the question; if so, (i) what are the particulars of the case, (ii) what amount was paid and (iii) to what political party or front was it paid;

- (2) whether statutory authority for this payment was obtained; if not, why not; if so (a) when, (b) under what statutory provision and (c) who granted this authority?

†The ACTING PRIME MINISTER: Mr Speaker, I request that the reply to this question stand over. [Interjections.]

Mr H D K VAN DER MERWE: Mr Speaker, arising out of the hon the Acting Prime Minister's reply, I should like to ask him when we shall receive a reply to the question.

The ACTING PRIME MINISTER: As soon as I have the facts at my disposal. [Interjections.]

Mr H D K VAN DER MERWE: Further arising out of the hon the Acting Prime Minister's reply, I want to ask whether that is a promise. [Interjections.]

By Pamela Kleinot,
Medical Reporter

At least 10 000 babies die in South Africa each year, mortality rates differing widely between whites and blacks and rural and urban communities.

At a nursing conference in Rustenburg last week, 60 concerned doctors and nurses gathered to work out ways of reducing the death rate.

The conference concluded that regionalisation of health care facilities held the key to providing medical attention for everyone in South Africa.

The Cape Peninsula has taken the lead in organising that part of the country into health regions based on population size in a bid to provide the same mother and child care for everyone in the area.

EMPHASIS

The Peninsula Maternal and Neonatal Service came into being in 1980, the emphasis being on a singular service.

Academics at the University of Cape Town were the driving force behind bringing the health care structure under one umbrella body.

Last week's meeting was a starting point for communication between State, local and provincial bodies and included nurses from the homelands and self-governing states.

The conference highlighted:

Doctors talk on reducing infant deaths

~~7/7~~ (89) Stan
12/6/84

● That medical and to some extent nursing education was often inappropriate as students were taught in tertiary centres by specialists who often had little understanding of the primary needs of the population.

● That an efficient transport system had to be developed to make it possible for every mother and newly born baby in South Africa to have access to all levels of health care.

● Marked differences existed in health care for rural and urban people.

Expensive, sophisticated facilities available to most whites and many urban black and coloured people were a far cry from services in the rural areas where basic health care was inaccessible to many.

In outlying areas babies were mainly delivered by traditional birth attendants (TBAs) and basic skills such as caring for the umbilical cord and recognising simple problems were unavailable.

Nurses are the backbone of perinatal care in South Africa. Their role has been upgraded to re-

place the shortage of doctors in most rural areas.

The difficulties of getting doctors to work in these environments was pointed out at the conference.

It was suggested that nurses were ideally suited for their extended role and that even traditional birth attendants should be included in the health team.

But legislation would have to be changed to allow nurses and doctors to work in a professional capacity with TBAs.

Mrs Christine Makwakwa, a nursing administrator at the Medical University of South Africa, said nurses faced many problems in rural areas including ignorance, poverty, malnutrition, cultural traditions, rituals and superstitions.

She pointed out that black nurses were often not familiar with traditional rituals and practices associated with the birth process as these were divulged only to older women in the community. Nurses had left the community to go for training before they were

taught these practices and were therefore out of touch.

Mrs Makwakwa said that when designing a medical care plan for an unsophisticated rural community it was imperative to assess the efficacy of the existing service being provided by TBAs and ensure that the present service was an improvement on the fairly adequate service already being provided in many regions.

Traditional practices, she said, should be discouraged only when they were harmful — like smearing the umbilical cord with ash or other organic substances which were a major cause of tetanus.

BALANCE

Where traditional rituals and cultures were not harmful, these should be incorporated into the health structure and treatment programme.

The availability of sophisticated care for rural people was discussed at length and it was decided a balance should be sought between cheap medicine for the masses and expensive individual care.

Even though many basic health needs were still not being met, it was thought there should be some access to curative services.

In many cases this would involve the use of mobile intensive care units accompanied by suitably trained personnel.

Risk grows as rabies epidemic escalates

Argus Correspondent

MARITZBURG. — More lives are at risk as Natal's rabies epidemic, already worse than last year's, seems to be escalating, says Dr Bill Posthumus, head of veterinary services in Natal.

He said careless dog owners who did not take their dogs for vaccination were to blame for the epidemic.

In May 10 cases were identified and in April six more were found in white areas.

"Horseshoe"

Another vet said a "horseshoe of infection" was enveloping Ndwedwe and Maphumulo.

Since March 1983 more than 60 dogs, all unvaccinated and nearly all strays, were identified as rabid in Natal. About 20 other rabid animals were also found which had been infected by dogs.

Most of the rabid dogs came into Natal from Kwazulu.

Innoculated

A vet said that when a rabid animal was found in Natal the veterinary department moved in and tried to inoculate all dogs, so that even young dogs were protected.

In Kwazulu, however, the rounds were done only once a year, so that many young dogs were not protected.

Four more rabid dogs were found recently in the Assagay, Weenen and Greytown areas.

ARGUS
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can only be taken when the investigation in respect of the proposed council for standards, evaluation and certification referred to in paragraph 4.5.5 of the White Paper on the Provision of Education in the RSA, has been completed.

Hansen Q. 61.1635
Certain person declared a listed communist
 15/6/84
 *15. Dr F HARTZENBERG asked the Minister of Law and Order:†

- (1) Whether a certain person, whose name has been furnished to the Minister's Department for the purposes of his reply, has been declared a listed communist; if so, when;
- (2) whether this person is still a listed communist; if not, when was his name removed from the list;
- (3) whether this person is resident in the Republic at present; if not, (a) what are his whereabouts at present and (b) when did he leave the Republic if so.
- (4) whether he will furnish any further particulars in regard to this person; if not, why not; if so, (a) where is this person resident at present and (b) by whom or what concern is he employed?

The MINISTER OF LAW AND ORDER:

(1) No.

(2)-(4) Fall away.

Hansen Q. 61.1635
Westfort Hospital, Pretoria
 15/6/84
 *16. Dr W J SNYMAN asked the Minister of Health and Welfare:†

- (1) Whether (a) White and (b) non-White patients are treated at the Westfort Hospital in Pretoria; if so, what categories of (i) White and (ii) non-White patients;
- (2) whether any patients are treated in this hospital by order of Attorney-

General; if so, what categories of (a) White and (b) non-White patients;

- (3) whether any security measures are taken at this hospital in regard to such patients; if not, why not; if so, what security measures?

†The MINISTER OF HEALTH AND WELFARE:

- (1) (a) Yes;
 (b) yes;
 (i) leprosy
 (ii) leprosy and psychiatric;
- (2) no;
- (3) falls away.

Westfort Hospital, Pretoria

*17. Dr W J SNYMAN asked the Minister of Law and Order:†

- (1) Whether any (a) complaints were lodged and/or (b) charges were laid with the South African Police recently in connection with alleged theft at the Westfort Hospital in Pretoria; if so, (i) what was the nature of the alleged offences and (ii) on what dates did these offences occur;
- (2) whether the South African Police has investigated these complaints and/or charges; if not, why not; if so, with what result?

The MINISTER OF LAW AND ORDER:

(1) (a) and (b) Yes.

- (i) and (ii) Complaints of the alleged theft of a television set, a firearm, cooking oil and a motorcar battery were lodged with the Police on 1, 5 and 15 January and on 15 April 1984 respectively.

- (2) Yes. The investigations have not yet been completed.

Westfort Hospital, Pretoria

*18. Dr W J SNYMAN asked the Minister of Law and Order:†

- (1) Whether any (a) complaints have been lodged and/or (b) charges have been laid with the South African Police since 1 January 1984 in connection with alleged assaults of Whites by non-Whites in the vicinity of Westfort Hospital in Pretoria; if so, what are the particulars of each of the complaints and/or charges;
- (2) whether the South African Police has investigated the complaints and/or charges; if not, why not; if so, with what result?

†The MINISTER OF LAW AND ORDER:

- (1) (a) and (b) Yes. Four complaints of alleged rape and one of alleged robbery in which cases the victims were threatened with knives were lodged with the South African Police.
- (2) Yes. The investigations have not yet been completed.

Hansen Q. 61.1637
Huhudi community
 15/6/84

*19. Mr P G SOAL asked the Minister of Co-operation and Development:

- (1) Whether the residents of Huhudi are to be moved; if so, (a) why, (b) when, (c) where will they be moved to and (d) how many persons are involved;
- (2) whether his Department has held discussions with the Huhudi community regarding the proposed move; if not, why not; if so, (a) when and (b) what was the response of the community;
- (3) whether he or any member of his Department has received any representa-

tations from the Huhudi community; if so, (a) when and (b) what was (i) the nature of the representations and (ii) his response thereto?

The DEPUTY MINISTER OF CO-OPERATION:

- (1) to (3) The matter will be discussed on 31 August 1984 with all the interested parties.

Hansen Q. 61.1638
Blacks (Urban Areas) Consolidation Act
 15/6/84
 *20. Mr M A TARR asked the Minister of Co-operation and Development:

- How many persons resident within the prescribed area of Pietermaritzburg qualified for rights under section 10 of the Blacks (Urban Areas) Consolidation Act, No 25 of 1945, as at the latest specified date for which figures are available?

†The DEPUTY MINISTER OF CO-OPERATION:

11 844 as at 31 May 1984.

Hansen Q. 61.1638
Luckhoff; resettlement
 15/6/84
 *21. Mrs H SUZMAN asked the Minister of Co-operation and Development:

- (1) Whether residents of the Black township at Luckhoff in the Orange Free State were resettled recently; if so, (a)(i) why, (ii) when, (iii) on whose authority and (iv) where were they resettled, (b) how many (i) families and (ii) individuals were involved, (c) how many of these residents are employed at Luckhoff and (d) what is the distance between this township and the resettlement area;
- (2) whether facilities have been provided for them at the resettlement area; if not, why not; if so, what facilities;
- (3) whether any compensation has been paid to them; if not, why not; if so, what compensation;

Cholera spreading in squatter camps

Mercury Reporter

A SHORTAGE of fresh water has led to cholera becoming rife in squatter settlements at Inanda near Durban.

King Edward VIII Hospital in Durban has been treating 'two or three' cases of cholera a day and several people have died of the disease in the past month.

Health officials also predicted 'the usual upsurge' in the number of cases once the weather warmed and rainfall increased.

Mrs Ela Ramgobin, a social worker at Inanda, told the Mercury that water supplies brought into the area by tanker had been decreased. Although pipes had been

laid more than a year ago, these had not yet been opened up for use.

She said tankers had been taking in water daily since 1976 at enormous cost to the Government.

'Several areas have never had proper fresh water and the residents are still dependent on finding water elsewhere.'

Contaminated

At a huge settlement between the Ntuzuma and Kwa Mashu townships, called Lindelani, people got water from a stream which had become so contaminated that it was indistinguishable from sewerage, she said.

'Those who have money buy water from people in Ntuzuma and Kwa Mashu

at prices ranging from about R1 for 5 l to 50 c for 2 l, according to the residents.'

Lindelani, which means 'we are waiting', has grown from nothing to several thousand shacks since last November.

When the Mercury visited Lindelani yesterday residents said they used water from the stream for washing and got drinking water from a spring some distance away.

But the spring dried up periodically, they said, and many people resorted to using water from the stream for drinking and cooking.

While hospitals and health officials said the number of cases had been decreasing, this was ascribed to the dry, cold

weather and all predicted an upsurge in the number of cases in summer.

King Edward VIII Hospital in Durban had been treating 'two or three' cases a day.

'They usually come from Inanda or Ndwedwe but we do get cases from all over Natal,' the acting medical superintendent, Dr P K Naidoo, said.

Endemic

'I do think the situation is getting better. Numbers have been decreasing. But I suppose when the rains come the whole thing will flare up again.'

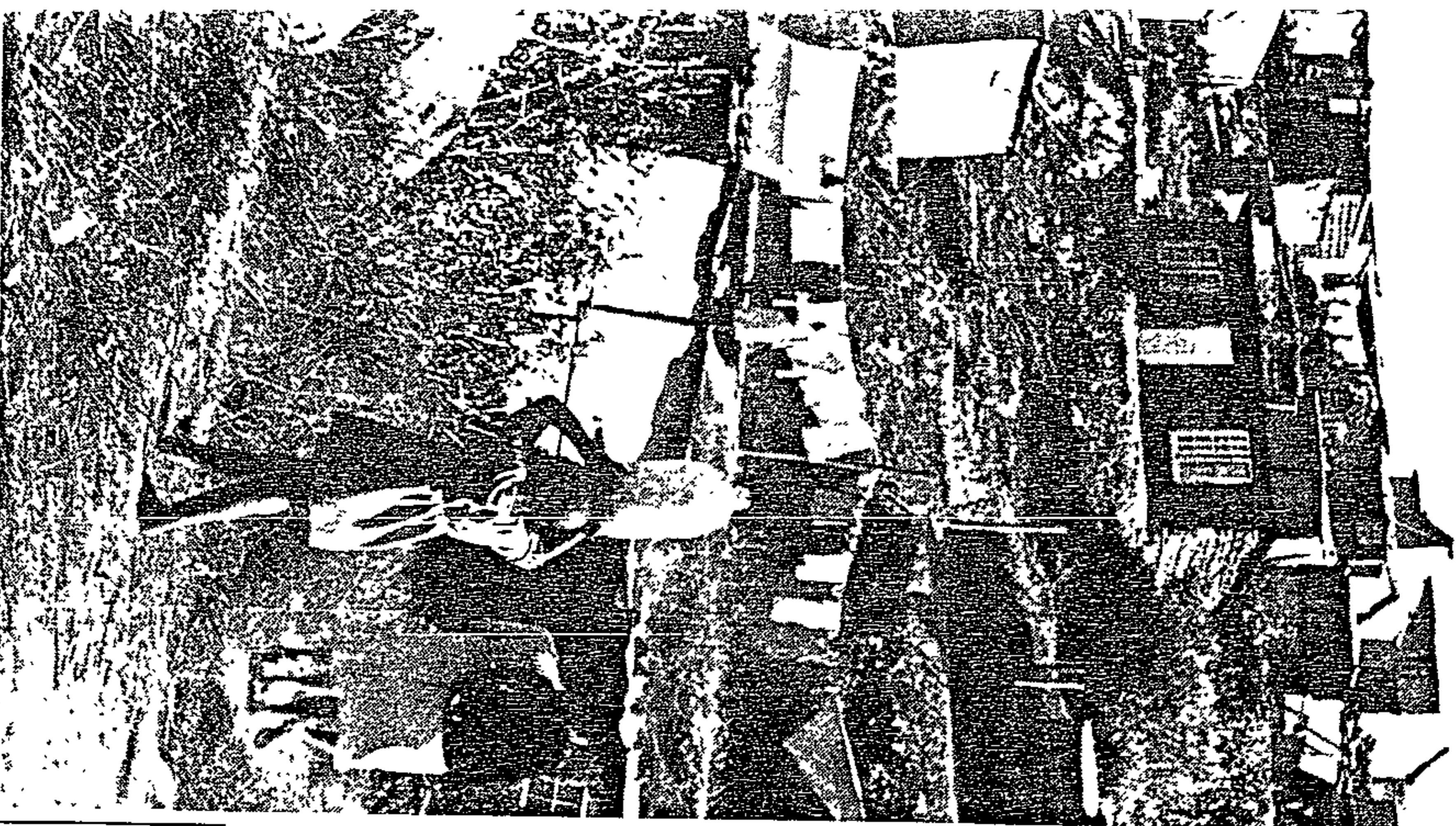
The Ntuzuma Clinic, which has a special cholera ward, treated 61 cases of the disease in May, although there were only seven last month.

Most of the cases had come from Lindelani, a spokesman for the clinic said.

Dr Muriel Richter, Durban's Medical Officer of Health, described the situation as 'the usual endemic picture'.

'The figures are pretty normal for this time of year. There is nothing like an outbreak in our records. But we will have to face the fact that we will never get rid of cholera. World patterns show that once it is re-established in a country it remains as an endemic disease and there is nothing much you can do about it.'

Dr Richter said two cases of typhoid had also been treated in Durban last month.



...n of Lindelani near Durban — the source of most recent cholera cases.

Typhoid scare eases but it's still a problem

Mercury Reporter

THE typhoid epidemic in areas surrounding Durban appears to be easing off, but is still cause for concern, medical experts say.

Last month Clairwood Hospital, where typhoid patients are sent from King Edward VIII Hospital, treated 55 cases. Yesterday 57 typhoid patients were being treated in Clairwood Hospital.

The hospital's medical superintendent, Dr David Standing, said most of the cases came from the Inanda, Ndwedwe and Umbumbulu areas and most were in their early teens.

Endemic

'The numbers do seem to be tapering off,' he said. 'At the height of the epidemic we were treating up to 90 patients at a time.'

Dr Standing said the ty-

phoid epidemic was the worst he had seen since he started working at Clairwood Hospital five years ago.

A senior KwaZulu Health Department official told the Mercury that Natal and KwaZulu had the highest typhoid rate in South Africa.

'It remains a much more serious problem than cholera, which is easily treated. The treatment for typhoid is prolonged and one can't guarantee a recovery. The death rate is far higher than with cholera. It is also much more difficult to gain an immunity to typhoid,' he said.

Typhoid had been endemic to South Africa for many years and it did not seem to be more common than before, he said.

The epidemic in Inanda, Ndwedwe and Umbumbulu was prob-

ably the result of a very high population density, coupled with inadequate sanitation and an insufficient supply of safe water.

'The more people there are who use a particular supply of open water the higher the risk of contamination.'

Purify

The only way to control the disease in the short term was to persuade people to purify their drinking water.

'The cheapest and easiest way is to use domestic bleach. One teaspoon in 25 l of water left overnight will make it safe to drink in the morning.'

But three things militated against people doing this, he said.

'The water tastes of chlorine and they are not used to this. Bleach is not advertised for making wa-

ter safe and so people do not believe it works.

'And the method is so cheap that people don't believe it can be effective,' he said.

Boiling was not a practical method because large amounts of fuel were needed to sterilise small amounts of water. Personal hygiene, especially the washing of hands, was also important.

Meramy 16/7/84 (89) (100)

Water tankers in bid to avert cholera threat

African Affairs Reporter

DURBAN'S black shanty towns were threatened with a cholera outbreak once again and KwaZulu water tankers would deliver water to Lindelani near Inanda as soon as possible, said Mr G E Bhengu, KwaZulu Legislative Assembly member for Ntuzuma.

The Medical Superintendent of Clairwood Hospital, Dr David Standing, said last week that more than 57 typhoid patients were being treated in his hospital.

Most of the cases came from Inanda, Ndwedwe and Umbumbulu.

A senior KwaZulu Health Department official said the cholera outbreak was the result of inadequate sanitation and an insufficient supply of safe water.

'The more people there are who use a particular supply of open water, the higher the risk of con-

tamination,' he said.

Mr Bhengu said Lindelani had a very high population density, no sanitation and no water supply. The people depended on water fetched from polluted streams.

He appealed to the residents to erect toilets and avoid using stream water.

He said the shanty-town residents would rather draw water from houses in Ntuzuma township. But this would set water bills for house owners soaring. A solution was being sought to adjust the water accounts.

The area had not been planned, but an overflow of people from Kwa Mashu and other areas had resulted in people erecting shacks there.

In Kwa Mashu, some four-roomed houses were occupied by more than 30 people, Mr Bhengu said.

He called on health inspectors to visit the area as soon as possible.

Dramatic drop in typhoid, cholera cases

Mercury Reporter

THE typhoid epidemic in Natal has eased dramatically in the last month, according to local medical authorities.

And the incidence of cholera was the lowest it had been since cases appeared in Natal three years ago, the regional director for the Department of Health in Durban, Dr Johan van Rensburg, said.

The incidence of cholera had been steadily declining for the past three years while typhoid had been more active this year than during the past three years.

'But there has been a considerable improvement in the typhoid situation in the past month.'

Both diseases showed a seasonal variation, with typhoid usually reaching its peak in autumn.

The Department also ran a continuous education programme aimed at people using water from contaminated sources, to teach them how to sterilise the water.

'But the people have traditionally used those water sources and fail to appreciate that with the population becoming denser the contamination is becoming more concentrated.'

A senior KwaZulu Health Department official confirmed that cholera was under control in the homeland.

Campaign

Three cases were reported from the whole of KwaZulu in the past week in July. The incidence of typhoid was slightly higher, with six cases reported.

A number of factors could have contributed to the reduced incidence, he said, and it was difficult to tell just how successful the KwaZulu Health Department's education campaign had been.

'Had we not started the campaign when we saw the rate going up at the beginning of the year things might have been much worse.'

The medical superintendent of Clairwood Hospital, Dr David Standing, said the hospital was treating one cholera and 45 typhoid patients.

At the beginning of last month, 57 typhoid cases were being treated.

Resistant strain of malaria has killed border soldier

By Sue Leeman,
Pretoria Bureau

A new strain of malaria which has proved itself resistant to the usual treatment has claimed the life of a member of the Permanent Force in the operational area.

A spokesman for South African Medical Services, the medical wing of the SADF, said today that a small number of soldiers had picked up a strain which has not been seen in Southern Africa before.

According to an article in the *South African Medical Journal* two soldiers serving in Namibia and southern Angola contracted the new strain.

One, a 20-year-old married member of the Permanent Force, died of cerebral malaria in Pretoria in March.

The other responded to treatment and recovered.

The spokesman said the soldier who died had not reported his illness in time. She said medical

parades were held every morning in all camps, and soldiers were issued with sufficient quinine tablets.

She said more cases of malaria than usual had been expected because the drought had provided ideal breeding conditions for mosquitoes.

But she emphasised that the situation was under control.

The new strain is believed to have manifested itself in the Congo in the past.

13/8/84

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100 deaths each year linked to asbestos

By PHILIP VAN NIEKERK

MORE than 100 South Africans are dying every year from mesothelioma, the rare cancer of the lung-lining which is associated with asbestos, says Professor Tony Davies, director of the State-run National Centre for Occupational Health (NCOH).

Of the 100 cases at least 15, though possibly many more, are people who have never worked with asbestos and have only been exposed to it in the environment.

Mesothelioma is an incurable tumour of the lung-lining which is known to occur after very low exposure to asbestos.

It is one of three diseases associated with asbestos, the others being asbestosis, a scarring of the lung tissue which is much more common, and lung cancer.

In releasing these statistics publicly for the first time, Prof Davies said it was about time they became common knowledge.

"I lament the fact that these figures — as well as the recently publicised figures on asbestosis — have not been nailed to the walls of factories and mines to remind people of the dangers of asbestos," he said.

The figures — soon to be published by the NCOH — were established by a mesothelioma panel, a permanent group of pathologists

analysing the occurrence of the disease.

The panel's figures indicate there have been 1 228 known cases of mesothelioma diagnosed in the past 26 years. The actual figure could be much higher.

Prof Davies said recent analysis of the figures showed that around 100 people a year were dying from mesothelioma. Of these, 20 were from the mining industry while 15 experienced only environmental exposure.

A further 40 cases had no accurate history available and could have resulted from mining or environmental exposure.

Prof Davies said he had no doubt that the children who were playing on old asbestos dumps in the north-eastern Transvaal were at risk of contracting mesothelioma.

He said mesothelioma often took a long time to manifest itself, "and in this sense we are now living in a situation where our chickens are coming home to roost".

It was very unfortunate that South African asbestos — whether the blue asbestos mined in the north-western Cape or the brown asbestos mined at Penge in the north-eastern Transvaal — seemed to be more dangerous.

It was also unfortunate that in the public health field in South Africa everything had been kept confidential.

TB 'worst public health problem'

By CHRIS ERASMUS
Medical Reporter

TUBERCULOSIS remains the Peninsula's biggest public health problem, the Medical Officer of Health for the Divisional Council of the Cape, Dr L R Tibbit, reported yesterday.

In his annual report for 1983, Dr Tibbit said the notification rate for this disease in the black population was steadily rising.

In 1978 there were 447 notified cases, in 1982 the figure was 862, and in 1983 the number had risen by over 31 percent in a single year to 1 083

For coloured people the notification rate had risen from 334 (per 100 000 of the population) in 1982 to 390 in 1983 — an increase of 16.76 percent.

And, he said, "It is startling to realize that 54 percent of the notifi-

cations overall came from the black population which is 12 percent of the total population (in the Divisional Council's area)."

Dr Tibbit noted "with some relief" that the notification rate in the white population group remained static (at about 50 cases). This "highlights the predisposing causes such as poverty, poor nutrition, and probably most important of all, overcrowded dwellings".

There had been a 20 percent increase in TB clinic attendances during 1983 as compared with 1982.

The four-drug chemotherapy treatment for TB was proving "remarkably effective" and his health department's cure rate compared favourably with that in most other countries.

"Eighty percent of our patients complete 75 percent of their treatment. I am justifiably proud of this low defaulter rate — it means a great deal of hard work and perseverance by our medical and nursing staff."

There was, however, a great deal more which could be done in employer education (to ensure pre-employment radiographs of all new staff) as well as in patient education (to encourage the early reporting of symptoms and the completion of treatment).

Dr Tibbit also made a plea for "affordable housing, however humble" to overcome the Peninsula's overcrowding problem and associated diseases.

Heart disease killing whites

Medical Reporter

ISCHAEMIC heart disease "remains the number one killer by a long way and accounts for 21 percent of deaths in whites", according to Dr L R Tibbit, Medical Officer of Health for the Cape Divisional Council.

In his annual report for 1983, Dr Tibbit said that altogether heart diseases account for nearly one-third of all deaths among whites.

"In the 18-35-year age group homicide, injury purposely inflicted by other persons and other violence, together with transport accidents, continue to be the main cause of death in both males and females," he said.

"Together these causes were responsible for "an alarming" 81,3 percent of all deaths in this age group.

The main causes of death among blacks of all ages were "homicide and injury purposely inflicted by other persons" (16,33 percent) and among coloured people the main cause of death was "diseases of the respiratory system other than upper respiratory tract infections and neoplasms" (11,43 percent).

The infant mortality rates for the years 1981-83 were respectively: 52,98, 26,7 and 32,32 for blacks; 12,45, 7,43 and 9,36 for whites; and 26,52, 32,16 and 23,55 for coloured people.

Perinatal deaths (deaths at birth) were the main cause of death in the first year of life for all groups, claiming 42 percent of victims.

Sixty-eight percent of deaths in the first year of life were amenable to intervention, Dr Tibbit said, adding that "the number of deaths due to hypertensive disease is remarkably low".

89

Cape Times, Wednesday, C

The blinding menace of glaucoma in SA

17/10/84

By CHRIS ERASMUS

ABOUT one percent of South Africa's population suffers from glaucoma, the insidious eye disorder which often destroys the sight of victims without them being aware of it.

This was revealed yesterday by Professor Basson van Rooyen, head of the Department of Ophthalmology at Tygerberg Hospital and Stellenbosch University.

Prof Van Rooyen said it was important for the public to be made aware of the nature of this disease which was rapidly becoming a main cause of blindness.

Risk

Between 200 000 and 300 000 South Africans had the disease and all would eventually become blind if not diagnosed and treated.

Disability pensions resulting from this disease

cost the country R200 to R300 million a year.

People should be made aware of the risk associated with the development of glaucoma.

These were: being over 40 years of age (the disease occurs at birth in only one child in 10 000, but in 40-year-olds it occurs in one to three percent of people and five to 10 percent of 70- to 80-year-olds); having diabetes, hypertension, atherosclerosis and severe myopia; and having members of one's family with the disease.

Disease

Anyone with any of the risk factors should have their eyes tested every two years.

The disease was caused by pressure build-up in the eye itself and this, in turn, came from one of two sources: either the fluid excretion into the eye was too great or the drainage too

little.

In either case pressure built up, usually slowly and with no pain, pushing on the optic nerve.

Up to this point the most a sufferer might be aware of was a narrowing of his or her field of vision.

But the disease was particularly dangerous since that part of the optic nerve responsible for acute vision was the last affected by the disorder.

Diagnosis

The continual fluid pressure on the optic nerve progressively damaged it and all damage was permanent.

For this reason early diagnosis was extremely important. Detection was usually followed by drug treatment.

Where this treatment failed, surgical procedures to increase fluid outflow could be undertaken.

Prof Van Rooyen said

about 1 000 of these were performed annually and in about one percent where these procedures failed, further surgical steps were taken.

Research

Prof Van Rooyen said it was true that cannabis (dagga) had a beneficial effect on glaucoma, but pointed out that it also had a short-term negative effect in that it briefly increased the pressure in the eye before decreasing it.

Research is being carried out in the United States to isolate or synthesize the beneficial components of cannabis.

To increase public awareness of the dangers of glaucoma, an open day is being held at Tygerberg and Groote Schuur hospitals' departments of ophthalmology today, between 9am and 4pm when any member of the public can have his or her eyes tested free.

Rabies cannot be eliminated from SA, says expert

(89) Star 19/10/89

By Gavin Engelbrecht

Rabies is in South Africa to stay despite the massive vaccination campaigns that have been waged to stamp out the killer disease.

"Wild animals such as the mongoose or jackal will always transmit the disease," says Pretoria State Veterinarian Dr Chris Coetzee. "And to eradicate it completely would be impossible."

Dr Coetzee said it was imperative that the disease be controlled so that it did not get out of hand.

South Africa's first recorded case of rabies was on the diamond fields in Kimberly in the 1870s, he said.

Natal has always been the hardest hit, but there has recently been an outbreak in the Free State which caused the first death of a human victim in the province for 12 years.

VACCINATION CAMPAIGNS

Experts say there is little chance of the disease spreading to the Transvaal, but since the disease erupted in Natal in 1980 more than 80 people have died in the province.

To combat the disease health authorities conducted intensive vaccination campaigns and were empowered to destroy dogs wandering in the streets.

To confine the outbreak to Natal authorities made it compulsory for dogs to be inoculated before being taken into the province.

Dr Coetzee said rabies had always been a problem in Natal because of the large number of rabid dogs coming in from kwaZulu where it has been difficult to conduct inoculation campaigns.

"Many people here (in the homelands) are superstitious about having their dogs vaccinated," he said.

This year the disease again reached alarming proportions in the province,

with more than 90 cases confirmed.

An outbreak which threatened epidemic proportions in Pinetown, New Germany and Botha's Hill was curbed after an intensive immunisation campaign launched by State veterinarian services in kwaZulu and Natal during the first two weeks of July.

The first human rabies inoculation programme was launched in kwaZulu last month when 23 stock inspectors and their assistants were immunised. In kwaZulu more than 50 000 dogs have been inoculated against the disease.

Measures have also been taken to combat the spread of the disease in the Free State.

Bloemfontein State Veterinarian, Dr de Wet, said all dogs within a 60 km radius of the reported cases were being vaccinated.

Dr Coetzee said: "It has been shown that when dogs in a danger area are vaccinated cases drop dramatically."

In the Transvaal rabies has never been any real problem and no increase had been noted, he said.

"Most cases here are transmitted from mongoose colonies where the disease is endemic. A mongoose does not become vicious when it contracts the disease, but will bite in self defence."

In May the burrows of a colony of mongoose near the Edenvale Hospital were gassed out following the discovery of a rabid mongoose in the area.

In July a dog was bitten by a mongoose on plots near Randfontein, but further spread was stopped by a comprehensive vaccination campaign.

Rabies is transmitted to a human being through the saliva of rabid animals. The virus affects the nervous system, eventually causing paralysis by damaging the brain and the spinal cord. The disease is nearly always fatal to the human being once its symptoms appear.

The Star

Established 1887

JOHANNESBURG FRIDAY OCTOBER 19 1984

METROPOLITAN
& REGIONAL
SECTION

Rabies not ⁽⁸⁹⁾ ^{Stew} likely to move ^{19/10/84} into Transvaal

By Gavin Engelbrecht

Transvaal pet owners need not fear that the recent outbreak of rabies in the Free State will spread to the Transvaal.

This assurance was given yesterday by a Pretoria State veterinarian, Dr Chris Coetzee.

But he has advised people to keep their pets inoculated as a precautionary measure.

Several cases have been reported in Ladybrand, Ficksburg and Fouriesburg. Two people have died and another is critically ill.

Bloemfontein State veterinarian Dr J de Wet said a vaccination campaign had already been launched in both areas and the situation was under control.

All dogs and cats within a 60 km radius of the reported cases were being inoculated.

Last week Mrs Elsie Pace (33), a Ladybrand mother of three, died in Bloemfontein's Universitas Hospital after being

bitten by a rabid dog and yesterday Mr Pienaar Lesitsi died in hospital of rabies.

More than 150 people are receiving preventative treatment.

Farm manager, Mr Callie Bezuidenhout (33), of Ficksburg, is in a critical condition at the hospital after being bitten by a rabid domestic cat a month ago.

In Fouriesburg on Monday a dog, later found to have rabies, attacked a schoolgirl and boy before turning on several dogs and cattle on their farm.

Both children were admitted to hospital for preventative treatment.

Dr de Wet, believes the outbreak in the area was caused by rabid dogs crossing over from Lesotho.

He said there was no fear of an epidemic in the Free State although rabies is a serious problem in Natal.

Transvaalers going to Natal with pets must have them inoculated.

● See Page 2.

Two deaths in Natal

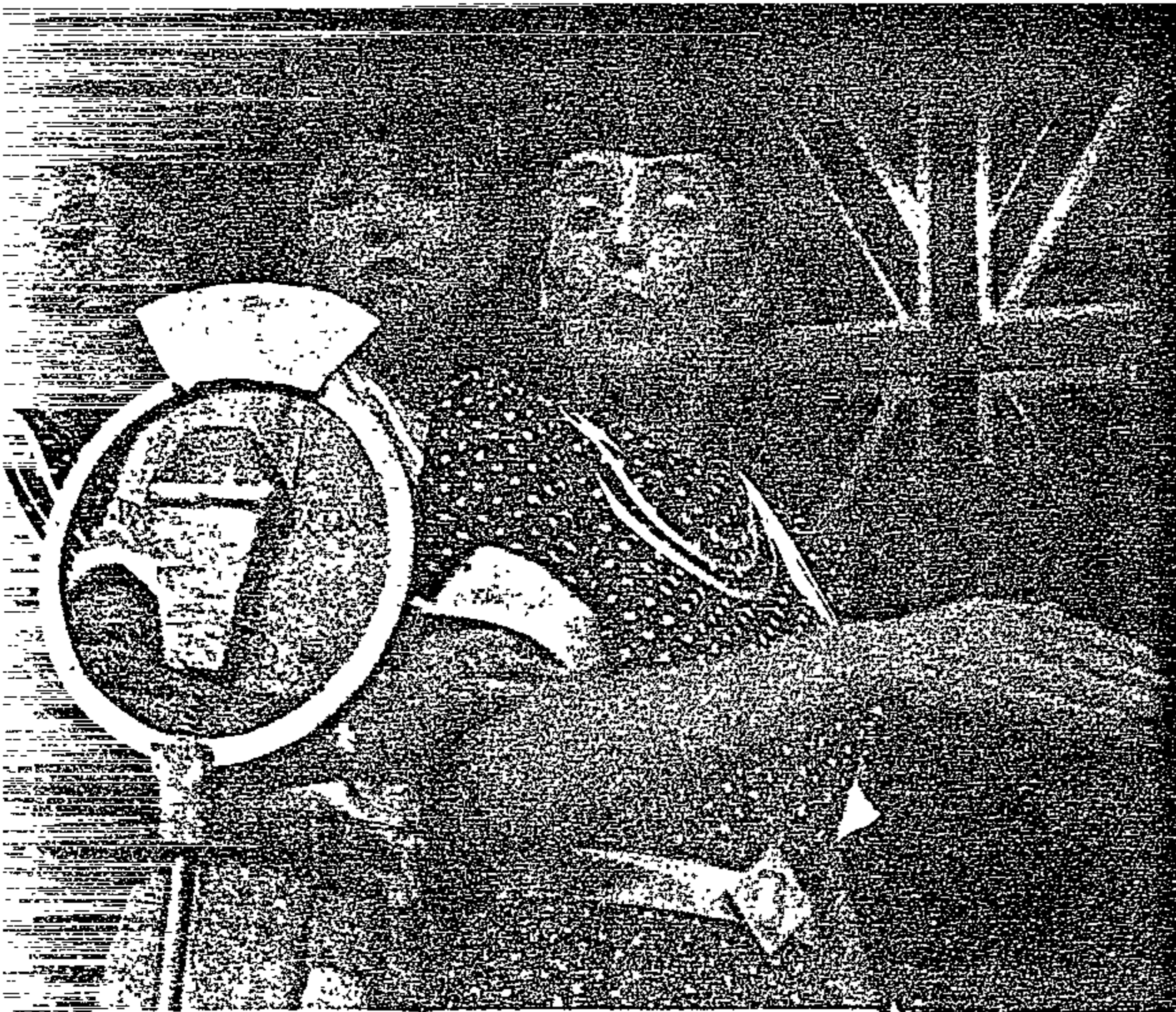
Own Correspondent

DURBAN — It was confirmed yesterday that two boys who died in the Edendale Hospital outside Maritzburg recently had rabies.

A 15-year-old New Hanover youth died after being bitten by a dog while visiting relatives. The dog has since been destroyed.

The second victim was an eight-year-old boy from the Table Mountain area.

The senior medical officer for kwaZulu Health and Welfare, Dr Murray Short, said today: "We are investigating possible human contacts in the Table Mountain area, while the kwaZulu Veterinary Department are trying to find out about the dog."



Boy from Company B" — rubbing your eyes in disbelief for the Andrews Sisters popular of their wartime routine (left) are Daniella Roman, Dale Pienaar as they appear

in the Wits University production of "Happy as a Sandbag". Being presented at the Wits Theatre, the production ends its run tomorrow. Below, Warren Nebe (left), Matt Mathyser, Andrew Donald and Adrian Galley appear in a skit on Nazi troopers.

● Pictures by Jill Edelstein.



R10 000

Mercury 21/11/84

Cholera on the wane except in Natal/KwaZulu

89

Mercury Correspondent

CAPE TOWN—The cholera epidemic which has swept through South Africa over the past four years appears to be ending, except in the Natal/KwaZulu region.

At the height of the epidemic, during the 1981/2 period known as Cholera 2, there were an estimated 50 000 suspected cases and 11 141 bacteriologically proved cases in South Africa.

But during Cholera 4 covering the 1983/4 period, there were 5 434 cases suspected and 1 977 proved.

The vast majority of the proved cases during Cholera 4 — 1 939 — were in the Natal/KwaZulu region.

These figures have been disclosed in the latest issue of Epidemiological Comments, which is published by the Department of Health.

In the journal, the department said the number of proved cases of cholera during Cholera 4 was 'a mere 25,9 percent' of the number proved during Cholera 3.

Endemic

It said this was deemed to be a real decrease and suggested the disease was turning from an epidemic pattern into an endemic form.

A crude projection covering the past three epidemics suggests that Cholera 5 — the 1984/5 period — 'will be lower yet and be restricted to the coastal areas of KwaZulu/Natal in the main, with occasional sporadic cases in areas further afield and in the major metropolitan areas'.

During the Cholera 4 period 20 deaths from the disease were reported, 16 of them in KwaZulu.

Epidemiological Comments said the 16 deaths in KwaZulu 'were probably a function of both the inaccessibility of many villages and homesteads in what is generally a rugged terrain, combined with the limited outreach of prevailing health services.'

(29) Times
Cholera
epidemic
25/6/89
appears to
be ending

Staff Reporter

THE cholera epidemic which has swept through South Africa during the last four years appears to be ending in all areas except the Natal/Kwazulu region.

At the height of the epidemic, the 1981/2 period known as Cholera 2, there were an estimated 50 000 suspect sufferers and 11 141 bacteriologically proven cases in South Africa.

But during Cholera 4, covering the 1983/4 period, there were 5 434 suspect cases recorded and 1 977 proven.

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HEALTH & DISEASE - MISCELLANEOUS diseases

1985

AREA D: In all other areas

AREA C: Kroonstad, and Worcester

AREA B: Bloemfontein, Camperdown, East London, Kimberley, Klerksdorp, Ondendaalsrus, Pietermaritzburg, Potchefstroom, Somerset West, Stellenbosch, Strand, Virginia, Welkom and Witbank

AREA A: Alberton, Bellville, Benoni, Boksburg, Brakpan, Durban, Germiston, Goodwood, Inanda, Johannesburg, Kempton Park, Krugersdorp, Kuis River, Nigel, Oberholzer, Paarl, Pinetown, Port Elizabeth, Pretoria, Randburg, Randfontein, Roodepoort, Sasolburg, Simon's Town, Springs, The Cape, Uitenhage, Vanderbijlpark, Vereeniging, Westonaria, Wonderboom and Wynberg

Superseding w.d. no : 323

Health services could be a new focus of organised resistance in the townships, taking their place alongside education and housing.

By Jo-Anne Collinge

Health services could become a new focus of organised resistance in the townships, taking their place alongside education and housing.

At a recent meeting in Soweto over 250 health workers and representatives of 35 community organisations and trade unions thought health care could not be left to medical personnel alone; the public had to be mobilised to fight for services.

The likely direction of the battle was put by Pimville Civic Association and Transvaal United Democratic Front

representative Mr Eric Morobi, who proposed a patients' charter including the rights:

- To proper, adequate care irrespective of race, class, sex, religion.
 - To privacy, consultation, case discussion and proper examination and treatment.
 - To access to all communications and records on one's illness.
 - To channels of complaint about treatment and means of redress where applicable.
- Mr Morobi likened the proposed charter for patients to the education charter which is now a rallying point for students grouped under the Azanian Students' Organisation, the National Union of South African Students and pupils of the Congress of South African Students.

"It can become the rallying point of health workers and patients," he said. But he warned that a struggle for equal health facilities would be uphill. "The demands strike at the heart of our undemocratic and oppressive society," he added. Unequal health facilities were a reflection of broader social and economic injustices.

Extending full and proper control of health services to all would hit profits as the unhealthy living and working conditions of the workers would have to be taken into account. Mr Morobi contended that the cost of health services had pitched them beyond the reach of many people. He gave as an example a recent survey of women office cleaners in Johannesburg, which found that 70 percent were sole breadwinners, that their average monthly income was R200 and that on average each supported seven people.

"These women sometimes spent up to 26 percent of their salaries on clinic fees," he said. High fees prevented many working people with chronic illnesses such as hypertension and diabetes from returning regularly for treatment at clinics, he went on. The Health Workers' Association tabled figures showing that on the present scale of fees a single person earning between R4,62 and R9,62 a day would pay R20 a day if in hospital.

Mr Ismail Momoniat, of the Transvaal Indian Congress, argued that costs could be expected to rise as services became more fragmented and structures more complicated under the new constitution. At the central government level one department of health was likely to be replaced by four. And as the role of the provinces decreased, segregated local authorities would assume greater responsibility for health care.

Hospitals serving all races would probably be administered by a health department for general affairs, but staffed by people employed by four different departments, Mr Momoniat said. "The creation of new departments, dozens of joint committees, can only lead to more bureaucracy and inefficiency," he added ... and to higher costs.

Equal facilities? It's just a myth, they say

The provision of separate but equal health facilities for population groups in South Africa is a myth, says the Health Workers' Association.

These are figures the Association put before representatives of community organisations to prove the point:

- The daily expenditure for a patient in Baragwanath Hospital was R39,81 in 1981/2; a patient in Johannesburg Hospital cost the State R118,75 a day.
- Figures for other Reef hospitals were: Coronation — R42,76; Natalspruit — R23,79; J G Strijdom — R110,05.

- Hospital beds, excluding those in the homelands, in hospitals for psychiatric care and TB patients and those provided by mining and industry, numbered 27 205 for whites and 43 935 for blacks.
- While the number for whites fell 18 112 short of need, the shortfall for black people was 81 431, according to official figures given early in 1983.
- The ratio of nurses to population in 1982 rose steeply from 1:48 in the white group to 1:549 for coloured people and 1:745 and 1:707 for Indians and blacks.

RAM 28/2/85 (89)

Kitchen worker at hospital has leprosy

By SUE FAULKNER

A MAN employed in the kitchens of an East Rand nurses' home has been found to have leprosy.

Mr Bafana Majola, who worked in Germiston's Willem Cruywagen Hospital nurses' home, was diagnosed to have leprosy and is now undergoing treatment at the Westfort Hospital, Pretoria.

He is one of two cases of leprosy reported on the East Rand this year.

A spokesman for the Willem Cruywagen Hospital was yesterday adamant that food served at the nurses' home would not have been contaminated through the disease.

"Close bodily contact is needed to spread the disease. It is not spread by food or water," he said.

Because leprosy was difficult to diagnose in its early stages, the man's condition was not picked up immediately, said the spokesman.

As soon doctors found that Mr Majola had leprosy, he was sent for treatment at the leprosy hospital in Pretoria, he said.

A spokesman for the Westfort Hospital said yesterday Mr Majola's condition was satisfactory.

Another leprosy patient, Mr J L Jansen van Vuuren, of Alberton, caused a stir in medical circles

earlier this year when he was found to be in an advanced stage of leprosy.

His condition could not be established yesterday.

A Westfort Hospital spokesman said yesterday that the chances of someone contracting leprosy were one in 200 000 and it was a disease which rarely affected the white population.

He said 95% of the population had a natural immunity.

The spokesman stressed that leprosy was less infectious than many diseases and only in neglected cases did complications, such as loss of limbs, occur.

"Nowadays leprosy is treated orally with capsules and antibiotics. Patients are hospitalised for a short period and many receive treatment as out-patients," he said.

Early symptoms were a small skin blemish or discoloration and a loss of feeling in the hands and feet.

If left untreated, ulcers developed because the feet and hands were susceptible to burns and injury because of a lack of sensation.

Once treatment had started, the patient was no longer infectious, the spokesman said.

Experts said yesterday that the incubation period could range from 10 to 30 years.

(4) what is the total estimated cost relating to each of these commissions and committees?

The MINISTER OF ENVIRONMENT AFFAIRS AND TOURISM:

(1) (a) None.

(b) Two.

(2) Yes.

(a) Two.

(b) (i) Committee of Inquiry into the Marketing of Indigenous Timber and Blackwood in the Southern Cape and Tsitsikamma Forest Regions.
(ii) Committee of Inquiry into the Marketing of Crayfish and Perlemoen in South Africa.

(3) No.

(a) and (b) Fall away.

(4) (i) Committee of Inquiry into the Marketing of Indigenous Timber and Blackwood in the Southern Cape and Tsitsikamma Forest Regions: Approximately R1 500.
(ii) Committee of Inquiry into the Marketing of Crayfish and Perlemoen in South Africa: Approximately R1 900.

Commissions/departmental committees

418. Mr K M ANDREW asked the Minister of Co-operation, Development and Education:

(1) How many (a) commissions and (b) departmental committees of inquiry were appointed in respect of the Department of Education and Training in 1984;

(2) whether any of the reports of such

commissions and committees have been completed; if so, (a) how many and (b) of which commissions and committees;

(3) whether any of the reports of such commissions and committees have been made public; if so, (a) how many and (b) of which commissions and committees;

(4) what is the total estimated cost relating to each of these commissions and committees?

The MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

(1) (a) One.

(b) One.

(2) (a) Two.

(b) (i) The report by "The Commission of Inquiry into the violence that took place at the University of Zululand on 29 October 1983". It is anticipated that the report will be completed early in March 1985.

(ii) The report by the "Departmental Committee to conduct a survey of the possible reasons which could prevent the normalising of the teaching process in the Vaal Triangle from January 1985".

(3) No.

(4) (i) The Commission: R200 000,00.

(ii) The Committee: R10 000,00.

Commissions/departmental committees

420. Mr K M ANDREW asked the Minister of Communications:

(1) How many (a) commissions and (b) departmental committees of inquiry

were appointed in respect of the Department of Posts and Telecommunications in 1984;

(2) whether any of the reports of such commissions and committees have been completed; if so, (a) how many and (b) of which commissions and committees;

(3) whether any of the reports of such commissions and committees have been made public; if so, (a) how many and (b) of which commissions and committees;

(4) what is the total estimated cost relating to each of these commissions and committees?

The MINISTER OF COMMUNICATIONS:

(1) None;

(2), (3) and (4) fall away.

Currency fluctuations

429. Mr D J N MALCOMMESS asked the Minister of Transport Affairs:

Whether the South African Transport Services is affected by currency fluctuations; if so, what (a) was the cost to the South African Transport Services of currency fluctuations in the 1984-85 financial year as at the latest specified date for which figures are available and (b) is the estimated additional cost of such fluctuations in respect of the balance of the said financial year?

The MINISTER OF TRANSPORT AFFAIRS:

Yes.

(a) Approximately R190 million up to 31 January 1985 and

(b) approximately R30 million for the balance of the financial year in respect of foreign loan commitments as well as fuel, material, and aircraft

sparcs purchased overseas. These figures do not include the following:

(i) The benefit SA Airways derived from overseas ticket sales; and
(ii) savings in expenditure due to forward cover on loans not being taken out in all cases.

432. Mr D J N MALCOMMESS asked the Minister of Transport Affairs:

Whether any members of the South African Railways Police Force manned any road-blocks in 1984 within the area controlled by the Port Elizabeth regional office of the South African Transport Services, other than within property owned by South African Transport Services; if so, on how many occasions?

The MINISTER OF TRANSPORT AFFAIRS:

Yes, on 388 occasions.

433. Mr R A F SWART asked the Minister of Co-operation, Development and Education:

With reference to his reply to Question No 8 on 13 April 1984, how many (a) adult (i) males and (ii) females and (b) children are living on the farm Doornstuit, ten near Dannhauser in Natal?

The MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

(a) (i) 68.

(ii) 72.

(b) 286.

89) Howard 11/3/85
Q. 601. 482
457. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) Whether the State (a) took any preventive measures to combat the spread of cholera and (b) undertook a campaign to educate the rural population in respect of cholera in 1984; if not, why not; if so,

The MINISTER OF HEALTH AND WELFARE:

(1) (a) Yes, there were more cases reported for the period July 1983 to June 1984 than for the period July 1982 to June 1983

(i) 1 792 cases reported between July 1982 and June 1983, increased by 2 214 cases to 4 006 cases reported between July 1983 and June 1984. An increase of 124%.

The MINISTER OF HEALTH AND WELFARE:

(1) (a) Yes.

(b) Yes.

(2) Yes.

(a) details are kept by authorities involved in the different activities

(b) (i) and (ii) because so many authorities are involved, it is not possible to give a meaningful answer to this question.

Malaria/typhoid/cholera

459. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) Whether there was any increase in the incidence of (a) malaria, (b) typhoid and (c) cholera in the Republic during the latest specified period for which figures are available; if so, (i) to what extent, (ii) in which areas and (iii) how many cases of each disease were diagnosed in each area;

(2) whether any persons died of these diseases during this period; if so, how many in each area in respect of each disease;

(3) whether any steps are being taken to combat the spread of these diseases; if so, what steps in each specified area?

(b) Yes, there were more cases reported for period July 1983 to June 1984 than for the period July 1982 to June 1983.

Cape Province	61
Natal	704
O.F.S.	42
Transvaal	2 056
Gazankulu	194
kwaZulu	378
Lebowa	29
KaN'gwane	542

(i) 4 621 cases reported between July 1982 and June 1983, increased by 950 cases to 5 571 cases reported between July 1983 and June 1984. An increase of 21%.

(ii) Increased incidence occurred in: Cape Province, Natal, O.F.S., Gazankulu and kwaZulu.

(iii) The number of cases of ty-

phoid reported from each of the above areas in the period July 1983 to June 1984 is as follows:

Cape Province	185
Natal	961
O.F.S.	58
Gazankulu	719

Deaths from Malaria July 1983-June 1984

Deaths from Typhoid July 1983-June 1984

Deaths from Cholera January 1984-December 1984

Cape Province	2
Natal	—
O.F.S.	—
Transvaal	5
Gazankulu	—
kwaZulu	1
Lebowa	1
Owaqwa	—
KaN'gwane	4
kwaNdebele	1

Cape Province	11
Natal	12
O.F.S.	26
Transvaal	5
Gazankulu	23
kwaZulu	—
Lebowa	—
Owaqwa	5
KaN'gwane	4
kwaNdebele	6

kwaZulu 1 014

(c) No, there was no further increase in the number of cases of cholera reported.

(2) Yes; the number of deaths for each disease and for each area is as given below:

(3) Yes

(a) (i) Surveillance;

(ii) case finding;

(iii) health education;

(iv) encouragement of prophylactic treatment;

(v) vector control—campaign mainly concentrated on Northern and Eastern Transvaal and North Natal.

(b) (i) surveillance;

(ii) case finding;

(iii) health education;

(iv) treatment and isolation of cases;

(v) advice with regard to environmental factors.

(c) (i) comprehensive surveillance;

(ii) tracing and treatment of contacts to prevent infections and reduce further creation of organisms

(iv) health education

(v) participation in the Interdepartmental Committee providing advice to authorities responsible for providing services.

477. Dr A L BORLAINE asked the Minister of Manpower:

(1) How many registered trade unions confined their membership to (a) White, (b) Coloured/Asian and (c) Black persons as at the latest specified date for which figures are available;

Handwritten: 11/3/85
G. Co 1. 486
Hansard Trade unions

- (4) what is the total estimated cost relating to each of these commissions and committees?

THE MINISTER OF ENVIRONMENT AFFAIRS AND TOURISM:

- (1) (a) None.

(b) Two.

- (2) Yes.

(a) Two.

(b) (i) Committee of Inquiry into the Marketing of Indigenous Timber and Blackwood in the Southern Cape and Tsitsikamma Forest Regions.

(ii) Committee of Inquiry into the Marketing of Crayfish and Perlemoen in South Africa.

- (3) No.

(a) and (b) Fall away.

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- (3) whether any of the reports of such commissions and committees have been made public; if so, (a) how many and (b) of which commissions and committees;

- (4) what is the total estimated cost relating to each of these commissions and committees?

THE MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

- (1) (a) One.

(b) One.

- (2) (a) Two.

(b) (i) The report by "The Commission of Inquiry into the violence that took place at the University of Zululand on 29 October 1983". It is anticipated that the report will be completed early in March 1985.

(ii) The report by the "Departmental Committee to conduct a survey of the possible reasons which could prevent the normalising of the teaching process in the Vaal Triangle from January 1985".

- (3) No.

- (4) (i) The Commission: R200 000,00.

(ii) The Committee: R10 000,00.

Commissions/departmental committees

420. Mr K M ANDREW asked the Minister of Communications:

- (1) How many (a) commissions and (b) departmental committees of inquiry

were appointed in respect of the Department of Posts and Telecommunications in 1984;

- (2) whether any of the reports of such commissions and committees have been completed; if so, (a) how many and (b) of which commissions and committees;

(3) whether any of the reports of such commissions and committees have been made public; if so, (a) how many and (b) of which commissions and committees;

- (4) what is the total estimated cost relating to each of these commissions and committees?

THE MINISTER OF COMMUNICATIONS:

- (1) None;

(2), (3) and (4) fall away.

Currency fluctuations

429. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

Whether the South African Transport Services is affected by currency fluctuations; if so, what (a) was the cost to the South African Transport Services of currency fluctuations in the 1984-85 financial year as at the latest specified date for which figures are available and (b) is the estimated additional cost of such fluctuations in respect of the balance of the said financial year?

THE MINISTER OF TRANSPORT AFFAIRS:

Yes.

- (a) Approximately R190 million up to 31 January 1985 and

(b) approximately R30 million for the balance of the financial year in respect of foreign loan commitments as well as fuel, material, and aircraft

spares purchased overseas. These figures do not include the following:

- (i) The benefit SA Airways derived from overseas ticket sales; and
(ii) savings in expenditure due to forward cover on loans not being taken out in all cases.

432. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

Whether any members of the South African Railways Police Force manned any road-blocks in 1984 within the area controlled by the Port Elizabeth regional office of the South African Transport Services, other than within property owned by South African Transport Services; if so, on how many occasions?

THE MINISTER OF TRANSPORT AFFAIRS:

Yes, on 388 occasions.

433. Mr R A F SWART asked the Minister of Co-operation, Development and Education:

With reference to his reply to Question No 8 on 13 April 1984, how many (a) adult (i) males and (ii) females and (b) children are living on the farm Doornsluit ten near Dannhauser in Natal?

THE MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

- (a) (i) 68.

(ii) 72.

- (b) 286.

457. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) Whether the State (a) took any preventive measures to combat the spread of cholera and (b) undertook a campaign to educate the rural population in respect of cholera in 1984; if not, why not; if so,

(2) whether details of these activities are kept; if not, why not; if so, (a) where and (b) what was the cost to the State in 1984 of (i) these preventive measures and (ii) the said campaign?

THE MINISTER OF HEALTH AND WELFARE:

THE MINISTER OF HEALTH AND WELFARE:
 (1) (a) Yes, there were more cases reported for the period July 1983 to June 1984 than for the period July 1982 to June 1983

(i) 1 792 cases reported between July 1982 and June 1983, increased by 2 214 cases to 4 006 cases reported between July 1983 and June 1984. An increase of 124%.

(1) (a) Yes.
 (b) Yes.
 (2) Yes,

(a) details are kept by authorities involved in the different activities

(b) (i) and (ii) because so many authorities are involved, it is not possible to give a meaningful answer to this question.

Malaria/typhoid/cholera

459. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) Whether there was any increase in the incidence of (a) malaria, (b) typhoid and (c) cholera in the Republic during the latest specified period for which figures are available; if so, (i) to what extent, (ii) in which areas and (iii) how many cases of each disease were diagnosed in each area;

(2) whether any persons died of these diseases during this period; if so, how many in each area in respect of each disease;

(3) whether any steps are being taken to combat the spread of these diseases; if so, what steps in each specified area?

(b) Yes, there were more cases reported for period July 1983 to June 1984 than for the period July 1982 to June 1983.

Cape Province	61
Natal	704
O.F.S.	42
Transvaal	2 056
Gazankulu	194
kwaZulu	378
Lebowa	29
KaNdwane	542

(i) 4 621 cases reported between July 1982 and June 1983, increased by 950 cases to 5 571 cases reported between July 1983 and June 1984. An increase of 21%.

(ii) Increased incidence occurred in: Cape Province, Natal, O.F.S., Gazankulu and kwaZulu.

(iii) The number of cases of ty-

phoid reported from each of the above areas in the period July 1983 to June 1984 is as follows:

Cape Province	185
Natal	961
O.F.S.	58
Gazankulu	719

(c) No, there was no further increase in the number of cases of cholera reported.

(2) Yes; the number of deaths for each disease and for each area is as given below:

	Deaths from Malaria July 1983-June 1984	Deaths from Typhoid July 1983-June 1984	Deaths from Cholera January 1984-December 1984
Cape Province	2	11	26
Natal	—	12	—
O.F.S.	—	—	—
Transvaal	5	26	—
Gazankulu	—	5	—
kwaZulu	1	23	5
Lebowa	1	—	—
Owaqwa	—	—	—
KaNdwane	4	5	—
kwaNdebele	1	6	—

(3) Yes

(a) (i) Surveillance;
 (ii) case finding;
 (iii) health education;
 (iv) encouragement of prophylactic treatment;

(v) vector control—campaign mainly concentrated on Northern and Eastern Transvaal and North Natal.

(b) (i) surveillance;
 (ii) case finding;
 (iii) health education;

(iv) treatment and isolation of cases;

(v) advice with regard to environmental factors.

(c) (i) comprehensive surveillance;

(ii) tracing and treatment of contacts to prevent infections and reduce further creation of organisms

(iii) health education

(iv) participation in the Interdepartmental Committee providing advice to authorities responsible for providing services.

477. Dr A L BORRAINE asked the Minister of Manpower:

(1) How many registered trade unions confined their membership to (a) White, (b) Coloured/Asian and (c) Black persons as at the latest specified date for which figures are available;

Howard
Trade unions
11/3/85

Howard
Tuberculosis 12/3/85
455. Dr M S BARNARD asked the Minister of Health and Welfare:

- (1) How many cases of tuberculosis were reported in 1984 in each (a) province and (b) national state whose government had not taken over health services;
- (2) how many cases of tuberculosis were hospitalized in each (a) province and (b) such national state in 1984;
- (3) how many tuberculosis patients died in each (a) province and (b) such national state in 1984?

The MINISTER OF HEALTH AND WELFARE:

(1) Tuberculosis cases reported 1984

Cape Province	21 319
Natal	6 294
OFS	3 632
Transvaal	16 041

(b) The governments of all national states have taken over health services.

(2) Tuberculosis cases hospitalized 1984

Cape Province	11 562
Natal	8 569

(1) (a) January 1984:
February 1984:
March 1984:
April 1984:
May 1984:
June 1984:
July 1984:
August 1984:
September 1984:

OFS 2 895
Transvaal 13 392

(b) The governments of all national states have taken over health services.

(3) Tuberculosis patients died in 1984

Cape Province	1 238
Natal	91
OFS	90
Transvaal	489

(b) The governments of all national states have taken over health services.

Cholera 12/3/85 588
458. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) How many (a) cases of and (b) deaths from cholera were reported in respect of each race group in each province for each month from January 1984 to the latest specified month for figures are available;

(2) what steps are being taken to combat the spread of this disease?

The MINISTER OF HEALTH AND WELFARE:

Natal/kwaZulu: 257 Blacks and 3 Coloureds
Transvaal/Lebowa: 4 Blacks
Natal/kwaZulu: 225 Blacks and 1 Coloured
Transvaal/Lebowa: 7 Blacks
Natal/kwaZulu: 296 Blacks and 1 White
O.F.S.: 1 Black
Transvaal/Lebowa: 2 Blacks
Natal/kwaZulu: 1 White, 6 Asians, 311 Blacks
Transvaal/Lebowa: 1 Black
Natal/kwaZulu: 1 White, 8 Asians, 229 Blacks
Cape Province: 2 Blacks
Natal/kwaZulu: 1 Asian, 100 Blacks
Natal/kwaZulu: 63 Blacks
Natal/kwaZulu: 1 Coloured, 27 Blacks
Natal/kwaZulu: 51 Blacks

October 1984:
November 1984:
December 1984:

Natal/kwaZulu: 10 Blacks
Natal/kwaZulu: 5 Blacks
Natal/kwaZulu: 8 Blacks

(b) only reported for Natal/kwaZulu—Blacks only
January 5
February 13
March 4
April 1
May 6
July 1
September 1

(v) Participation in the Interdepartmental Committee providing advice to authorities responsible for providing services.

Stock theft

(2) (i) Comprehensive surveillance.

463. Mr R W HARDINGHAM asked the Minister of Justice:

(ii) Treatment of cases to save lives and reduce further excretion of organisms.
(iii) Tracing and treatment of contacts to prevent infections and reduce further excretion of organisms.
(iv) Health education.

How many persons were convicted of theft of (a) small stock and (b) large stock in the magisterial districts of (i) Mooi River, (ii) Kokstad, (iii) Himeville, (iv) Matatiele, (v) Bushman's Nek and (vi) Umzimkulu during 1984 or the latest specified period of 12 months for which figures are available?

The MINISTER OF JUSTICE:

The statistics for 1984 are as follows:

Magisterial District	(a) Small Stock	(b) Large Stock
(i) Mooi River	4	3
(ii) Kokstad	31	2
(iii) Himeville	1	7
(iv) Matatiele	26	3
(v) Bushman's Nek	Included in the statistics in respect of Himeville	
(vi) Umzimkulu	Situated in Transkei	

Howard Q. 61. 589
Natal: offences 12/3/85
464. Mr R W HARDINGHAM asked the Minister of Justice:

How many persons were convicted of (a) assault with intent to do grievous bodily harm, (b) culpable homicide, (c) murder, (d) rape and (e) robbery in the magisterial districts of (i) Mooi River, (ii) Kokstad, (iii) Himeville, (iv) Matatiele, (v) Bushman's Nek, (vi) Umzimkulu and (vii) Howick during 1984 or the latest specified period of 12 months for which figures are available?

Howard Q.61, 587
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- (2) how many cases of tuberculosis were hospitalized in each (a) province and (b) such national state in 1984;
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 - (a) Cape Province 21 319
 - Natal 6 294
 - OFS 3 632
 - Transvaal 16 041
- (b) The governments of all national states have taken over health services.

(2) Tuberculosis cases hospitalized 1984

- (a) Cape Province 11 562
- Natal 8 569

The MINISTER OF HEALTH AND WELFARE:

(2) what steps are being taken to combat the spread of this disease?

- (1) (a) January 1984:
- February 1984:
- March 1984:
- April 1984:
- May 1984:
- June 1984:
- July 1984:
- August 1984:
- September 1984:

- Natal/kwaZulu: 257 Blacks and 3 Coloureds
- Transvaal/Lebowa: 4 Blacks
- Natal/kwaZulu: 225 Blacks and 1 Coloured
- Transvaal/Lebowa: 7 Blacks
- Natal/kwaZulu: 296 Blacks and 1 White O.F.S.: 1 Black
- Transvaal/Lebowa: 2 Blacks
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- Transvaal/Lebowa: 1 Black
- Natal/kwaZulu: 1 White, 8 Asians, 229 Blacks
- Cape Province: 2 Blacks
- Natal/kwaZulu: 1 Asian, 100 Blacks
- Natal/kwaZulu: 63 Blacks
- Natal/kwaZulu: 1 Coloured, 27 Blacks
- Natal/kwaZulu: 51 Blacks

October 1984:

- (b) only reported for Natal/kwaZulu—Blacks only
 - January 5
 - February 13
 - March 4
 - April 1
 - May 6
 - July 1
 - September 1

Natal/kwaZulu: 10 Blacks
Natal/kwaZulu: 5 Blacks
Natal/kwaZulu: 8 Blacks

(v) Participation in the Interdepartmental Committee providing advice to authorities responsible for providing services.

Stock theft

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- (ii) Treatment of cases to save lives and reduce further excretion of organisms.
- (iii) Tracing and treatment of contacts to prevent infections and reduce further excretion of organisms.
- (iv) Health education.

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(v) Bushman's Nek		
(vi) Umzimkulu		

Included in the statistics in respect of Himeville situated in Transkei

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Port Elizabeth dump dwellers

eat deadly maize

~~Today~~
89
C. P. W.
17/3/85

PORT Elizabeth residents have been carting off bags of mealie meal dumped at the local rubbish dump — but the meat could kill them.

The maize, which should have been buried under customs supervision, is part of a consignment of condemned maize declared unfit for human consumption.

One Port Elizabeth company employee said he was given a bag of the maize — which may be unfit even for animal consumption — by a white man who appeared to be in charge of disposing of the consignment at the Arlington dump on Monday.

Health Services regional director J. D. Krynauw has warned people not to eat the maize, which may be contaminated with aflatoxin, a cancer-causing substance.

Late yesterday afternoon, a municipal employee checked the dump and found that all the maize had been buried.

However, when the dump was visited at noon a number of people were seen carting off bags of the maize before it could be buried by a municipal bulldozer.

No attempt was made to stop them.

Brian Robb, Managing Director of Rennie's Shipping, the agents responsible for getting rid of the maize, said he was "horrified" to hear people had access to it.

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89 Hours and Rabies 18/3/85
Q. 601. 711

674. Mr R W HARDINGHAM asked the Minister of Agricultural Economics:

How many cases of rabies were reported in (a) Natal and (b) KwaZulu during the latest specified period of 12 months for which figures are available?

The MINISTER OF AGRICULTURAL ECONOMICS:

(a) 129.

(b) 5.

The information is furnished for the period 1 February 1984 until 31 January 1985.

Afforestation

679. Mr R W HARDINGHAM asked the Minister of Environment Affairs and Tourism:

(a) How many applications for permits in respect of afforestation were (i) received and (ii) granted in the latest specified period of 12 months for which figures are available and (b) what was the total area approved?

The MINISTER OF ENVIRONMENT AFFAIRS AND TOURISM:

(a) (i) 103 for the period 1 April 1984 to 11 March 1985.

(ii) 100 for the period 1 April 1984 to 11 March 1985.

(b) 19 559,5 hectares.

Own Affairs: Howard Q. 601. 711
Black students 18/3/85
48. Mr H E J VAN RENSBURG asked the Minister of Education and Culture:

How many Black students were enrolled (a) in 1984 (i) at universities for Whites and (ii) at each such university and (b) in

each subject area at each such university in 1983?

The MINISTER OF EDUCATION AND CULTURE:

(a) (i) 16 586 (Provisional statistics).

(ii) University Number of Black Students

Rand Afrikaans	27
Rhodes	282
Potchefstroom	21
OFS	31
Natal	723
Pretoria	1
South Africa	14 238
Cape Town	316
Stellenbosch	17
Witwatersrand	868
Port Elizabeth	62
TOTAL	16 586

(b) The following statistics in respect of 1983 are according to the majors/areas of specialization of students:

University of Pretoria:	
Philosophy, Religion and Theology	1
Total	1

University of Stellenbosch

Arts, Visual and Performing	9
Communication	1
Engineering and Engineering Technology	2
Nursing	1
Languages, Linguistics and Literature	5
Physical Education, Health Education and Leisure	1
Total	19
University of Natal	
Agriculture and Renewable Nature Resources	3

Architecture and Environmental Design

Arts, Visual and Performing

Business, Commerce and Management Sciences

Education

Engineering and Engineering Technology

Health Care and Health Sciences

Medicine/Surgery

Nursing

Other

Home Economics

Languages, Linguistics and Literature

Law

Libraries and Museums

Life Sciences and Physical Sciences

Life Sciences

Physical Sciences

Mathematical Sciences

Philosophy, Religion and Theology

Psychology

Public Administration and Social Services

Social Sciences and Social Studies

Economics

Other

University of South Africa

Agriculture and Renewable Nature Resources

Arts, Visual and Performing

Business, Commerce and Management Sciences

Communication

Computer Sciences and Data Processing

Architecture and Environmental Design	22
Arts, Visual and Performing	4
Business, Commerce and Management Sciences	20
Education	69
Engineering and Engineering Technology	76
Health Care and Health Sciences	221
Medicine/Surgery	1
Nursing	1
Other	5
Home Economics	1
Languages, Linguistics and Literature	17
Law	41
Libraries and Museums	2
Life Sciences and Physical Sciences	2
Life Sciences	5
Physical Sciences	5
Mathematical Sciences	1
Philosophy, Religion and Theology	4
Psychology	15
Public Administration and Social Services	5
Social Sciences and Social Studies	3
Economics	21
Other	541
Total	1

University of South Africa	
Agriculture and Renewable Nature Resources	2
Arts, Visual and Performing	29
Business, Commerce and Management Sciences	1 135
Communication	226
Computer Sciences and Data Processing	134
Education	1 483
Health Care and Health Sciences	924
Nursing	2
Other	2
Languages, Linguistics and Literature	2 635
Total	698

University of Witwatersrand	
Architecture and Environmental Design	30
Arts, Visual and Performing	8
Business, Commerce and Management Sciences	23
Computer Sciences and Data Processing	4
Education	97
Engineering and Engineering Technology	77
Health Care and Health Sciences	64
Medicine/Surgery	11
Dentistry	11
Nursing	13
Pharmacy	1
Other	12
Languages, Linguistics and Literature	12
Law	55
Life Sciences and Physical Sciences	19
Life Sciences	55
Physical Sciences	29
Mathematical Sciences	1
Philosophy, Religion and Theology	4
Psychology	11
Public Administration and Social Services	46

University of Natal	
Agriculture and Renewable Nature Resources	3

891 *Hougaard* Rabies 18/3/85
Q. Col. 711
 674. Mr R W HARDINGHAM asked the
 Minister of Agricultural Economics:

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(a) 129.

(b) 5.

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Engineering and Engineering Technology	1
Nursing	2
Languages, Linguistics and Literature	5
Physical Education, Health Education and Leisure	1
Total	19
University of Natal	
Agriculture and Renewable Nature Resources	3

Architecture and Environmental Design	22	Libraries and Museums	60
Arts, Visual and Performing	4	Life Sciences and Physical Sciences	40
Business, Commerce and Management Sciences	20	Life Sciences	169
Education	69	Physical Sciences	393
Engineering and Engineering Technology	76	Mathematical Sciences	1
Health Care and Health Sciences	221	Military Sciences	600
Medicine/Surgery	1	Philosophy, Religion and Theology	599
Nursing	5	Psychology	342
Other	1	Public Administration and Social Services	467
Home Economics	17	Economics	2 052
Languages, Linguistics and Literature	41	Not designated/coded/declared (incl. Non-Deeclared Purpose)	689
Law	2	Total	12 680
Libraries and Museums	5		
Life Sciences and Physical Sciences	5		
Life Sciences	5	University of Witwatersrand	
Physical Sciences	1	Architecture and Environmental Design	30
Mathematical Sciences	4	Arts, Visual and Performing	8
Philosophy, Religion and Theology	15	Business, Commerce and Management Sciences	23
Psychology	5	Computer Sciences and Data Processing	4
Public Administration and Social Services	3	Education	97
Social Sciences and Social Studies	21	Engineering and Engineering Technology	77
Economics	541	Health Care and Health Sciences	64
Other	2	Medicine/Surgery	11
Total	29	Dentistry	11
	1 135	Nursing	13
	226	Pharmacy	1
	134	Other	12
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		Physical Sciences	29
		Mathematical Sciences	4
		Philosophy, Religion and Theology	11
		Psychology	4
		Public Administration and Social Services	46

Search for cause of prison typhoid

Meru
21/3/85

(89)

(53)

Mercury Reporter

THE State Health Department has launched an investigation into the causes of the outbreak of typhoid in the Durban Central Prison.

Nine convicts have caught the disease and 20 others are suspected of having typhoid — an infectious bacterial fever commonly caused by dirty water, contaminated food, filthy conditions and overcrowding.

A spokesman for the State Health Department yesterday said the causes of the outbreak were being investigated.

'Until the outcome of the investigation, we cannot say what caused the disease to break out.'

According to prison liaison officer Lt-Col Danie Immelman, a prisoner was transferred to King Edward VIII Hospital earlier this month and typhoid fever was diagnosed on March 15.

Two days later, eight more cases were confirmed and 28 people were placed under constant watch for signs of the illness.

Spreading

However, Lt-Col Immelman yesterday said the number of prisoners under observation had dropped to 20.

The condition of the convict in King Edward VIII hospital was yesterday described as 'serious, but not critical' while the condition of the eight other convicts with typhoid was said to be satisfactory.

'Precautionary measures were implemented immediately by the Prisons Department in conjunction with the Department of Health to prevent the disease from spreading,' Lt-Col Immelman said.

The prisoners are being treated in the prison hospital by trained hospital personnel under the supervision of the district surgeon.

'So far, no further cases of typhoid have been positively identified. A group of 20 prisoners is being kept in the hospital section under the constant observation of the district surgeon and hospital staff.'

The rest of the prison population is being monitored on a constant basis for possible symptoms of typhoid, and the situation is fully under control.

'Prisoners who have contracted the disease as well as the suspects may not receive visitors,' Lt-Col Immelman said.

Shocking

The outbreak comes in the wake of recent disclosures of rife overcrowding in South African prisons, a situation slammed by the Progressive Federal Party MP for Sandton, Mr David Dalling, as 'shocking'.

Mr Dalling said the disclosures showed the authorities had failed to come to grips with the problem.

Durban Central Prison is 117.3 percent overpopulated, one of 173 overcrowded prisons in the country.

22/3/85
Nine
suffering
from
typhoid

Mercury Reporter

FIVE inmates of the Durban Central Prison, transferred back to their sections after being pronounced free of the risk of contracting typhoid fever, have been readmitted to the jail's hospital as suspected cases

This means that nine people are suffering from typhoid and 25 others are under constant observation.

However, Prisons Department liaison officer Lt-Col Danie Immelman said the situation was fully under control and the Department of Health and Welfare had launched a full investigation.

One prisoner was transferred to King Edward VIII Hospital earlier this month and typhoid was diagnosed on March 15.

Two days later, eight more cases were confirmed and 28 people were placed under observation. Eight of the people under watch were transferred back to their sections on Wednesday, but by yesterday, five of them had been readmitted to the prison hospital.

Typhoid is hygiene problem, says prof

But official denies conditions in prison unhealthy

By Kim McGowan

THE fact that typhoid was able to spread in Durban's Central Prison indicated that conditions in the prison were unhygienic, according to a spokesman for the National Medical and Dental Association, Professor Hoosen Coovadia.

Prison Service liaison officer Lieutenant-Colonel Danie Immelman has admitted the possibility of a carrier having brought the disease into the prison, despite existing precautionary measures, but he denied that conditions were unhygienic.

They were both commenting on the outbreak of typhoid at the prison earlier this month.

Colonel Immelman said: "Precautionary measures include twice-daily medical parades and the daily inspection of kitchens, foodstuffs, cells and ablution facilities by the prison head."

But Professor Coovadia said the disease could not have spread if conditions were hygienic.

"Overcrowding is the problem.

"The inmates will all be sharing limited toilet and washing facilities, and even if the disease was introduced through a carrier, these conditions would promote it.

"It is well known that typhoid is endemic in certain areas surrounding Durban, but you and I don't get it because we live under hygienic conditions.

"It only occurs and spreads when there is a lack of hygienic measures."

The disease was first discovered in the prison more than two weeks ago and the Department of Health and Welfare said it was now unlikely they would be able to trace its source.

The infection has occurred despite the claim this month by the Minister of Justice Kobie Coetsee that "the highest standards of hygiene and health are maintained in South African prisons".

A prisoner was transferred to King Edward VIII Hospital on March 3.

Typhoid was diagnosed 12 days later. Two days after that, eight more cases were confirmed and 28 people were placed under observation.

Eight of the suspected cases were transferred

back to their sections on Wednesday this week, but on Thursday, five had to be re-admitted to the prison hospital and another was transferred to King Edward VIII Hospital.

By Friday this week the number of prisoners who were placed under constant observation for signs of the disease, rose to 44.

"It is surprising that they haven't located the

source yet, it is not a difficult process," said Professor Coovadia.

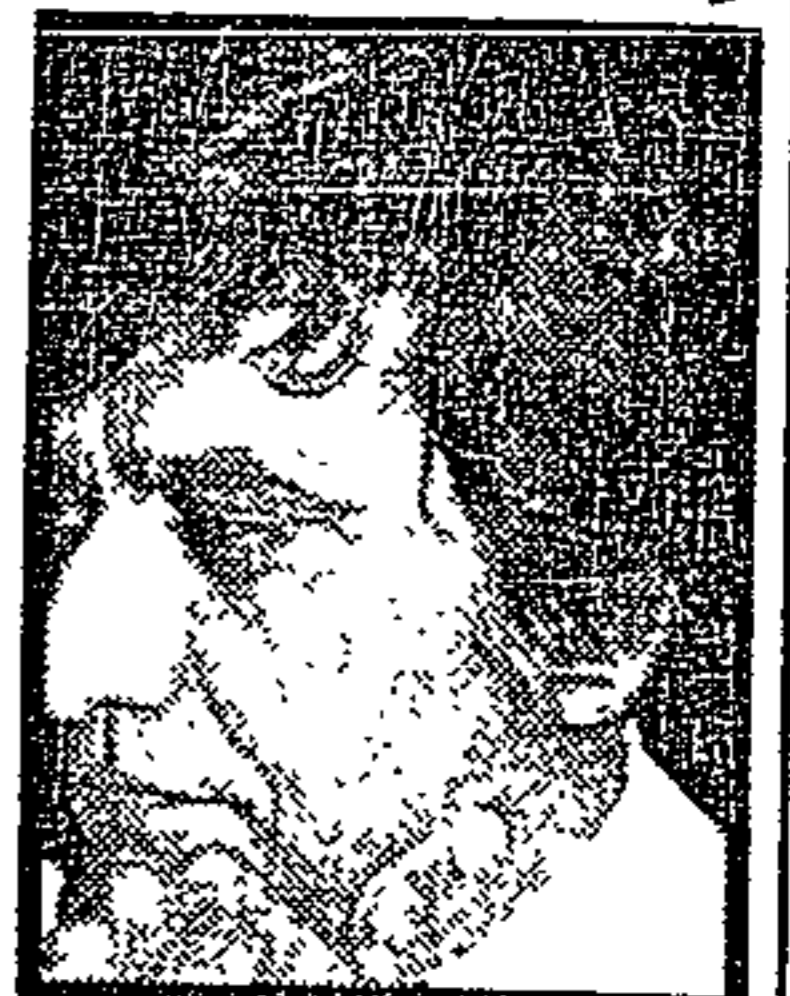
All those infected, or under suspicion of being infected, are black and Indian men.

The outbreak comes in the wake of recent disclosures of overcrowding in South African prisons, and is the second overcrowding-related incident to have occurred in Durban prisons recently.

At the end of last

month, two prisoners died, six were seriously injured and dozens were hurt in a mass brawl between rival gangs in a communal cell in the Point Prison.

While Durban's Central prison is overcrowded by 117,3 percent, with as many as 40 inmates sharing cells built to hold 18, the Point Prison, by comparison, is 224 percent overcrowded.



Professor Coovadia

Services motor vehicles were involved in accidents in the 1983-84 financial year and (b) what was the total estimated cost involved?

The MINISTER OF TRANSPORT AFFAIRS:

(a) 5 654 motor vehicles were involved in accidents. These figures include all minor accidents, scratches, etc.

(b) R3.5 million.

Handwritten: Houses/buildings standing empty 25/3/85
528. Mr J H VISAGIE asked the Minister of Transport Affairs:†

Whether any (a) houses and (b) buildings belonging to the South African Transport Services are standing empty at present; if so, (i) how many in each case, (ii) why, (iii) what is the value of these (aa) houses and (bb) buildings and (iv) what does the South African Transport Services intend doing with the (aa) houses and (bb) buildings?

The MINISTER OF TRANSPORT AFFAIRS:

(a) Yes.

(i) 879, mostly in remote places.

(ii) For several reasons, inter alia, the closing of stations and depots which resulted in the transfer of personnel.

(iii) (aa) Particulars are not readily available.

(iv) (aa) Continuous endeavours are made to rent the houses privately, or to make it available to pensioners at a nominal rent, or to sell it by tender or public auction.

(b) Yes.

(i) A survey is at present being

made. Mostly this comprises station buildings, pump stations, etc.

(ii) The withdrawal of uneconomical services; doubling and electrification of railway lines, etc.

(iii) (bb) A survey is at present being made.

(iv) (bb) Depending on what is determined by the survey, the possible utilization of the buildings for other purposes, the sale or demolishing thereof will have to be considered.

Johannesburg: underground transport system

535. Mr A FOURIE asked the Minister of Transport Affairs:†

(1) Whether his Department is at present considering an underground or similar transport system for Johannesburg; if so,

(2) whether his Department has commissioned consulting engineers to (a) carry out investigations and (b) make submissions in this regard; if so, who are these consulting engineers;

(3) whether he intends making submissions to Parliament for consideration and implementation; if so, when;

(4) (a) what is the estimated cost of the transport system and (b) in what way will such a contract be financed;

(5) whether the (a) Department of Transport Affairs, (b) Transvaal Provincial Council and (c) Johannesburg City Council will contribute to the cost of such a project; if so, what percentage of the total cost will be contributed by each?

The MINISTER OF TRANSPORT AFFAIRS:

(1) Yes. Different mass transit systems are being investigated.

(2) (a) and (b) Yes. At the request of the National Transport Commission (NTC) a consortium of consulting engineers comprising the firms Keve Steyn and Partners, Scott and De Waal, Stanway Edwards and Associates and Watermeyer, Legge, Piesold and Uhlman have been appointed to investigate the feasibility of introducing a rail rapid transit system for Johannesburg. The investigation will be conducted in three phases whereafter findings and recommendations will be submitted to the NTC for consideration.

Apprenticeship contracts

537. Dr A L BORRAINE asked the Minister of Manpower:

(a) How many apprenticeship contracts were in operation in 1984 in respect of White, Coloured and Indian persons, respectively and (b) how many in each race group were registered in respect of each trade?

The MINISTER OF MANPOWER:

(3) As soon as the consortium's findings and final recommendations have been considered by the National Transport Commission I will discuss the matter at an appropriate opportunity in Parliament.

(4) (a) The total estimated capital cost for example for a steel-on-steel transit system which will be located mainly in tunnels is R1 158 million. This is, however, not necessarily the optimum system for Johannesburg and for this reason the consortium will also investigate various alternative systems such as buses, heavy rail and other systems. An overall concept of costs is not available at this stage.

(b) As soon as the most suitable system and costs have been identified by the consortium the type of financing will receive further attention.

(5) (a), (b) and (c) A decisive reply can only be given after the most suitable

The MINISTER OF HEALTH AND WELFARE:

As at 31 December 1984

(1) (a) Cape Province: White: 0
Coloured: 4 (2 in December 1983, 2 in April 1984)
Asian: 0

Black: 7 (1 in February 1984, 2 in April 1984, 2 in June 1984, 1 in August 1984, 1 in September 1984)

Natal:

White 1 (December 1984)
 Coloured 1 (December 1983)
 Asian 1 (March 1984)
 Black 23 (4 in December 1983, 1 in January 1984, 4 in February 1984, 1 in March 1984, 5 in April 1984, 3 in May 1984, 2 in June 1984, 1 in July 1984, 1 in August 1984, 1 in October 1984)

OFS:

White 0
 Coloured 0
 Asian 0
 Black 2 (1 in December 1983, 1 in July 1984)

Transvaal:

White 1 (September 1984)
 Coloured 1 (December 1983)
 Asian 0
 Black 11 (1 in December 1983, 3 in January 1984, 1 in April 1984, 2 in May 1984, 1 in October 1984, 2 in November 1984, 1 in December 1984)

(b) Deaths in all Provinces during the period December 1983 to December 1984: 0

(2) (a) health education
 (b) continuation of an effective comprehensive immunization programme

(c) surveillance.

Hannan Q. 61. 811
 Family planning section: staff complement

565. Mr G B D McINTOSH asked the Minister of Health and Welfare:

(1) (a) What is the staff complement of the family planning section of his Department and (b) how many posts in this section are vacant at present,

(2) whether any steps are being taken to fill these vacancies; if not, why not; if so, (a) what steps and (b) when is it anticipated that they will be filled?

The MINISTER OF HEALTH AND WELFARE:

(1) (a) 2 349.

(b) 598 posts as at 28.2.85.

(2) Yes.

(a) suitable applicants are being recruited on an ongoing staff recruitment basis.

(b) when suitable applicants become available, and with allowance for present financial constraints.

Substandard A

572. Mr H E J VAN RENSBURG asked the Minister of Co-operation, Development and Education:

How many Black children were enrolled in 1984 in Substandard A in (a) each specified region and (b) the Republic?

The MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

The honourable member is referred to table 3.4.2., page 192 of the 1984 annual report of this Department.

Tsitsikamma Toll Road

584. Mr D J N MALCOMMESS asked the Minister of Transport Affairs:

(1) Whether a viewing site is being developed at the Tsitsikamma Toll Road; if so (a) what is the total estimated cost involved and (b) what company is constructing it;

(2) whether tenders were called for the construction of the viewing site; if not, why not; if so, (a) who were the tenderers and (b) what was the tender price of each such company.

(3) whether the lowest tender was accepted; if not, why not?

The MINISTER OF TRANSPORT AFFAIRS:

(1) A rest area including a viewing site, picnic facilities, and ablution block, internal roads and parking areas, a tourist information centre and the caretakers accommodation is under construction at the Tsitsikamma Toll Road.

(a) R3,7 million.

(b) Messrs. L.T.A. Earthworks (South).

(2) (a), (b) and (3).

No. In view of the circumstances set-out below the work was performed as a supplementary brief to an existing contract in respect of which tenders were invited. Factors taken into account by the National Transport Commission in not inviting tenders for this part of the work were as follows:

(i) The remoteness of the site;

(ii) To limit construction costs. The contractor was already working on the road adjacent to the rest area; and

(iii) The undesirability of engaging more than one contractor to carry out work on a small site.

Tenders were, however, called for by L.T.A. Earthworks (South) in respect of

the construction of facilities at the rest area including electrical installations and power supply units

Buildings: R million

(i) LTA Building (Eastern Province) 1.55

(ii) B and E Construction 1.61

(iii) Andrew Hannah and son 1.64

As the tendered prices were all considered to be too high the work was undertaken by L.T.A. Earthworks (South) with the assistance of a masonry sub-contractor, Eastern Cape Contracting Services, at a total cost of R880 000.

Electrical installations: R

(i) Elmec Industrial 396 427

(ii) Crown House Engineering 425 074

(iii) Smith and Weldrich 420 241

The lowest tender namely that of Elmec Industrial was accepted.

Power supply units: R

(i) Meisner 85 000

(ii) V and R Engineering 93 245

The lowest tender namely that of Meisner was accepted.

Hannan Q. 61. 811
 Military disability pensions
 594. Mr B B GOODALL asked the Minister of Health and Welfare:

(a) How many persons are in receipt of military disability pensions and (b) what amount was paid out in such pensions in respect of the year ended 31 March 1984?

The MINISTER OF HEALTH AND WELFARE:

(a) There are currently 12 252 Military pensions in payment.

(b) R26 816 603.

815
 O. M. Bubonic plague 25/3/85

625. Dr M S BARNARD asked the Minister of Health and Welfare:

How many cases of bubonic plague were reported in each province of the Republic in 1984?

The MINISTER OF HEALTH AND WELFARE:

No cases of plague were reported in any Province in 1984.

626. Dr M S BARNARD asked the Minister of Health and Welfare:

How many (a) cases of and (b) deaths from typhoid were reported in respect of each race group in each province for each month in 1984?

The MINISTER OF HEALTH AND WELFARE:

Cape Province	Typhoid												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Tot
Whites	4	2	0	2	3	1	0	0	0	0	0	0	12
Coloureds	3	15	5	1	2	1	4	1	0	0	0	2	37
Asians	0	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	14	12	19	15	13	6	7	8	3	4	1	1	104
Unspec	1	0	0	0	0	0	0	0	0	0	0	0	1
Natal													
Whites	5	3	3	0	0	0	1	1	1	1	1	1	15
Coloureds	0	0	0	0	0	4	0	1	0	3	0	0	8
Asians	0	1	6	7	2	2	0	0	2	2	0	0	22
Blacks	98	112	127	82	66	32	63	95	63	71	47	49	905
OFS													
Whites	0	0	0	0	0	1	0	0	0	0	0	0	1
Coloureds	0	0	0	0	0	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	19	6	3	4	6	2	4	4	1	1	12	3	65
Transvaal													
Whites	1	3	1	2	4	1	0	0	1	2	1	0	16
Coloureds	0	2	0	0	0	0	0	0	0	0	0	0	2
Asians	0	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	180	243	198	200	177	108	132	108	91	166	178	124	1 905
Unspec	0	0	0	0	0	3	3	12	7	2	0	11	38

(b) Cape Province
 Whites: 0.
 Coloureds: 1 (March).
 Blacks: 4 (1 in Jan, 2 in Feb, 1 in March)
 Asians: 0.
 Natal
 Whites: 0.
 Coloureds: 0.
 OFS
 Whites: 0.
 Coloureds: 0.
 Asians: 0.
 Blacks: 0.

Hoa

Transvaal
 Whites: 0.
 Coloureds: 0.
 Asians: 0.
 Blacks: 24 (7 in Jan, 2 in Feb, 3 in March, 1 in Apr, 1 in May, 1 in June, 3 in Sep, 2 in Oct, 3 in Nov, 1 in Dec.)

Poliomyelitis

627. Dr M S BARNARD asked the Minister of Health and Welfare:

How many persons of each race group were immunized against poliomyelitis in each province in 1984?

The MINISTER OF HEALTH AND WELFARE:

Immunization figures for 1984 are not yet available.

Pietermaritzburg: air pollution monitoring points

628. Mr G B D McINTOSH asked the Minister of Health and Welfare:

(1) Whether there are any air pollution monitoring points in the Pietermaritzburg area; if not, why not; if so, (a) where are they located and (b) what was the average recorded atmospheric (i) lead level, (ii) sulphuric acid level and (iii) level of other specified significant pollutants measured at these points in winter and summer, respectively, over the latest specified

12-month period for which figures are available;

(2) whether any action has been taken by his Department as a result of these measurements; if so, what action;

(3) whether he has received any representations concerning pollution in the Pietermaritzburg area; if so, (a) when, (b) from whom and (c) what was (i) the nature of the representations and (ii) his response thereto.

The MINISTER OF HEALTH AND WELFARE:

(1) Yes—four.

(a) City Hall, Old Beer Hall, Joffie swimming pool, Bombay Road

(b) (i) No monitoring funds and infrastructure only allow for monitoring in areas of high vehicle population

(i) and (iii) results for sulphur dioxide and smoke pollution are all expressed in micrograms per cubic metre. Summer averages are for the months October to march and the winter averages are for the months April to September.

Sulphur Dioxide

Sulphur dioxide, a precursor to the formation of sulphuric acid, is being monitored and the results are as follows:

	Summer 83/84	Winter 84	Annual average
City Hall	7.4	26.0	16.7
Old Beer Hall	21.3	23.1	22.2
Bombay Road	11.8	18.0	14.9
Smoking pollution			
	Summer 83/84	Winter 84	Annual average
City Hall	40.8	69.6	55.2
Old Beer Hall	38.0	68.4	53.2

Hoa

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MONDAY, 25 MARCH 1985

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Howard
Bubonic plague 25/3/85

625. Dr M S BARNARD asked the Minister of Health and Welfare:
How many cases of bubonic plague were reported in each province of the Republic in 1984?

The MINISTER OF HEALTH AND WELFARE:
No cases of plague were reported in any Province in 1984.

626. Dr M S BARNARD asked the Minister of Health and Welfare:

How many (a) cases of and (b) deaths from typhoid were reported in respect of each race group in each province for each month in 1984?

The MINISTER OF HEALTH AND WELFARE:

(a) Cape Province	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Tot
Whites	4	2	0	2	3	1	0	0	0	0	0	0	12
Coloureds	3	15	5	1	2	1	4	1	0	0	2	3	37
Asians	0	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	14	12	19	15	13	6	7	8	3	4	1	2	104
Unspec	1	0	0	0	0	0	0	0	0	0	0	0	1
Natal													
Whites	5	3	3	0	0	0	1	1	1	1	1	0	15
Coloureds	0	0	0	0	0	4	0	1	0	0	3	0	8
Asians	0	1	6	7	2	2	0	0	2	2	0	0	22
Blacks	98	112	127	82	66	32	63	95	63	71	47	49	905
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Asians	0	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	180	243	198	200	177	108	132	108	91	166	178	124	1 905
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(b) Cape Province													
Whites: 0.													
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Asians: 0.													
Natal													
Whites: 0.													
Coloureds: 0.													
Asians: 0.													
Blacks: 0.													

817

MONDAY, 25 MARCH 1985

818

Transvaal
Whites: 0.
Coloureds: 0.
Asians: 0.
Blacks: 24 (7 in Jan, 2 in Feb, 3 in March, 1 in Apr, 1 in May, 1 in June, 3 in Sep, 2 in Oct, 3 in Nov, 1 in Dec.)

627. Dr M S BARNARD asked the Minister of Health and Welfare:

How many persons of each race group were immunized against poliomyelitis in each province in 1984?

The MINISTER OF HEALTH AND WELFARE:

(1) Yes—four.

The MINISTER OF HEALTH AND WELFARE:

Immunization figures for 1984 are not yet available.

(b) (i) No monitoring. Available funds and infrastructure only allow for monitoring in areas of high vehicle population.

Pietermaritzburg: air pollution monitoring points

628. Mr G B D McINTOSH asked the Minister of Health and Welfare:

(1) Whether there are any air pollution monitoring points in the Pietermaritzburg area; if not, why not; if so, (a) where are they located and (b) what was the average recorded atmospheric (i) lead level, (ii) sulphuric acid level and (iii) level of other specified significant pollutants measured at these points in winter and summer, respectively, over the latest specified

(i) and (iii) results for sulphur dioxide and smoke pollution are all expressed in micrograms per cubic metre. Summer averages are for the months October to March and the winter averages are for the months April to September.

Sulphur Dioxide

Sulphur dioxide, a precursor to the formation of sulphuric acid, is being monitored and the results are as follows:

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Smoking pollution			
City Hall	Summer 83/84	Winter 84	Annual average
Old Beer Hall	40,8	69,6	55,2
City Hall	38,0	68,4	53,2

HQA

HQA

Services motor vehicles were involved in accidents in the 1983-84 financial year and (b) what was the total estimated cost involved?

The MINISTER OF TRANSPORT AFFAIRS:

- (a) 5 654 motor vehicles were involved in accidents.
These figures include all minor accidents, scratches, etc.

(b) R 3.5 million.

House buildings standing empty Q. 61. 807 25/3/85
528. Mr J H VISAGIE asked the Minister of Transport Affairs:†

Whether any (a) houses and (b) buildings belonging to the South African Transport Services are standing empty at present; if so, (i) how many in each case, (ii) why, (iii) what is the value of these (aa) houses and (bb) buildings and (iv) what does the South African Transport Services intend doing with the (aa) houses and (bb) buildings?

The MINISTER OF TRANSPORT AFFAIRS:

- (a) Yes.
- (i) 879, mostly in remote places.
- (ii) For several reasons, inter alia, the closing of stations and depots which resulted in the transfer of personnel.
- (iii) (aa) Particulars are not readily available.
- (iv) (aa) Continuous endeavours are made to rent the houses privately, or to make it available to pensioners at a nominal rent, or to sell it by tender or public auction.

(b) Yes.

- (i) A survey is at present being

HOA

made. Mostly this comprises station buildings, pump stations, etc.

(ii) The withdrawal of uneconomical services; doubling and electrification of railway lines, etc.

(iii) (bb) A survey is at present being made.

(iv) (bb) Depending on what is determined by the survey, the possible utilization of the buildings for other purposes, the sale or demolishing thereof will have to be considered.

Johannesburg: underground transport system

535. Mr A FOURIE asked the Minister of Transport Affairs:†

- (1) Whether his Department is at present considering an underground or similar transport system for Johannesburg; if so,
- (2) whether his Department has commissioned consulting engineers to (a) carry out investigations and (b) make submissions in this regard; if so, who are these consulting engineers;
- (3) whether he intends making submissions to Parliament for consideration and implementation; if so, when;
- (4) (a) what is the estimated cost of the transport system and (b) in what way will such a contract be financed;
- (5) whether the (a) Department of Transport Affairs, (b) Transvaal Provincial Council and (c) Johannesburg City Council will contribute to the cost of such a project; if so, what percentage of the total cost will be contributed by each?

The MINISTER OF TRANSPORT AFFAIRS:

- (1) Yes. Different mass transit systems are being investigated.

(2) (a) and (b) Yes. At the request of the National Transport Commission (NTC) a consortium of consulting engineers comprising the firms Keeve Steyn and Partners, Scott and De Waal, Stanway Edwards and Associates and Watermeyer, Legge, Presold and Uhlman have been appointed to investigate the feasibility of introducing a rail rapid transit system for Johannesburg. The investigation will be conducted in three phases whereafter findings and recommendations will be submitted to the NTC for consideration.

system has been identified and relevant costs have been determined.

Apprenticeship contracts

537. Dr A L BORRINE asked the Minister of Manpower:

(a) How many apprenticeship contracts were in operation in 1984 in respect of White, Coloured and Indian persons, respectively and (b) how many in each race group were registered in respect of each trade?

The MINISTER OF MANPOWER:

(3) As soon as the consortium's findings and final recommendations have been considered by the National Transport Commission I will discuss the matter at an appropriate opportunity in Parliament.

(a) Statistics concerning apprenticeship contracts in operation are not kept on a population groups basis and figures as requested are therefore not readily available.

(4) (a) The total estimated capital cost for example for a steel-on-steel transit system which will be located mainly in tunnels is R1 158 million. This is, however, not necessarily the optimum system for Johannesburg and for this reason the consortium will also investigate various alternative systems such as buses, heavy rail and other systems. An overall concept of costs is not available at this stage.

(b) Falls away.

809
House buildings standing empty Q. 61. 810 25/3/85
564. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) How many (a) cases of and (b) deaths from poliomyelitis were reported in respect of each race group in each province for each month from December 1983 to the latest specified month for which figures are available:

(2) what steps are being taken to combat the spread of this disease?

The MINISTER OF HEALTH AND WELFARE:

As at 31 December 1984

(1) (a) Cape Province:

White: 0

Coloured: 4 (2 in December 1983, 2 in April 1984)

Asian: 0

Black: 7 (1 in February 1984, 2 in April 1984, 2 in June 1984, 1 in August 1984, 1 in September 1984)

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Natal:

White 1 (December 1984)
 Coloured 1 (December 1983)
 Asian 1 (March 1984)
 Black 23 (4 in December 1983, 1 in January 1984, 4 in February 1984, 1 in March 1984, 5 in April 1984, 3 in May 1984, 2 in June 1984, 1 in July 1984, 1 in August 1984, 1 in October 1984)

OFS:

White 0
 Coloured 0
 Asian 0
 Black 2 (1 in December 1983, 1 in July 1984)

Transvaal:

White 1 (September 1984)
 Coloured 1 (December 1983)
 Asian 0
 Black 11 (1 in December 1983, 3 in January 1984, 1 in April 1984, 2 in May 1984, 1 in October 1984, 2 in November 1984, 1 in December 1984)

(b) Deaths in all Provinces during the period December 1983 to December 1984: 0

- (2) (a) health education
 (b) continuation of an effective comprehensive immunization programme
 (c) surveillance.

Hansen Q. 61. 811
 Family planning section: staff complement

565. Mr G B D McINTOSH asked the Minister of Health and Welfare:

- (1) (a) What is the staff complement of the family planning section of his Department and (b) how many posts in this section are vacant at present;
 (2) whether any steps are being taken to fill these vacancies; if not, why not; if so, (a) what steps and (b) when is it anticipated that they will be filled?

The MINISTER OF HEALTH AND WELFARE:

- (1) (a) 2 349.
 (b) 598 posts as at 28.2.85.

(2) Yes.

- (a) suitable applicants are being recruited on an ongoing staff recruitment basis.
 (b) when suitable applicants become available, and with allowance for present financial constraints.

Substandard A

572. Mr H E J VAN RENSBURG asked the Minister of Co-operation, Development and Education:

How many Black children were enrolled in 1984 in Substandard A in (a) each specified region and (b) the Republic?

The MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

The honourable member is referred to table 3.4.2, page 192 of the 1984 annual report of this Department.

Tsitsikamma Toll Road

584. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

(1) Whether a viewing site is being developed at the Tsitsikamma Toll Road; if so (a) what is the total estimated cost involved and (b) what company is constructing it;

(2) whether tenders were called for the construction of the viewing site; if not, why not; if so, (a) who were the tenderers and (b) what was the tender price of each such company.

(3) whether the lowest tender was accepted; if not, why not?

The MINISTER OF TRANSPORT, AFFAIRS:

the construction of facilities at the rest area including electrical installations and power supply units

Buildings:

(i) LTA Building (Eastern Province)	R million
(ii) B and E Construction	1,61
(iii) Andrew Hannah and son	1,64

As the tendered prices were all considered to be too high the work was undertaken by L.T.A. Earthworks (South) with the assistance of a masonry sub-contractor, Eastern Cape Contracting Services, at a total cost of R880 000.

Electrical installations:

(i) Elmec Industrial	R
(ii) Crown House Engineering	396 427
(iii) Smith and Weldrich	425 074
	420 241

The lowest tender namely that of Elmec Industrial was accepted.

Power supply units:

(i) Meisner	R
(ii) V and R Engineering	85 000
	93 245

The lowest tender namely that of Meisner was accepted.

Hansen Q. 67. 814 25/3/85
 594. Mr B B GOODALL asked the Minister of Health and Welfare:

(a) How many persons are in receipt of military disability pensions and (b) what amount was paid out in such pensions in respect of the year ended 31 March 1984?

The MINISTER OF HEALTH AND WELFARE:

(a) There are currently 12 252 Military pensions in payment.
 (b) R26 816 603.

Tenders were, however, called for by L.T.A. Earthworks (South) in respect of

Lull in ^{Mem} cases but cholera is still ^{27/3/85} around, says doctor ⁽⁸⁹⁾

Mercury Reporter

CHOLERA is still around and no surface water in Natal and KwaZulu is safe for drinking even though there have not been many reported cases of the disease recently, a senior KwaZulu medical officer warned yesterday.

According to Dr Murray Short, the present outbreak of cholera is isolated.

Last week it was reported that a black man had died from the disease and 31 others had been treated at the Eshowe Provincial Hospital.

Since then a further two cases have been reported from the same area, Mbongolwane, but none since last Thursday.

However, at the height of the epidemic two years ago more than 36 000 cases were identified in a single month, he said.

'We sent out three teams of health personnel and found out that most of the affected families had been taking water from one of three rivers,' Dr Short said.

'These people knew that the water was not safe but had become complacent because nobody was contracting cholera,' he said.

Dr Short said a pattern was emerging whereby cholera was not occurring in widespread epidemics but rather in small localised outbreaks.

'It seems that these outbreaks occur among people who have failed to acquire an immunity which the bulk of our population now has.

'But to be on the safe side all water should be treated, either by boiling or adding household bleach, before drinking.'

Vaccine for bilharzia is on the way

89. Star
10/4/85

Science Reporter

After more than a century of warfare against the "scourge of Africa" using weapons such as chemicals, water purifiers and snail sluggers, bilharzia may soon be beaten — with some complex genetic engineering.

In a laboratory at Beckenham, near London, scientists are peering through microscopes at what appears to be the final solution to the snail-hosted disease which afflicts 200 million people, three million of them in South Africa.

After many unsuccessful attempts to develop a vaccine against the disease, held responsible for much of Africa's lethargy, the Beckenham breakthrough came when scientists managed to manufacture antibodies against bilharzia larvae in mice.

From these an experimental vaccine was made which has so far reduced bilharzia infection in test animals by 70 percent.

The complex technique at the Wellcome Foundation laboratories consisted of infecting mice with bilharzia larvae. Then the spleen cells, which manufacture the antibodies, were taken from the mice and used in laboratory cultures to grow antibodies on a large scale.

In South Africa and other countries the bilharzia chain is difficult to break as long as human faeces enter lakes and rivers.

Some British experts believe that the Beckenham vaccine, able to reduce infection by 70 percent or more, would make a man exposed to bilharzia more or less symptom-free and greatly reduce his chances to continue the chain and pass the disease on to other people.

RDM 15/4/85

Congo fever fears recede at Edendale

Mail Correspondent

DURBAN. — About 50 staff members at Edendale Hospital outside Maritzburg are being monitored for symptoms of Congo fever because of the death of Natal's first victim of the disease at the hospital earlier this month.

However, KwaZulu medical authorities have allayed fears of an outbreak of the highly infectious haemorrhagic fever and no-one has so far had to be isolated.

A 30-year-old construction worker, Mr Vincent Nthalane, died of the disease hours after being admitted to Edendale Hospital on April 2.

Congo fever was confirmed as the cause of death after viral cultures at the Institute of Virology in Johannesburg last Thursday proved positive.

Mr Nthalane is the first confirmed fatality of Congo fever in Natal and the fifth person to die of the disease in South Africa.

Dr Murray Short, senior medical officer in charge of communicable diseases in the KwaZulu Department of Health and Welfare, said neither the patients who shared the man's ward nor his immediate family had shown any sign of Congo fever.

Mr Nthalane's family, who live in the Mpumuza area near Edendale, had been visited by KwaZulu health staff and would be closely monitored until tomorrow, when the danger period was over.

Dr Short said the possibility that any of the contacts would have to be put in isolation was very remote.

"None of the patients who shared his ward 11 days ago has shown signs of a haemorrhagic fever as far as we are aware, and all his family are well, as are the people Mr Nthalane worked with."

Forty-six hospital staff members were

"under surveillance" as a precaution.

Dr Short said the victim's body had been buried on Saturday.

While it would have been preferable for Mr Nthalane to have been cremated, this was not possible according to Zulu tradition, and the body, which had been placed in a heavy-duty plastic bag, was buried in a lime-coated grave.

Dr Short said the bag was an internationally accepted container which was normally used for the transportation of bodies from one country to another and was as efficient as the previously obligatory lead-lined coffin.

"The chances of any infection escaping are almost nil. The bag was sealed and was under observation by health staff until it was put under the ground."

Dr Short allayed fears of a possible outbreak of Congo fever, saying the disease had been around for many years. Forty-one percent of cattle herds tested in Natal were found to have been infected at one time or another, the disease being transmitted by a certain species of tick.

Praising hospital staff for their handling of the situation, he said Mr Nthalane was examined thoroughly when he first arrived at Edendale after complaining that he was not well.

A haemorrhagic fever had not been a strong enough possibility to warrant his admission and his condition had been such that the doctor who had examined him had felt he could return home with medication.

"He was asked to come back the next day for the results of blood tests."

"When he returned he was sicker and was admitted and subsequently seen by two specialists. He suddenly collapsed and died in spite of resuscitation."

NM 19/4/85 (89)

Congo fever 'still possible'

Pietermaritzburg
Bureau

MEDICAL authorities have not yet ruled out the possibility that a young Natal woman who is seriously ill in Edendale Hospital might have Congo fever.

The medical superintendent of the hospital, Dr Patrick Lowe, said he was awaiting results of blood tests from the Institute of Virology in Johannesburg.

However, initial tests did not support a diagnosis of Congo fever, he said.

'Results that we have make it less and less likely that this is a case of Congo fever, but she will remain in isolation until we are convinced that it is not.'

Dr Lowe said the patient, Miss Ruth Ngcobo of the Montebello area about 80 km outside Pietermaritzburg was in a

serious condition, but that she had improved considerably.

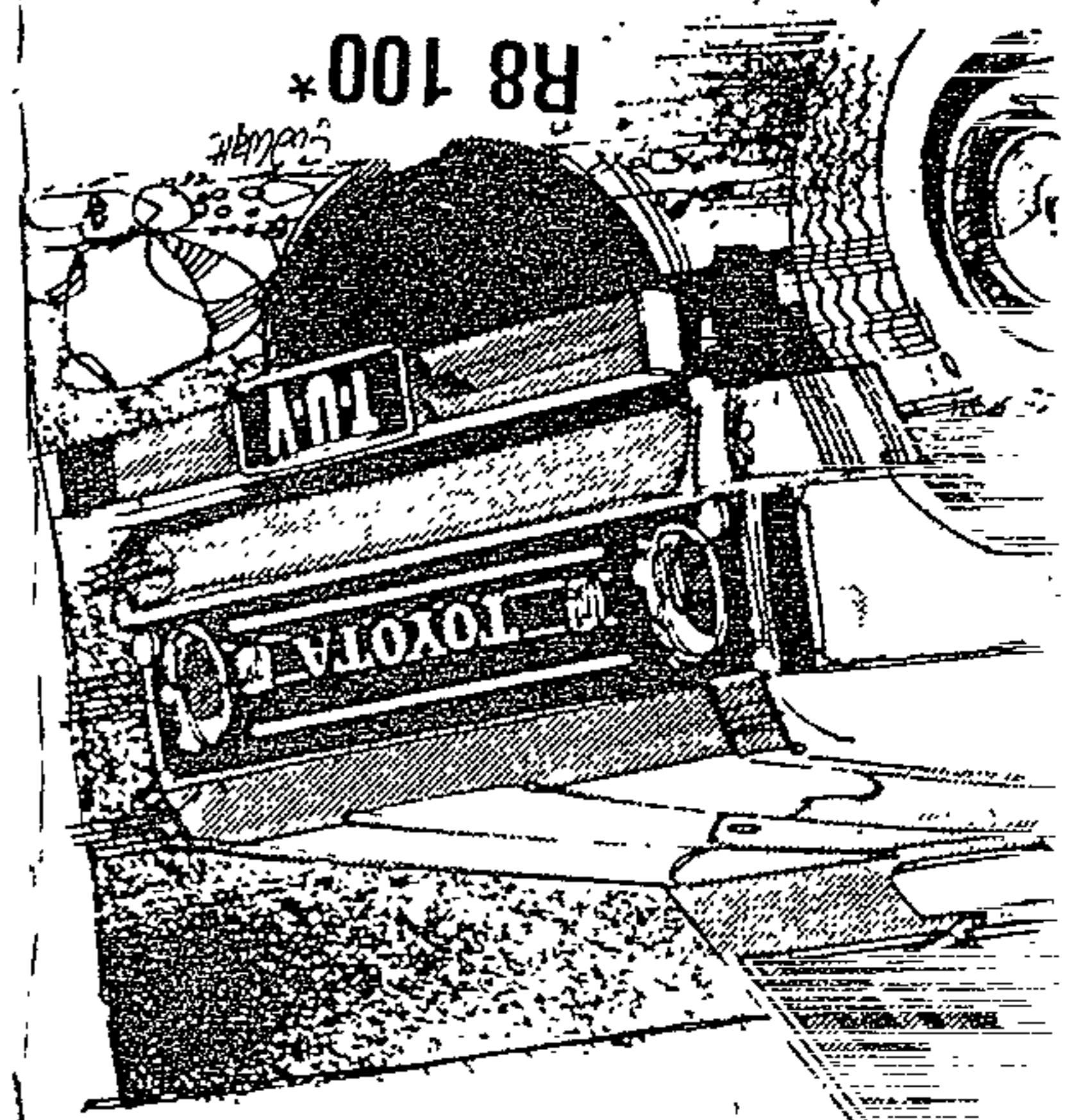
Health authorities had interviewed all contacts of Miss Ngcobo and they were found to be 'entirely well'.

Miss Ngcobo was admitted to Edendale Hospital on Tuesday after having been sick for about a week. She was suffering from headaches and vomiting and had experienced stomach pains and bleeding gums.

Dr Murray Short, senior medical officer in charge of communicable diseases in the KwaZulu Department of Health, said the indications were that Miss Ngcobo was 'probably not' suffering from Congo fever, since she was responding well to treatment. He said it was possible that she was suffering from a type of bacterial infection with haemorrhagic symptoms.

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Baby medicine kills, warns

24/4/85
 MM
 89

JOHANNESBURG—South African babies were at risk when given one of three common medicines used here to relieve colic, it was revealed yesterday.

The Medicines Control Council warned that the three preparations, Colix, Nomocramps and Merbenyl, commonly used by South African mothers for babies with colic, had proved fatal to two infants.

Although the control council had posted an urgent warning to medical personnel and pharmacists that the preparations be withdrawn for infants under six months, they were still available. The dramatic decision was reached after review of case histories in which two babies died after being given the medicines. The medicines were still on the shelves because many pharmacists awaited instructions in the post for them to be sent back.

Information from one of

three manufacturers confirmed a link between the deaths and an ingredient called dicyclomine in the three gripe medicines, Prof Peter Folb, chairman of the Medicines Control Council said. Links between the two deaths and the medicines were as good as confirmed, he said.

The ingredient, which appeared for the first time responsible for the two deaths, was thought by medical experts to encourage vomiting and lead to breathing problems.

Prof Folb warned that mothers should be very careful not to overdose their children with gripe mixtures.

All medicines prepared

According to advice received from paediatricians, Prof Folb said babies over six months rarely suffered colic problems and the drug was therefore unlikely to be administered to them. But the council was also reviewing the dosage instructions of the same medicines for older children, he said.

Apart from the danger factor, Prof Folb said the council was not convinced the medicines were effective in easing colic.

We looked at both safety aspects and effectiveness and are not convinced the medicines are effective in controlling colic, he said.

Dosage

Mercury Correspondent

Mr Johan Schiebush, registrar of the Medicines Control Council, said the three preparations were common medicines. An international drug marketing company, Merbenyl, had advised the national control council of adverse reactions to a dicyclomine-containing colic medicine. Executives of the company could not be contacted yesterday.

Mercury Correspondent

The control council said the three medicines would have to be repackaged to contain clear warning that they should not be given to young infants.

Dosage instructions would also be reviewed.

Mr Johan Schiebush, registrar of the Medicines Control Council, said the three preparations were common medicines. An international drug marketing company, Merbenyl, had advised the national control council of adverse reactions to a dicyclomine-containing colic medicine. Executives of the company could not be contacted yesterday.

1367 WEDNESDAY, 1 MAY 1985 1368

The MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

(a) Port Natal Administration Board:

	1978/79	1979/80	1980/81	1981/82	1982/83
Shakaville	293 973	217 435	257 437	338 083	478 912
Hambanati	376 198	432 243	484 738	616 144	1 027 969
Ningizimu	5 033 454	5 341 297	6 246 960	8 137 545	11 325 802
Shayamoya	78 114	51 930	39 380	51 794	89 654
Klaarwater	510 299	384 949	529 224	697 216	1 047 147

(b) Drakensberg Administration Board:

	1978/79	1979/80	1980/81	1981/82	1982/83
Cedarville	—	6 825	7 647	15 743	21 461
Colenso	49 599	55 876	106 190	116 958	161 667
Dannhauser	15 665	50 873	84 592	92 546	133 231
Dundee	140 286	407 064	558 135	613 467	826 625
Estcourt	83 775	100 975	126 710	151 229	231 161
Glencoe	89 611	219 550	329 190	369 654	524 989
Greytown	146 085	171 634	263 277	347 438	593 873
Howick	59 239	64 949	105 274	127 346	168 050
Kokstad	—	98 992	180 129	232 584	433 976
Ladysmith	302 071	333 724	476 164	583 586	923 605
Matatiele	—	27 790	52 948	53 790	87 898
Mooi River	119 080	139 434	222 919	279 196	443 439
Paulpietersburg	36 007	49 060	60 722	76 294	126 345
Sobantu	723 642	673 563	1 040 853	953 690	1 474 926
Vryheid	214 171	314 581	458 141	600 971	858 275
Weenen (Emergency camp)	18 463	25 812	48 155	36 674	58 241
Winterton/Bergville	3 070	3 306	4 272	5 875	10 835

The above costs include operating costs. In the reply to question 439 of 1985 the operating costs of these towns were not included. If these costs are included the figures in respect of the 1983/84 financial year are as follows:

	1983/84
Howick	131 788
Kokstad	339 051
Ladysmith	484 678
Matatiele	73 367
Mooi River	325 782
Paulpietersburg	97 109
Sobantu	680 221
Vryheid	689 532
Weenen	56 392
Winterton/Bergville	10 147

Shakaville 464 725
 Hambanati 1 089 946
 Ningizimu 10 025 428
 Shayamoya 107 094
 Klaarwater 851 555
 Cedarville 15 800
 Colenso 102 227
 Dannhauser 119 052
 Dundee 622 349
 Estcourt 221 164
 Glencoe 430 889
 Greytown 397 502

R
 765. Mr E. K. MOORCROFT asked the Minister of Co-operation, Development and Education:

(1) Whether any buildings in the Eastern Cape (a) belonging to and (b) under the control of his Department have

been damaged since August 1984; if so, (i) how many buildings and (ii) where are these buildings situated and (iii) what was the nature of the damage in each case;

(2) what is the estimated cost of the damage?

The MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

(1) (a) Yes.
 (b) No.

(i) Buildings at 25 schools.

(ii) Port Elizabeth, Oudshoorn, Port Alfred, Grahamstown, Uitenhage, Fort Beaufort, Pearston and Despatch.

(iii) Arson and stone throwing in all the cases except at one school each in Port Elizabeth, Oudshoorn and Uitenhage where stone throwing only took place.

(2) Estimated cost: R1 201 600,00.

774. Mr J J B VAN ZYL asked the Minister of Home Affairs:†

(1) What total number of officials were employed by State Departments falling under the Commission for Administration (a) as at 31 March 1979 and (b) in each specified financial year from 1979-80 up to and including the latest financial year for which figures are available;

(2) Total amount spent on (a), (b) and (f):

1978-79: R1 153 814 000
1979-80: R1 326 010 000
1980-81: R1 632 771 000
1981-82: R2 035 968 000
1982-83: R2 568 680 000
1983-84: R3 051 647 000

what total amounts were spent by such State Departments on (a) salaries, (b) bonuses, (c) leave money, (d) gratuities, (e) subsidies and (f) other specified forms of remuneration in respect of the above-mentioned officials, in each specified financial year from 1978-79 up to and including the latest financial year for which figures are available?

latest financial year for which figures are available?

The MINISTER OF HOME AFFAIRS:

Remarks

The information supplied was extracted from the *Bulletin of Statistics* under the heading LABOUR, Employment, salaries and wages, Central Government.

The concept 'Central Government' in the *Bulletin of Statistics* does not include the provincial administrations, national states, statutory institutions, the Department of Post and Telecommunications and the SA Transport Services.

The concept 'Salaries and wages' for the Central Government in the *Bulletin of Statistics* includes global figures regarding salaries, wages, overtime earnings, bonuses and allowances, but does not include the State's contribution to medical, pension and other funds. Information regarding the last-mentioned as well as information regarding leave money, gratuities and subsidies are not readily available.

(1) (a) 309 384.
 (b) As at 31 March at the end of each financial year:

1979-80: 325 762
1980-81: 331 841
1981-82: 343 173
1982-83: 363 288
1983-84: 386 087

799. Dr M S BARNARD asked the Minister of Health and Welfare:

Whether, with reference to his reply to

Question No 316 on 25 February 1985, the 1984 statistics on notifiable diseases have become available; if not, when will they be available; if so, how many cases of each notifiable disease were notified in respect of each race group in that year?

THE MINISTER OF HEALTH AND WELFARE:

The figures given below in respect of 1984 are *provisional* and represent the statistics as on 17/4/85.

	Whites	Coloureds	Asians	Blacks
Cholera	3	5	15	1 617
Typhoid	44	49	28	5 396
Paratyphoid	1	0	0	0
Primary TB	15	750	0	872
Pulmonary TB	560	10 561	0	39 619
Other Resp. TB	4	28	4	109
TB of Meninges	4	70	3	171
Gastrointestinal TB	11	58	1	80
Skeletal TB	4	34	1	118
Genitourinary TB	2	10	5	13
TB Other Organs	6	12	5	54
Miliary TB	4	44	1	113
Brucellosis	57	1	0	25
Leprosy	0	3	0	141
Diphtheria	4	4	0	35
Meningococcal Inf	57	222	7	229
Tetanus	5	19	2	230
Polioyelitis	2	2	1	56
Measles	474	818	389	12 997
Haemorrhagic Fevers	11	0	0	4
Viral Hepatitis-A	129	74	15	38
Viral Hepatitis-B	45	66	10	115
Viral Hepatitis-Non A+B	56	32	16	46
Rabies—unspecified	520	249	43	478
Psittacosis	2	0	0	12
Trachoma	1	0	0	0
Malaria	0	0	0	453
Toxoplasmosis	222	7	15	4 134
Prim. Malig.: Bronchus	5	0	0	4
Prim. Malig.: Lung	105	117	17	103
Prim. Malig.: Pleura	75	33	9	47
Poisoning Agric. Rem.	0	1	0	0
Poisoning Lead	18	14	0	52
Plague	0	0	0	0
Anthrax	0	0	0	0
Smallpox	0	0	0	0
Yellow Fever	0	0	0	0
Rift Valley Fever	0	0	0	0
Typhus (Lice)	0	0	0	0
Typhus (Rat flea)	0	0	0	0
Trypanosomiasis	0	0	0	0
Leptospirosis	0	0	0	0

HoA

Howard
 Q. Col. 1373 1/5/85
 802. Prof N J J OLIVIER asked the Minister of Co-operation, Development and Education:

What was the *per capita* expenditure in 1984 on students attending (a) the University of Fort Hare, (b) the University of the North, (c) the University of Zululand, (d) the Medical University of Southern Africa and (e) Vista?

THE MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

- (a) R 5 167,00.
- (b) R 4 480,00.
- (c) R 3 862,00.
- (d) R 18 578,00.
- (e) R 2 892,00.

Howard
 Q. Col. 1373 1/5/85
 814. Mr K M ANDREW asked the Minister of Co-operation, Development and Education:

- (1) Whether, with reference to his reply to Question No 183 on 26 February 1985, the Department of Education and Training now has statistics on farm schools for the period April to December 1984; if not, when is it anticipated that these statistics will be available; if so, how many (a) farm schools, (b) farm school teachers and (c) farm school pupils were there for Blacks in the White areas of the Republic at the end of 1984;
- (2) what was the *per capita* expenditure, (a) including and (b) excluding expenditure of a capital nature, on farm school pupils in the 1983-84 financial year?

THE MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

- (1) No. The statistics will be available at the end of October 1985.

HoA

Howard
 Q. Col. 1374 1/5/85
 815. Mr F J LE ROUX asked the Minister of Law and Order:

- (1) (a) How many claims for damages were lodged against the South African Police by members of the public in (i) the period of three years which ended on 31 December 1984, (ii) January 1985, (iii) February 1985 and (iv) March 1985 and (b) what (i) was the nature and (ii) were the circumstances of these claims;
- (2) what amount was paid out by the South African Police in respect of each of the above-mentioned periods in (a) these claims and (b) legal costs relating to such claims?

THE MINISTER OF LAW AND ORDER:

	(1) (a)	(1) (b)	(2)
(i) Owing to the volume of work and time involved in collecting and compiling the particulars asked for, I consider it impracticable to furnish the required information.			
(ii) 259.			
(iii) 378.			
(iv) 220.			
(1) (i) and (ii) Damage to vehicles and claims in respect of injuries			245
Fines			147
Unlawful arrest or detention			9
Assault (bitten by police dog)			321
Common assault			78
Shooting incidents			25
Loss of or damage to property			10
Defamation			22
Loss of support			

HoA

THE MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

	1978/79	1979/80	1980/81	1981/82	1982/83
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(a) Port Natal Administration Board:

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Colenso	102 227	Sobantu	680 221
Dannhauser	119 052	Vryheid	689 532
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Glencoe	430 889		
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Mr. J. J. B. VAN ZYL asked the Minister of Co-operation, Development and Education:

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(2) what is the estimated cost of the damage?

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(1) (a) Yes.

(b) No.

(i) Buildings at 25 schools.

(ii) Port Elizabeth, Oudshoorn, Port Alfred, Grahamstown, Uitenhage, Fort Beaufort, Pearston and Despatch

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(2) Estimated cost: R1 201 600,00

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(Question No 316 on 25 February 1985, the 1984 statistics on notifiable diseases have become available, if not, when will they be available; if so, how many cases of each notifiable disease were notified in respect of each race group in that year?)

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Extracranial TB	11	58	1	80
Cerebral TB	4	34	5	118
Extrathoracic TB	2	10	0	13
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Brucellosis	57	1	0	25
Epidemiology	0	3	0	141
Diphtheria	4	4	0	35
Meningococcal Inf	57	222	7	229
Leptos	5	19	2	230
Polymycolitis	2	2	1	56
Measles	474	818	389	12 997
Haemorrhagic Fevers	11	0	0	4
Viral Hepatitis A	129	74	15	38
Viral Hepatitis B	45	60	10	115
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Viral unspecified	520	249	43	478
Rabies	2	0	0	12
Psittacosis	1	0	0	0
Trachoma	0	0	0	0
Adalaria	0	0	0	0
Toxoplasmosis	222	7	15	453
Prion Madig : Bionchus	5	0	0	4 134
Prion Madig : Lung	105	117	0	4
Prion Madig : Pleura	75	33	17	103
Poisoning Agric Rem	0	1	9	47
Poisoning Lead	18	14	0	0
Plague	0	0	0	52
Anthrax	0	0	0	0
Smallpox	0	0	0	0
Yellow Fever	0	0	0	0
Rift Valley Fever	0	0	0	0
Typhus (Flu)	0	0	0	0
Typhus (Rat flea)	0	0	0	0
Typhusomiasis	0	0	0	0
Epidemiology	0	0	0	0

Q. Students: per capita expenditure
 801. Col. 1373 1/5/85
 802. Prof N J J OLIVIER asked the Minister of Co-operation, Development and Education:

What was the *per capita* expenditure in 1984 on students attending (a) the University of Fort Hare, (b) the University of the North, (c) the University of Zululand, (d) the Medical University of Southern Africa and (e) Vista?

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- (d) R 18 578,00.
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Q. Farm schools
 814. Mr K M ANDREW asked the Minister of Co-operation, Development and Education:

(1) Whether, with reference to his reply to Question No 183 on 26 February 1985, the Department of Education and Training now has statistics on farm schools for the period April to December 1984; if not, when is it anticipated that these statistics will be available; if so, how many (a) farm schools, (b) farm school teachers and (c) farm school pupils were there for Blacks in the White areas of the Republic at the end of 1984.

(2) What was the *per capita* expenditure, (a) including and (b) excluding expenditure of a capital nature, on farm school pupils in the 1983-84 financial year?

THE MINISTER OF CO OPERATION, DEVELOPMENT AND EDUCATION:

(1) No The statistics will be available at the end of October 1985

(2) Separate financial statistics in respect of farm school pupils are not available.
 Claims for damages 1/5/85

815. Mr F J LE ROUX asked the Minister of Law and Order:

(1) (a) How many claims for damages were lodged against the South African Police by members of the public in (i) the period of three years which ended on 31 December 1984, (ii) January 1985, (iii) February 1985 and (iv) March 1985 and (b) what (i) was the nature and (ii) were the circumstances of these claims;

(2) What amount was paid out by the South African Police in respect of each of the above-mentioned periods in (a) these claims and (b) legal costs relating to such claims?

THE MINISTER OF LAW AND ORDER:

(1) (a) (i) Owing to the volume of work and time involved in collecting and compiling the particulars asked for, I consider it impracticable to furnish the required information.
 (ii) 259.
 (iii) 378.
 (iv) 220.

(b) (i) and (ii)

Damage to vehicles and claims in respect of injuries	245
Unlawful arrest or detention	147
Assault (bitten by police dog)	9
Common assault	321
Shooting incidents	78
Loss of or damage to property	25
Defamation	10
Loss of support	22

Hard

Star 10/5/65

Times

Hunger

By Susan Fleming, Education Reporter

Hundreds of white children in central and eastern Johannesburg are going to school hungry and six schools in the eastern suburbs have started feeding schemes for pupils.

Previously such schemes were found only in black areas where they have benefited thousands.

Now, as a direct result of the recession, small pockets of poverty have emerged in white residential areas such as Joubert Park, Hillbrow, Duornfontein, Troyeville, Jeppe, Fairview and Malvern.

The headmaster of an eastern suburbs school says that about 200 of the 250 pupils are malnourished and school attendance has dropped dramatically.

Mr Hennie Bekker, MPC for Jeppe, said that about 500 children — mainly from primary schools in the eastern suburbs — had been found to need food.

Community help

He pointed out that, because it was no longer the Transvaal Education Department's policy to run feeding schemes in its schools, the community had decided to help.

"It will cost us about R1 000 a month to run the

Well below the breadline

Johnny X and his brother Steven have not had a decent breakfast for a long time.

Children from a poverty-stricken family in Johannesburg's eastern suburbs, their main source of food is at school where they are given soup and sandwiches a couple of times a week.

Their father, who recently moved out of home to live with his girlfriend, was retrenched a couple of months ago. Their mother is unemployed. They have a small welfare grant but it only covers the rent. Essentials such as food have to be found elsewhere.

The school principal said: "When their mother is able to borrow money from an aunt, uncle or brother for food, the children leave school early to fetch their lunch. These children are really living below the breadline."

Hits white pupils



Pupils from an eastern suburbs school clutch mugs of hot soup and sandwiches which are distributed by teachers.



hunger hits white i

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He pointed out that, because it was no longer the Transvaal Education Department's policy to run feeding schemes in its schools, the community had decided to help.

"It will cost us about R1 000 a month to run the scheme and this will cover only bare essentials such as soup and bread. We are planning to run this project during the winter months only but, obviously, if we can get financial support from the public we will be able to extend it.

"We will be feeding children from about six schools — but there may be eight or nine schools needing help," he said.

Mr Bekker said he was concerned that there would be a marked stayaway by pupils during the cold winter months.

Chairman of the "Winter School Feeding Scheme" and chairman of the Jimmy O'Connor Welfare Services Club in Malvern, Mr Ronnie West, said some schools were already distributing food.

"Before these pupils received food at school the teachers said they were tense, tired and continually fought in class. But, since they have been fed, there has been a marked improvement in their behaviour and classwork," he said.

Anyone who can help the committee with donations should telephone Mr West at (011) 58-1133 during office hours or (011) 58-5233 at home.

Fed every day

While hundreds of white children are struggling to survive during the recession, about 11 000 black pupils on the Reef are fed every day by the African Children's Feeding Scheme.

The chief sister of the scheme, Mrs Jeannette Molefe, said that the number was increasing daily.

Most of the feeding schemes focus on Alexandra township, according to Mr Mohammed Dangar, administrative director of Operation Hunger.

"We are feeding some children at creches but, because the need has become so desperate in Soweto schools, we will also be feeding those children soon," he said.

Anyone who can help the African Children's Feeding Scheme should telephone (011) 339-1762. The telephone number for Operation Hunger is (011) 339-7636.



(89) S. Times
Cholera strikes
again in Natal
12/5/85

By PRAVEEN NAIDOO

ANOTHER outbreak of cholera has struck rural communities living along the Natal north coast.

At least 10 people a day are being admitted to hospital for treatment of the highly infectious and often fatal disease.

In the past two weeks, 144 cholera patients had been treated at the Stanger Hospital, 90km north of Durban, superintendent Dr Rookaya Docrat said this week.

But no fatalities had been reported yet and the outbreak was less severe than the one that hit the area two years ago, she said.

Rampant

The main reason for the latest outbreak was the lack of piped water and proper toilet facilities in many areas around Groutville, near Stanger.

"People are being supplied with water in tankers but they are beginning to use water from streams and rivers again," said Dr Docrat.

And, she said, people had

again begun using the open veld as a toilet.

The last cholera outbreak had created an awareness of hygiene but as the situation had become less critical people had gone back to their old ways.

Under these conditions, cholera could become rampant.

Awareness

Acting director of State Health for Natal, Dr B O'Dowd, said the situation was being investigated and health officials had started another awareness campaign in the area.

She added that cholera was endemic in Natal as it was present in several rivers and many people were carriers.

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Cholera breaks out in KwaZulu

NM 13/5/85

89

Mercury Reporter

CHOLERA has broken out again in several areas around Stanger as well as near Empangeni in KwaZulu.

Dr Murray Short, senior medical officer in charge of communicable diseases for KwaZulu, said the bulk of recent cholera cases were from Nseleni, a rural area north of Empangeni.

'It does cause concern, but the incidence compared with previous years is down,' he said.

'From August 1981 to June 1982 we saw about 36 000 cholera cases in KwaZulu. From August last year up to now we have seen only about 600 and we expect the figures will settle soon.'

Dr Short said health inspectors, nurses and people from the Department of Agriculture and Water Affairs had been in Nseleni, investigating the cause of the outbreak and the possibility of an intensified borehole campaign.

'One of the reasons for the outbreak is the people in that area belong to the Shembe sect who, for religious reasons, don't believe in taking preventive measures against the

disease.'

At Stanger Hospital about 70 suspected and confirmed cases have been seen to in the last month.

A spokesman for Natal's State Health Department said there was still ignorance about cholera.

'Cholera is endemic in Natal and most of our rivers are polluted but whenever there is an outbreak it is always because of the same reasons — lack of sanitation, awareness and precautions.'

The spokesman said there was a remote risk of watersport lovers picking up the disease but those really at risk were the people who relied on river-water for drinking, washing and cooking.

No fatalities have been reported from either of the areas.

Boy drowned

Mercury Correspondent

A SIX-year-old boy drowned in a water pool on Saturday at the farm where he stayed near Citrusdal, a police liaison officer for the Boland, Maj George Kershoff, said yesterday. He was Johannes Koopman, of the farm Platteklouf.

Cholera: Shembes blamed

89 C. Press

19/5/85

CHOLERA has broken out again in parts of KwaZulu — and this time the Shembe religious sect living near Nseleni is most at risk.

A KwaZulu Health Department official blamed the Shembes for the outbreak because, for religious reasons, they don't believe in taking preventive measures against the disease.

Preventive measures include purifying drinking water by dissolving a tasteless tablet into the water some hours before using it.

State Health Department officials and commissioner's office in the area : inves-

tigating the link between the new cholera outbreak and the religious group.

According to Dr Murray Short, in charge of communicable diseases for KwaZulu, the latest outbreak is "causing concern", but the incidence is still smaller than the massive August 1981 to June 1982 epidemic when 36 000 cases were reported in KwaZulu.

In the last nine months there have been a total of 600 cases, he said.

Health inspectors are investigating the possibility of an intensified borehole campaign and they are also trying to find the other causes of the sudden increases.

At Stanger Hospital, the closest to Nseleni, there have been 70 suspected and confirmed cases in the last month.

A State Health Department expert said there was still widespread ignorance about what caused cholera and how it could be prevented. Cholera was a fact of life in Natal rivers.

MILKPOWDER'S A RISK

SURROGATE MILKPOWDER

were a risk to health, a research conducted by the Dairy Board has revealed.

Dairy Board chairman Mr Jan van Vuuren said in an interview that this was because these products contained fatty acids which were detrimental to health, particularly in the case of people suffering from heart

'Substitute products not that bad'

problems.

Mr van Vuuren said that research findings had also indicated that the same amount of protein cost the consumer nearly four times more if he chose surrogate milk-powder in preference to the real product.

He said in the present economic climate the consumer should ask himself whether he was spending his money in the best possible way if he chose surrogate products in preference to milkpowder.

He added: "The Dairy Board recently bought two of these surrogate products at a Pretoria market and analysed their nutritional value in terms of price. "The analysis indicated that R1 bought 69,9 grams of protein in the case of milkpowder, compared to 42,4 grams and 18,2 grams respectively in the case of the two brands.

"The protein content of milkpowder is 36 per cent, while the two brands tested contained

20 and eight percent respectively.

"If the consumer had wished to obtain equal amounts of protein for his family, he would have paid R14,37 per kg in the case of milk-powder, compared to R23,58 and R54,94 in the case of the two surrogate products tested," he added.

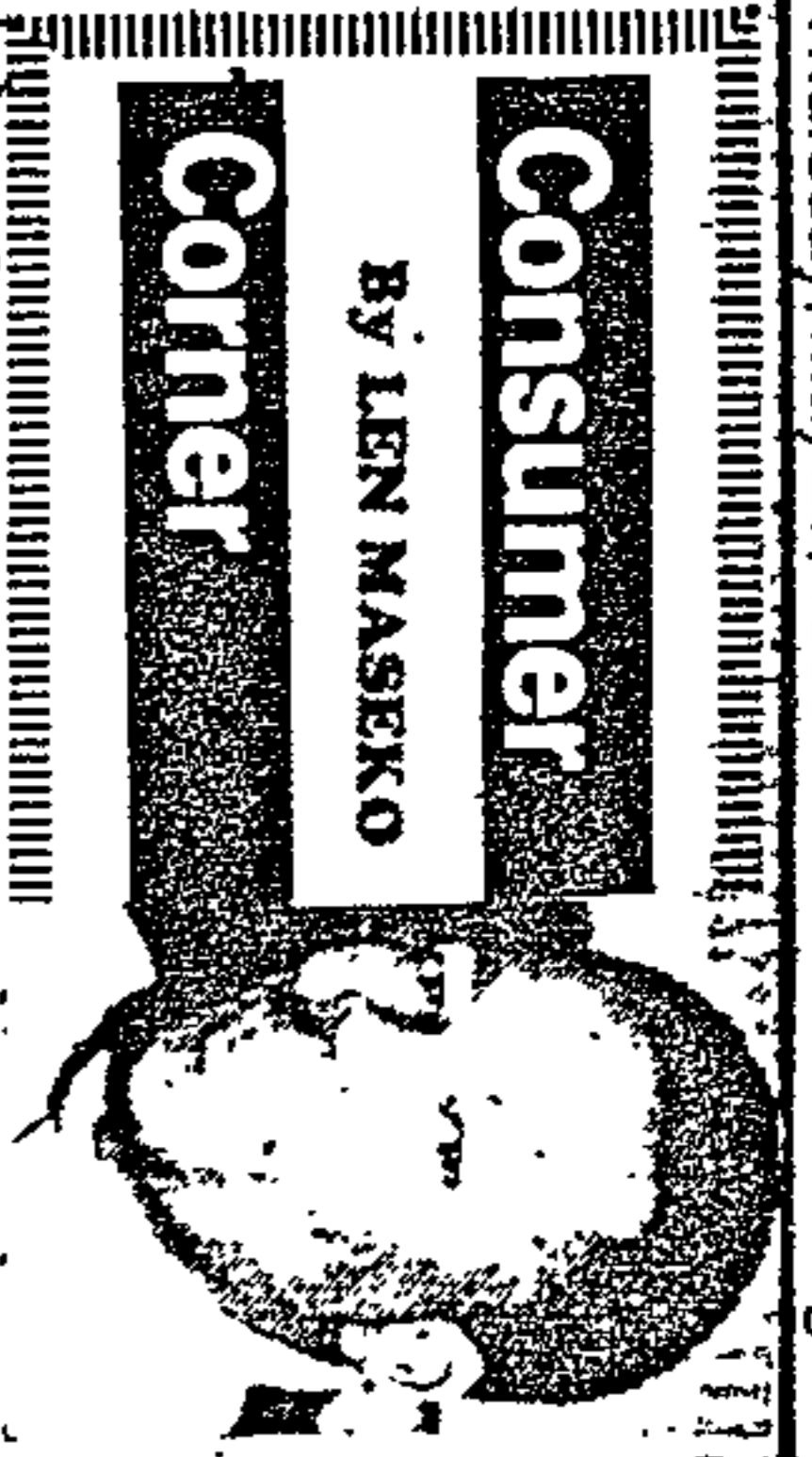
Although milk-powder was often more expensive by volume than whiteners, there was no comparison between the products if nutritional

value was the criterion. There could be no comparison between milk powders and whiteners and no benefit to the family if substitute products were used in preference to milk-powder.

According to Mr van Vuuren, very few consumers were aware of the fact that surrogate products "do not have a dairy base". The major ingredients — coconut and palm oil — in these products were of vegetable origin.

BY LEN MASEKO

Consumer Corner



The Dairy Board chairman said these products were, in addition, usually very rich in fatty acids. These acids were detrimental to health, particularly in the case of people suffering from high blood pressure or having cholesterol or obesity problems.

"Medical research has also indicated that the consumers of these products are frequently the very individuals who have been identified as high-risk cases for heart disease.

They do not appear to be aware of the fact that the use of these products does not decrease the consumption of saturated fats," Mr Van Vuuren said.

MANUFACTURERS of substitute milkpowders — reacting to an attack by the Dairy Board on whiteners — have described as misleading claims that surrogate milk products were a "risk to health".

Food and Nutritional Products, which manufactures Cream Top, said these products would not be on the market if they were detrimental to health. "However they are definitely not as nutritious as pure milkpowders and are currently being bought by consumers in large quantities mainly for price (they are cheaper) and taste reasons," said Ms Petra Heynike, FNP's corporate public relations manager.

It was important for people suffering from heart ailments or wish to restrict their saturated fat intake to use skimmed milkpowder only as this did not contain cream, the manager added.

Blends and coffee creamers should be avoided by these consumers, and should never be given to children as a nutritious drink.

Legislation which would control the protein content and food value of substitute milk-powders, was under way.

Ms Heynike added: "It is vital to stress that none of the general milk powders nor substitutes are recommended for young babies.

"If the label says that the powder is a 'blend' or 'mix' of milkpowder with other ingredients, it is a substitute. The product will be cheaper but, of course, at the same time you get lower nutritional value," she said.

Coffee creamers or whiteners were recommended for use in tea and coffee only to whiten and cream the drink.

Carnation Foods and Borden Products, who manufacture Gold Cross Creamer and Cremora respectively, echoed the same views expressed by Food and Nutritional Products.

River water health risk alert still on

NM 23/5/85 (89)

Mercury Reporter

THE Medical Officer of Health in Stanger, Dr Chota Bhorat, yesterday warned people in the former cholera-stricken areas of the Natal North Coast not to drink unpurified river water.

He said two people had died and more than 120 were treated for the 'killer' disease at the Stanger Provincial Hospital over the past two weeks.

'It has been established that people in Etefe, Groutville, Inchaweni and Darnall, where there are large black settlements, have again taken to drinking river water,' said Dr Bhorat.

He said the Cholera Relief Committee, of which he is the president, had provided more than 30 tanks at various points in the back areas.

'These tanks are topped up every day by tankers belonging to the Department of Co-operation and Development,' said Dr Bhorat, adding that he could not understand why the people had taken to drinking river water again.

However, he said the deadly disease was under control, but warned that if people continued to use water from infected rivers and ponds in the areas it could break out again.

Dr Bhorat said that since the winter season had set in and the rains had stopped people appeared to have forgotten the dangers of using unpurified water.

'Shack-dwellers are more prone to the disease during the winter months when there is little rain,' he said.

The worst-hit areas in the past two weeks appeared to be Inchaweni, close to Stanger, and Etefe near Shakaskraal, Dr Bhorat said.

accompanied a television film crew of the South African Broadcasting Company to Mathopestad in May 1985; if so, (a) when, (b) what is the (i) name and (ii) rank of this official and (c) what was the purpose of their visit to Mathopestad;

- (4) whether (a) he, (b) this official and/or (c) any member of his Department or any Development Board obtained permission from the leaders of the residents of Mathopestad for this visit; if not, why not; if so, (i) when, (ii) what is name of the leader who gave this official the necessary permission and (iii) what was the nature of the request made to these leaders;
- (5) whether the official concerned (a) gave any instructions and/or (b) made any suggestions to the film crew regarding whom they should interview; if so, (i) why, (ii) what was the nature of the instructions or suggestions and (iii) what are the names of the persons who were recommended or suggested for interviews;
- (6) whether any of these persons have agreed to move to the resettlement site near Onderstepoort; if so, how many of these persons (a) have and (b) have not agreed to move;
- (7) whether he or the previous Minister of Co-operation and Development was informed of the establishment of a liaison committee by the residents of Mathopestad; if so, when;
- (8) whether he or any member of his Department has met with this committee; if so, (a) on what dates, (b) where, (c) what matters were discussed and (d) what was the outcome in each case; if not, why not;
- (9) whether he intends meeting with this committee; if not, why not; if so, when;
- (10) whether he will make a statement on the matter?

†THE DEPUTY MINISTER OF DEVELOPMENT AND OF LAND AFFAIRS.

(1) and (2) During discussions with a deputation of Mathopestad on 21 May 1983 it was agreed that visits to Mathopestad will be arranged by Government officials. This arrangement has not been cancelled.

(3) and (4) Yes. In view of the many press reports about Mathopestad a television filming unit visited the area in April 1985 in order to inform the public about the factual situation. The team was accompanied by Mr W J Pretorius, Commissioner at Rustenburg in whose area Mathopestad is situated, and Mr T A du Preez, an Administrative officer.

(5) and (6) No suggestions were made to the film crew nor were they given any instructions. The crew did however conduct brief general discussions with individuals in Mathopestad.

(7) to (9) I am not aware of the existence of an official liaison committee. The community did indeed establish a Planning Committee. The intention is that discussions will be held with the Planning Committee.

(10) No. *Hemo and*
Police stations: protection/security
Q. 1. 1664 4/10/85
16. Mrs H SUZMAN asked the Minister of Law and Order:

- (1) Whether the protection of and security at police stations in the Republic have been upgraded; if so,
- (2) (a) what total amount was spent in this regard in the 1984-85 financial year or in the latest specified year for which figures are available and (b) in respect of how many police stations was this amount spent?

THE MINISTER OF LAW AND ORDER:

(1) Yes.

(2) (a) 1984-1985—R4 372 047.

(b) 108.

89
Defoliant/herbicides
Hemo and
*17. The LEADER OF THE OFFICIAL OPPOSITION asked the Minister of Defence: *4/6/85 Q. 61/1665*

(1) Whether the South African Defence Force or any agency or person connected with the South African Defence Force has made use of defoliant or herbicides to eliminate vegetation in any areas in (a) South West Africa, (b) the operational area and/or (c) Angola, if so, (i) where, (ii) on what dates, (iii) why, (iv) on whose authority in each case and (v)(aa) what was the chemical content of the defoliant or herbicide used and (bb) from whom was it obtained; if not,

(2) whether it was at any time the intention of the South African Defence Force to make use of any defoliant or herbicides in any of these areas; if so, (a) when, (b) where, (c) why, (d) what were the circumstances surrounding these plans and (e) why was it decided not to carry out these plans;

(3) whether any tests have been carried out to determine the effects of such herbicides or defoliant on (a) people, (b) animals and (c) vegetation; if not, why not; if so, (i) when, (ii) by whom and (iii) what were the findings;

(4) whether he will make a statement on the matter?

†THE MINISTER OF DEFENCE:

(1) (a) and (b) Yes, a herbicide was used as part of defensive measures.

(c) No.

(a) and (b) (i) On the outlines and the so called Yati strip.

(ii) In 1981, 1983 and 1985.

(iii) To facilitate the location of enemy crossings of the strips they have to be free of vegetation. The most cost effective method to eradicate vegetation is by means of the use of herbicides.

(iv) The General Officer Commanding SWA Territory force with the approval of the Territorial Security Council.

(v) (aa) and (bb). It is not in the public interest to divulge this information. I am, however, willing to supply it to the hon Leader of the Official Opposition on a confidential basis.

(2) Falls away.

(3) No. Because the herbicide is a commercially available product which has been tested world wide by the manufacturers and found to be harmless to humans and animals if it is applied according to the directions. It has been applied according to the directions at all times.

(4) No.

Mr D J N MALCOMESS: Mr Speaker, arising out of the hon the Minister's reply, is he aware of the problems that have arisen in the USA as a result of the use of defoliant in Vietnam? May I ask him if he has studied those reports to ensure that our troops who apply these defoliant or work with them are properly protected in their own interests?

The MINISTER: Mr Speaker, the reply to the question is "yes". We have studied the reports concerned.

TUESDAY, 4 JUNE 1985

1664

accompanied a television film crew of the South African Broadcasting Company to Mathopestad in May 1985; if so, (a) when, (b) what is the (i) name and (ii) rank of this official and (c) what was the purpose of their visit to Mathopestad;

(4) whether (a) he, (b) this official and/or (c) any member of his Department or any Development Board obtained permission from the leaders of the residents of Mathopestad for this visit; if not, why not; if so, (i) when, (ii) what is name of the leader who gave this official the necessary permission and (iii) what was the nature of the request made to these leaders;

(5) whether the official concerned (a) gave any instructions and/or (b) made any suggestions to the film crew regarding whom they should interview; if so, (i) why, (ii) what was the nature of the instructions or suggestions and (iii) what are the names of the persons who were recommended or suggested for interviews;

(6) whether any of these persons have agreed to move to the resettlement site near Onderstepoort, if so, how many of these persons (a) have and (b) have not agreed to move;

(7) whether he or the previous Minister of Co-operation and Development was informed of the establishment of a liaison committee by the residents of Mathopestad; if so, when;

(8) whether he or any member of his Department has met with this committee, if so, (a) on what dates, (b) where, (c) what matters were discussed and (d) what was the outcome in each case; if not, why not;

(9) whether he intends meeting with this committee; if not, why not; if so, when;

(10) whether he will make a statement on the matter?

†The DEPUTY MINISTER OF DEVELOPMENT AND OF LAND AFFAIRS:

(1) and (2) During discussions with a deputation of Mathopestad on 21 May 1983 it was agreed that visits to Mathopestad will be arranged by Government officials. This arrangement has not been cancelled.

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 Police stations: protection/security
 S. no. 1664 4/6/85
 To Mrs H SUZMAN asked the Minister of Law and Order:

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(2) (a) what total amount was spent in this regard in the 1984-85 financial year or in the latest specified year for which figures are available and (b) in respect of how many police stations was this amount spent?

The MINISTER OF LAW AND ORDER:

(1) Yes

TUESDAY, 4 JUNE 1985

1666

(2) (a) 1984-1985—R4 372 047

(b) 108.

89
Defoliants/herbicides
Review of
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(1) Whether the South African Defence Force or any agency or person connected with the South African Defence Force has made use of defoliants or herbicides to eliminate vegetation in any areas in (a) South West Africa, (b) the operational area and/or (c) Angola, if so, (i) where, (ii) on what dates, (iii) why, (iv) on whose authority in each case and (v)(aa) what was the chemical content of the defoliant or herbicide used and (bb) from whom was it obtained; if not,

(2) whether it was at any time the intention of the South African Defence Force to make use of any defoliants or herbicides in any of these areas; if so, (a) when, (b) where, (c) why, (d) what were the circumstances surrounding these plans and (e) why was it decided not to carry out these plans;

(3) whether any tests have been carried out to determine the effects of such herbicides or defoliants on (a) people, (b) animals and (c) vegetation; if not, why not; if so, (i) when, (ii) by whom and (iii) what were the findings;

(4) whether he will make a statement on the matter?

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(1) (a) and (b) Yes, a herbicide was used as part of defensive measures.

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(4) No.

Mr D J N MALCOMESS: Mr Speaker, arising out of the hon the Minister's reply, is he aware of the problems that have arisen in the USA as a result of the use of defoliants in Vietnam? May I ask him if he has studied those reports to ensure that our troops who apply these defoliants or work with them are properly protected in their own interests?

The MINISTER: Mr Speaker, the reply to the question is "yes". We have studied the reports concerned.

Pollution blamed for 923 cancer death roll

Mercury Reporter

IN A four-year period 923 people died of lung cancer in the Durban-Pinetown area — a total which far exceeds that of any other area in the country.

And although it has not been proved beyond reasonable doubt, experts who studied the very high incidence of lung cancer — especially in Pinetown — believe that pollution is to blame.

'There is no doubt that Pinetown has a real pollution problem and something is happening there which is raising the rate of lung cancer to a level

which is not acceptable,' said Dr J S Harington of the National Cancer Association of South Africa yesterday.

Dr Harington studied the geographical distribution of deaths from lung cancer for the years 1968 to 1972 with Mrs E Bradshaw, also of the Cancer Association, and Dr N D McGlashan, who is attached to the Department of Geography at the University of Tasmania in Australia.

They found that the Durban-Pinetown economic region 'suffered not just high death rates from lung cancer, but deaths so numerous as to

reach statistical significance and to demand explanation'.

'Of all the lung cancer death rate figures we got from the different economic regions, Pinetown had the highest rate,' said Dr Harington.

The investigation was taken into account by a Pinetown Commission of Inquiry because of allegations placed before the commission that certain residents had contracted malignant diseases directly as a result of pollution by factories in the area.

After recommendations from Dr Harington, the commission came to the conclusion that there 'appears to be a growing body of expert evidence which points to the distinct possibility of a substantial measure of correlation between the general level of atmospheric pollution in given areas of South Africa with the severity or otherwise of the incidence of deaths from lung cancer in such areas.'

The commission (the findings of which were released on Thursday) emphasised the need for an 'ongoing, in-depth examination of the possible harmful side-effects of atmospheric pollution' and said it warranted 'urgent, serious attention by the responsible authorities'.

However, Dr Harington said a special investigation he was attempting to carry out in Pinetown to establish the possible contribution made by air pollution to lung cancer deaths had to be abandoned.

'Unfortunately the Department of Internal Affairs changed the death certification policy which

Firm 'insolvent when sold'

Court Reporter

A QUEENSBURGH bag manufacturing company which was sold for R62 000 in August last year was placed under a final winding-up order in the Supreme Court, Durban, yesterday after the buyer had told a judge that he had discovered in October that the company had in fact been insolvent when he had bought it.

Mr Justice Law granted the liquidation order against Pletnick Industries (Pty) Ltd following an application by Mr Donald Grant Kirby, a director of the company.

In an affidavit Mr Kirby said he had purchased all the issued shares, loan account and claims against the company from Mr Gavin Frederick Smith, a business broker

Mr Smith said he had now cancelled the agreement of sale and resigned as a director.

In October he had reckoned that the company's assets had been overstated by 33 percent and the liabilities understated by about 12 percent.

Mr Smith said the company's assets were R48 000 and its liabilities R86 000.

Mr G Lopes, instructed by Mooney, Ford & Partners, appeared.

Boy injured

A BLACK pedestrian boy, aged about 12, was injured yesterday morning when he was involved in a collision with a car in Inanda Road, Durban. The boy, who has not been identified, sustained injuries to his head.

blamed for 923 cancer death roll

Mercury Reporter

IN A four-year period 923 people died of lung cancer in the Durban-Pinetown area — a total which far exceeds that of any other area in the country.

And although it has not been proved beyond reasonable doubt, experts who studied the very high incidence of lung cancer — especially in Pinetown — believe that pollution is to blame.

'There is no doubt that Pinetown has a real pollution problem and something is happening there which is raising the rate of lung cancer to a level

which is not acceptable,' said Dr J S Harington of the National Cancer Association of South Africa yesterday.

Dr Harington studied the geographical distribution of deaths from lung cancer for the years 1968 to 1972 with Mrs E Bradshaw, also of the Cancer Association, and Dr N D McGlashan, who is attached to the Department of Geography at the University of Tasmania in Australia.

They found that the Durban-Pinetown economic region 'suffered not just high death rates from lung cancer, but deaths so numerous as to

reach statistical significance and to demand explanation'.

'Of all the lung cancer death rate figures we got from the different economic regions, Pinetown had the highest rate,' said Dr Harington.

The investigation was taken into account by a Pinetown Commission of Inquiry because of allegations placed before the commission that certain residents had contracted malignant diseases directly as a result of pollution by factories in the area.

After recommendations from Dr Harington, the commission came to the conclusion that there 'appears to be a growing body of expert evidence which points to the distinct possibility of a substantial measure of correlation between the general level of atmospheric pollution in given areas of South Africa with the severity or otherwise of the incidence of deaths from lung cancer in such areas.'

The commission (the findings of which were released on Thursday) emphasised the need for an 'ongoing, in-depth examination of the possible harmful side-effects of atmospheric pollution' and said it warranted 'urgent, serious attention by the responsible authorities'.

However, Dr Harington said a special investigation he was attempting to carry out in Pinetown to establish the possible contribution made by air pollution to lung cancer deaths had to be abandoned.

'Unfortunately the Department of Internal Affairs changed the death certification policy which made it difficult for us to find out where the lung cancer victims had lived,' he said.

'Only by establishing whether the victims lived near factories could we prove beyond reasonable doubt that industrial pollution in the area was a contributing, if not major factor, of the deaths.'

Firm 'insolvent when sold'

Court Reporter

A QUEENSBURGH bag manufacturing company which was sold for R62 000 in August last year was placed under a final winding-up order in the Supreme Court, Durban, yesterday after the buyer had told a judge that he had discovered in October that the company had in fact been insolvent when he had bought it.

Mr Justice Law granted the liquidation order against Pletnick Industries (Pty) Ltd following an application by Mr Donald Grant Kirby, a director of the company.

In an affidavit Mr Kirby said he had purchased all the issued shares, loan account and claims against the company from Mr Gavin Frederick Smith, a business broker employed by Alde's Agencies (Pty) Ltd, on August 31 last year for R62 000.

When he had negotiated the purchase of the company he had been led to believe by the seller that the company was in a good financial position, but by October it had become apparent to him that it had been insolvent when sold to him.

Mr Smith said he had now cancelled the agreement of sale and resigned as a director.

In October he had reckoned that the company's assets had been overstated by 33 percent and the liabilities understated by about 12 percent.

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Boy injured

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No sardines

Mercury Reporter

NO REPORTS of sardines on the South Coast of Natal were received by the Mercury yesterday, although a few birds were seen flying south at Shelly Beach and Southbroom, sources said yesterday.

Monday, June 24, 1985

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Drop in number of rabies cases

89) MM 24/6/85

Mercury Reporter

AT LEAST four rabid dogs have been shot in Natal, but veterinary officials are still pleased about the relatively few cases of rabies reported nationally this month.

Three of the dogs had been shot in the Port Shepstone-Hibberdene area which immunisation teams visited recently, Pietermaritzburg State Veterinarian Dr Max Bachmann confirmed.

In another confirmed case, the first in that area this year, a stray dog was shot on June 14 at a farm near Kranskop, north-east of Greytown.

On the same day another stray found howling on Shelley Beach was shot by a member of the traffic department.

On June 10 a stray was shot at Mayo Farm near Hibberdene. Six days earlier, another dog had been shot at Izotsha.

The head of virology at the Veterinary Research Institute at Onderstepoort described the national incidence of rabies as fairly low.

'We have been getting far fewer brain specimens to examine than we were about a month ago,' he said.

KwaZulu's senior medical officer in charge of communicable diseases, Dr Murray Short, said about 10 cases had been confirmed in the Port Shepstone-Hibberdene area this year, previously a rabies-free area.

'Someone must have brought in a dog from an area where rabies is prevalent,' he said.

Reports of rabies cases in the province were trickling in, and although the situation was 'quietish', the reports indicated the problem had not disappeared.

He said there seemed to be a general pattern in which the incidence was low during the first six months of every year, increasing for unknown reasons over the next six.

He said the continuing immunisation programmes being carried out throughout Natal were showing good results, although Dr Bachmann said the turnout at inoculation clinics along the South Coast recently had been disappointing.

The State Veterinarian for Durban, Dr Robin Thorogood, reminded dog owners that there would be no annual visits along the North and South coasts.

These were being replaced by about 35 to 40 clinics in each magisterial area which would be immunising dogs every two months.

SIGNS OF HOPE.

Increase in polio, measles 'epidemic' worries doctors

Medical Reporter

AN increase in polio cases in the Peninsula — the highest in five years — and an outbreak of measles described as an "epidemic" is causing concern to doctors in community health services.

This year 11 polio cases have been reported. There were none last year and four in 1983.

But Cape Town's Medical Officer of Health, Dr Reg Coogan, says the figures are better than in "90 percent of cities in the world".

Health departments of the Divisional Council of the Cape and the Cape Town Municipality have extensive immunisation programmes but say they have no control over illegal immigrants from neighbouring states who have not been immunised.

At an epidemiology seminar at the University of Cape Town last week doctors involved in treating measles described the outbreak as an "epidemic".

FLUCTUATING CYCLE

Statistics for both illnesses show a fluctuating cycle. This year's marked increase could be part of the pattern, said the Divisional Council deputy Medical Officer of Health, Dr Stuart Fisher.

Dr Fisher said five of the seven polio cases reported to his office had been partially immunised.

"There are three polio viruses and the vaccine includes all three. But, for it to be successful, one has to be immunised at least three times.

"Our problem is with people coming in from neighbouring states without immunisation. We have no idea how large that number is."

The number of measles cases admitted to the City Hospital for Infectious Diseases last year had been exceeded in the first five months of 1985, a hospital spokesman said.

Measles is also a notifiable illness which is usually prevalent during winter. "The increase began in November and continued through summer, which is unusual and worrying," said Dr Fisher.

Dr Fisher appealed to mothers of children who had not been immunised to take them to a clinic for vaccination.

30 typhoid patients are still in hospital

Pietermaritzburg
Bureau

ABOUT 30 people are still in Edendale Hospital with typhoid following an outbreak of the disease at Hopewell Township at Thornville near Pietermaritzburg which left three people dead.

The superintendent of Edendale Hospital, Dr Patrick Lowe, said yesterday there had been a massive outbreak of the disease over the past two weeks, but the epidemic appeared to be at an end now.

He said none of the 30 patients still in hospital with the disease was on the danger list, although some of them had been

critical.

He said the cause was the lack of a fresh water supply. It had been discovered that all the patients had been drawing their water from the same river in the Hopewell township area.

He said outbreaks of the disease frequently occurred in the dry months when the rivers dried up so that the water was frequently dirty and contaminated.

Dr Lowe confirmed that three people had died in the hospital as a result of the disease. The dead were: Mrs Rhodah Sit-hole, 26, Mr Simon Lembede, 25, and Mrs Xolisava Mtolo, 16.

THE GREAT CANCER SCANDAL

Millions expected to die in coming decades

59 STAR 27/8/85

Education, funds and national register needed

In the first of a four-part series on cancer *The Star's* Science reporter, Jaap Boekkooi, looks at the increasing number of black, coloured and Asian cancer sufferers in South Africa. As a result of anti-cancer education the number of white sufferers has decreased.

Cancer is becoming the new killer epidemic among South Africans as the 20th century is drawing to a close. Although controlled or declining among whites, cancer rates elsewhere are rising fast and millions of South Africans of other colours are likely to die of cancer during the decades to come.

Yet in contrast to other countries the epidemic is being met in South Africa by almost total indifference, according to cancer researchers.

In recent years vital cancer research has been cut by almost one third, the Institute of Virology's Cancer Research Unit has been closed down, one famous researcher who once drew worldwide attention is now working as a lecturer, and the National Cancer Association's widely scattered budget for research was less than R500 000 over the past financial year.

R1 MILLION FOR CARE OF VICTIMS

But it must be added that the association has budgeted more than R1 million this year for care of cancer sufferers.

Through published death notices the Cancer Association invites donations for cancer research, but its president, Professor J F Murray, points out that it is primarily a welfare organisation which specialises in cancer education and patient care.

Repeated calls to take the essential first step to fight the epidemic — by making the disease notifiable and setting up a vitally-needed National Cancer Register — have been ignored for the past 25 years.

During that time cancer has slowly become a "racial disease" in South Africa. Although death rates for some cancers among whites have declined, deaths among other population groups have shot up alarmingly, as shown by official graphs on this page.

This is, some medical authorities allege, because almost all the anti-cancer education work is being done among whites and little among blacks, coloured and Asians.

The result is that if you are not white, you have at least two to three times the chance of dying from cancer than if you belong to the medically privileged and well-evangelised white group.

This is clearly seen in cancer statistics of recent years: The rate of lung cancer among coloured males has increased much faster than that among white males (see graph) since 1970, and rates are also rising fast among Asian and urban black males, white and coloured women.

In 1949 stomach cancer was the most common cause of cancer deaths in whites, coloureds and Asians of both sexes. Twenty years later these rates had dropped sharply among five population groups, but among coloured men it remains the fourth highest in the world.

Cancer of the uterine cervix and the breast has been rising steadily among coloured women during the past three decades. Although recent figures are underestimated and represent urban blacks only, cervical cancer has now become the most common malignancy found in blacks. Many more black than white patients die because lack of knowledge about cancer results in diagnosis of the disease when it is too late to cure.

NEGLECT AND PROCRASTINATION

Cancer of the oesophagus is the most common cause of cancer deaths among black males and occurs much more than in any of the 46 countries listed by the Segi Institute of Cancer Epidemiology in Japan. In coloured males this form of cancer has risen by 50 percent over the last 10 years, and their rates are now only 10 percent lower than those among urban black males.

Since 1955 this disease in Transkei has become among the three mass killers in the world, the others being an area in Iran and a province in China. It is also a serious disease among urban blacks and coloured people.

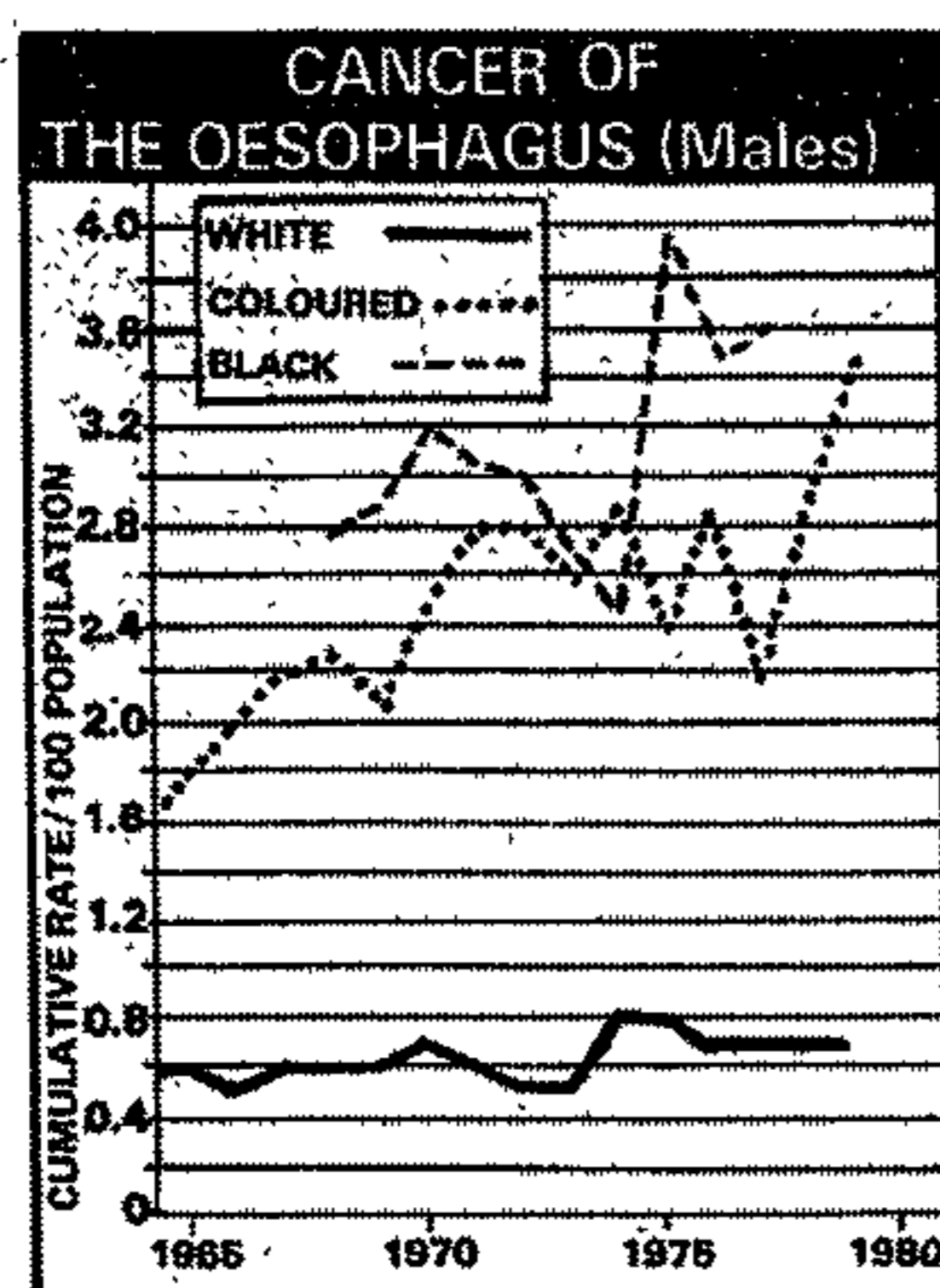
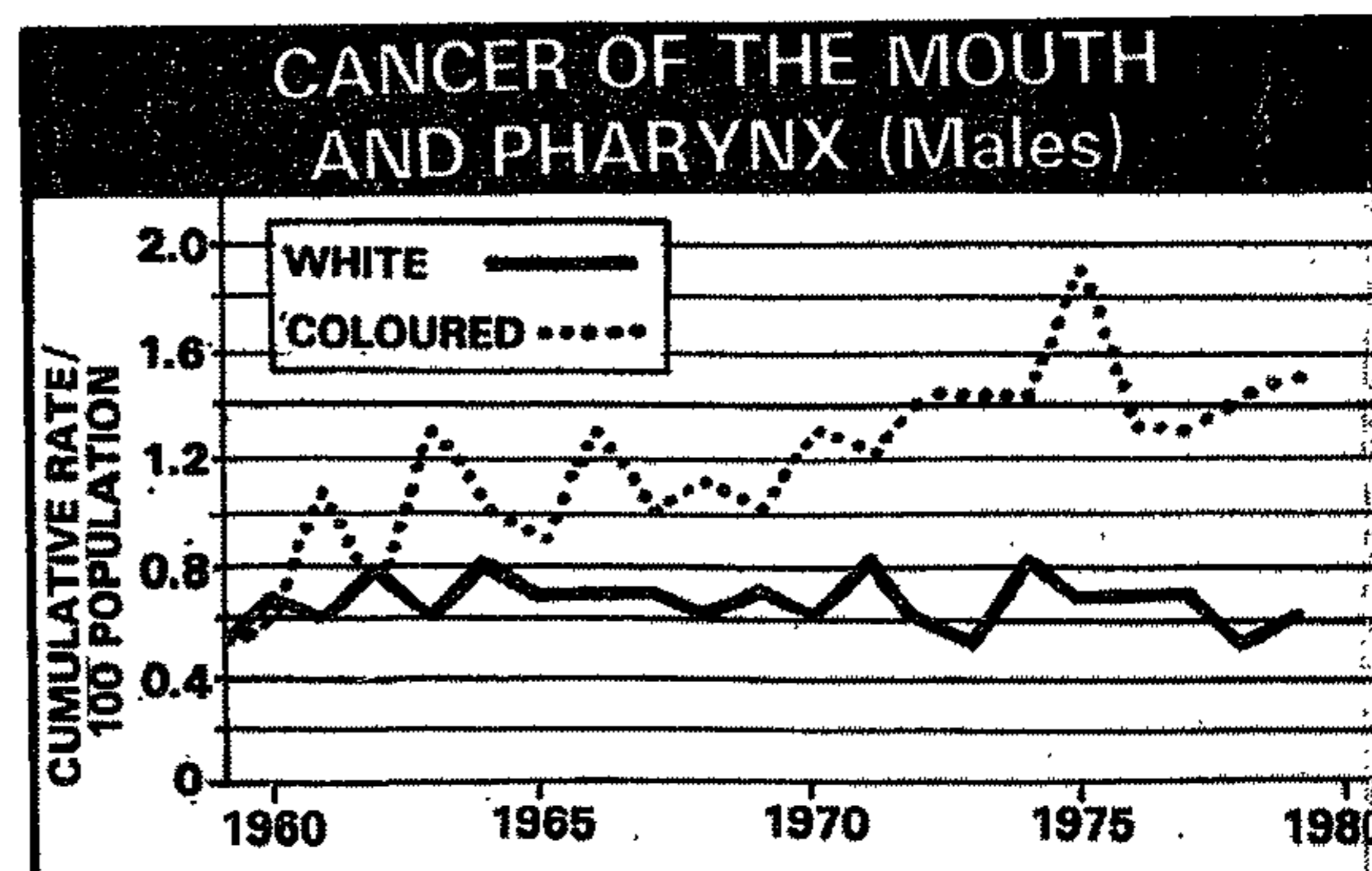
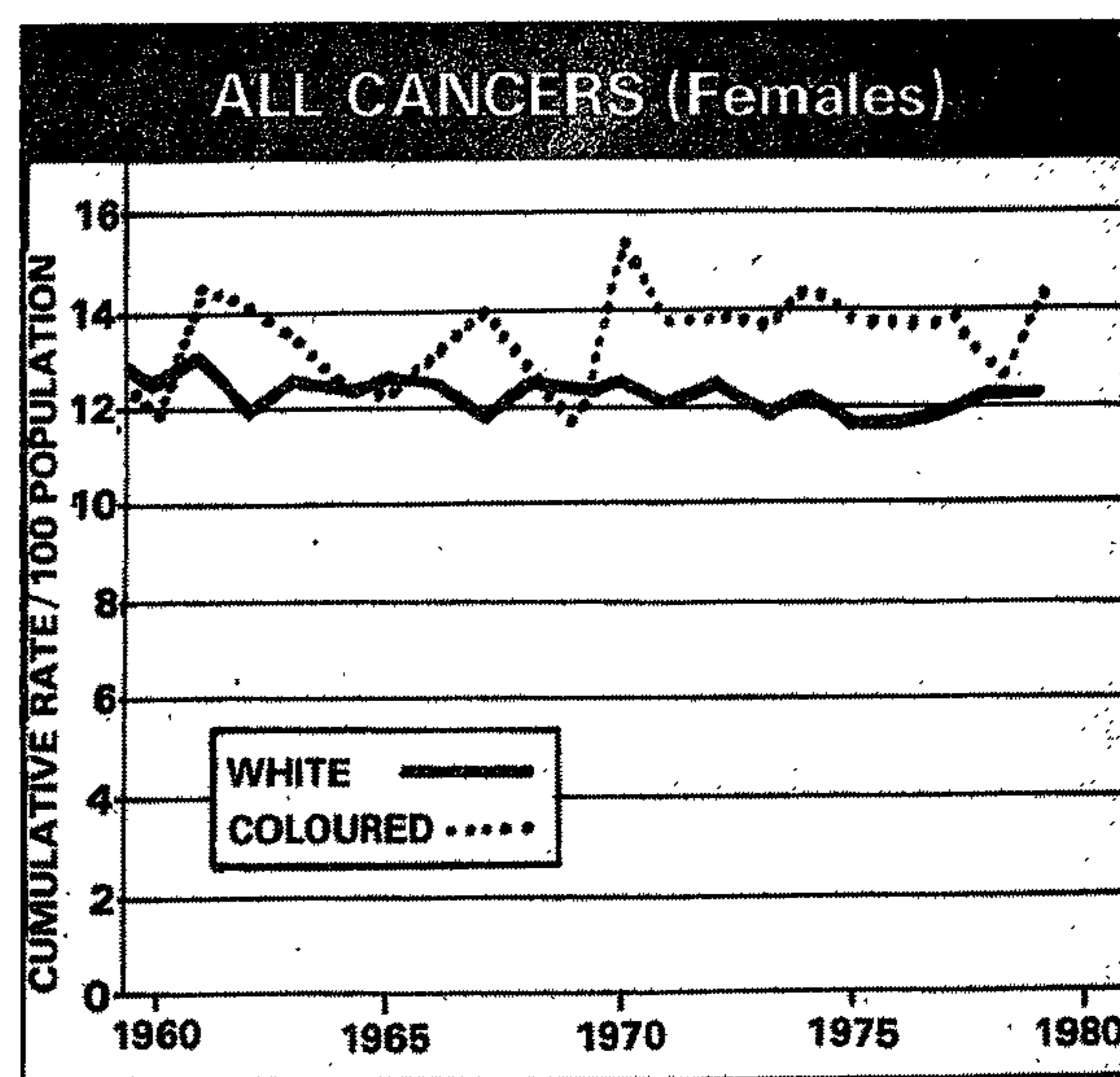
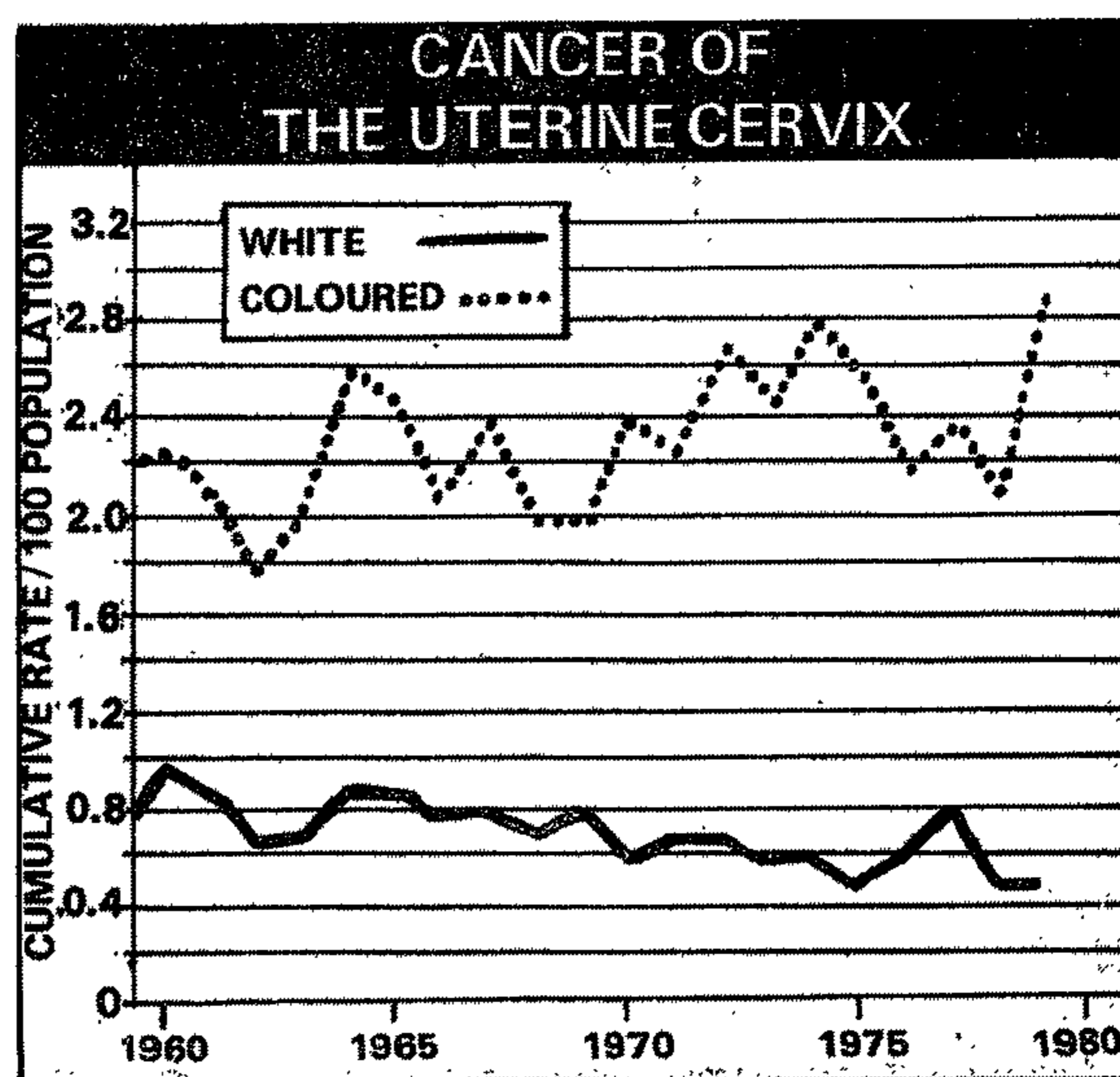
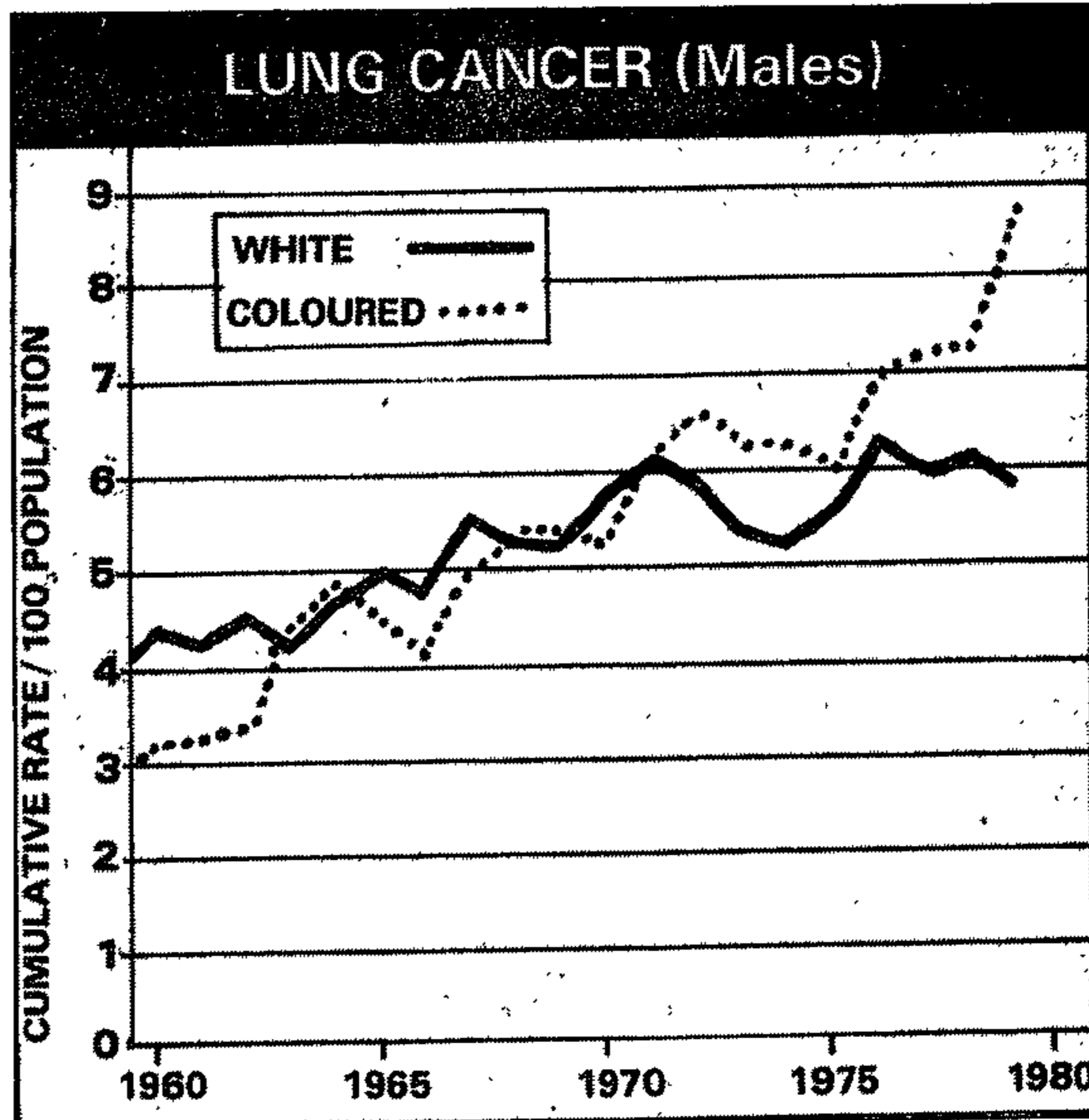
South Africa's 2,5 million coloured people will be hit most from official neglect and procrastination. This is clear from the rampant increase in malignancy rates among this section of the population.

Coloured males already have the highest risk of getting cancer of any group in South Africa.

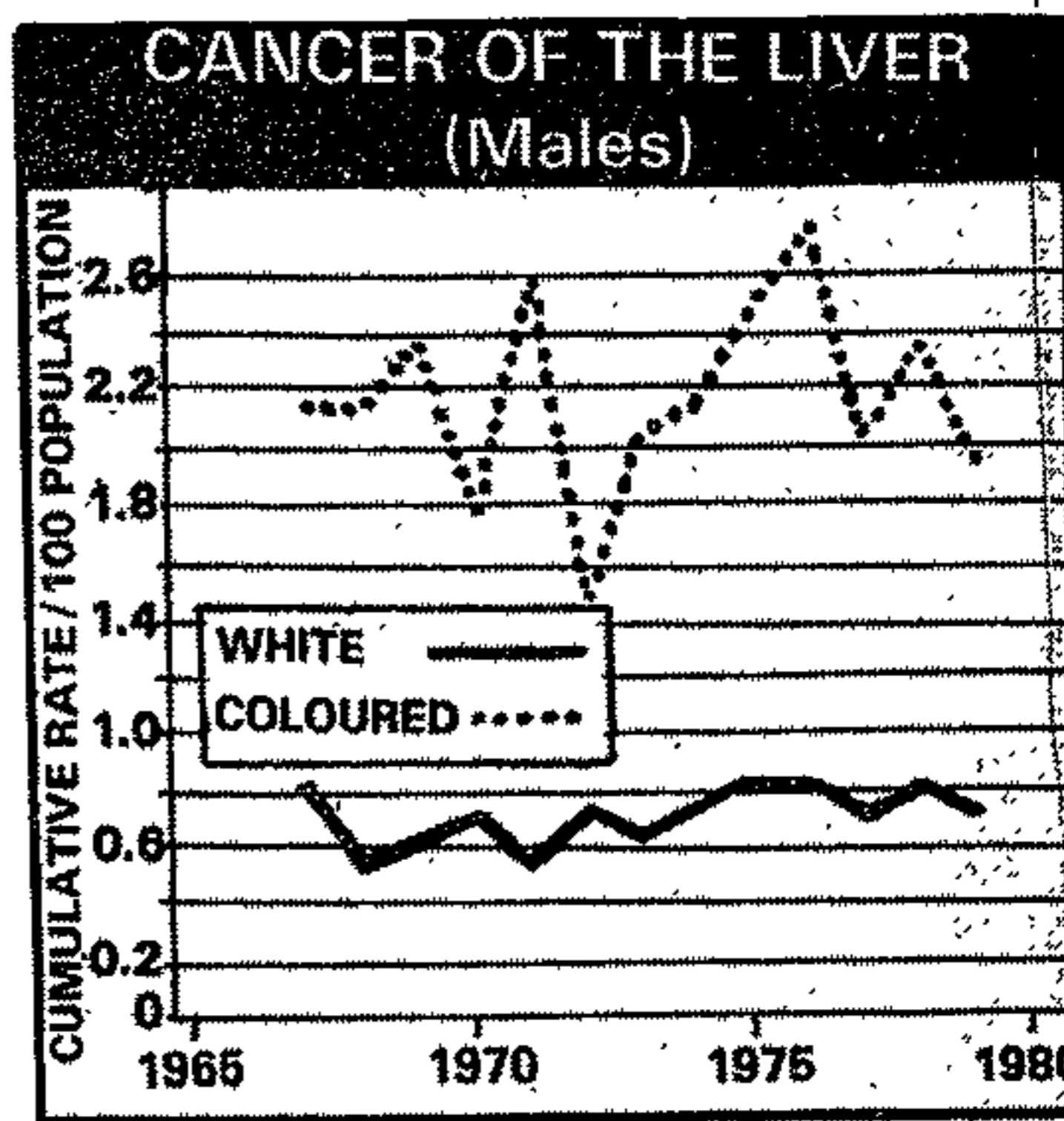
As one long-time cancer worker in South Africa, the University of Tasmania's Dr ND McGlashan, wrote in a recent medical journal: "Practical measures towards (cancer) preventions emerge loud and clear from the grossest reading of the figures."

"These are that controls on the tobacco industry are an outstanding responsibility of Government along with major health education programmes among blacks to try to forestall an otherwise inevitable rise in lung cancer deaths."

"Let us for once see a folly perpetrated by whites upon themselves which is not passed on to blacks."



★
GRAPHICS:
 Liz Warder
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TOMORROW: THE PROBLEMS FACING RESEARCHERS

THE GREAT CANCER SCANDAL PART TWO

Cancer figures rise but research suffers

89
28/8/85
STAR

Cancer research in South Africa has come to a depressing low, although important discoveries about the disease have come out of our laboratories. Work done here in this field has not been followed up. By JAAP BOEKKOOI science reporter.

● Tomorrow: The grim prospect facing South Africans.

While cancer figures are rising in South Africa, cancer research in this country is being pushed into the background and past glories in this field are being forgotten.

Because of its unique mixture of populations, from Stone Age man to obese cholesterol-ridden whites, pipe-smoking Xhosa to mestizos with trigger-happy cancer genes; South Africa is one of the world's top laboratories. Here First World technology mashes with Third World cost-effectiveness and some of the most important cancer discoveries have come out of our laboratories.

ASBESTOS

There was the discovery in the 60s by this year's winner of the R200 000 Mott cancer research prize in America, Dr Chris Wagner, linking blue asbestos mining in the north-western Cape and dust proneness with lung cancer forms such as incurable mesothelioma.

Even today old men lie on their death beds coughing their lungs out from three asbestos diseases (two of them cancers).

And then we have the case of liver cancer. It was Dr Jennifer Alexander who received world fame eight years ago after discovering the vital link between a virus and primary cancer of the liver, a feat based on an "impossible" culture of cancer cells and which prompted authorities from all over the world to visit her laboratory.

Even today a researcher like Dr Selma Browde is responsible for a decrease in the number of mastectomies, the breast cancer operation which disfigures and sows depression among women, and replacing them with less drastic lumpectomies.

From those highs in research the whole field of cancer probing in South Africa has come to a depressing low. There is more fragmentation and diffusion and a lower degree of collaboration than ever.

One of the biggest blows hitting cancer research was the recent closure of the Virus Cancer Research Unit at the Institute for Virology in Edenvale, the

second largest laboratory unit of its kind in Africa where important findings on cancer had been made over nearly 20 years.

With this closure, almost all of the main targets that could place South Africa on the cancer research map were torpedoed.

The discoverer of asbestos-induced cancer, Dr Chris Wagner, had already emigrated in disgust. Dr Jennifer Alexander, an authority quoted globally who received lucrative research offers from overseas, had to abandon her life work to labour as a much-disillusioned lecturer at Medunsa.

The head of the unit, Dr Mike Whitcutt, became a Government employee. Dr Don Gilbert, who did basic research on rhythms that could make cancer cells proliferate, is now an ordinary biochemist at Wits University.

Says Dr Whitcutt: "Cancer research in South Africa is now in a peculiar situation: it is subsidised by institutions whose prime function is not cancer research."

"The Department of Health does not even recognise cancer as a disease, and as such does not support the Cancer Association in its screening work and research, for instance. Now in South Africa cancer of the cervix is the most common malignancy among black women, and it remains so because of lack of screening. Yet in New York, where black women are screened regularly, cancer of the cervix has decreased dramatically as a result."

BASIC NEGLECT

Basic neglect like this, says Dr Whitcutt, also keeps other cancer rates unduly high. "Cancer of the liver, for instance, could largely be eliminated with timely inoculation against hepatitis, because there is a proven link."

"In cancer research we had lucky breaks here in South Africa. The work has not been followed up, merely pushed aside. We have allowed our luck to blow away."

"The Cancer Association wants to do its work by consensus, but in this field you have to stop pussyfooting and be prepared to stamp on toes to get something done. I'm sorry, but cancer research in this country has been pushed into the background."

By TOSSELLO RADEBE

THOUSANDS of people in the Transvaal face death and chronic illness after choosing to stay away from hospitals since the fees were increased last year.

"We're going to have a situation where people are simply going to be dying," said Soweto's Dr Nihato Motlana.

Fewer people are taking treatment from provincial hospitals.

Their numbers have dropped markedly since last April when the latest tariff hike was announced.

Over 260 000 people chose not to use the provincial hospitals' out-patients section after March 31 to September 30 last year.

The figure soared to over a million in the three months from September to December of the same year.

These facts emerged from figures supplied in a reply to Progressive Federal Party health spokesperson Irene Menell by Transvaal MEC Dan Kirstein.

Dr Motlana, who was alarmed by the drop in numbers of people attending hospitals, said: "For the elderly, the sick and the destitute, it will be one way to the cemetery."

The drop is particularly high in hospitals and clinics serving blacks.

In some cases, like Davey-

**People
are
dying
there...**

ton Clinic, more than 13 000 people were treated between October 1983 and March 1984 but the number has fallen to 4 700 for the next six months up to December.

Baragwanath (including its 10 clinics) saw the number of its out-patients visits dropping by over half from 670 000 to 280 000 in the same period.

"The clerks who admit patients insist that all should pay the required tariffs," Dr Motlana said.

Dr Kirstein also supplied figures which showed that less than 200 patients have applied to have their income status reconsidered.

Hospitals such as those in Natalspruit and Laudium, and clinics including those in Senzone and Pimville in Soweto, had not received requests for lower fees, he added.

People drift back to traditional healers

HOSPITAL costs are soaring - so many people have resorted to sangomas and traditional healers.

Many would-be hospital patients are flocking to herbalists, says African Skilled Herbalists' Association head Galaza Msibi.

"More people have lately resorted to sangomas

and traditional healers in the wake of soaring hospital costs and inflation," he said.

"Sangomas have special mixtures which clean their patients' bodies easily, as well as other inexpensive concoctions.

"It's really cheap. One can easily get treatment for less than R3."

SATS to fight claim

The SA Transport Services this week said it will defend the R2 000 action brought against it by a Natalspruit man who claims he was assaulted by the railways early this year.

Mr Nhlapo's lawyer M A Makume said he had received a letter from SATS indicating it was going to defend the matter.

And a 25-year-old teacher Sylvia Mathaisa of Taung in Bophuthatswana won a R32 134 lawsuit against SATS this month, for loss of support.

Her taxi-driver husband was crippled and later died after he was shot in the chest by railways cop Sanwell Kakuiye.

Surgey ends 15 years' pain

by
Shirley Woodgate

One of South Africa's newest "bionic women", Mrs Ann Roberts, is resting in the Hillbrow Hospital after undergoing miracle surgery to four of the major joints in her lower limbs.

Miracle? How else does one describe an operation that ended 15 years of merciless pain through the ravages of rheumatoid arthritis, which

finally turned this diminutive woman into a cripple at the age of 49.

Bionic? How else does one describe an operation performed by an orthopaedic surgeon who disarmingly calls himself a carpenter, and used hammers, saws, chisels and screwdrivers to introduce a scientifically arranged assortment of stainless steel, plastic, screws and cement into her hips and both knees. All put together they work, and although the operation is

not new, for courageous Ann Roberts it is the key to a new life, leaving her independent and free to return to the cordon bleu cooking that was her job since qualifying in London 23 years ago.

Ask her how the whole nightmare started and she thinks back to the first twinge in her left knee after a swim at Kalk Bay in the Cape. Tears well in her eyes as she recalls the creeping stiffness and pain that attacked every joint. Her

hands, feet, elbows, knees, hips and her slender shoulders were affected until she was forced to move from Cape Town's damp to Johannesburg, seeking the relief doctors could not give her.

Eventually she had to drag herself along wherever she was able, the subject of stares and laughter from passers-by ... until last December and the first of the four operations.

Sufferers 'don't die, we just get tortured to death'

Arthritis: a painful misunderstood disease

by
Shirley Woodgate

Arthritis is one of the oldest afflictions known to mankind... and at the same time, one of the least understood.

A guess of the number of sufferers of about 50 different kinds of arthritis in South Africa could be well over 250 000, affecting victims aged from just a few weeks to 80-year-olds, sometimes "burning out" as mysteriously as it appeared.

"Perhaps the greatest problems the Cinderella disease faces," said Mrs Alysia Gordon, co-ordinator of the Southern Transvaal branch of the Arthritis Foundation, "is general ignorance, a desperate need for financial help and the fact that our disease is not 'dramatic' or 'glamorous' enough to attract the kind of attention we need to significantly improve the lot of sufferers.

"We don't die, we just get tortured to death."

"With no known cure, quack remedies are two-a-penny, and many sufferers who may have to endure pain up to 24 hours a day, are driven to grasping at any straw, be it rubbing brake fluid or brass cleaner into the affected joints or swallowing Bob Martins dog tablets, green-lipped mussels or primrose drinks.

"Osteo-arthritis is the most common form, and rheumatoid-arthritis, the disease which affects females in the proportion of three to one, ranges from a mild stiffness in any of the more than 100 joints in the body to constant excruciating pain leading to breakdown of joints and deformities.

Urban blacks

"It disrupts family life — the divorce rate is exceptionally high, particularly where men leave suffering middle-aged wives — and, once a disease of the white man, it is now making rapid inroads into the lives of urbanised blacks."

Dr Julien Ginsberg, senior orthopaedic surgeon at the Hillbrow Hospital, "We use a combined approach of rheumatologist, physician, doctor, social worker, physiotherapist, occupational therapist, clinical psychologist and psychiatrist together with drug therapy and as a final solution, joint replacement operations to alleviate but not cure the problem.

"The non-steroidal anti-inflammatory drugs (NSAIDS) are the doctors' most common remedy and, where these prove ineffective, gold given orally, and immuno-suppressive drugs in severe cases. Cortisone has been grossly abused in the past and is only used in very select cases.

"But what we desperately need outside the medical sphere, is to change public opinion and gain the understanding of the community.

"We need to ease the daily lot of the handicapped in public places by making it easier for them to move around, and we must insist on suitable employment for arthritis sufferers."

For help or further details about how you can help the Arthritis Foundation, telephone 647 2346.



Ann Roberts grips the metal walker and tests her "bionic" hip joints. "Once I just thought I was going to die. Now I know I am going to walk perfectly again," she said. Picture by Juda Ngwenya.

'60 pc of SA's lung cancer deaths related to smoking'

Science Reporter

Every year about 2 000 South Africans die from lung cancer and 60 percent of these deaths are directly attributable to smoking, a Pretoria epidemiologist estimates.

About a dozen lung cancer cases a year are the result of exposure to asbestos dust.

Professor Abel Coetzee, head of the department of preventive and promotive medicine, a division of the Epidemiological Research Unit of the Medical Bureau for Occupational Diseases, says it can be assumed that of the 150 new cases of asbestosis certified each year, 15 sufferers will eventually die of lung cancer.

But, says Professor Coetzee, there might be up to 60 deaths from as-

bestos-induced cancer not certified as asbestosis. Four out of five of these fatalities would be included in the figures of lung cancer caused by smoking.

He estimates asbestos alone causes about a dozen lung cancer cases a year in South Africa where a large asbestos industry was founded more than half a century ago.

At Penge Mine in the Eastern Transvaal, an environmental programme to cover asbestos tailing dumps, pave mill surroundings and asphalt roads will be completed this year.

One of the asbestos mining companies, Gefco, has also offered to help the Government Mining Engineer's staff in their task of cleaning up about 100 asbestos dumps and mines in the North-Eastern Transvaal, the owners of which are untraceable.

STARC
10/9/85

89

Unit was not closed, but slowly strangled

(89) STAR
12/9/88
I note with interest the series of articles in *The Star* on the state of cancer research in this country and would like to add some comment resulting from personal involvement.

I should like to make it clear that the Virus Cancer Research Unit of the National Institute for Virology (NIV) was not formally closed down. Rather it was slowly strangled.

While I have no mandate to speak for ex-colleagues, I think I can safely say that none of the staff, especially those with experience of overseas institutes, eventually considered the climate conducive to scientific research.

The lack of promotional prospects would have been acceptable had we been able to put our enthusiasm and extensive knowledge of cancer to good use. That this was not possible perhaps resulted partly from a lack of adequate scientific background in relevant quarters of the hierarchy, and partly from the fact that we were unwanted tenants when the Government took over the Poliomyelitis Research Foundation Laboratories.

NO INTEREST

Particularly in recent years, there was no interest displayed by the powers-that-be in the work of the unit, nor any discernable effort to promote even those studies which (as your various articles noted) attracted considerable overseas attention.

All too frequently, the impression received was one of distinct unhelpfulness and even active discouragement. I was told that my studies should be undertaken elsewhere. That, plus a lack of faith in, and respect for, the relevant hierarchy, resulted in me allowing my contract to lapse.

With the prior loss from the unit of Dr Jennifer Alexander, whose studies were also not appreciated or adequately supported, the demise of the unit was assured.

Thus, although no active moves were made to close the unit up to that point, its closure was nevertheless effective and, I believe, welcomed in various quarters.

The Star articles rightly referred to certain specific vested interests, but more personal forms also existed. They are, perhaps, sadly inevitable where groups of individuals compete for limited funds or prestige.

There is a widespread tendency to believe that anyone can undertake cancer research merely by applying one's own interest or expertise, without due consideration to the mass of relevant experimental and clinical facts on the subject. Our own attempts to make use of our extensive experience to train younger people who could form the future nucleus of the unit was thwarted, inter alia, by the policy which required junior staff to be transferred to other

work on completion of their higher degrees.

A common attitude, one fostered in the past by the president of the Medical Research Council (MRC), is that research (and especially cancer research) is a privilege and one that must be paid for by low salaries and commitments in other directions such as routine duties.

ACTIVELY INHIBIT

Curiously, those who propose that research should thus be undertaken on a part-time basis only are usually those who stress in public the urgency and magnitude of the problems, and fail for one reason or another to adequately support, or even actively inhibit, good research being undertaken in other laboratories — and sometimes even in their own.

It is pertinent to point out that another cancer unit concerned with basic studies, that at the CSIR, was deliberately closed down some years ago. Inter alia, this led to the prompt and premature termination of the development of a concept of cancer by Dr J Dijkstra, the essence (of one feature at least) of which is now widely accepted after more recent publications along the same lines by overseas workers.

It is also pertinent to point out that applications to the National Cancer Association (NCA) for research grants are now vetted by the MRC, again, I understand, at the behest of that body. Some research at the NIV is, to my knowledge, still funded by the NCA at a substantial level despite the "closure" of the unit referred to above. However, this is not being undertaken by anyone with in-depth scientific knowledge of the subject.

In my opinion, there is now a special reason for re-assessing the funding position in view of the present economic climate. One can reasonably ask if the returns on grants have been adequate.

Personally I believe, perhaps wrongly, that the public, in general, view cancer research in terms of studies aimed at determining the scientific bases of the diseases. Fundamental studies have few, if any, sponsors of the kind required to sustain a unit of reasonable size, whereas clinical studies are normally well-funded from official and other sources.

It would seem evident that if basic projects are to be undertaken in this country then it will be necessary to establish an independent group which is sponsored by the private sector and controlled by scientists having adequate experience in the subject. Relaxation of the MRC monopoly could help, but then the CSIR is severely underfunded by the Government.

(Dr) D.A. Gilbert

Berea

'Cholesterol threatens 80 pc of South Africans'



Dr. Sidney Goldstein says we can prevent sudden death.

Medical Reporter

Eighty percent of South Africans have a high cholesterol level, one of the major risk factors in coronary heart disease.

About 30 percent of heart-attack victims die before they get to hospital.

Almost the entire population consumes an excess of fat and dairy products — the sources of high cholesterol levels.

Two other major risk factors related to coronary heart disease are:

- Cigarette smoking.
- High blood pressure.

These risks can be modified to decrease the risk of heart disease and heart attacks.

These points were made in Johannesburg yesterday by Dr. Sidney Goldstein, a leading cardiologist and head of cardiovascular medicine at

the Henry Ford Hospital, Detroit.

Dr. Goldstein was the guest of the Mended Hearts Club at a

"Healthy Lifestyle" breakfast and said that although there were new drugs available that would lower cholesterol, prevention was better than cure.

So the choice rested with the individual. Recent studies showed a de-

crease in cholesterol level has a definite effect on the incidence of coronary heart disease.

"The major risk factors arise from things we do to ourselves and that we can change by:

- Avoiding an excess of red meats, fat and dairy products.
- Giving up smoking.
- Identifying high blood pressure and dealing with it.

It

"In America, a general awareness of the dangers of high cholesterol diets has resulted in a 25 percent decrease in the mortality rate through coronary heart disease," Dr. Goldstein said.

He said exercise does not reduce cholesterol, but reduces weight and the incidence of high blood pressure and heart disease.

Cancer research boost

02/10/85
CAPE TOWN — Two University of Cape Town researchers have made an important breakthrough in the understanding of breast cancer. **E-Post**

The work of Dr Karin Eidne and Miss Colleen Flanagan has been published in an American journal and presented at an international conference in Edinburgh

They discovered a new mechanism whereby breast cancer cells produce a hormone which stimulates their growth. They also discovered that a synthetic antagonist of this hormone can inhibit this auto-stimulation.

They are now studying the phenomenon and intend initiating clinic trials to test the effectiveness of the antagonist in patients with cancer — Sapa

I-SPY NEWS

IF you have an eye — and nose — for news, don't keep it to yourself. Share it with other Evening Post readers.

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BRITAIN'S MOST

Made in South Africa
East Germany, Zanzibar

By Jaap Boekkooi,
Science Reporter

South Africans suffering from some of the most complex cancers, such as terminal brain, jawbone, neck and thyroid tumours, will soon have a new super weapon to kill such malignancies without surgery, but with neutron and proton radiation beams.

The major advance has been made possible by the launch of the country's first cyclotron which produces such beams at the newly-opened National Accelerator Centre near Faure, a small Boland village near Stellenbosch.

At its best the neutron, and later proton, therapy enables a man with brain cancer to walk into the small hospital adjoining the Centre, have his tumour killed by the invisible particle beams focussing on it, and walk out with little more than a slight headache.

This is the optimistic view of CSIR Deputy President Dr Corra Heymann, but colleagues think such a patient would still need some hospital treatment.

Yet in conventional treatment today the same patient would have to spend three weeks in hospital, have his skull opened and the tumour surgically removed, leaving an undesirable vacuum.

The new cyclotron, planned, designed and built by local know-how,

Breakthrough brings new hope for cancer sufferers

smashes atoms and whirls up to 25 million particles around with a speed that would fly them around the world four times in a single second.

Such particles, when directed at a cancer tumour in beams, have the ability to kill off cancer cells, but only near the surface of the body when neutrons are used. They can also remove the pituitary gland painlessly without a scalpel in sight, previously a horror operation in which needles and a hammer were used.

Once the Accelerator Centre develops beams of proton particles, using new facilities within a few years, these can be used to kill cancer growths deep inside the body, including right inside the brain with little damage to other tissue, because of a focusing effect known as the Bragg Peak (see graphic below).

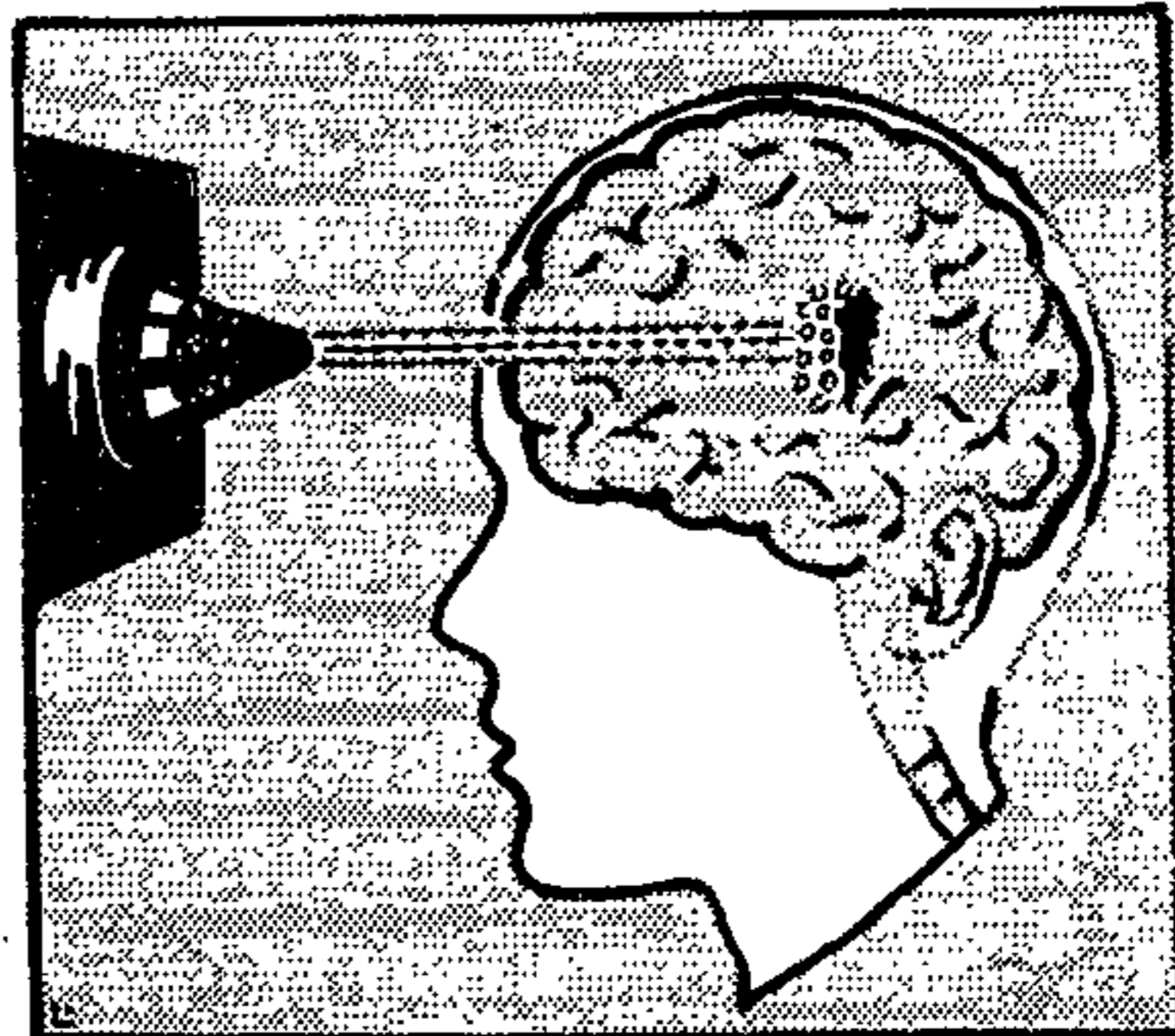
Such radical, space-age treatment does not come cheap. The cyclotron cost some R100 million, producing a radiation beam a mere 5 mm wide while using as much power as the town of Parys, but converted into millions of volts. It will be used sole-

ly for medical purposes three days a week at normal Cape Provincial Hospitals charges. The rest of the seven-day, 24-hours-a-day week it will be engaged in complex physics experiments and isotope production for industry, medical science and agriculture — which has made this a multipurpose instrument unique in the world today.

Neutron radiation, which has been in use in other countries for somewhat over a decade, and the even more recent proton radiation, is still a controversial issue, says Professor Rex Keddy, deputy director of the Wits-Schonland Research Centre for Nuclear Sciences.

"They are complimentary techniques to existing ones, such as gamma ray radiation from cobalt bombs, and in Britain's Hammersmith centre the results have not always been as good as expected," he added.

Another factor in the success of neutron and proton radiation is that "we in this country still have to build up an experience of the different treatments," he said.



The Bragg Peak effect of proton radiation as it selectively kills off a cancer tumour deep in the brain.

German measles and danger to your baby

DISPATCH

02/11/85

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Sometime in the future you may plan to have a baby. Before you do, make sure you know about the risks of German measles during early pregnancy, and how to protect your unborn baby.

Sometimes called rubella, it's one of the diseases caused by a virus and is highly infectious, coming in epidemics and particularly noticeable in 1978 and 1979.

It causes a mild pink rash, raised and irregular, on face and chest. Like ordinary measles, it first appears behind the ears, accompanied often by swollen shotty glands at the back of the head.

Usually the victim is a bit off form — (not quite himself) and sometimes feverish and obliged to lie down. German measles is not confined to any age group, more common among children and young people, but occurring, as well, in those who have got to adulthood and not been in contact with it or developed immunity against it.

DR BLUE'S DIARY

There are a few complications from it apart, of course, from the well-known risks to the unborn baby especially in the first three months of pregnancy.

If you catch it in early pregnancy, there is a one-in-three chance of your baby being born with serious and lasting damage to his sight, hearing, heart or brain. He could die within a year or be handicapped for life.

If you are in your teens or early 20s you may have been vaccinated against German measles while at school; if so, you are almost certainly protected. But, if not, or if you are not sure, see your doctor and ask about vaccination.

If there is no record of your having been vaccinated, the doctor or his nurse will take a small sample of blood from your arm and this will be sent to the laboratory. If it shows that you are not protected, you will be asked to come back

for vaccination which, incidentally, won't hurt and the side-effects, if any, are mild.

Once you've been vaccinated you've got to wait at least three months before starting a pregnancy, after which there is no risk.

If you think you've had it, the only safe way to make sure is to ask your doctor to do the blood test because it's easy to mistake it for other infections. I sometimes see a rash and I'm suspicious that it's a mild case of it, but I can't be sure.

In any case, you get German measles only once. Some jobs bring women into contact with children and the chance of catching the infection, particularly so in the case of nurses and primary school-teachers.

See about vaccination now and don't wait until it's too late.

If you've just had a baby and if you've never been vaccinated against German measles, this is the ideal time to have it done but you must then wait at least three months before becoming pregnant again.

HEALTH & DISEASE —

MISCELLANEOUS diseases — 1986

FEB. — DEC .

HWA outlines its views

By MANDLA
NDLAZI

THE United Democratic Front is the only legal organisation capable of leading the struggle at this point, says a resolution adopted at the annual general meeting of the Health Workers Association.

The meeting was held at the Funda Centre in Diepkloof, Soweto, at the weekend.

About 400 people, among them delegates from the different trade unions, civic and political organisations, were there.

• The first resolution said "that this house, recognising that ill health of our people is a symptom of the present undemocratic apartheid regime, fundamental change in the health status of our people cannot be brought about without a parallel change in the present socio-economic system; this house resolves that it recognises the UDF and its affiliates as the natural allies in the struggle for better health."

The HWA also resolved:

• To strengthen the democratic change led by the UDF;

• To support fully the resolutions passed at the conference of the Soweto Parents Crisis Committee;

• To work with students, community workers, women, parents and religious organisations if the demands of the SPCC conference have not been met by the state by March 28;

• The formation of the Congress of South African Trade Unions (Cosatu) was a victory for the working class;

• The HWA recognises the concept of one industry, one union, one federation and one country;

• Those working in the public sector, including hospitals, are exploited and subjected to poor working conditions, low wages, victimisation and that their struggles must be supported; and

• The HWA strive with other progressive health bodies to form a national health workers union affiliated to Cosatu.

It was noted that ethnic education is used by the State to "oppress and control the people" and that ethnic education is harmful and impedes the people's progress.

The meeting also supported "the courageous stand taken by our youth to strive for a relevant and unitary education system."

26/2/88
S. K. WILSON
89

Chinese cancer: Mystery solved

89 SOWETAN 19/2/86

THE cancer is naso-pharyngeal carcinoma; NPC for short, cancer of the back of the nose and throat which is the commonest form of cancer among men and second commonest among women throughout most of southern China.

In just the last few weeks, research has led to hopes of preventing NPC with a vaccine which will protect against infection with Epstein-Barr virus, which is the underlying cause of the cancer, although other factors are also required to cause it.

Professor Tony Epstein of Bristol University in the UK, one of the two scientists after whom the virus is named, has made a vaccine which has been shown to protect monkeys against EBV, as the virus is named for short.

Tests of the vaccine in humans are expected to start soon. But until now, just how EBV causes NPC has remained a mystery. Now the answer has been provided, by a research team led by Dr Lawrence Young in the Department of Cancer Studies in Birmingham University.

EBV causes another cancer, Burkitts lymphoma, a cancer of white blood cells which is common in children in tropical Africa. Scien-

RESEARCHERS at Britain's Birmingham University have discovered how the commonest cancer among two hundred million men in southern China is caused. Their discovery will speed the development of new drugs and vaccines to treat and protect against the disease, and perhaps against other forms of cancer too. Here's our report...

tists knew that EBV enters the cells it infects in Burkitts lymphoma via special entrances on the cells' surfaces, so-called so Dr Young's team looked for similar receptors on samples of epithelial cells from the regions of the nose and throat where NPC develops. They not only found the receptors, they found EBV infecting some of them.

So now scientists know how EBV gets into cells to cause NPC. But there's much more to it than that. Dr Young is now infecting cultures of epithelial cells from the nose and throat with EBV in the laboratory. This will enable his team to work out exactly what happens when the virus infects the cells and causes cancer. Then it will be possible to test various antiviral drugs on the infected culture, and see if any of them stop the process of malignant transformation — cells becoming cancerous.

Nitrosamines-chemicals found in preserved foodstuffs eaten in southern China, and possibly other chemicals in such things as salted fish or fermented vegetables are suspected as

being co-factors along with EBV in causing NPC.

It may be possible to develop inactive, harmless analogues to EBV; chemicals with molecules resembling the virus sufficiently to enter and block the receptors so that the virus could not enter and infect cells. Such compounds could, conceivably, be used to protect against infection and so against cancer. The same idea is already being used to treat or prevent other diseases.

EBV infection is very common in most countries. Young thinks it likely that, since receptors through which EBV can enter cells have been found in epithelial cells from the nose and throat, they will also be found on similar epithelial cells from other parts of the body; the lungs, head and neck and cervix for example. If so, then it may be that common forms of lung cancer, cervical cancer and head and neck cancer are caused, like naso-pharyngeal cancer, by infection with EBV, which is harmless in itself until some co-factor — perhaps tobacco

smoke in lung cancer, perhaps another virus infection in cervical cancer — comes along and makes EBV infected cells transform into malignant cells.

If that is so, then it may be possible to protect people against such cancers with the vaccine which protects against EBV infection. This vaccine, which should be becoming available in a year or two, might even be used as a treatment for some established cancers because of its ability to stimulate an immune response against EBV-infected cells. That's really speculation. But undoubtedly, this is a very exciting discovery.

Doctors warned not to tell about patients

Mercury Correspondent

CAPE TOWN—A large advertisement placed in this week's edition of the Weekly Mail advises doctors that giving the police names or particulars of patients injured during civil unrest is unethical.

The advertisement, which was placed in the February 21 edition of the newspaper by the National Medical and Dental Association (Namda), outlines the rights of unrest-injured patients and their doctors and comes in the wake of the recent violent disturbances in Alexandra, near Johannesburg.

During unrest in the township, in which at least 23 died, there were reports of confrontations between clinic staff and police who questioned doctors and nurses about certain patients in their care.

At the time, Namda accused the police of trying to force staff at the Alexandra Health Centre to hand over confidential information on patients.

Police responded by saying they would question 'whoever they see fit, including medical staff' during investigations.

The Weekly Mail advertisement says medical staff are not required to report the presence of gunshot-in-

jured patients.

Even patients under arrest in hospital during civil unrest have normal common-law privileges, unless they are held under laws prohibiting access of family and legal representatives to them, the advertisement says.

Records

Hospitals are required by medical ethics to ensure that the families of unrest-injured patients be informed of their admission and condition.

When such a patient is removed from hospital and placed in police custody, the family must likewise be informed, it says.

Detailed records of such patients must be kept by medical professionals treating them and should not be given to police without a subpoena or search warrant.

Medical staff should be given clear and written instructions about their relations with law-enforcement officers, says the advertisement.

The names and particulars of unrest-injured patients constitute confidential information and the divulging of these to the police was unethical and constituted a punishable breach of patient confidentiality.

Silent killer disease SHE spreads among women

One in four women over the age of 40 are affected by a silent, unnoticed yet often fatal bone disease, osteoporosis.

A degenerative bone disease resulting from abnormal bone loss, it is on the increase and is associated with most of the 195 000 hip fractures that occur annually among women in the United States. Complications from these fractures now constitute the 12th leading cause of death in that country.

Osteoporosis results from the gradual loss of bone, which is a natural process of aging, caused by the body's reduced ability to replace bone. But in women, and especially after menopause, the bone loss can become so severe that the skeleton becomes fragile and this can result in one of the commonest bone diseases — osteoporosis.

The disease has very few visible symptoms and is usually only noticed on X-ray when 30 per cent to 60 per cent of the bone mineral is lost resulting in serious vertebral compression or a severe fracture. One of the commonest features is the "dowager's hump" which causes elderly ladies to be stooped over and another is the common hip fracture which leads to other complications and can result in death.

Women need to be made aware of the dangers of osteoporosis and consult their doctors to discuss prevention.

Throughout life our bones remould themselves — calcium is lost and then replaced by the daily intake of calcium. However, as a person ages this calcium replacement slows down and women are more

seriously affected for two reasons:

- They have a smaller bone mass than men and so with the same amount of bone loss, the women's bones become more brittle.

- After menopause, women stop producing estrogen which researchers believe has a protective effect on the bones and enhances calcium absorption. Women also tend to ingest less calcium than men for dietary reasons, by eating less cheese and other dairy products.

RISK FACTORS

It is difficult for doctors to pinpoint exactly what factors cause osteoporosis and which women are at risk, but there are certain factors which put some women in the high risk category. These include:

- Women who are

thin and small boned.

- Women with a family history of osteoporosis.

- Women with fair complexions and Oriental women.

- Women whose ovaries no longer function.

- Women who smoke or drink alcohol excessively.

- Women who are physically inactive.

- Women who take in very little calcium.

TREATMENT

All the risk factors make aging women susceptible to osteoporosis. Women need to be made aware of characteristics of themselves which may put them more at risk and then consult their doctors for professional advice on whether they need some form of treatment. One



treatment is estrogen replacement therapy which involves replacing estrogen after menopause with a natural conjugated estrogen, ensuring the protection of the bones and better

absorption of calcium. Osteoporosis can be a serious disease but simple daily rules can help prevent or retard it. Most important are a calcium rich diet — plenty of cheese, milk, yoghurt — and regular

physical exercise. Treatment of osteoporosis also involves team work between a woman and her physician to ensure she has the treatment best suited to her.

deficiency syndrome were diagnosed in 1985?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Twelve.

theft of (a) small stock and (b) large stock in the magisterial districts of (i) East London, (ii) King William's Town, (iii) Stutterheim, (iv) Cathcart and (v) Queenstown during 1985 or the latest specified period of 12 months for which figures are available?

The MINISTER OF JUSTICE:

The information for 1985 is as follows:

Magisterial District	(a)	(b)
Small Stock		
Large Stock		
(i) East London	37	19
(ii) King William's Town	33	2
(iii) Stutterheim	67	9
(iv) Cathcart	8	0
(v) Queenstown	38	0

Development:

How many persons in each race group died of lung cancer during the latest specified period of 12 months for which figures are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

For the year 1985:

Primary malignancy of bronchus (deaths), White 155; Coloured 126; Asian 2; Black 33.

Primary malignancy of lung (deaths), White 136; Coloured 71; Asian 3; Black 50.

HANSARD 10/3/86 Stock theft 205. Mr P R C ROGERS asked the Minister of Justice: Q.C. 427

How many persons were convicted of

The information for 1985 is as follows:

	(a)	(b)
(i) East London	271	60
(ii) King William's Town	72	15
(iii) Stutterheim	89	Included in (ii)(b)
(iv) Cathcart	23	3
(v) Queenstown	169	36
(vi) Komga	49	4

HoA

Civil Pensions Stabilisation Account 271. Mr R M BURROWS asked the Minister of National Health and Population Development:

(1) Whether there have been any shortfalls in the Civil Pensions Stabilisation Account since its inception; if so, (a) by what amount did this account fall short of the sum paid out in each specified year and (b) which body makes up the shortfalls in this account;

(2) whether there was a shortfall in this account in the 1984-85 financial year; if so, what was the shortfall;

(3) whether it is anticipated that there will be shortfalls in this account in the 1985-86 and 1986-87 financial years; if so, what is the anticipated shortfall in respect of each of these financial years?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes—In respect of the Government Service Pension Fund.

(a) 1982/83 financial year—R17,6 million.	1983/84 financial year—R53,4 million.	1984/85 financial year—R96,8 million.
---	---------------------------------------	---------------------------------------

(b) (i) The State Revenue fund in respect of Government and Provincial civil pensioners.

(ii) The Post Office Fund in respect of Post Office civil pensioners.

(2) Yes—see (1)(a)

(3) Yes—1985/86—R133,8 million. 1986/87—R109,5 million.

HoA

Consolidation: cost of land 275. Mr R A F SWART asked the Minister of Education and Development Aid:

What was the cost of purchasing land for the purpose of consolidation in respect of each (a) national state and (b) independent Black state as at 31 December 1985 or the latest specified date for which figures are available?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(a) and (b) On 31 December 1985 the cost of land purchased for consolidation purposes was R1 101 000 000.

The cost relating to the purchase of land are not recorded separately in respect of each national state. The figures requested are thus not readily available.

Removals/resettlement

276. Mr R A F SWART asked the Minister of Education and Development Aid:

(a) What total number of Black persons in the national states were resettled in 1985, (b)(i) from what specified places were they removed and (ii) in what specified places were they resettled and (c) for what reasons were they resettled?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

The competence to settle Blacks in the national states vests in the state concerned. The Department of Development Aid has no information regarding such settlement actions and was not involved in any settlement action in the national states.

Maize 299. Mr R W HARDINGHAM asked the Minister of Agricultural Economics: (1) What stocks of maize were on hand at the latest specified date for which figures are available;

HoA

Community service: persons sentenced

The MINISTER OF JUSTICE:

200. Mr R M BURROWS asked the Minister of Justice:

The information is not readily available.

(1) Whether any persons have been sentenced by magistrates as a result of a refusal to render community service in terms of section 72(2)(a) of the Defence Act, No 44 of 1957, if so, (a) how many such persons had been sentenced as at the latest specified date for which figures are available, (b) to what period of detention had each been sentenced and (c) where are the detentions being served;

How many (a) cases of and (b) deaths from typhoid were reported in respect of each race group in each province for each month in 1985?

239. Dr M S BARNARD asked the Minister of National Health and Population Development:

239. Dr M S BARNARD asked the Minister of National Health and Population Development:

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(2) whether any of these persons have been given suspended sentences, if not, why not; if so, how many as at the above mentioned date?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) CASES TRANSVAAL

Table with columns for months (Jan-Dec) and rows for racial groups (WHITE, COLOURED, ASIAN, BLACK) and NATAL.

Table with columns for months (Jan-Dec) and rows for racial groups (WHITE, COLOURED, ASIAN, BLACK) and CAPE PROVINCE.

Table with columns for months (Jan-Dec) and rows for racial groups (WHITE, COLOURED, ASIAN, BLACK) and NATAL.

Table with columns for months (Jan-Dec) and rows for racial groups (WHITE, COLOURED, ASIAN, BLACK) and NATAL.

Table with columns for months (Jan-Dec) and rows for racial groups (WHITE, COLOURED, ASIAN, BLACK) and NATAL.

O.F.S.

Table with columns for months (Jan-Dec) and rows for racial groups (WHITE, COLOURED, ASIAN, BLACK) and NATAL.

Polio myelitis

240. Dr M S BARNARD asked the Minister of National Health and Population Development:

December 1984 to the latest specified month for which figures are available; (2) how many persons of each race group were immunised against polio myelitis in each province in 1985?

(1) How many (a) cases of and (b) deaths from polio myelitis were reported in respect of each race group in each province for each month from

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

CASES OF POLIOMYELITIS

1984 1985 Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Table with columns for months (Dec 1984-Dec 1985) and rows for racial groups (WHITE, COLOURED, ASIAN, BLACK) and NATAL.

Table with columns for months (Jan-Dec) and rows for racial groups (WHITE, COLOURED, ASIAN, BLACK) and NATAL.

Table with columns for months (Jan-Dec) and rows for racial groups (WHITE, COLOURED, ASIAN, BLACK) and NATAL.

CAPE PROVINCE

WHITE.....	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COLOURED.....	0	0	0	0	0	0	3	0	0	2	0	0	1	1	1	0	0	0	0	0
ASIAN.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BLACKS.....	0	0	0	1	2	4	0	0	3	0	0	1	1	1	1	0	0	0	0	0

(1) (b) DEATHS FROM POLIOMYELITIS

1984 1985
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

TRANSVAAL

WHITE.....	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COLOURED.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ASIAN.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BLACK.....	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0

O.F.S.

WHITE.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COLOURED.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ASIAN.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BLACK.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

NATAL

WHITE.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COLOURED.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ASIAN.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BLACK.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

CAPE PROVINCE

WHITE.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COLOURED.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ASIAN.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BLACK.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(2) POLIOMYELITIS IMMUNISATIONS

Figures for 1985 are not yet available. Figures for 1984 are given below.

TRANSVAAL	WHITE.....	40 411	34 797	15 243	13 810
	COLOURED.....	7 130	6 525	64 677	51 013
CAPE	WHITE.....	3 461	3 090	402	319
	BLACK.....	106 043	77 155	35 825	22 488
NATAL	WHITE.....	4 971	4 272	2 646	2 506
	COLOURED.....	1 219	879	16 278	14 898
O.F.S.	WHITE.....	24 299	19 962	40 405	21 559
	BLACK.....	3	3	4 872	2 506

Training of nurses
241. Dr M S BARNARD asked the Minister of National Health and Population Development:

- (1) How many (a) applications to train as nurses were (i) received and (ii) accepted from, and (b) vacancies existed at institutions for the training of nurses for, Whites, Coloureds, Indians and Blacks, respectively, in 1984;
- (2) how many nurses of each of these race groups completed their training in that year?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Position as at 31 December 1984.

(1) (a) (i) Whites	5 558	(ii) 4 292
Coloured	3 541	1 051
Indians	924	298
Blacks	40 615	4 791

(b) Whites 2 415

Coloureds 1 416

Indians *

Blacks *

* Information can unfortunately not be supplied in respect of each respective racial group.

(2) Whites 1 898 †

Coloureds 588 †

Indians 219 †

Blacks 3 161 †

† Information obtained from the South African Nursing Council.

242. Dr M S BARNARD asked the Minister of National Health and Population Development:

(b) Needed: (i) Whites..... 5 602

(ii) Non White 8 681

How many hospital beds were (a) available and (b) needed for (i) White and (ii) non-White patients in hospitals falling under the control of his Department as at the latest specified date for which figures are available?

The above figure does not include Private Hospitals subsidised by the Department of National Health and Population Development.

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) Beds available: (i) Whites..... 6 469

(ii) Non White 8 803

AIDS

243. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many cases of acquired immune

Kelvin

It is expected that service will be provided to 158 of the 461 waiting applicants within the next eight weeks. Further applications will be met as telephone numbers become available as a result of the discontinuance of existing services. All outstanding applications will be met when the 2 968 line extension of the exchange referred to in the reply to question No 88 of 1 April 1985 and of which the commissioning has been delayed as a result of building operations is expected to be taken into service during the first half of 1987.

Brynley

It is expected that service will be provided to 136 of the 302 waiting applicants within the next eight weeks. The remaining applications will be met when the 10 392 line extension of the exchange referred to in the reply to question No 88 of 1 April 1985 and of which the commissioning has been delayed as a result of building operations is expected to be taken into service during the second half of this year.

Rosebank

It is expected that service will be provided to 182 of the 217 waiting applicants within the next eight weeks. The remainder of the services will be met as cable leads become available on the completion of minor cable works. The 3 328 line extension of the exchange referred to in the reply to question No 88 of 1 April 1985 is now expected to be taken into service during the second quarter of this year. A further 1 055 line extension is scheduled for completion during the first half of 1987 if nothing unforeseen occurs.

Sunninghill Park

It is expected that service will be provided to 32 of the 133 waiting applicants within the next eight weeks. The remaining applications will be met when a 718 line extension of the exchange is expected to be taken into

service during March this year and as cable leads become available on completion of minor cable works.

Farnall

It is expected that service will be provided to 19 of the 68 waiting applicants within the next eight weeks. The remaining applications will be met as cable leads become available on completion of minor cable works.

Fourways

It is expected that service will be provided to 17 of the 280 waiting applicants within the next eight weeks. Further applications will be met as telephone numbers become available as a result of the discontinuance of existing services and minor cable works are completed. All outstanding applications will be met when a 908 line extension of the exchange is expected to be taken into service during the second quarter of this year.

Olivevale

It is expected that service will be provided to 44 of the 110 waiting applicants within the next eight weeks. The remaining applications will be met on completion of minor cable works now being undertaken. If nothing unforeseen occurs, the exchange will be extended by 2 760 lines during the second half of this year.

Diepsloot

It is expected that service will be provided to 11 of the 59 waiting applicants within the next eight weeks. The remaining applications will be met as telephone numbers become available as a result of the discontinuance of existing services and minor cable works are completed. General relief is dependent on the replacement of the existing Diepsloot exchange by a new exchange unit which will provide 157 additional lines. This unit is expected to be ready for service during the second quarter of this year provided nothing unforeseen occurs.

Bromhof

It is expected that service will be provided to 168 of the 214 waiting applicants within the next eight weeks. The remaining applications will be met as cable leads become available on the completion of minor cable works. A 1 716 line extension of the exchange is expected to be taken into service during the second half of 1987.

Crowthorne

It is expected that service will be provided to 17 of the 24 waiting applicants within the next eight weeks. The remaining applications will be met as cable leads become available on the completion of minor cable works.

Note:

In all cases where relief is dependent on the extension of an exchange, new services can, until such time as the extension is completed,

normally only be provided as numbers become available as a result of the discontinuance of existing services.

CHOLERA
1913/86 642
357. Dr M S BARNARD asked the Minister of National Health and Population Development:

- (1) How many (a) cases of and (b) deaths from cholera were reported in respect of each race group in each province for each month from January 1985 to the latest specified month for which figures are available;
- (2) what steps are being taken to combat the spread of this disease?

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) (a) Cases of cholera 1985.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Transvaal												
White	0	0	0	0	0	0	0	0	0	0	0	0
Coloured	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0	0	0	0	0	0
O.F.S.												
White	0	0	0	0	0	0	0	0	0	0	0	0
Coloured	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0	0	0	0	0	0
Natal												
White	0	0	0	0	0	0	0	0	0	0	0	0
Coloured	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0
Black	55	71	102	137	156	35	8	3	1	2	1	0
Cape												
White	0	0	0	0	0	0	0	0	0	0	0	0
Coloured	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0	0	0	0	0	0

(1) (b) Deaths from cholera 1985.

Transvaal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
White	0	0	0	0	0	0	0	0	0	0	0	0
Coloured	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0	0	0	0	0	0
O.F.S.												
White	0	0	0	0	0	0	0	0	0	0	0	0
Coloured	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0	0	0	0	0	0
Natal												
White	0	0	0	0	0	0	0	0	0	0	0	0
Coloured	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0	0	0	0	0	0
Cape												
White	0	0	0	0	0	0	0	0	0	0	0	0
Coloured	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0	0	0	0	0	0

- (2) (i) Surveillance.
- (ii) Treatment of cases.
- (iii) Tracing and treatment of contacts.
- (iv) Health Education.
- (v) Participation in the Interdepartmental Committee providing advice to authorities responsible for providing services.

Malaria/typhoid/cholera

358. Dr M S BARNARD asked the Minister of National Health and Population Development:

- (1) Whether there was any increase in the incidence of (a) malaria, (b) typhoid and (c) cholera in the Republic during the latest specified period for which figures are available; if so, (i) to what extent, (ii) in which areas and (iii) how many cases of each disease were diagnosed in each area;
- (2) whether any persons died of these

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT.

(1) (a) Yes.



(i) From 4 420 notified cases in 1984 to 8 606 notified cases in 1985.

Region	(ii) and (iii) notified in 1984	Cases notified in 1985
Natal	703	834
OFS	50	89
Southern Transvaal	439	476
Northern Transvaal	1 824	3 816
National States		
Gazankulu	202	3 035
KwaZulu	486	755
Lebowa	26	291
KaNgwane	637	671

- (b) No.
- (c) No.

(2) (a) Malaria—11 deaths in 1985 in Northern Transvaal, 2 in Gazankulu, 2 in Lebowa, 3 in KaNgwane.

(b) Typhoid—In 1985 2 deaths in Eastern Cape, 1 in Western Cape, 4 in Natal, 22 in Northern Cape, 4 in Natal, 22 in Northern Transvaal, 1 in Northern Cape, 1 in Gazankulu, 12 in KwaZulu, 3 in KaNgwane and 4 in Kwa-Ndebele.

(c) Cholera—No deaths reported in 1985.

- (3) Yes.
- (a) Malaria
- (i) Surveillance.
- (ii) Active and passive casefinding.
- (iii) Health Education.
- (iv) Encouragement of prophylactic treatment.
- (v) Vector control.

Campaign mainly concern-

tated on Northern and Eastern Transvaal and North Eastern Natal.

(b) Typhoid

(i) Surveillance.

(ii) Casefinding.

(iii) Health Education.

(iv) Treatment and isolation of contacts.

(v) Advice with regard to environmental factors.

(c) Cholera See reply to Question 357.

South West Africa: detainees

359. Mrs H SUZMAN asked the State President:

Whether any persons are being held in South West Africa under Proclamation (a) AG 26 and (b) AG 9; if so, how many persons in each case as at the latest specified date for which figures are available?

The STATE PRESIDENT:

(a) Nil.

(b) Yes. 12.

Notifiable diseases 17/3/86
 361. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many cases of each notifiable disease were notified in respect of each race group in 1985?



The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

	White	Coloured	Asian	Black
Cholera	0	1	19	670
Typhoid	59	27	51	4 049
Paratyphoid	1	0	0	3
Tuberculosis	620	11 421	630	36 370
Plague	0	0	0	0
Anthrax	0	0	0	0
Brucellosis	164	0	0	34
Leprosy	1	1	0	72
Diphtheria	1	1	0	42
Meningo-coccal Inf.	67	206	7	199
Tetanus	1	10	3	202
Polio-myelitis	4	7	0	53
Smallpox	0	0	0	0
Measles	961	650	168	12 186
Yellow fever	0	0	0	0
Haemorrhagic fevers	0	0	0	1
Rift valley fever	1	0	0	0
Viral hepatitis	383	297	107	593
Rabies	0	0	0	0
Psittacosis	1	0	0	0
Trachoma	0	0	0	19
Typhus (lice)	0	0	0	0
Typhus (flea)	0	0	0	0
Malaria	286	3	5	9 652
Trypanosomiasis	0	0	0	0
Leptospirosis	0	0	0	0
Toxoplasmosis	0	0	0	0
Prim. malign. of bronchus	126	100	20	132
Prim. malign. of lung	62	27	14	60
Prim. malign. of pleura	0	1	0	1
Poisoning (agric. remedy)	14	28	0	67
Poisoning (lead)	2	0	0	3

HANSARD 19/3/86
362. Dr M S BARRARD asked the Minister of Constitutional Development and Planning:

- (1) With reference to the reply of the Minister of Co-operation, Develop-

ment and Education to Question No 7 on 12 February 1985, (a) what progress had been made in respect of the privatisation of the sorghum beer industry as at the latest specified date for which information is available and (b) when is it anticipated that this process will be completed;

- (2) whether any alternative sources of income have been found for Black local authorities; if not, why not; if so, what is the nature of these sources?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

- (1) (a) The Sorghum beer interests of the 13 development boards have been rationalised into 8 consor-tiums which, pending amendments to the act, are conducted in terms of co-operative agreements. In view of changed circumstances within the Sorghum beer industry and the possible phasing out of the development boards the process of privatisation is to be accelerated.

(b) It is proposed that amendments to the relative legislation to regulate the privatisation are to be tabled during the present session of Parliament.

- (2) Yes. The Black local authorities will as participants in the regional services councils also share in the revenue generated by these councils. These local authorities are otherwise also dependent upon the revenue derived from rent and trading services. Sub-economic rates are, where necessary, supplemented with bridging finance.

HANSARD 19/3/86
369. Mr P H P GASTROW asked the Minister of Law and Order:

- (1) Whether any lawsuits were brought against him in his capacity as Minister of Law and Order in 1985 by members of the public; if so, (a) how

- (1) many and (b) what (i) were the circumstances of the lawsuit, and (ii) was the outcome, in each case;
- (2) whether he paid out any moneys (a) as a result of successful lawsuits brought against him and (b) in out-of-court settlements; if so, what total amount?

The MINISTER OF LAW AND ORDER:

- (1) Yes.

(a) 137.

(b) (i) Damage to vehicles ...	68
Unlawful arrest and detention	29
Assault	29
Shooting incidents ...	4
Bitten by police dog ..	3
Loss of maintenance ..	1
Confiscation of vehicle	1
Damage to property due to police action	1
Loss of prisoner's property while in police custody	1
Total	137

(ii) 88 cases were settled out of court
8 cases were decided in favour of the state, with costs
1 case succeeded with a counter-claim
38 cases were withdrawn
2 cases were dropped

- (2) (a) No.

(b) Yes, R146 668 14 of which R111 378 64 was paid out owing to damage which resulted from motor accidents.

HANSARD 19/3/86
449. Mr W V RAW asked the Minister of National Health and Population Development:

- (1) Whether military pensions payable for wounds, injuries or other disabilities inflicted in the course of military duty are classified as civil pensions; if not, as what type of pensions are they classified;
- (2) whether increases in civil pensions are normally effected in a certain month; if so, in what month;
- (3) for what periods since 1945 have increases in military pensions been effected in (a) April, (b) October and (c) other specified months?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) No. Military pensions are not specifically classified as a type of pension but are related to compensation for disablement caused or aggravated by military service.

(2) No.

(3) (a) 1945 1967
1978 1984.

(b) 1968 1973
1975 1977

(c) May and December—1974.

Telephones

527. Mr P G SOAL asked the Minister of Communications:

What was the estimated cost of repairing public telephones in the Republic in 1985?

The MINISTER OF COMMUNICATIONS:

R0,7 million for repairs arising from vandalism and the theft of apparatus.

Clinics closed, health services withdrawn

DISPATCH 26/3/86

Dispatch Reporter
EAST LONDON — An estimated 25 000 residents of Kwelera, Newlands and Mooiplaas near here have been left without health care after Ciskei withdrew all of its health services from the three areas.

Ciskei's Director-General for Information, Mr Headman Somtunzi, confirmed yesterday that the four clinics serving the residents had been closed down late last week out of concern for the safety of staff.

"Through the instability in those areas, it has become imperative to withdraw our staff," Mr Somtunzi said. "We can't put lives at stake for people who don't appreciate what is done."

He said there had been a great deal of unrest in the areas recently. A headman, a Mr Tutani of Sotho Village,

had been burnt to death last week and a nurse threatened when she tried to phone the police, he said.

The clinics were the bases for all health services in the areas, including maternity, tuberculosis, psychiatric, nutrition, paediatric, family planning and general medical care. Two mobile clinics which paid regular visits to the areas have also been withdrawn, and the total staff involved is 29 people.

Mr Somtunzi said no alternative arrangements had been made for Kwelera, Newlands and Mooiplaas. The services would be transferred to those people supporting Ciskei, who are currently being moved out.

These people would be helped, "wherever they are moved to. The others must fend for themselves."

He said there was "nothing in the pipeline" until stability returned to the area.

"We are bound to impose a blanket ban," he said, "even if only five per cent of the population is involved in the unrest, the onus is on the others to report them to the police."

Mr Somtunzi denied the move had anything to do with South Africa's decision to resume administrative control of the three areas.

South African authorities have been unable to make alternative arrangements as yet.

The First Secretary in the South African embassy in Ciskei, Mr Kevin Brennan, said negotiations with Ciskei authorities had been proceeding about the takeover of medical facilities in line with the decision to resume administration.

Nevertheless, a report

had been received only yesterday morning on the closure of the clinic in Tuba village. He did not know about the closure of the other clinics.

The closest medical facility for many of the residents is now Frere Hospital in East London, 50 km away. The deputy superintendent of Frere, Dr Ben Hall, said he had heard "rumours" of the closure. He said the move could present problems for Frere, which was already overloaded.

No definite plans had been formulated, Dr Hall said, and he was waiting for word from his head office.

Mr Brennan said South Africa was unable to move into the gap immediately, but steps were being taken to do so as soon as possible. He pointed out that this was difficult in the current unstable situation in the areas.

SMAR 27/3/86 (59)

Advice to keep malaria at bay

By Joe Openshaw,
Medical Reporter

Last year 10 000 cases of malaria were reported in South Africa and people visiting malaria areas over Easter are advised by Professor Margaretha Isaacson, professor of tropical diseases at the SA Institute for Medical Research, to take precautions.

Professor Isaacson says pregnant women should visit malarial areas only if absolutely necessary, because if they contract the fever there is great risk to the unborn child.

Cases of malaria reported last year were more than twice as many as in the previous year — a worldwide trend.

Although the incidence of malaria here has reached an all-time high, Professor Isaacson does not believe South Africa is heading for an epidemic of the disease.

"The picture in some parts of the world looks grim, but we in South

Africa are still very much in control, largely because we are on the fringe of the problem and the health authorities have stepped up control measures," she said.

"Malaria has been increasing worldwide for several years and this can be ascribed to population increase, movement between countries and favourable weather conditions," she said.

Although not altogether free of drought, many parts of South Africa and neighbouring territories have had good rains and the malaria problem has increased.

Professor Isaacson said: "I recommend that visitors to malarial areas — which include the Eastern Transvaal, the Lowveld, Northern Transvaal, Swaziland and Northern Transvaal — take anti-malaria tablets."

Advice on anti-malaria treatment should be obtained from pharmacists or family doctors.



Honest Tom hit gold in a 2 c meter

An unfortunate motorist's loss when he placed a quarter ounce Krugerrand into a parking meter, became municipal employee Mr Tom Dannhauser's gain — thanks to his honesty.

Mr Dannhauser, who works in the revenue office, noticed the shiny gold coin while sorting through 2 c pieces and handed it to the town clerk.

Advertisements were placed in the local newspaper, but nobody came up with the correct description of the Krugerrand, valued at R215.

At a subsequent council meeting it was decided to hand the gold coin to Mr Dannhauser, who now plans to have it made into a necklace for his wife.

"What a pity for the person who placed it in the 2 c slot — he got only 10 minutes' parking for R215," he said.

Social aid: think tank to explore all options

SMAR 27/3/86 Pretoria Bureau

A think tank on a research programme into affordable social provision will be held at the Jan Smuts Holiday Inn on April 25.

It is hoped the think tank, organised by the Human Sciences Research Council, will generate a variety of research projects and provide the opportunity to formulate more specific research questions.

Six people already involved in projects relating to affordable social security will deliver papers.

Among the subjects to be considered are: the identification and development of support systems and networks in the community, the upgrading and utilisation of all community resources, particularly volunteers and paraprofessionals, and the establishment of self-help groups and schemes for the early identification of social needs and to prevent crises.

Seeking new answers to old questions about social security

Pretoria Bureau

New answers to the old questions about social security are being sought by the Human Sciences Research Council.

The national research programme is expected to take several years to complete and consists of six sub-programmes.

Work on the first of these, "Investigation into Affordable Social Security", began last month.

A reason behind the research programme is the

realisation that extensive government responsibility does not and cannot satisfy all needs. Individuals and the private sector can create resourceful ideas and strategies what will reduce government responsibility.

The six sub-programmes are:

- Affordable material provision, involving private and public insurance and social aid schemes.

- The settling of people, emphasising allocation and the use of space.

- Health services, including health education and promotion, the prevention of diseases, the development of neighbourhood services and networks for handling crises among high risk groups.

- Personal safety and the development of new crime prevention strategies.

- Social provision, involving welfare and alternatives for State welfare.

- Communication and promotion systems.

New hospital fees structure in April

891

DISPATCH

28/3/86

CAPE TOWN — On April 1 all provincial hospitals and clinics will switch over to a new hospital fees structure, bringing an end to the system of free medical services for impoverished patients.

But, according to the Administrator for the Cape, Mr Eugene Louw, "health services will not be withheld from anyone, and no-one will have to suffer unnecessary hardship in order to be able to meet his financial commitments for health services".

In terms of the new fee structures, separate hospital fees for in-patients and out-patients will be payable according to sliding scales de-

pending on the ability of the family unit to pay income tax.

Tariffs will fall into three categories: nominal, inclusive and separately specified tariffs.

Nominal tariffs will apply to state patients — those not liable to pay income tax, such as social pensioners — who will pay a minimum of 50c or a maximum of R1 a day for hospitalisation and the same for each out-patient visit.

Inclusive tariffs will be for semi-state patients — those able to pay a portion of the costs of treatment, but who cannot afford private sector care — who will pay, depending on their income tax liabil-

ity, between R6 and R30 at specialist institutions like Groote Schuur and Tygerberg hospitals and between R3 and R15 at general practice institutions.

They will pay, as out-patients, between R6 and R14 and between R3 and R7, for visits to specialist and general practice hospitals respectively.

Separately specified tariffs will be for private patients who are able to pay the full costs of private sector treatment.

These patients will pay, also on a sliding scale, between R36 and R54 at specialist institutions and between R18 and R27 at general practice hospitals.

All private patients will pay fixed rates of R18 for out-patient visits to specialist hospitals and R9 for out-patient visits to general practice institutions.

The above rates will be adjusted as changes are made to the medical aid schemes benefit scales and may well be increased in the near future.

All patients visiting provincial hospitals and clinics are asked to provide at each visit, a personal identity document and some form of proof of their tax liability such as an income tax certificate or assessment, a pay slip or a social pension book. — Sapa

'One in 10 leprosy cases reach treatment centre'

16/11/89
89

Medical Reporter

A high proportion of early leprosy cases in South Africa are not detected and the actual number of leprosy cases in the community is 10 times higher than registered at Westfort, the country's only leprosy treatment centre.

Dr. Elsa McCabe, a doctor at Westfort, told the Fifth General Practitioners' Congress in Johannesburg yesterday most of the patients reach Westfort far too late - with nerve and tissue damage which has not been prevented because early signs and symptoms are not diagnosed.

Since the introduction of modern drug treatment the incidence of leprosy has fallen and for the last six to seven years has been "smouldering at an incidence of 0,5 in 100 000."

NOT OFTEN SUSPECTED

There have been an average of 104 new cases a year for the last three years.

"The year 2 000 is the target for better health for all and the eradication of leprosy in parts of the world, including South Africa.

"Our level of suspicion that we might be dealing with leprosy have lowered because there are so few cases," suggested Dr McCabe.

She said a survey showed there was a considerable lag between the first symptoms and the start of effective treatment.

Thirty percent are detected in the first year; 56 percent after the first year and more than 15 percent only after more than five years.

in respect of races in pupil/teacher ratios; if not, (a) why not and (b) when it is envisaged that such estimates will be made; if so, what amount per year is required to bring about parity by (i) 1990 and (ii) 1995?

†The MINISTER OF EDUCATION AND DEVELOPMENT AID:

The hon member is referred to the answer on Question 29, which is also applicable to this question on pupil/teacher ratios.

add the Rabies 3/8/86
HANS WARD & Co 1287 89
*31. Mr R W HARDINGHAM asked the Minister of Agricultural Economics:

How many cases of rabies were reported in (a) Natal and (b) KwaZulu during the latest specified period of 12 months for which figures are available?

The MINISTER OF AGRICULTURAL ECONOMICS:

- (a) Natal: 68.
(b) KwaZulu: 15.

For the period 1 March 1985 to 28 February 1986.

Johannesburg station: release of gas
*32 Mr W V RAW asked the Minister of Transport Affairs:

- (1) Whether an investigation was held into the release of gas in the Johannesburg station; if not, why not; if so, (a) what type of gas was released, (b)(i) by whom, (ii) why and (iii) when was it released and (c) what areas and/or public facilities were affected;

- (2) whether any (a) adults and (b) children were evacuated from the affected areas; if so, what total number of persons were evacuated;

- (3) whether any foodstuffs and/or meals

HoA

were contaminated by the gas so released; if so, what was the total amount of the losses sustained in this regard;

- (4) whether any action has been taken against those responsible for releasing the gas; if so, what action?

†The MINISTER OF TRANSPORT AFFAIRS:

- (1) Yes.

- (a), (b), (i) (ii), (iii), (c) and (2) to (4) As the matter is *sub judice* no information can be divulged at this juncture.

Own Affairs: HANS WARD & Co 1288 89
*1. Dr M S BARNARD asked the Minister of Health Services and Welfare:

- (1) Whether a date has been set for the transfer of the provincial health and hospital services to his Department; if not, (a) why not and (b) when is it anticipated that a decision will be taken in this regard; if so, what is that date;

- (2) whether any changes will be made to the (a) structure and (b) functioning of these provincial services when they are transferred to his Department; if so, (i) what changes and (ii) what is the reason for each of these changes?

The MINISTER OF HEALTH SERVICES AND WELFARE:

- (1) No.

(a) and (b) I refer the hon member to my reply on a question of the hon member for Pietersburg on 10 February 1986. The investigation by the project team of the Commission for Administration has been completed. The report is being studied at present and a decision will be taken shortly.

- (2) The changes will be determined by the nature and extent of the functions which are to be transferred to Own Affairs Administrations.

Mr R M BURROWS: Mr Speaker, arising out of the hon the Minister's reply, can he indicate which health services it has been agreed will be shared between the Natal Provincial Administration and the KwaZulu Authority in terms of the Joint Executive Authority approved by the Government?

The MINISTER: Mr Speaker, the hon member should direct that question to the hon the Minister of Constitutional Development and Planning. [Interjections.]

Mr G B D MCINTOSH: Mr Speaker, further arising out of the hon the Minister's reply, would he tell the House whether the report of the Commission for Administration is an own affairs report or a general affairs report and whether it will be made available to hon members of Parliament?

The MINISTER: Mr Speaker, I do not think the report has been classified.

Mrs H SUZMAN: Race classification!

The MINISTER: . . . in the terms used by the hon member, but it is being dealt with by a general affairs department, namely the Department of Constitutional Development and Planning.

Mr G B D MCINTOSH: Mr Speaker, further arising out of the hon the Minister's reply, can he tell the House if the hon the Minister of National Health and Population Development is involved in dealing with this problem?

The MINISTER: Mr Speaker, the hon the Minister of National Health and Population Development is obviously involved in this matter.

Teacher training colleges
HANS WARD & Co 1289 89
*2. Mr R M BURROWS asked the Minister of Education and Culture:

- (1) Whether any Administrator, Provin-

cial Executive Committee or Member of the Executive Committee was formally approached at any time during the latest specified period of five years for which information is available, to open to all races any teacher training college then falling under provincial control; if so, (a) by what persons or groups, (b) what are the names of the persons so approached, (c) on what dates did this occur and (d) what was the reaction in each case;

- (2) whether during the above period any university acting in accordance with the provisions of the National Education Policy Act, No 39 of 1967, made a request, in conjunction with a teacher training college, that such college admit non-White students of the university; if so, (a) which (i) universities and (ii) colleges, (b) on what dates and (c) with what result in each case;

- (3) whether he will make a statement on the matter?

†The MINISTER OF EDUCATION AND CULTURE:

- (1) No request in this regard was made to the Department. The Department also has no record of requests made to the Administrators, Executive Committees and members of Executive Committees in the past;
- (a), (b), (c) and (d) fall away;

- (2) No such request was made to the Department and the Department has no knowledge of requests made to Administrators, Executive Committees or members of Executive Committees;
- (a)(i)(ii), (b) and (c) fall away;

- (3) No.

Mr R M BURROWS: Mr Speaker, arising out of the hon the Minister's reply, did I understand him correctly to say that his de-

HoA

'Damp Atlantis houses are health hazards'

From ADA STUIJT, Tygerberg Bureau

AN Atlantis doctor has warned that many houses in the five-year-old Saxon Sea development are damp, mildewy health hazards and that many occupants have chronic lung ailments.

The doctor said he had written to the Divisional Council of the Cape about patients' houses, "but nothing seems to be done. They still live in damp houses and I keep treating them for the same chronic lung problems".

Divisional councillor Mr Neil Ross has asked the council's health department to investigate.

The doctor, who asked not to be named "for ethical reasons", said he had advised sick patients to move out.

Housing crisis

"But unfortunately they have nowhere else to go because of the housing crisis."

He said he had pointed out the problem to the council a year ago.

The chairman of the Atlantis Residents' Association, Mr Noel Williams, said most of the 500 Saxon Sea houses, built on a dried-up vlei, should be condemned. He blamed "shoddy construction and inadequate damp-proofing".

Divisional council secretary Mr C H Mocke, approached for comment about a complaint by Mr Robert Baatjies of Magnet Circle, said that "matters improved considerably after the Council for Scientific and Industrial Research took remedial measures to combat the complaints about mould".

He said Mr Baatjies was "welcome to hand back his property but will not be assisted with alternative housing because of the heavy subsidisation of his present house".

However, Mr Baatjies maintains that his house, and many others like it, should be condemned.

The CSIR's aeration piping, which was installed in the ceilings recently, had not stopped the damp rot which was crumbling cement and cracking walls, he said.

Mr Baatjies, a wage clerk, bought his four-year-old house two years ago for R22 000. He does not expect it to last the 30-year term of his loan.

Asthma, bronchitis

Mr Mocke denied the allegations, saying that the house was found to be "of sound construction" after an inspection only two months ago and that the damp problem had been solved by the CSIR.

Mr Baatjies has frequent asthma attacks, two of his three children have moved out because of chronic bronchitis and the youngest child, four-month-old Julian, has been under medical care for lung problems since birth.

Mrs Delia Bamboe, a neighbour with the same problem, bought her house five years ago.

She said the house had virtually become a "test case" in the council's battle with mould and damp.

Over the years additional airbricks, chimneys and pipes have been installed, she has been advised to leave the back door open, and last week yet another work team installed more pipes in the ceiling.

Her family also have lung problems.



Saxon Sea resident Mrs Delia Bamboe and her three-year-old granddaughter Cerina. Mrs Bamboe wages a fulltime battle with rampant mildew growth on the ceilings of her moist home.

(a), (b), (c) and 2 (a) Salt River station is presently being remodelled as a result of which trains on the Cape Flats line are delayed for approximately 17 minutes almost daily during morning and afternoon peak periods. The remodelling of the station provides for additional lines between Woodstock and Maitland which will greatly improve the timekeeping of trains on the Cape Flats line. Bi-directional signalling is also being installed between Salt River and Hazendal which will also contribute to the smoother running of trains.

(b) During September 1986.

ACSL 1827
Billharzia
2015/86
89
 1045. Mr P G SOAL asked the Minister of National Health and Population Development:

- (1) Whether the water of rivers, streams and canals flowing through the Parliamentary constituency of Johannesburg North was tested by his Department in 1984 for (a) bilharzia and (b) any other specified contamination; if not, why not; if so,
- (2) whether any traces of (a) bilharzia and (b) any other specified contamination were found; if so, (i) in which rivers, streams or canals and (ii) what action is being taken as a result?

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) (a) Yes.
- (b) No, primarily local authority's responsibility.
- (2) (a) No.
- (b) See 1(b).

HoA

Own Affairs:

ACSL 1828
2015/86
Pre-primary schools
2015/86
 79. Mr R M BURROWS asked the Minister of Education and Culture:

- (1) How many pre-primary schools were registered with, but not financed by, each provincial education department as at the latest specified date for which information is available;
- (2) whether there are any differences in the financing formulae for pre-primary schools applied by these education departments; if so, (a) why and (b) what are these differences (i) within each such department and (ii) among the four departments;

(3) (a) what number of pre-primary schools falls into each category of financing in each province and (b) what is the expenditure per pre-primary child in each category of financed pre-primary school for each provincial department;

- (4) how many pre-primary schools of all categories are there in the Greater Durban area?

THE MINISTER OF EDUCATION AND CULTURE:

- (1) Transvaal: 372 as at 21 January 1986; Natal: 9 as at 9 May 1986; Cape: 23 as at 31 March 1986; Orange Free State: 21 as at 4 March 1986.
- (2) Financing formulae do not yet exist.
- (a) Falls away.
- (b) (i) and (ii) Fall away.

(3) (a)	Subsidised (Per Capita subsidy)	Controlled schools (salaries only)	Provincial schools (Government schools)
Transvaal	178	35	125
Natal	2	97	2
Cape	21	156	—
Orange Free State	—	82	—
(b)			
Transvaal	R76 (1985-86)	R1 066 (1985-86)	R1 267 (1984-85)
Natal	R85	R1 145	R1 873
Cape	R85-R125	R562.56	—
Orange Free State	—	R715	—

(4) 25.

2015/86
University of Natal
2015/86
 80. Mr L F STOFFELER asked the Minister of Education and Culture:

Whether any fire damage was recently caused to the buildings of the Department of Political Sciences at the University of Natal; if so, (a) when, (b) what were the circumstances surrounding this incident, (c) what is the estimated amount of the damage and (d) in what manner is this amount being recovered?

(c) R1,0 million.
 SA Police has indicated that the matter is still being investigated.

(d) Negotiations in this connection have not yet been completed.
2015/86
Cape School Board
ACSL 1830
 81. Mr R M ANDREW asked the Minister of Education and Culture:

- (1) What are the names of the (a) high and (b) primary schools in operation in the Cape School Board area in (i) 1975, (ii) 1980 and (iii) 1985;
- (2) in respect of each of these schools, how many pupils (a) were enrolled and (b) could the available physical facilities accommodate in (i) 1975, (ii) 1980 and (iii) 1985?

THE MINISTER OF EDUCATION AND CULTURE:

	1(a)		(1) and (2)		(1) and (2)	
	(2)(a)	(2)(b)	(2)(a)	(2)(b)	(2)(a)	(2)(b)
Bergvliet	652	500	721	660	793	825
Ellerslie Girls'	352	350	230	350	212	350
Good Hope Seminary Girls'	275	450	231	450	288	450
Groote Schuur	260	300	376	500	268	500
Jan van Riebeeck	629	650	557	650	489	650
Cape Town	626	650	611	650	532	650

HoA

Crossroads typhoid case

Continued from Page 1

cleaned immediately and toilets in a neighbouring sports centre had to be made available to the refugees.

Trenches had to be dug for rubbish and these could be used for pit latrines if the toilets became blocked again.

WATER SUPPLY

He asked the council to provide engineering staff to help board workers implement these steps if necessary. He said he had instructed that trenches for pit latrines be dug last week but this had not been done.

Dr Tibbit said allegations that the council had reduced the water supply to the Zolani Centre to force refugees to

move to Khayelitsha were unfounded.

The supply had diminished because the pipe to the area was small and there was great demand for water.

Divisional Council chief engineer Mr J A Clark said night-soil removal services and clinics had continued to operate throughout the crisis.

A proposal by Mr Neil Ross that the council give R1 000 each to Shawco, the Red Cross and St John Ambulance for relief was unanimously approved.

● Meanwhile, Sapa reports that the West German Government has given R50 000 in relief aid for Crossroads. The money will be made available to welfare and relief organisations.

● See Pages 7 and 21.

Typhoid case from Crossroads

Staff Reporter

A CASE of typhoid has been reported from the Crossroads area.

Divisional Council medical officer of health Dr L R Tibbit said during discussion by the council on the Crossroads situation today that the case was being investigated.

"These are the sort of conditions that exist there," he said.

Dr Tibbit said he instructed the Western Cape Development Board today in terms of Health Act emergency regulations to take certain steps at the Zolani Centre in Nyanga, where about 2 500 refugees were being housed.

All toilets had to be unblocked and
(Turn to Page 3, col 6)

kwaZulu faces STAR malaria outbreak

28/5/86
Own Correspondent

ULUNDI — kwaZulu is facing possibly the worst malaria epidemic in 30 years, says the homeland's Minister of Health, Dr Frank Mdlalose.

Addressing the kwaZulu Legislative Assembly, Dr Mdlalose said malaria cases in kwaZulu had increased by 600 percent since 1983, while national malaria statistics last year showed an alarming 780 casualties being reported a month.

He said the problem had been aggravated by the introduction of a chloroquine-resistant strain "imported" mainly from Mozambique.

RESURFACING

Much of kwaZulu north of the Umfolozi River has always been considered malaria endemic, but the disease was now resurfacing in areas such as Hlabisa which had not had an outbreak since 1978.

However, Dr Mdlalose said health care in the homeland was being greatly improved, particularly with the growing interdependence between kwaZulu and Natal, which was breaking down the barriers hindering integration of health matters.

WEEKLY MAIL 30/5/86

One in ten Africans has Aids

AIDS may overtake malaria as the principle cause of adult death in Central Africa.

81 By SCOTT SIMMIE, London

In some major urban centres in Zambia, Rwanda, West Kenya and Uganda, it has been estimated that 10 percent of the entire population has been exposed to the AIDS virus.

Recent testing of 3 000 blood samples from Uganda, where the emaciating disease is known as "Slim", showed a positive rate of 12 percent to 15 percent. By comparison, figures from the US are low — about 0.25 percent among healthy, sexually active men and women from the 18 to 45 age group.

Translated to a wider scale, the Ugandan statistics are overwhelming. If the 3 000 blood samples taken are indicative of a wider trend, 500 000 people in that country are likely AIDS carriers.

Of those who have been exposed, 10 percent to 17 percent will go on to develop the actual disease at some point in the next few years. As time passes, that percentage could go even higher. Observer Professor Michael Adler of the Middlesex Hospital Medical School in Britain says: "The longer we watch it, the more we will see others with the infection going on to develop AIDS." Those who have been infected, says Adler, are "sitting on a time bomb".

Armed with increasing evidence of the disease's spread, The Royal Society in London recently predicted that in Central Africa AIDS "may soon overtake malaria as the principal cause of adult death".

Sexual promiscuity, both

heterosexual and homosexual, has been singled out as the most common way the disease is spread. Intravenous drug users and haemophiliacs are also likely candidates. But there is less agreement on why the African rate of AIDS is so high.

Some argue the disease was endemic to that continent, and has somehow been triggered in recent years. It has also been suggested that mosquitoes are partially responsible for its spread, but there appears to be little evidence as yet to support this.

Others believe differing attitudes towards sexuality are to blame for Africa's epidemic. High rates of AIDS antibodies found in blood samples from prostitutes and promiscuous men lend some support to this argument. One survey of prostitutes in Nairobi reportedly found an infection rate of 54 percent.

Sexual practices aside, lesser-developed countries have another potential means of transmission to worry about: poorly-sterilised needles.

Although there have been no documented cases of AIDS spreading in hospitals because of this, the potential clearly exists. Instances of other viral diseases spreading through hypodermics are not uncommon. In 1976, a blood-borne virus causing Ebola fever swept through a 120-bed mission hospital in Yambuku, Zaire. Five poorly-sterilised needles had been used for all ward patients and out-patients. — Gemini News Service

Polio outbreak threatens in Alex

Medical Reporter

A polio epidemic threatens in Alexandra and mass immunisation of children is said to be a matter of "extreme urgency".

Dr Tim Wilson, head of the Alexandra Health Centre and University Clinic, said today that five cases had been reported in Alexandra in the past few months — three in the past month — and doctors were alarmed.

"The centre will launch a house-to-house immunisation campaign on Wednesday," Dr Wilson said.

Dr Wilson gave two reasons for the sudden outbreak: the "appalling sanitation" and the lack of

immunisation.

He said: "Between 15 to 20 people use a single bucket on each stand and buckets are emptied only twice a week. This facilitates the spread of the polio virus."

"Immunisation has not been what it should have been — we have been depending on people bringing their children in."

"We are hoping to conduct the campaign using existing staff and volunteers, but help would be appreciated in any form — service or donation," said Dr Wilson.

Anyone wishing to help should telephone 440-1231 or write to Alexandra Health Centre, Box 175, Bergvlei 2021.

7/8/86

89

STAR

Number of polio cases in Alex rises to six

SPM
16/6/86
89
Medical Reporter

There has been another polio victim in Alexandra, bringing cases reported in the township to six.

A successful drive was launched in Alexandra last week by Dr Tim Wilson, head of the Alexandra Health Centre, to immunise 15 000 children under the age of five and avert a threat of a polio epidemic.

Dr Wilson said the fresh case confirmed the correctness of taking speedy precautions against the spread of the disease.

Appalling sanitation, poor housing, infrequent refuse removal and bad storm-water drainage — classic conditions associated with poverty and urban neglect — have been listed as the causes of the polio threat.

Measles epidemic kills at least 23

By Tania Broughton

A MEASLES epidemic in Natal and KwaZulu has left at least 23 children dead and has put hundreds in hospital.

Hospitals reported seeing an increase in measles cases about two months ago and the disease reached epidemic proportions this month.

Health officials emphasise that the casualty figures available underplay the severity of the situation because not all deaths are centrally reported.

At Ngwelezane Hospital in Empangeni 14 children have died as a result of complications following the disease. Most of them were under the age of three.

Dr Peter Haselau, acting medical superintendent, said so far this month 84 children had been admitted for treatment.

Not accurate

At St Mary's in Melmoth nine children have died.

At Clairwood Hospital in Durban the 80 to 100 beds in the special fever ward have been constantly occupied by measles patients.

A spokesman there declined to give admittance figures, saying they were not an accurate reflection of the extent of the outbreak.

'We can only admit the more serious cases which present themselves here,' he said.

The outbreak seems to have occurred only in black areas, both rural and urban.

Dr Murray Short, senior medical officer in charge of communicable diseases in KwaZulu, said this was because babies were not be-

ing immunised against the disease at the right time.

'In 1984 we adopted the World Health Organisation recommendation that babies should be immunised at nine months.

'This often means the parents will have to travel some 10 km to the nearest clinic, at considerable cost, when the child is not actually sick. That takes some motivation,' he explained.

Earlier this year KwaZulu took part in a State study on the level of measles immunity in the black population throughout South Africa. It was found that 70% had been immunised.

'But it is the 30% we have to worry about and we don't really know why these epidemics occur,' said Dr Short.

'We could hold immunisation campaigns which would address the immediate problem. But they won't solve the basic problem of how to ensure that parents will come back with other children at the right time.

'We are investigating providing a better service in the townships and in the rural areas. We have plenty of vaccine which the immunisation points are administering but we are just not reaching enough vulnerable children.

Dr Short explained that the measles virus damaged the body's defence mechanism and immune system.

'This makes the person more vulnerable to other infections such as gastroenteritis, pneumonia and encephalitis.

'These are more difficult to treat and can lead to death because the body is so weak.'

Killer disease mowing down babies

CP Correspondent

HUNDREDS of babies in Natal/KwaZulu could die in a measles epidemic which has already claimed at least 23 lives.

The epidemic has intensified in the last months and now threatens both urban and rural areas.

Ngwelezane Hospital medical superintendent Peter Haslu said 14 babies had died of measles at the hospital and about 48 had been admitted for treatment.

"We only admit children who have developed complications - so the number of those suffering from measles is clearly much higher," he said.

He said the number of measles patients had increased recently.

"I am sure every hospital in KwaZulu has a similar problem," he said.

At St Mary's Hospital in Melmoth nine kids have died and at Durban's Clairwood Hospital 80 to 100 beds in a special fever ward are constantly full with measles patients.

KwaZulu officials blame the new outbreak on the fact that many babies are not being immunised against measles "at the right time".

Babies should have their jab at about nine months old but health workers find it difficult to persuade parents, especially in rural areas, to make the long and expensive trip to the clinics when their children are not actually ill.

Like Aids, measles breaks down the body's defences against other diseases. Many measles-stricken babies die from other diseases.

CITY PRESS 29/6/88

89

ARGUS: A/07/86

Bedbugs may be Aids carriers, say scientists

The Argus Correspondent

JOHANNESBURG. — Bedbugs may be potential spreaders of Aids in Africa.

Findings that bedbugs may be important in the cause of Aids (acquired immunity deficiency syndrome) infection in black children in Africa are based on preliminary research by an entomologist and a virologist of the National Institute for Virology at Rietfontein.

These findings are to be published soon in the Lancet, the most widely read medical journal in the world.

The studies were carried out by institute entomologist Dr Peter Jupp and virologist Dr Susan Lyons to find out whether the Aids virus could be transmitted to human beings by bedbugs, mosquitoes and ticks.

Their research did not establish that mosquitoes and ticks were possible Aids transmitters.

First time

Professor Barry Schoub, head of the institute, said the findings were important because this was the first time research had shown biting insects might play a part in the transmission of Aids.

Until now, he said, there had been substantial evidence against the transmission of Aids in Western communities by bedbugs, mosquitoes and other blood-sucking arthropods.

Men and women in Africa were equally affected by Aids and transmission was predominately heterosexual and not, as in Western communities, restricted to high-risk groups such as homosexuals and drug abusers. This, Professor Schoub said, suggests a mode of infection other than body fluids.

"The known routes of transmission of Aids are common to those of the hepatitis B virus. In the case of hepatitis B there is strong evidence for mechanical transmission by the bedbug.

"Preliminary research indicates the Aids virus can survive in bedbugs for at least an hour after feeding on human beings.

Mechanically

"This suggests bedbugs can also transmit Aids mechanically, the bedbug being interrupted while feeding on an infective host and then moving to a susceptible host to complete its meal," Professor Schoub, Dr Jupp and Dr Lyons said at an interview.

They emphasised that research in other parts of the world, particularly in the United States, into the possibility of Aids being carried by insects have so far proved negative and the virology institute's findings are the first convincing evidence of the possibility of infection in ways other than through the exchange of body fluids.

DD 22/07/86 (89) (90) (91)

Cancer drug advances

Modern drugs can effect a complete cure of the commonest form of cancer in men under 30, cancer of the testicle. In young women, these drugs can cure cancer of the ovaries but this treatment is not as effective in other forms of cancer.

Breast cancer, the commonest type in women, is best treated by a combination of surgery and drugs, Dr Gareth Rees, consultant to the Bristol Radiotherapy and Oncology Centre told a conference on chemotherapy, the term used for drug treatment.

Breast cancer, ranked eighth as a cause of death among women in 1902, is now the second most common.

Most patients have had the disease for five years before consulting a doctor about it, but chemotherapy can improve their chances of survival for another five

years by 10 per cent. In some cases it should be started before an operation is performed.

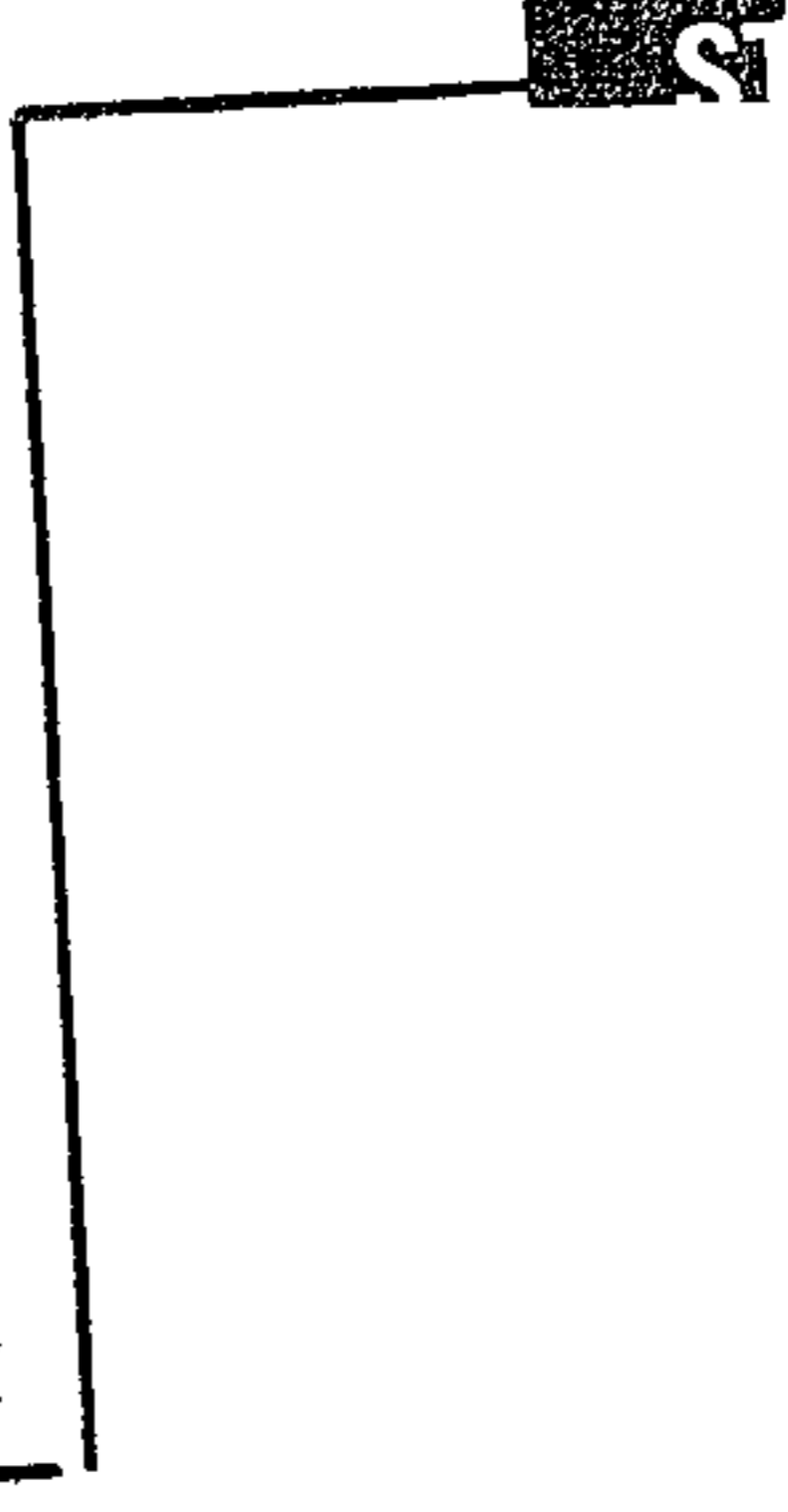
Drugs are most effective in cases of acute leukaemia and Hodgkin's disease. They have also proved curative in some cases of childhood cancer. But in lung cancer, the most common overall form in men, they cannot so far effect a cure, but can give a worthwhile temporary improvement.

New anti-cancer drugs are being sought throughout the world, but are extremely costly to develop. Some require five or 10 years testing before being used on patients and thousands of substances may be investigated to find one that is both effective and safe.

One problem is that drugs which can kill cancer cells may also kill normal cells, but some less toxic anti-can-

cer drugs are coming on the market.

A method of administering them in which the patient is fitted with a tube which remains in an artery for several weeks, with a pump to be used at intervals during the day, may reduce the toxicity by reducing the dosage required. — DDC



Measles kills 8 children in DV

DD 5/8/81
69

EAST LONDON — A serious outbreak of measles in Duncan Village has killed eight children, put lives at risk and threatens to spill over into surrounding areas if not contained.

Dispatch Reporter

About 50 people had been admitted with complications to Frere Hospital since the outbreak in July, the medical superintendent, Dr Peter Mitchell, confirmed last night.

There is serious concern at the inability of health authorities to enter the township to embark on an inoculation campaign. The only clinic in the area was destroyed in the unrest last August and health services are being dispersed from the Location Health Centre on the periphery.

A report on the matter was tabled at last night's action committee meeting and the chairman, Mr Donald Card, made an earnest appeal to residents to allow health teams to contain the outbreak.

"The city council is gravely concerned about the situation," Mr Card said. "The residents of Duncan Village must help us to ensure the safety of the health teams. We have also been told that it might not be possible to contain the epidemic and that it could spill over into the surrounding areas."

"The residents must understand that lives are at stake here and that this consideration should transcend all others."

Mr Card said the now disestablished East Cape Development Board had requested the council's health department to send in a mobile clinic but the police had advised against such action.

Inoculation could not be carried out on a large scale and only children reporting to the Location Health Centre are being inoculated.

"Our health department is doing its best by working from the periphery but this is not good enough to contain what has been identified as an extremely virulent strain of measles with a high mortality rate," Mr Card said.

"It is clear that we cannot do anything more until we get the full cooperation from the Duncan Village residents."

Dr Mitchell said an unusually high number of measles cases had been treated at the hospital since July.

"This is partially because inoculation has decreased. A number of

cases have been admitted with complications, particularly pneumonia," he said.

The matter had been handed over to the Department of National Health and Population Development for further action.

Dr Mitchell said inoculation was the most important preventive measure and cautioned parents that if they saw children showing signs of being seriously ill with measles, they should seek medical help immediately.

In addition to the 50 people admitted during July with complications other less serious cases were treated in the casualty section and discharged. "It is also possible that not all cases report to the hospital for treatment," he said.

In June, the acting head of the city's health department, Mr J. Classe, said in his annual report that despite the fact that the health services in Duncan Village had been disrupted, the health of the township's residents was good.

To offset the loss of the clinic, the Location Health Centre was functioning to full capacity with two part-time medical officers, a full-time pharmacist and seven nurses.

He said there was a satisfactory state of immunisation and the incidence of notifiable diseases was low.

B'Bay trenches overmanned?

Dispatch Reporter

EAST LONDON — If the call went out to "man the trenches," Mr Vic Budge would have a problem choosing which one.

The reason: he has a choice, following the activities of various state and municipal departments which have been "on the dig" outside his Grace Crescent home in Beacon Bay.

Mr Budge's experiences started about six weeks ago when Beacon Bay municipal workers dug a trench about 1.5 m deep and 200 m long past his house for an electrical feeder.

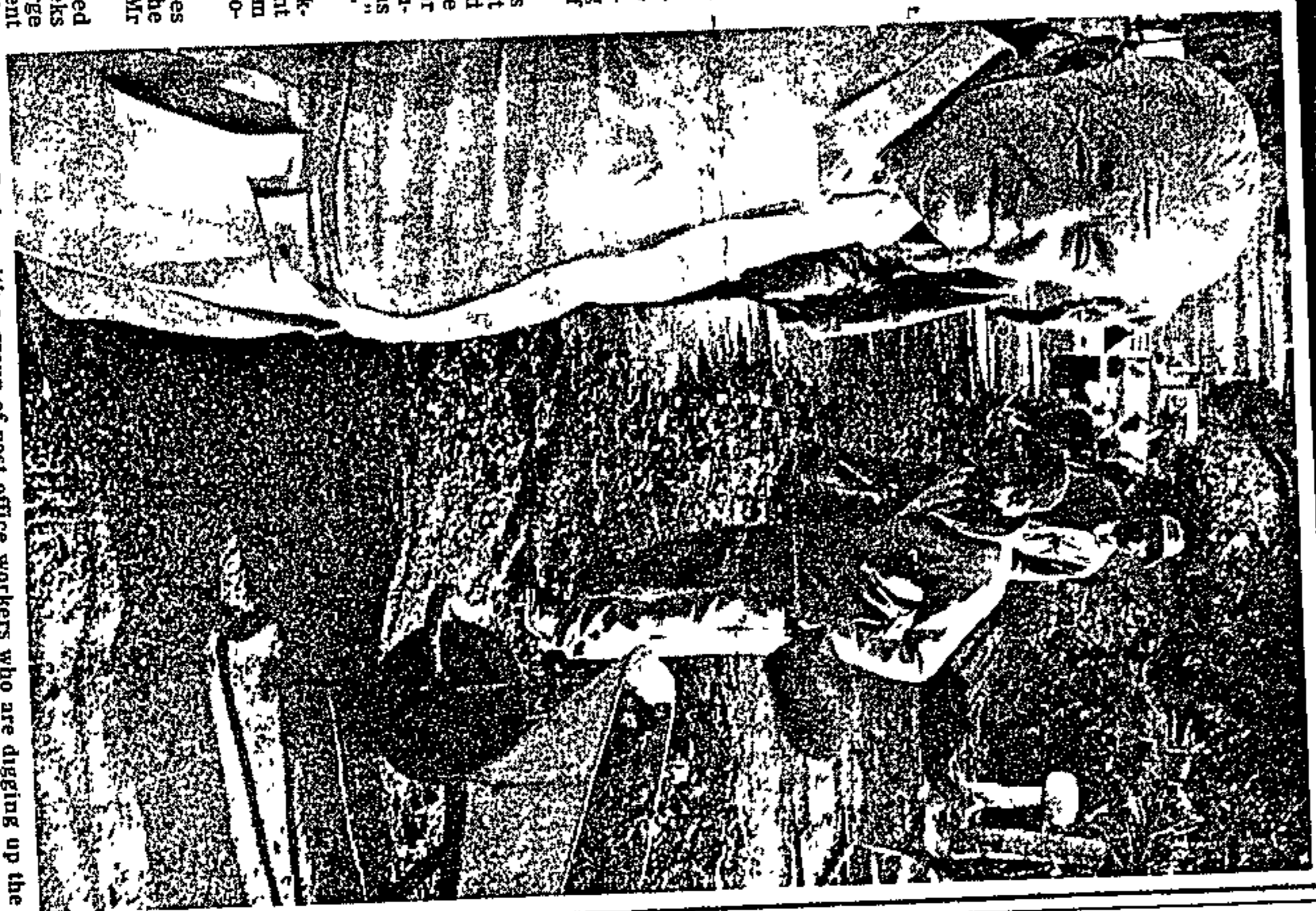
"After working for about two weeks, they came to the conclusion they were digging up the wrong side of the road."

"They filled this trench in and went across the road and put the cable in the right place, only for the East London Municipality to arrive as they were finishing," Mr Budge said.

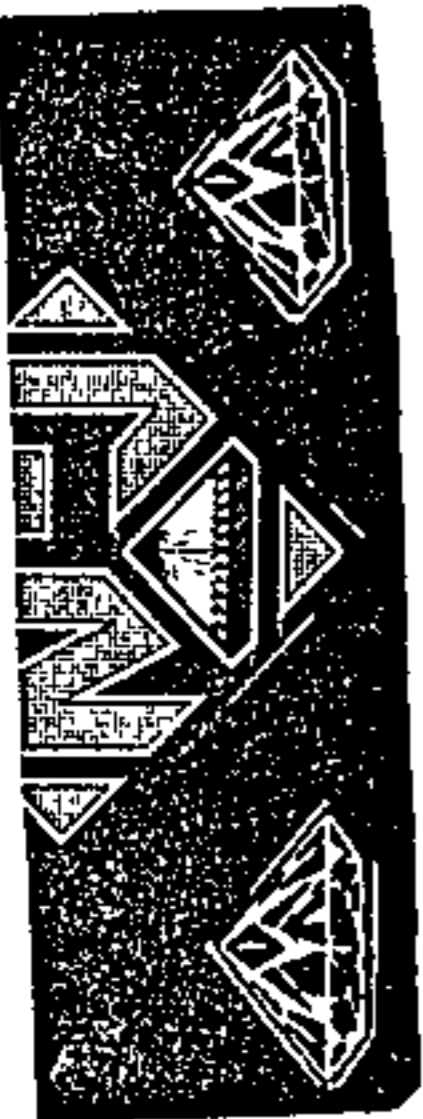
"They started looking for a fire hydrant — digging two 1.75 m deep holes in the process," he added.

One of these holes was in front of the main entrance to Mr Budge's property.

The holes remained open for three weeks — the man in charge of the operation went to hospital while the work was proceeding, and held in the area.



Mr Vic Budge with a group of post office workers who are digging up the pavement in front of his house for the third time.



(8) 00 6/8/7

DV measles: MP asks for minister's aid

Dispatch Reporter
EAST LONDON — The MP for East London City, Mr Peet de Pontes, said last night he had contacted the Minister of National Health and Population Development, Dr W. A. van Niekerk telephonically, in connection with the measles epidemic in Duncan Village.

Eight children have died and 50 have been treated at Frere Hospital for complications arising from the disease.

Mr De Pontes said he had asked Dr Van Niekerk that steps be taken to prevent the spread of the disease.

He specifically requested that a qualified co-ordinator be appointed under the Health Act to supplement the existing services.

The department has been instructed to give the matter urgent attention, and the minister had given the assurance that all possible steps will be taken to assist the Duncan Village people and to prevent the disease from spreading, Mr De Pontes said.

Mr De Pontes said health services in the area have been constantly monitored over the last few months with specific concern over the position in the township.

He said there had been a partial breakdown of services there due to the unrest situation.

During March, Mr De Pontes held a discussion with Dr Van Niekerk, requesting thorough investigation and co-ordination of the services.

(89)

Measles outbreak: state sets up 2 committees

Dispatch Reporter
EAST LONDON — A special health committee was formed yesterday to tackle the measles outbreak which has claimed eight lives in Duncan Village.

This was confirmed by the regional director of the Department of National Health and Population Development, Dr

J. Krynauw.

Dr Krynauw said the committee was made up of officials from his department, the municipality and provincial administration.

In addition, a co-ordinating committee had been formed to "maximise" liaison among the members of the main committee. The secondary body will fall under the convenership of the district surgeon, Dr Basil Wingreen.

The "machinery" which would be used to tackle the problem in Duncan Village had already been set in motion, Dr Krynauw said, and would involve a mobile clinic and a tempor-

ary base clinic.

"A site for the base clinic is already being investigated," he added.

Dr Krynauw said the situation in Duncan Village was a clear example of what could happen if residents did not utilise the health services provided. He urged the people to make use of the inoculation services.

"If the people do not make use of the services for whatever reason, it is they who suffer in the end."

Asked about the number of cases in the area, Dr Krynauw said that from March to July his department had been in-

formed of only 46 cases and three deaths.

"We only learnt of eight deaths and 150 cases from the area this week," he said.

Dr Krynauw said he doubted these statistics and added that the inoculation figures did not correspond to the birth rate of the area.

Yesterday the deputy medical superintendent at Frere Hospital, Dr Ben Hall, said there had been "quite a few cases" since the eight deaths and 150 cases that were reported since July.

He did not have the figures available but said the patients had been treated at casualty.

2/18/76

Measles outbreak in DV controlled

Dispatch Reporter

EAST LONDON — Last month's outbreak of measles in Duncan Village which claimed 14 lives is under control, the acting head of the city's municipal health services, Mr Raymond Kriel, said yesterday.

Early this week, the health services received an additional 7 000 vaccine doses. About 2 000 children had been immunised by Monday since the launch of the campaign to combat the outbreak, Mr Kriel said.

Three mobile clinics were doing rounds in Duncan Village under police escort and parents were responding positively to the call to bring their children forward for immunisation, he said.

A spokesman at the Divisional Council of Kaffraria health department said they were continuing with health education in the areas of their jurisdiction.

The number of children being immunised was the same as any other year and they had sufficient vaccine doses to cope with the demand.

DEPARTEMENT VAN MANNEKRAG
22 Augustus 1986

WET OP ARBEIDSWERHOUDINGE, 1956
YSTER, STAAL-, INGENIEURS- EN METALLUR- GIESE NYWERHEID—WYSIGING VAN REGISTRA- SIE- EN ADMINISTRATIEFONDSDOORENKOMS
Ek, Pieter Theunis Christiaan du Plessis, Minister van Mannekrag, verklaar hierby—

(a) kragiens artikel 48 (1) (a) van die Wet op Arbeidswer- houding, 1956, dat die bepalings van die Ooreen- koms (hierna die Wysigingsooreenkoms genoem) wat in die Bylae hiervan verskyn en betrekking het op die Onderneming, Nywerheid, Bedryf of Beroep in die opskrif by hierdie kennisgewing verneld, met ingang van die tweede Maandag na die datum van publikasie van hierdie kennisgewing en vir die tydperk wat op 31 Maart 1989 eindig, bindend is vir die werkgewersor- gansisasies en die vakverenigings wat die Wysigings- ooreenkoms aangaan het en vir die werkgewers en werknemers wat lede van genoemde organisasies of verenigings is: en

(b) kragiens artikel 48 (1) (b) van genoemde Wet, dat die bepalings van die Wysigingsooreenkoms, uitgeson- derd die verwat in klousule 1 (1) (b), met ingang van die tweede Maandag na die datum van publikasie van hierdie kennisgewing en vir die tydperk wat op 31 Maart 1989 eindig, bindend is vir alle ander werk- gewers en werknemers as die genoem in paragraaf (a) van hierdie kennisgewing wat betrefke is by of in diens is in genoemde Onderneming, Nywerheid, Bedryf of Beroep in die gebiede in klousule 1 van die Wysigingsooreenkoms gespesifiseer.

P. T. C. DU PLESSIS,
Minister van Mannekrag.

BYLAE

NASIONALE NYWERHEIDSRAD VIR DIE YSTER-, STAAL-, INGENIEURS- EN METALLURGIESE NYWERHEID
REGISTRASIE- EN ADMINISTRATIEFONDSDOORENKOMS

DOORENKOMS

ooreenkomsing die Wet op Arbeidswerhouing, 1956, gesluit deur en aangegaan tussen die

- Association of Electric Cable Manufacturers of South Africa
- Automotive Parts Production Engineers' Association
- Border Engineering Industries Association
- Bright Bar Association
- Cape Engineers and Founders' Association
- Constructional Engineering Association
- Covered Conductor Manufacturers' Association
- Domestic Appliance Manufacturers' Association
- Edge Hand and Small Tool Manufacturers' Association
- Electrical Engineering and Allied Industries Association
- Electronics and Telecommunications Industries Association
- Engineers and Founders' Association (Transvaal, Orange Free State and Northern Cape)
- Ferro Alloy Producers' Association
- Fire Protection Industries Association of South Africa
- Forging Association of Southern Africa
- Gate and Fence Manufacturers' Association of the Transvaal
- Heavy Engineering Manufacturers' Association
- Iron and Steel Producers' Association of South Africa
- Light Engineering Association of South Africa
- Light Engineering Industries Association of South Africa
- Materials Handling Association
- Natal Engineering Industries Association
- Non-Ferrous Metal Industries Association of South Africa
- Plastics Manufacturers' Association of South Africa
- Pumpers and Engineers Brassware Manufacturers' Association
- Port Elizabeth Engineers' Association
- Precision Manufacturing Engineers' Association
- Pressure Vessel Manufacturers' Association of South Africa
- Radio, Appliance and Television Association of South Africa
- Refrigeration and Air Conditioning Manufacturers' and Suppliers Association

DEPARTMENT OF MANPOWER
22 August 1986

LABOUR RELATIONS ACT, 1956
IRON, STEEL, ENGINEERING AND METALLURGICAL INDUSTRY—AMENDMENT OF REGISTRATION AND ADMINISTRATION EXPENSES AGREEMENT
I, Pieter Theunis Christiaan du Plessis, Minister of Man- power, hereby—

(a) in terms of section 48 (1) (a) of the Labour Relations Act, 1956, declare that the provisions of the Agree- ment (hereinafter referred to as the Amending Agree- ment) which appears in the Schedule hereto and which relates to the Undertaking, Industry, Trade or Occupation referred to in the heading to this notice, shall be binding, with effect from the second Monday after the date of publication of this notice and for the period ending 31 March 1989, upon the employers' organisations and the trade unions which entered into the Amending Agreement and upon the employers and employees who are members of the said organisa- tions or unions; and

(b) in terms of section 48 (1) (b) of the said Act, declare that the provisions of the Amending Agreement, excluding those contained in clause 1 (1) (b), shall be binding, with effect from the second Monday after the date of publication of this notice and for the period ending 31 March 1989, upon all employers and employees, other than those referred to in paragraph (a) of this notice, who are engaged or employed in the said Undertaking, Industry, Trade or Occupation in the areas specified in clause 1 of the Amending Agreement.

P. T. C. DU PLESSIS,
Minister of Manpower.

SCHEDULE

NATIONAL INDUSTRIAL COUNCIL FOR THE IRON, STEEL, ENGINEERING AND METALLURGICAL INDUSTRY
REGISTRATION AND ADMINISTRATION EXPENSES AGREEMENT

In accordance with the provisions of the Labour Relations Act, 1956, made and entered into by and between the

- Association of Electric Cable Manufacturers of South Africa
- Automotive Parts Production Engineers' Association
- Border Engineering Industries Association
- Bright Bar Association
- Cape Engineers and Founders' Association
- Constructional Engineering Association
- Covered Conductor Manufacturers' Association
- Domestic Appliance Manufacturers' Association
- Edge Hand and Small Tool Manufacturers' Association
- Electrical Engineering and Allied Industries Association
- Electronics and Telecommunications Industries Association
- Engineers and Founders' Association (Transvaal, Orange Free State and Northern Cape)
- Ferro Alloy Producers' Association
- Fire Protection Industries Association of South Africa
- Forging Association of Southern Africa
- Gate and Fence Manufacturers' Association of the Transvaal
- Heavy Engineering Manufacturers' Association
- Iron and Steel Producers' Association of South Africa
- Light Engineering Association of South Africa
- Light Engineering Industries Association of South Africa
- Materials Handling Association
- Natal Engineering Industries Association
- Non-Ferrous Metal Industries Association of South Africa
- Plastics Manufacturers' Association of South Africa
- Pumpers and Engineers Brassware Manufacturers' Association
- Port Elizabeth Engineers' Association
- Precision Manufacturing Engineers' Association
- Pressure Vessel Manufacturers' Association of South Africa
- Radio, Appliance and Television Association of South Africa
- Refrigeration and Air Conditioning Manufacturers' and Suppliers Association

DEEL I
ALGEMEEN

1. TOEPASSINGSBESTEK VAN DOORENKOMS
(1) Hierdie Ooreenkoms moet nagelees word—
(a) oral in die Republiek van Suid-Afrika; en
(b) deur alle werkgewers en werknemers in die Yster-, Staal-, Inge- nieurs- en Metallurgiese Nywerheide wat lede is van onderskeidelik die werkgewersorganisasies en die vakverenigings.
(2) Ondanks subklousule (1), is hierdie Ooreenkoms nie van toepassing nie op—

- (a) die vervaardiging, vir verkoop, van standaard-snelstygende skep- genaak van smeltofasiaal deur middel van masjinerie en/of uitru- ting en/of metode wat spesiaal aangepas en/of ontwerp is vir pro- duksie deur herhalingsprosesse, in die landroosdistrikte Johannes- burg, Boksburg, Vereeniging en Pietermaritzburg;
- (b) die installering, onderhoud en herstel van elektriese uitrusting soos bedoel in paragraaf (b) van die omskrywing van "Elektriese Ingenieursnywerheid" in klousule 3 van Deel I van die Ooreen- koms gepubliseer by Goewernementskoeningswet R. 1329 van 27 June 1980, in die provinsies die Kaap die Goete Hoop en die Orange-Vrystaat;
- (c) die monter, versamling, installering, onderhoud en/of herstel van toestelle, uitrusting, masjinerie, reëlwerke en apparatuur, of di van hand-, fotograafse, meganiese, elektriese, elektrostatiese of eklek- troniese beginsels of 'n kombinasie van sodanige beginsels gebruik maak, wat in die eerste plek bedoel is vir gebruik in rekeningskande- en/of sake- en/of betrekking- en/of kantoor- en/of opvoedkundige prosedures;
- (d) die Vervaardigingsnywerheid vir Horlyeshouders en Verwante Produkte in die provinsie Transvaal;
- (e) die installering en/of herstel van dief- en/of ander soorgelyke alarmsistels in die provinsies die Kaap die Goete Hoop en die Orange-Vrystaat;
- (f) die Slomsakerybedryf in die landroosdistrikte Benoni, Boksburg, Die Kaap, Durban, Germiston, Johannesburg, Kanguedop, Lower Umfoloza, Pinetown, Port Elizabeth, Pretoria, Randburg, Rooder- poort en Springs;
- (g) die produksie, vir verkoop, van sweliselektrodes deur middel van masjinerie en/of uitrusting en/of metode wat spesiaal aangepas en/of ontwerp is vir produksie deur herhalingsprosesse, in die land- roosdistrikte Brits, Germiston, Kempton Park en Pretoria;

DEEL II
GENERAAL

1. SCOPE OF APPLICATION OF AGREEMENT
(1) The terms of this Agreement shall be observed—
(a) throughout the Republic of South Africa, and
(b) by all employers and employees in the Iron, Steel, Engineering and Metallurgical Industries who are members of the employers' organ- isations and the trade unions respectively.
(2) Notwithstanding the provisions of subsection (1), the terms of this Agreement shall not apply to—

- (a) the manufacture, for sale, of standard high-speed cutting tools made from high speed steel by means of plan and/or equipment and/or methods specifically adapted and/or designed for production by repetitive processes, in the Magisterial Districts of Johannes- burg, Boksburg, Vereeniging and Pietermaritzburg;
- (b) the installation, maintenance and repair of electrical equipment referred to in paragraph (b) of the definition "Electrical Engineering Industry" in section 3 of Part I of the Agreement published under Government Notice R. 1329 of 27 June 1980, in the Provinces of the Cape of Good Hope and the Orange Free State;
- (c) assembling, servicing, installation, maintenance and/or repair of appliances, equipment, machines, devices and apparatus, whether utilising manual, photographic, mechanical, electrical, electronic or electronic principles, or any combination of such principles, that are primarily intended for use in accounting and/or business and/or calculating and/or office and/or educational procedures;
- (d) the Venetian Blind and Allied Products Manufacturing Industry in the Province of the Transvaal;
- (e) the installation and/or repair of burglar and/or other similar alarm systems in the Provinces of the Cape of Good Hope and the Orange Free State;
- (f) the Locksmithing trade in the Magisterial Districts of Benoni, Boksburg, Durban, Germiston, Johannesburg, Kanguedop, Lower Umfoloza, Pinetown, Port Elizabeth, Pretoria, Randburg, Rooderpoort, Springs and The Cape;
- (g) the production, for sale, of welding electrodes by means of plan and/or equipment and/or methods specifically adapted and/or designed for production by repetitive processes, in the Magisterial Districts of Brits, Germiston, Kempton Park and Pretoria;

(b) die installering en/of berisiel en/of verspreiding van radio's en/of koelkassie en/of buisroedele elektriese toestelle in die provinsies die Kaps en die Oorwag Hoop en die Oorwag Hoop State;

(1) die verandering deur middel van massaproduksiemetodes van—

- (aa) kommersiële, gewone of geligterende bouers vir die verpakking van algemene handelsware, maar nie die verandering van sodanige bouers deur iemand vir die verpakking van sy eie produkte nie;
- (ab) deksels vir bottels, flesses en ander houers;
- (ac) gewone of geligterende metaalprofielbuis;
- (ad) gewone of geligterende verontskietingsbuis;
- (u) die verandering van gewone of geligterende vaste en/of vloeibare buise uit die ysterhoudende metaalkategorie vir die toepassing van hietre subparagraaf betrekken "vaste buise" in hoer

Vir die toepassing van subparagrafe (1) en (2) betrekken "houer" in gewone of geligterende artikel wat ontwerp is vir die verpakking van produkte wat verveel of verkeer moet word en wat met 'n deksel of doppe of ander soort prop toegermaak kan word.

(1) die verandering uit uralplaat van hoogsens 0,416 mm van koffer en ander houders wat ontwerp is om persoonlike besittings, spannings, gereedskap en dokumente te bevat, en van ander ware wat hoofsaklik uit sodanige materiaal vervaardig is.

(3) Ondanks subklousule (1) is hierdie Ooreenkoms van toepassing op—

- (a) vlieërklinge stels vir sover dit nie onbeskikbaar is met die Wet op Mannekragtoelating, 1981, of met 'n kontrak daartrekkende aangaande die verandering daartrekkende versagtelike, en
- (b) kweklinge wat opgetel word kragtens artikel 30 van die Wet op Mannekragtoelating, 1981, stels vir sover dit nie onbeskikbaar is met daardie Wet of met voorwaardes daartrekkende versagtelike.

2. ALGEMENE BEPALINGS

Vervang klousule 4 van die Hertekeningsooreenkoms deur die volgende:

- (a) In subklousule (2) (a) (i), vervang die syfer "5c" deur die syfer "6c".
- (b) In subklousule (2) (a) (ii), vervang die syfer "10c" deur die syfer "12c".
- (c) In subklousule (3), vervang die syfer "R10" deur die syfer "R12".

DEEL III

4. KLOUSULE 1.—REGISTRASIE

(a) In subklousule (1) (a), voeg die volgende in na die uitdrukking "die volle name en adresse van die direkteur en die sekretaris"—

"en, indien die werkgewer 'n beslore korporasie is, die volle name en adresse van die lede en die sekretaris."

(b) In subklousule (1) (b), voeg die uitdrukking "of beslore korporasie" in na die woord "maatskappij", waar dit ook al voorkom.

Vir en namens die partye op beide die 21ste dag van April 1986 te Johannesburg onderteken.

C. J. M. PRINSLOO, Voorzitter.
B. NICHOLSON, Ondervoorzitter.
A. O. DE JAGER, Hoofsekretaris.

No. R. 1744 22 Augustus 1986

WET OP ARBEIDSVARHOUDINGE, 1956
YSTER-, STAAL-, INGENIEURS EN METALLURGISIESE NYWERHEID.—HERBEKRAGTING VAN HOOFDORREKOMS

Ek, Pieter Theunis Christiaan du Plessis, Minister van Mannekrag, verklaar hierby—

(a) kragtens artikel 48 (1) (a) van die Wet op Arbeidsverhoudings, 1956, dat die bepalinge van die Ooreenkoms wat in die Bylae hiervan verskyn en betrekking

(b) the installation and/or repair and/or servicing of radios and/or refrigerators and/or domestic electrical appliances in the Provinces of the Cape of Good Hope and the Orange Free State;

(1) the manufacture by mass production methods from sheet-metal of a gauge not heavier than 2 108 mm of—

- (aa) commercial, plain or lithographed containers for packaging of general merchandise, but excluding the manufacture of such containers by any person for the packaging of his own products;
- (ab) bottle-jar and other container closures;
- (ac) plain or lithographed metal toys;
- (ad) plain or lithographed display tablets;
- (u) manufacture of plain or lithographed rigid and/or collapsible tubes from non-ferrous metal sheets. For the purposes of this subparagraph, "rigid tube" shall mean a container.

For the purposes of subparagraphs (1) and (2), a "container" shall mean a plain or lithographed article designed for the packaging, for transport or sale, of products and capable of being closed by means of a lid or cap or any other type of closure.

(1) the manufacture from uralplaat not exceeding 0,416 mm of trunks and other containers designed to hold personal effects, sporting kits, tools and documents, and other lines manufactured principally from such uralplaat.

(3) Notwithstanding the provisions of subsection (1), the terms of this Agreement shall apply to—

- (a) apprentices only in so far as they are not inconsistent with the provisions of the Manpower Training Act, 1981, or any contract entered into or any conditions fixed thereunder; and
- (b) trainees under training in terms of section 30 of the Manpower Training Act, 1981, only in so far as they are not inconsistent with the provisions of that Act or any conditions fixed thereunder.

2. GENERAL PROVISIONS

Substitute the following for section 4 of the Re-naming Agreement:

- (a) In subsection (2) (a) (i), substitute the figure "6c" for the figure "5c".
- (b) In subsection 2 (a) (ii), substitute the figure "12c" for the figure "10c".
- (c) In subsection (3), substitute the figure "R12" for the figure "R10".

PART III

4. SECTION 1.—REGISTRATION

(a) In subsection (1) (a), insert the following after the expression "the full names and addresses of the directors and secretary"—

"and, if the employer is a close corporation, the full names and addresses of the members and secretary."

(b) In subsection (1) (b), insert the expression "or close corporation" after the word "company", wherever it occurs.

Signed at Johannesburg, for and on behalf of the parties, this 21st day of April 1986.

C. J. M. PRINSLOO, Chairman.
B. NICHOLSON, Vice-Chairman.
A. O. DE JAGER, General Secretary.

No. R. 1744 22 August 1986

LABOUR RELATIONS ACT, 1956
IRON, STEEL, ENGINEERING AND METALLURGICAL INDUSTRY.—RE-ENACTMENT OF MAIN AGREEMENT

I, Pieter Theunis Christiaan du Plessis, Minister of Manpower, hereby—

(a) in terms of section 48 (1) (a) of the Labour Relations Act, 1956, declare that the provisions of the Agreement which appears in the Schedule hereto and which

het op die Onderneming, Nywerheid, Bedryf of Beroep in die opskrif by hierdie kennisgewing vermeld, met ingang van die eerste Maandag na die datum van publikasie van hierdie kennisgewing en vir die tydperk wat op 30 Junie 1987 eindig, bindend is vir die werkgewersorganisasies en die vakverenigings wat genoemde Ooreenkoms aangegaan het en vir die werkgewers en werknemers wat lede van genoemde organisasies of verenigings is; en

(b) kragtens artikel 48 (1) (b) van genoemde Wet, dat die bepalinge van genoemde Ooreenkoms, uitgesonderd die vervat in klousules 1 (1) (d), 2, 3 en 8 van Deel I, met ingang van die eerste Maandag na die datum van publikasie van hierdie kennisgewing en vir die tydperk wat op 30 Junie 1987 eindig, bindend is vir alle ander werkgewers en werknemers as die genoem in paragraaf (a) van hierdie kennisgewing wat betrokke is by of in diens is in genoemde Onderneming, Nywerheid, Bedryf of Beroep in die gedeelte in klousule 1 van genoemde Ooreenkoms gespesifiseer.

P. T. C. DU PLESSIS,
Minister van Mannekrag.

BYLAE

NASIONALE NYWERHEIDSRaad VIR DIE YSTER-, STAAL-, INGENIEURS- EN METALLURGIESE NYWERHEID HOOFDORREKOMS

ooreenkomsing die Wet op Arbeidsverhoudinge, 1956, gestuit deur en aangegaan tussen die

- Association of electrical Cable Manufacturers of South Africa
- Automotive Parts Production Engineers' Association
- Border Engineering Industries' Association
- Bright Bar Association
- Cape Engineers and Founders' Association
- Constructional Engineering Association
- Covered Conductor Manufacturers' Association
- Domestic Appliances Manufacturers' Association of South Africa
- Edge Hand and Small Tool Manufacturers' Association
- Electrical Engineering and Allied Industries Association
- Electronics and Telecommunications Industries Association
- Engineers' and Founders' Association (Transvaal, Orange Free State and Northern Cape)
- Fire Protection Industries Association of South Africa
- Forging Association of Southern Africa
- Gate and Fence Manufacturers' Association
- Heavy Engineering Manufacturers' Association
- Light Engineering Association of South Africa
- Light Engineering Industries Association of South Africa
- Materials Handling Association
- Natal Engineering Industries Association
- Natal Engineering Industries Association of South Africa
- Non-Ferrous Metal Industries Association of South Africa
- Plastics Manufacturers' Association of South Africa
- Port Elizabeth Engineers' Association
- Precision Manufacturing Engineers' Association
- Pressure Vessel Manufacturers' Association of South Africa
- Radio, Appliance and Television Association of South Africa
- Sheetmetal Industries Association of South Africa
- S.A. Agricultural and Irrigation Machinery Manufacturers' Association
- S.A. Association of Shipbuilders and Repairers
- S.A. Electro-Plating Industries Association
- S.A. Fasteners Manufacturers' Association
- S.A. Foundry Association
- S.A. Industrial Refrigeration and Air Conditioning Contractors' Association
- S.A. Machine Tool Manufacturers' Association
- S.A. Pump Manufacturers' Association
- S.A. Radio and Television Manufacturers' Association
- S.A. Reinforced Concrete Engineers' Association
- S.A. Tube Makers' Association
- S.A. Valve Manufacturers' Association
- S.A. Wire and Wire Rope Manufacturers' Association
- (Hierina die "werkgewers" of die "werkgewersorganisasies" genoem), aan die een kant, en die
- Amalgamated Engineering Union of South Africa

relates to the Undertaking, Industry, Trade or Occupation referred to in the heading to this notice, shall be binding, with effect from the first Monday after the date of publication of this notice and for the period ending 30 June 1987, upon the employers' organizations and the trade unions which entered into the said Agreement and upon the employers and employees who are members of the said organisations or unions; and

(b) in terms of section 48 (1) (b) of the said Act, declare that the provisions of the said Agreement, excluding those contained in clauses 1 (1) (d), 2, 3 and 8 of Part I, shall be binding, with effect from the first Monday after the date of publication of this notice and for the period ending 30 June 1987, upon all employers and employees, other than those referred to in paragraph (a) of this notice, who are engaged or employed in the said Undertaking, Industry, Trade or Occupation in the areas specified in clause 1 of the said Agreement.

P. T. C. DU PLESSIS,
Minister of Manpower.

SCHEDULE

NATIONAL INDUSTRIAL COUNCIL FOR THE IRON, STEEL, ENGINEERING AND METALLURGICAL INDUSTRY

in accordance with the provisions of the Labour Relations Act, 1956, made and entered into by and between the

- Association of Electrical Cable Manufacturers of South Africa
- Automotive Parts Production Engineers' Association
- Border Engineering Industries Association
- Bright Bar Association
- Cape Engineers and Founders' Association
- Constructional Engineering Association
- Covered Conductor Manufacturers' Association
- Domestic Appliances Manufacturers' Association of South Africa
- Edge Hand and Small Tool Manufacturers' Association
- Electrical Engineering and Allied Industries Association
- Electronics and Telecommunications Industries Association
- Engineers' and Founders' Association (Transvaal, Orange Free State and Northern Cape)
- Fire Protection Industries Association of South Africa
- Forging Association of Southern Africa
- Gate and Fence Manufacturers' Association
- Heavy Engineering Manufacturers' Association
- Light Engineering Association of South Africa
- Light Engineering Industries Association of South Africa
- Materials Handling Association
- Natal Engineering Industries Association
- Natal Engineering Industries Association of South Africa
- Non-Ferrous Metal Industries Association of South Africa
- Plastics Manufacturers' Association of South Africa
- Port Elizabeth Engineers' Association
- Precision Manufacturing Engineers' Association
- Pressure Vessel Manufacturers' Association of South Africa
- Radio, Appliance and Television Association of South Africa
- Sheetmetal Industries Association of South Africa
- S.A. Agricultural and Irrigation Machinery Manufacturers' Association
- S.A. Association of Shipbuilders and Repairers
- S.A. Electro-Plating Industries Association
- S.A. Fasteners Manufacturers' Association
- S.A. Foundry Association
- S.A. Industrial Refrigeration and Air Conditioning Contractors' Association
- S.A. Machine Tool Manufacturers' Association
- S.A. Pump Manufacturers' Association
- S.A. Radio and Television Manufacturers' Association
- S.A. Reinforced Concrete Engineers' Association
- S.A. Tube Makers' Association
- S.A. Valve Manufacturers' Association
- S.A. Wire and Wire Rope Manufacturers' Association
- (Hereinafter referred to as the "employers" or the "employers' organisations"), of the one part, and the
- Amalgamated Engineering Union of South Africa

5. KLOUSULE 3.—WOORDOMSKRIVING

Vervang die omskrywing van "openbare vakansiedag" deur die volgende:

"openbare vakansiedag" enige van die openbare vakansiedae soos gespesifiseer in die Wet op Openbare Feesdae, 1952 (Wet 5 van 1952).

6. KLOUSULE 5.—OORTYDWERK EN BESOLDIGING VIR WERK OP SONDAG

In subklousules (5) en (6) vervang die uitdrukking "een en twee derde die uurloos" deur die uitdrukking "dubbel die uurloos" waar dit oral voorkom.

7. KLOUSULE 14.—VERLOFBONUS

(1) Vervang die tabelle in subklousule (1) deur die volgende:

Table with columns: Loon, Eerste verlofsiklus, Tweede verlofsiklus, Derde verlofsiklus, Vierde of laater verlofsiklus. Rows: A en A1, AA Eerste 6 maande, Daarna, AB, B, C, D, DD, DDD, E, F, G, Hand I.

5. SECTION 3.—DEFINITIONS

Substitute the following for the definition of "public holiday":

"public holiday" means any of the public holidays specified in the Public Holidays Act 1952 (Act 5 of 1952)."

6. SECTION 5.—OVERTIME AND PAYMENT FOR WORK ON SUNDAYS

In subsections (5) and (6) substitute the expression "double the hourly rate" for the expression "one and two third times the hourly rate" wherever it occurs.

7. SECTION 14.—LEAVE BONUS

(1) Substitute the following for the tables in subsection:

Table with columns: A to I wage categories, First leave cycle, Second leave cycle, Third leave cycle, Fourth or more leave cycle. Rows: A and A1, AA First 6 months, Thereafter, AB, B, C, D, DD, DDD, E, F, G, Hand I.

(iii) Werkers wat operatiewe prosesse verrig en 'n loon ontvang wat gelyk is aan die wat in hierdie Ooreenkoms voorgeskryf word vir Loon D-werknemers of wat betrekking het tot die loon van werknemers wat in hierdie Ooreenkoms ingedeel is, moet, terwyl hy in diens van die Ooreenkoms ingedeel is, minstens die werkbare loon betaal word wat by

Table with columns: Waar die werknemer se loonskaal \$80,5 sent per uur nie oorskry nie, Waar die werknemer se loonskaal \$81 sent per uur oorskry. Rows: R, R, R, R, R.

(2) In subklousule (2) (a), vervang die bestaande tabel deur die volgende:

Table with columns: Tot en met 1 000 kg, Meer as 1 000 kg en tot en met 3 000 kg, Meer as 3 000 kg en tot en met 4 500 kg, Meer as 4 500 kg en tot en met 6 500 kg, Meer as 6 500 kg. Rows: R, R, R, R, R.

8. KLOUSULE 23.—INDIENSMENING VAN VAKVERENIGING-ARBID

In subklousule (5), an die woorde "Bylae F", voeg die volgende in:

"of op die vervaardiging van radio's in Afdeling D/32 van hierdie Ooreenkoms".

9. KLOUSULE 35.—WERKSEKURITEIT

Voeg die volgende voorrede in voor subklousule (1):

"Vir die toepassing van hierdie Kousule, nie-tensaannde die omskrywing van 'werknemer' in Kousule 3, sluit 'werknemer' persone in wat werk, produksie of vervaardigings prosesse verrig wat nie in hierdie Ooreenkoms gelyk is nie."

10. KLOUSULE 1.—LONE EN OF VERDIENSTE

Vervang die bestaande subklousule (1) deur die volgende:

"(1) (a) 'n Werknemer wat op die datum van inwerkingtreed van hierdie Ooreenkoms 'n hoer loon ontvang het as dié wat in die Ooreenkoms voorgeskryf word vir die klas waarvoor hy in diens geneem is, moet nog minstens as sodanige hoer loon ontvang terwyl hy by dieselfde werknemer in diens is en terwyl by dieselfde werk of ander werk waarvoor 'n laer loon voorgeskryf word, verrig."

(b) 'n Werknemer wat op die datum van inwerkingtreed van hierdie Ooreenkoms by 'n werknemer in diens is vir die verrigting van werk wat in die Ooreenkoms ingedeel is, moet, terwyl hy in diens van dieselfde werknemer is en algeesien daarvan of sy werkbare loon onmiddellik voor geskiedende datum hoer was as die loon wat vir sy klas werk in hierdie Ooreenkoms gespesifiseer is, minstens die werkbare loon betaal word wat by

(iii) Employees employed in operative processes receiving a rate of pay equivalent to that prescribed in this Agreement of Rate D employees or paid at a rate of not less than R785,85 per month excluding payment for overtime

Table with columns: Where the employee's wage rate does not exceed \$80,5 c.p.h., Where the employee's wage rate exceeds \$81 c.p.h. Rows: R, R, R, R, R.

(2) Substitute the following for the existing table in subsection (2) (a):

Table with columns: First leave cycle, Second leave cycle, Third leave cycle, Fourth or more leave cycle. Rows: Up to 1 000 kg, Over 1 000 kg and up to 3 000 kg, Over 3 000 kg and up to 4 500 kg, Over 4 500 kg and up to 6 500 kg, Over 6 500 kg.

8. SECTION 23.—EMPLOYMENT OF TRADE UNEMPLOYED

Insert the following in subsection (1), after the words "Schedule F":

"or to the manufacture of radios in Division D/32 of this Agreement".

9. SECTION 35.—SECURITY OF EMPLOYMENT

Insert the following preamble before subsection (1):

"For the purposes of this section, notwithstanding the definition of 'employee' in section 3, 'employee' shall include persons employed in operative, production or manufacturing processes not established in this Agreement."

10. SECTION 1.—WAGES AND/OR EARNINGS

Substitute the following for subsection (1):

"(1) (a) Any employee who at the date of coming into operation of this Agreement was in receipt of a higher rate than that prescribed in the Agreement for the class of work upon which he is employed shall continue to receive not less than such higher rate while he is employed by the same employer on the same work or any other work for which a lower rate is prescribed."

(b) Every employer who on the date of coming into operation of this Agreement is employed by an employer on work classified in the Agreement shall, whilst in the employ of the same employer and whether or not his actual rate of pay immediately prior to the said date was in excess of the rate specified for his class of work in this Agreement, be paid not

onmiddellik voor genoemde datum ontvang het, plus, as 'n gewaarborgde persoonlike minimum verhoging, die volgende addisionele bedrag vir sy klas werk.

Table with columns: Klas werk, Bedrag per uur, and Amount per hour. Lists various job classes like Loon A en A1, Loon AA, Draaier, etc.

BYLAEF

Table with columns: Groep, Bedrag per uur, and Amount per hour. Lists groups from Groep Z to Groep I.

- (i) die addisionele bedrag... (ii) 'n werknemer wat na 1 Julie 1986 in dies gemeen is teen 'n tarief van besoldiging van minstens die tarief vir besoldiging wat vir sy klas werk voorgeskryf is...

less than the actual rate he was receiving immediately prior to the said date plus, as a guaranteed personal minimum increase, an additional amount for his class of work, as follows:

Table with columns: Class of work, Amount per hour. Lists various job classes like Rate A and A1, Rate AA, Employees in their first six months...

SCHEDULE F

Table with columns: Group, Amount per hour. Lists groups from Group Z to Group I.

- (i) the additional amount payable in terms of this subsection to an employee for his class of work may be reduced by the amount of any increase or increases granted to such employee on or subsequent to 1 July 1986...

(2) BYLAEF G

- Vervang die volgende Bylaef G: (a) In item 155—die syfers "317" en "339" deur onderskeidelik die syfers "359" en "382"...

(3) BYLAEF D

- (a) In Afdeling D/4 vervang die syfers "205", "261", "312", "331" deur onderskeidelik die syfers "238", "299", "354" en "375" in item 1. (b) In Afdeling D/12 onder die opskrif "Proeftydperke en lone daarvoor"...

(2) SCHEDULE G

- In Schedule G substitute the following: (a) In Job 155—the figures "359" and "382" for the figures "317" and "339" respectively...

(3) SCHEDULE D

- (a) In Division D/4 substitute the figures "238", "299", "354" and "375" for the figures "205", "261", "312" and "331" respectively, in Job 1. (b) In Division D/12 substitute the figure "346" for the figure "305" where it appears under the heading "Probationary periods and rates of pay therefor"...

Table with columns: Groep VIII, Groep VII, Groep VIII, Groep VII, Rate per hour, Rate per hour. Lists various groups and their corresponding rates.

II. BYLAAG

(1) In Bylae G, Loon A (a.e.v.) vervang die bestaande werksaamhede 1 tot 51 deur die volgende werksaamhede 1 tot 61.

- 1 Hoëster- en plasmawerk
- 2 Bou- en/of siemtaalwerk
- 3 Anderwreking
- 4 Motorvoertuigmasjinerie en passasie
- 5 Grootmasjinerie
- 6 Messerwerk en/of messel met vuurwaasie siene en/of klipsawelwerk
- 7 Timmerwerk en/of skyfwerk (uitgesonderd die betreding van verpakkingsmiddels en nuwe kraanwerk)
- 8 Stalkonstruksie-keelmakerswerk
- 9 Stalkonstruksie-pypstasie
- 10 Bousaaiwerk
- 11 Kopiersmidwerk
- 12 Stempeis en/of sennate en/of getreedskap en/of meters maak en/of betstel
- 13 Stempelswywerk en/of gravetwerk
- 14 Drukselwerk
- 15 Werk van 'n werktuigkundige vir huishoudelike elektrisiteit
- 16 Elektromotiewerk
- 17 Elektriese onderhoudswerk en/of installering en/of herstelwerk
- 18 Elektrisiteit se werk
- 19 Elektraplatting
- 20 Oprigting en/of montering (toesigterwerk op perseel)
- 21 Elektronika-neganikus se werk
- 22 Pas- en draaiwerk
- 23 Paswerk (met inbegrip van masjinerie)
- 24 Inspekteerwerk wanneer dit gedoen word deur inspektiewe maatskappye
- 25 Instrumente maek en/of betstel
- 26 Instrumentneganikus se werk (industriële instrumente en prosesbeheer)
- 27 Hyster- en/of roltrapwerktuigkundige se werk
- 28 Slote maak
- 29 Masjinegetreedskap opstel en/of getreedskap stel
- 30 Uitmerek en/of afmet
- 31 Masjinerieonderhoud (elektro-neganikus)
- 32 Motorvoertuie betstel
- 33 Gietvorm- en/of kernmaker
- 34 Bediening van hoog- en/of gasweismasjinerie aan die drukhuivers
- 35 Modelnaker
- 36 Plating en/of ketelmaker
- 37 Loodgieterswerk
- 38 Werk van 'n diensman vir radiokommunikasies
- 39 Radiosterielswerkers
- 40 Radio- en televisie-neganikus se werk
- 41 Radiostreke se werk
- 42 Verkeerswerktuigkundige (kommunisie en industriële)
- 43 Tonnwerk en/of spulstasie
- 44 Drukhuivers klank en/of kalifer
- 45 Walsgetreedskap- en patroonmaker
- 46 Walsstaalwerk
- 47 Skale maak en/of betstel
- 48 Plaatsaaiwerk
- 49 Skepsbouw en/of bootbou
- 50 Buite-/binnendoortjuiwerk
- 51 * Skepsloodgieterswerk
- * Skepsloodgieterswerk beteken werk op skepe vir alle samere doeleindes en/of water-voorsiening en/of huishoudelike verwarmings- was- of drinkdoeleindes
- 52 Letterskuldewerk
- 53 Telekommunikasie elektrisiteit se werk
- 54 Telefoonkommunikasie-televisie se werk
- 55 Patrone maak
- 56 Drukhuivers toets
- 57 Druiswerk (met inbegrip van masjinerie)
- 58 Universale freswerk en/of universele slypwerk en/of universele masjinerie
- 59 Voertuigbouwerk en/of herstelwerk, saamgestel en/of metaal
- 60 Sweis en/of swessoldeer
- 61 Houmasjinerie en/of houtwerk (uitgesonderd die betreding van verpakkingsmiddels en nuwe kraanwerk)

Loon per uur vir werk ingedeel onder Loon A in Loontabel.

(2) In Bylae G, Sektie (a)—Algemeen, skerp subklousule (ix) Inklusie van persone onder die leeftyd van 21 jaar op werk ingedeel onder Loon E tot en Met I.

II. SCHEDULE G

(1) In Schedule G, Rate A (a.e.s.) substitute the following operations 1 to 61 for the existing operations 1 to 51:

- 1 Angle and plate smithing
- 2 Architectural and/or ornamental metal working
- 3 Armature winding
- 4 Automobile machining and fitting
- 5 Blacksmithing
- 6 Bricklaying and/or refractory bricklaying and/or masonry work
- 7 Carpentry and/or joinery (excluding the preparation of packaging and rough crating)
- 8 Constructional boilermaking
- 9 Constructional pipe fitting
- 10 Constructional steelworking
- 11 Coppersmithing
- 12 Die and/or jig and/or tool and/or gauge making and/or repairing
- 13 Die-sinking and/or engraving
- 14 Diesel fitting
- 15 Domestic Appliance Mechanic's work
- 16 Electrical fitting
- 17 Electrical maintenance work and/or installation and/or repair work
- 18 Electrician's work
- 19 Electropainting
- 20 Erecting and/or assembling (supervisory work on site)
- 21 Electronics maintenance work
- 22 Fitting and turning
- 23 Fitting (including machining)
- 24 Inspecting when performed by inspectors having journeyman qualifications
- 25 Instrument making and/or repairing
- 26 Instruments mechanism's work (industrial instrumentation and process control)
- 27 Lift and/or escalator mechanic's work
- 28 Locksmithing
- 29 Machine tool setting up and/or toolsetting
- 30 Marking out and/or marking off
- 31 Millwrighting (electro mechanical)
- 32 Motor vehicle repairing
- 33 Moulding and/or coramaking
- 34 Operating arc and/or gas welding machines on pressure vessels
- 35 Patternmaking
- 36 Plating and/or boilermaking
- 37 Plumbing
- 38 Radio communications serviceman's work
- 39 Radio repairer's work
- 40 Radio and television mechanic's work
- 41 Refrigeration mechanic (commercial and industrial)
- 42 Rigging and/or splicing
- 43 Riving and/or caulking pressure vessels
- 44 Roll tool and temple making
- 45 Roll turning
- 46 Scale making and/or repairing
- 47 Sheetmetal working
- 48 Shipwrighting and boatbuilding
- 49 Ship's plumbing
- 50 * Ship's plumbing means work on ships for all sanitary purposes and/or water services and/or domestic heating, washing or drinking purposes
- 51 Signwriting
- 52 Telecommunications electrician's work
- 53 Telephone communications electrician's work
- 54 Temple making
- 55 Testing (pressure vessels)
- 56 Turning (including machining)
- 57 Universal milling and/or universal grinding and/or universal machining
- 58 Vehicle body building and/or repairing component and/or metal
- 59 Welding and/or brazing
- 60 Woodmachining and/or woodworking (excluding the preparation of packaging and rough crating)

Rate per hour for work classified at Rate A in Table of Wage Rates.

(2) In Schedule G, Section (a)—General, delete subsection (ix) Employment of persons under 21 years of age on work classified at Rates E to I inclusive.

(3) In Bylae G, Sektie (a)—Algemeen, herinner die bestaande subklousules (x) tot (xii) en subklousules (ix) tot (xi).

- 1. Werk van 'n werktuigkundige vir huishoudelike toestelle
 - 2. Werk van 'n diensman vir radiokommunikasies
 - 3. Radiosterielswerkers
 - 4. Werk van 'n keelwerker/werktuigkundige (kernstiel en industriële)
- Loon A
- 1. Werk van 'n werktuigkundige vir huishoudelike toestelle
 - 2. Werk van 'n diensman vir radiokommunikasies
 - 3. Radiosterielswerkers
 - 4. Werk van 'n keelwerker/werktuigkundige (kernstiel en industriële)
- Loon AA
- 5. Werk van 'n werktuigkundige
- Loon D
- 6. Installering van antennes op gebouke se persele
- Loon DD
- 7. Installering van tydelike oopbare omroepstelsels
 - 8. Werktuigkundige en elektrotegniese installering van radio's en soortgelyke uitrustings, uitgesonderd finale toetsing
- Loon DDD
- 9. Die volgende werksaamhede, wanneer hulle verrig word in die werkwinkels van 'n bedryfsinstitusie in verband met die herstel van verbindings- en/of droogtoestelle en/of toestelle vir persoonsvoorsiening met 'n las van hoogstens drie ampere, behalwe in die geval van huishoudelike verwarmingsstelsels met 'n las van hoogstens 15 ampere
 - 10. Herstel en/of vervaang van keramiek- of ander isolatiewasers
 - 11. Herstel en/of vervaang van verwarmlings-elektrohuivers
 - 12. Vervanging en/of vervaang van motore van hoogstens 750 wat op 'n Tarief A-werkknemmer, uitgesonderd die finale toetsing
- Loon F
- 13. Uitmerektaal en skoonmaak van toestelle onder toesig van 'n Tarief A- of Tarief AA-werkknemmer
 - 14. Vervanging uit en/of aanting in kabinete van gemonteerde gramradio en/of radiofontein

Loon per uur vir werk ingedeel onder Loon A in Loontabel.

(3) In Schedule G, Section (a)—General, re-number the existing subsections (x) to (xii) as subsections (ix) to (xi).

- 1. Domestic appliance mechanic's work
 - 2. Radio communications serviceman's work
 - 3. Radio repairer's work
 - 4. Refrigerator mechanic's work (Commercial and Industrial)
- Rate AA
- 5. Workshop assistant's work
- Rate D
- 6. Installation of aerial on user's premises—first six months of experience
 - 7. Installation of temporary public address systems but excluding final testing, under supervision of a Rate A employee
 - 8. Mechanical and electrical installation of radios and similar equipment, excluding final testing
- Rate DDD
- The following operations, when performed in the workshops of an establishment in connection with the repair of heating and/or drying and/or personal care appliances of a load not exceeding 5 amperes except in the case of domestic heating appliances where the load does not exceed 15 amperes
 - 9. Repair and/or replacement of heating elements on appliances
 - 10. Repair and/or replacement of ceramic or other insulating spacers and/or formers used for heating elements including fixing
 - 11. Repair and/or re-assembly of heating element containers
 - 12. Removing and/or replacing of motors not exceeding 750 watts at the direction of a Rate A employee, excluding final testing
- Rate F
- 13. Stripping and cleaning of appliances under supervision of a Rate A or AA employee
 - 14. Removal from and/or fitting into cabinets of assembled radiogram and/or radio chassis

Rate per hour for work classified at Rate AA in Table of Wage Rates.

14

Loon G
15. Voorbereding van draadpunte onder toetsing.
16. Afskure- en/of polierwerk.
17. Spuit van verf vir beskermingsdoeleindes.
18. Hemonttrekking van panele op kabinete en/of ander uitrustings.
19. Bateriae insit in draagbare radio's, hand-appareate, grammatone en/of toestelle vir persoonsvervoering, met inbegrip van die inproef van battereerverbindings.

Loon H

20. Algemene arbeiderwerk, met inbegrip van die voorbereiding van oppervlakte vir verskeie en/of soldeerwerk.

Vir die toepassing van hierdie Sekse, beteken—
"werk van werkwinkelassistent" beteken die uitrusting van radio's en/of toestelle, verandering van komponente met uitrusting geneem word in die aanvang van versamlings wat beperk is tot werk binne vooraanbeholde perke, met inbegrip van aanreinerwerk, wat in die werkwinkel onderneem word."

12 BYLAED

Voeg die volgende in as Afdeling D/32:
"AFDELING D/32

AFDELING VIR DIE VERVAARDIGING VAN RADIO'S

Van toepassing op die vervaardiging en/of montering van huishoudelike (d.w.s. motor-, bus- of draagbare) radio- en/of paradienmer- en/of grammatone, met inbegrip van indaarpersone, tesame met komponente en/of uitrusting uitsluitlik vir gebruik by en met sodanige uitrusting gemak deur die vervaardiger van genoemde uitrusting.

Loon A

1. Elektrisie se werk.
2. Radiotuisie se werk.
3. Radio- en televisiegemakke en/of antennes man se werk.

Loon AA

4. Regsreeks toesigvoering oor Loon AA of Loon B werkers.
5. Oorspronklike elektrise fout deur voorafbeholde simboolontleding met inbegrip van die herstel van sodanige fout deur soldering of verandering van foute-komponente.

Loon B

6. Regsreeks toesigvoering oor Loon C of laer kategorie werkers.

Loon C

7. Afdelingswerk vir Loon D tot Loon DDD werkers.

Loon D

8. Finale toetsing, elektrise toetsing en meganiese instelling van stroomtoegange voorafbeholde perke, insluitende onmiddellike regstelling van ooplopende foute.

Loon DD

9. Regstelling en herstel van groot meganiese foute en defekte aan produkte.

Loon DDD

10. Bediening van alle soorte produksiemasjien, insluitende die verskieting en vashegting van selfstandige masjien.
11. Elektrise toetsing, insluitende die gebruik van skemas en instrumete, van stroomtoegange voorafbeholde perke, maar uitgesonderd herstelwerk.
12. Afdelingswerk vering vir Loon E tot Loon I werkers.

Loon G

15. Preparation of wire ends under supervision.
16. Bunting and/or polishing.
17. Spraying of paint for protective purposes.
18. Re-assembly of panels onto cabinets and/or other outer casings.
19. Inserting batteries in portable radios, tape-recorders, gramophones and/or personal care appliances, including plugging in the battery connections.

Loon H

20. General labouring, including preparing surfaces for painting and/or soldering.

For the purposes of this Section—
"Workshop assistant's work" means routine stripping of radios and/or appliances, replacement of components taken from stock and fitting adjustments confined to working within predetermined limits, including acceptance testing, undertaken in the workshop.

12 SCHEDULE D

Insert the following as Division D/32:
"DIVISION D/32

RADIO MANUFACTURING

Applicable to the manufacture and/or assembly of domestic (i.e. car, or home-, or portable) radio and/or tape recorder and/or gramophone equipment, including loudspeakers, together with components and/or audio equipment made solely for use in and with such equipment made by the manufacturer of that equipment.

Rate A

1. Electrician's work.
2. Radiotuisie se werk.
3. Radio- en televisie masjien se werk.

Rate AA

4. Direct supervision of Rate AA or Rate B employees.
5. Location of electrical faults by pre-determined symptom analysis, including repair of such faults by soldering or replacement of faulty components.

Rate B

6. Direct supervision of Rate C or lower-rated employees.

Rate C

7. Relief operating for Rates D to DDD employees.

Rate D

8. Final testing, electrical testing and mechanical alignment of circuits within pre-determined limits, including immediate rectification of obvious faults.

Rate DD

9. Rectification and repair of major mechanical faults and defects on products.

Rate DDD

10. Operating all types of production machines, including adjustments and attachment of self-locating dies.
11. Electrical testing, including the use of jigs and instruments, of circuits to pre-determined limits, but excluding repair work.
12. Relief operating for Rates E to I employees.

Loon E

13. Visuele ondersoek van produkte, met inbegrip van die opkapping van voer, afwerking van leidinge, verandering van foute en/ of beskadede komponente en die regstelling van klein meganiese defekte.
14. Montering en/of vashegting en/of bediening van komponente en/of versamlings (met voorbeholde perke) volgens voorgeskrewe instruksies en/of parone en/of model en/of monster, met inbegrip van handsoldeerwerk.

Loon F

15. Bediening van alle soorte produksiemasjien, uitgesonderd die verskieting en vashegting van selfstandige masjien.

Loon G

16. Funksionele ondersoek van voorafgevoerde komponente en samerstellings.
17. Montering en/ of vashegting van onderstiele en/ of subassemblies en/ of komponente en/ of toestelle in kabinete of onderstiele.
18. Invoeging van komponente in voorbeholde gedrukte handleidings, volgens voorgeskrewe instruksies en/ of monster, met inbegrip van afwerking van leidinge (uitgesonderd soldeerwerk).

Loon H

19. Le en vashand van kabelharnasse, insluitende die koppeling van aansluitpunte in omliggende en/ of verhuurde deur in-donpning.

Loon I

20. Herhalingspuurwerk of—vertskemwerk.
21. Skoonmaak en verpakking van produkte.
22. Algemene arbeid.

13. KLOUSULE 2.—LOONTABEL

Vervang die besaande tabel deur die volgende:
"Loon van toepassing oral in hierdie Ooreenkoms (n.c.v.):

Loon A en A1	5,81 R
Loon AA—begin	4,58 R
Na ses maande ononderbroke diens by dieselfde werkgewer, met inbegrip van ononderbroke diens op die datum van inwerktering van hierdie Ooreenkoms.	
Loon AB	4,87 R
Loon B	4,36 R
Loon C	4,25 R
Loon D	4,14 R
Loon DD	4,03 R
Loon DDD	3,28 R
Loon DD	2,85 R
Loon DDD	2,68 R
Loon E	2,44 R
Loon F	2,29 R
Loon G	2,22 R
Loon H	2,22 R
Loon I	2,22 R

13 SECTION 2.—TABLE OF WAGE RATES

Substitute the following for the existing table:
"Wage rates applicable throughout this Agreement (n.c.v.):

Rates A and A1	5,81 R
Rate AA—start	4,58 R
After six months continuous employment with the same employer, inclusive of continuous employment on the date of coming into operation of this Agreement	
Rate AB	4,87 R
Rate B	4,36 R
Rate C	4,25 R
Rate D	4,14 R
Rate DD	4,03 R
Rate DDD	3,28 R
Rate DD	2,85 R
Rate E	2,44 R
Rate F	2,29 R
Rate G	2,22 R
Rate H	2,22 R
Rate I	2,22 R

Vakkerlinge

Eerste jaar 2,32
Tweede jaar 2,62
Derde jaar 3,20
Vierde jaar 5,23
Namens die partye op hede die 14de dag van Julie 1986 onderteken.
C. J. M. PRINSLOO,
Voorsitter.
B. NICHOLSON,
Ondervoorsitter.
A. O. DE JAGER,
Hoofsekretaris.

Loon E

13. Visual examination of products, including touching up of joints, cropping of leads, replacement of incorrect or damaged components and the rectification of minor mechanical defects.
14. Assembly and/or fitting and/or wiring in of components and/or wiring (using prepared wires) to set instructions and/or figures and/or model and/or sample, including soldering by hand.

Loon F

15. Operating all types of production machines, excluding setting and attachment of self-locating dies.

Loon G

16. Functional checking of pre-tested components and assemblies.
17. Mounting and/or connecting of chassis and/or sub-assemblies and/or components and/or fittings into cabinets or chassis.
18. Inserting components into prepared printed circuit boards to set instructions and/or sample, including trimming of leads, but excluding soldering.

Loon H

19. Laying and bundling of cable harnesses, including fitting terminations into housing and/or tinning by dipping.

Loon I

20. Repetitive spraying or screening of paint.
21. Product cleaning and packing.
22. General labouring.

13 SECTION 2.—TABLE OF WAGE RATES

Substitute the following for the existing table:
"Wage rates applicable throughout this Agreement (n.c.v.):

Rates A and A1	5,81 R
Rate AA—start	4,58 R
After six months continuous employment with the same employer, inclusive of continuous employment on the date of coming into operation of this Agreement	
Rate AB	4,87 R
Rate B	4,36 R
Rate C	4,25 R
Rate D	4,14 R
Rate DD	4,03 R
Rate DDD	3,28 R
Rate DD	2,85 R
Rate E	2,44 R
Rate F	2,29 R
Rate G	2,22 R
Rate H	2,22 R
Rate I	2,22 R

Apparures

Eerste jaar 2,32
Second year 2,62
Third year 3,20
Fourth year 5,23
Signed at Johannesburg for and on behalf of the parties this 14th day of July 1986.
C. J. M. PRINSLOO,
Chairman.
B. NICHOLSON,
Vice-Chairman.
A. O. DE JAGER,
General Secretary.

(89)

Hopes that measles outbreak is ending

Dispatch Reporter

EAST LONDON — The two measles deaths here last weekend were hopefully the final throes of the outbreak which started in Duncan Village in March, the regional director for National Health and Population Development in the Eastern Cape, Dr J. D. Krynauw, said yesterday.

Dr Krynauw said the outbreak, which occurred because the recent unrest had prevented the public from using health services provided, had been curtailed with the help of the committee formed earlier this month to deal with the problem.

The committee, which had representatives from the Department of Health, the municipality, the South African Medical Services and the Provincial Administration, had managed to provide a service inside Duncan Village.

Dr Krynauw said the mobile service provided had replaced the clinic which was burnt down during the unrest.

Although he did not have official figures at the time of the interview, Dr Krynauw said there had been a drop in the number of measles cases reported in the area.

He said the outbreak could not be stopped suddenly, because people who had been immunised against the disease took time to build up an immunity to it again.

No problems had been experienced with the

availability of vaccine. An order for 30 000 doses had been delivered here.

Dr Krynauw said the final responsibility for the issue rested on the community which had a responsibility both to itself and to its children to contain the spread of such diseases.

He said he "could not stress the consequences of not using health facilities sufficiently".

"Health cannot be imposed upon people, but has to be used voluntarily."

The acting head of the Department of Health in the area, Mr G. J. Klaase, said he was not in a position to give details of cases or fatalities caused by the disease.

However, approximately 2 000 immunisations had been made since the establishment of the controlling committee on August 6, he said.

He stressed the fatalities recorded at Frere Hospital were not necessarily East London residents.

The deputy superintendent of Frere Hospital, Dr Ben Hall, said 169 people had been treated at the hospital for the disease from February until yesterday.

During this period 19 had died.

Although the number of cases treated this month was the highest — 58, with nine deaths — he said he expected the number of cases to drop because of the immunisation campaign taking place.

AIDS: govt to repatriate 97 miners?

JOHANNESBURG — The government's announcement of likely steps to repatriate Acquired Immune Deficiency Syndrome (AIDS) virus carriers conflicts sharply with a plan by the Chamber of Mines to retain affected employees.

This comes in the wake of test results the chamber released yesterday showing that 130 mineworkers, mostly Malawians, had been exposed to the Human Immunodeficiency Virus (HIV), which may cause AIDS.

The Minister of National Health and Population Development, Dr Willie van Niekerk, said yesterday the Departments of Foreign Affairs, Mineral and Energy Affairs and Health, together with the Chamber of Mines, were giving "urgent attention to suitable steps to repatriate these identified workers".

He said 97 of the foreign workers with "positive blood-tests" had been identified.

However, a Chamber of Mines industrial relations adviser, Mr Johann Liebenberg, stressed that there were no proven cases of AIDS in the mining industry.

He said it had only been established that 130 employees have been infected with HIV. They were all clinically well and were doing a full day's work, he said.

The survey was carried out by the chamber and the SA Institute of Medical Research in an extensive programme involving the taking of 300 000 blood samples to establish the prevalence of the virus among all races in the South African mining industry.

A statement by the chamber stressed that casual contact with an infected person could not spread the virus.

Mr Liebenberg said he hoped the government would not make it difficult for the chamber to retain the services of affected employees.

"For us it has become a difficult test of employer compassion and good judgement. Having concluded that repatriation of infected miners is unlikely to have a significant impact on the spread of the disease in South Africa, we have chosen the compassionate route."

The survey showed that the prevalence of HIV in the mining industry was comparable to low risk areas internationally, excluding employees from one high risk country, Malawi.

The Chamber has suggested that:

- No known HIV carriers be engaged for work and that new recruits from AIDS prevalent areas be screened before being signed on.

- Patients suffering from sexually transmitted diseases — a high risk group — be tested on a routine basis.

- AIDS carriers be clinically assessed and counselled and those fit to work will not be discharged.

- The services of clinically well HIV carriers who return home between contracts will not be terminated.

- Only when HIV or AIDS infected employees are clinically unfit to continue working will their services be terminated and they will then be repatriated on medical grounds.

Plan of action for AIDS on mines

By Joe Openshaw,
Medical Reporter

The mining industry will take a humane and compassionate stance and continue to employ the 130 mineworkers found to be infected with the AIDS virus, Mr Johann Liebenberg, the industrial relations adviser to the Chamber of Mines, said in Johannesburg last night.

He was addressing a Press conference at which details of a Chamber of Mines survey to establish the prevalence of human immunodeficiency virus (HIV) — the virus which can cause AIDS — among all races in the South African mining industry.

The survey was conducted with the co-operation of the Institute for Medical Research and the Department of Health.

Mr Liebenberg said the Chamber would embark on a major education and counselling programme to teach infected miners how to live with the infection and how to prevent themselves falling prey to the frequently fatal opportunistic diseases to which HIV-positive people are extremely vulnerable.

"This is not a crisis situation," stressed Mr Liebenberg, who made the results of the survey — in which the blood of 26 525 miners were tested and 130 miners found to be infected with the AIDS or HIV, virus — available for publication. "There is not one proven case of AIDS on the mines."

Mr Liebenberg said homosexuality in the single-sex mine hostels has not contributed to the spread of the disease.

The Chamber says the spread of the virus will be controlled.

No known carriers of the AIDS virus will be engaged for work on the mines and new recruits from AIDS-prevalent areas will be screened.

All miners suffering from sexually transmitted diseases — a high risk group — will be tested routinely.

Employees who are AIDS carriers will be clinically assessed and those fit to work will not be discharged or repatriated.

Clinically well AIDS virus-infected workers who return home between contracts will not have their disease used as a pretext for terminating their contracts.

● See Page 13.

Government wants them repatriated; Chamber takes a more sympathetic view

ROW OVER 130 AIDS MINERS

By Sheryl Raine

The Chamber of Mines and the Government are at loggerheads over what to do about the 130 mine employees known to have been infected by the AIDS virus.

The Minister of Health, Dr Willie van Niekerk said yesterday that his Department and the Departments of Foreign Affairs and Mineral and Energy Affairs together with the Chamber are giving urgent attention to "suitable steps to repatriate the identified workers."

In addition, workers from foreign countries entering the country will be subjected to compulsory tests for AIDS.

The Chamber agreed that new recruits from foreign countries coming to work on South African mines should be screened for AIDS and prevented from working here if blood tests prove positive.

However, Chamber spokesmen said at a press conference yesterday they believed no carrier of the virus presently working in South Africa should be repatriated until such time

as he is clinically unfit to render service.

Asked whether there is an ulterior motive behind the Government's desire to repatriate foreign AIDS carriers to reduce the number of foreigners employed in South Africa, Mr Johann Liebenberg, industrial relations adviser to the Chamber said: "We don't think the Government would want to use this opportunity as a subterfuge for repatriating foreign workers."

So far none of the 130 carriers identified in the biggest

survey of the virus ever done in Africa, have the disease. The Chamber has emphasized there is no AIDS scare.

The Chamber believes it would be inhumane to victimise the 130 carriers or to ostracise foreign workers who come from Malawi. The survey showed the prevalence of the AIDS virus among Malawians to be higher than in other workers.

There are about 20 000 Malawian mineworkers employed on the mines. Central Africa

has been a known high-risk area for AIDS for several years.

The Chamber spelled out a policy of mass education and counselling for AIDS carriers and mine employees in general.

And it seems the Chamber has the majority of mining unions on its side in taking this sympathetic stand.

All of the black and white unions involved in the industry have been consulted and briefed on the results of the

survey and future Chamber policies.

"The National Union of Mineworkers would not like to see infected workers repatriated," said Mr Liebenberg. "We also met the Council of Mining Unions, which represents eight unions, and the comments we got from them indicated they definitely do not wish to see carriers repatriated."

Mr Robbie Botha of the Mine Surface Officials Association said his organisation welcomed the Chambers' education pro-

Network debates fate of mineworkers with AIDS

AIDS, the sexually transmitted killer disease which has been discovered among 130 South African mineworkers, was a topic of discussion during the SABC television programme Network last night.

"We are faced with two choices," said Mr J Liebenberg, an industrial relations adviser. "We can either repatriate the affected workers or we can carry on employing them."

"I think we should adopt a compassionate view. To repatriate the workers would be to drive the disease underground. "We need to look after the affected workers. We need to give them counsel on the subject," he said.

Dr George Watermeyer, Deputy General of Health, said the government was worried about the health of the economy.

"We have to try and keep the 'at risk' numbers as low as possible," he said, but added, towards the end of the programme, that the government was willing to enter into negotiation.

The government had "not made up its mind" whether or not to repatriate the workers, Dr Watermeyer said.

"African AIDS seems to be different to the strain found in other parts of the globe. Before making a final decision, we need to discuss the matter fully with all parties concerned."

Mr Liebenberg accepted Dr Watermeyer's offer regarding further talks.

Mr Jack Metz, representing the South African Institute for Medical Research, said that as many as 10 percent of South African men might be carriers of the virus.

He said stricter medical control of sexual habits was needed. "Through education and counselling, we might be able to establish a sort of control over the disease," he said.

The panel discussion was chaired by regular Network presenter Mr John Bishop.

gramme and was impressed with the employers' initiative.

"We do not feel workers should be repatriated if they are just carriers. If one extended the investigation beyond the mining industry one would find many AIDS carriers. There is nothing one can do about them. We should not be harsh about this. Intimate contact is needed to transmit the virus."

"We believe the Chamber's programme is a good one because it aims to keep the syndrome above board and will not drive it underground."

However, Dr Marius Barnard, the PFP's health spokesman supported the repatriation of AIDS carriers.

He said: "AIDS is a most serious disease and I would expect the health authorities to take every opportunity to minimise the risk in South Africa. If there is any suspicion of non-South Africans with this transferable disease it is totally acceptable health practice to send them back to where they came from. It is also important to screen people coming into the country."

THE National Union of Mineworkers has come out in support of the Chamber of Mines' stance on foreign mineworkers identified in a survey as carriers of the Aids virus.

NUM praises chamber for Aids stand

NUM Press officer Marcel Golding said the chamber had dealt with the problem in a compassionate and humane way by retaining and counselling carriers.

The NUM slammed the government's threat, however, to repatriate 130 foreign workers carrying the virus.

It described it as "no departure from government's norm of exporting unemployment and diseases to rural areas".

The NUM added: "Is the government going to repatriate the 30 white Aids victims if they are holders of foreign passports?"

THELMA TUCH

Golding said repatriation was not a solution to the problem.

He called for abolition of single-sex hostels which, he said, lent themselves prey to such diseases.

Chamber Press officer D Forret said yesterday the survey had indicated that the mine environment had not contributed towards spreading the virus.

The Department of Health has stated that it would hold talks with the chamber on the workers concerned.

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Repatriation risks

The revelation that a number of black mineworkers — mainly Malawian but also a few South Africans — are carriers of the Aids virus has rekindled public fear of the dreaded disease.

Concern and apprehension now centre on the fate of the infected foreign mineworkers identified in a joint investigation by the Chamber of Mines and the SA Institute of Medical Research.

The Department of Health and Population Development regards the victims as a risk to the whole population and insists they be repatriated; the chamber recommends more compassion. It would rather let them stay on in order that these known carriers of the virus may be counselled so they do not spread the disease.

The investigation was conducted on a random sample of mineworkers taken from all the countries and homelands supplying labour for the mines. The findings are therefore only indicative of the presence of the virus among the mineworker population, and are not comprehensive lists of those affected. Should the department insist the identified victims leave, they may find they have banished the ones who can be educated, leaving behind an unknown number of other carriers who could be spreading the disease in ignorance.

Of 26 525 miners tested, 97 had the Aids virus antibodies in their bloodstream. The survey showed the Aids virus was more prevalent among miners from Malawi than in other workers. From the sample, the prevalence among Malawians is about 1:25, making it a relatively high-risk area. Subsequent testing of Malawian mineworkers has revealed another 30 people afflicted.

The incidence among the other territories was 1:3 500. However, the figure includes a number of miners from within the borders of SA.

None of the mineworkers had yet developed Aids proper. A person is diagnosed as having Aids proper only once *opportunistic*

diseases — diseases which take advantage of the body's weakened state — take hold. Some cancers and certain types of pneumonia are opportunistic diseases. Patients die from these. Only a small percentage of people affected with the virus develop Aids proper.

Recent research, however, has concluded that the spectrum of diseases caused by the virus is much greater than was first thought, and that the virus itself can invade the brain causing neurological damage. And, once infected with the virus, a person remains infectious for life whether they develop Aids proper or not.

There have only been 38 cases of Aids proper diagnosed in SA. Most of the cases have been white homosexual men. The investigation on the mines is the first public indication that the virus has spread to black South Africans, although no black has yet been diagnosed as having Aids proper.

Public paranoia about the disease is understandable, however. There is still no cure and we are probably years away from a vaccine. The virus is spreading in SA and will continue whether the foreign mineworkers are repatriated or not.

Disease knows no political boundaries, and there is little chance government can control the movement of people from other countries into SA, or prevent South Africans from visiting other African countries. For the moment, the most effective means to combat the spread of the virus is through major educational programmes about how the disease is transmitted.

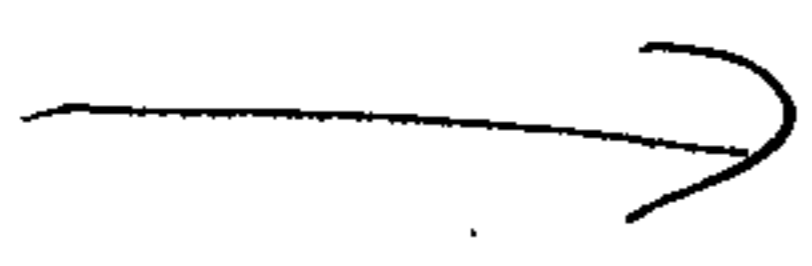
Doctors remain adamant that the virus cannot be spread through casual contact. They do know the virus is transmitted by blood and probably other body fluids. A transfusion of contaminated blood is the surest way of becoming infected. (South African blood banks now screen blood to eliminate this possibility.) The virus is easily transmitted through certain sexual practices,

particularly anal intercourse. Exactly which other fluids, and just how it is passed on, has not been conclusively proven.

One of the enduring puzzles about the virus is why it has spread so rapidly to women in Africa but not to women in America. The disease has spread in equal numbers to heterosexual men and women in Africa, while in the US it is still mainly confined to homosexuals and drug abusers. In trying to understand the African spread, various insects, including the mosquito and bed bug, have been blamed. But as yet there is no proof.

The future of the Malawian mineworkers hung in the balance as the *FM* went to press. The matter was due to be discussed on Wednesday by the Aids Advisory Group, a body including members of the Department of Health and Population Development, doctors, researchers and a representative of the mining industry.

The National Union of Mineworkers has said it is against the repatriation and would consider taking action if it goes ahead. ■



6/9/86 00
Measles outbreak (87)
toll rises to 20

Dispatch Reporter

EAST LONDON — The number of deaths from measles since the outbreak of the disease in Duncan Village in February has risen to 20 with the death of a person in Frere Hospital.

The hospital's deputy medical superintendent, Dr Ben Hall, said 11 people were admitted this week, bringing the total number of measles cases being treated at the hospital to 23.

Dr Hall said 10 deaths were recorded between February and July — and another 10 in August.

The acting head of the East London health de-

partment, Mr Jack Claase, said people being treated for measles at Frere Hospital were not necessarily all from the East London municipal area.

According to his records, more than 2 000 people have been immunised since the outbreak began.

A divisional council spokesman said health services in the rural areas had not been disrupted during the unrest, as was the case in Duncan Village.

She said families in the rural areas were further apart and the danger of measles spreading was less.

The fight to tame the killer asbestos dumps

By Sheryl Raine

Wild asparagus and dwarf aloes will soon be used to cover killer asbestos dumps in the north-eastern Transvaal and could save thousands of people from incurable asbestos-related diseases.

During a tour of the Penge asbestos mine yesterday the Grigalant Exploration and Finance Company (Gefco) revealed a new approach to the rehabilitation of asbestos dumps in the homeland area of Lebowa.

The method, which costs more than R3 000 a hectare, aims to bring dust levels well below Government limits of two asbestos fibres a millilitre of air.

The asbestos-mining industry worldwide has been at the centre of a health controversy for decades. Mining companies have been criticised for asbestos dust levels on mines, in mills and mining communities.

Recent legislation here has tightened controls on dust levels, packaging and processing. However, dust levels in South Africa are still way above those tolerated in many western countries. The United States which currently has a two-fibre a millilitre limit is about to reduce this to 0,5 fibres a millilitre.

There is undisputed evidence that prolonged inhalation of large quantities of respirable asbestos is related to three incurable diseases:

- Asbestosis, a hardening of the lungs which reduces lung elasticity and causes shortness of breath.
- Mesothelioma, a fatal cancer of the lung lining.
- Lung cancer.

The diseases can take up to 40 years to develop, a factor which has made it difficult for migrant workers to claim compensation. Compensation is still racially determined with white miners being paid up to R33 207 and black workers only R2 052.

The system of compensation is under review and is expected to be salary related in future, a formula

which will help blacks little in the short-term because they remain largely locked in to unskilled and semi-skilled jobs which pay low wages.

At Penge so far this year, 18 workers have been diagnosed with asbestosis at the mine hospital. Last year there were 50 and in 1984, 150. There have been no cases of mesothelioma, associated largely with blue asbestos which is not mined at Penge.

Asbestosis cases are expected to surface at Penge for at least the next 50 years as the local community inherits the effects of past inadequate controls.

As recently as ten years ago, local fibre limits were set at 45 fibres a millilitre.

Around the still-active Penge mine and at the exhausted Kromellenboog mine, asbestos dumps have lain open to the elements for decades, spreading potentially deadly fibres whenever disturbed.

TWO PLANTS MEET THEIR NEEDS

Now with the help of the Ecological Research Unit of Potchefstroom University, Gefco is exploring ways to cover the dumps and reduce fibre counts in the area even further, says Gefco's newly appointed chairman and chief executive, Mr Pat Hart.

"We need to cover the dumps with a mixture of soil and rock and find plants which are veld-fire proof, drought resistant and inedible to animals. Two plants meet our needs. The wild asparagus (cat-thorn) acts as a soil cover and the dwarf aloes as an impenetrable thorny shrub," said Professor Koos van Wyk of the research unit.

"We have already flattened and begun covering the dumps at Kromellenboog and planting will start in earnest in November. Steep dumps at Penge have not responded well to grassing and we are still working on this problem.

"It is vital that what we plant is a long-term solution and needs no special maintenance. We are also investigating various types of grasses."

Mr Hart conceded that controls in the industry had not been good but that improvements were currently being made in virtually all spheres.

The Kromellenboog school with 600 pupils has been moved from the foot of an asbestos dump to safer ground. Millions of litres of water are used at Penge to keep dust levels down. Induction courses including sophisticated video material, have been developed to tell would-be employees of the dangers of working on an asbestos mine.

Workers use masks in trouble areas.

The air throughout the region is monitored by the mine every three months and rechecked independently by the government mining engineer.

"The average dust count at Penge in a working area over eight hours is 1,8 fibres a millilitre," said Mr Hart. "In domestic areas it is around 0,2 fibres a millilitre and lower. In the last year the highest reading we have recorded in a trouble or mask-designated area is four fibres a millilitre."

There are many who still believe the mining of asbestos, particularly blue asbestos, should be banned altogether.

Mr Hart believes it is neither in the producers' nor the public interest that the health risk be exaggerated. If controlled properly, asbestos cannot put workers or the public at risk.

Despite concerted efforts by the industry to educate the public and air its point of view, demand for asbestos has fallen dramatically in the last decade due to consumer resistance and the worldwide economic recession.

In its heyday Penge employed 400 whites and 7 000 blacks. It produced 7 000 t of asbestos a month. It now produces only 3 500 t and employs 150 whites and 2 000 blacks. There is hope that the situation will improve when the economy picks up.

Deadly fungus may cause gullet cancer

By Jaap Boekkooi, Science Writer

A fatal fungus, suspected to be linked to the alarming rate of gullet cancer among South African blacks, has been found in an area of the Transkei which has the world's highest death toll from this cancer.

The fungus grows on mealies and has been isolated in a joint effort by the South African Medical Research Council in Cape Town and the National Chemical Research Laboratory (NCRL) of the Council for Scientific and Industrial Research in Pretoria.

"It is an exciting discovery," said Dr James Bull, director of the NCRL, "but we cannot say yet whether the fungus causes

cancer of the oesophagus. We now know it is highly toxic, and kills horses." S.M.R. 18/1/86

Dr Bull's senior research specialist, Dr Robert Vleggaar, said the fungus had already caused cancer in cultures. "But we are still trying to isolate its compounds, of which there may be hundreds, even thousands," he added.

The fungus isolated in Transkei, *Fusarium moniliforme*, is connected with the "hole-in-the-head" syndrome in horses.

"The infected horse dies after hitting its head, usually against a pole. In the post-mortem large holes are found in the brain. There have been outbreaks of this disease in the United States and also in South Africa," Dr Vleggaar said.

PE woman in hospital with typhoid

By CATHY SCHNELL.
A YOUNG Summerstrand woman is suffering from typhoid and three other people from her communal house are suspected of having the contagious disease.
The 22-year-old woman was admitted to the Pro-

vincial Hospital suffering from a confirmed case of typhoid last week. Dr. J. Sher, the Port Elizabeth Medical Officer of Health, said today.
Two young men and a female domestic worker from the same communal house in Marine Drive,

Summerstrand, were all typhoid suspects and were being tested and observed for symptoms of the disease.
Dr. Sher said precautionary measures had been taken to check the water supply and milk delivery supply to the

Summerstrand home, and also to cleanse any obvious contact areas in the house.
Dr. Sher said typhoid, especially among white Port Elizabethans, was very rare. Nor was it common among blacks and last year only six

cases had been reported in the city's northern suburbs.
Typhoid is transmitted through food or water, and is prevalent mainly in unhygienic conditions. It is transmitted, among other ways, by eating shellfish from in-

fectured areas or eating food or drinks prepared by a typhoid carrier.
The symptoms of the disease are high fever, a headache, loss of appetite, a rose-rash on the chest, a cough, and either constipation or diarrhoea.

A LIVING DEATH



The three Radebe sisters of Potchefstroom who lost their feet and fingers because of leprosy — Sarah, 53, Greta, 76, and Mitah, 73. With them is World Vision's ... who discovered their plight.

By DAN DHLAMINI
A FAMILY of lepers — the first to be found in the area — has been discovered by shocked churchworkers in Potchefstroom.

For the past 46 years the three Radebe sisters of Leeuwfontein have battled the disease — which has horribly disfigured them.

The elderly sisters all have children — with kids of their own — but they can't work because of the disease, which is slowly eating away their bodies.

Mitah Radebe, 73, said she and her two sisters grew up in Bothaville.

Her maternal grandmother was a leper — and infected the whole family, including her own parents.

In 1940 it became clear that her parents and her elder sister, Greta, now aged 76, were getting worse and they were taken to Westfort Hospital in Pretoria.

In 1941 Radebe, her younger sister, Sarah, 53, and her two brothers were all taken to Westfort Hospital.

Their home had to be closed down.

Her parents, and two brothers were later discharged. Eventually they

died — leaving behind only the three sisters.

In a steady voice, Radebe told how the spine-chilling disease — whose victims were dumped on Robben Island in the old days — slowly ravaged their bodies.

"At Westfort we were warned not to handle anything hot — because our flesh was very soft," she said.

"At times one would just develop a painful blister on a finger from which pus would ooze — and then a bone would protrude. After pulling out the protruding bone the pain stopped — and that's how we lost our fingers," she said.

Radebe said the sisters lost their feet through many operations at the hospital.

She said at the moment she had no other health problems — except for the painful old operation scar on her leg.

The other two Radebe sisters also said they did not have other complications.

Even though they have no feet, they still manage to walk on the stumps.

The sisters' pension money is their only source of income.

Mitah Radebe has five children, Sarah has three and Greta also three.

They said their husbands, who were not lepers, have all died.

Four of the children suffer from mild cases of leprosy.

Radebe fears if they don't get help, her grandchildren will also be victims and have problems at school.

She appealed for help and said she was happy that "some people" were concerned about the state of affairs at the secluded area where they live.

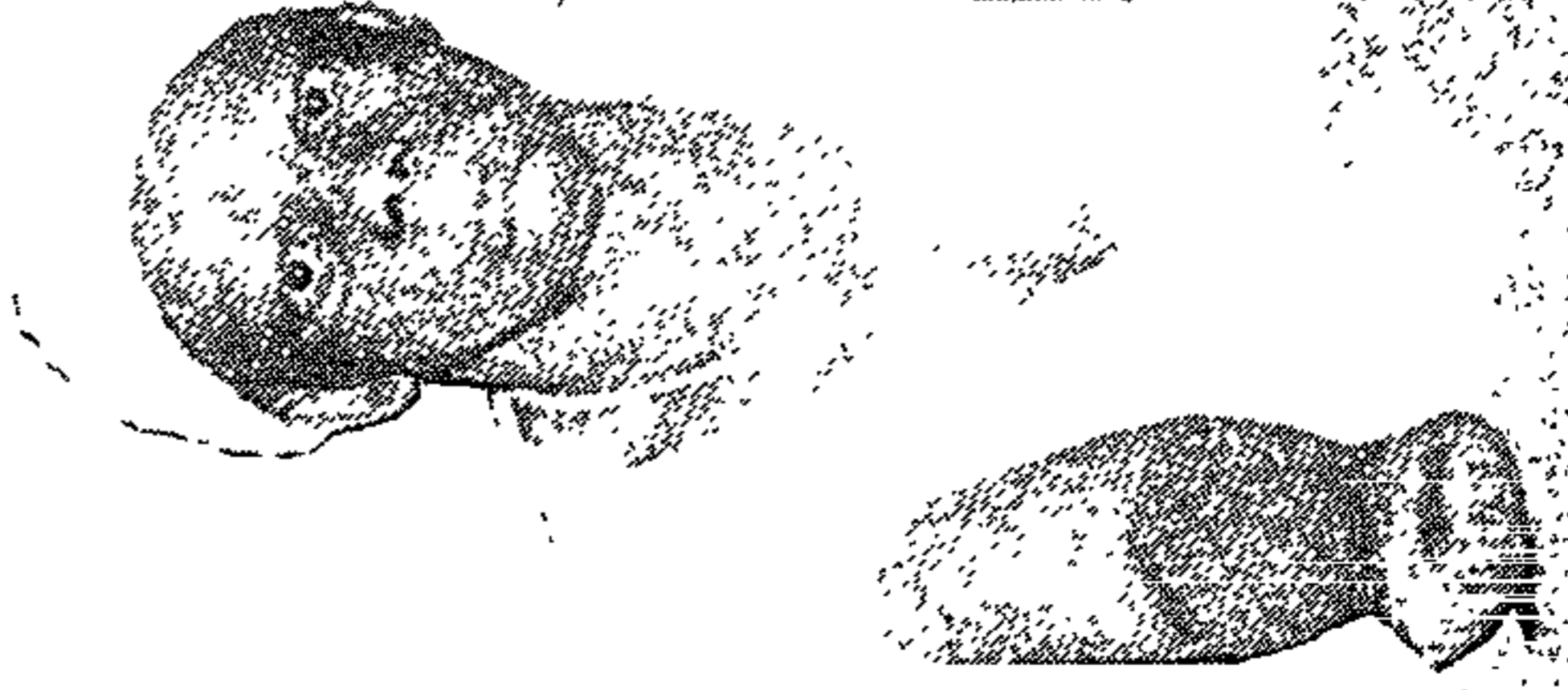
The plight of the three sisters was discovered by J Lethoba of World Vision and Pastor P Paulsen of the Nazarene Church in Potchefstroom's Promosa township.

● World Vision field director for Southern Africa Mandla Adonis said his organisation was looking into the matter and would send some help to the Radebe family as soon as possible.

Potchefstroom-based National Health and Population Development liaison officer J Venter said her organisation was not yet aware of the lepers in the area.

But she promised to investigate the matter and help the Radebe family where possible.

MITAH RADEBE
 — leprosy has eaten away her hands.

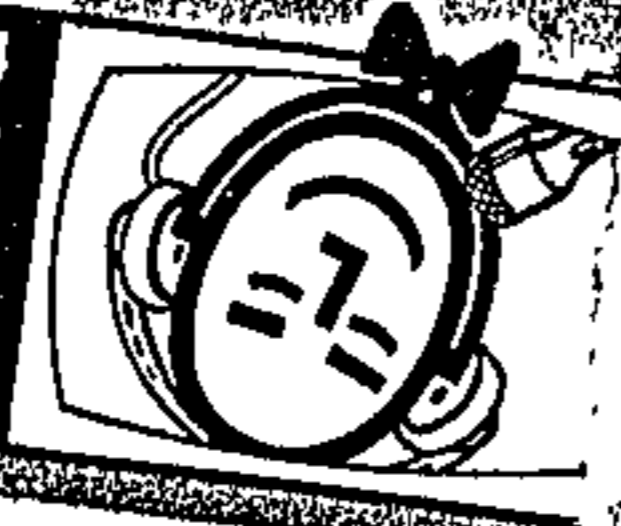


'We pulled out the bones in our fingers to stop the pain ...'

thriller
ORNING
POO

criptions: 30c

Good
 You too
 can look
VISIONS
 from Levisons
 Wear clothes
 South Africa
 Good Morning
 Presenters of




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RADIO
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Staggering jump in heart disease toll

28/11/89

Mercury Reporter

ONE out of every two people in South Africa dies from heart disease ... and heart-related deaths in the 41-60 age group have jumped by a staggering 30%.

The second highest, and constantly increasing, cause of death particularly among the under 40 age group, is still road accidents

These are the shock findings of death claims gathered by the Old Mutual insurance company in statistics recorded over the past three years.

In a statement released yesterday a spokesman for the company described the high death rate in the country's most productive age group as alarming and a cause for great concern

Diseases of the heart and vascular system represent 51% of all life insurance claims, while road accidents claim 15%, it was found.

In the over 60 age category more than 62% of deaths are heart related, and more than 54% of those in the 41-60 age group also die of heart disease.

Road deaths have also risen, by a massive 30%, since 1983 and in the under 40 age group alone the incidence of related deaths have jumped by 12%.

Other significant causes of death according to the findings were neoplasms (cancers, tumours etc) 11.5%; respiratory diseases 7.4% and diseases of the di-

gestive system at 3.7%.

Reacting to the findings Dr David Gillmer, an executive member of the Heart Foundation, said the high figures had already been confirmed by most authorities.

Although heart disease is the leading cause of death throughout the Western world in the 41-65 age group, South African statistics are particularly frightening, he said.

'The mortality rate for white and Indian males in this age group is three to four times that in America, Canada, Australia and other countries in which heart disease is of concern.

'What is even more worrying is that the ages affected in this country are slightly younger.

'Statistics for Indians living in Natal are even higher and many have the added risk of diabetes,' he said.

It's an ill wind

Mercury Correspondent

UMTATA—Police had to be called in when school-children mobbed the circuit inspector's office in Tsolo after its roof was blown off in a storm at the weekend.

The pupils were hoping to find exam papers but were foiled when they found the strongroom the papers were kept in was intact.

AIDS is a minor problem in South Africa, says expert

Mercury Reporter

SOUTH Africa's top AIDS expert, Dr Ruben Sher, says South Africans should worry more about the high TB and road accident rate in this country than the effects of the killer virus.

Although it has been widely reported that an AIDS epidemic is sweeping Central Africa, Dr Sher described the disease as a minor problem in South Africa at the moment and reassured South Africans that they not sitting on any immediate 'time-bomb'.

Today the average heterosexual South African need not worry much, he said, but cautioned that he would not like to predict what would happen in 20 years.

'But, we are ready should the AIDS virus spread from Central Africa,' he added, pointing out that the Medical Research Institute and the AIDS advisory body in this country were keeping a close watch on the 'so-called epidemic'.

'We are keeping tabs on how the virus could get into the country, and are preparing for that eventuality — it must come.

He said: 'There is no way we can keep this virus out. The only way to break the vicious circle is to educate people properly.'

The important aspect in the educational programme in South Africa, he said, was to inform people of safe sex.

'We are actively encouraging the use of condoms and warn people of the dangers of promiscuity,' he said.

Migratory

Nine of South Africa's 43 AIDS cases over the past three years had been migratory workers, who had been treated in this country.

So far no indigenous South African blacks had contracted the disease while Natal had only had two white recorded cases.

Dr Sher confirmed he

had taken part in an 'exchange of knowledge' with African countries to the north as it appeared the virus was spreading from a 'pool' of AIDS which had formed in Central Africa.

Countries particularly badly hit by the killer-virus were Malawi, Zambia, Kenya, Ruanda and Tanzania.

Meanwhile, the Durban branch of the Gay Association of South Africa (Gasa) has set up a fund for the city's AIDS victims and their families.

A man who is now in Addington Hospital critically ill with meningitis, contracted as a result of his immune system being depressed by the AIDS virus, has already been helped by the fund.

A spokesman for the organisation has said anyone in Natal who is diagnosed as an AIDS sufferer would be helped, and that funds would be rerouted to other provinces if circumstances warranted it.

● See Page 11

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Tribal doctors to fight Aids?

DURBAN — Witchdoctors are to be drawn into the fight to control Aids in South Africa.

About 200 sangomas, or witchdoctors, from many parts of the country will be educated about Aids later this week at the first meeting of its kind.

An Aids expert, Dr Ruben Sher, who is a member of the Aids Advisory Group, said about 80 per cent of blacks went through the hands of sangomas before they saw medical doctors.

The bid to draw sangomas into the battle against Aids is being made in the hope that the disease here will not reach the alarming proportions it has in some African states.

Dr Sher anticipated problems in convincing sangomas that Aids was spread through contact, as they "don't believe that diseases are spread from person to person".

- The advisory group reported that 14 cases of Aids had been diagnosed in South Africans this year and that five patients had died.

Six of the cases were diagnosed in Johannesburg, two in Durban and six in Cape Town.

— Sapa

14 cases of AIDS diagnosed

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JOHANNESBURG—Five patients have died and 14 cases of AIDS have been diagnosed in South Africans so far this year, according to the Department of National Health's Advisory Group on AIDS.

The number of cases was six up on the previous year's total, but was in line with expectations, the department said in a statement just released.

It said the present situation was reassuring but there was a potential threat that the disease could spread as in other parts of the world.

A long-term plan to contain the spread of the disease through surveillance and education had been drawn up and would be referred to the Department of National Health and Population Development for possible implementation.

According to the group's statistics, six of the 14 cases of AIDS diagnosed this year were from Johannesburg, two from Durban and six

from Cape Town.

All the patients were males and no cases of AIDS among intravenous drug abusers had been reported.

The advisory group recently found there was room for 'cautious optimism' on the disease.

This view was based on the low rate of increase of AIDS, the fact that no cases of 'African' AIDS had been identified and the low incidence of exposure to the AIDS virus in the almost 900 000 South Africans tested to date.

'There is, however, no room for complacency and the plan drafted by the group has a long-term strategy whereby it is hoped the spread of AIDS in South Africa will be contained.

'The plan is based on surveillance of the disease and education of the high-risk groups, members of the health care professions and the general public, including school children, on the nature and prevention of the disease.' — (Sapa)

Witchdoctors in AIDS fight

Business Day Reporters
and SAPA

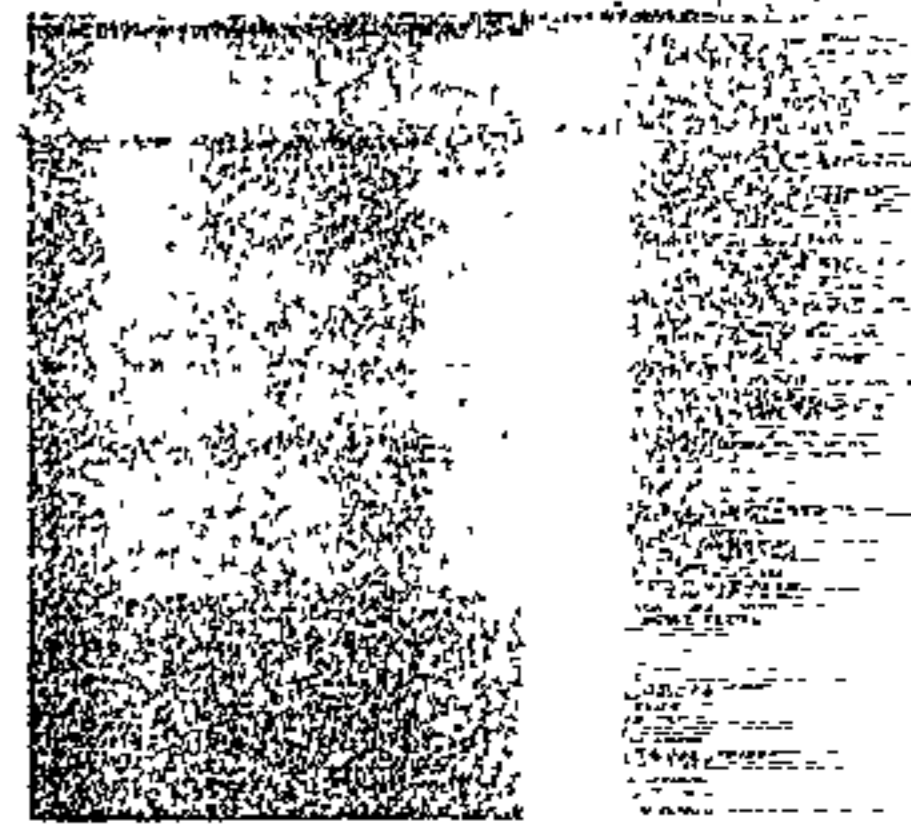
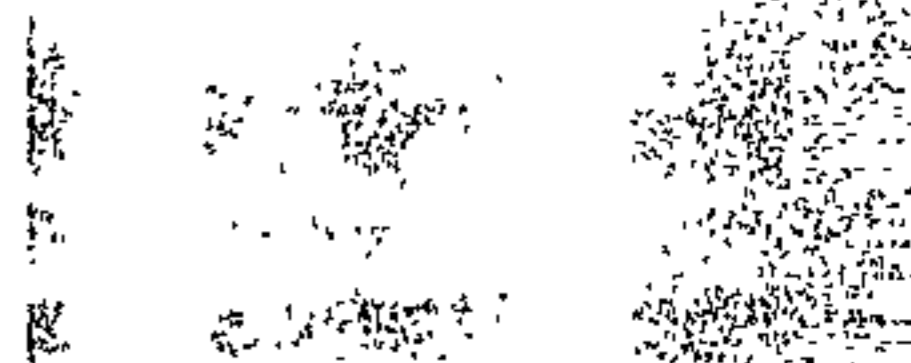
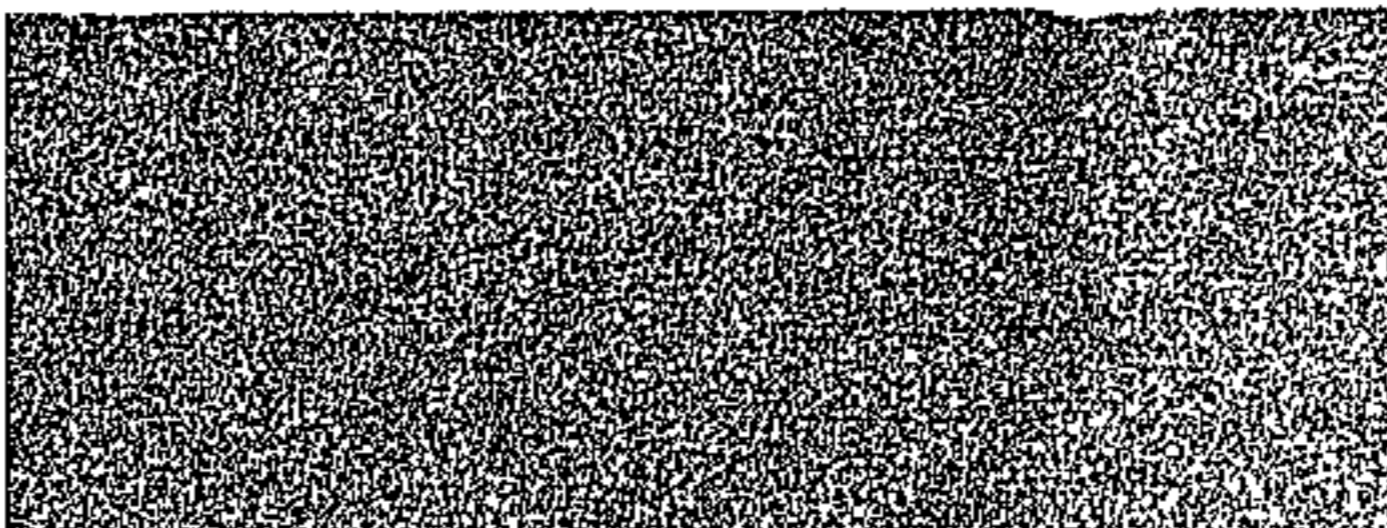
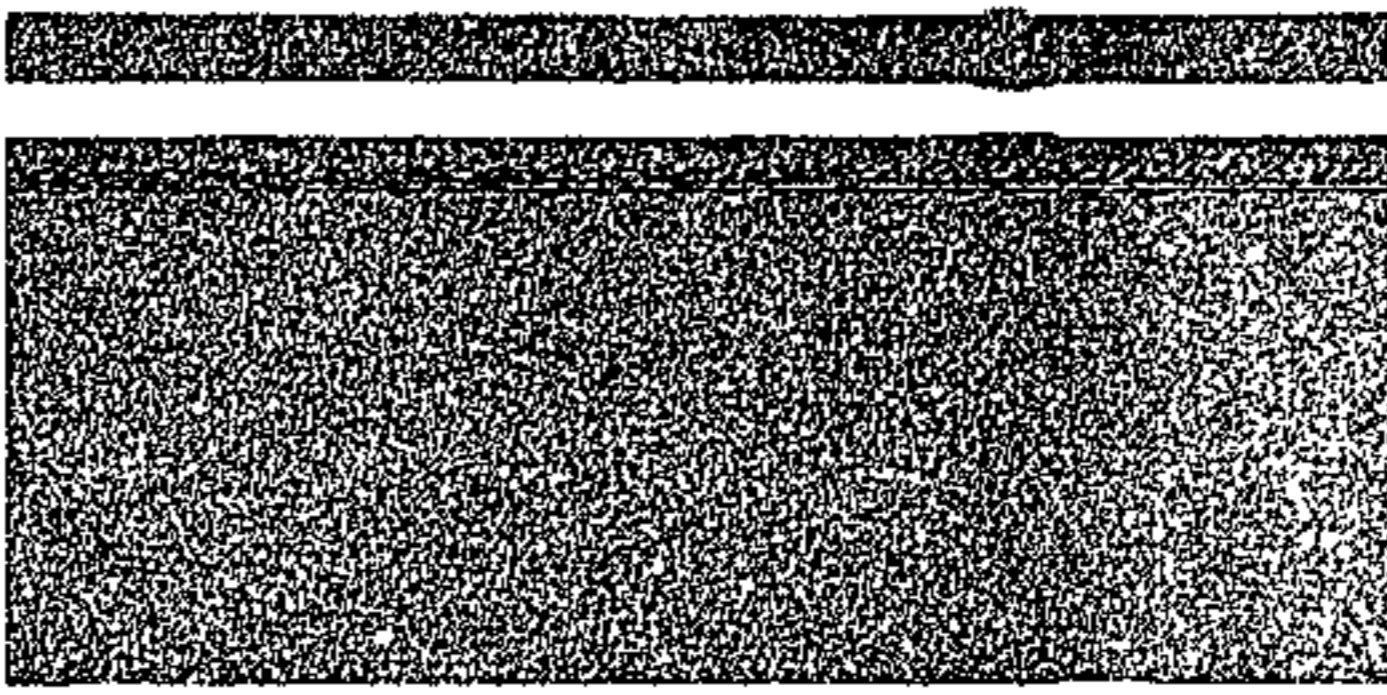
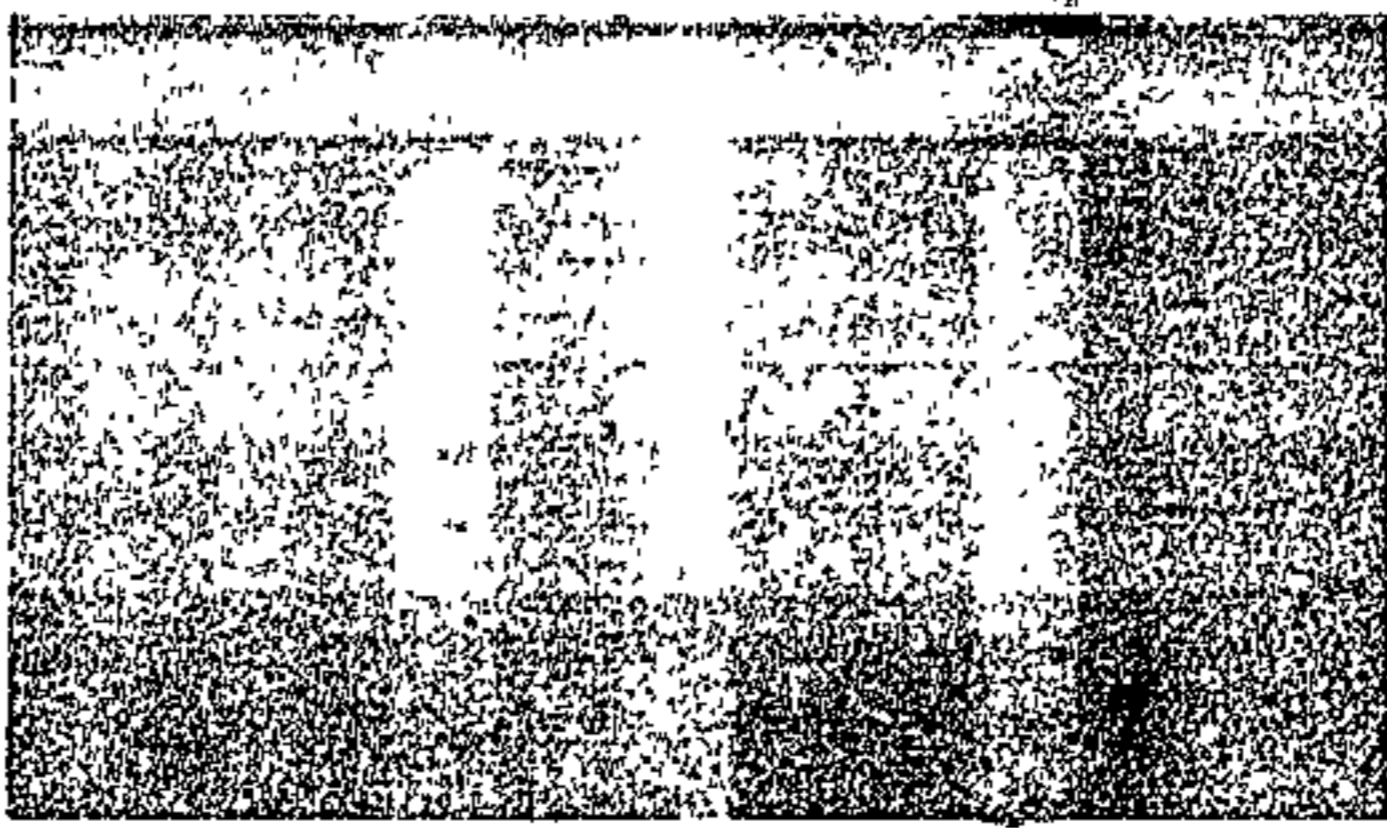
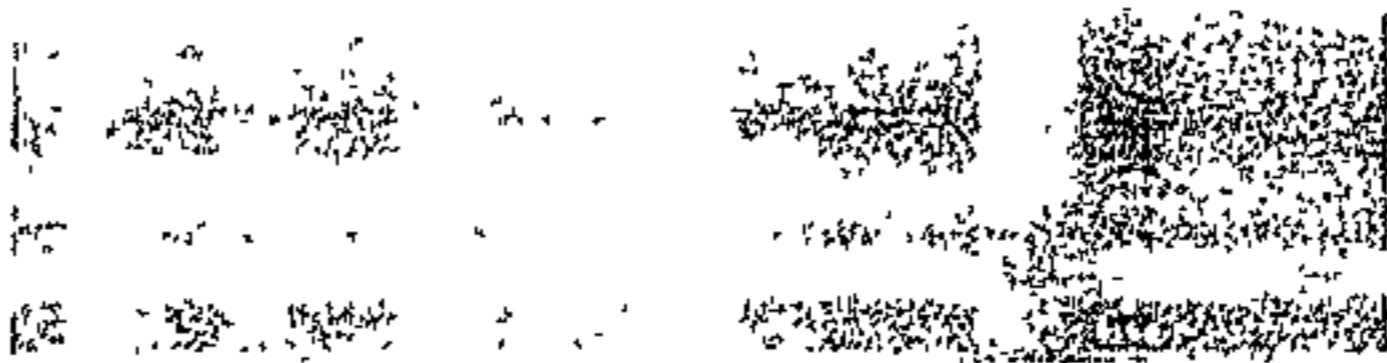
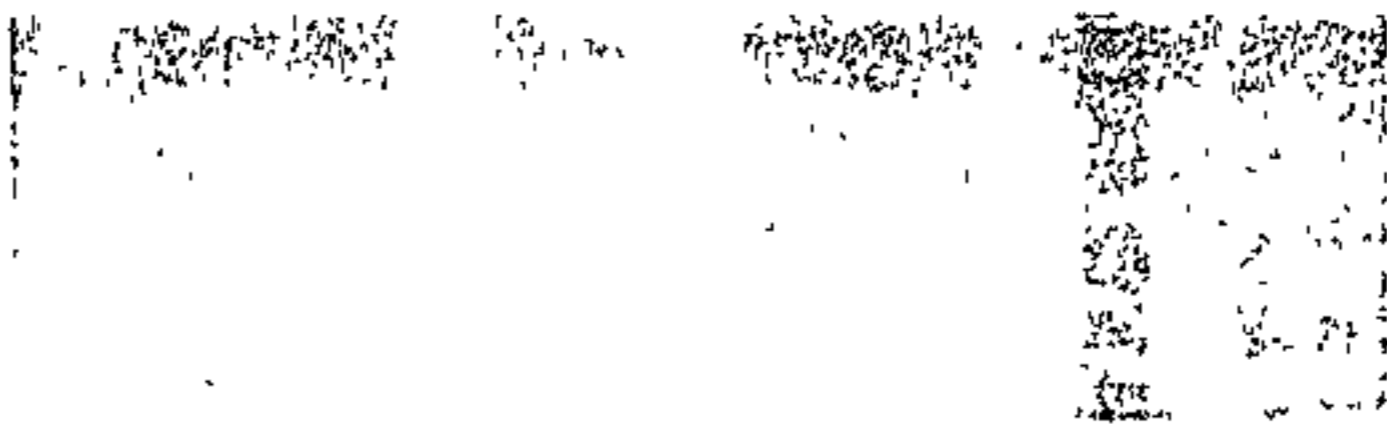
WITCHDOCTORS are to be drawn into the fight to control AIDS in SA.

About 200 witchdoctors from around the country will be educated about AIDS later this week at the first meeting of its kind.

The head of virology at the SA Institute of Medical Research and a member of the AIDS Advisory Group, Dr Ruben Sher, said the bid to draw witchdoctors into the AIDS battle was being made in the hope that the spread of the disease in SA would not escalate and reach the alarming proportions it had in other black states.

He said it was likely to be a problem to convince witchdoctors that AIDS was spread from personal contact, as they did not believe diseases were spread from person to person.

He would address the sangomas on ways of preventing the spread of AIDS, for instance avoiding promiscuity and using condoms.



Diabetes is still on the increase

N/M 4/12/86

(89)



Dr Ishwarlal Jailal

Mercury Reporter

DIABETES is still on the increase among Indians, according to Dr Ishwarlal Jailal, who has just been appointed Associate Professor at the University of Natal's Medical School in Durban.

Dr Jailal, 33, a senior lecturer at the Medical School and senior investigator for the Medical Research Council, Diagnostic Chemistry Research Unit, has also become the youngest graduate of the medical school to become a professor.

As chairman of the Natal Diabetes Study Group, he received numerous national and international awards for medical research, including the SA Diabetic Association Award and the General Diagnostics Award of the South African Association of Clinical Biochemists.

He also won awards from the European Diabetes Association and the Interna-

tional Diabetes Federation.

In 1983, he was awarded the Medical Research Council Post-doctoral Scholarship and spent a year undertaking research at the Joslin Diabetes Centre and Harvard Medical School.

Dr Jailal said diabetes was also an important risk factor for heart disease among Indians.

His said his study had found that 40% of Indian men who suffered heart attacks had diabetic tendencies, and 86% of Indian women who suffered heart attacks were diabetics.

His study also found that

82% of Indian men who suffered heart attacks smoked and 70% of Indian women with heart attacks were overweight.

He believes the areas of his research which have made the most impact are the work on diabetes mellitus in Indians and his collaborative work with Dr M Sewdarsen at the R K Khan Hospital on the risk factors for heart disease in Indians.

His hope is that his group's work will ultimately lead to a better understanding of the causes of diabetes and coronary heart disease.

Hospital policy still made by Assembly

PORT ELIZABETH — Provincial authorities will continue to administer hospitals falling under the Own Affairs administration of the House of Assembly.

The Minister of Health Services and Welfare, Dr George Morrison, said last night at a meeting in Port Elizabeth that second- and third-tier authorities would administer them, but policy formulation would be restricted to first-tier authorities.

There were 44 hospitals — 32 in the Transvaal, four in the Cape, five in the Free State and three in Natal — which had become the responsibility of the Administration: House of Assembly.

They included large hospitals such as the J G Strijdom in Johannesburg and the Provincial Hospital in Port Elizabeth.

"To prevent fragmentation and duplication of services the provincial administrations will run these hospitals on behalf of the House of Assembly Administration," he said.

The Minister of Health Services and Welfare would remain responsible for them and would be accountable to the House of Assembly.

The Minister would, among other things, appoint hospital councils. — Sapa

'REPORT MEDICAL PERSONNEL WHO REFUSE TO TREAT PATIENTS'

DOCTORS and other medical personnel who refuse to treat patients because of their race should be reported to the South African Medical and Dental Council for unethical behaviour, the Health Workers' Association has said.

The association is protesting against a directive from the Transvaal provincial authorities calling for patients to be headed in hospitals in their "own areas".

The directive effectively means that "African" and "Indian" patients cannot be treated at the Coronation Hospital in Johannesburg.

The MEC for Hospital Services in the Transvaal, Mr Daan Kirstein, defends the directive "We're not talking about apartheid Politics does not come into this issue — it's a matter of hospital services."

"The directive is a practical measure to alleviate the crowded situation of a coloured hospital in a coloured area. People must be sent to hospital in areas where they belong."

Lashed

The HWA and other medics dispute Mr Kirstein's claims. Firstly, they say, "Indian" patients now had to be transferred to the Hillbrow Hospital, which was even more crowded than Coronation.

The Coronation Hospital board also lashed out at Mr Kirstein. The HWA, the hospital board and doctors said that the J G Strijdom Hospital, down the road from Coronation, had plenty of space. But it was designated for whites.

Doctors held a meeting with the Coronation superintendent and adopted the following resolution: "We, the doctors of Coronation Hospital, mindful of our Hippocratic Oath, consider ourselves unable to

Hospital row takes a new turn

FOCUS

89

SOWETAN 28/2/86

comply with the directive compelling the transferring of patients to other hospitals against the wishes of the patients concerned, and from our assessment of their condition to the possible detriment of their health care. We see a solution to our overcrowding in the optimum use of under-utilised hospitals on a non-racial basis."

All felt that the Government was trying to give credibility to the Houses of Delegates and Representatives by designating health an "own affair".

Apartheid

Said one speaker at Lenasia meeting: "They have Ministers without Portfolio. But they can't have Ministers without a hospital. So they create an apartheid institution to give the Minister something to be in charge of."

Doctors and other medics of all races work

at Coronation and other black hospitals. If "non-coloured" doctors were suddenly told to go to their "own areas", Coronation will be seriously short-staffed, they have pointed out.

The HWA has also issued a list of patients' rights.

The association also says it is totally against apartheid in all its manifestations, including the introduction of ethnic hospitals.

Health care delivery, health priorities and overall standards of health facilities are all controlled by the Government, as are many other facets of life.

The Government, in order to maintain its system of economic exploitation, was forced to create a system of sham authority and sham decision-making in the form of ethnic parliament. Thus "Indian" and "coloured" hospitals had to be created.

Rights

This shunting of patients on the basis of their colour and race will most definitely affect the underprivileged people in our communities. The rich will be able to afford private clinics and private hospitals.

The HWA list patients' rights:

- Patients have a right to be treated irrespective of their race, religion or class.
- They have the right to courtesy and dignity.
- They have the right to be fully informed about their illness unless there is sound reason to believe that it will be detrimental to their well-being, in which case the



ONE view of Coronation Hospital.

next-of-kin should be informed.

- They are entitled to a second opinion of their choice to decide where and by whom health care is to be delivered, within reason.
- Subsidised health care should be promoted;
- They are entitled to emergency care at the nearest hospital without prejudice to subsequent decisions.

Privacy

- They have the right to question any treatment or proposed treatment without prejudice.
- They have the right to privacy of any information divulged, being made available to third parties.
- They have the right to the best medical care, and
- They have the right to

adequate hospital accommodation on a non-discriminatory basis.

If these or any other rights are trampled upon, what can the individual or community do?

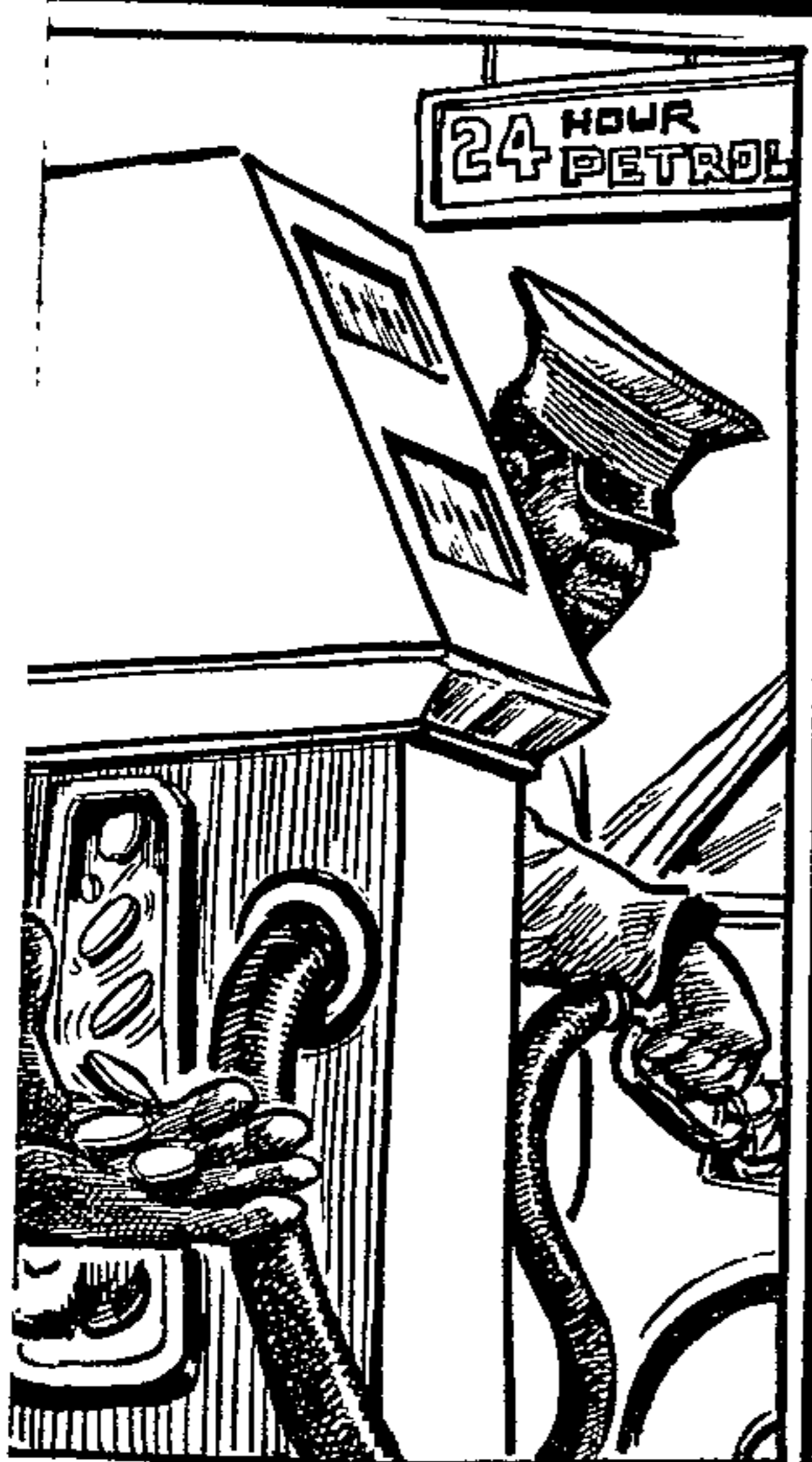
Biko

- People could immediately report any discriminatory practices to the SA Medical and Dental Council (SAMDC) and/or the SA Nursing Council (SANC). These statutory bodies could be forced (for example in the Biko case) to bring doctors and nurses to answer for their discriminatory practices.
- Legal advice (free or paid) could be sought to take up an individual case.
- Publicising of discriminatory practices.
- Community organisations should form health sub-committees on which health workers should be included. These committees could monitor, highlight and protect the interests of the patient.
- There should be an organised programme by organisation to educate their members on health matters. This could be done through workshops and articles.

Political comment in this issue by J Latakomo and A Klaaste. Sub-editing, headlines and posters by S Mathaku. All of 61 Commando Road, Industria West, Johannesburg.

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SOWETAN 25/2/80

40 down tools

SOWETAN Reporter

MORE than 40 workers at a pharmaceutical company in Wynberg yesterday went on strike after 12 of their colleagues were retrenched.

The workers, all members of the Black Health and Allied Workers' Union, work for E Merck South Africa, a German multinational company.

They said although the union was asked to make recommendations to management about retrenchments, their proposals were ignored.

Dispute

The union claims attempts to discuss the matter with management failed. They then decided to down tools.

The company manager, a Mr Puckrin, was unavailable for comment, his secretary said. Several attempts to

reach Mr Puckrin were unsuccessful.

• More than 120 members of the South African Chemical Workers' Union (Sacwu), em-

ployed at Plascon Parthenon in Epping, Cape Town, are in the third week of a strike after a mediator failed to settle their wage dispute.

Feb — Health — 86.

HEALTH + DISEASE - MISCELLANEOUS DISEASES

1987

JAN

—

AUGUST

Measles — beware of the complications

DD
89
17/1/67

What is the treatment for measles? Because the germ causing it is not sensitive to antibiotics, there is no point in giving them. No drugs of any sort, antibiotic or others, should be given unnecessarily.

However if complications develop, such as bronchitis or running ear, then an appropriate antibiotic is prescribed.

But how do you know when complications have developed? Obviously, if a child complains of a painful ear which then discharges, that is easy. You know he has an infection of his ear.

But how can you be sure he is not developing bronchitis out of measles, especially when a hard rasping cough is an expected symptom in any case? To have the chest examined by the doctor every day is impractical.

Pneumonia is another and more serious complication of measles but in that instance the child, far from improving, gets progressively worse after the rash comes out, and he is obviously ill, very ill.

Measles may damage the middle ear or the child's lungs, but I must not cause alarm. The instance of serious complications are relatively rare, but they do exist. As with so many illnesses, the best treatment is prevention.

There is no reason why any child should suffer from measles. Nearly all can be protected by a simple injection of a mild form of measles virus. The injection is usually given at 15 months of age, but if your child is older and has not had measles, it is still not too late; it can be given up to 15 years of age.

It is rare for a healthy child to suffer a serious reaction such as convulsion or brain damage following vaccination. He is much more likely to suffer those from measles himself.

Some develop a mild fever after vaccination. A few get a rash which is not infectious, seven to 12 days after. A high or persistent fever means calling your GP.

Vaccine should not be given if your boy or girl or

DR BLUE'S DIARY

anyone in the family suffers from certain conditions, particularly convulsions or epilepsy.

Vaccination should not be given to a child with a heavy cold or who is off colour. If the doctor arranging the injection is not your own GP, inform him of any medicine or drug being given at the time.

In Britain 50 per cent of children are given the vaccine although 20 to 30 die each year because of

measles or rather the complications of it.

In America the figure is around 95 per cent for under fives and, one day soon, measles will be totally eradicated there, but this high degree of cover has not been achieved without some compulsion and arm-twisting.

American children are not permitted to enter school unless they can show proof of immunity to measles. Children are only exempted from immunisation under a strict code, for medical or religious reasons.

Malaria threat to Natal town

N/M 17/2/87
89

A CASE of malaria has been confirmed in Mtubatuba and more than 60 suspected cases of the disease are being investigated in the district by the Department of Health.

The entire town's population, and those living in surrounding areas, are being given anti-malaria treatment as a precautionary measure.

It is the first time in 13 years that a case of malaria contracted in a Natal town has been recorded and the subsequent cases under investigation involve mostly whites.

According to the regional director of the Department of Health, Dr Priscilla Truter, it is believed the disease was 'brought into' Mtubatuba.

The case recorded was contracted in the town, and it had to be brought in somehow. As a precaution we have sprayed all water in the town known to harbour larvae,' said Dr Truter.

Mercury Reporter

Random blood tests have also been conducted on the town's inhabitants and a health warning has been issued to all visitors.

The massive programme to stamp out and control the disease has involved close co-operation between the Department of Health and the KwaZulu Department of Health and Welfare.

The KwaZulu authorities are keeping a close watch on the incidence of the disease and it is believed that more than 290 black school-children from an outlying school were given preventive treatment.

Meanwhile, the Department of Health has urged visitors to areas north of the Tugela River to take tablets before entering the district.

Close watch

'This warning remains in effect, provisionally, until the end of April. We will, however, still keep a constant weekly watch on the disease and could extend the warning,' said Dr Truter.

Last night, Dr Muriel Richter, Durban's Medical Officer of Health, said Durban's residents could 'rest easy'.

A close watch was kept on the city's mosquito population, she said, adding that virtually no malaria-carrying anopheles mosquitoes had been picked up in Durban this past year.

On hearing that a confirmed case of malaria had been recorded in Mtubatuba Dr Richter said: 'That's bad. Malaria is usually contracted elsewhere in the veld or known malarial areas. It hasn't been contracted in a town for a very long time.'

Stress in SA takes its toll on executives

MEDICAL statistics show that due to the pressures of modern lifestyles and the uncertain political situation, SA businessmen are more exposed to certain dread diseases than other population groups, says AA Mutual Life.

Of 100 healthy executives aged 45 in 1987, 28 will have had a heart attack, eight will have become permanently disabled and seven will have been diagnosed to have cancer in 20 years' time. Of the original 100 executives, only 52 will survive in good health.

The company was among the first in the life assurance industry to tackle the suffering caused by dread diseases.

Initially AA Mutual Life offered financial security to policy holders through its Special Drawing Rights supplementary benefit which could be added to existing policies.

In July last year the Crisis Protection Plan was introduced and it marked the introduction into the SA market of cover for personal catastrophe as a standard packaged policy.

Water crisis: 89 disease feared

Dispatch Reporter

EAST LONDON — As the water crisis in Zwelitsha entered its seventh day yesterday a doctor expressed fears of an epidemic.

Soaring temperatures yesterday increased the hazard of disease in Zwelitsha — where hundreds of homes were still without water.

A Zwelitsha doctor warned that if the water crisis continued for 10 days it could spark off an outbreak of gastro enteritis.

The water crisis in Zwelitsha began after supply pipes from the London main ruptured.

Meanwhile East London has mobilised water tankers to help relieve the situation in Berlin and the Ilitha township — which have had a water shortage since Wednesday.

Yesterday, the chief city engineer, Mr Graham Keppie, said five water tankers have been mobilised to supply the townships.

He said inquiries had gone out to contractors and other organisations in an effort to obtain more tankers.

Mr Keppie confirmed on Wednesday that a

broken main had flooded Laing Dam's pumps — and as a result of this there had been no inflow of water to the Berlin storage reservoirs — from where the city council obtained its supply of purified water for distribution in the area.

He said some residents in low lying areas were still able to draw from pockets of water left in the reticulation system.

Mr Keppie also announced that one of the pumps which was damaged during flooding had been repaired and service on Wednesday.

He said, however, that it would take time to fill up the supply system.

The first water from the Laing Dam purification works was expected yesterday evening.

Other places reported to be having water problems are Phakamisa township and Bisho.

An employee of the Amatola Sun Hotel said last night that the water situation at the hotel had improved.

He said the Bisho area had experienced a faulty water supply for the past week.

Non-smokers also in danger of contracting lung cancer

89 EP0ST 16/3/67

Post Correspondent

LONDON — Figures showing that breathing other people's cigarette smoke is a significant cause of lung cancer in non-smokers are to be

published by the Department of Health.

An investigation commissioned by the department found that non-smokers stand a 30% greater chance of con-

tracting lung cancer if they live with a smoker compared with those completely unexposed to cigarette smoke.

The inquiry was carried out by the Scientific Committee on Smoking and Health, an independent body chaired by Sir Peter Froggatt, Vice-Chancellor of Queen's University in Belfast.

Disclosing the report, Mrs Edwina Currie, junior Health Minister, said the Government would issue an official warning to the public as a result of its finding.

"We are quite convinced there is evidence to show that you cause cancer in somebody else by smoking in their presence."

Her comments were made in advance of this week's National No Smoking Day, when organisers expected 50 000 smokers to kick the habit.

When dealing with members of other denominations first establish whether or not the Living Christ forms the centre of their fellowship.

If so, and if the purpose of their worship is to glorify God in Christ Jesus then, whether or not you approve of their style of worship and praise, you need to show love, tolerance and understanding because they will be worshipping our one Universal God in the manner to which they are accustomed, just as you worship Him in your particular way.

Remember, David was criticised for 'unseemly' behaviour when he danced before the Lord; and the Apostles were accused of being drunk when, filled with the Holy Spirit, they joyously preached Christ.

Accept your fellow Christians as they are and praise God for them.

Arnold Walker

PRAYER THOUGHT: Though I differ from my fellow-Christian in my form of worship, Lord, we remain united in Christ.

Cancer deaths in fallout — report

89
STAT
26/3/87

LONDON — A report released yesterday said about 1 000 people in the European Economic Community would die from cancer over the next 50 years as a result of exposure to radiation from the Chernobyl nuclear disaster.

The report by Britain's state-funded National Radiological Protection Board said most of the 1 000 deaths would occur in a small group of regional blackspots, with the southern part of West Germany the worst affected, followed by Greece and Italy.

But the report, carried out for the Brussels-based executive commission of the EEC, said that during the same 50-year timespan a total of about 30 million people in the 12-nation Community would die from cancer caused by other sources.

As a result, it said, it would be impossible to

detect which cancer deaths had been caused by the release of radioactive material from the Chernobyl power station in April last year.

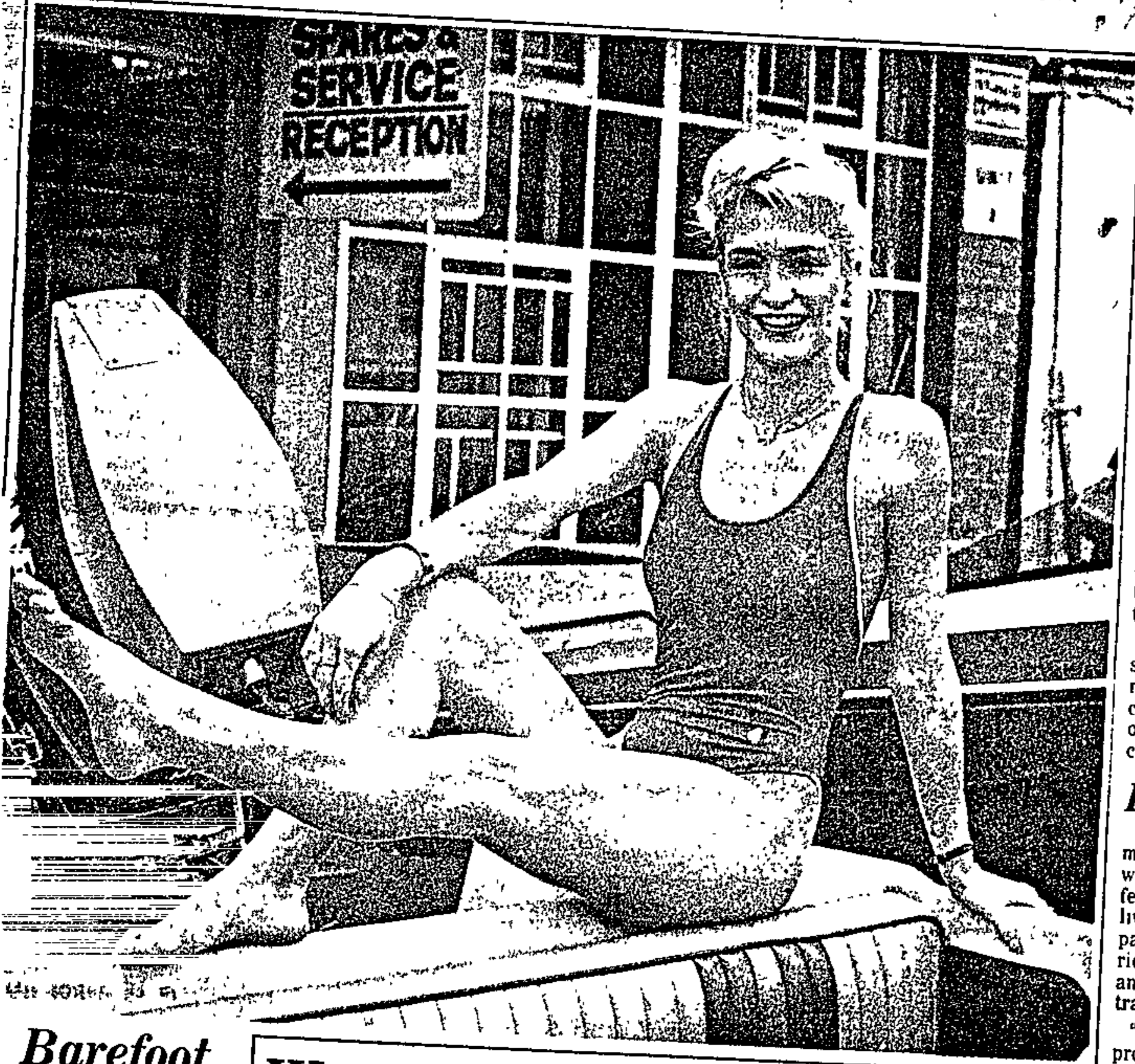
The board said the report is the first complete assessment of the effects on the EEC of the Chernobyl disaster. The world's worst civilian nuclear disaster killed 31 people in the Soviet Union in the first seven months after its occurrence.

An explosion inside a reactor at the Chernobyl sent clouds of radioactive cesium-134, iodine-131 and strontium into the atmosphere. Carried by the wind, the radioactive pollution spread across the Ukraine, Western Europe and eventually around the world.

But doses generally grew weaker the further the pollution was carried from the stricken plant. — Sapa-AP.

Disease shock for Indians

M.M. (89)
28/3/17



Mercury Reporter

ALMOST 70 000 Indians in Natal — 10% of the total Indian population — may be suffering from a hereditary blood disorder which causes severe anaemia and can require lifelong blood transfusions.

Prof F Fernandes-Costa, head of the Department of Haematology at the University of Natal Medical School, said a recent pilot survey carried out on members of Natal's Indian community showed that 10% of all the subjects tested suffered from thalassaemia.

He said there was no curative treatment for the disease, which could be fatal in extreme cases, and sufferers from the age of six months onwards needed blood transfusions throughout their lives.

Genes bearing thalassaemia were especially common in the local Indian community and were passed on from parents to their children, he said.

Passed on

Prof Fernandes-Costa said most carriers of the disease were unaware that they suffered from it and led normal lives, but children born to parents who were both carriers faced a highly unpleasant future of life-long blood transfusions.

'Two carriers can possibly produce a severely affected child,' Prof Fernandes-Costa said.

'The genes may be passed on to the foetus, become active and an affected child results. The outlook for such a child is not good and necessitates life-long blood transfusions.'

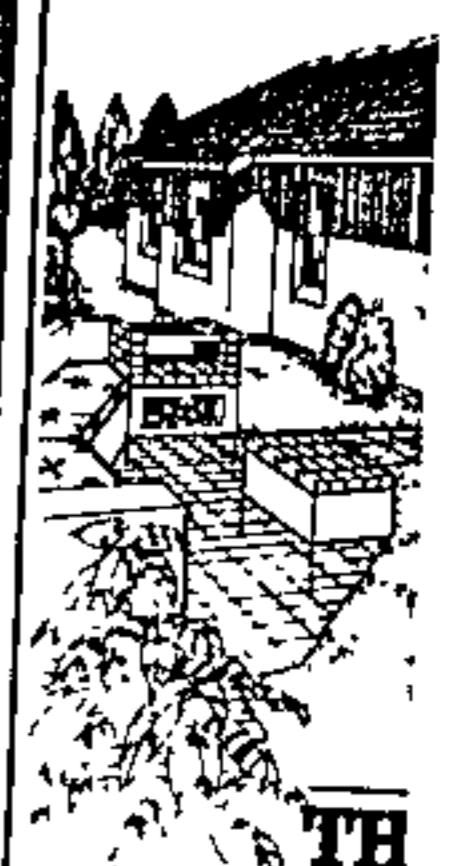
In a case where only one parent was a thalassaemia carrier, the healthy haemoglobin — a blood protein carrying oxygen in the blood — of the other parent balanced out the disorder-bearing genes, allowing the child to carry out a normal life.

Treatment was extremely difficult, he said, although the position was improving.

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Barefoot Birgit

Urban's Birgit Burmeister, 20, leaves today as Natal's representative in the Barefoot Water-skiing competition to be held at a hotel in Pietermaritzburg tomorrow. European barefoot water-skiing team arrived in South Africa today to compete against the Springboks in two events, the first at the Aquatic Club in Pietermaritzburg.

Workers killed as trench collapses

Mercury Reporter
TWO workers were killed yesterday afternoon when they were buried under tons of earth after a bank collapsed at Yellowwood Park Shopping Centre.
Three others were rescued and revived before being taken to hospital.
The workmen were digging a drainage trench on a construction site next to the shopping centre when they were rushed to King Edward VIII Hospital. The other two were totally buried and not accessible, he said.
'The main problem was the more we dug the more the wall collapsed so we had to support it.
'It took a while to get the two bodies out.'
Police have not released the names of the dead.
A spokesman for King Ed-

Fire destroys capital store

Pietermaritzburg Bureau
SMALRIDGES furniture store in Church Street, Pietermaritzburg, was almost totally destroyed by fire yesterday evening and damage has been

89 CR 22/4/87

Prevent measles plea to parents

Post Reporter

DUE to the recent increase in the number of children contracting measles, Port Elizabeth's Medical Officer of Health, Dr E F du Plessis, has requested parents to see that all children from the age of nine months are vaccinated.

Dr Du Plessis said there was no reason for panic.

"The increase in the number of children contracting measles does not mean we have an epidemic on our hands. But there has been an increase, especially among black children."

"To prevent a repetition of the serious outbreak we had in 1983, we ask that parents have their children vaccinated if they have not yet had measles or been inoculated against the disease," Dr Du Plessis said.

50 cases: rabies crisis worsens in Natal

the lost
29/8/82
89

DURBAN — The rabies situation is on the verge of crisis as the circle of confirmed cases tightens around Durban, the State Veterinarian, Dr Robin Thorogood, said today.

With the tally of confirmed cases in Natal now up to 50 and several more awaiting confirmation, Dr Thorogood urged animal owners to take their pets to private veterinarians if they have missed the free inoculation campaigns.

He said the rabies emergency was one of the most serious on record.

"Only the big outbreak in 1979/80 was worse. An alarming number of dogs belonging to white and Indian owners have not been vaccinated."

In one of the most horrifying cases this year a schoolgirl was savaged in the garden of her Westville home this weekend.

A stray, found later to be rabid, which was being hunted by police and municipal staff, set on the girl's pet dogs at their home near Westville jail.

When she ran out to separate the fighting dogs the rabid stray attacked her.

Police were called and managed to locate and put down the dog.

The girl is receiving preventive treatment.

Meanwhile in Durban a suspected case, a pet dog from the Berea which had not been inoculated, is in quarantine with a private vet.

Dr Thorogood said the situation on the South Coast was particularly serious.

At Margate a positive case — a family pet — was put down after biting a man, geese and horses.

Positive cases had been confirmed at Umzinto, Port Shepstone, Kingsburgh and Amanzimtoti.

Dr Thorogood said strict quarantine conditions had been introduced for dogs which had been in contact with rabid or suspected rabid strays.

Skin lighteners under fire



A beautiful face such as this may suffer irreversible disfiguration, say those who criticise the use of skin lighteners.

The South African National Consumer Union has announced its support for the Black Consumer Association in its anti-skin lightening campaign.

"We support them totally in asking that all skin lighteners be banned until manufacturers of skin lighteners collectively embark on a safety programme warning consumers about the irreversible disfiguration caused by their excessive use," Mrs Lilibeth Moolman, chairman of the Consumer Union, said.

"Manufacturers claim that no damage occurs if skin lighteners are used only twice a day, but most users are not aware of this with tragic results," she said.

Mrs Moolman said the Consumer Union was launching a campaign among all its members, which include

all the major women's organisations in South Africa, to alert their black employees of the dangers of the overuse of skin lighteners. "We have a vast grass root organisation which can get this message across. We will also warn against the use of home preparations for skin lightening," she said.

Warnings used at present on skin lighteners were meaningless, she said.

Mrs Moolman called on all sales outlets to banish skin lighteners from their shelves until blacks themselves were assured there would be no misuse.

The Consumer Union action follows the appeal to white consumers for help by Mrs Ellen Kuzwayo, president of the Black Consumer Association, at their 25th anniversary last year.

"It is our information that hospitals and doctors see only a fraction of those affected," Mrs Moolman said. — Sapa

More SA women join workforce

One in every three white adults in urban areas who go out to work now is a woman. Amongst those who are in full-time employment, women account for three out of every ten and with part-time workers this is as high as three out of every four, Market Research Africa's Employment Index reveals.

The findings are based on a representative sample of 1 000 urban white adults living in metropolitan areas throughout South Africa in March this year.

It is in the small and medium private concerns that women are most likely to be found, accounting for just under half (48 per cent) of all workers. They are also well represented in large government (34 per cent) and large private (32 per cent) organisations. Women are least likely to be self-employed where three out of four are males.

— Sapa

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25/5/87
SZA

STARS

Hospitals contribute to the spread of measles — report

27/12/87
59 6057

HOSPITALS contribute substantially to the spread of measles in South Africa, according to the latest edition of the SA Medical Journal.

More than seven years ago, a report in the journal says, an official announcement noted that "everything possible is being done to eliminate measles in the Republic".

The report says: "Measles remains a major cause of morbidity and mortality and increasing numbers of children are requiring hospital admission."

At the Red Cross War Memorial Children's Hospital in Cape Town, 137 children required admission for measles in 1985 compared with 53 the year before.

"In the same period intensive care unit admissions of children with life-threatening measles increased from 22 to 59.

"All ICU measles admissions over a 16-month period were retrospectively surveyed to see whether any cases could have been prevented.

In the 16-month period 77 children required ICU

admission for measles.

"Twenty-eight children (36%) children died and nine survivors have been left with chronic respiratory disease. Thus about 48% of the patients died."

"Our results show that up to 25% of all cases of the life-threatening measles in our community acquire the disease in hospital.

"Hospitals are an important vector for the transmission of measles in the community and it is necessary to evolve effective strategies to deal with the problem."

New legislation for sick miners

29/5/87

Political Staff

89

SPR

CAPE TOWN — Non-discriminatory legislation to compensate miners suffering from work-related diseases is being prepared, the Minister of Health, Dr Willie van Niekerk, has announced.

Dr van Niekerk was commenting on a recent television programme on diseases suffered by asbestos miners in which it was revealed that blacks receive only R2 463 against R36 528 for whites.

He pointed out that the compensation was paid from a fund controlled by the mining groups, who contribute to it.

The Department of National Health only administered the fund.

The new legislation would base compensation on the earnings of the afflicted person and the degree of impairment.

Guide for hay fever sufferers?

Own Correspondent

CAPE TOWN — Hay fever sufferers may soon be offered an up-to-date service telling them when it's safe to venture out of doors.

The daily pollen "fall-out" is to be monitored by researchers at the University of Cape Town's department of geographical and environmental sciences, following a R15 900 grant from an anti-histamine drug-producing pharmaceutical company, the university's *Monday Paper* reported this week.

The department hopes to offer a public warning service once a model has been developed to predict the pollen count.

Dr Michael Meadows, senior lecturer in biogeography, said the department should take delivery of a pollen and spore trap in a few weeks and would sample daily concentrations.

The University of the Witwatersrand was already monitoring pollen daily.

Measles epidemic in Natal

DD.
PIETERMARITZBURG — The outbreak of measles in the greater Pietermaritzburg area is reported to be reaching epidemic proportions.

A spokesman for the Edendale hospital said about 250 children have been treated in the past five months.

He said this was more than the number of cases admitted to the hospital for the whole of last year. The figure excluded those who had been

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treated in clinics in rural areas.

He appealed to communities to take their children to the clinics for immunisation in order to prevent a further increase in numbers affected.

Mobile clinics were usually provided in places where hospital facilities were unavailable and messages were being sent to community leaders regarding the dates for such clinics. — Sapa

The DEPUTY MINISTER OF INFORMATION:

(1) Yes.

(a) 20 May 1987.

(b) (i) Major-General P H Groenewald.

(ii) The Afrikaanse Handelsinstituut (AHI).

(2) Yes.

(3) Yes. In view of the fact that the remarks were made in confidence during a closed meeting of the AHI, they cannot be revealed without breaching this confidentiality. The remarks were not part of the briefing but were made in reply to a question from the audience.

(4) No, although some newspapers published critical articles in connection with this matter.

(a) and (b) fall away.

(5) Yes, an inquiry about the issue was made by me and a press release was issued on 28 May 1987 in response to incorrect perceptions, which were reflected in certain news articles.

Blacks: acute spinal injuries

*19. Dr M S BARNARD asked the Minister of National Health and Population Development:

Whether any facilities are available in (a) the Transvaal, (b) Natal, (c) the Orange Free State and (d) the Cape Province for the treatment of acute spinal injuries in Black persons; if not, why not; if so, in what hospitals in each case?

†The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) *Transvaal* Yes.

(i) Kalafong hospital;

(ii) Baragwanath hospital;

(iii) Natalspruit hospital;

(iv) Ga-Rankuwa hospital.

(b)* *Natal* Yes.

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possess a foreign passport; if so, (a) how many, (b) what is their relationship to the above-mentioned person and (c) what was his response?

The MINISTER OF HOME AFFAIRS:

(1) No. (a) and (b) Fall away.

(2) Falls away.

(3) The person's husband has not applied for permission to possess a foreign passport. Other members of the person's family are not known to the Department.

(a), (b) and (c) Fall away.

Jan Smuts Airport: air-ticket privileges

*21. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

(1) Whether an inquiry was instituted recently into an alleged abuse of air-ticket privileges at Jan Smuts Airport; if so, (a) when and (b) what were the circumstances surrounding this inquiry;

(2) whether the inquiry has been completed; if not, when is it anticipated that it will be completed; if so, what were the findings;

(3) whether any action has been taken as a result of the inquiry; if not, why not; if so, what action.

(4) whether he has received a report on this inquiry; if not, why not; if so,

(5) whether he will table the said report; if not, why not; if so, when?

†The MINISTER OF TRANSPORT AFFAIRS:

(1) Yes.

(a) 19 January 1987.

(b) Irregularities regarding air-ticket privileges.

(2) No, towards the end of July 1987.

(3) No, the inquiry is still in progress.

(4) No, the matter will be dealt with by the S A Airways and the S A Police.

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(5) No, it is a departmental and police inquiry.

Vryheid: foster parents

*22. Mr M J ELLIS asked the Minister of Justice:

(1) Whether, with reference to his reply to Question No 20 on 17 February 1987, the commissioner of child welfare in Vryheid in Natal has received any request from the couple in question for written consent to act as foster parents of the child concerned in this matter; if not, (a) what action has been taken in respect of this child, (b) what is the (i) race and (ii) age or date of birth of this child, (c) where is this child residing at present and (d) what is it anticipated will be done with this child; if so, on what date;

(2) whether the said commissioner of child welfare gave his written consent to this couple; if not, what reasons did he furnish for denying his consent; if so, when;

(3) (a) what is the (i) race and (ii) marital status of the couple concerned, (b) what is the (i) race and (ii) age or date of birth of the child concerned and (c) who are the (i) parents or (ii) guardians of this child;

(4) whether he will make a statement on the matter?

†The MINISTER OF HOME AFFAIRS (for the Minister of Justice):

(1) to (4) With reference to my reply to Question No 20 on 17 February 1987 the hon member's attention is drawn to the fact that the couple concerned initially went to see the Commissioner of Child Welfare, Vryheid. After the provisions of the Children's Act, 1960 (Act 33 of 1960), which was then in force, had been explained to them, they were referred to the Commissioner of Child Welfare, Melmoth because the child concerned was originally admitted to a hospital within the magisterial district of Melmoth. I caused enquiries to be made and it appears that the proceedings of the Children's Court, Melmoth has already started in this case. In view thereof the hon

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Measles menace spreads in Natal

MORE than 2 300 children have been treated for measles in the northern parts of KwaZulu since the beginning of the year.

KwaZulu's director for communicable diseases, Dr Murray Short, ascribed the high incidence of measles to the fact that many children were not being immunised.

Reports indicate that 65 children have died of the disease since the beginning of March, while 250 patients have been treated during the past five months.

An intensive immunisation campaign began in the Stanger district last week after 44 children had to be treated in the local hospital. - Sapa.

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Population group	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
OFS	0	0	0	0	0	0	0	0	0	1	1	1
Whites	1	0	0	0	0	0	0	0	0	0	0	0
Coloureds	0	0	0	0	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	14	4	10	0	8	1	0	2	1	1	2	4
Transvaal												
Whites	1	1	6	2	3	1	0	5	2	0	1	0
Coloureds	0	1	0	0	5	0	0	3	1	2	1	0
Asians	0	1	0	0	2	0	0	0	0	0	0	0
Blacks	137	155	137	167	158	153	166	156	150	142	129	160
(b) Deaths from typhoid per month per population group in each province in 1986.												
Population Group	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Cape Province	0	0	0	0	0	0	0	0	0	0	0	0
Transvaal	0	0	0	0	0	0	0	0	0	0	0	0
Whites	0	0	0	0	0	0	0	0	0	0	0	0
Coloureds	0	0	0	0	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	2	1	1	0	0	1	0	0	0	0	0	0
OFS												
Whites	0	0	0	0	0	0	0	0	0	0	0	0
Coloureds	0	0	0	0	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	0	0	0	0	0	0	0	0	0	0	0	0
Transvaal												
Whites	1	0	0	0	0	0	0	0	0	0	0	0
Coloureds	0	0	0	0	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	3	5	0	0	0	0	1	1	2	4	0	2

22. Dr M S BARNARD asked the Minister of National Health and Population Development:

- (1) How many cases of tuberculosis were reported in 1986 in each (a) province and (b) national state whose government had not taken over health services;

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The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) (a) Cape Province..... 22 348 cases
Natal 4 455 cases
- (2) how many cases of tuberculosis were hospitalised in each (a) province and (b) such national state in 1986;
- (3) how many tuberculosis patients died in each (a) province and (b) such national state in 1986?

Province	Cases
OFS	3 717 cases
Transvaal	16 270 cases

(b) The governments of all national states have taken over health services

(2) (a) Cape Province..... 8 942 cases
Natal 5 316 cases
OFS 2 680 cases
Transvaal 18 115 cases

(b) The governments of all national states have taken over health services.

(3) (a) Cape Province..... 1 288 deaths
Natal 83 deaths
OFS 96 deaths
Transvaal 477 deaths

(b) The governments of all national states have taken over health services.

Province	Received	Accepted
(1) (a) Whites	4 141	3 461
(bb) Coloureds	2 024*	856
(cc) Indians		217
(dd) Blacks	32 450	4 284
(b) Whites	4 174	—
(bb) Coloureds	3 352*	—
(cc) Indians		—
(dd) Blacks	1 768	—
(aa) Whites	648	—
(bb) Coloureds	199	—
(cc) Indians	3 049	—
(dd) Blacks		—

*Information cannot be supplied separately for each population group.

24. Dr M S BARNARD asked the Minister of National Health and Population Development:

- (1) How many (a) cases of and (b) deaths from poliomyelitis were reported in respect of each race group in each province for each month from December 1985 to the latest specified month for which figures are available;
- (2) how many persons of each race group were immunised against poliomyelitis in each province in 1985?

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The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) (a) Cases of Poliomyelitis 1985/86

Population Group	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Cape Province													
Whites	0	0	0	0	0	0	0	0	0	0	0	0	0
Coloureds	0	0	0	0	2	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	0	0	0	0	0	2	3	0	2	0	0	0	0
Natal													
Whites	0	0	0	1	0	0	0	0	0	0	0	0	0
Coloureds	0	0	0	0	0	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	0	1	0	0	0	0	0	0	0	0	0	0	0
O.F.S.													
Whites	0	0	0	0	0	0	0	0	0	0	0	0	0
Coloureds	0	1	0	0	2	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	1	3	2	7	0	2	2	0	2	0	1	1	0
Transvaal													
Whites	0	0	0	0	0	0	0	0	0	0	0	0	0
Coloureds	0	0	0	0	0	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	0	0	0	0	0	0	0	0	0	0	0	0	0

(b) Deaths from Poliomyelitis 1985/86.

Population Group	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Cape Province													
Whites	0	0	0	0	0	0	0	0	0	0	0	0	0
Coloureds	0	0	0	0	1	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	0	0	0	0	0	0	0	0	0	0	0	0	0
Natal													
Whites	0	0	0	0	0	0	0	0	0	0	0	0	0
Coloureds	0	0	0	0	0	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	0	0	0	0	0	0	0	0	0	0	0	0	0
O.F.S.													
Whites	0	0	0	0	0	0	0	0	0	0	0	0	0
Coloureds	0	0	0	0	0	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	0	0	0	0	0	0	0	0	0	0	0	0	0
Transvaal													
Whites	0	0	0	0	0	0	0	0	0	0	0	0	0
Coloureds	0	0	0	0	0	0	0	0	0	0	0	0	0
Asians	0	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	0	0	0	0	0	0	0	0	0	0	0	0	0

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Population Group	Number given their third vaccination	(2) (a)	(2) (b)	(2) (c)
Cape Province				
Whites	16 462	Eastern Cape	1 death	No increase occurred in 1986 in the Republic.
Coloureds	71 492	Southern Transvaal	3 deaths	
Asians	251	Northern Transvaal	7 deaths	
Blacks	39 196	Total	11 deaths	
Natal		(b) Typhoid: Deaths in 1986		
Whites	7 037	Eastern Cape	4 deaths	
Coloureds	2 267	Natal	5 deaths	
Asians	14 992	Southern Transvaal	3 deaths	
Blacks	53 823	Northern Transvaal	16 deaths	
O.F.S.		Northern Cape	1 death	
Whites	5 173	Total	29 deaths	
Coloureds	1 381	(c) Cholera: No deaths occurred in 1986.		
Asians	3 181	(3) (a) Malaria: Steps taken to combat the spread of malaria:		
Blacks	112 975	(i) Surveillance.		
Transvaal		(ii) Active and passive casefinding.		
Whites	40 677	(iii) Health education.		
Coloureds	7 085	(iv) Encouragement of prophylactic treatment.		
Asians	3 181	(v) Vector control.		
Blacks	112 975	Campaign mainly concentrated on Northern and Eastern Transvaal and North-Eastern Natal.		

Malaria/typhoid/cholera

25. Dr M S BARNARD asked the Minister of National Health and Population Development:

- (1) Whether there was any increase in the incidence of (a) malaria, (b) typhoid and (c) cholera in the Republic during the latest specified period for which figures are available; if so, (i) to what extent, (ii) in which areas and (iii) how many cases of each disease were diagnosed in each area:
 - (2) whether any persons died of these diseases during this period; if so, how many in each area in respect of each disease;
 - (3) whether any steps are being taken to combat the spread of these diseases; if so, what steps in each specified area?
- THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:
- (1) (a) No increase occurred in 1986 in the Republic.
 - (b) No increase occurred in 1986 in the Republic.
 - (c) Cholera:
 - (i) Surveillance.
 - (ii) Early detection and treatment of cases.

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(iii) Tracing and treatment of contacts.

(iv) Health Education.

(v) Participation in the inter-departmental committee providing advice to authorities responsible for providing services.

Campaign mainly centered on Natal.

Cholera

26. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many (a) cases of and (b) deaths from cholera were reported in respect of each race group in each province for each month from January 1986 to the latest specified month for which figures are available?

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

During 1986-87 all cases of cholera occurred in Natal among Blacks.

	Cases	Deaths
Jan.....	43	0
Feb.....	38	0
March.....	0	0
April.....	0	0
May.....	0	0
June.....	0	0
July.....	0	0
Aug.....	0	0
Sept.....	0	0
Oct.....	0	0
Nov.....	0	30
Dec.....	0	0
1987		
Jan.....	0	0
Feb.....	0	0
March.....	0	0
Total.....	84	0

27. Mr P G SOAL asked the Minister of National Health and Population Development:

(1) What total number of (a) White, (b) Black, (c) Coloured and (d) Indian

social workers are registered with the Council for Social and Associated Workers;

(2) how many social workers does his Department employ;

(3) in respect of what date is this information furnished?

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) White.....	4 391
Black.....	1 025
Coloured.....	694
Indian.....	332
Total.....	6 442

(2) There are seven posts for social workers in the Welfare Section of which six posts are filled.

(ii) There are forty nine posts for social workers in the Department's Mental (Psychiatric) Health Branch.

(3) As at 1987.05.30.

Medical Technologists

63. Mr P C CRONJÉ asked the Minister of National Health and Population Development:

(1) Whether his Department is responsible for the training of medical technologists; if not, who is responsible for their training; if so, (a) (i) how many students were studying medical technology in 1986 and (ii) where were they studying in each case and (b) how many completed their academic training in 1986;

(2) whether any medical technology students have been placed at Government institutions to complete their practical training in 1986; if so, how many;

(3) how many posts for qualified medical technologists (a) existed and (b) were vacant at institutions under his Department's control as at the latest specified date.

fed date for which information is available?

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) No. The various Technikon and the Medical University of Southern Africa are responsible for such training;

(2) Yes, 67 medical technology students.

(3) (a) 654.

(b) 13 as at 30.4.1987.

Atmospheric Lead Levels

95. Mr R R HULLEY asked the Minister of National Health and Population Development:

(1) What are the latest average recorded atmospheric lead levels measured at urban locations during (a) summer and (b) winter at (i) Cape Town City Hall, (ii) Port Elizabeth City Hall, (iii) Durban City Hall, (iv) Johannesburg City Hall, (v) the Muntoria, Pretoria, and (vi) Arcadia, Pretoria;

(2) in which years were these measurements taken?

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) The following averages for lead are all expressed in micrograms per cubic metre.

	(a) Summer	(b) Winter
(i) Cape Town City Hall.....	1,22	1,92
(ii) Port Elizabeth City Hall.....	0,79	1,14
(iii) Durban City Hall.....	0,45	0,98
(iv) Johannesburg City Hall.....	0,63	0,86
(v) Muntoria, Pretoria.....	0,68	1,31
(vi) Arcadia, Pretoria.....	0,77	1,63

(2) Summer period: October 1986 to March 1987. Winter period: April 1986 to September 1986.

The acceptable level for lead in air is taken as 2.5 micrograms per cubic metre (monthly average).

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) As at 31 March 1986.

(i) R9 576 981 458.

(ii) R2 047 251 782.

(iii) R1 266 064 185.

(iv) R673 003 827.

(v) R30 357 697.

97. Mr R M BURROWS asked the Minister of National Health and Population Development:

(1) (a) What amount of money was there in the (i) Government Service Pension Fund, (ii) Associated Institutions Pension Fund, (iii) Temporary Employees' Pension Fund, (iv) Authorities' Service Pension Fund and (v) Authorities' Service Superannuation Fund, and (b) what percentage of each pension contribution was contributed by the (i) individual and (ii) State, as at the latest specified date for which figures are available;

(b)

(i) Government Service Pension Fund: 26,68%.

Associated Institutions Pension Fund: 32,89%.

Temporary Employees' Pension Fund: 33,33%.

Authorities' Service Pension Fund: 32,89%.

figures are available;

(a) to (d) Fall away.

Teachers' Federal Council

*2. Mr R M BURROWS asked the Minister of Education and Culture:

- (1) Whether the Teachers' Federal Council is permitted to register teachers who are not White; if not, why not; if so, (a) how many such teachers have been registered, (b) what total number of applications from such teachers have been received by this council and (c) in respect of what date is this information furnished;
- (2) whether this council has met with him to consider the registration of teachers who are not White; if so, (a) when and (b) what was the outcome of the meeting;
- (3) whether he will make a statement on the matter?

The MINISTER OF EDUCATION AND CULTURE:

- (1) The Federal Teachers' Council is an independent body. The decision whether the Council can register teachers who are not White consequently rests with the Council. The Council is at present considering this matter,
 - (a) None.
 - (b) a few, according to the Council.
 - (c) June 1987.
- (2) Yes,
 - (a) on more than one occasion, the most recent date on which we met the Council being 28 April 1987;
 - (b) the matter was discussed but no final decisions were taken;
- (3) No.

Mr R M BURROWS: Mr Chairman, arising out of the reply of the hon the Minister, can he give us an indication as to whether the legal advisers of the council say that they can register teachers who are not White, but that the Minister's legal advisers say that they cannot register teachers who are not White?

H.O.A.

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member may put the question on the Question Paper.

Mr R M BURROWS: That is the question!

Cape Province: pupils enrolled

*4. Mr K M ANDREW asked the Minister of Education and Culture:

How many pupils were enrolled at State schools in the Cape Province in (a) 1985 and (b) 1987?

The MINISTER OF EDUCATION AND CULTURE:

- (a) 237 082.
- (b) 229 438.

Cape Province: amount to schools

*5. Mr K M ANDREW asked the Minister of Education and Culture:

What total amount was made available to schools in the Cape Province in the (a) 1985-86 and (b) 1986-87 financial year in respect of the five categories of items referred to in his reply to Question No 2 on 9 June 1987?

The MINISTER OF EDUCATION AND CULTURE:

- (a) R42 673 747.
- (b) R46 848 341.

Rent control

*6. Mr K M ANDREW asked the Minister of Local Government, Housing and Works:

Whether any notices have been sent to property owners or agents in respect of changes or proposed changes in rent control; if so, (a) what notices, (b) in respect of what changes, (c) when are these changes to take effect and (d) in terms of what statutory provisions or regulations have these changes been effected?

The MINISTER OF LOCAL GOVERNMENT, HOUSING AND WORKS:

No, but as indicated in my press release of 17 February 1987 discussions were held beforehand with organisations and institutions which represent property owners- and agents.

(a) to (d) Fall away.

For written reply:

General Affairs:

Typhoid

21. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many (a) cases of and (b) deaths from typhoid were reported in respect of each race group in each province for each month in 1986?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) Notification of typhoid cases per month per population group in each province in 1986.

Population group	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Cape Province												
Whites.....	2	2	0	1	0	1	0	2	5	2	1	0
Coloureds...	0	2	4	1	2	1	3	2	1	0	0	2
Asians.....	0	0	0	0	0	0	0	0	0	0	0	0
Blacks.....	15	11	8	18	5	3	6	2	3	5	2	6
Natal												
Whites.....	0	5	1	0	1	1	1	0	0	1	0	0
Coloureds...	1	0	1	0	0	0	1	2	0	3	1	2
Asians.....	2	4	2	4	1	0	3	3	3	1	1	0
Blacks.....	108	83	37	72	34	21	40	30	28	58	37	12

H.O.A.

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Population group	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
OFS	0	0	0	0	0	0	0	0	0	1	1	1
Whites	0	0	0	0	0	0	0	0	0	0	0	0
Coloureds	1	0	0	0	0	0	0	0	0	0	0	4
Asians	0	0	0	0	0	0	0	0	0	0	0	0
Blacks	14	4	10	0	8	1	0	2	1	1	2	4
Transvaal												
Whites	1	1	6	2	3	1	0	5	2	0	1	0
Coloureds	0	1	0	0	5	0	0	3	1	2	1	0
Asians	0	1	0	0	2	0	0	0	0	0	0	0
Blacks	137	155	137	167	158	153	166	156	150	142	129	160

(b) Deaths from typhoid per month per population group in each province in 1986.

Province	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Cape Province	0	0	0	0	0	0	0	0	0	0	0	0
Transvaal	0	1	0	0	1	0	0	0	0	0	0	0
Natal	0	0	0	2	0	0	0	0	0	1	0	0

22. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) How many cases of tuberculosis were reported in 1986 in each (a) province and (b) national state whose government had not taken over health services;

(2) how many cases of tuberculosis were hospitalised in each (a) province and (b) such national state in 1986;

(3) how many tuberculosis patients died in each (a) province and (b) such national state in 1986?

24/6/87
Howard

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) Cape Province..... 22 348 cases
Natal 4 455 cases

Province	Received	Accepted
OFS	3 717	3 461
Transvaal	16 270	856
Whites	2 024*	217
Coloureds	32 450	4 284
Asians	4 174	—
Blacks	3 352*	—
Transvaal	1 768	—
Whites	648	—
Coloureds	199	—
Asians	3 049	—
Blacks	—	—

* Information cannot be supplied separately for each population group.

23. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) How many (a) applications to train as nurses were (i) received and (ii) accepted from, and (b) vacancies existed at institutions for the training of nurses for, (aa) Whites, (bb) Coloureds, (cc) Indians and (dd) Blacks in 1985;

(2) how many nurses of each of these race groups completed their training in that year?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Position as on 31 December 1985.

23/6/87
Howard

Polio myelitis

24. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) How many (a) cases of and (b) deaths from poliomyelitis were reported in each province for each month from December 1985 to the latest specified month for which figures are available;

(2) how many persons of each race group were immunised against poliomyelitis in each province in 1985?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) Cases of Poliomyelitis 1985/86

23/6/87
Howard

Category	Samcor		Toyota		Mercedes-Benz	
	1984/85	1985/86	1986/87	1984/85	1985/86	1986/87
Motor Cars	95	461	1 180	100	265	101*
751 to 1 550 cm ³	—	80	329	170	712	—
1 551 to 2 500 cm ³	10	12	—	—	—	35
2 501 to 3 500 cm ³	—	—	—	—	—	22
3 501 to 5 000 cm ³	—	—	—	—	—	1
Over 5 000 cm ³	—	—	—	—	—	—
6- to 8-seaters	—	—	—	—	—	1
Specially converted	—	—	—	—	—	—
Light Commercial Vehicles	—	120	119	—	10	640
Light delivery trucks	—	190	—	70	—	182
0.5 ton	—	—	—	—	—	610
0.75 ton	—	—	—	—	—	—
1 ton	—	50	28	5	—	10
0.75 ton, 4x4	—	40	—	20	—	12
1 ton, 4x4	—	—	—	—	—	28
1 ton, 4x4	—	—	—	—	—	—
Panel vans	—	—	—	—	—	—
0.5 ton	—	—	—	—	—	—
1.5 ton	—	—	—	8	5	6
1.5 ton, 4x4	—	—	—	—	—	—
Panel vans	—	—	—	5	20	5
1.5 ton	—	—	—	—	—	—
Heavy Commercial Vehicles	—	—	—	—	—	—
Trucks	10	5	—	—	4	—
2 ton	10	30	—	—	—	—
3 ton	—	35	—	10	—	—
5 ton	—	38	—	42	5	—
7 ton	—	—	—	—	2	—
10 ton	—	—	—	—	—	—
5 ton, 4x4	—	—	—	—	—	—
Tip trucks	—	—	—	—	—	—
3.5 m ³	—	—	—	20	30	47
5.5 m ³	—	—	—	—	—	—
2.5 m ³ , 4x4	—	—	—	—	—	—
Cycles	—	—	—	—	—	—
Motor cycles	—	—	—	—	—	—
Pedal cycles	—	—	—	—	—	—

HOA

Category	Samcor		Toyota		Mercedes-Benz	
	1984/85	1985/86	1986/87	1984/85	1985/86	1986/87
Station Wagons	—	70	40	—	94	213
1 551 to 2 500 cm ³	—	—	—	—	—	—
2 501 to 3 500 cm ³	—	—	—	—	—	—
3 501 to 5 000 cm ³	—	—	—	15	—	10
4-wheel drive	—	—	—	—	—	—
Passenger Buses	—	—	—	—	—	—
8- to 12-seater,	—	—	200	2	—	30
light	—	—	—	—	—	—
13- to 19-seater,	—	—	10	5	—	—
light	—	—	—	5	—	—
20- to 29-seater	—	—	5	—	—	—
30- to 40-seater	5	—	—	—	—	—
41- to 50-seater	—	—	—	—	—	—
Miscellaneous	—	—	—	—	—	—
Ambulances	—	—	—	12	26	—
Total	130	1 131	1 911	494	475	1 626
				142	47	35

Notifiable diseases

125 Dr M S BARNARD asked the Minister of National Health and Population Development:

How many cases of each notifiable disease were notified in respect of each race group in 1986?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Notifiable Diseases	Whites	Coloureds	Asians	Blacks
Anthrax	0	0	0	0
Brucellosis	47	0	0	12
Cholera	0	3	1	275
Diphtheria	0	1	0	18
Haemorrhagic fevers of Africa	5	3	0	2
Lead poisoning	0	0	0	1
Leprosy	0	1	0	129
Leprosy	0	1	0	0
Malaria	188	3	8	6 640
Measels	1 060	1 053	48	10 414
Meningococcal meningitis	64	211	4	232
Paratyphoid fever	2	0	0	18
Plague	0	0	0	0
Poisoning from agricultural or stock remedy	16	31	0	121
Polio	1	5	0	35
Malignancy of lung, bronchus or plaura	260	108	42	148
Psittacosis	0	0	0	0
Rabies (deaths from rabies all races = 9)	0	0	0	0
Smallpox	0	0	0	0
Tetanus	4	10	2	161
Toxoplasmosis	0	0	0	0
Trachoma	0	1	0	108
Trypanosomiasis	0	0	0	0
Tuberculosis (all forms)	720	12 714	537	37 342
Typhoid fever	51	41	27	3 940
Typhus fever	0	0	0	0

HOA

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22/6/87
H. Barnard

Notifiable Diseases

Viral Hepatitis A	149
Viral Hepatitis B	44
Viral Hepatitis (undifferentiated)	224
Yellow fever	0

Infant mortality

127. Dr M S BARNARD asked the Minister of National Health and Population Development:

(a) What are the major causes of infant mortality for (i) Whites, (ii) Coloureds, (iii) Indians and (iv) Blacks and (b) what was the percentage of deaths from each of these causes in respect of each race group for the latest specified period of 12 months for which figures are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Period: 1 January 1985 to 31 December 1985

(a) and (b)

(i) Whites:

Certain conditions originating in the perinatal period 56.6%

Congenital anomalies 18.8%

Diseases of the respiratory system 7.9%

(ii) Coloureds:

Certain conditions originating in the perinatal period 38.5%

Infectious and parasitic diseases 30.0%

Diseases of the respiratory system 15.8%

(iii) Asians:

Certain conditions originating in the perinatal period 53.2%

Infectious and parasitic diseases 14.3%

Congenital anomalies 14.3%

(iv) Blacks:

Certain conditions originating in the perinatal period 35.0%

Whites	Coloureds	Asians	Blacks
149	51	15	57
44	76	18	171
224	164	60	365
0	0	0	0

Infectious and parasitic diseases 30.6%

Ill-defined symptoms 13.5%

Lung cancer

128. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many persons in each race group died of lung cancer during the latest specified period of 12 months for which figures are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Deaths due to lung cancer during 1 January 1985 to 31 December 1985: Whites 1 436; Blacks 959; Coloureds 662; Asians 60.

Escom

133. Mr C D DE JAGER asked the Minister of Economic Affairs and Technology:

Whether Escom is undertaking or planning certain power-supply projects in the magisterial districts of (a) Kuruman, (b) Kathu and (c) Olifantshoek: if so, (i) what is the nature of each such project, (ii) when was each project commenced or will it be commenced and (iii) what is the envisaged date of completion in each case?

The MINISTER OF ECONOMIC AFFAIRS AND TECHNOLOGY:

- (a) Yes.
- (b) Yes.
- (c) Yes.
- (i), (ii) and (iii)

Scheme	Divisional Council	No. of points	Length of line	Quote date	Start date	Completion date	Scheme accepted
Bermolli	Postmasburg	8	23	—	—	1986	Yes
Witboom	Postmasburg	22	65	—	—	1986	Yes
Gamagara	Postmasburg	15	38	—	May '87	Jun '87	Yes
Lovedale	Postmasburg	32	140	—	Aug '87	Dec '87	Yes
Perth	Kuruman	4	12	May '87	—	1987	Not yet

HOA

Scheme	Divisional Council	No. of points	Length of line	Quote date	Start date	Completion date	Scheme accepted
Grasvlakte	Postmasburg	25	50	Jun '87	Aug '87	Dec '87	Not yet
Rooiwal	Olifantshoek	17	58	Jul '87	—	1988	*
Blikfontein	Kuruman	112	332	Aug '87	—	1988	*
Strelly	Kuruman	61	167	Sept '87	—	1988	*
Van Zylsrust "C"	Kuruman	112	325	1988	—	1989	*
Van Zylsrust "B"	Kuruman	8	28	Oct '87	—	1988	*
Lilweld	Postmasburg	36	165	1988	—	1989	*
Korannaberg	Postmasburg	36	165	1988	—	1989	*

* If the scheme is accepted.

The following schemes will be investigated and quoted from 1988 onwards:

Kuruman area: Van Zylsrust balance, 847 km

Olifantshoek area: Mount Leonard, 80 km; Lamoteng, 70 km and Young, 43 km

Postmasburg area: Tierkop, 52 km; Stofdam, 19 km; Ossa, 43 km; Windraai, 45 km; Meintjies, 13 km; Witsand, 37 km and Strathmore, 27 km.

Extensions in existing networks will be installed as follows:

1987: Kuruman, 1 km and Postmasburg, 25 km; 1988: Kuruman, 34 km and Postmasburg, 25 km.

Abortions

137. Mrs H SUZMAN asked the Minister of National Health and Population Development:

How many women had legal abortions in 1986 in terms of the Abortion and Sterilisation Act, No 2 of 1975?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

792.

Housing units

139. Prof N J OLIVIER asked the Minister of Constitutional Development and Planning:

(a) How many housing units in Black townships were sold in freehold to Blacks during the latest specified 12-month period for which information is available and (b) in which townships are these houses situated in each case?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(a) No housing units have thus far been sold to Blacks under the freehold system.

(b) Falls away

Vacant posts

143. Mr R M BURROWS asked the Minister in the State President's Office entrusted with Administration and Broadcasting Services:

(a) How many posts were there in the Public Service as at the latest specified date for which figures are available, (b) how many such posts were vacant as at that date and (c) what percentage of persons employed in the Public Service are not White?

The MINISTER IN THE STATE PRESIDENT'S OFFICE ENTRUSTED WITH ADMINISTRATION AND BROADCASTING SERVICES:

Information with regard to posts/persons in the Public Service during September/October 1986 was as follows:

- (a) 270 119.
- (b) 33 722.
- (c) 62%

175. Mr J VAN ECK asked the Minister of Home Affairs:

Whether, since 1 January 1987, any appli-

HOA

THE KILLER MUSHROOMS



S'BU MNGADI

Adress 28/6/87
89

A DARK cloud yesterday hung over an Umlazi, Durban, family whose 10 members died of mushroom poisoning this week.

The latest victim, two-year-old Boniswa Kheswa, died at noon yesterday in the King Edward VIII Hospital.

Yet another person, also a victim of the killer mushrooms, was admitted to hospital, but his condition was described as fair by a hospital spokesman.

Among those who died, in what is described as Natal's worst mushroom poisoning, is a 59-year-old grandmother and her seven grandchildren, aged between two and 13.

According to the King Edward VIII Hospital PRO, KZ Wolf, seven people were admitted from Prince Mshiyeni Hospital. Six died on Wednesday and yesterday morning and one was certified dead on arrival.

Another two had died at Prince Mshiyeni after their admission last Friday.

It is common practice by poorer families in Natal to pick mushrooms, a practice which almost wiped out the entire Umlazi family of ailing survivor Enoch Cebisa, 60.

City Press was told that Winnie Zulu, 28, together with three teenagers, went to pick mushrooms at the nearby Umlazi golf course. Little did she know that the mushrooms were poisonous.

Zulu and the children are among those who died.

Cebisa's family had no breadwinner. It survived on doing odd jobs.

Doctors who treated them suspect that they ate the most poisonous family of mushrooms - the Amanitin.

This mushroom is said to cause cirrhosis of the liver and eventual death.

King Edward VIII Hospital's chief medical superintendent, Dr Justin Mor-

lopoulos, said poisonous mushrooms caused initial illness, a deceptive period of recovery and then a sudden and fatal relapse.

According to the spokesman of Enoch Cebisa's family, the killer mushrooms were picked at the Umlazi golf course by four members of the family last Thursday.

"There was a debate in the family as to whether the mushrooms were edible or not. Eventually everyone, except three family members, ate them."

Cebisa would have eaten them too had his wife not advised him against doing so because of his upset stomach.

"The following day they all suddenly developed diarrhoea and were rushed to Prince Mshiyeni where their condition deteriorated," said the spokesman.

Meanwhile, experts said that picking mushrooms was a widespread practice among the poor.

A spokesman for the Poison Centre at Addington Hospital, Andrew Beyers, warned that there was a 50/50 fatality chance when eating amanitin and 15 to 40 percent with the gyromitin species.

The names of the deceased are:

Mavaveni Cebisa, 59, Philisiwe Ndlovu, 13, Zamo kwakhe Nzimande, 9, Mboneni Dlamini, 6, Thabiswa Mndaweni, 5, Winnie Zulu, 28, Phumzile Cebisa, 17, Mzokhona Nzimande, 6, Bonakele Cebisa, 2, and Boniswa.

victims.

Help for breast cancer patients

By Nana Kutumela

Mastectomy is certainly the most dreaded operation for women. It has both physical and psychological traumas which either take too long to overcome or render permanent devastating mental effects.

And that is where Reach For Recovery Association comes in to rescue and rehabilitate breast cancer victims.

It is an association of women who have had any kind of surgery related to breast cancer and are now fully recovered and feel strong enough to befriend, counsel and help new sufferers.

Though relatively unknown, this 15-year-old charity group is doing tremendous work helping victims to come to terms with the sudden changes in their bodies.

The association, which operates under the banner of the National Cancer Association of South Africa, does voluntary work helping women who have had mastectomy, lumpectomy or any surgery related to breast cancer.

PROFOUND IMPACT

"The diagnosis of breast cancer has a profound impact on victims who end up with psychosocial needs which can be addressed through peer support and visitor programme," said Mrs Peggy Wolstenholme, vice-chairman of the association.

While doctors help victims medically, the association helps them deal with the physical, emotional and cosmetic aspects while recuperating.

"We provide a one-to-one visitor programme. The programme is not intended to interfere with the patients' professional medical help.

"Where possible, visitors and patients are matched by type of surgery, treatment, age and other factors which can contribute to mutual understanding and easy communication," said Mrs Wolstenholme. She added that the birth of the association was motivated by the realisation that a medically stabilised, successfully adjusted breast-cancer victim can offer very special support and encouragement to others.

The association has 12 volunteers and would love to have more.

"Any woman who is one year or more, post mastectomy, medically stable and feels strongly motivated to offer her services, will be most welcome," she said.

Interested women can phone Mrs Wolstenholme at (011) 782-3473 or Mrs K van Straten at (011) 609-2070.

AP 10/10
**Gastro a
kid killer**

GASTRO-ENTERITIS and pneumonia were the most important killers of coloured and black infants, Dr Louis Grivetti, Associate Professor of Nutrition at the University of California, said.

5789
Speaking at a meeting of the Western Cape Branch of the Nutrition Society of Southern Africa, he said 1 733 out of 100 000 coloured infants died of gastro-enteritis while only 41 of 100 000 white infants succumbed to the disease.

- Sapa.

89

SMK 8/7/87

Malaria still a hazard in parts of SA

A pharmaceutical company has warned travellers and holidaymakers to take precautions against malaria.

The latest figures showed that 1 903 cases of malaria were reported from January to March this year. There were seven deaths.

The company suggested that travellers take two Daraclor tablets before leaving for a malaria area and continue taking two tablets once a week while in the area.

Daraclor must be taken in the same dosage for four weeks after returning home.

The incubation period of a malaria parasite can be as long as a month.

Daraclor is available from pharmacists and camp shops in most national parks, and there is a syrup available for children's use.

The company warns people to take additional precautions such as using insect repellents.

If, upon returning from such an area, flu-like symptoms develop, a doctor should be consulted and a blood test taken.

Known malaria areas include the magisterial districts of Messina, Soutpansberg, Sibasa, Pilgrim's Rest, White River, Nelspruit, Barberton, Piet Retief, Ingwavuma, Ngotshe, Ubombo and the Kruger National Park — the eastern Lowveld and northern Zululand collectively.

Areas which can contain malaria after heavy rains are those following the course of the Malopo river in the north-western Cape from the Transvaal border to its confluence with the Orange river.

Hundreds of children die

HUNDREDS of children die of measles every year in South Africa and in the Cape Town area the situation is not different, according to a local paediatrician.

Official figures underestimate the problem, but those kept by hospitals serve to indicate how severe the situation is.

Most children who have measles recover uneventfully, however, measles can be very severe and in Cape Town hospitals at least two children die every

month of the disease.

In Clairwood Hospital in Durban, for example, the South African Medical Journal reports that 2 201 people with measles were admitted in 1985, 231 of them died.

The same year, 427 patients with acute measles complications were admitted to the King Edward VIII Hospital in Durban, 125 of them died.

Children may catch measles in hospitals and therefore need increased protection.

How to protect your children

MEASLES occurs in all social classes, but it is more severe among young children in poor communities.

This is because such children may already be malnourished or suffer from other illnesses. In overcrowded conditions children become exposed to measles at a younger age.

Children who have measles will have a temperature, a cough, they become miserable and their mouths and eyes become red.

Measles affects most organs in the body. Apart from the skin, eyes and mouth, the most common organs to be affected are the intestines and the lungs.

Measles also damages the immune system which often leads to children being infected with other germs and viruses. Children may take a long time to recover from the effects of measles. Measles can aggravate undernutrition.

Children must be immunised against measles at the age of nine months.

Immunisation against measles, whooping cough, polio, diphtheria and tetanus (lock jaw) are available at clinics in each area.

It is very important to have all children immunised against measles because not only does it protect them, but it also prevents the spread of measles to children under the age of nine months.

Clinic cards show the record of immunisation. They should always be taken when a child goes to a clinic or a doctor.

If your child needs to go to hospital for any reason, she or he may come into contact with measles there. Ask a nurse or a doctor whether your child should be immunised even if the child is less than nine months old.

It is not true that a child with another illness should not be given the measles vaccine. If an already ill child develops measles, she or he will be even more ill. Such children need even more protection.

Children aged five months and older who come into contact with other children with measles, and should be taken to a clinic or hospital for a measles injection as soon as possible after exposure.

South 9-4/7/85

(89)

Protection against malaria

A pharmaceutical company has warned people going on holiday, particularly to low-lying areas, that malaria is a threat even in winter and precautions should be taken.

In the first three months of this year nearly 2 000 new cases of malaria were recorded and seven deaths. This was far lower than during the same period last year.

A microbiologist said that available anti-malaria tablets (and syrup for children) "will provide adequate protection in most instances". He advised people to use insect repellent as an extra precaution.

People who have been to from malaria areas should have a blood smear taken if they feel flu-like symptoms within a month of their return.

High risk areas are the Eastern Transvaal lowveld, the Transvaal escarpment, the Northern Transvaal, the areas around Swaziland as well as Swaziland and northern Zululand. (89) S.M.E.

Bed is still best cure for flu

SOUTH AFRICA is spending over R50-million a year on medical research — and much of it goes into finding a cure for flu and the common cold.

When the recent cold snap sent temperatures plummeting, tens of thousands of South Africans fell prey to that age-old curse of winter — the influenza virus.

Medical science has found cures for just about every ill-

say experts

By PAUL ASH

ness bar the common cold. Yet influenza, a potential killer, affects millions of South Africans annually.

"The best treatment is still to stay in bed," said Professor Barry Schoub, director of

the National Institute of Virology.

Vaccines against the virus are not foolproof, but Dr Schoub gives them an effectiveness rate of from 70 to 90 percent.

Those who are at higher risk — and therefore candidates for vaccination — are

frail, elderly people, those with underlying diseases such as heart or lung complaints, and people with depressed immunity like drug users — or AIDS sufferers.

The vaccines consist of three sub-types of the virus and are annually updated to keep pace with new strains.

The vaccines are expensive — from R10 to R13 a shot. They are imported, with a Swiss product, "Inflexal", being the most popular.

Once the flu bug has struck, little can be done. There are dozens of anti-histamine and de-congestive medicines available which only alleviate, but don't cure the disease.

Damage

Doctors stress the need for rest as strenuous exercise of any sort could cause permanent damage to heart muscles.

And the search for a cure continues worldwide.

About R24-million each is spent on research by the medical faculties and the Medical Research Council, according to Dr Philip van Heerden, deputy president of the MRC.

The Department of National Health contributes "a substantial amount to medical research" but the actual figures were not immediately available.

(84) c/pres 9/8/87

SEVEN people are recovering from typhoid at Tongaat Hospital after drinking contaminated water in the Natal North Coast village of Sinembe last week.

The four men and three women were admitted to hospital last Friday.

They had water drawn from a tributary of the Tongaat River to a private supply.

A spokesman for the Tongaat group, Ron Phil-

Typhoid victims recover

lips, said that the water was contaminated when the filtering plant, which was used to purify the water, developed a fault.

"We have found the source and have now rectified the matter. The affect-

ed people are recovering and are in a satisfactory condition," said Phillips.

He said that the victims were being treated at a hospital run by the Tongaat group, which also owned the village at Sinembe.

Phillips said that there was no chance of an epidemic, especially since the water had been subsequently treated and there were no further cases of typhoid reported. - Sapa.

been mistaken main-ly as a simmiak"

COMMENT AND OPINION

89

11/8/87

Malaria vaccine on way

87

From The Times
Tests of an experimental malaria vaccine developed by American researchers have given encouraging results that could mean an effective vaccine being marketed soon.

Until relatively recently it had been impossible to develop a vaccine because of the impossibility of growing the parasites responsible for the disease outside the parasite's natural hosts, the human body or the mosquito.

In the last 10 years, however, new genetic engineering techniques have made it possible to bypass the need to grow parasites in culture and have provided new routes for making a vaccine.

The vaccine, which has been developed and tested by American researchers working with Hoffman La

Roche, the Swiss-based pharmaceutical company, is a synthetic preparation. It is a chemical with a molecule which precisely mimics a small part of the outer coating of *Plasmodium falciparum*, the parasite responsible for most cases of malaria.

In earlier research, scientists had identified antigens, complex protein compounds on the surface of the parasite which can be recognised as foreign to the human body's immune system. Genes for these antigens were isolated and inserted into bacterial cultures which produced the an-

tigen in accordance with the genes' instructions.

This made it possible to analyse the antigens and determine which portions of them simulated immunity. It is one such portion of an antigen, a relatively small peptide molecule, which has been synthesised artificially and tested as a vaccine by the team led by Dr Deirdre Herrington of the University of Maryland.

The vaccine was injected into 35 volunteers, young, healthy medical students who had never had malar-

ia. There were no harmful side effects.

The three volunteers who produced the highest levels of antibodies were infected with the live malarial parasites via the bites of infected mosquitoes. One of the three was completely protected, showing no parasites in his bloodstream and no symptoms of infection. The other two showed substantial delay in the appearance of parasites in their bloodstream, although they did develop infection eventually.

The findings represent a big step forward because they show it is possible to protect someone completely against malaria with a vaccine made synthetically. Now researchers will work towards a formulation which looks good enough for large-scale trials. If such trials are successful then a vaccine could become available on a large scale very quickly.

The vaccines which have just been tested are made from only one stage of the parasite's life cycle — the sporozoites which are injected into the human bloodstream by a blood-sucking mosquito. Other research teams are developing vaccines against other stages of the life cycle. The ultimate vaccine is likely to be a cocktail of ingredients designed to stimulate immunity against more than one stage.

Squatter group warns of typhoid epidemic

By Martin Challenor

A typhoid epidemic could break out on the East Rand unless squatters living in appalling conditions in a coal merchants yard are re-housed, a committee formed to help them has warned.

Health workers have this year identified seven typhoid cases, six positive tuberculosis cases plus 20 suspected cases.

The committee, comprising health officials, employees of a large industrial concern, some coal merchants and Food and Allied Workers' Union officials, yesterday

revealed itself and its life-line to the kwaThema coalyard families at a Press conference.

One of its motivations for revealing itself was to try to prompt kwaThema councillors into action.

About 40 shacks stand in the yard. The residents work for the 40 coal merchants who supply kwaThema. There is one tap, no sewerage system and no water drainage network in the yard. Some people have been living there for three years.

The committee, which wants the kwaThema Town Council to allocate land so 30 temporary homes can be erected to house the families, claims the council is stalling.

The committee warned: "We are heading for an epidemic. We have one month of cool weather left and if we have not re-housed the people by then, we can expect serious health problems."

kwaThema council would need to establish a water supply, waste water drainage system and a sewerage system for the new site.

TEMPORARY HOMES

Committee member Mrs Jacqueline Ryan and union officials said they would ask local companies to finance temporary homes where the people could stay until they found permanent housing.

Coal merchants said the council had been promising them a new yard for three years.

Now the council has told them to evict the people.

Star 12/8/87

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~~Star~~

8900 258187

DURBAN — Child specialists yesterday called for an urgent inquiry into a possible epidemic of baby deformities in Natal after it was learned that at least 13 babies — some without arms and legs and some with gross bone deformities — had been born in the past month.

Following the disclosure last week that three deformed babies had been born at Parklands Nursing Home earlier this month, it was learned yesterday that 10 babies with various deformities had been born at King Edward VIII hospital here this month.

A further three had been seen at the local Addington hospital, which brought the provincial toll to at least 16 this year.

Over the past month or so, six babies with neural tube de-

Rising deformed baby toll in Natal sparks call for urgent action

fects, two who were unusually "waterlogged", and two with gross bone deformities were born at King Edward hospital.

While a provincial investigation is on the cards and a paediatrician has been unofficially appointed to co-ordinate the investigation, paediatricians yesterday called for more urgent and immediate steps while the mothers were still accessible.

The head of maternal and child health at Natal's Medical School, Professor Walter Loen-

ing, yesterday called for an urgent investigation to begin immediately.

"This is way above the norm. It looks as though we have an epidemic because to have such abnormalities at King Edward over this space of time is quite extraordinary.

"There is an urgent necessity for an investigation to be started immediately before the picture becomes unclear. This is a golden opportunity to make contact with the mothers and get cracking on it before it

is too late to find a common denominator in all these cases."

Prof Loening said the investigations would have to include kwaZulu and Kwamashu, where many of the cases had come from.

He said there could be various reasons for the deformities.

"It may be one factor, for example, a virus in circulation eight or nine months ago that could have caused all this.

"But it could also be a combination of various factors, for instance chemicals and a virus."

The head of paediatrics at Addington Hospital, Dr Bill Winship, said the history of these mothers would have to be detailed and a common denominator identified. — Sapa

Deformity fears allayed

Natal medical authorities yesterday dismissed speculation of a deformed baby epidemic in Natal.

Child specialists called for an urgent inquiry into a possible epidemic after it was learnt that at least 13 babies — some without arms and legs and others with gross bone deformities — had been born in the past month in Natal.

Reassuring mothers, Dr Bill Winship head of paediatrics at Addington Hospital said:

"After many hours' work, we have determined that there have been between eight and 20 deformed babies born a month for the last 18 months.

"This is in keeping with the accepted overall incidence of congenital defects in the rest of the world."

He said further investigation had shown that most of the past five weeks' deformities were caused by genetic factors.

A prominent scientist in the field of human genetics said yesterday that limb deformity cases were rare —

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about one in 20 000 births — and therefore had never been investigated in this country.

"They often come in cycles and we never seem to be able to put our finger on the cause," said Dr Jennifer Kromberg, senior medical scientist in the Department of Human Genetics at the University of the Witwatersrand Medical School and SA Institute for Medical Research.

The lack of local information on the subject had been further emphasised by Dr Molly Nelson, senior lecturer in the Department of Human Genetics at the University of Cape Town.

"Until very recently, paediatricians in South Africa had their time taken up by infections," she said.

"It is only now, with the slightly improved situation, that they are beginning to look at other issues like possible causes of deformities," she said.

HEALTH DISEASE

MISCELLANEOUS

JAN - DEC

1988.

● Killer fever strikes border heroes

● Cabinet trippers 'at risk'

SWAZI BORDER STIX

3/11/88
ESTHER WAUGH

3/11/88
ESTHER WAUGH

89

SIX South African soldiers who survived the bloody Angola campaign late last year have died in hospital — victims of a virulent killer malaria contracted in the bush.

Scores more critically ill national servicemen are in hospital and parents have taken to doorstep the military intensive-care units where their sons are confined.

There is speculation that some Cabinet Ministers who went on recent trips to the border are at risk — the Minister of Police, Mr Adriaan Vlok, has confirmed he was a victim of a milder form of malaria as a result of border visits.

A tragic irony is that many soldiers reportedly do not take the tablets because they believe it will affect their sunbans. Now the South African Medical Services (SAMS) has appealed to all discharged national servicemen showing symptoms of the disease to contact their nearest military hospitals immediately. The full extent of the epidemic emerged this week after recent cautious statements by the SADF and Health and Welfare officials confirming one death from malaria in Nelspruit and 16 cases among discharged national servicemen. Many of the troops are suffering from a particularly severe complication, arising from the infection, cerebral malaria, which affects the brain and can leave its victims permanently brain-damaged. The epidemic is the result of a breakdown in health services in the war-torn areas of neighbouring countries which has led to a frightening resurgence in the disease that once claimed thousands of victims annually.

Transferred

The Sunday Times understands that well over 100 soldiers — both permanent force and national servicemen — are being treated for the disease. It is understood that these figures do not include members of the South West Africa Territorial Forces, and that an unknown number of its members, who played a key role in the Angola offensive, are also being treated at military hospitals in the operational area.

Reliable sources have told the Sunday Times that the intensive-care ward of No 1 Military Hospital in Pretoria is battling to cope with the influx of soldiers with malaria. Others who have been admitted are suffering from a less serious strain — the more common, recurring strain. One of the reasons troops would not take their pills, it is said, is that they are still serving. Yesterday's statement revealed that the problem was far more serious than the military has so far acknowledged. Reliable sources have told the Sunday Times that the intensive-care ward of No 1 Military Hospital in Pretoria is battling to cope with the influx of soldiers with malaria. Others who have been admitted are suffering from a less serious strain — the more common, recurring strain. One of the reasons troops would not take their pills, it is said, is that they are still serving.

Battling

But, he added, the number was "nowhere as high as has been alleged". An earlier statement by the SADF on December 23 gave the number of soldiers being treated for malaria as 16. But it would appear that this figure refers only to soldiers who have completed their two-year national service stint, and excludes victims who are still serving. Yesterday's statement revealed that the problem was far more serious than the military has so far acknowledged. Reliable sources have told the Sunday Times that the intensive-care ward of No 1 Military Hospital in Pretoria is battling to cope with the influx of soldiers with malaria. Others who have been admitted are suffering from a less serious strain — the more common, recurring strain. One of the reasons troops would not take their pills, it is said, is that they are still serving.

It appears that, while some of the ill are also being treated at military hospitals in Bloemfontein and Cape Town, the most serious cases have been transferred to No 1 Military Hospital in Pretoria, which is the biggest and best-equipped military hospital. Earlier this week a contingent of seriously ill soldiers were flown in an emergency airlift to Pretoria from the operational area. A spokesman for the SAMS, medical wing of the SADF, has confirmed the death of the six soldiers, but declined to say exactly how many were being treated "for security reasons".

□ To Page 2

One of the reasons troops would not take their pills, it is said, is that they are still serving. Yesterday's statement revealed that the problem was far more serious than the military has so far acknowledged. Reliable sources have told the Sunday Times that the intensive-care ward of No 1 Military Hospital in Pretoria is battling to cope with the influx of soldiers with malaria. Others who have been admitted are suffering from a less serious strain — the more common, recurring strain. One of the reasons troops would not take their pills, it is said, is that they are still serving.

Many more ill with killer malaria

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From Page 1

reported, was an erroneous — and dangerous — belief that the ingredients would prevent them from tanning.

This weekend parents of many of the soldiers were keeping a vigil outside the hospital's ICU as they waited for news about their sons.

Mr. Freek Niewoudt, of Standerton, said his son had been flown from Rundu in the operational area on Monday.

"My son is in a coma and we have not been able to speak to him. His liver has been affected and his face is still very swollen. We have not left his bedside," Mr. Niewoudt said.

Another father of a critically ill soldier said yesterday that his son's life was "no longer in his hands or that of the army — but in God's hands".

An SAMS spokesman yesterday emphatically denied that the epidemic was the result of negligence by the SADF.

He said that "every precaution was taken" to prevent members of the SADF from contracting malaria.

Confirming the deaths, the spokesman said "All members of the Defence Force serving in endemic malaria areas are required to take the prescribed anti-malaria tablets."

"It is, however, unfortunate that some soldiers, contrary to orders, do not take their tablets and thereby ir-

responsibly put themselves at risk.

"These instructions are applicable to everybody in malaria-infested areas, including those visiting for only a short period.

"The Medical Services is a world leader on the subject of malaria, the prevention of it and its treatment.

"Everything humanly possible is done to ensure that the effects of the disease are reduced to the very minimum. The Medical Services appeals again to all serving soldiers to comply with the instructions to combat malaria."

Meanwhile, as fears grow that more soldiers could die from the disease, sources claimed that the disease has exacted a heavy toll among Angolan troops and among Russians and Cubans serving in the war-torn country.

The deadly infectious disease manifests itself as a form of gastro-enteritis, or a flu-like disease with accompanying high temperatures, headaches, sweating and a cold fever which causes severe shaking.

A large proportion of the South African victims have the more serious strain of malaria, known as Plasmo-

dium falciparum. This type can cause cerebral malaria (which attacks the brain) as well as kidney and breathing problems.

And even if victims partly recover they could be left with permanent brain damage, according to medical experts.

Certain strains of this type of malaria have been known to become resistant to Chloroquine, the most effective treatment against the disease. The SADF has been using this drug for more than a decade.

The remaining victims — a much smaller proportion —

have contracted a different, less virulent form of malaria. It has less serious complications but can lead to recurring attacks over many years.

It is feared that the epidemic may continue until the end of April, when the rainy season ends. Angola is an endemic area for malaria and no effective elimination campaigns are carried out due to the intensity of the war.

President Botha and Cabinet Ministers such as Mr. P. W. Botha, Mr. F. W. de Klerk, Mr. Barend du Plessis, Mr. Adriaan Vlok and various other parliamentarians have recently visited the operational area.

Signs

Mr. Vlok contracted malaria on his first visit because he had not taken his anti-malaria tablets, and it is possible that other Ministers may have become infected.

● The SAMS has asked all members of the SADF who have shown signs of the illness to contact the following phone numbers:

- SA Medical Headquarters Operation Centre at (012) 6631530, the Senior Medical Officer at 1 Military Hospital at (012) 712751, the Northern Transvaal Medical Command Operational Centre at (012) 711111/2, the Senior Medical Officer at Cape Town's 2 Military Hospital at (021) 711141.

Malaria alert ^{V/Df 4/1/88} for troops (89)

JOHANNESBURG — The deaths of six servicemen in the past three weeks has prompted military authorities to warn soldiers who have served in malaria-infested areas.

The deaths follow a number of malaria deaths among civilians, a South African Defence Force (SADF) spokesman said.

Sixteen other national servicemen have been kept on in military hospitals around the country suffering from malaria.

A number of other currently serving men are also being treated in military hospitals for malaria, but the spokesman refused to divulge the number, saying it would contravene policy.

But the actual number was "much lower" than alleged, he said.

It was reported that more than 100 permanent force members and national servicemen were believed to be under treatment for malaria.

The SADF yesterday denied 100 soldiers were being treated but confirmed six had died.

The report said the majority of servicemen afflicted had contracted a strain of malaria which had become resistant to Chloroquine, the most effective drug against this disease.

A statement released by the SADF medical services on December 23 said recently-discharged or active duty servicemen who had symptoms of ordinary flu, feverish illness or gastro-intestinal illness for longer than 24 hours should contact their family physician. — DDC

Fight against malaria stepped up after 7 deaths

Argus 4/1/85
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The Argus Correspondent

JOHANNESBURG. — Authorities are stepping up the fight against malaria — including the new strain which has killed six soldiers and a civilian and infected 3 000 people.

And a leading South African medical specialist has warned that pregnant women and babies under six months should stay out of malaria danger areas such as the Kruger Park, Komatipoort and Malelane.

The Department of National Health and Population Development is stepping up spraying to eradicate mosquitoes and is redoubling its educational efforts as part of new measures to combat the spread of malaria.

The Defence Force, which has been hardest hit by the new killer strain, is continuing its efforts to prevent its members from contracting the disease, a spokesman said.

Malaria tablets

Negligence by national servicemen in taking malaria tablets — which many believe stop them getting a suntan — was the main cause of the six soldiers' deaths, according to the Surgeon-General of the Defence Force, Lieutenant-General Nicol Niewoudt.

Military authorities have warned soldiers who have served in malaria-infested regions to continue taking the tablets. Those who show signs of the disease should report for treatment immediately.

Scores of soldiers are reported to have been infected by malaria and are being treated at military hospitals throughout the country. However, the Defence Force has denied that 100 soldiers are ill with the disease.

At least 16 discharged soldiers thought to have been infected while fighting in Angola are being treated.

Public warned

Malaria has also affected the Minister of Law and Order, Mr Adrian Vlok, who has warned the public to take malaria tablets to prevent the spread of the disease.

Heavy rains, soldiers returning from Angola and thousands of Mozambican refugees have contributed to an increase in the number of malaria cases in the Eastern Transvaal and Northern Natal, said Dr Coenie Slabber, Director-General of Health.

Dr Slabber said that although there had been an increase in malaria it was not out of control.

"We have stepped up the eradication of mosquitoes and increased our educational efforts," he said.

● A Nelspruit malaria expert said resistant-strain malaria had been "imported" to Africa from South-East Asia during the past 18 months.

Pregnant women, babies warned

Thousands hit

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JPA
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By Craig Kotze and Therese Anders

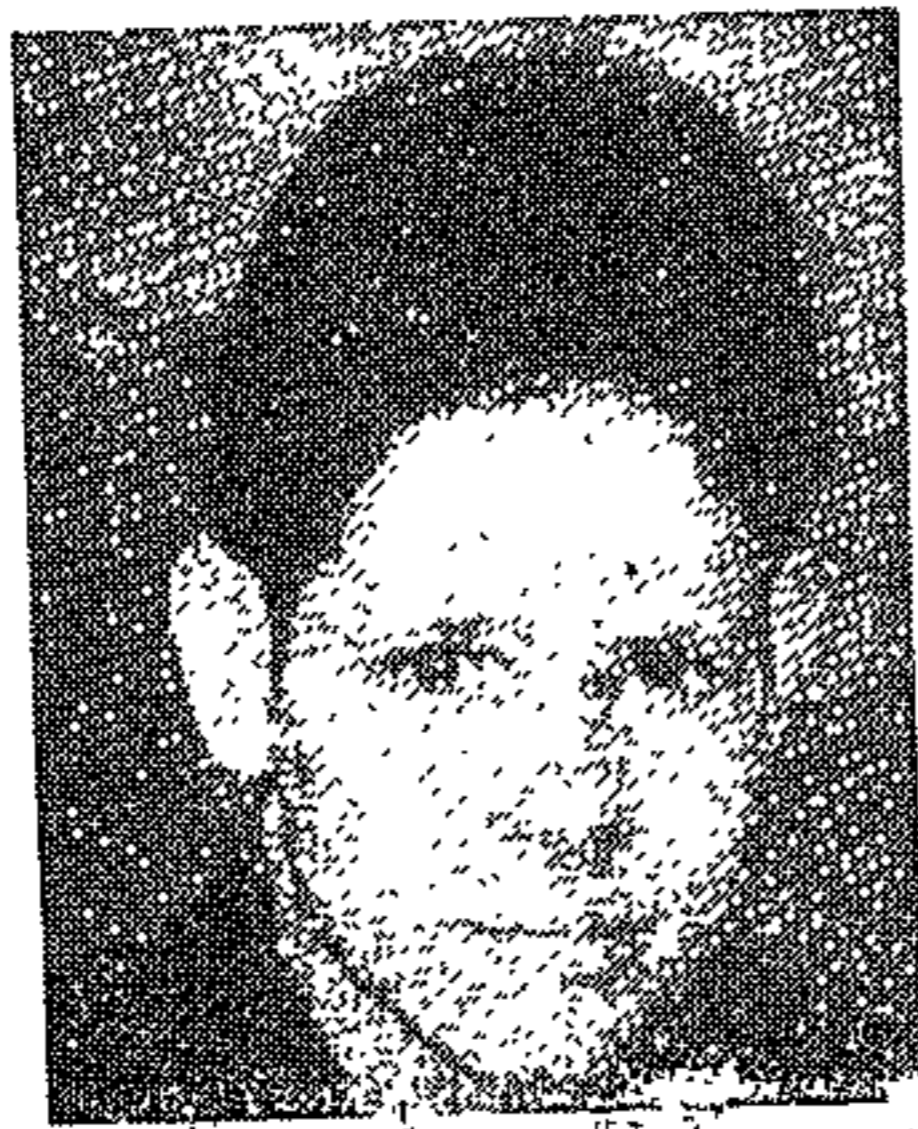
Medical authorities are stepping up their fight against malaria — including the new killer strain which has already killed six soldiers and a civilian and infected another 3 000 people.

A leading South African medical specialist has warned that pregnant women and babies under six months should stay out of malaria danger areas such as the Kruger Park, Komatipoort and Malelane.

The Department of National Health and Population Development is increasing spraying to eradicate mosquitoes and is redoubling its educational efforts as part of new measures to combat the spread of the disease.

The Defence Force — which has been hardest hit by the new killer strain — is continuing its efforts to prevent its members from contracting malaria, said a spokesman.

Negligence by national servicemen in taking malaria tablets — which many felt would affect their getting a tan — was the main cause of the six soldiers' deaths, according to the SADF Surgeon General, Lieutenant-General Nicol Niewoudt.



Frans van der Merwe . . . took his anti-malaria tablets regularly.

Soldier dies of malaria on his last day in the army

By Therese Anders, Highveld Bureau

A Witbank national serviceman, Frans van der Merwe (19), died of the new malaria killer strain on the day he was to have left the army.

Frans's grieving identical twin brother, Frikkie, said yesterday that his brother had taken his anti-malaria tablets throughout the twins' two-month term in Angola.

Said Frikkie: "You have to take them because a medic stands there to watch you."

SHOWING SYMPTOMS

Despite these precautions — as well as using an anti-mosquito spray — Frans began showing symptoms of malaria only days after he returned to his Middelburg army base from the operational area.

"On the night of December 20 he became very ill with a high fever and the next day was rushed to Witbank Hospital.

"The doctors said he would not respond to treatment."

On December 22 — the day the twins had looked forward to throughout their national service — Frans died.

Frikkie developed a sore on his leg from a mosquito bite, but tests proved negative.

Military authorities have warned soldiers returning from malaria-infested regions to continue taking the tablets. Those who show signs of the disease should report for treatment immediately.

Scores of soldiers are reported to have been infected by malaria and are being treated at military hospitals throughout the country.

However, the SADF has denied reports that 100 soldiers are ill with the disease.

At least 16 discharged soldiers thought to have been infected while fighting in Angola are being treated.

Malaria has also affected Law and Order Minister Mr Adriaan Vlok, who has advised people to take malaria tablets.

Heavy rains, soldiers returning from Angola and the presence of thousands of Mozambican refugees have contributed to an increase in malaria cases in the Eastern Transvaal and Northern Natal, said Dr Coenie Slabber, Director General of the Health Department.

Under control

"There is a definite increase in malaria — but it's not out of control. We have stepped up the eradication of mosquitoes and increased our educational efforts."

Dr Slabber said about 3 000 cases in the danger areas had been reported since the beginning of the rainy season in September last year.

"The main problem is that when it was so dry people became negligent about malaria."

According to a Nelspruit malaria expert, resistant-strain malaria was imported to Africa from South East Asia during the last 18 months.

"Terrorists from Tanzania were sent to Vietnam and Kampuchea for training, and they brought the disease back."

He said Lowveld medical men warned that the malaria in the Eastern Transvaal was to a large extent resistant to conventional treatment.

away from danger areas
by malaria

7 334 infected with malaria

Cont. Times 5/1/89 (200) 89

JOHANNESBURG. — Malaria rampant in Southern African war zones has killed six South African soldiers and eight civilians and infected some 7 000 more people, military and medical officials said yesterday.

But the South African Defence Force yesterday denied the strain of malaria, which has so far killed seven national servicemen, is new and does not respond to normal treatment.

The SADF also denied last night that a seventh soldier — a member of the permanent force — had died of malaria in the Universitas Hospital in Bloemfontein.

An SADF spokesman confirmed a seventh death, but said the victim was a civilian.

It was confirmed yesterday by the Surgeon-General, Lieutenant-General N J Niewoudt, that so far 102 cases of malaria had been reported and 96 were still being treated in military hospitals and sick bays in South Africa and Namibia.

Of these, three were dangerously ill and eight were on the seriously ill list.

Some conscripts returning from bush battles in southern Angola abandon anti-malaria treatment, fearing medication will impair their virility and slow down suntanning, an official said.

There had been 13 reported deaths from malaria and 7 334 cases in SA last year — including the six SADF victims, according to the Department of National Health.

Of those infected in SA, about 10% had contracted the strain resistant to the standard anti-malaria drug chloroquine, a department spokesman said yesterday.

The names of the initial six national servicemen who died of malaria in the past three weeks were released yesterday by the SADF: Rifleman Frans Johannes van der Merwe, 19, of Witbank; Corporal Martin Venter, 20, of Stutterheim; Captain Johannes Petrus Coetzee, 31, of Kroonstad; Trooper Gerhardus David Johannes Pretorius, 21, of Evander, Transvaal; Private Andre Johannes van Niekerk, 18, of Roseacres, Johannesburg, and Rifleman Peter Matthews, 21, of Stutterheim. — Own Correspondent and Sapa

Fight against killer malaria strain stepped up 11 dead, 3 000 infected

JOHANNESBURG — Medical authorities are stepping up their fight against malaria — including the new killer strain which has already killed six soldiers and a civilian and infected another 3 000 people.

Malaria has also claimed seven victims in KwaZulu, with 1 200 cases being reported in December.

The Defence Force — which has been hardest hit by the new killer strain — is continuing its efforts to prevent its members from contracting malaria, said a spokesman.

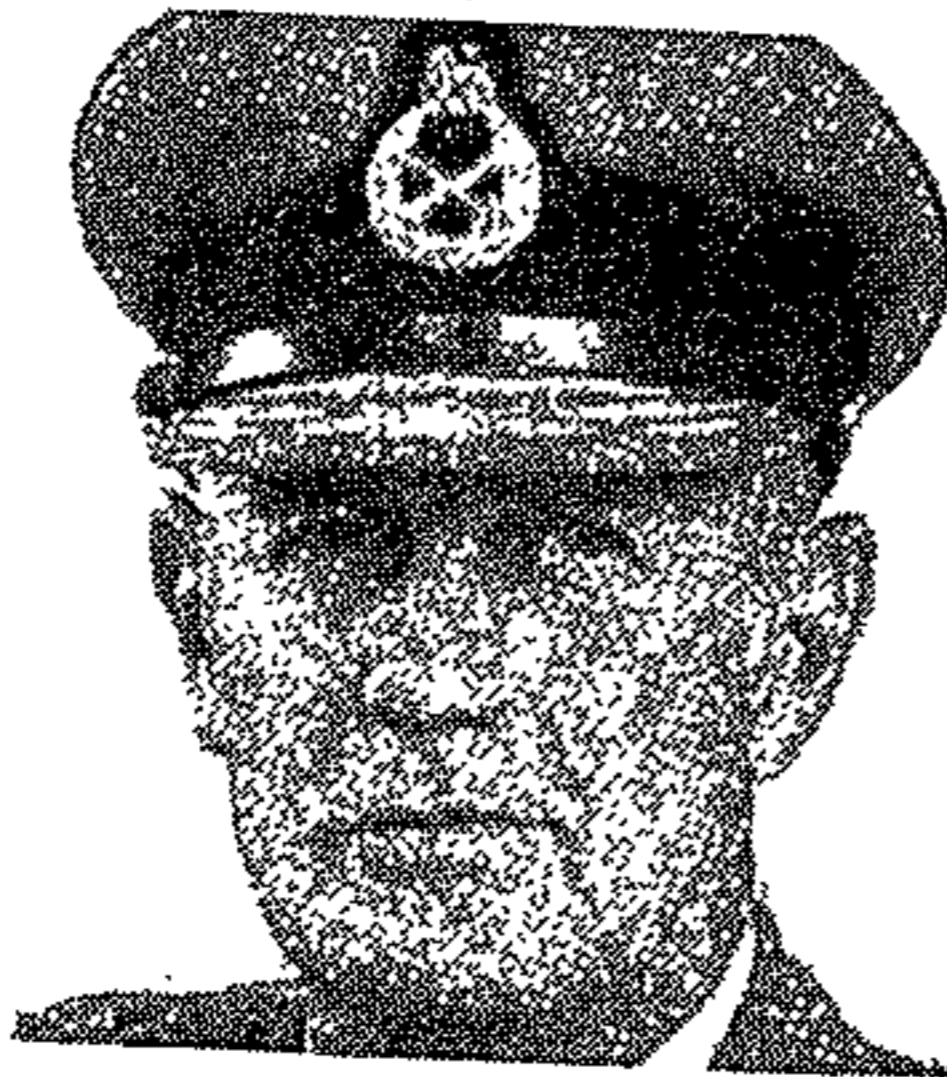
Scores of soldiers are reported to have been infected by malaria and are being treated at military hospitals throughout the country.

Despite previous denials by the SADF, the SADF Surgeon General, Lieutenant-General Nicol Nieuwoudt confirmed that to date, there had been 102 cases of malaria of which 96 were still being treated in military hospitals and sick bays in South Africa and SWA/Namibia.

Malaria has also affected the Law and Order Minister, Mr Adriaan Vlok, who has advised people to take malaria tablets.

Negligence by national servicemen in taking their malaria tablets — which many felt would affect their getting a

tan — was the main cause of the six soldiers' deaths, Gen Nieuwoudt said.



GEN NIEUWOUTD

Military authorities have warned soldiers returning from malaria-infested regions to continue taking the tablets.

Those who show signs of the disease should report for treatment immediately.

Symptoms to watch out for were a very high temperature, shivers and shakes, rigors, sweating, headaches, fever and even abdominal pain or vomiting.

Gen Nieuwoudt said malaria could also manifest itself as ordinary 'flu or a feverish illness without an obvious cause or as a gastro-intestinal disturbance.

The public relations officer for the South African Defence Force, Commandant Sophie du

Preez, said all national servicemen had been issued with a plastic card notifying their doctors that they have been in malaria areas.

This card should be presented immediately to a doctor if a serviceman becomes ill.

She said that parents should make sure that their sons kept their cards on them or nearby at all times.

The Director General of the Health Department, Dr Conie Slabber, said heavy rains, soldiers returning from Angola and the presence of thousands of Mozambican refugees had contributed to an increase in malaria cases in the Eastern Transvaal and Northern Natal.

"There is a definite increase in malaria — but it's not out of control. We have stepped up the eradication of mosquitoes and increased our educational efforts".

Dr Slabber said about 3 000 cases in the danger areas had been reported since the beginning of the rainy season in September last year.

"The main problem is that when it was so dry people became negligent about malaria," he said.

According to a Nelspruit malaria expert, resistant-strain malaria was imported to Africa from South East Asia during the last 18 months.

"Terrorists from Tanzania were sent to Vietnam and Kampuchea for training, and they brought the disease back".

He said Lowveld medical men warned that the malaria in the Eastern Transvaal was to a large extent resistant to conventional treatment.

However, Gen Nieuwoudt also said that so far there had been no proven cases of strains of malaria resistant to the normal prophylaxis.

"There is no evidence to support speculation about a so-called 'Vietnam' strain of resistant malaria brought to Southern Africa through Angola," he said.

He appealed to doctors to contact the Medical Service if patients did not respond to treatment within 24 hours.

A leading South African medical specialist has warned that pregnant women and babies under six months should stay out of malaria danger areas such as the Kruger Park, Komatipoort and Malelane.

The Department of National Health and Population Development is increasing spraying to eradicate mosquitoes and is redoubling its educational efforts as part of new measures to combat the spread of the disease. — Sapa

**Malaria: 95
still being
treated**

89
11/24/88
6/1/88

The Argus Correspondent

JOHANNESBURG. — Ninety-five members of the South African Defence Force are being treated for malaria.

According to a SADF spokesman, three of these are dangerously ill and two are in a serious condition.

The others are satisfactory.

Thirty-four malaria victims have been discharged and 27 were admitted to hospitals. This brings the number of reported cases among SADF members and former members to 129 with six deaths.

SYMPTOMS

Troops who have returned from the operational area have been asked to report to a doctor as soon as possible telling him they had been in a malaria area.

The main symptoms of malaria are fever, headache, shaking and nausea.

There have been no new reported malaria deaths among civilians according to a spokesman from the Department of Health and Welfare.

Five infected servicemen still very ill

EAST LONDON — The number of servicemen under treatment for malaria in military or civilian hospitals is down to 95 — but 27 are new cases admitted yesterday

A spokesman for the South African Defence Force said that three servicemen were still listed as being in a "dangerous" condition, but only two remained "serious".

The rest were in a satisfactory condition with 34 people so far successfully treated and discharged from hospital

Reacting to latest reports of the growing malaria threat, a spokesman for the Department of National Health said in Pretoria that notified cases of malaria for 1987 did not show any major increase over 1986.

The spokesman dismissed yesterday's reports that the North Eastern Cape, where malaria has not been a threat in living memory, had now emerged as a new danger area.

The danger of being infected in this area was "negligible", he said

South Africa had a multi-faceted malaria control programme in operation to combat the spread of the disease but there were "complicating factors," he said.

The first was that until recently the Republic had been more or less free of malaria strains resistant to the commonly used chloroquine treatment, but new strains had now appeared.

"In the Northern and Eastern Transvaal the occurrence is almost negligible, while in certain communities in Northern Natal/KwaZulu, the strain is estimated to have affected about 10 per cent of the population.

"Although resistant to chloroquine specifically, these strains are sensitive to a variety of drugs used in the treatment of malaria," the spokesman said

The second problem was that population movements across the borders of "certain" neighbouring countries in which the resistant strains existed in large numbers was complicating the programme.

A third problem was that departmental entomological surveys suggested certain changes had taken place in the type of malaria-carrying mosquito.

The spokesman reiterated that all people who had contact with malaria-endemic areas should take the prescribed dosage of chloroquine and use insect repellent sprays and preparations.

It is of the utmost importance that those suspected of contracting malaria consult a doctor at an early stage and notify him that they had recently visited a malaria area.

The SADF's surgeon-general, Lieutenant-General N.J. Nieuwoudt re-issued an appeal to all troops who served in malaria infested areas to take the prescribed anti-malaria tablets.

He said that had been no reported cases of strains of malaria resistant to the normal treatment and appealed to doctors to "contact the medical service if patients do not respond to treatment within 24 hours".

He said that malaria could manifest itself within a four to five week period and patients could have symptoms like ordinary flu, or a feverish illness without an obvious cause or as a gastro-intestinal disturbance.

Meanwhile a medical researcher in Johannesburg has said that the number of malaria cases in the Transvaal is the lowest in a decade.

No deaths resulting from the disease were reported in the homelands in Transvaal during 1987, in contrast with KwaZulu where 1 200 cases and seven deaths were reported for December alone.

Gazankulu reported a decrease in malaria cases for 1987 while KaNgwane's malaria toll remained stable

KwaNdebele is malaria-free, and recorded malaria cases in Venda dropped from 81 in December 1986 to eight for the corresponding period last year

● Meanwhile an unidentified white woman who had been staying at the Ndumu Game Reserve has died of malaria

According to a Natal Parks Board spokesman there was no indication that the woman had contracted the disease while visiting the reserve — DDR-DDC-Sapa

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16 more SADF
men down
with malaria

PRETORIA. — Another 16 Defence Force members have contracted malaria.

The latest figures issued by the SADF bring the total number of troops, including ex-servicemen affected by the disease, to 141.

Three are still on the danger list, while three are seriously ill, a Defence Force spokesman said.

DISCHARGED

All the other members receiving treatment were described as being in a satisfactory condition.

Twenty-five soldiers have been discharged from hospital.

Eighty-six servicemen are being treated in military and civilian medical facilities.

● Ten people died of malaria last month in Kwazulu, the Minister of Health, Dr Frank Mdalose, said in Ulundi. — The Argus Correspondent and Sapa.

89 Cape Town 7/1/88

Malaria danger in KwaZulu

DURBAN: — The Durban regional director of the Department of National Health in Natal, Dr Priscilla Truter, yesterday warned that incidents of malaria in KwaZulu had escalated.

This follows the death of a Ndumu malaria victim, Mrs Petra Marais, of Maritzburg, who died last month after holidaying at Ndumu game reserve near the KwaZulu border with Mozambique.

Several Durban pharmacists yesterday said there had been "quite a rush for anti-malaria tablets" from people planning to visit KwaZulu.

Dr Truter said this had been particularly so in the northern areas of KwaZulu, and

pinpointed the Izingolweni and Ubombo districts as two of the worst-hit.

She appealed to people travelling into KwaZulu to "take the right preventive dosage, and to complete the full course of treatment".

She described the malaria-carrying mosquito as one "that bites only after dark, and indoors", and recommended that people in KwaZulu take repellents with them.

The ordinary "nuisance" mosquito should not be confused with the malaria-carriers.

Incidents of the disease in the white areas of Natal were not much higher than at the same time last year, Dr Truter said.

"But the figures in KwaZulu are high, and in the northern parts in particular the situation has escalated."

People travelling anywhere north of the Tugela River should see their doctors, she said. Even north of Stanger the malaria risk had increased.

"Anybody who feels sick or is tired, who has a persistent headache or diarrhoea should consult a doctor."

A spokesman for the Natal Parks Board yesterday disclosed that "a number of the Ndumu game reserve staff have gone down with malaria". He gave no further details. — Sapa

Malaria: 25 discharged but 16 new cases admitted

Defence Correspondent

THE number of servicemen under treatment for malaria dropped from 95 on Tuesday to 86 yesterday, with a number being discharged from hospital, but new cases being admitted.

According to a spokesman for the South African Defence Force, 25 of the 95 being treated in civilian and military facilities on Tuesday had been discharged, but 16 other servicemen had been admitted.

The spokesmen said three SADF members were still listed as "dangerously ill" and three as "serious", but "all the others are in satisfactory condition".

He added that contrary to rumours in Cape Town, the South African Medical Service did not intend to send special medical teams to Angola or other areas.

The SAMS saw the malaria problem as an on-going situation and monitored it on a continuous basis, he said.

Malaria incidence escalating in KwaZulu — doctor

(89) DD DURBAN — The incidence of malaria in KwaZulu has escalated. There are powerful drugs available, though they are expensive.

This is according to the regional director for the Department of National Health in Natal, Doctor Priscilla Truter.

She said this had been particularly so in the northern areas of KwaZulu and pinpointed the Izingolweni and Ubombo districts as two of the worst-hit areas.

Her statement came soon after the death of a white Pietermaritzburg woman, Mrs Petro Marais, 40, a prominent social worker, who contracted malaria while holidaying at the Natal Parks Board's Ndumu health reserve in KwaZulu last month.

A city health department spokesman confirmed she had died on December 24.

Dr Truter appealed to people travelling into KwaZulu to "take the preventive treatment, and the right dosage — and to ensure that they take the full course".

She described the malaria-carrying mosquito as one "that bites only after dark, and indoors" — and recommended that for these reasons, people in KwaZulu should take repellants.

The ordinary "nuisance" mosquito should not be confused with the malaria-carriers.

Dr Truter added that "the emphasis is on the prevention of malaria — but if cure should become a top priority,

190 People travelling anywhere north of the Tugela River, should see their doctors. Even north of Stanger, the malaria risk was increased.

"Anybody who feels sick or is tired, who has a persistent headache or diarrhoea should also consult a doctor."

Meanwhile Durban pharmacists said there had been "a rush for anti-malaria tablets" from people visiting KwaZulu.

From Johannesburg, it was reported yesterday that malaria, which has already killed six soldiers, has now laid low 27 defence force members, bringing the total number of servicemen recently affected by the virulent disease to 129.

Three of the ill soldiers are fighting for their lives, while another two are in a serious condition.

However, 34 soldiers who contracted the disease have been discharged in the last two days, with 86 still being treated in military and civilian facilities.

All those still ill are in a satisfactory condition, except for the five on the critical and serious lists.

An SADF spokesman said sixteen more soldiers had been hospitalised with malaria in the 24-hour period that ended at 8 am yesterday. — Sapa

Malaria tablets scarce as Natal buyers panic

Chap. 7/15
3/1/88 Own Correspondent

89

DURBAN. — Panic buying of anti-malaria tablets over the past few days has resulted in stocks being trucked to the city from the manufacturers in Johannesburg.

Mr Nigel Ashington, general manager of the medical division of Wellcome, makers of three of the most widely used brands of the tablets, said yesterday that some of the company's less busy manufacturing lines had to be switched to making the malaria drugs to cope with increased orders from wholesalers.

He said three major Durban and Maritzburg drug wholesalers whose stocks had been exhausted had been re-supplied and more stocks would reach there "within a couple of days".

A pharmacist at one of the wholesalers, who did not want to be named, said "increased public demand has cleaned us out of stock".

Dr Muriel Richter, medical officer of health for Durban, said there "was only a very slight chance of malaria being re-introduced to Durban".

3 ^{DD 9/11/86} new malaria cases ⁸⁹

PRETORIA — Another three soldiers were admitted to hospital with malaria infection yesterday while four were discharged after treatment, bringing the total number of patients to 67, a spokesman for the SADF's Medical Service said.

There was no change in the condition of the three "dangerously" and the three "seriously" ill patients, she said.

From figures over the last few days, it appears the incidence of malaria cases among soldiers is declining.

Meanwhile, the foremost authority on malaria in the country, Prof Miles Markus, said the spate of malaria cases is unlikely to be the result of a virulent new or drug resistant strain.

Prof Markus, of the University of the Witwatersrand, said research has shown that malignant tertian malaria in Southern Africa is caused by perhaps 10 or more strains of a parasite species, some of which show signs of drug resistance.

"We have recently discovered that some patients are infected simultaneously by more than one strain," said Prof Markus.

He also said sufferers of relapsing malaria, not normally life-threatening, need not worry unduly in the light of the current malaria situation in the country. — Sapa

20 game park staff contract killer disease

By DAVE SMYLY

TWENTY Natal Parks Board staff members from the Ndumu game reserve in Northern Natal have contracted malaria.

Two are in hospital in Ingwavuma, but, according to the board, they are not in any danger — while the other 18 are at home recuperating.

Meanwhile, a board official confirmed yesterday that outdated anti-malaria tablets had been sold at its Sodwana Bay resort in the danger area of Northern Natal.

The tablets, called Daracior, produced by the Wellcome pharmaceutical company in Kempton Park, had an expiry date of June last year.

A spokesman for the drug company said that they could only guarantee the potency of the product up till the expiry date.

MALARIA: SIX SOLDIERS DIE

89

THE TRAGEDY UNFOLDS:
How the first news was broken in last week's Sunday Times

But Dr Murray Short, Kwazulu medical officer in charge of communicable diseases, said he was not unduly worried that the expiry date for the pills was June last year.

"The manufacturers are required to give an expiry date, but this does not mean that they rapidly lose their effectiveness thereafter," he said.

Death

The most recent reported civilian death from the disease in Natal is also linked to the popular game resort. Health authorities have confirmed

the death of Mrs Petro Marais, 40.

Mrs Marais, who died on Christmas Eve, is believed to have contracted the disease while visiting the game reserve in December. She's a well known Maritzburg social worker and leaves a husband and a four-year-old child.

Mrs Marais' death brings the total of reported civilian deaths in Natal/Kwazulu to 11 for the month of December.

Figures for the disease have soared dramatically in the region with the total for 1987 exceeding the 7 000 mark compared with 696 for the previous year — in December alone 1 336 cases

were reported as opposed to 23 cases in December 1986.

Dr Priscilla Truter, Natal Regional Director of national health, said: "We are hoping the disease does not spread as far as Durban. You can imagine the chaos if we start picking up malaria cases in a densely populated area."

Cancellations

Despite the warnings by health authorities, and residents of the area reporting in their hundreds for treatment, the local parks board is not discouraging people from visiting the resort, and there have been no cancellations.

But there have been cancellations at Kruger National Park, a National Parks Board official confirmed, although he declined to give figures. ● Meanwhile, doctors at the South

10/1/88
5/Tues
African Defence Force's 1 Military Hospital in Pretoria are working round the clock; 49 soldiers are still being treated for malaria in military and civilian hospitals nationwide.

Commandant Willie Seling, head of 1 Military Hospital's Department of Internal Medicine and an expert in infectious diseases, said: "All the doctors and nurses have done an excellent job under a lot of pressure."

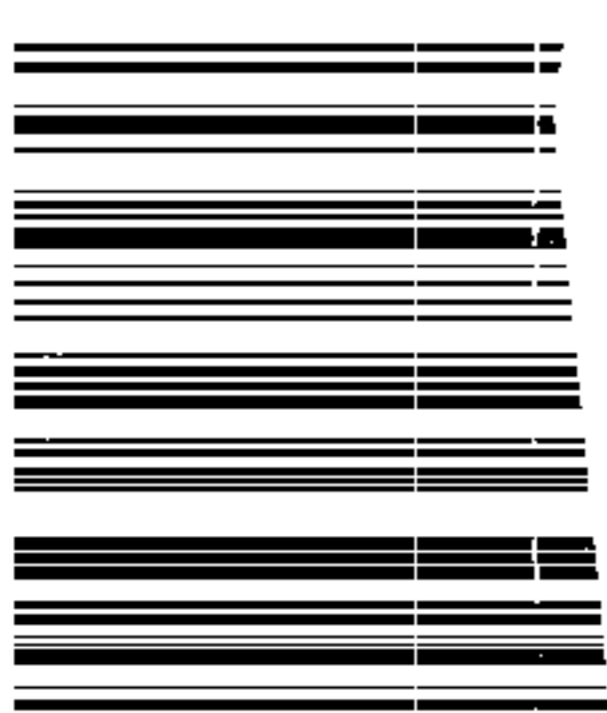
"Several times they could not go home at the usual time and had to stay on at the hospital to admit a large number of malaria patients."

"We are keeping the malaria patients in hospital longer than would be the case in any civilian hospital. The troops are given a two-week recuperation period at home after which they are tested again."

"They are only discharged once their tests prove absolutely negative."



TAKE YOUR PILL!... Lt Lisa Lourens with malaria victim Fanus van Niekerk



TROOPIE DIES IN MALARIA MUDDLE

10/11/88

ST/11/88

By ESTHER WAUGH

A SADDENED Platteland couple had to relive a double nightmare after being informed of their soldier son's death.

First they were told by the army the boy was being treated in hospital for malaria. So they sent their love to him.

Next — to their shock — they were informed he had died in the operational area of meningitis.

Then they were told he was, in fact, the first victim of the killer malaria strain.

Rifleman Gareth Visser, 18, died in



RIFLEMAN GARETH VISSER

Angola on November 12 last year.

His father, Mr Ray Visser, a Ficksburg farmer, was told Gareth died of meningitis complications.

But the autopsy revealed the cause of death was, in fact, the deadly cerebral malaria.

A spokesman for the South African Defence Force Medical Services, has meanwhile confirmed that the autopsy showed cerebral malaria and not meningitis as was first diagnosed. The symptoms are very similar.

Mrs Visser, who lives with her husband and three remaining sons on the farm, Op Die Rivier, near Ficksburg, said: "I last heard from my son in a letter he wrote in August — when he arrived in

To Page 2

Double grief for parents

From Page 1

Grootfontein, Namibia.

"We never knew he was in Angola! The next time we had any news about him was when we got a letter from the SADF telling us that Gareth had been admitted to Rundu military hospital on October 16 last year.

"The letter said he had malaria but was doing well."

Mrs Visser then phoned Rundu to ask whether her son was entitled to sick leave.

"The lieutenant said Gareth was fine and that he would pass on our love and good wishes," she said.

On November 13, they were told their son had died suddenly of meningitis the day before.

After several telephone calls, the Vissers finally established that Gareth had been admitted to Rundu military hospital in the Operational area on October 6.

He was discharged 10 days later, on October 16.

But his parents were unaware that Gareth had been

sent back to Angola.

Mrs Visser claims a member of the SADF told her husband Gareth had died of malaria in Angola and it was to be kept "very hush-hush" — because it happened there.

Mr and Mrs Visser asked to see their son's body but were told the disease was highly contagious and his body had been sealed in a plastic bag.

"I phoned and asked for a lock of his hair," she said. Mr and Mrs Visser still have not received their son's personal belongings,

The Sunday Times has now confirmed that the first malaria fatality in the operational area occurred a month before the SADF announced the deaths of six victims of the killer strain.

But it was not until this week that the military authorities admitted that seven soldiers — not six — had already died from the disease.

When asked to confirm this apparently unreported malaria casualty, an SADF spokesman said that the young soldier had in fact died of cerebral malaria in Angola on November 12 1987.

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CAPE TIMES 11/1/88
SADF malaria victims very ill'

89 Staff Reporter

THREE members of the SADF with malaria were on the dangerously ill list and two others were "in a serious condition", a SADF spokesman said yesterday.

A total of 50 SADF personnel were still being treated for malaria, the spokesman said.

And among civilians, demand for the standard malaria preventive pills, Daraclor, has more than trebled in some areas of South Africa in the past week.

Wholesale pharmacies in Pretoria and Durban report a demand "completely out of proportion to normal seasonal requirements".

ARGUS 11/1/88 (2) 89

7 soldiers have died of malaria

The Argus Correspondent

JOHANNESBURG. — The number of soldiers who have died of malaria has risen to seven after the Defence Force confirmed the death from the disease of Rifleman Gareth Visser, 18, who died in Angola on November 12.

In addition, another five soldiers have now been laid low by the disease. Fifty soldiers are still being treated in military and civilian hospitals.

According to a Defence Force spokesman, three national servicemen are still critically ill while another two are on the seriously ill list.

Rifleman Visser's parents, Mr and Mrs Ray Visser of Op-die-Rivier farm near Ficksburg, were at first informed their son had died of cerebral meningitis.

UNCERTAIN OF CAUSE

However, the medical services corps arranged for an autopsy on Rifleman Visser, with his parent's permission, because of the uncertain cause of death.

"The autopsy showed that cerebral malaria and not meningitis was the cause of death," said the spokesman. The symptoms of cerebral malaria and meningitis were similar, he said.

The spokesman said Rifleman Visser's name was not released earlier because it was SADF policy not to give the names of those not killed in action except on request.

Seven soldiers have now died from killer malaria

89
11/1/88

Own Correspondent

DURBAN — The number of soldiers killed by the new virulent strain of malaria has risen to seven, with the Defence Force confirming the death from the disease of Rifleman Gareth Visser (18), who died in Angola on November 12.

In addition, another five soldiers have been stricken by the disease. Fifty are still being treated in military and civilian hospitals.

According to a Defence Force spokesman, three national servicemen are still critically ill, while another two are on the seriously ill list.

Rifleman Visser's parents, Mr and Mrs Ray Visser of Op die

Rivier Farm, near Ficksburg, were initially informed that their son had died of cerebral meningitis but an autopsy revealed the cause of death to be cerebral malaria.

The spokesman said Rifleman Visser's name was not released earlier because it was SADF policy to give the names of those not killed in action only on request.

PANIC RUSH

A panic rush on malaria tablets is depleting stocks in Zululand.

Health authorities blame the floods and influx of illegal immigrants from Mozambique for the spread of the disease, which

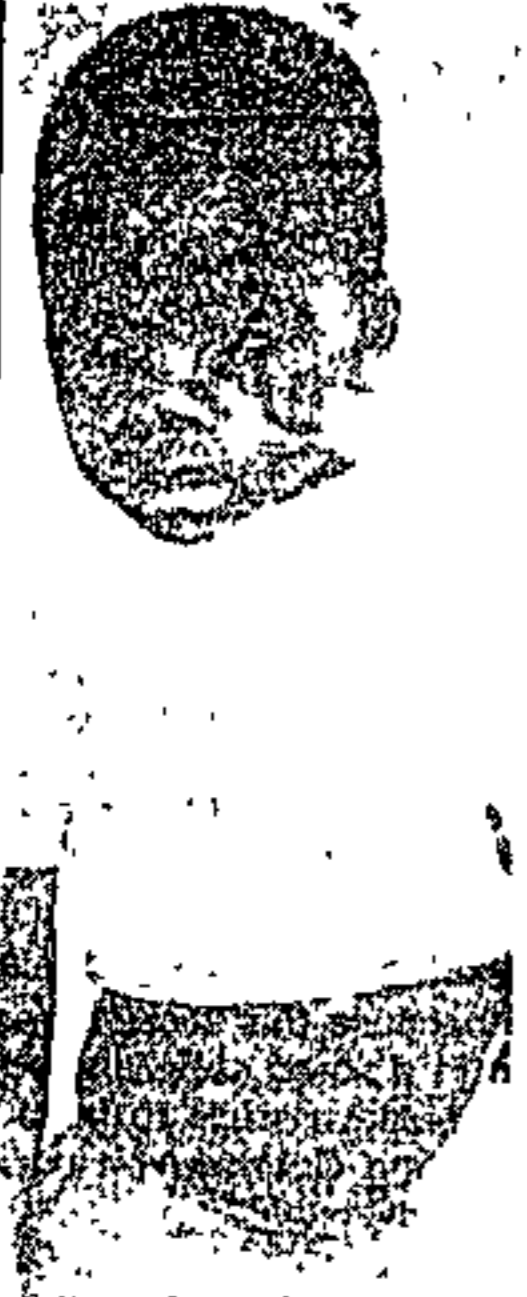
is threatening communities as far down as the Tugela River.

By far the most hard-hit supply has been paediatric syrup which, Zululand chemists say, is totally depleted.

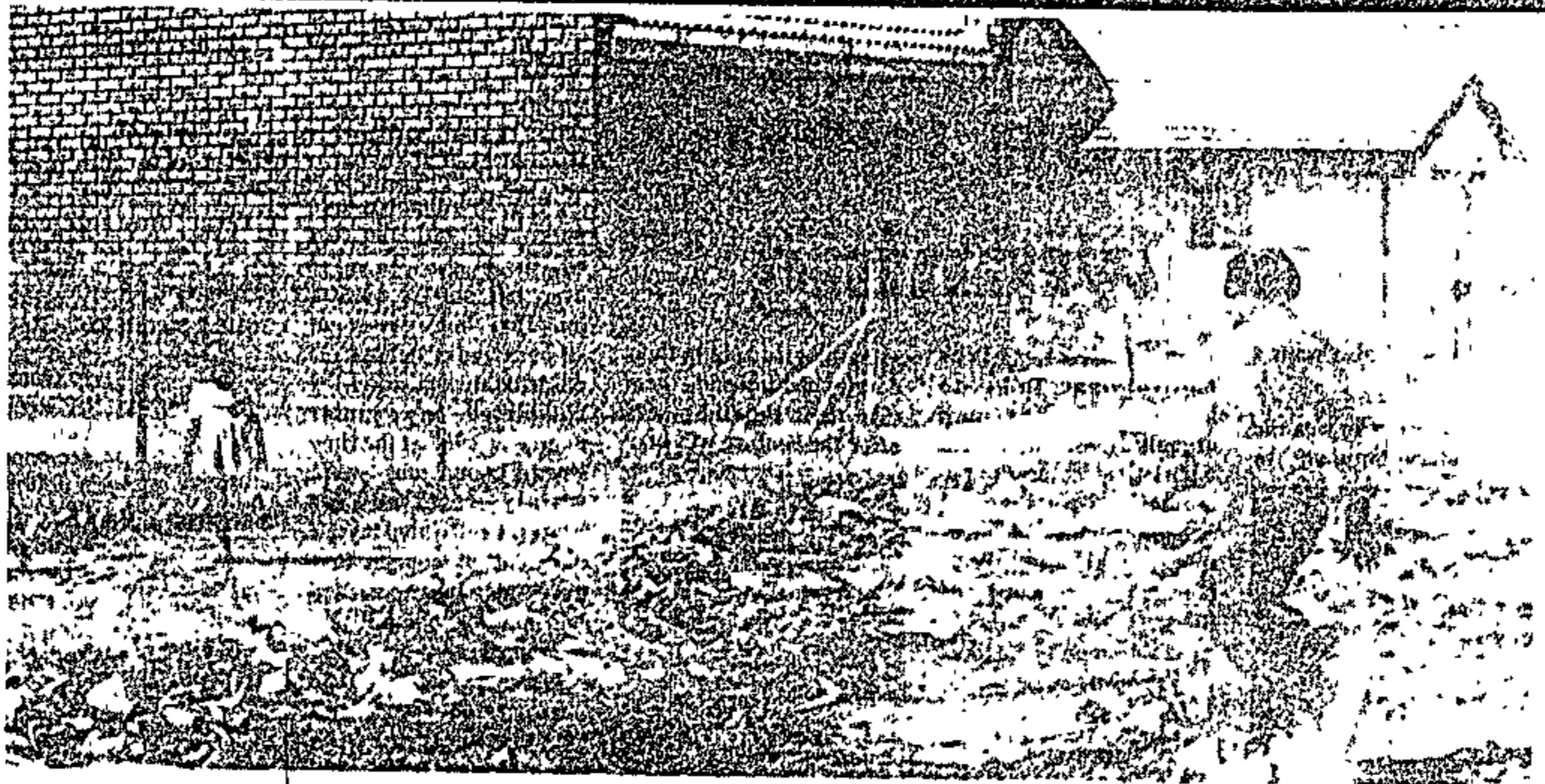
Residents in Eshowe, Gingindlovu, Empangeni, Melmoth, Kwambonambi and Richards Bay have gone on a panic buying spree. KwaZulu pharmacists have sold a month's supplies in two days.

The killer disease has moved further south, with the first white victim from Kwambonambi recovering at Empangeni Hospital. Strains of resistant malaria have emerged, which are immune to normal preventive measures.

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BILHARZIA . . . Percy Mashaba.



PLAGUED . . . Mr Peter Makhubela sprays insecticide three times a day.

Disease in elite area
 . . .
filth and no drains

FLIES FLIES

THE new elite residential area in Mamelodi East, which comprises mostly professional people like teachers and nurses, is infested with flies and mosquitoes, and is now a health hazard, say residents.

The *Sowetan* has also established that a five-year-old boy was recently admitted to the Kalafong Hospital for five weeks after contracting bilharzia in the area known as "Mamelodi Gardens".

Residents interviewed by the *Sowetan* yesterday said they could not open their windows because of the "thousands of flies and mosquitos around".

Mr Peter Makhubela said they were "being plagued".



Residents also complained that there were no drains, and that the roads were very bad. "These houses are flooded each time it rains heavily".

A woman who refused to have her name published for fear of reprisals said the dusty roads were filled with dongas and pools of stagnant water.

Houses built in the elite residential area vary in price between R30 000 and R100 000.

Stench

Residents also complained that the stench from the stagnant waters was unbearable, especially during the heat. Mr Makhubela said they hung fly-catchers in their homes to control the disease-carrying pests.

STENCH . . . Mr Johannes Mos-haza.

Mr J J Pienaar, Mamelodi's director of community services yesterday confirmed that the roads were bad, but said the matter was receiving attention. He added that the roads would be improved as soon as the developers finished building about 200 houses. Progress in improving the roads was retarded because of the large trucks that transported building material in the area, Mr Pienaar said.

Mr Makhubela said his uncle's five-year-old boy was recently admitted to the Kalafong Hospital after allegedly contracting bilharzia in the area. "This place is a health hazard. I regret having built here. It is not up to standard like the other elite areas," said Mr Makhubela, whose house is valued at R80 000.

Most residents said they sprayed their rooms with chemicals three times a day to kill the flies and mosquitos, "and now we must inhale the fumes as well," Mr Makhubela said.

Stock up before the sugar price increase.

The price of sugar is to be increased by approximately 11,5% with effect from 1 FEBRUARY 1988 - well below the rate of inflation (currently running at 16%). The Sugar Industry is making this early announcement in order to enable you, the consumer, to stock up with sugar at current prices.

CANE SUGAR 
 Nature's energy food that gives you go.

CAPE TOWN 12/11/80 (89)

Thirteen soldiers get malaria

PRETORIA. — Thirteen members of the Defence Force were admitted to hospital with malaria during the past 36 hours, a Defence Force spokesman said yesterday.

Three were still fighting for their lives while two others were seriously ill, he said.

A total of 62 members are being treated in civilian and military medical facilities.

One soldier was discharged from hospital during the past 36 hours.

Last year, seven SADF members died of malaria. A Defence Force spokesman confirmed yesterday that Rifleman Gareth Visser, 18, died of malaria in the operational area on November 12 last year.

That casualty brings the total number of Defence Force malaria deaths to seven, and not six as originally thought.

Three SADF members are still on the danger list, while two are reported to be seriously ill. — Sapa

Viral link in breast cancer study

D/D 14/1/88
89

Preliminary evidence suggests that a virus may be linked to the development of breast cancer, British researchers said.

If a virus is eventually found to be the cause of breast cancer, it would raise the possibility of someday developing a vaccine against the disease, said Professor Anthony Hart, a microbiologist at Royal Liverpool Hospital.

Breast cancer affects about 9 per cent of all women in the Western world, and is the leading cause of death among those aged 40 to 54.

Hart and his colleagues carried out studies involving 32 women with early breast cancer who were compared with 27 aged-matched women with no evidence of disease.

Thirty-one of the 32 women with breast cancer were found to have particles in the white blood cells that appear to be retroviruses, the family of viruses associated with AIDS, or acquired immune deficiency syndrome, and some forms of leukemia and hepatitis.

Among the 27 healthy women, only three had evidence of viral activity, which the doctors said could be a sign that they may develop breast cancer, although it was too early to know.


Reporting their findings in *The Lancet*, a British medical journal, the researchers said they were not 100 per cent certain that the particles detected in the breast cancer tumors were retroviruses, and they emphasized that

there was no evidence the virus caused the cancer.

"Nevertheless, the consistent association of the virus with patients who have breast cancer suggests some casual association with the disease," the article said.

If a virus is found to cause breast cancer, scientists would be likely to attempt to develop a vaccine against the disease. But the researchers made no suggestion that they had enough evidence to warrant such work.

"Although we accept that our findings are preliminary and incomplete, we consider it important to report them at this stage to enable other workers to test their validity," the researchers said. — Sapa-RNS

5 ^{DID 14/11/88} more
SADF ³⁹
malaria
cases 

EAST LONDON — Five members of the SA Defence Force were admitted to hospital with malaria during the past 24 hours while three were still fighting for their lives yesterday.

A media liaison officer for the SADF, Colonel John Rolt, said from Pretoria yesterday that the number of malaria cases had dropped since last week.

Col Rolt said three were on the dangerously ill list while one was seriously ill.

He said the others were all in a satisfactory condition.

A total of 39 members are being treated in military and civilian hospitals for malaria.

Fourteen members were discharged yesterday. A total of seven defence force members have died as a result of the disease. — DDR

Return of the ague

The recent malaria mini-epidemic has focused attention on one of Africa's ancient plagues, and reminded us that it is only kept at bay through constant vigilance. The price of reviving that vigilance — several deaths.

One feature of the outbreak that has caused considerable alarm is the emergence of strains of the infective parasite *plasmodium falciparum*. These display resistance to the drug used both for prevention and treatment. That drug — known generically as chloroquin — can be taken safely for long periods.

According to authoritative research sources, however, it is almost unknown in southern Africa to discover strains of malaria that are totally resistant to chloroquin. And the resistant strains generally come from areas like Angola, beyond SA's borders.

The difference between resistant and non-resistant strains is that the latter are killed outright in the human body by chloroquin at a certain stage in their life cycle; while the resistant strains are merely kept from multiplying and so causing clinical malaria, as long as chloroquin continues to be taken.

The complexity and time span of that lifecycle are the reasons why the drug must be taken for at least four weeks after leaving

15/1/88

a malarial area — to “catch” batches of the parasite, as they emerge from the liver where they incubate.

If someone has been unlucky enough to have been infected with a resistant strain, the disease will flare up when he stops taking chloroquin.

Fortunately, there are at least two fall-back drugs which can be used. One is a synthetic preparation containing a sulphadiazine and known as fansidar. The second is the original antimalarial — quinine. Neither preparation is appropriate as a prophylactic, because of various serious side-effects which can occur especially after long dosage. But both can be used for effective treatment of chloroquin-resistant malaria. ■

D/D. 23/1/88

Doctors warn of polio (89)

DURBAN — A polio epidemic has broken out among children in the Durban metropolitan area, doctors warned yesterday.

At King Edward VIII Hospital, at least 13 children between four months and a 12 years have been admitted with the disease since Christmas.

This was confirmed yesterday by a professor of maternal and child welfare at the hospital, Prof Walter Loehning.

Prof Loehning urged all parents — and particularly Durban blacks — to have their children immunised.

Almost all victims "are left with some degree of paralysis", he said. — Sapa

8th SADF malaria death 89

PRETORIA. — An eighth SADF soldier has died of malaria, an SA Medical Service spokesman confirmed here.

Trooper Hermanus Jakobus Nieuwoudt, 20, of Standerton, died on January 21 in 1 Military Hospital at Voortrekkerhoogte.

He is survived by his mother, Mrs H E Nieuwoudt of Meyerville, Standerton.

There were 29 soldiers in hospital with malaria of whom three were seriously ill. — Sapa

Another Natal polio victim found

FOURTEEN cases of polio had been reported so far in Natal.

The latest sufferer was admitted to the Eshowe Hospital where five other children were being tested for the disease.

Eleven of the polio victims are being treated in the Clairwood Hospital and two others in the King Edward VIII hospital, both in Durban.

Meanwhile the Department of Health has planned extensive campaigns to vaccinate all children under the age of 10

against polio in the Inanda, Umbumbulu, Botha's Hill, Mount Edgecombe and Hammarisdale areas.

A Johannesburg virologist, Professor Barry Schoub, said inoculated people should not be concerned about the occurrence of polio in Natal.

He said if children had received their routine inoculations between the ages of three and 18 months they were immune to the disease that mainly affected children. - Sapa

C/Deo 31/1/88

89

owned Sizanani Mazulu Meanwhile, an Imbali pants of the vehicle fired at a "fracas" between his sons

By S'BU MNGADI

Polio epidemic claims Natal boy

NATAL's current polio epidemic this week claimed its first victim - a four-year-old black boy from Mariannahill, outside Pinetown - sparking a scare as more people with polio are found.

Meanwhile, a major campaign to combat the disease has been launched by the Department of National Health, in co-operation with KwaZulu's Health Department.

The campaign involves inoculation shortly after birth up to the age of three months, again four to six weeks later; then again another four to six weeks after that and finally just before school age.

No injections are involved: The anti-polio medicine is merely dropped onto the tongue.

A spokesman for the Department of National Health said that apart from Inanda, where an immunisation campaign would be conducted today, no other areas had yet been pinpointed as polio danger areas.

Places at which inoculation will be done in In-

anda include the Amaoti bus rank, the Amatikwe Clinic and the Inanda Social Centre.

The unidentified Mariannahill boy died in hospital on Tuesday after being admitted on Monday.

It has been confirmed that a child in the Eshowe Hospital has polio, while five others in the same ward are suspected of having the disease.

The 13 children ad-

mitted to Durban's King Edward VIII Hospital since Christmas have since been transferred to Clairwood Hospital. According to the doctors treating them, they were still paralysed, but their breathing was not affected and their condition was considered satisfactory.

The one patient at KEH was still on a respirator and his condition was described as stable.

3/1/88
CIP/PSO

Ellerines strike agreement

By MARTIN NTSOELENGOE

THE seven-week-old Ellerines strike is over - to the relief of both workers and management.

The Commercial Catering and Allied Workers' Union and Ellerines agreed on a R110 across-the-board increase plus a minimum wage of R441 a month.

It was also agreed that sales targets be reduced from R3 400 to R2 750 a month.

The increases will be paid retrospectively from July 1, when the

dispute started.

It was also agreed that workers who were detained during the strike would have their jobs guaranteed for 13 weeks or until they were released or charged.

Another victory for the union was that May 1 and June 16 would be recognised as paid holidays.

Workers throughout the country return to work on Monday.

More than 4 000 workers belonging to Ccawusa downed tools before Christmas after initial wage negoti-

ations fell through.

Workers had demanded a R200 across-the-board increase, a minimum wage of R550 a month and the lowering of sales targets.

Negotiations on Tuesday lasted 13 hours and agreement was finally reached late on Wednesday.

On Wednesday, Ccawusa secretary-general Vivian Mtwa said the union and management were still busy ironing out the final differences, though he declined to elaborate.

3/1/88
CIP/PSO

Count acts tough on

D/Dispatch 1/02/88

Teacher dies of malaria

89

Daily Dispatch Reporter

EAST LONDON — The Clarendon Girls' High School teacher who contracted malaria while on holiday in Malawi, Miss Jenny Oertel, has died.

The medical superintendent of Frere Hospital, Dr Peter Mitchell, said Miss Oertel, 26, had died at 6.15 am yesterday.

On Friday the assistant medical superintendent, Dr D. Williamson, said she was suffering from the same strain of malaria that has claimed the lives of eight South African soldiers.

Miss Oertel's parents, Mr Jack Oertel and Mrs Colleen Oertel, of Kennington Road, Nahoon, and her boyfriend of two years, Dr Joe Marais, were at her bedside when she died.

Dr Marais said yesterday that Miss Oertel had fallen ill the day they arrived back from a two-week holiday in Malawi.

"We came back on January 18 and Jenny fell ill the same day. She was admitted to hospital on Saturday, January 23, and put into intensive care on the Monday."

Dr Marais said Miss Oertel had had pulmonary complications and had

been heavily sedated and on a ventilator when she died.

The couple had taken malaria tablets (chloroquine) but the strain from which she had died was resistant to the drug, he said.



Yesterday the headmistress of Clarendon, Miss J. V. Stuart-Watson, described Miss Oertel as a conscientious and reliable teacher who was "charming, with a quiet quality".

Miss Oertel matriculated at Clarendon and went to Rhodes University where she graduated with BA (hons) in 1983 and completed an HED in 1984.

She joined the staff of Clarendon in 1985 and taught history from Std 6 to 10. She also taught Bible education.

Miss Oertel is survived by her parents, a sister and three brothers.

● On Friday Dr Williamson said there was no reason for panic as the disease was not contagious and could only be passed on by malaria mosquitoes.

the face, and at Imbali
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we saved to the fire brigade, he added
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DDR

^{D/O 23/88}
Malaria 28

in hospital (89)

PRETORIA — Twenty-eight members of the Defence Force are still being treated in hospitals for malaria.

An SADF spokesman said two of the patients were in a serious condition, but that the others were in a satisfactory condition. — Sapa

7/10 2/02/88

Polio outbreak in Natal claims life of second victim (89)

DURBAN — The present polio outbreak in Natal claimed its second victim on Sunday. He was a two-and-a-half year old boy, who died in King Edward VIII hospital in Durban.

This death followed that of a boy aged 2½, who died about a week ago. According to a hospital spokesman, both boys had been admitted to King Edward from the Inanda area, to the north of Durban.

In addition, three new polio cases were admitted to the King Edward hospital at the weekend, bringing the number of polio patients there to six.

"None of them had been immunised against polio," the spokesman

said. He described five of the six patients as being "in a serious condition".

The five are a 1½ year-old girl, and four boys, aged 2½, nine, five and four. The patients come from Umlazi near Durban, and Empangeni in Kwazulu.

The latest admissions to King Edward brought to 40 the number of cases that have been treated there in the past two to three weeks.

Many of the patients have been transferred to Clairwood hospital where it was reported, several are now making good progress.

None of the victims has yet been released from hospital.— Sapa

Another Natal polio case in hospital

3/02/88

D/D

89

DURBAN — A new polio case was admitted to King Edward VIII Hospital here yesterday morning, bringing the number of cases there to seven.

According to a hospital spokesman, six of the children, including the latest admission, are on respirators.

At the Ngwelezane Hospital in Empangeni, a four-year-old child is suffering from 'severe paralysis' and hospital staff are considering sending him to King Edward VIII, while the other five cases at the hospital are in a "stable" condition.

At the Eshowe Hospital in Melmoth, one child is in a 'very serious' condition and the six others are in a stable condition, according to a hospital spokesman.

There are 16 polio cases at the Clairwood Hospital in Durban in a stable condition. — DDC

the horsepower of his freezer.

Malaria ^{Stew} almost an ^{4/2/88} epidemic ⁸⁹ in kwaZulu

Malaria is reaching epidemic proportions in Ingwavuma and Ubombaba in northern kwaZulu.

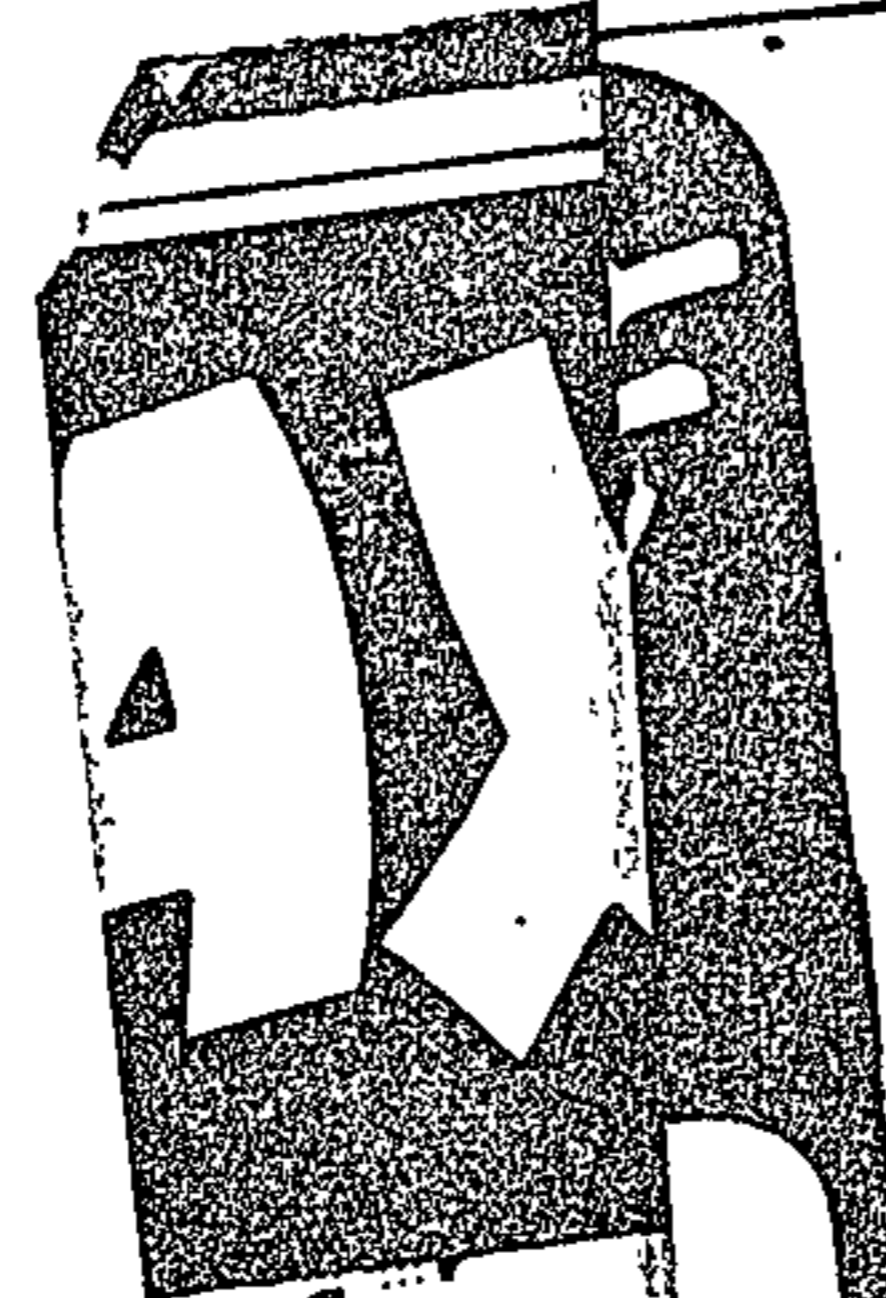
A spokesman for the Department of National Health and Population Development in Pretoria said 1 338 of the 2 818 cases of malaria reported in the country since August last year had occurred in northern kwaZulu.

35 SOLDIERS

Most of the cases had occurred in the second half of December.

A spokesman for the SADF said 35 members were still being treated in hospital for malaria. One of the patients was critically ill and two others were in a serious condition.

Eight soldiers were admitted to hospital suffering from malaria yesterday and one was discharged. — Sapa.



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Boy, 10, ^{4/2/88} suspected of having polio dies in hospital (89)

DURBAN — A 10-year-old boy, suspected of having polio, died yesterday afternoon in the Stanger Hospital.

The medical superintendent at the hospital, Dr P. M. Naidoo, said the boy, who came from Thembeni outside Stanger, had had respiratory problems.

He said the boy had been in a "severe" condition and was to have been transferred to Durban's Addington Hospital, but died before he could be moved.

If the boy had polio, he will be the third child to die from the disease since January 26.

The other victims, one from Mariannhill and the other from Inanda, died at the King Edward VIII Hospital in Durban.

Meanwhile, another polio case has been admitted to King Edward VIII and there are now eight children all on respirators in a "serious" condition.

A spokesman for the hospital said if there were eight cases in such a serious condition, it was likely that there were hundreds more children with mild attacks of polio. The symptoms of polio are flu-like, he said.

At the Eshowe Hospital another suspected polio case was admitted on Tuesday. This brings the number of suspected cases at the hospital to six. One case has been confirmed.

A spokesman for the hospital said it took time for the cases to be confirmed as tests have to be carried out in Durban.

And, at the Ngwelezane Hospital in Empangeni, there are four confirmed polio cases and one suspected case. One child was transferred to King Edward and one was discharged, according to a hospital spokesman.

At the Clairwood Hospital in Durban, there are 15 children recovering from polio.

The regional director of National Health, Dr Priscilla Truter, said yesterday that the immunisation campaign, carried out in Inanda, was "going well" and that already over 6 000 children had been inoculated against polio.

She said no other polio danger areas had been identified.

The spokesman for the KwaZulu Health Department, Dr Murray Short, said the hot, humid weather could be a cause of the polio outbreak.

"There must be some common factor, because the cases are coming from all over," he said. — DDC

Malaria scares off tourists

By Clyde Johnson, Lowveld Bureau

HAZYVIEW — Negative and inaccurate reports about malaria in the Lowveld were depriving hundreds of people of the opportunity of visiting one of the most beautiful regions in South Africa, Kruger Park's chief warden Dr Salmon Joubert, said yesterday.

Dr Joubert was speaking at a meeting in Hazyview attended by Lowveld hoteliers and private game reserve representatives to discuss the effects of negative malaria reports on the Lowveld.

Although bookings are picking up, cancellations during February are estimated to have cost the region between R160 000 and R180 000.

Many visitors linked their cancellations directly to the media's reports of malaria.

Health authorities have confirmed that this season saw the lowest number of malaria cases recorded during the past few years.

But the few cases reported, including the death of a White River inhabitant, made headlines.

White River is not an endemic area.

Most hoteliers feel that the cases of malaria in the operational area have somehow become linked to the Lowveld.

"Nobody knows where the young soldiers got malaria but I'm convinced it must have been hundreds of kilometres from the Lowveld," a hotelier said.

(89) W/Mail
5-11/2/88

Natal polio epidemic causes 'desperate' hospital shortage

By CARMEL RICKARD

NATAL's polio epidemic has caused a "desperate" shortage of respiratory units and worried doctors at Durban's King Edward VIII Hospital said yesterday that any new patient was likely to die as there were now no additional machines available.

The day after the third and fourth victim died of the disease, the superintendent of King Edward Hospital, Dr Justin Morfopoulos, said that there were eight patients being treated for polio in his wards. A total of over 40 cases have been reported in Natal.

All of them were on respiratory units.

He said the hospital now had a total of eight units for polio patients, with a ninth one spare.

Asked what would happen if another child were to be admitted suffering from polio or any other condition requiring artificial ventilation, at this point while all eight machines were being used, he said, "I do not know what we would do. I get sleepless nights about the problem.

"We have a critical situation in our respiratory unit."

The chief director of Health and Hospital Services of the Natal Provincial Administration, Dr Charles Roper, said, "The fact is we have

reached the end of our resources."

He said that suitable ventilators and associated equipment would probably cost R60 000 each and "we just don't have that kind of money". The machines had to be imported "and even if the money were available, they could take several months to arrive".

Roper said he did not believe the situation was critical, as it was not clear whether the number of patients with polio would continue to grow.

A potential source of help is Umlazi's Prince Mshiyeni Hospital, where the medical superintendent, Dr Neil Dawber, contacted the KwaZulu health authorities on Wednesday.

He discussed the situation with Ulundi and an hour later was given the go-ahead to order machines.

He said four were on order and that another five would be bought "if there were any in the country".

Dawber has commissioned firms specialising in the field to find out if there are any respiratory units available and to buy them, but he stressed that "all this is still in the pipeline."

He said, "Next week or next month is no good to me. We must have these machines now."

One of the King Edward Hospital doctors concerned about the critical

shortage of respiratory units said there was a "constant demand for places in the respiratory unit.

"If a child with pneumonia or severe asthma or polio comes in now and needs to be artificially ventilated before we can take any of these eight presently using the machines off the units, the outcome would be pretty bad."

Asked whose responsibility the situation was, he said, "The problem lies with the administration.


"The situation has been worsening for two to three weeks, but for some time the authorities were reluctant to accept that there was an epidemic.

"The hospital is now inadequately prepared and it is the clinicians who have to face the music when patients are admitted but cannot be properly treated."

●Late yesterday, Roper said he had located four additional respirators: three at Edendale Hospital in Pietermaritzburg and one at Prince Mshiyeni in Umlazi.

However Walter Loening, professor of maternal and child health at the University of Natal Medical School, dismissed this as a drop in the ocean. "The three at Edendale should stay there as the hospital serves a vast community," he said.

Spate of abnormal births still puzzles Natal village

star
8/2/88


Own Correspondent

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DURBAN — In 1983, parents in the small community of Waterfall, north of Durban, awaited every birth in the area with anxiety.

That year, among the several hundred families, at least six babies were born with similar brain abnormalities — five between July and December.

In the space of months, two newborn babies were diagnosed microcephalic (small brain), one anencephalic (no brain at all), and died, one hydrocephalic (water on the brain). The other two had undetermined brain damage.

Parents in the community wondered: why so many similar abnormalities? So great was the concern that a new care-school was established in Waterfall for the "special" children.

Now the families intend to ask the Co-ordinating Committee for Genetic Services in Natal to investigate the possibility of some common factor causing the deformities: many of the babies are the third child in the family.

Parents in Waterfall believe there may have been an environmental cause for the spate of abnormal births four years ago.

"There is nothing that can be done for us at this stage, but we would like it to be investigated if

only for the sake of future generations," said Mrs Paula Houghton, whose son Paul is microcephalic.

Said Mr Des Head, father of Donovan, a severely handicapped microcephalic spastic quadriplegic: "I remember being alarmed at how many abnormal babies were being born around us.

"Doctors put our babies' birth defects down to some viral cause, but they couldn't determine what. There is nothing that we can do for Donovan now, yet I would be failing in my duty if I didn't ask for an investigation."

Mrs Dianne Godfrey's anencephalic daughter Mary died three days after her birth in 1983.

"There is no history of birth defects in my family," she said. "I've also given birth to two normal children. I've always been healthy in my pregnancy. I don't smoke and don't take medicine or a drop of alcohol."

Waterfall's parents have accepted their misfortunes.

"It's a shock at first, but it's something you accept. You watch them grow, and you grow with them," says Mrs Jenny Head, who is virtually housebound with helpless Donovan, who has no hope of learning to walk or talk.

9/2/88

Natal polio cases ⁽⁸⁹⁾ rise to 37

The Argus Correspondent

DURBAN. — Natal's polio crisis worsened today with a report that a 10-month-old baby with polio had been admitted to the intensive care unit at Durban's Addington Hospital.

Two more polio cases have been confirmed and a further four children, suspected of having the disease, have been admitted to hospitals.

A spokesman for Addington Hospital confirmed today that a baby boy was transferred from Stanger Hospital to King Edward VIII Hospital yesterday.

RESPIRATORS

"He was then brought to our hospital because all the respirators at King Edward are being used. He is in a stable condition today," he said.

Altogether 37 cases have been confirmed and there are 12 suspected cases in hospitals throughout Natal.

An 18-month-old baby boy, who is suspected of having the disease, was also admitted to King Edward yesterday.

A spokesman said there were a further nine polio cases in the hospital. "Eight of them are on respirators and are in a serious condition. Many of them are improving, but it is a long process."

9/10 9/12/88

Increase in number vaccinated for polio in Natal

89

DURBAN — Two suspected cases of polio were admitted to Durban's King Edward VIII Hospital at the weekend.

They are both three-year-olds — a boy from KwaMashu and a girl from Inanda.

A hospital spokesman said there were still eight cases — all of which had been confirmed — in the hospital.

All eight, he said, were on respirators, and therefore, "their condition should be regarded as serious."

From Eshowe Hospital it was learned that another five suspected cases had been admitted.

The hospital also has 11 confirmed cases under treatment.

Empangeni Hospital has five cases in its wards.

Yesterday the director in Natal of the Department of National Health, Dr Priscilla Truter, said there had been a marked increase in the number of children who had been vaccinated against polio in the Natal and KwaZulu reas. — Sapa

Polio: no known EL cases

EAST LONDON — There were no known cases of polio here despite the epidemic which has broken out in Natal, the superintendent of Frere Hospital, Dr Peter Mitchell, said yesterday.

The head of maternal

and child welfare at the hospital, Professor Walter Loehning, said there were only a few isolated cases in Natal last year, whereas this year there were 13 reported cases already.

● A baby suspected of

having polio has died at the Ngwelezane Hospital in Empangeni.

Meanwhile, the condition of the eight children on respirators at the King Edward VIII Hospital in Durban is still serious. — DDR-DDC

Category	Value 1	Value 2	Value 3	Value 4	Value 5
PRINTING	1000	2000	3000	4000	5000
TEXTILES	1500	3000	4500	6000	7500
TOBACCO	2000	4000	6000	8000	10000
RUBBER	2500	5000	7500	10000	12500
TELEPHONE	3000	6000	9000	12000	15000
TELEVISION	3500	7000	10500	14000	17500
TELETYPE	4000	8000	12000	16000	20000
TEXTILES	4500	9000	13500	18000	22500
TOBACCO	5000	10000	15000	20000	25000
RUBBER	5500	11000	16500	22000	27500
TELEPHONE	6000	12000	18000	24000	30000
TELEVISION	6500	13000	19500	26000	32500
TELETYPE	7000	14000	21000	28000	35000
TEXTILES	7500	15000	22500	30000	37500
TOBACCO	8000	16000	24000	32000	40000
RUBBER	8500	17000	25500	34000	42500
TELEPHONE	9000	18000	27000	36000	45000
TELEVISION	9500	19000	28500	38000	47500
TELETYPE	10000	20000	30000	40000	50000

Polio epidemic: ^{P/D} baby admitted ^{10/2/58} to intensive care ⁸⁹

DURBAN — Natal's polio crisis worsened yesterday with the news that a 10-month-old baby suffering from polio had been admitted to the intensive care unit at Addington Hospital.

Two more polio cases have also been confirmed and another four children, suspected of having the disease, have been admitted to hospitals in Natal.

A spokesman for Addington Hospital confirmed that a baby boy had been transferred from Stanger Provincial Hospital to King Edward VIII Hospital.

"He was then brought to our hospital because all the respirators at King Edward are being used. He is in a stable condition," he added.

An 18-month-old baby boy, who was suspected of having the disease, was also admitted to King Edward. The child, from Umbumbulu on the Natal South Coast, is not on a respirator and is in a "fair" condition.

It has not yet been confirmed whether he has the disease.

A spokesman said there were another nine cases in the hospital.

"Eight of them are on respirators and are in a serious condition." One child was transferred to Clairwood Hospital.

At Eshowe Provincial Hospital, two more cases were confirmed.

This brings the number of confirmed cases there since the outbreak of the epidemic to three.

At present, there are still four suspected polio cases in the hospital. All children are in a satisfactory condition. A seventh child, earlier suspected of having polio has been discharged.

At the Port Shepstone Provincial Hospital, there are two suspected polio cases. A hospital spokesman said the children were believed to be from Munster.

There is another suspected case at the Ngwelezane Hospital, near Empangeni. A spokesman said a boy from the Empangeni area had been admitted. He was in a "serious" condition.

At present, there are five other polio cases in the hospital.

At Clairwood Hospital, there are 16 youngsters recovering from polio. — Sapa

Soldiers hit by hepatitis 89

By ESTHER WAUGH

AT least 62 seriously-ill South African soldiers from the epidemic-ridden border area have been airlifted to hospital with hepatitis A.

The Defence Force said the soldiers — national servicemen and members of the Permanent Force — were being treated at four mili-

tary hospitals in the Republic and Namibia. *S 11 142/88*

A spokesman said yesterday that their condition was satisfactory.

Hepatitis A, also called yellow jaundice, is not fatal but requires a long recovery period.

It is usually transmitted by contaminated water and food.

New strategy committee to fight spread of malaria

15/12/88
Star
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Political Staff

CAPE TOWN — A special strategy committee is to be established to combat the looming malaria crisis in southern Africa, and will include South Africa, Mozambique, Swaziland and three homeland governments.

This was announced by the Minister of Health, Dr Willie van Niekerk, who said the recent heavy rains and floods in Natal would exacerbate the position.

The three homeland governments included were kwaZulu, kaNgwane and Gazankulu.

Dr van Niekerk said a more vigorous strategy was required to combat the disease.

First, there had to be better control of mosquitoes.

Second, more attention had to be given to therapy to cut down the number of human carriers.

Drug resistance had also to be investigated.

He hoped the new committee would be operational by next week.

Dr van Niekerk said the polio outbreak in Natal could also be exacerbated by the rains if water became contaminated.

The polio situation was different from malaria in that a vaccine was readily available, but the problem was to educate people and to distribute the vaccine.

The inaccessibility of many parts of Natal made it difficult to provide primary health care.

On the credit side, greater use was now being made of the Zulu radio station.

D/D 15/2/85

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Disease: 62 soldiers ill

PRETORIA — Sixty-two South African soldiers are being treated in military hospitals in South Africa and SWA/Namibia for a mild form of liver disease, Hepatitis A.

An army spokesman here said that all the soldiers were in a satisfactory condition.

The disease was widespread at this time of the year, he said.

Star 16/2/58
Yet another child has polio

DURBAN — A 10-month-old black baby suffering from polio has been admitted to the intensive care unit at Durban's Addington Hospital.

Two more polio cases have also been confirmed and another four children, suspected of having the disease, have been admitted to hospitals in the province. — Sapa.

(89)

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self-governing territory and (b) independent Black state as at 31 December 1987 or the latest specified date for which figures are available?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

On 31 December 1987 the cost of land purchased for consolidation purposes was R1 269 710 501.

The costs relating to the purchase of land are not recorded separately in respect of each state. The figures requested are thus not readily available.

Self-governing territories: size in hectares

178. Mr P G SOAL asked the Minister of Education and Development Aid:

What was the size in hectares of each of the self-governing territories as at the latest specified date for which figures are available?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

KwaNdebele	290 632 hectares
Gazankulu	764 656 hectares
Owagwa	72 690 hectares
KaNyane	438 221 hectares
Lebowa	2 212 897 hectares
KwaZulu	3 189 796 hectares

(As at 31 December 1987.)

Voluntary service

182. Prof N J J OLIVIER asked the Minister of Defence:

What percentage of the persons who rendered voluntary service in the (a) Citizen Force and (b) Commandos as at 31 December 1987 was (i) White, (ii) Coloured, (iii) Asian and (iv) Black?

The MINISTER OF DEFENCE:

(i) White	(a) 98.8%	(b) 84.6%
(ii) Coloured	1.2%	9.2%
(iii) Asian	0%	2.1%
(iv) Black	0%	4.1%

Detention centres: persons in detention

184. Prof N J J OLIVIER asked the Minister of Defence:

(a) How many persons were in detention in each detention centre of the South African Defence Force?

HOUSE OF ASSEMBLY

can Defence Force as at the latest specified date for which figures are available and (b) for what offences was each of them in detention as at that date?

The MINISTER OF DEFENCE:

(a) As on 10 February 1988

Witwatersrand Command Detention Barracks	121
Western Province Command Detention Barracks	10
Orange Free State Command Detention Barracks	16
Military Area Walvis Bay Detention Barracks	75
King's Rest Detention Barracks	1

(b) (i) Contravention of Section 11 MDC (Interference with guards, sentries, etc.) — 1 person.

(ii) Contravention of Section 12 MDC (Dereliction of duty by sentry, watch-keeper, etc.) — 1 person.

(iii) Contravention of Section 13 MDC (Desertion) — 2 persons.

(iv) Contravention of Section 14 MDC (Absence without leave and non-attendance where required to attend) — 177 persons.

(v) Contravention of Section 15 MDC (Assaulting superior officer) — 1 person.

(vi) Contravention of section 19 MDC (Disobeying lawful commands or orders) — 8 persons.

(vii) Contravention of Section 20 MDC (Theft of public property or property belonging to a comrade, mess, etc.) — 12 persons.

(viii) Contravention of Section 24 MDC (Negligently losing kit, equipment, arms, etc.) — 1 person.

(ix) Contravention of Section 27 MDC (Using or taking articles issued to or under control of another person) — 3 persons.

(x) Contravention of Section 33 MDC (Drunkness) — 5 persons.

(xi) Contravention of Section 39 MDC (Resisting arrest) — 8 persons.

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(xii) Contravention of Section 43 MDC (False representations concerning rank) — 1 person.

(xiii) Contravention of Section 22 of Defence Act No 44 of 1957 (Service in the Citizen Force) — 1 person.

(xiv) Common law offence of theft — 2 persons.

Military hospitals: average bed-occupancy rate

185. Prof N J J OLIVIER asked the Minister of Defence:

(1) What was the average bed-occupancy rate in military hospitals in 1987;

(2) whether any notifiable diseases were diagnosed at military hospitals in that year; if so, how many cases in respect of each specified disease?

The MINISTER OF DEFENCE:

(1) 72.4%

(2) Yes

Meningitis	9
Typhoid	1
Tuberculosis	51
Malaria	198
Hepatitis	127
Measles	171

Members killed/wounded

187. Prof N J J OLIVIER asked the Minister of Defence:

How many members of the South African Defence Force were (a) killed and (b) wounded in 1987?

The MINISTER OF DEFENCE:

(a) 72

(b) The hon member is referred to the reply to part (b) of the written Question No 167 of 1984.

RSA/Namibia: national servicemen teaching in civilian schools

230. Mr R M BURROWS asked the Minister of Defence:

Whether any national servicemen are teaching in civilian schools in (a) South Africa and (b) Namibia at present; if so, how many in each

case as at the latest specified date for which figures are available?

The MINISTER OF DEFENCE:

(a) and (b) Yes.

As on 15 February 1988, 16 and 10 respectively.

Detention barracks in RSA/SWA/Namibia

234. Prof N J J OLIVIER asked the Minister of Defence:

(1) (a) How many detention barracks have been established in (i) the Republic and (ii) South West Africa/Namibia and (b) what is the total number of offenders that can be accommodated at such barracks;

(2) whether any new detention barracks were established in terms of section 120 of the First Schedule to the Defence Act, No 44 of 1957, in 1987; if so, (a) where are these barracks situated, (b) how many persons/offenders can these barracks accommodate and (c) for what reasons were these barracks established;

(3) what was the average number of offenders detained in detention barracks in 1987?

The MINISTER OF DEFENCE:

(1) (a) (i) 5

(ii) None

(b) 458

(2) None

(a), (b) and (c) fall away.

(3) The hon member is referred to the reply in this House to the written Question No 311 of 1987.

Troops deployed in Black townships

236. Mr K M ANDREW asked the Minister of Defence:

(1) (a) In which Black townships were troops of the South African Defence Force deployed in 1987, (b) what functions did these troops perform in these townships and (c) what total number of persons attached to the Defence Force were deployed in these townships in 1987;

(2) whether any of these troops were national servicemen; if so, how many?

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THE WORLD THIS WEEK

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TWO Ghanaian doctors are challenging the accepted wisdom about malaria, claiming that it is less prevalent than generally believed, and that preventive medicine often does more harm than good.

Dr Lawrence Osei, who initiated a two-year research project into the issue, says eye specialists are worried about the rising number of people whose sight has been affected by over-use of chloroquine.

Osei, a senior lecturer in the department of community health at the University of Ghana Medical School, says he undertook the research after noticing high rates of chloroquine consumption and after learning from doctors in the department of ophthalmology that chloroquine retinopathy was on the increase.

He teamed up with Professor RK Anteson, of the department of microbiology, in an attempt to find out whether the amount of chloroquine

The malignant mosquito

Malaria cures can be as dangerous as the disease.
By AJOA YEBOAH AFARI

people take is justified.

They studied 1 200 babies born at the Mamprobi Polyclinic in a suburb of Accra, each baby being followed for one year. The last baby in the study was born in December 1985.

Blood samples were taken regularly and analysed for malaria parasites. None of the babies had congenital malaria. "It seems to be a rare thing, at least in urban Ghana," says Osei.

The applicability of the findings to other areas is likely to be one of the key issues to be debated when the research findings are published and subjected to scrutiny and analysis by

the medical community.

The second objective of the study was to determine how soon after birth those without congenital malaria started succumbing to the infection.

They found that infection is rare in the first three months, after which it peaks in the fourth month and continues increasing until about the ninth month when it starts to fall again. Overall, it was found that about 70 percent of the babies had no infection in the first year.

The accepted figure, used by the United Nations Children's Fund, for deaths of children under five from malaria is one million a year.

Osei argues that "there's no justification for the amount of chloroquine that health personnel give to patients. "With every fever case that comes

to hospital, the first thing our health personnel think about is malaria, so malaria treatment is given which means chloroquine, and invariably it is not malaria because our research has clearly indicated that on average it is only about one or two attacks of malaria per child in a year."

In most cases, the fever is caused by viral infections. Osei hopes that making known their findings to medical personnel in the country will cut the prescription of chloroquine. He also hopes that people who treat themselves will be aware that not every fever is malaria.

Warning against the regular taking of chloroquine as a preventive measure, Osei says it is better to wait and treat the illness, as that is more effective. Apart from affecting sight, there is a danger of a build-up of resistance against the medicine. — Gemini News

Howard

Old Potchefstroom road: toll road system

*18. Mr C J DERBY-LEWIS asked the Minister of Transport Affairs:

- (1) Whether it is the intention to introduce a toll road system on the old Potchefstroom road which is a major link between Johannesburg and Soweto; if not, why not; if so, what are the relevant particulars;
- (2) whether any body falling under him or the Department of Transport is responsible for the maintenance and upgrading of this road; if so, what is the name of this body; if not, what body is responsible for these matters?

***THE DEPUTY MINISTER OF TRANSPORT AFFAIRS:**

- (1) No. In accordance with section 9(1)(a) of the National Roads Act, 1971 (Act 54 of 1971), toll may only be levied on a national road. As the relevant road is not a national road the operating authority is precluded from levying toll.
- (2) No. The body responsible for the maintenance and upgrading of this road is the Soweto City Council. The Urban Transport Fund, however, made a contribution of 60 percent of the cost.

Foreign exchange activities of SATS: report on investigation

*19. Dr P J WELGEMOED asked the Minister of Transport Affairs:

Whether the committee of experts which investigated the foreign exchange activities of the South African Transport Services has completed its report on this matter; if so, when; if not, (a) why not and (b) when is the report expected to be completed?

THE DEPUTY MINISTER OF TRANSPORT AFFAIRS:

- (a) The Auditor-General had foreseen that the Committee would base its investigation on a random test, covering the last three years. 31 January 1988 was regarded as an attainable date. The Committee was, however, of the opinion that an investigation of this nature necessitated that full particulars of all transactions over a period of five years should serve as basis for the investigation. This view of the

Howard

Committee has a substantial influence on the extent of the investigation, and consequent date of completion.

(b) 31 May 1988.

***20. Dr W J SNYMAN asked the Minister of Education and Development Aid:**

Whether his Department is involved in providing assistance and advice in connection with the erection of a hospital in Seshego in Lebowa; if so, (a) what is the size of the proposed hospital, (b) what is the estimated cost of erecting the hospital and (c) when is the hospital expected to be in operation?

***THE MINISTER OF EDUCATION AND DEVELOPMENT AID:**

The Department of Development Aid is erecting a community health centre in Seshego, Lebowa. This centre is so designed that with the provision of certain clinical facilities, surgical facilities, nursing units and accompanying support services the centre can readily be upgraded into a community hospital.

- (a) The current contract makes provision for the first phase of the nurses' home, outpatient and casualty facilities together with essential support services for an eventual 200 bed hospital. The further development of the project is to be carried out at the discretion of the Lebowa Government in response to identified needs and the availability of finance. Beds made available under the present contract comprise 24 for maternity cases and 16 for casualty cases.
- (b) The estimated cost of erecting the community health centre is R11 024 000.
- (c) It is anticipated that the building will be made available to the Lebowa Department of Health at the end of May 1988.

Medical officer of health of Cape Divisional Council area: report

*21. Dr W J SNYMAN asked the Minister of National Health and Population Development:

- (1) Whether the report of the medical officer of health of the Cape Divisional Council area for 1986 has been brought to the attention of his Department; if so.

Howard

- (2) whether his Department has taken any action as a result of this report; if so, (a) what action and (b) when;
- (3) (a) what is the present incidence per 100 000 of the population in respect of tuberculosis and (b) in respect of what date is this information furnished;
- (4) how many cases of diphtheria occurred in the Cape Divisional Council area in the latest specified year under review for which figures are available?

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) No. The Department has not received a copy of the report as yet.
- (2) (a) and (b) Fall away.
- (3) (a) 145 per 100 000 of the population in the Republic of South Africa.
- (b) Information is for the year 1987 as available on 23 February 1988.
- (4) None.

Prisoners: items of bedding

*22. Mr J VAN ECK asked the Minister of Justice:

- (1) What items of bedding are provided to prisoners;
- (2) whether all prisoners are provided with the same items of bedding; if not, (a) why not and (b) what are the points of difference in respect of (i) the various categories of prisoners and (ii) prisoners belonging to the various race groups?

THE MINISTER OF JUSTICE [Reply laid upon the Table with leave of House]:

- (1) — Beds
- Mattresses
- Pillows
- Sheets
- Pillow-cases
- Blankets
- Bedspreads
- Sisal mats
- Felt mats

- (2) Yes. The population group or category prisoner is not determining factors with regard to the type of bedding which is provided.

It is policy that every prisoner shall be provided with adequate and clean bedding. This is in line with the Standard Minimum Rules for the Treatment of Prisoners of which the Republic of South Africa is a signatory and in terms of which every prisoner shall, in accordance with local or national standards, be provided with sufficient bedding.

The provision of beds to all prisoners, irrespective of race, sex or category, has been accepted in principle and is being implemented gradually with due cognisance of funds- and accommodation realities. Where beds and mattresses are not provided, sisal mats and felt mats are issued instead. The quantity of sisal and felt mats is adapted according to climatic conditions. (a) and (b) (i) and (ii) fall away.

Detainees in prisons: tear-gas used

*23. Mr J VAN ECK asked the Minister of Justice:

Whether, since his reply to Question No 23 on 10 February 1987, any tear-gas has been used against detainees in prisons; if so, (a) at which prisons, (b) on what dates, (c) why, (d) what were the circumstances surrounding each of these incidents and (e) in respect of what date is this information furnished?

***THE MINISTER OF JUSTICE:**

- Yes.
- (a), (b), (c), (d) and (e)

In order to prevent situations from developing to the point where personnel and detainees may be seriously injured or even killed, the SA Prisons Service staff is committed to and also trained in the use of the minimum force. The use of tear-smoke is subject to strict rules and serves as an alternative when all other less drastic options to defuse a potentially dangerous situation have been exhausted and where it is obvious that violence aimed at fellow detainees or personnel has to be prevented, property be protected from wanton and malicious damage and order be restored. Tear-smoke which is used in such cases after requests to calm down have been ignored, is an effective alternative to the application and deployment of more stringent means. This is in line with the



Professor Kew.

Hepatitis-B virus: vaccine available to fight disease

SAR 5/31/88 (89)

SARA MARTIN

People concerned about the spread of Aids often forget about another virus which gives rise to similar symptoms, can also be transmitted sexually and is as dangerous as acquired immune deficiency syndrome.

So says Professor Michael Kew, professor of medicine and head of the liver unit at the Johannesburg Hospital.

The virus is Hepatitis-B which causes both acute illness (acute hepatitis) and chronic illness in the form of chronic hepatitis, cirrhosis and liver cancer.

"If adults become infected with the virus, they almost always get rid of it and seldom become carriers," says Professor Kew.

"However, if babies are infected, they seldom get rid of the virus and about 90 percent of them become chronic carriers. When they grow up they will develop cirrhosis or liver cancer.

"The case of a nine-year-old child dying at Baragwanth Hospital recently is not unusual."

Adults infected with the virus develop an acute illness with jaundice, severe or profound weakness and loss of appetite. The illness lasts for several weeks and it is usually eight to 10 weeks before the patient can return to work. Less than one percent of patients with acute hepatitis will suffer a specially severe attack or die from it.

Highly contagious

"But it may happen that the patient does not recover from the virus and develops chronic liver disease," says Professor Kew.

"He carries it in his blood stream and his liver becomes damaged. The disease at this stage becomes highly contagious and the patient may infect his family and others."

As with Aids, Hepatitis-B is carried in the blood stream and its incidence among promiscuous homosexuals is specially high.

Liver cancer, like Aids, is universally fatal.

Professor Kew says there are more than 200 million carriers of Hepatitis-B world-wide. Forty percent of these will die either of liver cancer or cirrhosis, or both. The risk of a person who is a carrier of the virus of developing liver cancer is more than 200 times greater than that of a person not carrying the virus.

In South Africa the problem is even more serious, especially among the black population, up to 17 percent of whom carry the virus.

It is thought that Hepatitis-B is spread by infected instruments used by witchdoctors in their rituals and by blood-sucking insects such as mosquitos, bed bugs and hard ticks.

Unlike the Aids situation, however, there is a safe and effective vaccine against hepatitis.

It has only recently become available — but it holds out promise that this infection and its consequences can ultimately be eradicated.

No further typhoid deaths reported (89)

P/D 2/3/58 Daily Dispatch Reporter

EAST LONDON — No further deaths as a result of typhoid have been reported in Dordrecht, where 44 cases of the disease have been reported.

One child died of typhoid last week while another is reported to be seriously ill.

The disease broke out in the black township at Dordrecht.

The regional director of health in Port Elizabeth, Dr Charles Louw, confirmed 44 cases and added that 30 unconfirmed cases were being treated for the disease.

Most of the patients are schoolchildren and children below school-going age, and are being treated at the local hospital.

DIP
18/3/58

Child dies of typhoid

QUEENSTOWN

Forty-four cases of typhoid fever have been confirmed in the black township at Dordrecht, and the disease has claimed the life of one child with another seriously ill.

Health authorities said yesterday there were a further 30 unconfirmed cases being treated for the disease. Most of the patients are children.

The regional director of health in Port Elizabeth, Dr Charles Louw, confirmed that one child had died from the disease and another was seriously ill.

The remaining patients were being treated in the local hospital. —DDR

Typhoid: 8 more cases confirmed

D/P 23/3/88
Daily Dispatch
Reporter (89)

QUEENSTOWN

Eight more cases of typhoid have been confirmed in Dordrecht — bringing the total number of confirmed cases to 52.

About 30 unconfirmed cases are being treated.

The disease, which broke out in the black township, has mainly affected females under the age of 20 years.

According to the deputy regional director of health in Port Elizabeth, Dr Charl de la Harpe, the breakdown of patients and ages was, under five years — one female; six to 20 years — five males, 27 females; 21 to 40 years — two males, 12 females; 41 to 60 years — four females and 60 years and over — one male.

Dr de la Harpe said 1300 scholars had been immunised against typhoid as well as 400 other contacts.

Typhoid is endemic to the Dordrecht area and the source of this outbreak is thought to be surface water which had formed since the recent heavy rains.

EAST LONDON 28141

EAS

D10 24/3/88

Xhosas risk ⁽⁸⁹⁾ throat cancer

JOHANNESBURG — Xhosa-speaking people, wherever they are, run a risk of oesophageal cancer but Zulus are at a far lower risk, an article in the latest edition of the South African Journal of Science said.

The article, "Oesophageal cancer in the black peoples of South Africa 1980-82", said the overall picture in South Africa was of two contrasted main population groups, the Xhosa, and the Zulu.

A large area of Transkei was not used for the survey, but with the Xhosa people widely spread across the Cape Province it emerged that the Xhosa were subject to high rates of oesophageal cancer.

"This contrasts with the other major black population, the Zulu nation, with very significantly low rates of this cause of death."

While there are undoubtedly high margins for error in both the mortality and the population data, it would seem highly improbable that there could be systematic errors to lead to an undercount of Xhosa people or to an overestimate of Xhosa oesophageal cancer deaths, the magazine said.

"The Xhosa have long been known for their addiction to tobacco in several forms implying a likelihood of similar patterns" for both oesophageal and lung cancer.

Xhosas are shown to be the main risk group regardless of where they now reside, the article said, adding that the culpability must lie in their specific lifestyle, diet and community customs.

"There can be no doubt now that wider than local causes are involved and they must largely be factors under direct social control rather than causes specific only to the local Transkei environment," the article concluded. — Sapa

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Per kg

FATTI'S & MONI'S

D/D 24/3/88

People warned to vaccinate against Leningrad flu (89)

CAPE TOWN — This winter South Africans will have a new and unexpected dimension of the "total onslaught" to deal with — the Leningrad flu is coming.

And it gets worse — Singapore, Taiwanese and Ann Arbor strains of flu are also expected.

The marketing director of a pharmaceutical company, Mr Victor Brand, said this week that the three strains had been identified by the South African National Institute for Virology and the World

Health Organisation.

Mr Brand said people should take immediate steps to have themselves vaccinated "especially those who fall into high risk groups".

These groups included adults or children under regular medical care for chronic pulmonary and cardiac disease, chronic renal disease, diabetes mellitus, and similar metabolic disorders and anaemia.

"Also at risk are residents of old-age homes,

chronic care institutions and rehabilitation institutions where rapid spread is likely."

In addition, medical and nursing staff responsible for the care of high risk cases, adults or children who were family contacts of high-risk cases and all persons over the age of 65 should have the vaccine.

Dr Brand said people should go to their family doctors for vaccinations now as it took the body about a month to build up immunity. — DDC

D/O 28/2/68
Cancer

link found (89)

LONDON — The shape of faulty proteins that cause tumour growth has been discovered, marking a major advance in the understanding of cancer.

Professor Sung-Hou Kim of the University of California, determined the shapes of proteins made by defective genes from the most common human cancer gene family, known as "ras oncogenes".

A complex process leading to cell division is switched on when a small signal molecule, called GTP, docks with a site on the normal protein.

It is believed the protein folds around the GTP, acting like a pair of pincers, snapping it in two and switching off cell division.

Prof Kim has found the defective proteins made by the most common ras oncogenes are, in effect, blunt because of a change in the way the protein folds.

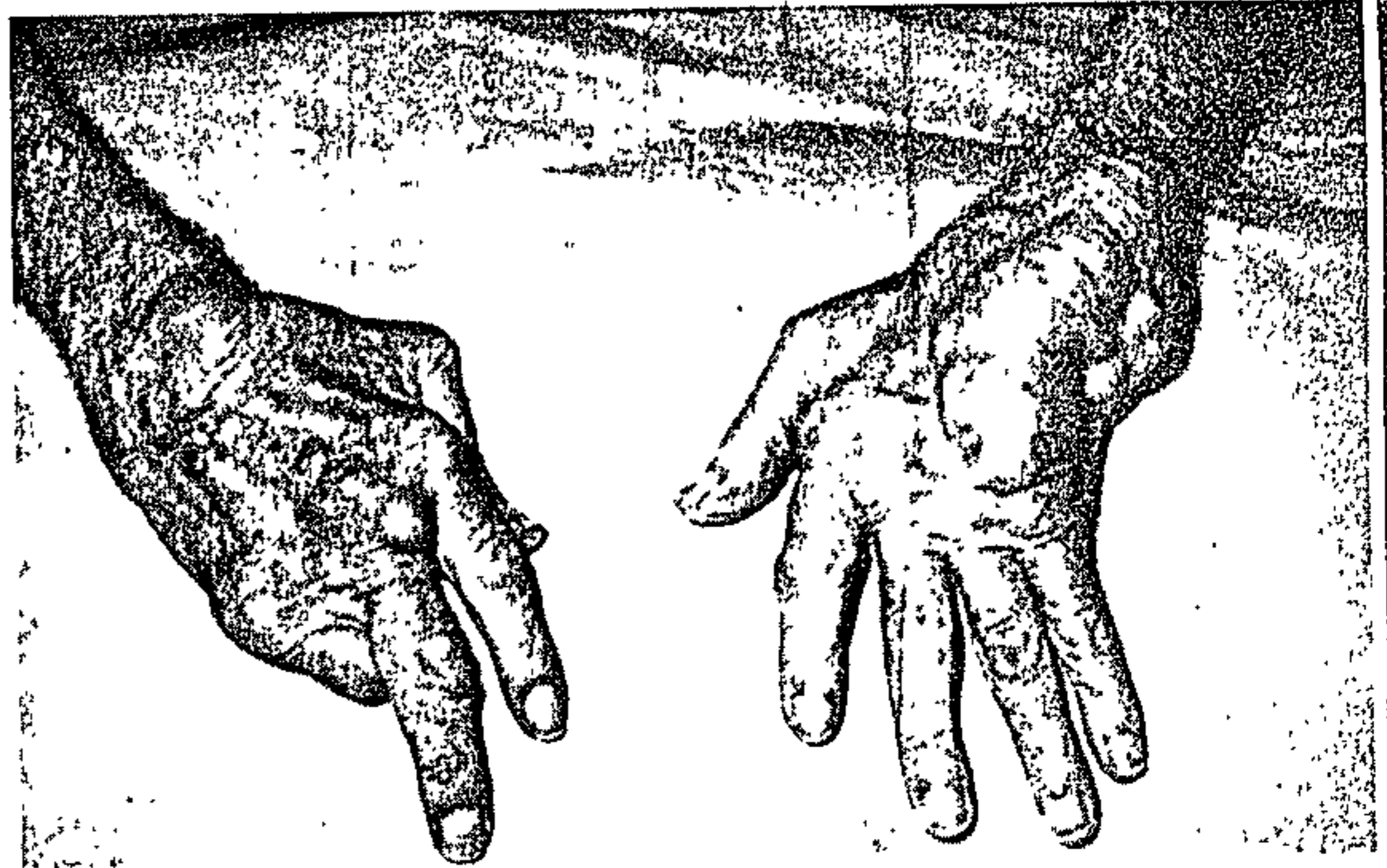
As a result, the GTP remains intact and sends an uncontrolled, and deadly, signal to the cell to keep dividing which leads to cancerous tumours. — DDC

Arthritis: faith, hope and clarity

D/D 29/3/88

Folklore and misconception shrouds public understanding of arthritis, and joint pain is commonly accepted as an unavoidable part of the ageing process. Yet great strides have been taken recently in the treatment of more than 150 different rheumatic conditions that are grouped as arthritis and their symptoms. DAVE MARRS attended the Pfizer tutorial in rheumatology in Durban and found it is not necessary to expect gross deformity and crippling pain as the inevitable result of rheumatic disease.

(89)



Rheumatology clinics of today are almost devoid of wheelchairs and bed-ridden patients. Gross deformities such as pictured above need no longer occur if treatment is started before destruction of the joint begins.

The copper bangles that stain the wrists of countless sufferers of arthritic pain are proof that public understanding of rheumatic disease is severely limited.

There are more quack remedies for arthritis and gout that are still commonly accepted and used than for all of the many other conditions that afflict man put together.

Sufferers have been known to smear themselves with mud or olive oil, endure the pain of nettle stings and bee venom and risk blood transfusions, as well as drink yoghurt and cod liver oil and eat Christmas snow.

A small group in Australia not long ago firmly believed that their aches and pains would be relieved by standing inside the skeleton of a whale for an unspecified period.

Despite the undying faith that so many people have in obscure treatments, there is no evidence that copper or any traditional medicine can help reduce pain in the joints.

The consulting physician in the department of rheumatology at St. Bartholomew's Hospital in London, Dr E.C. Huskinson, contends that copper actually causes rheumatism — because he has seen so many patients

wearing copper bracelets that suffer from pain in the joints.

The younger generation will be reassured to know that direct inheritance of serious forms of arthritis is uncommon.

Another myth that has exploded in recent times is that acidic foods cause arthritis.

The most important influence of controlled diet on rheumatic pain is the reduction of body mass, as obesity places excess stress on painful joints and compounds the symptoms of pain and swelling.

Acidic foods such as pineapples and tomatoes are probably only mentioned due to the uric acid build-up associated with gout, which has nothing directly to do with acid foods eaten.

Gout is one of the few rheumatological diseases that can now be almost entirely controlled by drugs.

According to Dr Huskinson, although there has been a revolution in the treatment of arthritis in the past two or three decades, a single cure is still a long way away.

"Drug therapy now makes it possible to relieve symptoms and control the disease process in a large proportion of cases and replacement surgery has opened up possi-

bilities for the patient with wrecked joints whose mobility or functional integrity is threatened."

Dr Huskinson identified four main types of drugs used in modern rheumatology, namely pain relievers, anti-inflammatories, steroids and drugs that act on the disease process.

"There are an increasing number of different types available for the treatment of arthritis. Used with skill and care, the drugs, which have brought comfort to millions of sufferers, enable the physician to approach his rheumatic patient with a new confidence," he said.

In general practice in South Africa, more than 20 per cent of consultations are due to rheumatic complaints. Only a small percentage of these are found to be suffering from the feared rheumatoid arthritis, the progressive disease involving inflammation of joints throughout the body that has the potential to destroy and deform, or osteoarthritis, the degeneration of cartilage in weight-bearing joints.

The rest will have bad backs, stiff necks, tension headaches, and sore shoulders, elbows, knees and feet. Although painful, these rheumatic conditions are not caused by organic dis-

ease — yet patients think they have arthritis because joints are involved.

Many are convinced that severity of pain is directly related to the seriousness of their condition, and this implies a hopeless struggle finishing in a wheelchair or in bed. In their minds, arthritis is a condition which ranks only just behind cancer for its sinister implications.

Little wonder then that people suffering from mankind's oldest disease are prepared to go to such lengths in the hope of a cure or, at least, relief.

The negative power generated in the mind of the sufferer by folklore can be considerable.

A study of patients with rheumatoid arthritis has shown specific correlations between emotional state and the body's production of immunosuppressive substances.

This means that when a situation is perceived as threatening and psychological defences are unable to contain the emotional reaction, the patients' biological defences may diminish.

The opposite applies to reducing suffering through the power of positive thinking. Optimism over the outcome of the disease, which decreases anxiety, depression and tension, can stimulate the production of substances which reduce pain perception.

It is for this reason that although doctors may dismiss folk remedies on paper, they seldom tell a patient to remove his copper bracelet or refrain from taking a home remedy.

Their attitude is that if a treatment helps to reduce pain — for whatever reason — it cannot be all bad, as long as the patient does not discontinue

the conventional treatment.

Patients with rheumatic symptoms — pain, stiffness or swelling in the joints and muscles — will often have made up their mind that they have arthritis before consulting their doctor.

For every severe form of rheumatoid arthritis there are a hundred other painful rheumatic conditions.

Although the pain might be real, it is more than likely not due to arthritis, even when there is radiological evidence of bony changes. This is normal wear and tear — the pain is due to muscle spasm, a response to stress which may have started with simple over-use, but has intensified through pessimistic thought.

The belief that regular use of a rheumatic joint helps slow down the disease process ignores the mechanical factors which

obstruct movement with increasing age. These include the rough surface of many joints and the increasing hardness of cartilage with consequent reduction of shock absorption.

This means that any movement requires more muscular effort than before, which results in over-use and consequent stiffness. If the reaction of the patient is then to exercise to work off the stiffness, a vicious cycle of destruction of the joint is built up.

Simple physical self-help measures such as rest, appropriate exercise, hot baths, local heat with pads, hot bottles, fomentations and ice packs, all encourage muscle relaxation.

Other aspects of therapy cover not only medication and surgery, but physiotherapy, occupational therapy and modification of the day to day living pattern.

Breakthrough in breast cancer

89

A woman's chance of being surgically cured of breast cancer may depend on the point in her menstrual cycle at which the operation is performed, a study suggests.

The study said researchers doubled the breast cancer cure rate in mice by removing the tumor at the right time in the mouse menstrual cycle.

"Within a few years we may know if this is true in human beings," said William Hrushesky of the University of Minnesota.

The goal would be to define just what creates any such advantage in humans, and to use drugs to simulate it during surgery, he said.

Breast cancer will appear in 135 000 American women this year and kill 42 000, the society estimates.

Surgery can remove the tumor, but cancer cells that escaped before surgery can cause recurrence elsewhere in the body.

The experiment focused on the 5.5-day mouse estrous cycle, which corresponds to the monthly menstrual cycle in women.

Tumors that grow faster in response to the hormone estrogen, as many human breast tumors do, were implanted in the mice.

Later analysis showed the timing of the implant in the estrous cycle made no difference in cure rates.

But the timing of surgery to remove the tumors markedly influenced the likelihood that cancer would have spread to the lungs by 28 days after the operation, Hrushesky said.

Sixteen of 60 mice that underwent surgery near the fertility peak of the cycle were found to be free of lung involvement, compared with nine of 73 that had surgery in the infertile phase.

In human terms, the highest cure rate corresponds to surgery just before and during ovulation, with the lowest rate corresponding to surgery around menstruation, Hrushesky said.

In the mice, fluctuation in the cure rate mirrored changes in activity levels of "splenocyte natural killer" cells, which attack cancer cells that have spread from tumors, he said. But that does not prove the cells play a role in the findings, he said.

Hrushesky said he had no detailed explanation for the results. The trauma of surgery may affect the balance between cancer and the disease-fighting

immune system differently at different times in the estrous cycle, he said.

The next step is to examine hospital charts to see if a similar pattern appears in human breast cancers, and to study women after they have breast cancer surgery at known points in the menstrual cycle, he said.

Benjamin Byrd, clinical professor of surgery at Vanderbilt University Medical School said the evidence so far does not convince him that the stress of surgery plays a role, but that hormone levels may.

"This is a whole new look" at appraising or altering immune system response to cancer, said Byrd, a past president of the cancer society.

Hrushesky also said a chemotherapy schedule tailored to the natural day-long rhythms of the body prolonged survival in 50 people with cancer that had spread from the kidney.

That condition has been considered untreatable with drugs, and half of patients usually die within three to six months, he said. But the therapy has reliably produced remissions of six months to a year and longer, he said. — Sapa-RNS

STARS

DD 29/3/88
89

Dordrecht typhoid cases on decline

QUEENSTOWN — Typhoid cases in Dordrecht have declined with the number of confirmed cases reduced from 52 to 24 by yesterday.

The regional director of health in Port Elizabeth, Dr Charles Louw, said the acute stage of the epidemic was over.

An epidemiologist from Cape Town spent the weekend in Dordrecht investigating possible sources of the disease. — DDR

DID 3/13/88 (89)

Malaria risk warning

EAST LONDON — Many regions not normally considered risk areas for malaria may now be malaria endemic areas following the recent heavy rains and floods.

A medical adviser to a pharmaceutical com-

pany, Dr Cecilia Young, has advised people travelling to such areas for the Easter holiday to take precautions against malaria.

Visitors to these areas should take anti-malaria tablets one day before departure and then once a week while in the area and, up to, four weeks after returning home.

In addition, common sense measures such as insect repellents should be used.

Before visiting epidemic areas, people should check with the local health authorities with regard to the need for further measures.

Epidemic areas are parts of South Africa where malaria occurs only after optimum mosquito breeding conditions have been estab-

lished, such as after rain and flooding of rivers.

These areas follow the course of the Malopo river in the north western Cape from the Transvaal border to where it joins the Orange River and includes the lower Orange river valley.

The areas in which anti-malaria tablets should be taken, lie in the Eastern Transvaal Lowveld, Northern Transvaal and northern Zululand in Natal.

The magisterial districts of Messina, Soutpansberg, Sibasa, Pilgrim's Rest, White River, Nelspruit, Barberton, Piet Retief, Ingwavuma, Ngotshe, Umbobo and the Kruger National Park fall within these areas. —
DDR

WOMAN

MALARIA SCARIE

89

Sowetan 11/4/88

SINCE the extensive rains and floods this year many regions not normally malaria risk areas may now well be, Dr Cella Young, medical advisor for a pharmaceutical company has warned.

Dr Young recommends that two anti-malaria tablets be taken the day before departing for these areas, followed by two tablets once a week while in the area and two tablets once a week for four weeks after returning home.

"This four-week period is very important," Dr Young said. "The malaria parasite can be incubating in the body for that time."

In addition to chemical prophylaxis, commonsense measures such as insect repellents should not be ignored. The endemic malaria areas, those areas where malaria is always present, lie in the Eastern Transvaal Lowveld, Northern Transvaal and Natal.

The magisterial districts of Messina, Soutpansberg, Sibasa, Northern Zululand in Natal.

The magisterial districts of Messina, Soutpansberg, Sibasa, Pilgrim's Rest, White River, Nelspruit, Barber-ton, Piet Retief, Ingwavuma, Ngotshe, Umbobo and the Kruger National park fall within these areas. — Sapa.

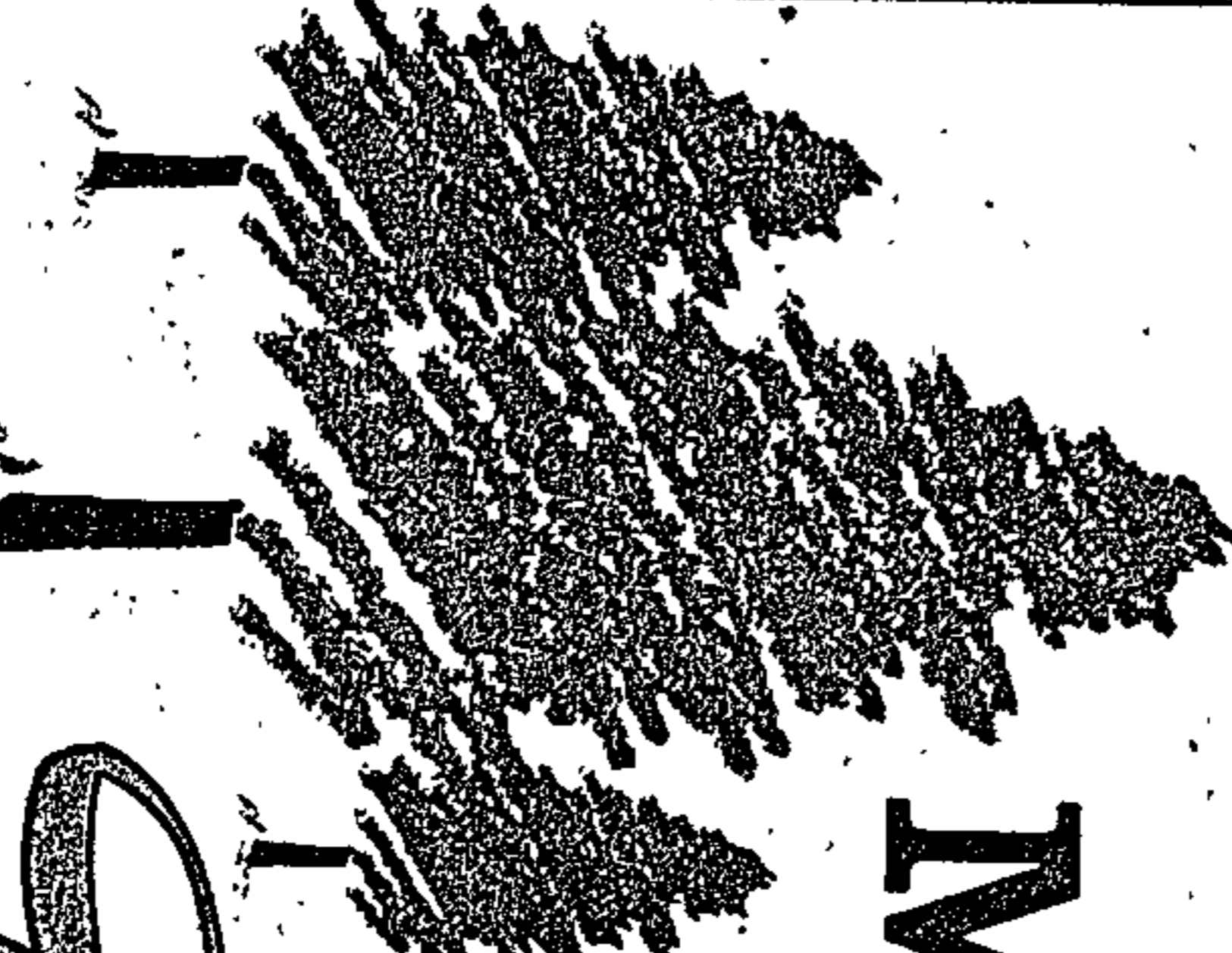
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Make your move

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The MINISTER OF NATIONAL HEALTH
AND POPULATION DEVELOPMENT:

MAJOR CAUSES OF INFANT MORTALITY IN THE RSA, 1985.

Population group	(a) Cause	(b) Percentage of all infant deaths
(i) Whites	Certain conditions originating in perinatal period	56,6%
	Congenital anomalies	18,8
	Other diseases of the respiratory system	7,7
(ii) Coloureds	Certain conditions originating in perinatal period	38,5%
	Intestinal infectious diseases	25,1
	Other diseases of the respiratory system	15,8
(iii) Indians	Certain conditions originating in perinatal period	53,2%
	Congenital anomalies	14,3
	Intestinal infectious diseases	10,0
(iv) Blacks	Certain conditions originating in perinatal period	35,0%
	Intestinal infectious diseases	25,1
	Symptoms, signs and ill-defined conditions	13,5

410. Dr M S BARNARD asked the Minister of National Health and Population Development: How many (a) cases of and (b) deaths from typhoid were reported in respect of each race group in each province for each month in 1987?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) CASES OF TYPHOID NOTIFIED PER PROVINCE IN THE RSA, 1987 (as on 23 February 1988)

Province	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CAPE												
Asians	0	0	0	0	0	0	0	1	0	0	0	0
Blacks	5	9	8	12	3	6	14	5	8	3	2	0
Coloureds	0	4	2	0	1	5	2	1	3	1	0	0
Whites	1	1	0	0	1	1	0	0	3	1	0	0
NATAL (including KwaZulu)												
Asians	1	2	2	1	5	1	2	7	0	1	0	0
Blacks	54	73	100	91	52	57	48	54	54	26	10	0
Coloureds	1	0	0	1	0	0	1	2	0	0	0	0
Whites	1	1	0	0	1	1	0	1	3	0	1	0
Other	0	1	0	0	0	0	0	0	0	0	0	0
OFS (including OwaQwa)												
Asians	0	1	0	0	0	0	0	0	0	0	0	0
Blacks	8	3	2	1	1	6	7	3	2	1	0	0
Whites	0	0	1	0	0	0	0	1	0	0	0	0
Other	0	0	0	1	0	0	0	0	0	0	0	0
TRANSVAAL (including Gazankulu, KaNgwane, NwaNdebele, Lebowa)												
Blacks	261	284	360	293	358	264	197	142	143	134	10	0
Coloureds	0	0	4	1	1	0	1	0	0	1	0	0
Whites	1	1	1	4	1	1	2	2	0	0	0	0

(b) DEATHS FROM TYPHOID NOTIFIED PER PROVINCE IN THE RSA, 1987 (as on 23 February 1988)

Province	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Cape	2	0	1	1	0	0	0	0	1	0	0	0
Natal	1	0	2	0	0	1	0	0	0	0	0	0
OFS	0	0	1	0	0	0	0	0	0	0	0	0
Transvaal	1	1	1	0	1	0	3	1	2	1	0	0

All deaths were Blacks.

Polio myelitis: cases/deaths latest specified month for which figures are available;

411. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) How many (a) cases of and (b) deaths from poliomyelitis were reported in respect of each race group in each province for each month from January 1987 to the

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) NOTIFIED CASES OF POLIOMYELITIS IN EACH PROVINCE IN THE RSA, 1987

Province	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Cape	0	0	0	0	0	2	0	0	0	2	2	0
Natal (including KwaZulu)	0	0	0	0	0	0	0	1	0	0	0	0
Transvaal (including Gazankulu, KaNgwane, NwaNdebele, Lebowa)	2	4	1	2	1	0	0	0	1	0	0	0
OFS	0	0	0	0	0	0	0	0	0	0	0	0

All cases were Blacks.

(1) (b) No deaths from poliomyelitis were notified in 1987. doses administered according to returns received from the seven health regions of RSA. No such data have been received from the national states.

(2) The best estimate of the number of persons immunized against poliomyelitis in 1986, is provided by the number of third

NUMBER OF THIRD DOSES OF POLIOMYELITIS VACCINE ADMINISTERED PER PROVINCE (EXCLUDING NATIONAL STATES)

Province	Asian	Black	Coloured	White
Cape	322	29 939	62 716	14 333
Natal	17 278	58 166	2 516	8 130
OFS	4	25 582	1 226	4 820
Transvaal	3 465	105 972	5 643	36 866

Stamand

Institutions for training of nurses: applications received/accepted

412. Dr M S BARNARD asked the Minister of National Health and Population Development:

- (1) How many (a) applications to train as nurses were (i) received and (ii) accepted from, and (b) vacancies existed at institutions for the training of nurses for, (aa) Whites, (bb) Coloureds, (cc) Indians and (dd) Blacks in 1986;
- (2) how many nurses of each of these race groups completed their training in that year?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Position as at 31 December 1986:

(1) (a) Applications to train as nurses:	(i) Received	(ii) Accepted
(aa) Whites	4 971	2 091
(bb) Coloureds	1 680	102
(cc) Indians	1 544	101
(dd) Blacks	23 060	997

(b) Vacancies at institutions for the training of nurses:

(aa) Whites	1 435
(bb) Coloureds	244
(cc) Indians	32
(dd) Blacks	752

(2) Number of nurses who completed their training during 1986:

(aa) Whites	1 808
(bb) Coloureds	635
(cc) Indians	189
(dd) Blacks	2 842

Aids: cases diagnosed/carriers identified

413. Dr M S BARNARD asked the Minister of National Health and Population Development:

- (a) How many cases of acquired immune deficiency syndrome (Aids) were diagnosed in 1987 and (b) how many carriers of the Aids virus had been identified in respect of each race group in South Africa as at the latest specified date for which information is available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (a) 37 South African cases
(b) Not available

HOUSE OF ASSEMBLY

Cholera: cases/deaths

416. Dr M S BARNARD asked the Minister of National Health and Population Development:

- How many (a) cases of and (b) deaths from cholera were reported in respect of each race group in each province for each month from January 1987 to the latest specified month for which figures are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Notified cases of cholera per month in the RSA, 1987 (as on 23 February 1988)

(a) MONTH	NUMBER OF CASES
January	5
February	4
March	11
April	5
May	1
June	3
July	3
August	3
September	0
October	1
November	1
December	0

- (b) All cases were Blacks in Natal (including Kwazulu). No deaths were notified.

Malaria/typhoid/cholera: increase in incidence

417. Dr M S BARNARD asked the Minister of National Health and Population Development:

- (1) Whether there was any increase in the incidence of (a) malaria, (b) typhoid and (c) cholera in the Republic during the latest specified period for which figures are available; if so, (i) to what extent, (ii) in which areas and (iii) how many cases of each disease were diagnosed in each area;
- (2) whether any persons died of these diseases during this period; if so, how many in each area in respect of each disease;
- (3) whether any steps are being taken to combat the spread of these diseases; if so, what steps in each specified area?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) (a) Yes
(b) No

- (c) No
- (a) (i) Number of malaria cases notified in the RSA (as at 23 February 1988)

1986	6 842
1987	8 012

(ii) Natal and Kwazulu (mainly Umbombo and Ingwavuma)

(iii) As at 23 February 1988:	1 990
Natal	—
Kwazulu	3 126

- (2) Yes
- Notified deaths from malaria and typhoid in each region in the RSA 1987 (as at 23 February 1988)

Region	Malaria	Typhoid
Eastern Cape	0	3
Western Cape	0	2
Northern Cape	0	0
Natal	2	0
OFS	0	1
S Transvaal	1	2
N Transvaal	1	2
Gazankulu	1	2
KaNgwane	0	4
KwaNdebele	0	0
Kwazulu	1	4
Lebowa	1	1
OwaOwa	0	0

No deaths from cholera were notified in 1987.

- (3) Yes

(a) Malaria

- (i) Surveillance
- (ii) Active and passive case-finding
- (iii) Health education
- (iv) Encouragement of prophylactic treatment
- (v) Vector control

Campaign mainly concentrated on Northern and Eastern Transvaal and North-Eastern Natal-Kwazulu.

In Natal-Kwazulu the malarial teams have been strengthened, active case-finding intensified, screening of illegal immigrants is done and treatment regimens

of proven cases have been changed from the traditional Darachlor to Fansidar treatment.

- (b) Typhoid
- (i) Surveillance
- (ii) Case-finding
- (iii) Health education
- (iv) Treatment and surveillance of contacts
- (v) Advice with regard to environmental factors

(c) Cholera

- (i) Surveillance
- (ii) Case-finding
- (iii) Health education
- (iv) Treatment and surveillance of contacts
- (v) Advice with regard to environmental factors

Council for Social and Associated Workers: social workers registered

459. Mr P G SOAL asked the Minister of National Health and Population Development:

- (1) What total number of (a) White, (b) Black, (c) Coloured and (d) Indian social workers is registered with the Council for Social and Associated Workers;
- (2) how many social workers does his Department employ;
- (3) in respect of what date is this information furnished?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) (a) 4 395 White
(b) 1 022 Black
(c) 729 Coloured
(d) 331 Indian
- (2) 51
- (3) As at 22.02.1988

Internal Security Act: detainees

471. Mrs H SUZMAN asked the Minister of Justice:

HOUSE OF ASSEMBLY

DID 194/89

Virus epidemic hits SA women

CAPE TOWN — An epidemic of a sexually-transmitted disease which can lead to women developing cancer of the cervix is sweeping South Africa.

The chairman of the Cape Western branch of the National Cancer Association, Dr Basil Bloch, said the disease — caused by a virus — had been found in most of the cases of serious cervical abnormalities revealed by pap smear tests at Groote Schuur Hospital last year.

“If it wasn't for Aids, people would be shouting from the rooftops about this virus,” he said. South Africa already has possibly the highest incidence of cervical cancer in the world. The virus is known as the human papilloma virus or wart virus.

Dr Bloch said that as an urgent step to fight the spread of the cancer, his branch of the Cancer Association had set up the country's first cervical cancer register.

He said the register was intended to try to ensure that when pre-cancer cases were picked up in pap smear screenings, these cases were followed up so that the women could have proper treatment. At present many of these cases went untreated.

Once the actual cancer developed, it was often too late to save the patients, and the cost of treatment was as high as R25 000 or R30 000.

“Last year, the 70 000 pap smears carried out at Groote Schuur Hospital revealed 7 000 cases of cervical abnormalities, 2 500 of them serious.

“Most of the serious cases were related to the wart virus.”

He said the only way to guard against being infected with the virus was, as with Aids, to use condoms. “We have recently been looking at the male partners of the infected women, and have found that about 60 per cent of them also carry the virus.”

In most cases the men were not even aware of this because the virus seldom produced symptoms in men, though occasionally they did develop small genital warts.

The epidemic of the virus was worldwide, with up to a million new cases each year in America.

“In a clinic like that at Groote Schuur, 95 per cent of the cases are women under the age of 35.”

If the Western Cape register project is successful, the association plans to run it on a national basis. The computerised register is being compiled in collaboration with laboratories which process pap smears and all clinics and hospitals in the Cape Peninsula.

The association will send reminders to patients with positive pap smears to go for treatment. — DDC

2 fever cases. warning on milk

Daily Dispatch Reporter

GRAHAMSTOWN

Two cases of brucellosis (undulant fever) and a suspected third have been reported to the Grahamstown Health Department.

A warning has been issued to the public requesting them not to drink milk from unregistered sources because there is a "distinct possibility" of the disease being transmitted through unpasteurised or inadequately pasteurised milk, the chief health inspector, Mr Raymond Theron, said.

Brucellosis or undulant fever was caused by the Brucella micro-organism. The incubation period varied from between five days to six months.

"This and the fact that the symptoms of the disease are very vague makes it extremely difficult to pinpoint the source of infection," Mr Theron said.

In South Africa the most common source was milk from infected cattle.

The medical officer of health, Dr Johann Dippenaar, has notified all local medical practitioners of the presence of the disease in Grahamstown.

"The Health Department and the State Veterinarian are doing everything in their power to trace the source. In all likelihood it is milk from infected cattle which is the cause," Mr Theron said.

The public would be kept abreast of developments until such time as the specific source could be determined, he said.

Albany ^{D/D 19/4/88} cattle to be ⁽⁸⁹⁾ tested for brucellosis

Daily Dispatch Reporter

GRAHAMSTOWN — The state veterinary department will start this week to test cattle on all farms in the Albany district which have not yet been tested for bovine TB and brucellosis (undulant fever).

"We have no clues yet as to the source of the infection," the local state vet, Dr J. Pistorius, said.

Two cases of brucellosis and one suspected case have been diagnosed in Grahamstown.

Testing cattle for brucellosis, or contagious abortion and bovine TB was previously done by the state vet department.

About a year ago testing was privatised and now costs a cattle farmer about R400 for an average size dairy herd.

Accredited dairy herds must be tested every two years. Under the annual diagnostic scheme a herd must be tested every year, Dr Pistorius said. "If a positive case turns up we take over."

Milk supplied to municipalities was also tested "every couple of months" for both the diseases. "Dairies supplying Grahamstown must be tested by law," she said.

Brucellosis was "a pretty serious disease". Bovine TB, however, was not and did not have to be treated.

"We have been routinely testing in Bathurst and should finish the campaign in a couple of months. All farms in Albany will now be tested."

Positive herds in Bathurst were now repeatedly tested. There would be another campaign in five years.

"Ciskei cattle are our greatest

problem. We also have anthrax in the district," Dr Pistorius added.

Part of the problem was that consumers still bought, and some farmers supplied, milk illegally although it was not illegal if a consumer went to the farm to buy, she said.

"We are now testing as many cattle as possible as quickly as possible."

Dairymen could not get away with not having their herds tested where there was good monitoring by the municipality, a private vet said.

The trouble with brucellosis was that it was an insidious disease, not easily diagnosed.

"You also pick up a poor immunity. It can resemble a bad form of common cold," he said.

The biggest source could be holiday resorts where the population rose from about 2 000 to 30 000 during the holiday season, and the dairymen could not cope.

"The only way to control it is to stamp it out countrywide," he said.

The government had mounted such a campaign. Once all dairy farms were tested, plus certain beef herds the campaign should be repeated on a five-year basis.

The situation in the Eastern Cape, however, was not nearly as bad as it was in the Free State and Transvaal.

"There is not nearly the same degree of infection. This is probably because the Eastern Cape is not as dynamic. It is far more conservative and tight on control," he said.

If people had doubts about milk, whether it was pasteurised or poorly pasteurised, they could boil it as a added safety precaution, he said.

Watch, flu so easy to catch

INFLUENZA was regarded as a minor illness yet it was probably the most infectious virus around, a lecture in Johannesburg was told yesterday.

Speaking at the launch of a vaccine, Professor Barry Schoub, who is also the head of the South African National Institute for Virology, said the influenza virus was delicate and existed inside living cells.

He said: "The virus is a relatively simple structure but its effects on the human body can be significant. It cannot survive very long outside a cell and needs to be passed on from person to person. It is spread through respiratory droplets such as when one coughs or sneezes."

Explaining why the virus was more predominant in winter than summer, Professor Schoub said: "There are a number of factors why respirator infections are high in cold weather. People tend to be closer to each other thereby allowing the virus to be transmitted quickly."

He said the situation was not bleak because the body could produce a substance called interferon.

He added that it was rare that a healthy individual could die as a result of flu. Only those people whose immunity had been compromised would die of flu.

89

19/6/88

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Malaria kills 6 in Namibia

WINDHOEK — Angola's killer malaria strain which caused the deaths of eight SADF soldiers has moved to Namibia and already left six dead.

Reports in local newspapers and television said three people had died in the intensive care unit of the state hospital on Wednesday night, bringing to six the number of deaths in the territory caused by malaria since last month.

Windhoek hospital superintendent Dr Andreas Oberholzer told the Windhoek Advertiser that malaria was occurring across the country with the exception of coastal areas and the extreme south.

The newspaper reports that the hospital now has 165 malaria sufferers as opposed to only 10 a year ago. Rundu hospital has admitted 420 malaria patients this year.

^{D/D 23/4/88}
**10 people
treated (89)
for rabies**

FICKSBURG — At least 10 people in the Ficksburg district in the Free State are receiving treatment for rabies.

Five of the 10 cases reported so far are from the farm Boschfontein following an incident in which two cows on the farm contracted the killer disease.

The other five people are being treated following an incident in the town when a pet was attacked by a strange dog which was shot and its brain sent to the veterinary institute at Onderstepoort.

Tests for rabies were found to be positive. — Sapa

'Silent killer' hypertension threatens millions of blacks

25/4/84
By Toni Younghusband, Medical Reporter 89

High blood pressure (hypertension) has reached explosive proportions among South Africa's black population and a national strategy is needed to combat this silent killer, said Professor John Milne, professor of medicine at Coronation Hospital.

Addressing a gathering at the launch of Heart Week, Professor Milne said that about 1.8-million blacks needed non-drug treatment for hypertension and about 750 000 required drugs.

RESPONSIBLE FOR RENAL FAILURE

High blood pressure is caused by a combination of genes and environment. "It seems to be something in the cities, probably a combination of poor diet, sociopolitical problems and economic factors," Professor Milne said.

In the black population hypertension is responsible for 35 percent of renal failure. "It is the most common preventable cause of kidney failure," Professor Milne said.

Hypertension will be the special focus of National Heart Week which will be held between September 24 and October 1.

10 in OFS ^{SA} 25/4/68 have rabies ^{SA}

FICKSBURG — At least 10 people in the Ficksburg district in the Free State are receiving treatment for rabies.

Five of the cases reported so far are from the farm Boschfontein — after two cows had contracted the disease.

The other five people are being treated after an incident in the town when a pet was attacked by a strange dog.

The dog was shot and its brain sent to the veterinary institute at Onderstepoort. It was found to have had rabies.

Sapa.

89 Star 25/4/68
302

Malaria now 'alarming' in Swaziland

MBABANE — An alarming increase in malaria in Swaziland since the beginning of April, with more than 2 000 cases and 20 deaths, is causing concern.

A spokesman for a malaria control unit, Mr Clifford Mamba, said that although April was a peak period in the malaria season the authorities were concerned as the disease had struck not only more severely but in areas previously unaffected.

He said malaria control teams were facing transport difficulties with so many areas needing attention.

Mr Mamba warned visitors of the need to take anti-malaria tablets.

Visitors should take the tablets at least a week before going to affected areas in central Swaziland and the lowlands. — Sapa.

A mysterious medical condition, dismissed for years as "neurotic nonsense", is slowly gaining recognition among South African doctors as a very real, debilitating disease. This report is by Toni Younghusband, The Star's Medical Reporter. *STC 25/11/88*

'Yuppie flu' takes (89) hold in South Africa

Myalgic Encephalomyalitis (ME) is as baffling as it sounds. Called "Yuppie flu" in the United States, ME is known to be a chronic fatigue illness usually following a viral infection.

Its symptoms include severe muscle fatigue, muscle pain, memory lapses, difficulty in concentrating, and visual and auditory disturbances.

What is not known is what causes the disease and how to cure it.

Because of this, the greatest difficulty the ME sufferer has is to convince his doctor, family and friends that he is genuinely ill.

While ME has steadily gained prominence in Britain, Australia and the United States, the condition is only just beginning to make an impression on South Africa's medical profession.

Extraordinarily difficult to diagnose because routine tests show nothing, ME is commonly dismissed as hypochondria or severe depression.

"General practitioners are taught at medical school to look for specific symptoms and to perform specific tests.

"When faced with something like this which does not show up on their tests, the disease is

often dismissed as a form of depression or as stress-related fatigue," Dr A Smith of the National Institute of Virology, told The Star.

Dr Smith, who is preparing an article on ME for a prominent medical journal, said the first South African cases of ME were reported in Durban in the 1950s, when it apparently reached epidemic proportions.

"There can be no specific treatment until the cause is known. At present we can only give supportive treatment — sympathy, empathy, understanding and encouragement," Dr Smith said.

LOSE PATIENCE

Doctors, who have little time to spare, understandably lose patience with people who complain of an illness about which little is known and for which there is no cure.

"It must be terrible to be told to 'snap out of it' when you simply cannot, no matter how hard you try. And there is no doubt that an ME sufferer will do himself more harm by trying to 'snap out of it,'" Dr Smith said.

The disease appears to affect more women than men and can last two years or longer.

'Acne drug does not cause birth defects'

The chairman of the Medicines Control Board, Professor Peter Solb, said there were no reports in South Africa of birth defects caused by the use of the anti-acne drug, Roaccutane.

He said a University of Cape Town survey had not found any defects caused by the drug since its introduction in 1983.

Reacting to recent re-

ports of several birth defects caused by the drug in the United States, Professor Folb said there was no reason to take the drug off the market.

He warned doctors to ensure patients were not pregnant before prescribing the drug. In addition, women should not take the drug immediately after pregnancy. — Sapa.

DID 215788

SA schoolgirl dies (89) after malaria attack

DURBAN A Chatsworth schoolgirl has died in hospital here after apparently contracting malaria on a trip to Zimbabwe and the Northern Transvaal, despite having taken preventative medicine.

was taken to hospital, where she died on Friday afternoon.

She was among a group of 18 friends and relatives visiting the Victoria Falls, Harare and Bulawayo.

Relatives of the 17-year-old Durban matric pupil confirmed yesterday that she had been treated for malaria at St Aidan's Hospital after she returned from a 10-day holiday in Zimbabwe and Pietersburg, on April 10.

The other members in her group are said to be well.

A Durban specialist said a malaria-related death could occur if the victim had a low immune mechanism. He recommended that people leaving a malaria zone see a doctor after their return home.

Soon after she returned she became ill with "flu-like symptoms" and was taken to a doctor.

A spokesman for St Aidan's Hospital yesterday confirmed that a young patient had been treated for malaria.

When her condition failed to improve she

S38245

Cold brings malaria relief

The Star's Africa News Service

WINDHOEK — Cold weather is blunting Namibia's malaria epidemic which has so far taken scores of lives.

According to the medical superintendent of the Windhoek State Hospital, Dr Andreas Obholzer, reports of malaria cases have declined significantly in the past few days as the cold hits the mosquito population. There is hope that the epidemic will have petered out within the next few weeks.

Dr Obholzer said the official death toll for the malaria epidemic stood at 68, but many more people may have died and their deaths gone unreported.

Clinical tests have positively diagnosed a total of 1 700 cases in the current outbreak, while medical teams

around the country have treated 75 000 people for malaria-like symptoms.

Earlier reports said the current malaria epidemic in Namibia may have been linked to the outbreak of the disease within the SADF and apparently stemming from Angola. Soldiers contracted a virulent strain which was resistant to treatment.

Dr Obholzer said the current epidemic was worst in the border area of Kavango, where movement of people into Angola was not controlled. There was an influx of refugees fleeing the fighting in southern Angola.

Recent good rains across Namibia have seen the traditional "mosquito belt" extending much further south than in previous years, with a number of cases being reported in Windhoek.

Congo Fever tests are negative

PIETERMARITZBURG — Further blood tests conducted on a 10-year-old girl in Edendale Hospital here suspected of having Congo Fever were negative, according to the chief medical superintendent, Dr Peter Evans.

Dr Evans said this indicated that the child was "probably" not suffering from Congo Fever.

^{D/10 7/57 88}
⁽⁸⁹⁾
However, he said one more series of tests would be carried out to make sure. The results of these tests would only be available within 12 days.

● A 24-year-old woman who died in the hospital earlier this week was also thought to have been suffering from Congo Fever but preliminary tests proved negative. — DDC

Star 14/5/68
**Malaria in
North Cape**

Own Correspondent

CAPE TOWN — Several cases of malaria have been reported in the Northern Cape following rain and flooding.

The Department of Health has warned visitors to take precautions.

Cases have been diagnosed in Bray, Upington, Kakamas, Augrabies, Onseepkans and Springbok, a spokesman said.

A spokesman for the regional director's office in Kimberley said six cases of the disease had been reported but the head office of the department in Pretoria said the figure was "about 20".

MALARIA CASES FOUND *Sowetan 17/5/58*

THE Department of National Health and Population Development warned yesterday that malaria cases had been reported in the northern Cape.

Areas particularly affected were Bray, Upington, Kakamas, Augrabies, Onseepkans and Springbok.— Sapa.

Polio DID 1965/68 - campaign launched 89

Daily Dispatch Reporter

EAST LONDON — A Rotary International Campaign, Polio Plus, has been launched and local members of the service club have appealed to the public to donate money to combat the recent epidemic in Natal.

A spokesman for the campaign, Mrs Roberta McLean, said that if every young child, regardless of race, was immunised, polio could be defeated within "a few years".

"There has recently been another polio epidemic in Natal, mostly among black children, where the polio vaccination programme has not been quite so successful," she added.

She said Rotary had undertaken to see that the vaccine was available to the children and "now it is up to all of us to see that it gets to the children".

Malaria toll rises

Sowetan 26/5/88
89

SOWETAN Africa News Service

SEVERAL thousand people are believed to have died in the malaria epidemic that has been sweeping Southern Africa in the past months — though the official death toll is far less.

According to a Zimbabwean expert in the field, the death toll in the area could be as high as 5 000, more than three times the usual death toll from the crippling illness.

The outbreak has occurred in the wake of a series of disastrous floods that hit the area

late last year, creating perfect conditions for the breeding of the parasite-carrying mosquitos that harbour and spread the disease.

Outbreaks

But the lack of death-toll figures for countries such as Angola, Mozambique and Zambia, countries that have no operating preventative programmes, or Zimbabwe where figures for

the outbreak have not yet been tallied, makes an accurate assessment of the total almost impossible to calculate.

In South Africa, where an efficient health service acts to prevent large scale outbreaks, reported cases are also more than three times higher than those of previous years.

The expert, who preferred to remain anonymous for profes-

sional reasons, says that the "usual" yearly death toll in Zimbabwe is between 200 and 300.

In Botswana this year 181 people have died of malaria. The death toll last year was just 15.

Problem

In Namibia, where malaria is almost unheard of, the official death toll has risen to 95, while the unofficial toll taking into account people in outlying areas who do not have access to normal health

facilities reaches into the hundreds.

Each year in Africa an estimated 96 million people contract malaria, and the death toll is estimated to be between 500 000 and 750 000.

The expert said that in outlying areas of almost all countries in the area there was a problem with diagnosing malaria, which meant that each year thousands of people died of malaria every year without their deaths being officially attributed to the disease.

Malaria deaths may number thousands

The Star's Africa News Service

Several thousand people are believed to have died in the malaria epidemic that has been sweeping southern Africa in the past months, says a Zimbabwean expert in the field.

The expert, who prefers to remain anonymous for professional reasons, says the official death toll is far less.

He says the deaths in the area could be as high as 5 000, more than three times the usual annual death toll from the crippling illness.

The outbreak comes after the series of disastrous floods that hit the area late last year, creating perfect conditions for the breeding of the parasite-carrying mosquitoes that harbour and spread the killer disease.

But the lack of death toll figures for countries such as Angola, Mozambique and Zambia, countries that have no operating preventive programmes, or Zimbabwe, where figures for the outbreak have not yet been tallied, makes an accurate assessment of the total death toll almost impossible to calculate.

In South Africa, where an efficient health service acts to prevent large-scale outbreaks, reported cases are also more than three times higher than previous years. If this scenario has been repeated in neighbouring countries, then the death toll could easily reach the thousands.

The expert says the "usual" annual death toll in Zimbabwe is between 200 and 300.

In Botswana this year, 181 people have died of malaria, while the death toll last year was just 15.

In Namibia, where malaria is almost unheard of, the official death toll has risen to 95, while the unofficial toll, taking into account people in outlying areas, reaches into the hundreds.

'Take thorough preventive action'

Malaria still a risk despite cold weather

Star 7/7/88

(89)

By Sue Olswang

The recent cold weather has reduced the risk of malaria, but it is nevertheless advisable not to take chances.

"Malaria prevention is in everyone's interest," said Dr Celia Young of a leading pharmaceutical company, who had received many enquiries from people travelling to malaria areas.

Dr Young said prophylactic measures were still recommended with a high degree of confidence.

But, she added, the main problem with malaria prophylaxis was that many people stopped taking anti-malaria tablets when they returned from a malaria area in the belief that they did not come into contact with mosquitoes.

"One is not necessarily aware of a single mosquito bite. It is, however, all that is needed to become infected.

"The incubation period of malaria is eight to 11 days, but can be as long as

four to six weeks.

"It is therefore vital to continue taking malaria tablets for four weeks after returning home," said Dr Young.

Other precautions included covering the legs and arms during early morning and evening (the major feeding times of the mosquito), using suitable insect repellents on exposed areas of the body and face, inspecting areas and clearing up all points where water could accumulate, thus depriving mosquitoes of breeding sites, and using mosquito nets and screens whenever possible.

"As some people travel across our borders, where the resistant strains appear to be more common, it is advisable to be aware of the symptoms of malaria. These are flu-like symptoms, headaches and fever.

"It is important to seek medical advice if symptoms develop while in the malaria area or within six weeks of returning home."

The endemic areas where malaria was present throughout the year included the eastern Transvaal lowveld, northern Transvaal and northern Zululand.

The magisterial districts of Messina, Soutpansberg, Sibasa, Pilgrim's Rest, White River, Nelspruit, Barberton, Piet Retief, Ingwavuma, Ngotshe, Umbobo and the Kruger National Park also fell within these areas.

Epidemic areas, where malaria occurred only after heavy rains and flooding of rivers, included the lower Orange River valley from Prieska to Onseepkans and the course of the Malopo river in the north-western Cape from the Transvaal border to where it joined the Orange River.

Determined 10-year involvement in research projects



Dr Gail Galasko, of the pharmacology department of the University of the Witwatersrand medical school, has been involved in diabetes and insulin research for the last 10 years.

Wits doctor has made diabetes her 'speciality'

She: 2213788

89

By Sian Blackburn

resistance. I've been attempting to identify it since 1982," says this boisterous scientist.

"There are two major types of diabetes. One is insulin dependent; the pancreas doesn't function and it usually occurs in young people. The other is non-insulin dependent and occurs in the overweight over 40s," she explains.

"The latter may be controlled by reduced-calorie intake, exercise and diet. But patients should understand this is a lifelong diet."

She suggests that should a parent or grandparent suffer from diabetes the offspring's chances of inheriting the disease are greater.

Individuals in this category should seek advice if they pass a lot of urine or feel continuously tired.

In severe, untreated cases, the patient may experience dramatic weight loss and unquenchable thirst. Dehydration may also occur.

"This urine is extremely sweet and contains a great deal of sugar which acts as a diuretic and increases

Behind the untidy, jumbled desk in the pharmacology department of the University of the Witwatersrand medical school sits a very organised and efficient Dr Gail Galasko. Papers and framed certificates are strewn across the desk top, drawers and cupboards as proof of Dr Galasko's 10-year involvement in diabetes and insulin research. (Diabetes is a disease caused by a lack of the hormone, insulin, secreted by the pancreas.)

Recently Dr Galasko contributed to the search that isolated a plasma component which has an anti-insulin effect. She calls this Fraction Five.

"This Fraction Five is increased during stress and causes insulin

impotence because of the damage to nerves and blood vessels and a diabetic's chance of a stroke is increased.

Dr Galasko's fascination with diabetes began during a six-month American sabbatical in 1978. She spent time at the University of Virginia with Professor Joseph Lerner. His chief interest was diabetes and insulin and he introduced her to insulin action.

"I enjoyed it so much that I continued to commute to the States for the next four years — even after my six months were up."

Her interest in science began, she says, simply because she is a curious person and enjoys taking things apart and seeing how they work.

"When I was at school, girls' schools did not offer physical science — only biology. I was so curious about this area that I majored in chemistry and maths at Wits."

She was still not satisfied and so did a BSc honours and a master's degree in synthetic organic chemistry. Then came a PhD in London where she studied carotenoids — "the stuff that makes flamingoes pink and carrots orange."

Impotence

Some men suffer impotence because of the damage to nerves and blood vessels and a diabetic's chance of a stroke is increased.

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Measles is still a major killer in SA

89

By Toni Younghusband
Medical Reporter

3/1/78 Star

Despite preventive vaccine, measles continued to kill thousands of South African children each year, Professor John Moodie of the University of Cape Town said yesterday.

"Surprisingly, the incidence of measles is still very high in this country, despite the fact that it is a preventable disease.

"Unfortunately the measles mortality rate among very young children is still high," he said.

In one Transkei hospital 44 percent of infant deaths were caused by measles.

He believed a "failure to vaccinate" was probably the main reason for the persistent measles problem, "but there is disturbing evidence that even when children get the vaccination, we are still not seeing successful control of the disease".

Major measles epidemic in SA 'due to poor living conditions'

AK645 26/9/88
The Argus Correspondent

DURBAN. — Inadequate housing and poor living conditions have tossed South Africa into the throes of a major measles epidemic, says Professor H M Coovadia, professor of paediatrics at the University of Natal.

Professor Coovadia was addressing a session of the four-day symposium on "Infections in Developing Countries" organised by the Medical Research Council of SA in Johannesburg.

He said the epidemic mostly affected children under the age of five.

Thirteen out of every 100 children who contracted the disease died, more than 92 percent of them black, Professor Coovadia said.

Research proved that children living in areas with low standards of housing and health services were worst affected.

"It is scandalous that a preventable epidemic is a killer in South Africa," he said.

"We have some of the most sophisticated medical technology in the world and plenty of vaccine to counteract the disease. The fragmentation of health services and the shocking housing conditions of certain sectors of the population make them worthless.

"We need one national cohesive health structure that encompasses all race groups and includes the homelands."

Star 3/11/88

Malaria may spread to urban areas, warns health official

MARITZBURG — There were dangers of malaria spreading to the urban areas, particularly where Mozambican people were seeking work, safety and succour, Mr Richard Short, chief health inspector of the Department of National Health and Population Development at Richards Bay, warned here yesterday.

Addressing the conference of the Health Officers' Association, he said many sufferers lived in territories bordering Natal-kwaZulu and many of them mixed with locals once they arrived, especially in squatter areas where malaria de-

tection was difficult.

Most of these immigrants did not show signs of infection and were therefore missed by normal active case detection.

Mr Short said it was difficult to find immigrants who might be carriers because some of them carried Mozambican as well as South African passports.

In 1987 in Natal-kwaZulu, 5 004 malaria sufferers were detected through malaria surveillance agents; 2 487 through hospitals, doctors, clinics or health centres; and 946 through mass blood examinations.

200 pupils are in quarantine after dysentery hits Mooi River school

Own Correspondent

89

DURBAN — More than 200 pupils at the co-educational Treverton Preparatory School, Mooi River, are in quarantine with dysentery.

Ten youngsters and two adults have been admitted to Grey's Hospital in Maritzburg after becoming seriously dehydrated and another 40 are still in the school sanatorium.

Preparatory school headmaster, Mr Geoff Fetting, said the children went down with vomiting and diarrhoea on Friday night.

Also recovering in hospital are a retired nursing sister who lives at the school, Miss May Doke, and a master from the high school, Mr John Bartlett.

Water sources at the school, and food and food handlers have all been tested by health authorities and results of the tests were expected from Durban this afternoon.

● The mumps epidemic at Hilton College has affected 70 pupils and another 484 are in quarantine.

No one is allowed to leave the school estate.

Malaria warning to be taken seriously, says Natal board

DURBAN — It's malaria time once again and the Natal Parks Board has appealed to visitors to its camps to take anti-malaria precautions before and after visits. *Star 1/12/87 (89)*

All resorts north of the Tugela River are regarded as potential malaria areas, with a few cases of the disease having been reported from Zululand.

Measles rife in city, says MOH

Cape Times 3/12/88

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Medical Reporter

MEASLES has increased to its highest peak in Cape Town since 1983 with 15 deaths caused by the disease up to the end of October — and the city's Medical Officer of Health (MOH) has called for the compulsory immunisation of children when they start school.

In a report tabled before the City Council's amenities and health committee yesterday, Dr Michael Popkiss, MOH, said measles was a "serious public health problem" which posed a particular danger to infants and malnourished children.

There had been an upward

trend in the disease, which is notifiable, since 1984. There was usually an increased incidence in winter and spring, and this year's peak was the highest since 1983.

Dr Popkiss said there had been 15 deaths from measles up to October 31 this year, and 305 notifications in the first eight months of the year. There had been an average of 50 notifications a month since the start of the peak measles season in May.

"Proof of measles immunisation should be demanded as a prerequisite for entry to nursery schools and primary schools and such immunisation should be made compulsory," he said.

He said every effort was being made to increase the number of

vaccinations against the disease, including an education programme conducted through the city's bus companies.

"It seems urbanisation is one cause of the increase in the disease, so we are trying to draw people into the city's network of clinics as soon as they arrive in the city. We will be distributing leaflets and posters through the bus companies."

The earliest practicable age for immunisation was at six months for high-risk children, repeated at nine months, and at nine months for other children.

He said measles, which was an untreatable viral infection, often led to other complications such as pneumonia and herpes infections on the lips.