Health \& Arsease - Hospitalstelinics 18 M ay 1978 - 30 Apirie 1980

Replacement of Charles Johnson Hospital at Ngetu
572. Mr. R. A. F. SWART asked the Minister of Plural, Relations and Developmont:

(1) Whether his Department intends to replace the Charles Johnson Hospital at Nqutu with a new hospice; in so, (a) at what coat and (b) when will work on the new hospital be commenced;
(2) how many beds (a) doss the existing hospital and ( 0 ) will the now hospital provide for (i) matemty causes, ib) children and (iii) adults;
(3) what provision will be mede for accommodation of White and Daw staff, respectively.

The Minster Of rugrat amber TONS AND DEVELOPMENT:



By KINGDOM LOLWANE

THE Dube cancer victim
night admitted to Baram was on Wednesday aragwanath Hospital in a intendent of the Johannesburg day the superHospital told POST she did hospitalised.

And the hospital described her condition late last night as "very serious". Meanwhile, Dr L Kalmyn, superintendent of the Johannesburg Non-European Hospital where Miss Patience Bacela was discharged early last month, refused to comment on her "We hto Baragwanath.
from our hospital on the patient since her discharge "and we are not aware of her 4," Dr Kalmyn said, cannot comment on her her current condition. So I she added. .

During an earlier interview with POST, Dr Kal myn häd said it would not benefit Miss Bacela to be The superintenden at this stage.
ent had been given sufficid also said that the patimonth and that she was due forines to last her a this month (Eebruary). due for another check-up

Miss Bacela (30) h
NEH and was last dischar twice been admitted to the tors allegedly told her parged on January 4 when doccould do about her case Dr Kalmyn refused
culars about her condition furnish POST with partisent, despite the fact that she is now her witten conShe added that if that she is now disabled. tion as regards Miss Bacela they supply them

# Hospital ${ }^{8 t i d i l l} 180 \cdot$ criticisms  <br>  -st <br>   



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eight-hour period between midnight and 8 am in the adult casualty and accident sections. This meant the doctor on duty treated an average of 1,7 patients an hour in the early hours.
In one week chosen at random. 113 people were treated daily by the adult casualty and accident sections and, in the second period, there were about 85 cases over each 24 -hour period.
The Johannesburg Hospital had a paediatric casualty section that operated around the clock Between three and five doctors were on duty between 8 am and 4 pm , two doctors between 4 pm and 10 pm and one worked from 10 pm to 8 am .


## SEPARATE

The hospital had a separate accident service with at least one doctor on duty from 8 am to midnight from Sunda-: to Thursdays. Between midnight and 8 am there was always a doctor on duty in the adult casualty section, the superintendent said.
On Fridays and Saturdays, doctors in the accident unit offered a 24 hour service. At least one was on duty on Fridays and one - usually two on Saturdays.
In the adult casualty section three doctors were on duty from 8 am to 4 pm , two from 4 pm to 8 pm , two from 8 pm to midnight and one from midnight to 8 am, Dr Howes said.
attend to 26 patients between midnight and 8 am .
"One medical officer was on duty for both casualty and accident services. Six of the 26 patients were critically ill and required admission to the wards as soon as possible."
The superintendent said that, based on two fiveday perr's chosen at random in December and early this year, a casualty officer treated an average of 13,6 patients over an

To say that the Johannes burg Hospital administraomained remote from the public suffering was unfair and unjustified the chief superintendent, Dr N E Howes, said yesterday.

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

## VARIED

Replying to the claims the superintendent said the number of patients treated in the emergency department varied from day to day, from week to week, and from day to night. He said it was unfair to cite a particular night, as Dr Heberden had done, to show that the casualty officer was under pressure.
Dr Heberden claimed that, on December 20, the -

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## Property Edien

TREASURY approval for about R200million is now awaited for a major redevelopment scheme for Groote Schuur Hospital. says the director of works of the Cape Provincial Administration, Mr R A Cunning. hame.

A new building, which
will nocupy most of the
land below Hospital Road
down to the main road,
will take eight to 10 years
in build after a two year






Chaos at Johannesburg hospital puts patients' lives in danger
THE SUNDAY EXPRESS this week launched its own investigation of the crisis in the casualty and outpatients' section at Johannesburg's new R156-million hospital - and today warns:

Something must be done before someone dies.
Two Sunday Express investigators found that conditions in the section were so chaotic it was only a matter of luck that no patient had died after being unable to get treatment.
The investigaters found that in one recent instance, a seriously ill patient who arrived by private transport joined the queue of people to be seen by a doctor and waited for four hours.
During this time his lungs filled with fluid because of his condition - and by the time he was attended to his condition had deteriorated markedly.
Despite claims to the contrary, the section appeäred hopelessly understaffed and the facilities chronically inadequate. But the doctors and nurses battled valiantly to deal with patients.
The Sunday Express probe was conducted independently of the hospital staff. Two investigators visited Casualty separately at random following this week's astonish-

the hands of the public and the organised medical profession. Act before you have the occasion to regret your apathy."

But Dr E N Howes, chief superintendent of the hospital, disagreed sharply.

He said facilities and staff at the hospital were totally adequate and the occasion quoted by Dr Heber-


 an are by ler rehnoden wan an excention.

Dectuse of this remarkabla displte on a matter of lifo ard death for the public of mot only Johannesbures but the entire Cransvaal, the Sunday Fxpress anderook its own investigation The two investigators wern shocted by what they found They deaided Dr Heharden': criticism of conditions in the section were, if anything. thederstated.

## This is what they discovered:

 O Latients vaited for nim hours or longer before thay weae attended to -- sme tha some were found ill enourh an bo admitted.O Sariontly itl patients aryiving, by ambulame wete fortumats enourti to bo seon immedintely - hrt those dropned by cor conid wat four hours of more O In the casualty dopartment four doctors, one employerl part-time, atyended to aboni 17 ) patients in each 24 hour period. At the polyclinie, thev vere told, one sisier and a BSe sint dent coped with an average of 160 pafinots a day
ofurcing staff tworked for 12 hours nt a strotef.
of An observation room lapge cnough to accommodate 1 ? pa tients was mot in use beeause there was insufficient staft. O It took seven minutes to walls from the casually department to the intensive care lunit In cintical cases, a dector maid this comid have owtremely Erave consembences.
Dr ferbotion elemod this

medical camalty denat troment.
The Simay Propest fomel that hoside fantors the combl actually enthonge pations thome were ritent thets.and? conditions in the section iorrowing for both staff ard pa. tients:
O Once seen by a doctor, pispenta often had to watt Jors periods at the dispensary to collent their prescriptinns.

The dispensary wers a conciderable distance from tho ontortierts' and casnalty denmetments, awd the od anl ser found it dificult on and aro Oformot ofon lal to rove
 ambertaca Tror ond it: cont nat atfor amporter hoth the cuntme (capore fy). OTher was anty ano thinet compler for each rau.

- No sopante toilet facilities exicted for etaff.
o Pationts who hed to rait umtil late at nithe for medieal attortion often rad no may of

The last menieman bus loft the heopital at 7rom. Ouly some joftrats dromming ory
 and mensomers, fore noment to trancport home.
- There vas noly one ribies room - and hat a combidownhe distance from the carnaty $\boldsymbol{q}^{\text {a }}$ pirtment
o There was mo provian for wrine terts and patomers ind eo cary samplea from for fores part lone croans.




long walt back
o lortars ench trudged a seven ranter walt vith pattonto on follow from casam!ty to inton come care and the mertical verds potwon 12 norl 75 times por cipht Jome rift.
Oital on wors wolped the hospital on a cossional host recaved only $\Gamma 5,40$ an home.
Ir Joberden wamod that, unless the medion and romaris professions were ahto to shats off the "stancletold" or for romorecy, they ard the ruhbe wowhedtar or copator
bes umat the intminta. ton rensmet raco form Fobe serpuine.

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 awn macts mrees attendors in White potients.
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Dr soma reowte, a dnotor emoloyed at the Johonnemerte
 van miteren it tro pronital rasumers
Sharnidentls for action were orxit io m mexte in tha reoFarmal Comal.
we Provele sind colour bers rownes to inhen chould ha on movel.
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CHRISTOPHER GOODMN: HOW SUPERIOR POWERS OUGHT TO DE OBEYED (1558)
people should take unto them the punishment of the a great disorder, that the magistrates and other, officers cease to do their duty, they are, as it were, giveth the sword into the people's hand, and He Himself become immediately their head (if they would seek the accomplishment of His laws) and hath
promised to defend them and bless them.

## JNNIUS BRUTUS: VINDICIAE CONTRA TYRANNO (1579)

We have showed before that it is God that does appoint kings
chooses them, who gives the kingdom to them: now we say that the establish kings, puts the sceptre into their how we say that the


 profit of the people, without being puffed with any vain imagina were raised so high above others; as if they were to command fo sheep, or herds of cattle. But let them remember and know, that voice and acclamations, now as it werers, raised from the earth unto their thrones, that they might afterwards bear on their own
the greatest burdens of the che greatest burdens of the commonwealth...

Now, seeing that the people choose and establish their kin thing most evident, that he who is established by another, is ac ander him who has established him, and he who receives his autho
 impossible for the people to assemble together all into ond that
 of the people, in such sort notwith should ordinarily preserve required, the people might be assembled, or at the least such ar



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The dilapidated Non－Exopean Hoepian！（Netif in Finurou， can no longet provide scticfectön＇medioal servicee for hiaclic who work and live in the city and subutbs．

 seven hours to be＇rocated＇．
 casualty ward was in a state ct ctace．
 accomodation and staffing，iach of equibme：t and basic fadities．

And a top hospital source told the＂alab＇that requesto to the hatare authorities to allow NEH to use accommodation in the old General Hospital acress the roce－which． is now almost empty－have been rejected．
In the＂Mails＂investigation into the Non－European Hospital，the following shoching facts emerged：
－There are only 143 beds to serve the hundreds of thousade of biath induatian ane domestic workers in the city eact day．
 patients．And at least 1000 patients a month have to sleep on floors in the hospitai s corridors and a＂sleepover＂room because of the bed shortage．
－On a Saturday night only one－at the most two－doctors have to handle every type of medical problem．from a child with pneumonia，to a man stabbed in the chest．The doctor can often handle up to 80 cases．
－Since Baragwanath closed its doors to NEH in October 1977，the hospital has had to accommodate an extra 850 patients a month．

## Hospital quiet


＂No commett＂wos the reaction from hospital authorities to the finding of t ：Mand Tatly Mall investigation into the casualty section of the Johannesburg Mospital Iast week

Ttio＇Mail＇sent three reporters into the casualty section to investigate nligations by the principal medical cfftcer of the casualty section，Dr leter Weberdon，that it was＂chootic＂
The reporters observed that dectors vere under pressure and queues of patients were tharruntled by long waits of up to geven hours．In gome cases，people who had sat there for a day had not been attonded to by spm the following day．
Yesterday，chicf superintendent of the hospital，Dr Nevile Howes，said he would not comment on the matter．
－NEH X－rays more than 40000 cases a year in two X－ray rooms，in a depart－ ment which has been con－ demned by the Radiation Control Board of the De－ partment of Health．In 1976 －and nothing has changed since－inspectors of the Control Roard renorted that －Fich was breding radi－ ation safety rues and that tits X－ray department vass ＂a hazard to health＂
－The hospital has limifed security which fails os stop vagrants entering the casu－ alty area and consuming li－ guor on the premises．
o Specialot services are limited．Thare are no ore nose and thoat revies： there are no facilities ？ 0 treat paediatric or uroloti－ cal emergencies．Nor aro there any services for plas tic surgery or spewalised treatment for facial injumes of which there are many． o The overcroving of the Rospital mates it deficult to keep clean and some parts of th？fornitel are in a filthy stoto．
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By MARILYN ELLIOTT
THE public and members of the Opposition in the Provincial Council have reacted angrily to conditions at the Johannesburg
Hospital＇s casualty ward and the Non European Hospital in Hillbrow，exposed in a Rand Daily Mail investigation published yesterday．

MMrs Irene Menell，PFP MPC for Houghton，said：＂This situ－ ation is totally apalling and is made worse by the apparent lunacy of Transvaal hospital planning．R156－million was spent to provide 2000 beds for whites in a situation where more beds were most urgently needed for blacks．
ans yhe refusal of the adminis－ tration to spend money on NEH or to extend the facilities across the road to the now almost empty General Hospital －on the idiotic grounds that it will draw more blacks into ＂White areas－is ridiculous．
＂It＇s very sad that all the Warnings that were given in Provincial Council over the ，years have largely gone un－ mheeded
traw i hope a public outcry will adm sufficient pressure on the thethink the whole pattern and quality of medical services of－ imfered in the Transvaal
al particularly hope the ex－ traordinary waste involved in ：over－providing hospital beds for whites and underproviding for blacks will be stopped．
＂It＇s ridiculous in any situa－ tion but particularly in a situa－ tion like this to make the col－ ＂our segregation of hospital ser－ vices a higher priority than the medical needs of all patients in the Transvaal．And that＇s just what has been done over the years．＇

Mr Douglas Gibson，leader of the Opposition in the Provincial Council and MPC for Bezuiden－ hout，said：＂What is going on in the Transvaal Department of Hospital Services？
＂The most serious allega－


A sign outside the old Johannesburg General directs patients to the new hospital in Parktown．
tions have been made about the crisis in our hospitals and yet the political head， Mr K de Haas，MEC in charge of Hospi－ tals，has，to my knowledge， said not a word．
＂Apalling conditions appear to exist at NEH and we are told that this hospital can no longer provide satisfactory medical services for blacks who work and live in the city and suburbs．
＂We learn that chaotic condi－ tions exist at the Johannesburg Hospital，which incidentally
cost the taxpayers about R156－ million．The Kalafong Hospital， serving blacks in Pretoria，is becoming the target of in－ creased resentment because of extraordinary delays in obtain－ ing treatment in the casualty section．
＂All of these allegations seem to me to be well docu－ mented and are either made or supported by medical personnel whose only desire is to bring about an improvement．
＂These allegations are either true or untrue．The public is
entitled to an authoritative statement from the executive committee，either refuting the statments or promising an immediate inquiry．
＂If the claims that the casu－ alty ward is chaotic are justi－ fied，and 1 believe they are，the executive committee should spell out what urgent steps it intends taking．
＂The Nationalists are notori－ ously bad administrators and the public is getting the inferior provincial government it voted for in 1977，when it returned a tired and insensitive National Party to power
＇I appeal to ntembers of the public to join the campaign for improved hospital services．It may be your mother，child or friend who dies because of in－ adequate services．＇

Mr Sam Moss，MPC for Parktown and spokesman on hospital matters in the Provin cial Council，said that the casu－ alty situation at the Johannes－ burg Hospital would no doubt improve if doctors were paid a decent salary for working sessions there
＂At the moment doctors are paid $\mathrm{R} 5,40$－this amount is an insult to their training and abil－ ity．They should be paid at； least R10．
＂Let us not use the existing system and legislation as the excuse for not doing anything to alleviate their lot．
＂If the authorities in Pretor－ ia were serious about altering present conditions they would explain this crisis situation to the higher authorities to imple－ ment some change．I do not believe they are so rigid as to ignore what is happening．＂

Mr Moss said that some of the confusion in the casualty section could be alleviated if a voluntary organisation offered to help hospital authorities to direct people to the correct de－ partments．＂Old people，espe－ cially，would appreciate it if they were told carefully and clearly where they are mean to be for treatment．＇
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'Act now on hospital crisis'

By MARILYN ELLIOTT GOVERNMENT and pro oral authorities should conditions at the nestgrepean Hospital and on-European rotion of the he casualty section imJohamesburg Hopposition mediately, the opprith chief spokesman Rensburg said yesterday.
Mr Van Rensburg said aritions exposed by the conditions Rand Daily Mall at required treatment centrion.
public alarm. The Governpublic alarm. the alleviate the deplor conditions they have allowed to dev. they ," elop.'

The superintendent of the Johannesburg Hospital complex, Dr Neville Howes, yesterday also called on the authorities to allow the NEH to extend its accom
a new hospital in Soweto of

The Administrator of the Transvaal, Mr Willem rrusual, said last night ruywagen, sa' Rest in the from Pilgrims Rest that he Eastern Transvaal because could not comment he hew now seaper reports.
He is staying at a hotel He is Staying at a notel with the MEC in charge Mr Transvaal hospitals, was

## determined action <br> "They are shocking and "They are shave widespread modation to the old "white" General Hospital: not available for comment. <br> Huge rats terrorise hospital patients <br> By SOPHIE TEMA <br> HUGE rats swarming through Natalspruit Hospital are terrifying pa-

## Mr Van Rensburg said: crimination from the

 Ano immediate step that can be taken is to open the old General hospital to accommodate the overflow of patients at the Non-European Hospital in Hillbrow and at Baragwanath Hospital.":The Government should Ine realise that apartheid also realise that in a country's health services. It should remove all race dis-
"To remove the paralysing consequences or a health service stratified and segmented on ractal Gov goegraph should immediate ernment shone services un ly place co-ordination, direc tion and funding of a central health service

It should also construct the same dimensions and standards as the Johannesburg Hospital, and it should arg facilities for train ing doctors and nurses.
"Improved salaries and conditions of employment of all medical personnel particularly nurses - is a top priority.'

- See Page 4 tients - particularly young moth ers who fear the rats will attack their babies.

Patients complain they cannot sleep at night because the rats come in and nibble at their toes.
Mr Jeremiah Nkedi, a paraplegic, said: "These things run over our heads at nlght, eat our food out of the cabinets, and back at you them away they just stare bat you.
"They are the biggest and fattest rats ! have ever seen in my life.'
Mrs Linda Mahlangu, recently discharged from the aternity ward, said when she first saw the rats in the mard she cuddled her baby tightly in her arms for fear ward she could be attacked. "One morning I woke up and found one said drowned in the flush-pan of the tollet, sabies under the drowned in the thers ${ }^{*}$ slept with their babies under. blankets ail night because the rats ran over lained to the blankets all nigh yesterday they had complained thities Patients sard yested them to inform the autho nursing sisters
about the rats. ghe grown worse
A hospital spokesman yesterday said the authorties were aware of the infestation and were domg something about it.
"This has been as a result of the many rains we have had," he said.
"These rodents come into the hospital building from the hospital bulding farmth

# brews over 








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 Hospital," he said.
"By the end of Probe wry it should min on zeno ming smoothly, We have taken stapes to got if out property," he paid

He added that ho did not want to comment the then on tho ls mad with ty has been sorted out and the problem has hen wot vel."

He also did we som mo ment on what tepee were $S 1 \partial$ being taken to don ta the iso problem.
Sent Recent reports have es -I Ide posed delay n att me med parent shortage or cures SIIS in the curbuitiy tergleas of -ard the new howpitat,

A polynulfinia s us ste 24t operating nt the old bo כЧ1: hannestiurs cenort-isese
 1247 patient prefer to come to SOLEL the new homptial tux thess.

The reports quoted patients who had to wail in queues for hours and lack of hospital stat z in especially foetor m to 341 (treat casualty cases
suond

ICE
The casualty section at the new hospital opened only a few weeks ago.
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A political storm is breaking over conditions at several Transvaal hospitals as public concen mounts over long waits for treatment and overcrowding in casualty sections.

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

Mr Doug Gibson, leader of the Opposition in the Provincial Council, today called on the Transval al Executive Committee to do something inmediately about the alleged overcrowding and bad conditions at both black and white hospitals.
"We have reports from the Kalafong Hospital in Pretoria that over. crowding and unnecessary long delays are causing great resentment among black patients, as well as allegations of appalling conditions at the nonEuropean hospital in Hill. brow and chaos at the new Johannesburg Genera. ai," he said.
"In spite of these serif" ours allegations I have not heard one word from Mr Galle de Has, heres onside for hosp 1 ger
 allegations at at the hos pitals seem to be well a documented and apoc:" ted by medical the drone neil." $\therefore \quad, \quad$ ?

Mr Gibson called for an authoritive statement from the executive committee either refuting the: allegations or promising f full inquiry.
"If the complaints are: justified, the committee must spell out what step: it plans to take to resolve this untenable situation, he said.

## Steps taken

Dr Fowes said hospital ploy alt se norayo soling duels ail jo јо әпц! Кq чว!чм 05 jay to to punoúe die uosjod Kure Ka 12ч12sㅇㄱ Kueduos

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the Johannesburg Hospitall.
"These are teething problems and axe transit tional ones caused in part

GOMEWHERE in the planning process, something has gone wrong with the efforts to provide proper and efficient hospital services in Johannesburg.

What have we got?
First, there is a brand-new hospital on the hill which cost a massive R120-nillion to build and for which there appears to be a severe staff crisis, at least in the casualty section. The reason for this appears to be that remuneration paid for medical services is inadequate. The anomaly: a vastly expensive, modern hospital in which the staff is underpaid and inadequate in number.

Second, there is an old hospital for blacks, which is situated near the former Johannesburg General Hospital, which has totally inadequate accommodation. The anomaly: one hospital bursting at the seams and, right next door to $\mathrm{it}_{\text {, }}$ an unused and empty former hospital.

This situation is not just a
mis confirms what other workers nave found - that if medical
services are reedily available, they are used.
whereas in : :



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consicered necer"ry for sood health, and are aware of the b
of usinc clean water.

## Summary

double-crisis; it is a disgrace and one which the citizenry of Johannesburg cannot tolerate. Perhaps the cause lies in attempting to plan for urban medical services in a body made up mainly of rurally-oriented representatives in the Provincial Council. Perhaps it is another manifestation of the aberrations which arise when planning is subjected to the ideological straitjacket.

Whatever the cause, there is need for some urgent action to deal with an emergency situation. This means paying doctors and nurses more and getting more staff so that hospitals can be efficiently run. It also means reopening the old Johannesburg General Hospital (or parts of it) to ease the strain on the NonEuropean Hospital.

Provincial authorities should not lose a moment in acting to deal with a situation that could prove fatal for many people.

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similar in ell respects to Chavani or Mbokota, but without a









sroup.
 Non-European Jospitesburg's Tuesdays Hospital. busy as there is a clinic and the $X$-ray department is inic and the with patients. In casualty. doctor was figurin exasperated do with six paticng out what to eaten a bad patients who had running high temperd were from food poisoning. Three of tho ving. on stretchers in the waited for "further observation" and arrangements weren" and made to transfar were being Leratong. The 'These patients remarked: Once their temperatures are ill. it means the orgatures are up vaded the bloodstream, has inIn the X-ray section." of patients looked section, crowds ing, looked at the floor the ceilonto their place in the and held for dear life. As there rooms (which were condemned by the Radiation Control comned as being a "hazard to heard three years agol to health" they will wait a long they know In the medical long time. and nurses moved ward, doctors the aisle at speed up and down only way they could get
centre of the ward were sever. Antra beds, all of them full. Another patient arrived in a Wheelchair and nurses threw up put this patient nowe are we to Then thent now?' overcrowding angh. Despite the facilities, there is inadequate bond of fellowship a strange staff. They give the among the they're in it together impression to save a sinking ship. . trying This atmosphere is larly apparent in is particuroom where in the plaster broken ankles patients with ever, congreg, arms or whatters applied. Doctors plas-speed-of-light Doctors make on X-rays and diagnoses based an appropriate start preparing plaster table that ister $\rightarrow$ on a

## piece.

Doctors at NEH have no time for trifles. They can only then the patients and even have to wait patients sometimes admitted to the ware they can be, Yesterdiay the ward. tients had to waif surh pafracture clinic had until the cause that is the ond ended beroom where they $\begin{gathered}\text { available }\end{gathered}$ over for the night bean sleep admitted to a ward. Sornetimes up to sleep on the floor. 40 patients

## Staff

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

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

This matter is extreme. by urgent and I am faced with the choice of runming a department of which the TPA will be proud or of closing the department (medical casuaIt department) al together.
"The latter would be a disastrous blow to the johannesburg community.
"If the Natal Provincial Administration is able to upgrade their medical of ficers, surely we can do the same. Please add your comments and refer this letter to the TPA for urgent action on their be. half
"I would like to have a meeting with the provin cal authorities, to discuss and finalise matters imo diately."

Dr Herberden received no written reply or re sponse.

## RESPONSIBILITY

January 9 1977. To a superintendent

1 wish to draw your attention to present staff problems and proposed: course of action. If any department or individual reinfects this ornosegnt. fac additional staff, 11 must be done in writing Whoever signs the amentmont or rejection will at atomatioally aceopl foll responsibility for any staffinf problem which may arise within this departmont.'

Dr Irerberden received no written reply or re. sponge.

## UNREASONABX.E

April 24, 1977, a letter sent to a superintendent.
"For months I have given considerable thought to ways and means of creating and maintaining a stable and reliable staff in the caskally department. It is totally . unreasonable of the provincial authorities to expect a head of a clinical department to spend a major portion of his time phoning and imploring doctors to spend 'out of hours' sessions in casually."

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

February 22, 1978, a

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

The original communication was posted to: the superintendent, the diracfor of hospital services, the principal of the Univerity of the Witwatersrand and Professor $T$ $H$ Bothwell, head of the department of medicine.

This particular com munication is of such viital importance that it and all other relevant inform lion have been lodged with my legal adviser, for with my legal adviser, f
safekeeping," he wrote.

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

The result of the memorandum was a meeting with the superintendent and the dean of the fachl. ty of medicine.
"The outcome was not a positive one," said Dr Ferherdèn

## COLLAPSE

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

Profossor $\mathrm{T} H$ Bothwell, head of the department of medicine and chairman of the Medical Advisory Committee, "had been of untold help to me and my department, since my appointment at the hospitail"

March 30 1979: "The TVA granted noe 10 extra posts of font sessions a work each. For this 1 am nos it grateful but, at R5,60 an hour, 1 am unable to fill the posts."

July 20 1979: Letter to Professor Bothwell regarding the inadequate facile. ties and accommodation for casualty and polyclinic. at the Johannesburg Hos pital. INs reaction was jun-

## Patients still at  doctor warns

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

##  R5,60 an hour

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

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Dr Peter Heberden, principal medical officer at the hospital, has made a second and detailed riticism of patient care and working conditions in the casualty department.
Since his appointment as a senior medical officer on November 1 1976, he has waged a personal batthe to improve the standard of patient care in his department and has urged the authorities to overcome the medical staff shortage and pay doctors and nurses at the hospital fair salaries.

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

## DISCLOSURES

He made several discosures in a 15 -page memorandum of conditions in the emergency section at the hospital.
(2) Since his appointment he had attended several meetings and carfried on a "unilateral cor-

## Patients still ail Hoick, liospiital flomelop wamphe <br> 

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

The hospital administraton who issued conflictinge instructions to bookind rents, what mantled in the cancellation of at polvelinice bookings for most of December.

## "FEEDING IN"

"We are now faced with the task of 'feeding in' about 1800 patients. over and above our daily sick,' Dr Heberden said. "This will take at least another six weeks."

Emergency back up services wore inadequate, h: said.
"If more than one patient is injured in a major accident and arylulros immediate life. saving attention, while a patient on the medical side suffers an acute heart attack, one medical officer on the spot cannot cope.
"One just cannot wait for back-up help at any time. Additional trained medical assistance must be immediately available and not several telephone calls away," Dr Hoberden said.

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## DISCLOSURES

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(2) Since his appointmeet he had attended several meetings and carreed on a "inilatema correspondence" with the hospital authorities to try and effect changes needed.

6 He also met or corresponded with the Sargent General of the SA Defence Force, the President of the SA Medioctl Council, the Secretary and member:; of the si Medical Association, Professor D .7 du Plessis Professor $T$ il Bothwell and the Dean of the Fac. ult of Medicine to this end.
(3) His department still had no name although it treated about 60000 patients a year and helped in the training of doctors, medical students and nursing staff.

6 The present chaos in the casualty and polyclinic sections was intrated by. "Someone" in the hospital administra


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By GERALD REILLY
Pretoria Bureau
OPPOSITION parties will launch an all-out effort during next month's Provincial Council session to persuade the Executive Committee to reopen the old Johannesburg General Hospital as an extension of the run-down Non-European Hospital.

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

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

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

It was "criminal" that the NEH shoula have a bed occupancy rate of $120 \%-74 \%$ was regarded as saturation when there was a well-equipped hospital just across the road with 700 beds standing empty.
He pointed out that the white population of the city, taking into account the private hospitals, had double the number of beds available to blacks, who outnumbered whites by nearly two to one.
. Mr Oberholzer said there were 12000 blacks legally residing in the immediate vicinity of the hospital.

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

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

Monis factory in Bellville Sout have re fellow workers were dismissed. The ve were nembers of a trade union. say and hours of work - 840 a week Factory says these demands are "out lead to "disruption" in his firm.

1 \& Canning Workers Union) say the : union rights to negotiate for better ate with the union. It says the men $t$ of a cut-back of staff.
than half the men on strike are at of being endorsed back to the with their 'Coloured' brothers and om the Departmont of Lahour tried to gathered outside the factory. The wi were all there for the same purpose."
are increasing. At a solidarity college students from U.W.C., Hewat, ical Collcge called for workers to iis products.
it will instruct its members not negotiatiom.
called on all sports bodies and i for re-employment of the werkers
ted a call for a boycott of all ' . However a director of the firm :t of the factory's products by lacks. The management have kept he place of the stiking workers.
e factory which produces the ncluding self-raising flour, Cake r, Wjeatie Treat flour; All cluding icecream cones, wafers, hells, ribbon noodles - broard, 11 the above noodles and spagettis ot $c^{\prime}$ Gold, Princess, Checkers and mealie meal. Fattis and Monis also own Bakery in Observatory, in Somerset Vest.

Published by Comm Comm. Printed by S.R.C. press, U.C.T.
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## By TONY STIRLING Chief Reporter

OPEN HEART operations - for which patients have been quoted up to R5000 if done by a private surgeon - are available to anyone through the Transvaal proincial hospitals for as litle as R150.
The private surgeon's charges exclude private hospital costs, running at R3 000 to R4 000 for major open heart surgery
The Rand Daily Mail yesterday interviewed a woman now recuperating from a heart valve operation at the $J$ G strijdom Hospital, 'Johannesburg.
She had been quoted anything between R8 000 and R9000 for the same operation if performed at a- private hospital by a mivate surgeopes
The wonnañ, confirmed the total billat the hospital, including surgery, drugs, blood tests and preoperative X-rays, totalled R150 for a stay of 10 days. Academic surgeons at the hospital said yesterday there were some popular treatment at provincto hospitals which were being exploited by some private surgeons.
"Firgeons.
First, from patients received he wem have been informed they will not be admitted because they are not eligible in terms of the means test," one leading surgeon told me.
"This is incorrect. Anyone - Mr Harry Oppenheimer included - could open heart surgery This is a 'closed' teaching hospital and anyone can be admitted at the maximum charge of R14 a day," he shar
"The only difference is that where a person is admitted through us the op eration is done by, the hospital's team of heart sur geons. A patient therefore, does not have a choice of which doctor will do the operation," he said.
Surgeons said the second myth was that in cases of open heart surgey patients entering a provincial hospital might be subjected to a long wait
This is simply not the case," a surgeon said Where a person requires mmediate surgery because of his condition, he will immediately be given accomodation."
The surgeons said cardiologists and cardiac sureons in private practice had a moral duty to in-


A child pictured in the intensive care unit at the J G Strijdom Hospital yesterday. The child's condition is constantly monitored by a computer Many children, some only weeks old, undergo open heart surgery.
form their patients that far less expensive treatment was available at the provincial hospitals. 'This, unfortunately, is not always the case, one surgeon said.
The patient spoken to esterday said she had been waiting to have her operation at a nursing home in Johannesburg. The operation was to be done at the recenti opened R1,, -million unit a the Millpark Hospital.
The surgeon then said there was a complication. Before he could operate he required R5000 to be deposited. He said hospitalisation would cost an additional R3 000 to R4000, she said.
The surgeon, she said old her he had one bed at the J G Strijdom mond tal where chasper hosp. talisation was avilable but that because tie was committed to another patient she would have to
wait until February. "My husband's medical aid agreed to pay the hospital fees. But they would not agree to meet the surgeon's bill, as it was considered to be too high," she said.
Mr Clifford Franks, a Bedfordview businessman said his wife had undergone a heart valve operation in May last year. A stay of more than a month at J G Strijdom Hospital cost R366. Later he made the hospital a donation of R2 000 for heart disease research.
The J G Strijdom, they said, kept public reports on all open heart surgey done at the hospital. "Last year we did about 1000 open heart operations, including 100 artery bypasses, on which the hos par result one casualty any in the world.
The team also conducts open heart surgery at Bas agwanath Hospital, where
the same treatment is available free of charge A spokesman for the Millpark Hospital said yesterday a private surgeon had stated he had only four beds a week available at the provincial hospitals and consquentiy it would take several months for him to complete operations on all the patients he had. But with the construction of the new open heart unit at Millpark his operation rate would be considerably speeded up.

There had never been any suggestion made by the hospital that patients might not gain entry to a provincial hospital be"means", they railed a Daily Mail has coint that suggestions referred to by their patients were made not by the Millpark Hospital, which has th only open heart unit avait able at a private hospital. but by private doctors.


Dr Peter Heberden, the campaigner for better standards of hospital care and improved working concitions for medical staff in the casualty department at Johannesburg Hospital has a "dream Horital.

Dr Heberden, principal medical officer at the hos-
pital, has called for patient are in the casualty section to be im.


WobT private hospitals in Juhamesburg have apmed for licences to admit all races;, Mr doh H Landall, chamman of Whe National Federation of Fri-
Me hospitals, sad yesterday.
Mr Randall was reacting to a
 nity Developmonit of Commavary dete Vemponi, Dis Eany
 been ho ajplications han had
vare hospitali. bewntar.
Cations we whemeded tho appli. calions were beind drayed in fice". or other resionai of
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o weeks, or cocasia mant two weeks, or crat sis many of
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Ayanda amanani abantu abazibandakanyileyo nabasebenzi kwiveki ephilileyo kubekho abafundi base University nakwano Kolegi abangaphezu kwe - 500. Abafundi bavelu kwezi zikolo U.W.C., Hewat, Peninsula Training College ne Bellville Technical College. Abafundi bathe abasebenzi mabaphinde baqeshwe kungenjalo yonke imveliso yakwa Fattis \& Monis ingathengwa.

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

Umbutho oyi South African Council. of Sports SACOS ucele onke amalungu awo nazo zonke izikolo ezinonxibelelwane kunye nabo ukuba zixhase abo bagxothiwyo de baphinde bageshwe. Yaye akufuneki bayithenge imveliso yale fektri.

Abafundi base U.C.T. bayenzile eyabo intlanganiso bebona kalisa ubunye nabasebenzi. Bacele ukuba imveliso zakwa Fattis $\&$ Monis zingathengwa okanye zingasetyenziswa.

Umbutho oyi Women for Peace Movement ucele ukuba efektri yenzi uphando nothethwathethwano kunye nabasebenzi.

Umbutho wal apha eKapa oyi National African Federated Chamber of Commerce ubhalile wakhupha istatement uxhasa abasebenzi abagxothiweyo.

UFatis $\&$ Monis uphikele ukuthi akukho ngxabano nakungevani kulefektri. Kodwa ke lowo ungumphati wefem le uthi, ukhathazekile xa kusithiwa imveliso yabo mayingathengwa ngabamNyama njengoko inkxaso enkulu ivelo kwabo bamNyama. Abaphathi bale Fem baqashe abasebenzi abangabanye ukuba basebenze endaweni yabo bagwayimbileyo ukuze kubekho imveliso, kodwa imveliso yehlile

Ngubani uFattis \& Monis? UFattis $\varepsilon$ Monis yiFektri enezimveliso zilandelayo: Record Self Raising Flour, Record Cake Flour, Record Bread Flour, Record Sifted Flour, Record Unsifted Flour, Record Wheatie Treat Flour; Philadelphia Flour; Koegerg Mille pack Mealie Meal; Fattis $\varepsilon$ Monis icecream cones, wafers and cake cups; Fattis and Monis Macaroni, spagetti, shells, ribbons, rings, dilatines; Princess macaroni, spagetti, shells, rings, ribbons, dilatines;
Checkers, Poto' Gold, Pick 'n Pay macaroni, spagetti, rings, ribbons, shells, dilatines; Wrench Town Bakery, Observatory ; Good Hope Bakery, Elsies River; Ultra Bakery, Somerset West.


THE Divisional Council of the Cape is considering granting permission for the establishment of a temporary clinic at Crossroads.
The Empilisweni Sacla
Clinic Committee applied for permission to establish the clinic to help to meet the primary medical and health needs of the community.

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

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

## CONTROL

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

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

One requires the consent of the Minister of Cooperation and Develop. ment and the Administration Board of the Western Cape.












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# Cancer patients' ordeal <br> CANCER patients who come from Baragwanath 

 Hospital to be treated at the General Hospital radiation therapy department, wait for the whole day because of overcrowding and insufficient medical attention at the ageing NonEuropean Hospital (NEH).These patients are brought by bus every morning and have to wait until 2 or 3 pm until the last one is treated..This is a tremendous hardship for very ill people:

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

About 60 pert cent, of these patients are blacks. Doctors say they treat an average 70 patients daily and the number often Shoots to 200 patients, where follow up cancer treatments are included.
The department at the Johannesburg General Hos pital is in fact " regional centre and caters for all hospital patients in the whole of Southern Transvaal This means that patients from Leratong Hospital near Krugersdorp, Potchefstroom, Vaal Complex, Klerksdorp and the East Randscrowd at the hospital for treatment.

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

- 0ther claims are that people are dying at NEH because of lack of space while an empty hosṕital stands across the road - the old Johannesburg Hospital. The out-cry is that the old General be opened immediately for black patients as well.
Wr. Selma Browde, a radio-therapist in the radiation therapy department said that the situation in the cancer department is critical.

She said: "While the authorities have spent a lot of money on new machines and sophisticated equipment, it is useless without other needs being attended to. A whole restructuring is necessary: What Browde said in most countries, everye major hospital has its own cancer and radiotherapy departments. This would be too expensive and not warranted in South Africa. But it is essential that the department be given sufficient support systems.

The medical staff at NEH said the opening of the new Johannesburg Hospital has made matters worse - POST learnt tyat $\overline{\text { nior machines have been installed }}$ at the new hospital. The new 4 MEV Linear Accellerated is lying in storage and cannot be installed because the building to house it has not been started as yet. It should have been built a_year ago.
Professor Norah de Moor, said they were in need of more staff and doctors
"We need more back-up staff," she said. "We are
short-staffed here and there is so much to do. If
they can improve the salary we will get more staff. pinom sicl 'ife ie waył poexit pou op saped quasadd a पL

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# Private hospitals： C stal 241480 most want permits 

Private hospitals and clin－ ic＇s throughout South Africa may soon be open to all races．
Mif John Randall，chair－ man of the National Federation of Private Hos－ pitals，said today that he expected most hospitals in the country to take advan－ tage of the dispensation announced by the Govern－ ment in December．

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

Meanwhile delays of up to two months are dog ging attempts by restau－ rant owners to get per－ mits to serve all races．

Mr Barry van der Vyver，acting secretary of the Department of Com－ munity Development said that so far only 56 per－ mits had been granted to restaurants，nationwide
＂It is a slow process but we are doing all we can
to speed it up＂，he said
＂Before we grant permits． to non－licensed restau rants we submit the appli－ cations to local authorities and various government departments for their comments．This can take several weeks．＂
At present 18 restau－ rant applications from the Johannesburg area are bottled up at the depart－ ment＇s regional office．
The：Johannesburg appli－ cations have already been given the green light by the city council＇s ma－ nagement committee．
Mr T F Oberholtzer MPC，chairman of the 0 committee，said that the ：$]$ council ：has no objection期 to any of the applications made so far．
A spokesman for Ster Kinekor said that his com－ pany was still negotiat－4 ing with the Department with a view to obtaining permits to drive－in cine－ mas．

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THE Natalspruit hospital rats are surviving the poison used by the hospi－ tal to kill them．

The hospital laun－ ched a major trap． ping and spraying campaign to kill the rats and cock．
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## And so does

 patients＇terrorroaches in the wards last week

The campagn was introduced after pa－ tients had complained that they could not sleep at night be－ catuse the rats came in and nibbled at their toes．

When I＇OST visited the hospmal yester． day，the patients satd the rats were still ＂terrorising＂them．

Mr Stlson Shange， a paraplegic，said：＂I
cammot sleep at night These things run over my hoad，eat my food out of the cabinet and yesterday they bit my feet

Mr Samued Mahehtanc said：＂When these hage searing rats stan doing Weir thing there bo bo－ thing soli can do but hite uater the mankels．
Mr dossy Ohfant hhow ed postr reporters a hat mana which was almost caten by rats on Tuesday night
Dr A Fi Chematy．the hospitar＇s superimombent． blamed the food and ra．

Molable hawkers dutside the hospital for the army of rats inside．
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The prationts chamed 34 M
 all．Fotison which woald 7 EN take hate days to kill the rats was also sprayed hast weck but the patient $\begin{aligned} & \text { an } \\ & \text { an }\end{aligned}$ clamed that the poison dey did not have any effert oyf

Ur＇hemaly refused to MO comment further on the madiay vesterday

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In Cașuălty we employ senior medical officers at highers salaries, so we have a good type of young doctor. And our registrars are much more highly. qualified than seven years ago.

## No trouble

she have no trouble getting staff.' There are 511 student nurses' posts, all filled. Of the 219 sisters' posts, 22 are about to be filled and we actually have a waiting list of sisters wanting to work here.
'Last year we had 80 applications for the 20 vacancues for interns, and at the moment we have requests for interviews pouring in from all over the country for 1981.'

As part of Dr Barlow's efforts to project a good image for Addington, a questionnaire was recently circulated to both in- and out-patients. There were few bad comments, she says.
Emergencies are always admitted immediately, but there can be a wait of six weeks for 'cold' surgery cases. This is what irequently forces doctors and patients to opt for a private: hospital, where there is no waiting period.

## New theatres

However, with the opening later this year of three new operating theatres, the hospital should be able to handle three times the, number of operations.
When this happens, all plastic surgery will be transferred to Wentworth Hospital which already handles all the neurology cases.
Addington will still be left with several specialised units, most of which are not duplicated by the private hospitals.
There is a renal unit, headed by the brilliant Professor Seedat, a cardisc rehabilitation unit, a special lung function unit and the only coronary care unit in the province.

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

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 the cost of being ill

## Nm 251180 <br> 98



## THE PROVINCIAL HOSPITALS

# 'We're proud of our reputation' 

## ADDINGTON Hospital is campaigning for more private

 patients in its closed wards and would like to see more mothers have their babies in the closed maternitywards.
'Young people are all on medical aid and tend to go into the private hospitals,' says medical superintendent Dr Margaret Barlow, 'so our future here could be treating geriatrics only, which is bad for a teaching hospital.
'Similarly we could take double the number of mothers in our closed maternity wards, who would have their babies delivered by our own doctors and midwives. Instead of that, we turn away 50 private patients a month, who want their babies delivered by their own doctors.'

Dr Barlow is proud of Addington's reputation throughout the country.
'Were not perfect,' she says, 'but our admissions go through fast. In the case of emergencies, if you don't die in the ambulance, your chances are good.
fees and all drugs and medication.
Addington has 900 beds, which are never all occupid.
The standard fee in a general ward is R8 a day; it is R11 a day if a private ward is recommended, but the patient cannot request this.

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

But he can opt to enter a closed ward, where he will be attended to by the hospital's own medical staff, and will pay a daily fee of R15 with no extras.
As Addington is a
teaching hospital, whatever bed he occupies he can be used as a demonstration case for trainee doctors and nurses.

## Scales

Patients in the lower salary grades may pay less than the standard R8 a day on a complicated scale laid down for the almoner.
Roughly speaking a single person earning less than R325 a month could qualify for the means test, or a married man with two children earning less than R475.
In this case his maximum liability would be R375; after that his stay in hospital would be free, which would include subsequant readmissions.

# Casualty chaos？ at Baragwanatho． denied by heâd ${ }^{2}$ t 

The superintendent of Baragwanath Hospital，Dr P．J Beukes，said today he was satisfied with improve－ ments in the hospital＇s casualty section and denied there was chaos there，

He was commenting on a doctors＇petition which complained of alleged dis－ organisation and misma－ nagement．

Dr Beukes sald he had Leferred the petition back to the doctors because claims suere made in a sage，unsubstantiated way，zo
＂Itas the internal policy of the hospital that if a doctor makes a complaint about another official he should prove the allega－ tions he has made．The official：complained of should have a chance to reply：${ }^{\text {² }}$

The superintendent ad－ mitted there had been
staff shortages there last month，but conditions had improved＂and we have more staff now than we have had for the past year．＂
Today eight doctors were on duty in casualty． Previously there were four．
He said it was being converted from two sec－ tiions to three．
＂It has been redesigned to make it bigger and more practical in terms of patient flow，＂he said
＂The number of surgic－ al cubicles is to be increased，＂he said．
The alleged＂dissatisfac－ tion＂of casualty doctors would not affect the patients，said the super－ intendent．
＂I have received no evidence to show that doctors＇left the hospital because of dissiatisfac－ tion．＂

0n．＂

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TUESDAY, JANUARY 29, 1980

## HOSPITAL 'CINDERELLA'

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

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

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

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

It is no less than astonishing, therefore, that a hospital of this stature should need to campaign for more private patients, and that it should, in the words of its medical superintendent, be worried that 'our future here could be treating geriatrics only' because most young people are on medical aid and tend to go into private hospitals.
There is no question that most private hospitals are efficiently run and offer exceptionally high standards of treatment, but one wonders whether people who complain of their correspondingly high tariffs have - bothered to consider the alternatives. There is nothing to prevent a person being treated by his own doctor at Addington, for instance, and paying less than one-third of the ward fees charged at a private hospital.
There is a feeling, of course, that some doctors are wedded, to the private hospital circuit which they find convenient for their daily rounds. That is understandable', but nevertheless it is preposterous that a complex such as Addington should become a sort of 'Cinderella'. The taxpayer is paying for its superb equipment and low tariff structure and it is folly for the taxpayer not to make more use of it.

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

Miss Patience Bacela（30），of 938 Dube Village，was discharged from hospital on Ja－ nuary 6 after the family had been told she had cancer and there was noting Medicine doctors $\begin{aligned} & \text { could } \\ & \text { Bacela，said．}\end{aligned}$.

Mrs Bacela said her daughter went to the hospi－ tal in April last year where she underwent a geneck． medical check－up．She
up after two weeks．
In May she Bacela said．
admitted，Mrs Bacela said．an operation and was dis－ Shed three weeks later．
＂Her condition had not improved at all，and 1
was surprised when told she had been discharged

Miss Patience tacela ．．．scriously ill．

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In December，she was admitte
on January 6 she was discharged．
rhis reporter tried to speak to Patience，and she just stared bact at me as if she was in a coma．

POST established that cases of terminal cancer －like the kind Miss Ba－ cela has－are kept at hospital．
This was even more ne－ cessary in Miss Bacela＇s case as she could not eat and needed to be fed intravenously．

Since she came back home，she has been vo－ miting continuously，and cannot eat or walk．
＂She has lost weight terribly as a result as you can see，＂she said． pointing to Patience．
＂She is in severe pain and I＇m afraid she can die at any time．＂said Mrs Bacela．

## stared

# Cancer vitim trated as out-p 

## By KINGDOM LOLWANE

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

Dr Kalmyn was replying to questions by POST on the circumstances surrounding Miss Patience Bacela's discharge from the hospital early this month.
Miss Bacela (30) of Dube Village, is fighting for her life at home. She is unable to eat, speak or walk by herself.
*Dr Kalmyn said Miss Bacela had twice been admitted to the hospital and was last discharged on January 4.
"At this stage her condition does not warrant readmission to hospital," she said. "She has been given several
had been allowed to go ed and said she would home, Dr Kalmyn said: not disclose particulars without her (Miss Bacedividually. The doctor considers the circumstan es and makes a decision. Readmittance to hospital at this stage would not be of buaefic to Miss Bacela."
She said cancer patients preferred to go home to being hospitalised. She however would not say if that was the case with Miss Bacela.
Asked to furnish us with particulars about Miss Eacela's condition the superintendent refusla) written censent.
The superintendent added that it was up to Miss Bacela's family to decide as to whether they wanted her brought back to hos pital or not.
"An ambulance can only be sent to fetch her at the request of her fam ily," she said.
She said the patient had sufficient medicines to last her a month and that she was due for another check-up early next
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& \text { She added that besides } \\
& \text { the improvements made to } \\
& \text { fadilities, more staff is to } \\
& \text { be engaged to improve } \\
& \text { the services offered by } \\
& \text { the hospital. "Everything }
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FACE LIFT PLANNED FOR HOSPITAL

By DERRICK LUTHAYI

PLANS are in the pipeline to give the dilapidated Johannes－ burg Non－European Hospital a face lift．
The news of plans to improve conditions at the hospital were given to SUNDAY POST by Dr L Kalmyn，the new superin－ tendent．

Dr Kalmyn said com－ plaints that the hospital thad no proper facilities for X－rays，no orthopae－ dic ward for women and， that long queues of patio ents had to wait to be
is being processed she said．

However，Dr Kalmyn could not say when work on improvements would start．

The hospital bias recen． Hy been the centre of controversy because of its overcrowding，shortage of staff and poor facilities．

## Patients

At least 40000 pati－ ents are treated in this ！department every year by a staff of nine work－ ing seven days a week．

They operate on two shifts with night－shift peo－ ple working 14 hours a night．
At the moment there are only 143 beds for a hopital which has an intake of 1000 patients a month at its lowest．
Lack of beds forces many patients to sleep on the floors while others stay in the corridors．




 benefits which have to be fed into the analysis；and in the intuitive

 the programmes which can be resolved by recourse to appropriate data． ing．This is partly due to a deficiency in information on the results of
processes is essential；and the division will have to be more fine
the more discriminating public decisions can be．lo
of the value of expenditure in each programme．


 processes is essential；and the
patients formerly seen by one doctor (seeing an average of 20 patients a
day each). (It is still in doubt if this limit on the number of patients
seen can be afforded). The outcome of a current anthropological and health
status survey of the comminity uin mann .

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## Bara to meet on move to open Gen block for blacks

## Staff Reporter

THE decision last week to open the Ronald McKenzie Block at the Johannesburg General Hospital to black patients－to take pressure off Baragwanath Hospital－was apparently made without consulting the：Baragwanath Hospital Board．
The chairman of the Bara board，Dr W M Matsie，said yesterday that an emergency board meeting would be held and＂a statement would follow＇s．
The Baragwanath Hospital Board was formed recently to liaise with the hospital on health matters．Members of the board include Mr David Thebehali，chairman of the Soweto Com－ munity Council，and Mr Steve Kgame，chairman of the Dobsonville Community Council．
Dr，Matsie said he had not been informed of the move to re－open the McKenzie Block，and that his board had not been consulted at all
However，the MEC for Hospital Services，Mr Kallie de Háas；said the Baragwanath Board ＂would not necessarily know about the move＂，
＂In our policy statement，it says Baragwan－ ath specifically asked for this，＂he added，refer ing to the re－opening of the McKenzie Block．

Dr Liza Kalmyn，a superintendent at the Johannesburg Hospital，said that the decision would lift a great deal of the burden off Barag－ wanath Hospital，which she said was suffering badly from overcrowding．
She could not say when the McKenzie Block would re－open．
＂The decision was only made on Friday，so we cannot say when the new plan will come into effect．Most of the hospital＇s equipment has already been moved to the new hospital．We will have to prepare the McKenzie Block to receive the new patients，and we will also have to find staff，＂Dr Kalmyn said．
The Ronald McKenzie block has 409 beds，as well as adjoining wards with 180 beds．
According to Mr．De Haas，the move would be a temporary one．The Julius Jeppe block at the General Hospital would continue to serve Indian patients．
He could not confirm when the block would re－open．He said the whole block would have to be re－equipped and re－staffed．
Dr Neville Howes，chief superintendent at the Johannesburg Hospital，is on holiday and could not be contacted for comment．



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 diseases and neoplastic diseases in men of death apart from cardiovascular mortality rates for al that that of the whites．The＇coloureds＇have higher





Deaths，Reports $07-03-01$ to $07-03-12$ ，Government Printer
Pretoria． South Africa（1971－1977）
 Union of South Africa．Annual 1926－1938，Government Printer，
Pretoria．
 SヨวNヨyヨョコy much lower age than has occurred in the white community levelling off at a it would appear that the＇coloured＇life expected to improve indefinitely，
 or $e_{45}$ ，have reached expectations of Life in 1970 which are as high as the

 Although it is apparent that the Expectation of
at the age of 45 ，and although this has been small，it contrasts with the


# Hospital only for hed at night hide pregnant 

By Josie Brouard
An acute shortage of beds at Coronation Hospital has resulted in women in advanced stages of pregnancy sitting on benches for hours at a time - while their husbands pay more than R15 a day in hospital fees.

The superintendent of the hospital, Dr C. H Kniep, has admitted that maternity ward patients were only given beds at
night. He said there was nothing he could do.
Several pregnant women said that in spite of labour pains, hospital staff had kept them seated. They were given beds at night, but told in the morning to return to their benches, to wait.

Dr Kniep said: "I am aware of the situation. We have these periodic spurts in the maternity wards and we cannot cope.
"Our facilities are overrun and we cannot fit in any more people. And there is nowhere else they
can go to that I am aware of," Dr Kniep said
He said the hospital had plans to expand but these would not materialise for a couple of years. "At the moment we suffer from congestion and we simply do not have the floor space to accommodate these people."

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

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

She was officially admitted for "bed rest" but also remained seated until 9 pm when all women were put to bed, Mrs Hansen said.
Mr J Hansen said: "I am paying R17,50 a day for hospital accommodation and this is the kind of treatment my wife is receiving. We feel quite desperate."


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

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In 22 cases (27\%) the
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ced. Only the $t$ has prevented them reatment and relapsed; , or vice versa; Efectiveness of treat-
red recovery to be I to replace broken and all his money through ho run great financial other better-paying ms of thejr contract
 The bulk of the economic decisions made by the private sector are made


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conditions and are
By BELEDE VABAZA PATIENTS at Charles Hurwifz Centre (Santa), near Baragwanath Hospital sleep in bugridden wards and get no adequate food - while a flower garden flourishes in the yard.
Thie hospital was opened in 1959 and is subsidised by the State. It takes TB patients:
Tin 1979, 1550 patients weresadmitted. At this time it has 399 patients, incuring. women and children.
patients clamed:

- They do gardening irrespective of their
paid $\mathbf{R 2 5}$ a month.
They get vegetables about twice a week.
- Because of long queues, on some, occasions food runs mut.
- Linen is changed ance a week. This also applies to shirts which also serve as pyjamas at might.
- There is sometimes a sliortage of pills.
- There is no supervis. ion on whether patients take pills regu-: larly.
- Three wards each with about 44 patients use six wash basins

and four toilets. This means about 22 patients queue for one basin and 33 for one toilet a day.
- Out of a number of doors in a ward, only two are in use. This the warden said was because of congestion.
- The two doors face the tollet.

At....
Mr L P Destontaimes, an official, said patients were not ${ }_{c}$ obliged to work, but dide so volintarily.
otherwise, he said, all allegations were not true. counts benefits or costs that are expected to accrue in the future
very heavily.


 that their set of preferences would be more adequately backed up by



 and the money votes that are available to back up those desires and


 Information flows may be inadequate and may lead to the incorrect views and feelings consequently were not evaluated at the time the
decision was made. well fall on people who were not party to the decision, and whose The benefits and costs of certain decisions taken in the market may feelings. well outweigh those of a poor man with extremely strong desires or have relatively weak preferences for a particular conmodity, could financial resources. Consequently, the votes of a rich man, who may
 There is no way a man can record the strength of his desire for goods
and services that are not currently supplied to the market. market mechanism itself as a decision-making medium, namely: the community as a whole, due to a number of inherent shortcomings in the unlikely to be closely related to the pattern that is actually desired by This market determined pattern of goods and services is, however, very community operating in the market and that propcsed by the suppliers. between the pattern of goods and services desired by those members of the prices that emerges from the market reflects the ultimate compromise



# Probe urged hospitals crì 



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

The motion was tabled shortly before the Administrator, Mr Willem Cruywagen, disclosed that 3069 nursing staff members had resigned between November 1978 and November last year.

## By AMEEN AKHALWAYA Political Reporter

 THE Rand Daily Mail's investigationinto the hospitals crisis yesterday
led to a call in the Provincial Coun-
cil for a commission of inquiry to
probe conditions in Transvaal hos-
pitals. pitals.

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Published by Comm'Comm.
Printed by S.R.C. Press, U.

Although the figure given by Mr Cruywagen was in answer to questions by Mrs Hrene Ménell (PFP, Houghton) on the new Johannesburg Hospital, it could not be established last night whether it referred to all Provincial hospitals or to the Johannesburg Hospital specifically.
Mr Cruywagen also dis"closed there was a shortage of more than 900 nurses at the Johannesburg Hospital. A total of 2402 was required to ensure it was adequately staffed.
$\rightarrow$ Mr Oberholzer later confirmed in an interview that the "Mail" investigation into hospital conditions led to his tabling the motion
He said that although there were "somb inaccura cies" in the "Mailt reports, "they most definitely embarrassed the hospital authorities and they embarrassed me as a member of the hospitals board"
The motion calls on the council to request the Provincial Executive to institute a commission of inquiry into conditions in Transvaal hospitals, especially with regard to the shortage of nurses, salaries and working conditions of both nurses and doctors, methods of training nurses and conditions at the Johannes. burg Hospital.

## Staff position at hospital 'critieal' <br> had discovered tha

Some departments at the new Johannesburg Hospital have less than half the staff they should have, according to figures released in the Transvaal Provincial Council in Pretoria yesterday.
In the light of the staffing crisis at provincial hospitals Mr J F Oberholzer (NRP Rosettenville) proposed a motion calling for a commission of inquiry.
The motion, to be .debated next week if..,the Provincial Council's programme permits, asks the executive committee to appoint a commission to investigate the salaries working conditions, the shortage problem and the method of training nurses

It also asks for an in vestigation into the salaries and working conditions of doctors.
Statistics released by the Administrator of the Transvaal in reply to questions by members of the: Progressive Pederal Party, reveal a dramatic shortage.

In December last year only 210 of 478 poststin the children's section of the Johannesburg Hospital were filled.
Only 187 of. the 385 posts in the gynaecological section were filled.
There have been 3069 resignations from the provincial nursing staff between November 1978 and November last year.

Mr Kallie de Haas, MEC in charge of hospital services, said that the new Soweto Hospital had been delayed because a suitable site for the new hospital had not yet been found and there were problems in providing services to the proposed hospital.
During debate, the Leader of the Opposition in the Provincial Council, Mr Douglas Gibson, accused Mr de Haas of "arrogance" in failing to reply to Press inquiries during the hospital controversy.
He said that the public

Nationalists were poor administrators.

Mr Gibson lashed the National Party MECs for leaving it to their officials to "carry the can" in difficult situations.
He said MFLs were either "timid, agnorant or ar "gant" in refusing to nent to the Press on vital provincial issues.
During the debate, Mr Oberholzer wast ruled out of order by the Provincial Council chairman, Mir B D Boshoff, when Mr Oberholzer tried to have Mr Gibson ruled out of order.

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# Embezzlement discovered at Baragwanath hospital 

EMBEZZLEMENT of about R11 520 paid by pati ents at Baragwanath Hospital, Johannesburg, has been discovered by the Transvaal Provincial Au ditor.

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

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

The auditors report stated that eash register re ceipts were duplicated.

Investigations \%owed that the grand total of re ceipts were wrongly recorded by at least one cashier before closing time.

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

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

It has been estimated that 799 cases representing an average of 60 daily has been traced. Calculated at R 60 daily for 12 days a month over 16 months, the estimated amount is R11 520 .

## Mervis quades 98 ) hospitanl staff orn <br> 'crisisis' conditions

## Pretoria Burean

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

This was disclosed in

Pia square decision

## expected <br> political Staff

The opposition in the Transvaal Provincial Council is hoping for a "positive" statement about Church Square's western facade soon

Mrs Pat van Rensburg (pre Bryanston) saicl she huped fine Transval Ariministrator, Mr Willem menagen. wond make it positive statement soon positive stateme of a new bueatse the cost of a new humblims, it the old his'own atoes were demotished. hat risen by about 16. millan sume last var

It is understood Mp Cruyuasen may say somelhinst about the western facadr - which has been the centre of a controvers crey since the Province disenssed the possibility of clemolishing it when he sums up it wo when he sums mart-approprition dratt ordinance debate to. morrow.
the Transvaal Provincial Counel yesterday by Mr Jocl Mervis ( IFP , Orange Grove).

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

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

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

Casualty patients had to wait up to eight hours for treatment, and nurses and doctors had to carry ont elerical fumetions as well.
and Mervis said the bospital fad been badly planned, and some reconstruction was needed.

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

He added the casmalty section lacked duices an well as tolets for patient: and staff.
"I do not know what is expected physically of the people of Joiannesburs." he saik.

Mr A F Fouche (NP Wiblank) replied: "Are there tollets in every room of your louscon If satid poople at casualty could "walk round the comer" to find a toilet.

Mr Fouche said he lid not thonk nurses cotid be paid enough.

Mr Robin Carlicle ( PFP Von Brandis): Iust try. Mr W J Broedt (NT Pretoria Central) described Mr Mervis's allegations as "gossip."
(The Provincial Arministration has been urged to review salary scales for provincial traffic officers.
"These men are doing valuable work in the province and deserve better salary scales," said Mr I) $P$ Kirstein (NP Delmas) in the Provincial Council vesterday.

BYAMEENAKHALWAYA Political Reporter. SENIOR doctors at the Johannesburg Hospital say the nursing service in the new hospital's casualty depart mint has fallen well below danger level.

Their views were re vealed in the Transvaal Provincial Council yesterday when Mr Joel Mervis (PFP Orange Grove) read a report he said had been compiled by the doctors after a recent meeting attended by the superintendent Dr Neville Hows.
The report, Mr Mervis said, called on the adminisration to increase the nursing staff or to admit openly that the hospital was facing a crisis situation.
O un our sing service in cow the gas fallen well bereport said.
Mir Mervis listed a numbbe of complaints and criticisms by the doctors:

- Shortage of nursing and clerical staff was critical. $\bullet$ Rates of pay of nursing and clerical staff were "iniquitous".
- Gross shortage of pertens, as many patients had to be pushed 400 m on admission. - Patient trolleys were
unmanageable. (18)
- Shortage of oxygerreyinders for patient trolleys.
- Serious delays on admis sion despite clerks doing excellent jobs, sometimes 16 hours at a stretch.
- Lack of signposts and information centres which caused the public needless frustrations and delays.
The doctors also said the total area of the casualty department was far too small and lacked meaningfull planning.
There were only six cubicles of which three had oxygen and suction fixtures. There were no sluice and toilet facilities for patients or staff in casualty or the polyclinic.

Casualty patients had to wait up to eight hours.

There was no clerical assistance in casualty
Mr Mervis joined National Party MPCs in paying tribute to hospital staff for their work but, he said the National party which ran the hospital services was in the dock
The MEC in charge of hospital services, Mr Kallie de Haas, is expected to reply tomorrow to a wide range of questions and allegations about the hospital services. services. $\quad, \quad \pm \infty$

Most families found it difficult or impossible to make a living on such small pieces of land, and what's just as important, if they could, they'd probably find that what they could earn from farming was less than what they could earn in town This meant that one way or the other most men eventually weht to look for work on the mines on in industry,

15
in and imp and Transvaal MEC in charge of hospital services, today made a personal attack on Dr Peter Heberden, the principal medical officer of the Johannesburg Hos pital who has criticised
You': ness section.

Speaking in the Provinof tir cial Council in reply to black attacks on hospital serout $c$ vices by the Progressive Federal Party opposition, Mr de Haas singled out And i Dr Heberden.
Trans Mr de Haas quoted a Trans. letter in which Dr Hebermetho den said he would pay probl certain medical officers at pes ti a rate of time plus a half, is and that he would appoint is an new. medical onfers have
vacant posts because the needs of the hospital were paramount.
Mr de Haas said Dr Heberden $h_{\text {s a d }}$ a "big mouth" as he had not yet appointed one medical of ficer.

Mr de Haas also replied to PFP allegations that black hopitals were overcrowded by quoting the increase in the number of beds since 1965 from 9267 to 13423 .
He. added that body searches of black nurses at othe Natalspruit hospital had been carried out because hospital property was disappearing. White staff were also searched when they were suspected. "Hospital property has been found many times," he said.

## Shortage of traffic cops

The shortage of traffic officers in the Transvaal Provincial Administration had become so serious that proper control could not be exercised in some areas, Mr Danie Hough, MEC in charge of road traffic, said in the Provincial Council today.
$\rightarrow$ Mr Hough said there was a problem because provincial traffic inspectors joined municipal traffic departments which offered higher salaries.
The question of provincial traffic officers was being considered by the Pubiic Service Commission and he hoped a solution would be found.

Mr Hough attributed higher municipal pay rates to the fact that local authority workers had em. ployees' associations.
the main $s$ to in to find for lise sewhere ies the most sulture, ; and

- unwilling:ant cause most 'orced
the rove theis important , and the family armers
and Weth poor roads and poor means of transport, few marketing comops and storage facilities. Another problem is that farming is a risky business with the uncertainty of rain, pests, and prices - amd people who are very poor generally prefer the certain income of a wage earned in town, to the uncertain income from farming.

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

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


## By AMEEN AKHALWAYA Political Reporter

THE MEC for hospital services, Mr Katie de Mans, admitted in the Transvaal Provincial Council yes. terday that there were problems in the casualty department of the new Johammestburg Hospital.

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

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

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

Answ: : criticism of his department's handling of hospital services, he the Opposition, time Press, at senior doctor at the Johnnewburg Hospital, Dr Peter Haberden, and Mr Joel Mervin (Progressive Fetteral Party MPC for Orange Grove).
Mr De las said he deplored the way in which Mr Mervis had obtained the doctor's report, and said it was a lie that the suberintendent. Dr Neville Howes, had been present at the meeting.

He did not, however, deny the contents of the report, which detailed complaints and said the nursing service in the casualty department had fallen below danger: level and the pay of nurses amt clerical staff were "iniguitons"

Mr lo Has es said he peril not comment on so. cities allegations in the foport because the committee was giving the problems the "necessary attention".

He accused the Oppositron and the Fngich-langage Press of being "megafive and destructive" and ignoring the good work done by provincial departments.

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

He called in e Haber den. who had pointed ont the
 burg Mospilas, a clit mouth', and intimated that he was being insubordinate in his dealings with the Director of tarpital Sopvices, Dr Genie Grove and his chief supermendent. Dr Hows.

Reading from letters from ID r Whataden to Dr Grove and Dr flowers, Mr De Lass said the doctor wanted to pay staff more, amd expected the province to foot the bill
Referring to Opposition shares about rectal discoinmation in hospital services, Mr in lias real ont figures for the mounties of hospital toes available from the time he became MEC in 1965

He said that in that year there were 7406 beds for whites and 9 bib for backs. Fin there were $1228 \%$ beds for whites and 1342$\}$ for blacks.

But Mr Alan Gad (PFP, Yeovillel pointer out that the number of white beds had shown a bigger percentare increase.

On criticisms about nurses' sames, he said: "The Transvaal Provincial Administration has by no mans any power to adjust sabres unilaterally. That function rests with the cen"1 :al Government."

Referring to an Oppositime call for integrated servies, he saint: "l give the assurance that as long as - lie Rational Party is in power, it vil mot bite it."

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| - |  |
| \% Political Reporter |  |
| LENASIA is to get a day hospital by the end of next year. But |  |
|  |  |
| the Indian township's 70000 |  |
| residents will have to wait until at least 1985 for a full hospital. |  |
|  |  |
| The MEC for hospital services, Mr Kalie de Haas, told <br> building could be completed by 1985, Mr De Haas said. He was replying to an earlier |  |
|  |  |
| the Transvaal Provincial Council this week of the problems <br> ewas replying to an earlier plea by Mr Sam Moss, deputy leader of the Progressive Fed |  |
|  |  |
|  |  |
|  |  |
| He said tenders for the day lay the building of a hospital in ospital would be called in June |  |
|  |  |
|  |  |

By Yussuf Nazeer

$\because$ The Government this
week granted permission
to a number of private
hospitals in Johannesburg
$\because$ to admit and treat people
© of all races.
it also issued permits to more white restaurants to
admit blacks.
Private hospitals-cumclinics that can now admit
$\checkmark$ sick: people irrespective of race or colour are: The
FFlorence Nightingale
Nursing Home and the princess Nursing Home in
Hilibrow, Fady Dudleys
Nursing Home in Hospital Hilf, Brenthurst Clinic in Parktown, Roseacres Clinic in Primrose and the Kensington Clinic in
Kensington.
A spokesman for a $\therefore$ groupof five private hos pitals who had been per"mitting patients other $\therefore$ than white in the past -- provided the patients ap. pled for the permits said the sitúation has not changed.

The spokesman for Mil
park Hospital in Parkown Rosebank Clinic Park Lane Clinic, Rand Clinic in Hillbrow and Garden City Clinic in Mayfair, said the group did not apply for an open permit.
"But we see no problem," he added. "We look at the case first and then issue a letter to the patients who have no difficulties getting a permit."

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

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

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

Central Business District's chairman, Mr Nigel Mandy, said several, more smaller restaurantstin Johannesburg what also received pelmy still trying to get their names, he saicl.
rs thenselves are aware of this, as can ns concerning their children. Asked ldren should go to school, and if so, o were interviewed replied that it was would be easier for the children to find eir children to do, 15 out of 34 a become teachers or nurses, 3 talked ing good wages, 2 wanted their daughters d their children to work on farms. dominee and the other 8 preferred out it.

I:en in the minds of workers is refLidren between the ages of 6 and 18
(Of those not at school, 35
children not at school and $14 \%$ of high school attendance figure also with, or encourage, workers to send $t$ has been noted above that almost all stful of; schooling as a qualification isure on them to ensure that the lack of farm workers is alleviated in ep school attendance figures high, .--n mause of goodwill or because the farmer is satisfied that even if the children who have been to school leave the farm, there will be enough children who have never been to school for his labour requirements to be filled.

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

To these informal restrictions on the movements of workers must be added the formal restrictions on the movements of African workers.
year. Dr A F Chemaly, the hospital's superintendent. said he did not wish to talk about resignations "because it is not a new thing".

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

Several nursing sisters in the same hospital said they would resign as soon as there were vacancies in areas that offered more pay.
Dr Chemaly said the hospital had a fixed rate of pay "and we cannot go beyond that".

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

The hospital's superintendent, Dr J Jurgens, said: "We are waiting for Senator Horwood's Budget to see whether there'I be salary increases for the staff."

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THE Government this week granted permission to a number of private hospitals in fohannesburg to admit and treat people of all races. it also issued permits to more white restall rants to admit blacks.
Private hospitaliscumclinies that can now admit sick people itrespective of race ar coloni are: The Florence Nightingale Nursing Home (IVillbrow). Princess Nurs. ing liome (ilillbrowi, Lady Didley Nursing Home (llospital Hill), Rrenthurst Clinic (Parktown), Roseacres (linic (Primrose) and the Kensington Clinic (Kensing. ton).
A spokesman for a
group of five , rivale hospitals who had been permitting patienti other than white in the Jast -- provaled the patients applied for the fermits, - side the sitmation has not changed

The spokesman for Mil. park Iospitai (latkiown), Rosebank Clinic, Park Lane Clinic, Rand Clinic (Hilybrow) and Garden City Clinic (Mayiair) said the group did not apply for an open permit.
"Rut we see no problem." he added. "We look at the case first and then issue a letter to the pationts who have no difficultios getting a permit."

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

Regarding permits for restaurants, two more city departmental stores can now allow blacks to eat in their places. They are Garlicks in Carlion Centre and Eagars in Market Street.
An open permit has also been granted to Pizahand in Hillbrow and Braaniontein, to serve black people.

Central Business Dis trict's chairman, Mr Nigel Mandy, said he was pleased at the Govermanent's response to applications for blanket permits from restamants who wanted to serve all races.
"I understand that several more smaller restaurants in Johannesbur: have also received bleir permits. I am still ly ing to get their names." he suid.

Those restaurants who have arready been servind all races for the past two week: said bheir "twhewhe" chertede hats not affected the parronisation of their resitatitants by their establinhed white customers.

If trelieved that whites hat become orientated long ago to fatins in mived restaurants it other plates where it was fins introducet stoh as Oriental Plaza.

As for the drive-in cinemas, permission is stiil being awaiteal for the introduction of inixed audiences

A spokesman for the largest drive-in networl: Ster Kinckor which has some 4 d drive-ins around the country, said they were still awaitimr the spen permits which lioy had appiled for.


Privalo hospitals given promits to admit and freat people of all races will nevertheless retain se parate facilities.

Spokesmen said the permuts did not stipulate spe cifically whether patients of all races could share eommon toilets and bathe, or be in the same warcs.

It would appear, they sad. that separate facilities which had been used in the past, on the old permit-per-pationt basis would continue.
'We would have to tread gently because one of the eonditions stipulated by the pertait is that it eould be withdrawn any time at the rliscretion of the Minister," said one spokesman for a group of hospitals and clinies

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

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

Another spokesman said he expected things to "normalise" gradually as the situation became filly accepted by alf patients.


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By MARILYN ELLIOTT
THE old General Hospital
THE Hillbrow is to be turned into an 800 -bed hospital for into an 800 ibed Indians as soon as possible.

It is understood the Transvaal Provincial Counmilion spend about R7mor the hospital and that the coost of superintendent is to be advertised in the South African Medical Journal -and both English and Afrikaans Press.

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

Yesterday, the Transvaal MEC in charge of hospitals, Mr Kallie de Haas, said a chief matron had already been appointed for the hospital.
Several new posts are to be created for doctors at the "new" hospital.
Reliable sources say the decision to use the old General to alleviate overcrowding at the NEH has come after months of negotiations between provincial and Government authorities. After the "Mail" expose, To Piet Koorntiof, Minisuer opment said the short- Develspment, said the short-term solution to overcowas wat tain number of beds at the old Gen.

It has been decided however to use the entire hospital for blacks, apart from section.


# 4 <br>  <br> The Johannesburg Gener- <br> need in the city. The <br> hospital equipment com- 

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

Dr Kalmyn said Indians would use 114 beds in the Julius beppe block and that the Non-European Hospital planned to use about 210 beds.
Mr. Kallie de Haas, Transvaal MEC in charge of hospital services, has sald that the Ronalid McKenzie block with 409 beds and several adjoining wards with 180 beds would be commissioned for blacks.
He added that the decision was the result of high bed-occupancy at the Baragwanath Hospital and in the black section of the General Hospital.
Opposition spokesmen In the provincial council have said they regretted that it had taken so much pressure on the Executive Committee to achieve this logical moves.
Dr Kalmyn satd the reorganisation, of the General Hospital complex fulfilled a tremendou
complex would service black patients mainly liv, ing in Johannesburg.
She could not comment on whether the General Hospital would receive the overflow of patients from Baragwanath Hospital.
Mr de Haas has said: a chief matron has been appointed to the reorgan ised hospital complex.

Dr Kalmyn said staff had to be recruited and
missioned. "At the moment we are pänting the hospital, repairing some of the floors and renovating it."

Dr Chris van "den Heever, acting superintendent at Baragyanath Hospital, said today: "We are most grateful that Mr de Has and the Executive Committee should" ${ }^{\text {be }}$ aware of our problems at the hospital and are pre"pared to help us."
-
2



JOHANNESBURG. - A R2,8 m project to build a privatenospital in Soweto has been launched by a group of black doctors and businessmen.
This was reported by the Financial Mail, which says that details of the project will shortly be released by Finansbank in a shares prospectus.
The proposed Lesidi Clinic has been planned as a general hospital to handle all but maternity cases.

Twenty-five doctors and 15 businessmen will own major shares
in a controlling company called Kwacha and a substantial amount of loan capital will be raised.

According to the Financial Mail, the Sechaba Trust has been formed to administer the hospital's finances.

# 20 c.me 

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

The installation of the new terminals means that the hospital will have 28 terminals. The first eight terminals were introduced in 1976.

A hospital spokesman said the terminals were an extension to the existing system, and would be used to store information about patients and the results of tests, conducted by, medical staff.
"The terminals will be introduced into the ward area, and names and addresses of patients, their race, sex and age will be fed into the
system. There will also be terminals in the laboratories, so that information about tests can be stored.
"The terminals will be connected to the main computer in Wale Street, where there is a huge computer that stores all the information, and where all the programming is done."
The spokesman said that the system worked well in the US and in Sweden, where the large size of hospitals presented very, complex administrative problems. The spokesiman could not say whether the system would make administration easier and quicker.
"The installation of the system will require a great investment, and the rental alone will come to some R68 000 every year, the spokesman said


spital's boiler roomidemonstrates the size of the two
pply steam for hospital operations, sterilising, and the central heating.

## $\frac{2}{2}$

## ELLIOT HOSPITAL: AT THE FOOT OF THE DRAKENSBERG

LLIOT - The new provincial hospital here lucked into the beautiful Drakensberg foothills is the fruition of a cherished 10 -year-old dream for the Elliot community

The hundreds of residents who attended the pening ceremony are a testimony to that dream They came despite ominous storm clouds to the ceremony held outdoors in the cool evening Drakensberg air
As the ceremony began, huge storm clouds were building up and fanning out over the town with flashes of lightning and rolls of thunder - but the rain held off until just after the Masizake school choir ended the programme with three lilting Xhosa solngs.

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

Speakers at the ceremony, including Elliot's mayor, Mr Roger Thompson and MPC, Mr M. J Pretorius, welcomed the Administrator of the Cape, Mr Gene Louw the Administrator of the stituency from the administrator's Cape Town base".

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

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

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


The hospital's matron, Miss B. Hart, shows the kitchen hospital to Ellit's Louw (centre) and the deputy director of hospital services, Mr $\mathbf{y}$. L. Jordaan


CONGRATULATIONS
on the
OFFICIAL OPENING
of the
New Provincial Hospital
from

## FOSTERS' CHEVROLET

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## GENERAL MOTOR DEALERS

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Nurse Felicia Nhose with a younger patient



The Elliot High School choir

## No miserable people here

ELLIOT - Elliot's new hospital is as clean, im maculate and friendiy as its new matron, Miss B. Hart.
As she walks through the wards and corridors of greeted with smiles and quiet respect by pattents and nursing staff alike. effectively shattering the well-worn stereotype of the dictatorial, stentorian for all.

She displays a quiet.
somewhat deferential
pride in her pride in her hospital and staff - all of whom are as matron herself
atron herself.
The atmosphere in the hospital is not what one here there are no mis erable people, itching to get out - the atmosphere is rather party-ike with smiles and laughter and friendly conversation.
Sitting in her office with its spectacular view of the
Drakensberg peaks, Miss

Hart talks of her hospital. It replaces the smail hospital In an old Elliot house. The pattents and nursing staff moved in to he new hospital soon January 31 this year.
There are beds for There are beds for 48 general. maternity and children's wards and black and white sections.
The hospital was built at a cost of R2,5 million, and includes an operating laundry, kitchen, • nurses' home for the white nurses, boiler room, sterilising unit, X-ray and oxygen equipment and all the paraphernalia usually assoclated with a modern, Although the hospital
run by fulty trained nurs ing staff, two part time doctors, Dr W. Weise and Dr E. Boyd are employed.
Dr Boyd is also the hospital's also the hospita s p
superintendent.
Very sertous cases are transferred to Queen. stown or East London by municipal ambulance, but Eiliot Hospital ts equipped to give initial treatment in even the most sertous
The Elliot community sees the hospital as
providing an essential communty service, and as the administrator sald in his opening address, when viewed in this light the hospital is a service of which both they and the rest of the Cape Province

a murder committed by Jack
e After Time.

The Mayor of Elltot, Mr Roger Thompson (left) shakes hands with the Adminlstrator of the Cape, Mr Gene hospital.

## Elliot's got it all

The suavely suntster vaviu war wes whe that he makes him totally believable.

Glyn WIHlams

## Weekend yiewing

| SATURDAY - ${ }^{\text {a }}$ | 6.13: die wEreld van JOPIE ADAM: |
| :---: | :---: |
| 0: SPORT '80. <br> o: boekevat. | 7.10: VEERTJIE EN VADER ONBEPERK: - Will Red mond is busy with an election |

Elliot, nestled at the foot of the Drakensberg. rightly won the competiin the north-eastern Cape.

Its scenery and central postion in the northwonderful town to live in

All those amenittes onjoyed by city dwellers have been created by a progressive council over

Thears
The Thompson Dam shows no sign of letting up


## Laurence

 iorever. With a stopover identify with Romeo and ultet.Thinges get:a bit heavy charms Diane with his tales of old-world romance and Theolonius suffer pangs of rejection and
neluding the Cape Tercentenary scholarship and in 1977 embarked on a composer-planist career premiering his piano sujte fits baliet based on Colette's Cheri will be launched at the Fdinburgh Festival this year.
His programme for the coming tour comprises six them in $F$ r
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## Three hospitals for coloured ${ }^{510418 / 80}$

By Yussuf Nazeer
Three private hospitals are being planned for black, coloured and Indian people in Soweto, Lenasia and Fordsburg.
The Soweto and Lenasia projects are being launched by black and Indian doctors, respectively.
The hospital in Fords. burg is to be run by a private white company
which already owns a number of private clinics.
The Soweto project being launched by the group of black doctors and businessmen will cost about R2, 9 -million.

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

A Finance Bank spokesman said it was true that a hospital was being pianned for Soweto, but further comment could not be made at this stage.
A spokesman for the Urban Foundation would not admit or deny a report given to The Star that the Foundation is to provide R60000e towards the project.

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

## 25 DOCTORS

The hospital will be known as the Lesidi Clinic. A consortium of 25 black doctors and 15 black businessmen will own major shares in a controlling company called Kwacha. A substantial amount of loan capital will be raised.
In Lenasia, a consortium of 50 Indian doctors will open a private hospital costing about $\mathrm{R} \frac{1}{2}$. million.
Doctors involved said land had been obtained from the Department of Community Development costing R69000 for the project.

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

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


## BySUSAN DALLAS

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

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

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

Mr B Davidson, superintendent of the Libertas Hospital in Goodwood, said: "We didn't apply for a permit extending to black patients. Most are la-

## Few blacks treated 

bourers who can get cheaper treatment at provincial hospitals. I don't think it would pay them to come to us."
Mr A Truter, superintendent of Volkshospitaal, Oranjezicht, said his hospital had been admitting non-whites for many years by verbal arrangement with the Department of Community Development, but had received an official permit in January to admit all race groups except blacks.
"We don't get many nonwhites anyway - maybe two or three a day," Mr Truter said.

Two affiliated private hospitais - Medipark Clinic, and Leeuwendaal Nursing Home -
admit all race groups and say they have done so for years. Sea Point Clinic is another private concern which may admit all non-whites.

Mr S Sharon, the superintendent of Sea Point Clinic, said that the clinic served seamen from all over the world. Many international seamen were nonwhite so the clinic had to have "international status"
"Local blacks are a slightly different story. If we need to admit them we phone the Department of Community Development for permission," Mr Sharon said.

Matron P A Palmer, of Medi-
park Clinic, said me clinic had applied for verbal permission a few years ago, "as soon as we realized there was just no place for these people".
"Most of our patients are educated professional people and they are of every race group including blacks. I think it's a question of income rather than colour," she said.
Medipark's agreement with the government specifies that different race groups be kept in separate wards. They now have an official permit for both Leeuwendaal and Medipark.

Matron Palmer said visitors sometimes complained if wards
were not segregated.
The Louis Leipoldt Hospital is one private hospital which has so far remained a whitesonly service despite the government's offer of "open" permits by application.
In January, Mr Marais Steyn, minister of community development, said hospitals, restaurants and public places could apply for open permits to admit all races. In February permission to admit blacks was granted to six private Johannesburg hospitals.

Assistant managing director of the Louis Leipoldt Hospital, Mr F A Kotze, said yesterday his board was still deciding whether to apply for a permit.
"We don't feel the necessity to open to blacks as we are serving a completely white area. Our policy may change in the future but not at the moment," Mr Kotze said yesterday.


## By GRAIIAM BROWN

## Clty Editor

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

- In a pamphlet blanketing Lenasia last weekend, the committee says Lenasia's 60000 residents had been promised a hospital 14 years ago - and were still waiting.
"For 26 years, ever since the township was established, the people have suffered without a hospital - 26 years during which our sick and ailing were forced to receive treatment at the overcrowded Coronationville Hospital, more than 30 km away," the pamphlet says.

The committee comprises the director of the Johannesburg Indian Social Welfare organisation (Jiswa) Mr Cassim Salojee, two doctors from Lenasia and Fordsburg, Dr Rashid Chanda and Dr Essop Jassat, and Lenasia residents Mr Kant Parshotam, Miss Shireen Salojee, Mr Teddy Govender, Mr Azar Salojee and Miss Zaiboon Muthasamy.

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

The pamphlet says the clinic, which is not equipped for emergency patients and has no X ray or blood transfusion equipment, is grossly overcrowded - having to serve patients from Protea, Zuurbekom, Lawley, Grasmere and parts of Soweto.

Johannesburg's *Director of Housing, Mr Thys Wilsnach, said yesterday he had seen the pamphet and had sent a cony o the Director of Hospital Services, Dr Iennie Grove.
"I pointed out to him the many requests made for a proper hospital by the Lenasia Management Committee," Mr Wilsnach said.

Late last year the LMC was assured by Dr Grove that tenders for a 200 -bed hospital in Lenasia South and a 20 -bed day hospital near the Nirvana Garage would be ready by June if the Department of Public Works was able to meet its deadlines.
The hospital committee comnained in its pamphlet that a

Wilsnäca said.
Late lest year the IdMe was assurced by Dr Gruva hai tencera for a 260 b ed hospital in Lenasia South aikd a ij bod gay hospital near the INirvana Garage wouk be ready by Jtine if the Deparment of Pubile Works was able to meet its deadilines.

The hospital committee complained in its pamphle that a Jiswa delegation was bliown plans in 1969 for the Carletonville Hospital, and were promised that Lenasia would soon have a similar hospital.
"It is quite obvious that priority was given to the Carletonville Hospital because it was built to serve a white community," the pamphlet says.

# PE campaign in wake  anthrax <br>  <br> death 

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

But the medical officer of health, Dr J. N. Sher, said no link could be found between the two cases.
One employee died in the Livingstone Hospital within 24 hours of reporting that he felt ill. Dr Sher said the man died on February 28, after returning from a holiday in Zululand.

He said a man from Kuruman, who worked for the same firm, was being treated in the Elizabeth Donkin Hospital here, for allergies manifested as a result of treatment for
anthrax which he contracted five weeks ago.
A spokesman for the hide and skin firm said the employee had told his foreman that he was feeling off colour and was booked off immediately and told to report to the doctor. The next day Livingstone Hospital telephoned to say the man had died.
"It was a great shock," said the spokesman. Arrangements were being made to provide for the employee's family.
The spokesman said the employee at Kuruman went to his doctor because he had a sore on his face. Like all other employees the man was alert to the possibilities of contracting anthrax and he drove to Kimberley where
he was admitted to hospital and treated.
He was making good progress and is expected to be discharged shortiy, the spokesman said

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

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



Lenasia's 60000 have been without people pital for 23 years and now a fresh bid is being made to get the Transvalal probunctal one administration to The new nasia Hospital formed Le consisting of prominent people in of prominen is out to get community, tures of more than 30000 pecple on petitions.
"All we have been getting from the authorities mere promises and promises," said a spokesman The Dircommittee.
Services notified Hospital hannesburg Indian Social Welfare Association Social year that a 200 -bed hospital had been earmarked
for Lenasia, and tenders Would be called for in bent year.
But in an address to the provincial council last momh, ho said tenders for a day clinic would be ealled for in June this year, and tenders for the ked for the nospital - earmar ked for the new Indian area called Lenasia South, adjoining GrasmereEnerdale - would be alled for in mid-1982.
The new Lenasia hospital committee said that in the 14 years that Indian calling for been officially calling for a hospital, the anthorities had built one
in Cirletonville. from Letonville, not far from Lenasia, as well as the R150-million Johannes.
burg hospital burg hospital.




Medical Reporter
IT was 'very much an old tradition' for interns at teaching hospitals to work long hours, because they wanted to learn as fast as possible, Dr R L M Kotze, Cape Director of Hospital Services, told The Argus yesterday.
an br kotze was reacting to evidence led at a Medical and Dental Council disciplinary committee hearing in Cape Town this week which disclosed that interns sometimes worked more than two consecutive days and nights without a break.
The Argus has also received complaints from interns at Tygerberg Hospital. who said they worked an average of 120 hours a week. One had worked 137 hours during one week.

One man told The Argus that after his wife started as an intern at Tygerberg she became pregnaft The hospital authorities allowed her to continise her internship for a few months. 'She used to work day and night, and when" she did get honte was grey-faced and weak She wha forced to give it up long before the pregnancy made it nesessary, said the Woman's husband.

## NIGHTS OFF:

DrKotze said the situation' was 'not so bad.' The hospitats had time-tables fond interns were giveir quently, m z k WInterns * were students:
 year medical studies as junior student interns and went infotheir sixth year as interns.
Hit is wexiy much an old tradition on their account to want to learn as fast as. possible We :do not necessarily demand that
the tor tomg houre

$\operatorname{Dr} R L M$ Kotze
Medical and Dental Council's disciplinary committee that long duties for interns were 'not advisabie' but sometimes unayoidable.

She said the long, tiring hours were not necesarily detrimental to patients, because interns were not solely. responsible for their welfare.


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that South Artica did not have ehough interns to round.

## DISTRIBUTION

Each year about 700 interns become available and had to be divided between all four provinces, the Defence Force and South West Africa.
-We have far fewer than we would like at Groote Schuur and Tygerberg hospitals, but there is nothing to be done about

The Peninsulas, medical schools at UCT and Stellenbosch put out about 250 interns each a year, but local hospifals could not have them all. They had to be absorbed into the national quota and distributed.
The principat medical superintendent of Groote Schuur Hospital, Dr H Reeve-Sanders, told the

## patients <br> Science Reporter

$722^{2} 50 \mathrm{c}$

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

Costs of foreign patient treatment amounted to R307 051, of which R1 229 wás written off as bad debt.
The majority of patients 931 - came from Bophuthatswana and 925 of these were treated in the Cape. The remainder received treatment in the Free State. Foreign patients came from Egypt,'Ethiopia Hungary, Poland, Rumapia, Surdi Arabia, Tasmania, nia, Saudi Arabia, Emirates, Zaire and Zambia.

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## SUNDAY TRIBUNE, MARCH 23,1980

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

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

He said between 3,5 per. cent and 15 percent of all patients contracted infec. tions in hospital. Wound infections accounted for 25 percent of these.
An awareness of the problem was needed and a willingness by all - from the labourer to the professor, to worl together in applying good aseptic practices and principles.

## Text books

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

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| Professor Forder said | application in hos- <br> s. |
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| sufficient space | Sister G Gustafsson, infec- |



By Sleg Kannig Leaders of the New Republic Party were "shaken" when they saw the overcrowded conditions at Baragwanath Hospital rluring a tour of Soweto yesterday.
Often there were more than twice the number of patients than beds because of a "patient rate" of more than 200 percent., Mr Vause Raw. the NRP leader, said.
"Even for those of us who think we know something about the situan tion, we were shaken to see the reality to see a
ward with 39 beds which ward with 39 beds which has 72 patients and which will have 90 or more than
100 patients when the winter starts." he said.

The visitors were impressed with hhe sincerity and dedication of the staff, including the offi$\because \quad$ cials from the medical
superintendent downwards.
"I believe there is a
burning desire to get
things right there." Mr
Raw said.
Mr Francois Oberholzer, who represents the NRP in the provincial council and on the hospital board said a hospital was considered full when jits bed occupancy was 75 percent.
All Johannesburg's hos pitals for black, coloured and Indian people were at more than 100 percent.
If was as a result of his agitation that 114 beds had been set aside for Indians and 400 for blacks at the old General Hospm-
taI.
This had happened al. though the proposal hard been rejected "out of hand" by the provincial council and the hospitas hoard when he first raised the matter, Mr oberholzer
said. said.


## Harbour: Hospital not happy <br> Chief Reporter <br> that could arise on our doorstep

THE board of Somerset Hospital. which overlooks Table Bay docks and Granger Bay, yesterday expressed "deep concern" at certain aspects of the plan announced last week by the Minister of Sport and Recreation, Mr Punt Janson, to develop a small-boat harbour in Granger Bay.
A report by the planning committee for the harbour project also envisages hotel and high and low-rise residential and business development on the shores of Granger Bay.
The chairman of the hospital board, Mrs Z du Toit, said the establishing of such a harbour and all that went with it, directly across the road from the hospital, could be "a cause of serious disturbance and problems in the treatment and recovery of the patients - in other words members of the public' 3

- There would be a tremendous increase in noise, traffic. environmental pollution and destruction. Social problems such as vagrancy and crime could be expected to increase with the proposed hotel, liquor outlets, shops, building yards, service stations and other amenities." Mrs Du Toit said that last year a total of 186631 patients had been treated at the hospital and there were more than 3.000 people at a time in the busy hospital complex at peak perlods, with a good deal of transport flowing to and from the hospital to keep its various services going.
":With two proposed en' trances to the new 'township' ed.
- one immediately opposite the main entrance to the hospital and the other outside the new nurses' residence, the traffic problerns and the attendant noise and pollution do not even bear thinking about."
Somerset Hospital, Mrs Bu Toit added, was not only a teaching hospital with eight residences and with fiundreds of medical students and nurses in training, it was also one of the main centres in emergency planning for mass casualties and disasters.
casualties
It was therefore a matter of grave concern to the board that the efficient functioning of this specialized facility, provided'by and for the community, should not be obstructed in any way.
"The hospital is situated in a densely-populated area next to the docks and harbour approaches, railway operations and the SA Merchant Nayy Academy, General Bothă. Across the bay are the future nuclear power station and the oil refinery - all of them potential emergency areas: Mrs Du Toit said, $\alpha$ smallyacht basin with the necessary facilities would be a different matter, but the proposed new harbour was being planned for all types of small craft and the hospital board was worried about a probable rise in noiselevels, particularly with engines being repaired and test-
"The noise made at present by helicopters at the heliport in front of the hospital is bad enough, but this is at least int frequent.'



## Scramble for operating theatres

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Queternaritzburg that the 3tre fine was assigned on the basis of first prete:Suce to patients in the besBital, followed by Stererence to those doctors who held patt-time Qppointments at究ddington.
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it was argued that thetere out the dowe co the pre
time was almave avathbl at private hosritals.

But private hospitals work on a profit bacis and are really for peorle who can afford the fees.
(We are fortunate here. In Britzin patients have to wait up to two years for operations such as tonsillectomies.
Referting to criticism that certain drugs were unavailable at Addington,
Dr var der Hoven ponted
vimen hat wew selosen by a coser co-rion consiftate setce the speciacts and ctes
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De Pred Clarde the NRers spoleman in $t=$ Frovincial Courcil ca medica! mattere, rejecter a suggestion that Addington Herpital should be bared to pane po
Dr van der Hoven pentec



## Treatment refused says patient 80

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EAST LONDON－A man who was referred by a doc－ tor to the physiotherapy department at Frere Hospital，here for treat－ ment has said he was told he could not get the treat－ ment prescribed as the department was no longer treating outpatients．
Mr Laurence Tutu，of Duncan Village，said he

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superintendent，Dr S．S． Richardson，he would not comment until he had seen Mr Tutu＇s folder．

He said he could not find the folder yesterday． He had been supplied with the number．
Dr Richardson promised to telephone the Daily to tispatch as soon as the Dispatch as soon as the
folder was found．－DDR

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## Black patients are exclurded




## Reform out Mowlbray

THE opening of a section of the atherto all－white Mowbray maternity hospital to private coloured patients is to be welcomed． This is not to register our agreement with the governments decision to contimue barring black patients，or with its decision w kerp coloured patients separated from whites on a separate self－contained floor．We believe that all medical facilities should be opened to all races．But a small step towards this（ultimately incvitablel end is preterable to no step at all．Once again，as with the Cape Town Festival，there have been
calls on the coloured community to boycott the hospital．Ironically，had no decision been taken on partial integration of the hospital，there would have been no fuss．It is hardly the way to encourage the government to start abolishing diserimmation in new helds，atbeit in faltering，peremeal lashion．If anything，a critical over－reation embarrasses the lorces of retorm within the Nationalist government， and strengthens the hand of the conservatives who were probably opposed to any change in the status quo at Mowbray in the first place．

# Hospitals can admit all races <br> Political Correspondent- <br> prover in January this year. 

HOUSE OF ASSEMBLY. The Minister of Community Development, Mr Marais Steyn, has declined to identify two Johannesburg private hos pitals which have been allowed to admit thembers of all races. Replying to a question tabled by Mr Horace van Rensburg (PFP Bryanston), he said applications from the two hospitals, both in northern Johannesburg, had been re ceived late last year and ap-
"l do not consider it desir able to release the names of the hospitals concerned, be cause applications are dealt with on a strictly confidential basis between the applicants and my departunent," he said. Mr Steyn said there had been no such applications from private hospitals in Rand butg or Sandton in the past threesyars, nor any previonts applicabons from the northern areak if Johannesburg in that time. 6
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- 8/Medical Reporter

RNS at Grorter

- gital, who Groote Schuur oor, who have 'had enough' piled arking conditions, have 1 piled a list of grievances ch they intend to present to hospital authorities.
According to one intern, the tain grievances were Iong hours and too much bureaucracy
'We are too tired to take a proper interest in patients and their conditions, and too tired to learn,' he said.

Interns worked an average of between 80 and 95 hours a week. Those in surgery worked between 90 and 110 hours a week and in some surgical specialities up to 120 hours a week.

Interns have not had a full day or a full weekend off since the beginning of the year.
'One comes to despise the job, instead of loving it as we should. It all leads to poor patient care, said the intern.

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

## *) Employing more interns;

Organising working hours to allow for full days off;
Ruling that interns never work more than 24 hours at a stretel preferably not more than 12 hóurs;

- Employing lobotomy teams to extract blood samples, relieving interns of the task so they can spend more time with patients;
- Passing on the filling in of forms and other bureaucratic forms and other burea
(6) Including more formal teaching, based on common illness, in the curriculum.

Dr H Reeve-Sanders, principal medical superintendent of Groote Schuur Hospital, said she had not been approached by interns.
'I would be delighter to see them and hear their grievances. I always give my staff a sympathetic ear,' she said

Chapter 9


Figure 9-1. Marginal Products on Boat
The vertical bars represent the marginal product (in fish) on board the boat. The horizontal line at 4 fish is the marginal product (in units of fish) on the shore. The areas occupied by plus signs denote the gain by having fishormen on the boat, while the areas marked with minus signs are the losses of having too many people fish on the boat.
purchases, storage, keeping tax and accounting records; to persuade politicians on proposed legislation or regulation; and an incredible array of varied tasks that occupies a businessman's time.

To isolate essentials, assume that 1000 similar people in a community do nothing but fish from the shore, each always catching four fish daily no matter how many people fish. A boat is found; some can now fish out on the ocean. Everyone is interested only in how many fish are caught: fishing from shore or a boat is equally pleasant or arduous. Table 9-1 summarizes the details. The discoverer and sole user of the boat catches

## Staff shor

$\stackrel{*}{*}$

Mercury Bureau
PIETERMARITZBURG -A severe shorsage of qualified medical staff at several Provincial hospitals was reflected in the 1979 report of the Director of Hospital Services, tabled in the Provincial Council last night.

The Newcastle, Empangeni, Niemeyer Memorial, Ladysmith and Taylor Bequest hospitals were experiencing nursing shortages, and Ladysmith, R K Khan and Addington were short of senior medical staff, the report said.

## Difficulties

At Addington difficulties were experienced in the operating theatres because of the acute shortage of anaesthetists.

The Empangeni Hospital was experiencing such a severe shortage of trained nurses it had resorted to using part-time trained nurses to help 'stabilise the situation'.

The report attributed the large tarnover in nursing staff at the Newcastle Hospital to the 'migratory nature of the employment of the male population of the town'.

## Maintenance

The report said there were 279 nursing posts vacant in the province, and 101 medical posts.

Provincial hospitals also had difficulty filling security and maintenance officers' posts, the report said.
But it was evident from visits and inspections carried out during 1979 that patient care at Provincial hospitals was maintained at a high standard, the report said.

# Kalafong is too overcrowded 

PRETORIA'S Kala-
fong Hospital is severely overcrowded, and fears have been expressed about its suitability as a training hospital.

Kalafong was originally designed for 1850 patients. There "are now, however, 11143 beds in the hos-

## pital to accommodate a daily average of

 1350 patients.In March, the hospital was 128 percent full with a daily average of 1490 patients.

The surplus patients either share beds or lie on mats on the floor. The most overcrowded wards are



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paediatric surgery, injury on duty, female surgical and orthopaedic.

Last month, department heads at the hospital wrote to Professor H W Snyman, Dean of the Faculty of Medicine at the University of Pretoria, quoting these figures, and expressing doubts about the suitability of Kalafong as a training hospital.
The department heads said that taking a conservative estimate of 1150 patients, the hospital provided a mere 25 square metres of space for each patient.

This falls far short of the requirements for even a service hospital - which has an average of 60 to 65 square meters per patient.

## TYGERBERG

Tygerberg Hospital has an average of 143 square metres per patient, and the New Johannesburg Hospital has an average of 95 square metres per patient. These are both training hospitals.
"The overcrowding at Kalafong has resulted in a drop in the standard of service. The milieu in which we work is not siutable for an academic institution, and is not a place where we can work with pride and selfrespect," the letter stated.

Prof Snyman said the situation at the hospital was not the concern of the university, but that it had been referred to the hospital authorities.
The Director of Hospital Services in Transvaal, Dr H A Grove, said a large extension programme for Kalafong was being planned, but he could give no more details over the telephone.

The superintendent of Kalafong, Dr J A Fourie, could not be reached for
comment.
(98)
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## Hansard

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How many hospital beds for (i) Whites,
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The MINISTER OF STATISTICS:
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6 MARCH 1980
POST, Thursday, May 1.1980.


 hosplat's overerowding problem, says the somperimemodemt, IDr S A tal had $11 \mathrm{~A}_{3}$ bers but tai had some wards, inchading the injured-onduty, female surgical and orthopaedic sections, were overerowden.

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Mon di than R5-million will be spent to extend Pretoria's overcrowded Kalifang Hospital and the adjacent College of Nursing.
Many more beds will also be provided at the hospital which was originally decided for 850 patlents but now has 1143 beds to accommodate a daily average of 1380 patients.
The surplus patients cither share beds or lie on mats on the floor. Last month department heads of the hospita expressed fears
 about the suitabilite of Kalafong as a training hospital.

## BUSY

The province is also busy planning a large extension programme at the nearby College of Nursing.
These extensions, which are expected to cost more than 183,5 -million, will include new lecture rooms, a library, a conference room, offices and housing for staff.

The college provides training for nurses at the Kalafong as well as many nurses from other black hospitals in the province.
Extensions are also planned to the Nurses' Home at the hospital, but no details are available.

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By MARILYN ELLIOTT
MANY medical aid subscribers could pay up to $\mathrm{R9}$ a day out of their own pockets for a stay in a Transvaal Provincial Hospital because of the $78 \%$ increase in tariffs for white private medical aid patients.
The increase, announced by the Administrator of the Transvaal, Mr Willem Cruywagen, in his maiden Budget in the Provincial Council, takes effect on July 1.
Yesterday, Mr John Davidson, manager of the largest registered medical aid scheme in South Africa, said that though he did not have full details of the increase, his firm, which handles medical aid for public servants, would have to consider whether it would increase maximum benefits for private medical aid patients.
"At present we pay out up to R16 a day for private patients. If the new tariff means an increase to R25, it is possible subscribers will have to pay the extra R9 until, and if, the management committee decides to increase the benefit
"The hospital fees increase does not necessarily mean that subscriptions will go up. Of course, it is too early to say exactly what the impact will be. But it is obvious that public servants will have to pay the R9 difference until we decide what to do," said Mr Davidson.
Mr A M Leveton, chairman of a company which administers nine different medical schemes, said the hospital fee increase would inevitably affect subseriptions
"Each medical aid scheme has to decide its own policy. We had expected a hospital fee increase, but not in the region of $78 \%$.
"The system of increasing fees for those who have taken fees for those who have taken the trouble to protect themthe trouble to protect them- the appealed to Administra selves from sudden medical ex fors of other provinces not the transvaal's
penses, on the assumption that these people are 'unpoor', is a harsh one indeed. Since the increase in medical tariffs last November, medical aid subscriptions have risen from $30 \%$ to $48 \%$. The new hospital tariff will probably mean a further increase in tariffs."

The vice-chairman of the Representative Association of Medical Schemes, Mr J D Ernstzen, said the new fees would "most certainly affect'" subscription rates.
"Obviously, these increased rates will vary from scheme to scheme. In some cases, members will probably be asked to foot the bill for higher tariffs; in other cases subscriptions will increase."

Mr Ernstzen said that in cases where medical schemes shouldered much of the medical tariffs increases last November, they would now re consider the position and have to ask for higher subscriptions.
Meanwhile, Sapa reports, the president of the Motor Industries Federation, Mr Theo Swart, said yesterday that the increase in vehicle licence fees in the Transvaal was "shocking"
Increases of up to $50 \%$ for car licences and $100 \%$ for mo-tor-cycles would help to increase inflation, he said, and it was difficult to understand why drivers had been singled out to balance the province's accounts. The province's tax burden should have been spread more evenly.
The province should also have waited for the recommen dations of the Browne Commit tee, appointed by the Minister of Finance, Senator Owen Horwood, to find ways and means to raise revenue for local authorities which would also alleviate the position follow the transvaal's exarnplé.


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IO JKING WILLIAMS TOWN - A hospital, whose costs would be borne entirely soy the South African Government, would be built in the Hew (Whittlesea) area, the Minister of Health. Dr B. R. Maku, announced in the
छȚuCiskei Legislative Assembly yesterday.
He said the undertaking on costs went against the
of recommendations of the Wentzel Commission which had investigated live-
ing conditions at Thornhill recently ts,
"The team had recommended that the erection costs of such a hospital should be on a 50 50 basis," Dr Maku said.

What had made the erection of a hospital in the area absolutely necessary was the fact that Hew was approxirately 250 km from Zwelitsha, with the nearest referral hospital,

Cecilia Makiwane, at Mdantsane, 280 km away, he said.
There were no private practitioners in the area who could be called on to assist:
The area was "extremeply densely populated" and officials of his department had discovered by way of surveys that the incidence of pellagra in adults and malnutrition was ex. ceedingly high in the area.

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By Langa Skosana
Soweto will soon have its first private clinic run by black doctors assisted by white specialists and general practitioners.

Dr Nthato Motlana, one of the directors of the project, said today the Government had already agreed to the building of the clinic and a site had been obtained opposite St John's Eye Mospital, noar Dippkloof.
"What is delaying us is that the area has to be re zoned from a recreational area to a health area," he said.
Dr Motlana explained that there was a need for a private clinic in Soweto because hospitals were already terribly over crowded.

There ts an fincreasing number of blacks who can
afford private clinics. At the moment, these people are treated in general hospitals like Baragwanath and they often feel cheared because they have to pay private clinic fees in any event," said Dr Motlana.

He added that at pre sent, there were few white nursing homes which had been allowed to admit blacks and they were only allowed into the private wards where fees were double those of general wards.

Dr Motlana said white practitioners would assist at the clinic with operations.

It was envisaged that the clinic would have three of its own operating theatres, which would be increased to five when the clinic was in tuse

# Hospital chief considers multiracial nursing staff 



THE Chief Medical Superin tendent of the Johannesburg Hospital is making up his mind whether or not to push for integrated staff as the only way to beat the shortage of nurses
Nurses interviewed there this week will back him on integration, and patients said in a recent Sunday Express survey they would prefer integration to being short of staff.
The superintendent, $\mathrm{Dr} \mathrm{Ne}-$ ville Howes, said this week: "It is an aspect that I am thinking is an aspect that 1 am thinking about at the moment. I am
doing my own investigation.".

Dr Howes said he would decide, once he had completed the investigation, whether or not to recommend integration to the provincial authorities.
The Sunday Express has established that several wards were unused because of the staff shortage.

The problem has led to a shortage of beds and staff in casualties, one of the main causes of delays in that department.

Meanwhile, nurses working at the k 156 -million hospital said that opening nursing posts to all races would definitely ease the problem.

But, they said, it would not be properly and permanently solved until nurses' salaries were made more attractive. Proposed increases were not attractive enough.

A recent survey undertaken by the Sunday Express among patients, with the permission of Dr Howes, showed the majority would prefer nursing posts to be opened to all races - if it meant more nurses.
The nurses who gave us their opinions cannot be named because the hospital's policy is that Press comment may only be given by the chief superintendent - but here are some of their opinions:
their opinions. It definitely think it would help to allow Black nurses to work here,", said a young work here, "I wouldn't have any nurse. I wouldnices against personal We already have what we call "pink caps"' who are we call "pink caps" who are
Black nursing aides, and they dqea great job and don't cause

STAFF BEHIND HIM IF BLACK NURSES RECOMMENDED

## By ANGELA HAMMERSLEY

"But I don't know how they would implement it. It would become a political issue and there are patients who wouldn't like it. Let's face it, the Blacks have such different traditions and ways of going about things and ways of going aben in nursing."

Her opinion about nurses' salaries: "I have always felt that the salaries are okay if you live inctat the hospital, but if you watifind live out you just can't maríáge.
"Young women keen on nursing seem to look for alternatives before they become nurses," she said, "and it's because of the poor salaries.
"You have to be really dedicated."
A nurse in her thirties: "I've
A nus been fairly conserva
always been fairy conserva tive, I suppose, and rather than think it would be a better idea to make army conscientious objectors work here
'I feel this would be so much more useful than wasting time in detention barracks.
"But obviously, if posts were opened to all races the shortage would be eased."
On salaries she said: "The increases will stop nurses screaming for a while - but it will be a short while. Only the girls looking for a vocation and prepared to dedicate themselves are prepared to work for these salaries now
"And it's such a pity it's a very specialised and highly'responsible job.'

- A nurse in her late twenties: "I worked with all races in England and can't see why all moses can't nurse in the same races can't But because I'm place hish I don't feel qualified to Englisn 1 don't feel qualified to comment on the situation here. More should be done about salaries, she said. Let's make nursing attractive and then we won't have staff shortages."
- A nurse in her twenties said:
because they won't be earning the same for the same job and the Whites will feel uncomfortable about it.'
- Another young nurse: "Well, it'll cause problems if they let Blacks nurse here. I know Blacks who was complaining someone who about private the other day about privali nursing homes beco bound to be racial. There are bound to be those who are prejudiced - but I wouldn't mind a bit.
"I know some nurses who say they'd be scared of losing their jobs if there was integration. They're scared that the hospital will suddenly be inundated'with Black nurses - that
they'll probably try to pay less - and that White nurses will become unnecessary and expensive.
"But I don't think that argument holds any water. If there's a shortage it's not likely that we're suddenly going to be flooded out.
프 On salaries, she said: 'Sometimes I stop and 'Sometimes I stop and ask myself just why I'm doing this. I see my friends having their own cars and renting their own flats and there's no ways I can do those things. The salaries are all right if you stay in the nurses residence, but that's not much of a life.
"I'm only here because I enjoy it," she said, "but there joy it," she said, "but there
aren't many nurses who think like me these days.
"Attitudes are changing and people not only want to be men tally and emotionally rewarded by their work - they wan financial rewards too."

On salaries, she said: "We haven't had our increases yet, so I can't say how much difference it will make in my life, but the $17 \%$ proposal doesn't sound much.
"It certainly isn't sufficient to make nursing attractive." - "Yes, it would obviously help to allow all races to nurse in the hospital," a middle-aged nursing sister told me.

Black nurses can't nurse here They're every bit as good as us and there's really no reason for us to have a staff shortage if you think about it
"If they do open the doors to all races they must give them the same salaries, though. If they don't it will cause discon tent not only among the Blacks but the Whites too.
"The Blacks will be unhappy


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Above: The lockers in which patients' clothes are stored. Below: Mrs Yvonne Schroeder


By Isobel Shepherd-Smith
STAFF at the Dundee Hospital Ros blacks have told mothers clad in dressing gowns: Pay - or stay in hospital. If they don't pay maternity fees in full they cannot collect their clothes or be discharged.

Many people in the Dundeeglencoe area are also under the impression that if they do not pay their bills at the end of their stay, they will not be allowed to leave. clams Yyonne Schroeder, a Glencoe farmer's wife.

This tras happened three times to Mrs Schroeder and her farm workers. Each time she went to collect the mother and baby she was told: "If she can pay, she can go home."

The mother then went to a nurse who handed over her clothes from a locker.

Earlier this week the acting superintendent of the hospital, Dr Margaret van der Water, was quoted as saying that the staff had received "a directive from head office" in Pietermaritzburg to insist on full payment of maternity fees before releasing patients.

She has now denied she said that and Dr V. A. van der Hoven, director of provincial hospital services said such a directive had never been issued.

But Dr van der Water said she thought a directive like that had been issued but had since been repealed. Mrs Schroeder claims that hospital secretary Mr Rupert Jones told her the same.
"I have been told to investigate the matter by head office." was all be would say at his home on Friday.

When Mrs Schroeder went to fetch the woman, Rita Kumene. Mrs Schroeder asked her why she did not find her own way home. She was told: "Because they have my clothes and they will not let me go home and they might even keep my baby if I do not pay."

Allegation
Henry Rite, MPC for Musgrave claimed that St Aidan's Indian Mission Hospital in Durban which
receives provincial sid practised the pay or stay policy.

His allegation in the Provincial Council earlier this month drew a promise of an inquiry from Mr Frank Martin, MEC in charge of hospital set vices.

Mr Martin disputes Mrs Schroeder's claim that the same policy is being practised in Dundee.
"We have always said that people must pay their accounts before learing hospital. I would libe to he taned anybody. We peren write off bad debts. Why should we keep them in hospital in a bed when it
may be needed urgently". mây be needed urgently"?

Hospitals
Argus 2815180
'losing out'
(98)
on medical

## aid income

## Provincial Staft

THE Cape provincial hospitais department was losing vast sums of possible income each year by failing to charge medical ald society patients the fers which these societies were prepared to pay, Dr J T Sonnenberg (PFP Green Point) gaid in the Capo Provencial Couneil yestorday.
He said that in the sirmonth period from October last year to March this year, 9645 hospital patients underwent operations, compared with 12976 private patients, in five of the Cape's largest hospitals.

These were Somerset Hospital in Green Point, Woodstock Hospital, Victoria Hospital in wy nberg, Port Elizabeth Provincial Hospital and Frere Hospital in East London. Private patients are not treated at Groote Schuur Hospital, and only a few at Tygerberg Mospital.
Dr Sonnenberg said that most private patients were members of medical aid schemes, who paid according to a schedule of fees.
No theatre fees were charged for private patients at provincial hospitals, nor were charges made for specialised equipment.

He quoted a schedule that showed theatre fees of a minimum of 844,50 to R59,50 would be paid by medical aid schemes.




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garagwanath," he said.


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 achieved since it was inaugurated about seven months ago, ac THERE IS not much that the Baragwanath Hospital board has



## Private hospitals, not needed, says De Haas <br> nance in the Provincial

## Pretoria Bureau

 Private hospitals were no longer needed in the Transvaal, Mr Kallie do Haas, MEC for hospital services, said yesterday.services, hospitals have reached the stage where it is no longer necessary to depend on private hos it. depend on private hospital service," he said during the second reading debate on the Appropriation

Council

He also warned that some control over the some content of further establishment of further private
be exercised. no control existed in the past, legisla tion had since been adop ted to make this possible and he would consult on and he would consure private hospitats and unattached operating theatres.

## No surplus of black nurses,  <br> the Provincial Council yes- <br> accepted 200 students for training. Of these only 100

Pretoria Bureau Using black nurses from Baragwanath hospital at the Johannesburg Hospital the Jold be the same as would be the to pay Paul. Mr Kallie de Haas, MEC
or Hospital Services, said this in reply to a statement by Mr Obie Oberholzer (NRP Rosettenville) during the second-reading debate of the Appropriation Draft Amendment Ordinance in
terday.

Mr de Haas said that, ccording to Mr Oberholaer, because of the shorzer, because of the shite student nurses there was an overwhelming request by coloured, Indian and black candidates for traiblack canding as fully qualified ning as fully quatified burg Hospital.

He said that recently Baragwanath Hospital had
were from South Africa. Of which 50 percent could not comply with the necessary standards.

But there had been 906 applications from homelands and independent states. Of these 75 percent had the necessary qualifications to become nurses and they usually returned to the homelands after qualifying.

Mr de Haas said similar situations existed as far as coloureds and Indians were concerned.
In reply to a suggestion by Mr Sam Moss (PFP Parktown), Mr de Haas said he would investigate whether civil pensioners should be classified as frue patients where their pensions were the same as or lower than old-age pensioners.

## sioners. <br> He also said attention

 must be given to provi-- ding apparatus which would make it easier for paraplegics to $u s e$ the mineral baths at Warmbathis:



## Pretoria Bareati

Mr Joel Mervis (PFP. Orange Grove) today accused the MEC for Hospital Sorvices, Mr ESalie de Maas, of suppressing information about allegations on the lack of certain fasilities and the mursing problem at the Johanmesburg Iosiputal.

He said Mr de llaas had a responsibility to the Provnomal rouncil and the peneral puldice to disclose what was heing done ahout hese problems.
"I regret to say that either the member (Mr de Haas) does not know what is going on at the hospital or is indifferent," he said.

During the committee stage of the Appropriation Draft Amendment Ordinanea in the Comen today, Mr Mrevis referred to questions which ber asked Mr do Jaas in February and May about a meoting between doctors and nurses in the presence of the super intendent of the hospital.

He said allegations by the doctors included a crotical shortage of nurses. an iniquitous rale of pav for nurses, a shortage of oxygen cylinders on patient trollys and sersous delays in patient admission.

Mir Mervis said ho found it strange that Thir de Maas had stated that be did not know about. the meeting between thes doctors and nurses in Nay, when ho had satid in February that a Committee of four had been sot up $f 0$ investigate.
"If the member (wx de Mase: cannot give the Council any information un what is happerans at the hourntal lhon l will" Mr hospital han
Moreis said.
"The Committer of Four have completed
their investigation and have reported to an advisory committee who have submitted the report is the superintendent.
"I do not know if the superintendent bas presented the report to the Director of Jospital Services or whether the MEC has been informed about it
"I know some of the problems at the hospital have been seen to but there are many others which are still hopeless.

## CORPORATION

"It is obvious there is a lack of communication between either the director or the superintendent, and the MuC because of his dismal knowlelge of what is happening at the hospital."

Mr Mervis suggested to the Council that the hospital be run on the lines of a large corporation and that a person with managerial and business es. pertise be appointed to run it.
In reply, Mr de Has said neither he nor the Dimector of Hospital Serviees has recemod any report about the problems.
"f accuse him (Mr Mer vis) of bringing the alleged problems into the political arena for reasons of his own and not in the interests of the public.
"The member for Orange Grove has been snoming amound again axde I want to know who his informant is. I whll find him." Mr de Haas wad.
lie sand that bocause of had prose publimes. nurses at the happital had been lost and that recrutins in dohannesthurg had cropped.

gospital but there was
still a critical shortage of nurses and a number of wards were empty or unequipped, says Mr Joel Mervis (EPP, Otange Grove)
speaking in the Trans. raal Provincial Council last wect Mr Mervis acctisen the MEC for hopplaf services. Mr Kalic de Haas, of suppressing nionmation about allegations on the lack of certain laciltios and the mursing probiem at the hospital.
He said Mr de Hazs had a duty to the council and the public to diselose what was being done about the problems at the hospital.
Mr Mervis referred to ailesations he had made in the council in Feoruary and May xhis year and asked what had beentane about complaints:
He said allegatione made
by doctors inclutedetere

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of nurses and their "iniqur-
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their bad pay; (3) The gross , shortage of porters:
- The shortage of oxygen cylinders and patient trolleys;
- There were serious
dclays in patient admission even though clerks worked 16 -hour stretches
A superintendent at the hospital yesterday refused to comment on the allegat tions.
Mr Mervis added in the council: "If Mr de Has, cannot gjve the rouncil information on what ; lappering at the hospital hen I will. A committee of foter doctors has completed its investisations and reperted to a medical advisory committee whic' has subminted the report to the superintenden!."
He suggested the inospital should be run on the Ines. of a large eorporatime and that a eerson with manageriai and bustnessi cypertise be appoin. teri to run it.
The superimendent. he said, should be allowed to concentrate on medical mateters and administrative and orgapising sule should be left to high powered managers who were up to managing large corporations.



BARAGWANATH hospl tal admits an average of two people a day with very serious burns most of which are from paraffin appliances ex. ploding.
A senior plastic surgeon at the hospital said that in a year Baragwanath ieals with at least 700 major burn cases.

CMost patients are wo men and a few are children. These burns are from primus stoves or when parafüin fridges explode.
"The burns are particularly ghastly because they are flame burns and usually very deep.
This is in contrast to claims by the manufacturers, Barlows Appliances and television that they knew of only a few burn cases in the 12 years they had been selling their paraffin fridges. Mr O Dinsdale of Barlows said he was convinced that fault was not with the fridges but because of faulty usage. -
In the last three months three people have been admitted to hospital with severe burns from paraffin fridges exploding. POST Reporter.

## MEC wants praise <br> Staff Reporter

THE MEC in charge of hospitals, Mr P J Loubser, yesterday told the Provincial Council that the implementation and planning of the new $\mathrm{K} 9,5 \mathrm{~m}$ Dora Nginza Hospital in Port Elizabeth had "been carried out in an orderly manner'".

Mr Loubser was replying to criticisms that the larger part of the hospital in Zwide 'lownship had been standing empty and unused for almost a year. He said a lack of funds had halted the second phase of the
building scheme and it had been found more economical to carry on with sections envisaged for the last part of the scheme.

In spite of a long wait for hospital equipment, Mr Loubser said the hospital had treated 3000 out-patients in its first month, April 1979. The figure had increased to 12700 by April 1980.
"We should receive praise instead of being accused of gross negligence," Mr Loubser said.

## Report attacked <br> 

IHE MEC in charge of hospital services yesterday objecte strongly to a report on the opening of a ward of the Mowbray cluded critical cospital to coloured private patients. The report inment

Council that the report anbser, said yesterday in the Provincial decision as discriminat and comment appeared to show up the available to black patients because the facility was not made been no request for opening well. He emphasized that there had The origin of the decisiong the facility to blacks
Davey, of University of Con lay with a proposal by Professor D A He had proposed that some rown.
an overwhelming increase in closed to these patients and thoured obstetric cases, should be Mowbray Hospital.

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he was not aware of a only of coloured patients. Mr Loubser said
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## NOTE

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UNIVERSITY OF CAPE TOWN EXAMINATION ANSWER BOOK could go ${ }^{(8)}$ Mowbray

## hospital

THE MEC in charge of hospital services, Mr P.J Loubser, said yesterday that if a request were received, that Mowbray Maternity Hospital be opened to blacks, he would do all in his power to make facilities available:

Mr Loubser quoted criticism in The Argus and by Dr J T Sonnenberg (PFP, Greeń Point) because the hospital had been opened to coloured patients but not blacks.

He told the Provincial Council: 'I wish to state quite clearly that the Department of Hospital Services received no request: to make the facilities open to blacks as well.
'We were also not aware of any need for such facilities for blacks.

## ASSURANCE

${ }^{7}$ You have my assurance, that if a properly motivated request, backed by facts, should be directed to us, we. will certainly go out of our way to do all in our power to see where we can make facilities available to blacks.'.
The Cape Western branch of the SA Society of Onstetricians and Gynaecologists and the Dean of the Faculty of Medicine at the University of Cape Town had asked that Mowbray be opened to private coloured patients.

The Argus aind Dr Sonnemberg had criticised instead of giving thanks to the department for acceding to the request.

NOT REQUESTED
At no time had there been a request that black patients be admitted.

The Argus, of all newspapers, has the experience of finding my office always open to them,' Mr Loubser said.

Replying Dr Sonmenberg said it was obvious that blacks were being discriminated against, and much ill-will had been caused by leating ine blacks out of Mowbray.

## 'IRRELEVANT'

Whether a need existed for black facilities was irrelevant. The facilities should be theirs by right, they shonld not have to ask for them. 'Whites did not have to ask.'
Mr F M Botha (NRP Groote Schuur), a member of the Teaching Hospital's Board, said the Executive Committee had carried out the request of the board, and had taken strong exception to the criticism of Dr Sonnencriticisin
berg.

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## Pretoria Bureau

Overcrowding at Baragwanath meant that the hospital could either close the doors when the wards were full or leave them open to give Soweto sick "a sporting chance," the superintendent, Dr Chris van der Heever, said today.

Because of the overcrowding patients had to be discharged sooner than they would have been from less crowded hospitals, Dr van der Heaver said.

Another short-term measure for which planming had already begun was the expansion of the Leratong Hospital, near Soweto, by 200 beds.
Dr Grove said that medical equipment, such as X-ray apparatus, still had to be obtained but would be flown in if necessary.

Last month the execufive committee approved more medical staff for the internal medicine section at Baragwanath.

In the longer term the hospital to be built at New Canada, on the edge of. Soweto, which would house 1000 beds at first and would later be expandied to 2000 beds, was receiving "top priority," Dr Grove said.
"Often this causes them to relapse and they then have to be re-admitted. It is a vicious circle," he said.
"It is almost impossible for us to find a short-term solution to the overcrowding problem."

The Transvaal director of hospital services, $\mathrm{Dr}^{-1} \mathrm{H}$ A Grove, said today that both short-term and longterm measures were under way to relieve the consestion at Baragwanath.
Two wards which had previously been used to replace wards being renovated would now be made available on a permanent basis, he said.
The executive committee of the province yesterday approved a staff establishment of nurses for these wards.
In addition, the paraplegic unit would be moved to Natalspruit Hosvital, making a third ward available.

Dr Grove said that a hospital for blacks at the old General Hospital in Johannesburg would be established "as scant as possible."

He said this would be a full teaching hospital and not a "second-hand hospitaI."

This meant that the University of the Witwaters rand senate still had to appoint professors to take charge.
A. further short-term move would be the establishment of seven new day clinics in Soweto to relieve the demand on Ba ragwanath.


## Spurt to relieye

## crowding at <br> Pretoria Burean

Equipment could be flown to Johannesburg to get the general hospital ready within"" "a month or so" to help relieve the crisis at Baragwanath Hospital.
The hospital will be renovated to house 724 black patients, and the hospital acress the road will bed 244 Indians as a relief measure to help blacks, Mr Kallie de Haas told the Provincial Council yesterday.
Call for

## of hospital tariffs

A recommendation was made again to the Provincial Council yesterday that hospital tariffs be raised for people who can afford them and lowered for those who cannot.

Mr Sam Moss (PFP, Johannesburg North) said that a broader base should be set for the people who could not afford to pay for the service.
The computed income figures should be revised to bring in perspective what a ..person earns as well as the depreciation of

He said the casualty section which now provides for whites will be used for blacks when the hospital restarts

During the committee stage of the Appropriation Draft Amendment Ordinance he stad it had been decided that two hospital boards would run the Indian and black sections.

Equipment had to be installed in the hospital and, if need be, it would be flown from overseas.

## revision

the Rand.
Speaking after Appropriation Draft Amendment Ordinance dealing with hospitals, Mr Moss said problems arose when people did not give their correct wage figures.
"They know that for about five Rand they can get a full day's bed, treatment and medication. This is one of the reasons Why we have a R28-million plus a year for "pharmaceutical bills."
"And next year we will be paying about R33 million."

Day hospitals would be built in Soweto and presest clinics would also be adapted into day hospitals to help ease the situation.
"Originally the general hospital was planned for chronically ill patients and private patients but, after a visit to the Barag wanath Hospital, it was decided to use it for blacks:"
Mr. Sam Moss (PFP) requested that blacks and Indians also serve on the hospital boards.

## POSTS

He also called on officials from the Department of Hospital Services and the Baragwanath hospital board to meet private practitioners in Soweto to discuss the problems at the hospital.

In answerto a question in the committee stage from Mr Obie Oberholzer (NRP, Rosettenvilte), Mr de Haas told the council that posts for staff to run the hospital had been created.
"The posts have been advertised and some applications had been received. Those candidates who are accepted will work in other hospitals work in general hospital is ready," he said.


By STAN BLOPHE
EXTENSIONS valued at about RS-million to ease overcrowding at Kafalong Hospital in Pretoria are in the pipeline. The hospital's superinten-, w dent, Dr M Basson, said yester. day the extensions would first be made to the outpatients' department and then to the wards.

He said plans were already at an advanced stage and should be finalised this year.

Dr Basson said extensions to. the hospital included a threestorey building for new outpowtient and casualty departments, a theatre, an 18 -bed intensive; is, thoracic and heart care unit, an-X-ray department and a central. sterilising department.
The hospital will also get we another 240 beds for burn.". cases, premature births and gastro-enteritis.
"Many patients come to us" when they are referred by other hospitals and we don't turn them away," Dr Basson said."
"These extensions are neces"". sary because about 1000 pa-: tients per day pass through our various clinics, outpatient and casualty departments."

Dr Basson said Kafalong had 1143 beds but there were about 1500 patients in the hospital at present.

He said there were 200 doc tors, over $1 \cdot 600$ nurges and 1200 administrative staff employed ${ }^{5}$ at the hospital.

Dr Basson said the hespital never turned people away but some patients had to sleep on: mattresses on the floor.
"Kalatong is an academte: hospital and therefore we cannot send patients away. All the hospitals in the Western, Elastern and Northern Transvaal refer patients to us in addition to the local population," be said.




Why Bara is too many people clamouring for too little attention. And, pathetically, too few facilities. The situation revealed by this newspaper yesterday - of 125 people crammed into 40 -bed wards, huddled on blankets on the floor will be seen overseas as a further cameo of discrimination.

But, indeed, the Government is not insensitive to the situation. Mr Louis Rive, the planning co-erdin' ator for Soweto, has responded swiftly to the crisis by saying his office is fully aware of the need to expand health facilities in South Africa's Cinderella city. And Transvaal's director of hospital services says short-term and longterm measures are under way to relieve congestion at Baragwanath.
Dr H A Grove talks specifically of establishing seven new day clinics in the complex and opening a section of the old Johannesburg General Hospital to blacks "as soon as possible".
In the longer term, he says, a plan to build a hospital at New Canada - on the edge of Soweto - is receiving priority. The hospital will have 1000 beds to begin with and will later be expanded to accommodate twice that number of patients.
\& Creating new clinics will certainly help solve the problem at Baragwanath.

But the idea of a second large hospital in Soweto, like expanding Baragwanath itself, is contrary to the world trend. Which is to have more, smaller hospitals.
And, indeed, the crisis at Baragwanath is symptomatic of a much bigger malaise that surrounds Soweto. It is a malaise highlighted by the Urban Foundation report on the complex released last week and it stems from the fact that there are possibly twice as many people living in Soweto than the Government is prepared to ack nowledge. Because it likes to think that, through its homelands policy, the population is confined to blacks with the proper authority to remain there.
That is a sad and obstructive myth. As Baragwanath's superintendent, Dr Chris van den Heever, said yesterday: "The West Rand Administration Board says there are 1250000 people in Soweto. The police say there are 2 -million."

As the Urban Foundation report revealed, the city is geared to the official figure - which means there are 32000 too few houses, a pupil-teacher ratio of 47-to-one and ludicrously inadequate services. From the necessary 24 hours a day, water supplies could be down to $51 / 2$ hours in five years. The sewerage system is near the point ,of breakdown.

So until ideology catches up with realism. the problems of Soweto will not be sorted out.



By Inada Lawton, Mumelpal Reporter Planning has started to coordinate Government. provincial and municipal health services in Soweto and establish "one-stop" health centres.
"The need is great, everyone is willing and 1 believe the scheme will have got off the ground in less than five years time," Dr $C$ van den Lever, superintendent of Baragwa-
neath Hospital, said today.
Dr B R Richard, Johnnesburg's Medical Officer of Health, is "most optimistie" about the scheme and said it was 'in line with the thinking behind the 1977 Health Act which made provision for coordinated and economical services and the preventtimon of the duplication of services."

The number of centres
will depend on the popula. dion of Soweto, with each providing for about 60000 people. It is believed that the first will be built in the Zola/Emdeni area, followed in turn by Moro 10. Meadowlands Extern. sion, Diephloof, Protea and other areas.
Dr van den Weever said it was believed that the 10 new day hospitals announced by the Province would be pat of the cen-
tres, which will provide curative, preventive, promotional and famish health services.

Dr Richard said that in the centres, the state could, for example, provide psychiatric services Wine the Province provided curative services and the Johannesburg City Council provided child health, family planming, TB, infectious diseases and environmentalhealth services. The council is presently providing these services in nine health centres in Soweto:

## SCOP发

"No existing health services will end because of the new centres." said Dr van den Heever.

Representatives of the various authorities are still working out proposals for the new centres and, once they have established the scope of the need in So-
wto and come wo with a scope of the need in So-
weto and come up with a suitable design, they will decide where the first cenare will be built


UNIVERSITY OF CAPE TOWN EXAMINATION ANSWER BOOK

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All answer books must be numbered


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ought beds for

The number of hospital beds available for blacks in the Johannesburg area still falls far behind orovi. sim for whites despite the plan to accommodate backs in the johannesburg General Hospital.

A survey by The Star showed that four hospitals for whites in the dothannesburg area bad 3147 hons. while the only bespita mother for bia ter offrus 140 beds
Where the minnesburg General Jomptal a opened to blacks, at proc poon this wool ho Mr Walleye de Maas, Moor for Hospital corvine you me teds will become available for blocks

The hundents of thou sands of backs living and working in Johanneshtre will therefore have es beds a"alalbe to them.

In Soweto with a popshathor act mated at never milton the Paraswath Mamet:? mist handle at
the cases it receives and attempt to f: them into its 2633 beds.

Hospitals for whites in the Johannesburg area inclaude the Inhameshurg Hospital -- 2 no beds; the Edenvale hosptat - 205 hods; the I G Stridiom Hospital - 530 beds: and the South Rand Inosputal $-412 \mathrm{beds}$

A spokesman for the Johanoolye:; Mremital said som? wards wo we not in lr and at sherman for South fred Hospital caird only 20 of of s tot bedsperer mace

Rut patents sloop on the fonts at Paragwanath.

## Arcordintr to Dr Itemnie

 Grove, demeter of Hosier tall sinveles in the Trans val, armosions to Brag vanath lumpital in the first six months of 1079 Ware mare than trice for the same person ax the : Tohamoshurg hospital, it is Stridom and a F rr.wont in together.
in Grove said Rararwa. math had 48819 patient stmossions in tho sixmont le period.
From January to Nownmer last rear tue Son European Tirsmital in Hillhrow admitted 15560 patients.

## ( Paper)

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Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

A MAMELODI G0-bed day hospital will start functioning next year.
The hospital has been built at an estimated cost of more than R1,8million. Construction work at the hospital started last year and, according to the superintendent at Kalafong Hospital, Dr J

A Fourie, the hospital will cater for minor castes and has 30 beds for maternity and 30 for casualty patients.

There will be three ambulances stationed at the hospital to ferry serious cases to Kalafong.
"This hospital will ease the overcrowding at Kalafog Hospital because on-
li serious cases will be referred to us," Dr Fourie said.
Mamelodi has a popuration of 180000 - ex eluding the more than 56000 children under the age of 18 years.
There is only one cinit in Mamelodi West and a provisional one in Mamelodi East
post $20 / 6 / 60$


By SA Mr RABE
KALAMONG HOSPIRAL near Pretoria is so overcrowded that between wo aral four chitaTen sleep in one cot and some adult patients sleep under beds.

This was discovered by sunday post rs ines. tigation teem, which also found that some patients spend the day basking in the sun to allow doctors freedom of movement to attend to the seriously in,
The hospitals deputy superintertens, DR II Mason, cate patients who slept on the flow were those who had been dis. charged and were vatting to go home the follovte, day. Rus equyarond pt: Solomon Panto had moor in the hospices fer only two days when $\bar{z}$ form him sloping under a bed.
Here said the had been stoning th tho fleer chron his admissions. Gr monas Khoza said he slept on a wed for the first six days of his arrival at the hos. pitas.
Like other patients who are not critically in, he had to sleep on the floor to mate from for the more seriously hill patti. ens.
In the children's ward a few cots had one child sleeping in each. Provost of them were shared by two and four children of two and three years old.
Also sharing beds were children from seven to 12 years. They slept two in a bed.
"Mothers who give
birth through a caesarian operation or those who have some other comph. cations are the only ones for whom we can afford beds. Otherwise, those who have normal deliverier sleep on the for immediately after delivery:" she said.
Dr Mason denied that the hospital was so overcrowded that four children covid be made to sleep in one cot. "IT do not know anything about it and I done think there


is truth in what you are saying, Mr Mane," he said.

He then said Kalafong was not the only hospital that was overcrowded.

Die also said plans to extend the hospital were underway.
In the casualty section there was also overcrowding. There vas a long queue of ont -patients, some of rotor claimed they han mot boon attended to for more than five hours.

...and here's wino
happens overseas
HTALY, the "lane of the sick hospital": has taken an unprecedented step to improve its medical care: it has put its health in. stitutions on trial.
A patient's rights court. instituted after much anhlowng by various unjones and politheal and religionse organisations, has begums mining evidence from mathaxts, and so fare the stories have been grain. furl.
The 1500 testimonies that why e reached the course: maniminary is. Duty nation fremd

\section*{Only the top

will do: $\boldsymbol{G G}$

## By Len KALANE

## By Len KALANE

## HE has good looks, a rare sense

 of humour, the sociability that makes people crowd around him . . . and brains.Dr Jiyane Mbere, popularly known in Soweto as "GG", has clung onto one thing all his 30 odd years. To get to the top.
And " $G G$ " is a man at the top indeed. He is the first black to be appointed head of the gynaecologist unit at Baragwanath Hosiptal. He has both black and white staff under him.
So far he has done pretty well for himself and yet he is not satisfied.
"I am a man with positive thoughts," he says. "I always want to see myself at the top."
How do you see your job, Dr Mbere?
"Quite challenging," he says.
"The challenge is increasing every day," says Dr Mbere. "I feel very proud to be so directly involved in serving the community. We see an average of 150 patients a day, just look at it from that way."
Dr Mbere says he has had his frustrations in trying to build up his future. After passing his Joint Matriculation Board with a first class in 1959 at the Roman Catholic St Francis College, Mariannhill, Natal, he went to Wits University to study for a BSe degree.
"The top black educationist, Mr T W Kambule was the man who was really pushing me from behind," he says. "But it was unfortunate $-I$ only stayed at Wits for three months because I couldn's get a scholarship."
Dr Mbere then studied medicine and
qualified in 1965. He did private practice in Soweto for four years.
Dr Mbere said in 1970 he then applied to Makerere University, Kampala in Uganda. In 1972 he got a degree in Obstetrics and Gynaecology.
Dr Mbere went to London and obtain-


## Dr J Mbere

ed another degree in Obstetrics and Gynaecology. This was in 1974.
"I wanted to go to Canada for another degree," he said. "I became homesick and dropped everything. I became eager to practise my skills down here at home. I think there was a need for gynaecologists to serve the masses in Soweto."

He got employed as a registrar in 1976 in the unit he now heads. He was promoted to junior consultant and now to senior. This happened in only two years. In October 1979, Dr Mbere was appointed head of the Gynaecologist
unit at Bara:

About 70 doctors at Baragwanath Hospital have called on the SA Medical and Dental Council to urgently investigate conditions at the hospital which, they say, make medical malpractice "unavoidable."
a petition signed by the doctors, calls for a council inquiry with special reference to malpractice, overcrowding, and the adverse effects of present conditions on the training of undergraduates, interns and registrars.

The doctors stress the need for urgency. The petition claims that gross overcrowding is forcing a situation where medical practice cannot be carried out according to the most basic medical standards and makes malpractice unavoidable.

It says ward occupancy sometimes reaches more than three times what it should be.

Doctors have cited an instance in which 125 patients were crowded into a 40 -bed ward, with 85 having to sleep on the floor.

The petition also says that elementary nursing and medical care cannot be carried out despite the "heroic efforts" of an overworked nursing and medical staff.

It says the situation seriously affects the training of undergraduates, post-graduates and interns.

It is believed the petition was sent by registered mail to the Medical and Dental Council.
The medical superintenlent of the hospital, Dr Thris van den Heever, naid he had not heard of the potition but felt sympathy doctors workthg sficult condi$*$ ever said - zeds were 1 order that patient \& Barag

Bu taisowonar nequire mothere hepatal the size


Di' van den Heever saw the building of a new hospitd 1 to take at least 1000 patients as urgent. He said Iransvaal authorities also riewed the matter as a "priority" and high-level discussions were taking place to see how soon such a hospital could be started.

Senior officials of the Medical and Dental Coun cil were not available this morning for comment on the petition.

## Controversy

The hospital has been the centre of controversy for some time, generally *owing to gross overcrowding.

New hospitals are inve planning stage for Soweto, find the old Johamnesburg General Hospital is due to open its doors to black patients soon, butt the crisis at Baragwanath remains acute.

To add to the problem, about 25 to 30 percent of the hospital's nursing staff of 3800 is off with flu putting extra strain on medical personnel.

In October last year, Batagwanath doctors were already warning that if lhe Transvaal hospital authorities did not act to Improve facilities, the bospital's academic function might have to cease.
They raised the issue of bvercrowding and of patients sleeping on the floor with the then superfntendent of the hospital, Dr P J Beukes.

Doctors at the hospital said today the situation was desperate.

"The population of Soweto is growing by the day but who is doing the planning for medical services for these perople?" asked one.

He said it was "useless" to constantly refer doctors to the long proposed "new hospital" for Soweto.
"What we need is beds for patients who are in the hospital NOW," he said.

Dr . Nthato Motlana, chairman of Soweto's Committee of 10 , has repeatedly called for an end to the "scandalous" system in which black pitients are to be seen bying on hospital floors f because of a lack of beds.

The 70 doctors at Barag
wanath Hospital who peti-
tioned the SA Medical and
Dental Council two weeks ditions about the critical conditions at the hospital Today one a reply.
tors said one of the doctors said they would send a copy of the petition to
the SAMDC if received th if it had not The petitio original. gistered post, sent by recouncil to investiged the leged medical malpate alcaused by malpractice crowding by severe overcrowding at the hospital. being treated patients were ward. To.
Today an SAMDC spokes-
Ian said he could not dis-
IS the petition.


## Petition on <br> S 1 解 $27 / 6180$

Bara pput(18)
to council
The petition by more than 70 Baragwanath doctors over conditions at the hospital is to be discussed at a meeting of the SA Medical and Dental Council executive conmittee in Pretoria on July 11.
The council has now acknowledged receiving the petition and a spokesman said foday that the committee would consider whether the matter was "within the jurisdiction" of the council.
He added: "It would appear that this matter is not for the council but for the hospital department in that it concerns conditions at the hospital."
When it was suggested that doctors were claiming that the conditions affected their ability to perform their work properly, the spokesman said his would have to be considered hy the executive committee. He would not comment further.


Fair Deal Reporter
Most medical aid schemes will initially absorb the 10 percent increase in ward and theatre fees in priyate hospitals from July 1.

Private hospital fees are at present R25 a day. They will rise to R27,50 a day.
The Representative Association of Private Hospitals and the Representative Association of Medical Schemes in Johannesburg said the increase was to cover salary scales for nursing staff commensurate with that paid by provincial hospitals.
Private hospitals have not yet decided whether to pass on the cost increase to non-medical aid patients.
However, most medical aid societies Fair Deal spole to said they had not yet decided whether or not members tariffs would increase accordingly.
They said they would absorb the increased cost initially and decide at a later stage whether or not to increase membership tariffs.
$\qquad$

# Doctor warns on Sara $S T A R$ $28 / 6 / 80$ danger <br> <br> By Elizabeth Wilson <br> <br> By Elizabeth Wilson <br> Patients in the overcrowded Baragwanath Hospital run the frightening risk of "receiving the wrong drugs," "missing out on vital medication," or "being sent home prematurely," claims a doctor who has worked there for several years: 

He said medical personne were becoming increasingly worried about the welfare of their patients under conditions where patients lay on the floors of wards or outside because there was not enough space.

The doctor said it was shocking to see elderly and sick' patients 'having to lie on the floor, especially in winter.
Overcrowding, he said, created. a situation in which the patient's" "bedletter", which contained a summary of the case, and the patient's treatment chart were sometimes "lost or misplaced".
"This is a serious situaton," he said.
"It could result in a patient receiving the wrong treatment or medication. clearly y this could endanger m ie person's "health."
"VITAL
The doctor said that, because of overcrowding, patients sometimes spent time outside the wards. When nurses were doing the medicine rounds they sometimes could not find a specific patient. This meant some could miss a vital injection or dose of medicine

He said there was grave concern over premature discharging of patients from the hospital to "keep the numbers down."
It was "not infrequent," he alleged, for a patient "still in heart failure" to be sent home to recover. These people should have had a longer stay in hosvital.

TOO SOON
He said that often patients who were sent home too soon returned in a more serious condilion.

In admission wards the large number of patients admitted meant that doctors were unable to spend enough time attending to more gravely ill patients. This could result in a patient's death, he said.

# Baragwanath could be downgraded ${ }^{(98)}$ 

Provincial Administration has also made several highlevel visits to Bara und is planning short-
 rensedies.
Wrat as yet the staff at Bara aregunable to see any signs of these promised improvements."
Professor Tobias said urgent implementation of the Province's relief proposals was essential especially now that the avalanche of winter illness was engulfing the people of Soweto.
The Faculty Board, he said, expressed the earnest hope that, by cooperative planning between the General Hospital - shortly to be reopened with beds for 800 African patients and Bara, some inmmediate relief would be afforded at Baragwanath.

Mr Sam Moss, PFP spokesman on health in the Transvaal Provincial Council, says money planned for new roads, should be re-allocated for the building of a new hospital in Soweto.

Mr Moss dismissed a suggestion that accommodation in the old General Hospital - now to be assigned to blacks and Indians - would alleviate the pressure on Baragwanath.

As an immediate step to relieve the overload on Baragwanath, Mr Moss called for a trebling of community clinics in Soweto. of a Bara for pledged itself to do all it

1. could to promote improvement.
"'We are aware,". he said, "that the Transvaal
2. bilue or dack ink must de used ror wiluen answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
3. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.
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# A bed on 

## the floor

By SAM MABE
SUNDAY POST's investigations into overcrowding at Kalafong Hispital have revealed that over 50 patients in one ward sleep on the floor.

Ward 5, which appeared to be one of the most overcrowded, has 48 beds for 48 patients - and a total of 101 patients, including the 53 who sleep on mats under beds, in between rows of beds and others in their wheelchairs
The children's ward, Ward 3, is also bursting at the seams with close to 50 children in the two and three year age-group sleeping on the floor. Those who have cots to sleep in are crammed in groups of up to four in one cot.
Only those who are seriously in sleep alone. When SUNDAY POST's investigating team visited the hospital last week, several patients were basking in the sun outside the wards.
One of the patients said they were outside to give freedom of movement to doctors and nurses to attend to the seriously ill and to allow for cleaners to sweep the floors. Only those who were too ill to move outside remained in their sleeping place.
This week I visited the hospital in the evening shortly before bedtime. In the children's ward sever. al mats and blankets had been spread on the floor and the children, some of whom were playing and running around, were being called by nurse aides to group together at their sleeping place.

I counted close to 50 of them. In Ward 18 there were 14 patlients sleeping under beds. In Ward 16 there were seven and in Ward 20 there were nine.

Ward 19 was shared by men, women and a few children. The ward, like all others. is divided by walls into four sections. Three , were occupied by men and one by women.

In between the rows of beds there were a few children's cetts.
A Soweto man who is one of the 53 who sleep on the floor in Ward 5 , Mr Mandla Mncube, said he had been at Ka'afong for two months. Since his
 had a bed.
One patient with leg injuries who uses a wheelchair said he slept in the wheelchair. Some patients were playing cards and others reading. One of them said:

## 101 patients in a ward for 48 and some sleep in wheelchairs

"Sleeping on the floor offers no comfort at all. We sometimes keep ourselves busy talking or playing cards so that by the time we get down there we are ready to fall asleep immediately and don't feel the discomfort of the hard floor.

One nurse who cannot be named for professional reasons said in the maternity ward the situation was even worse because the hospital had to cater for mothers and their babies, who had to sleep separately.
"Cots are available for the babies but the mothers have to sleep on the floor, sometimes immediately after delivery. How can they be given beds when some critically ill patients in other wards have no beds? This overcrowding makes our work difficult," she said.

In one of the wards there is an old man who could be in his 50s and who is said to have been in the hospital since 1976. He was apparently dis. charged long ago but because he has no home to go to, has been staying at the hospital. I found him sleeping on the floor with only one blanket.
Last week, the deputy superintendent of the hos. pital, Dr M Basson, denied that overcrowding at the hospital was such that up to four children slept in one cot.

He also denied that there were patients who slept under beds.

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# Medicale aids in darla on cost hike 

## Staff Heporter

AFTER the $10 \%$ hike in private hospital ward and theatre fees agreed last week, several medical aid schemes still do not cal aid schemes still do not
know whether they wili increase their contribution seales - because they have not yet been officially informed.
The increase was negotiated on Thursday at a meeting of the Representative Association of Private Hospitals and the Representative Association of Medical Schemes
The $10 \%$ increase in private hospital theatre and ward tiarifts means that from Iuly 1 a bed in a general ward will cost R27,50 a day. and tleatre fees will range from R70 and R88.
Of six medicalataid setemes approached by the Rand Daity Mail, only two had been officially notified of the increase - Anglo American Corporation Medical Aid and OK Bazaars Medical Aid.

Spokesmen for the other four had either not heard about the increase or had only rear about it in Friday's "Mail".
A spokesman for the Anglo American scheme said they had been informed of the increase by RAMS

He said members' contribu tions would not increase. The scheme would increase its contribution by Rl a month for each of its 10004 members

At the moment, the Anglo American medical aid scheme pavs the full tariff for ward and theatre fees, and apparently will continue to do so aftei July 1.

A spokesman for the OK

Bazaars Medical Aid Scheme refused to comment and would not disclose the amount the scheme paid out to members for ward and theatre fees
A spokesman for the South African Associated Newspapers Medical Aid scheme said they had received no official notification of the increase.

A spokesman said the last increase in medical aid subscriptions had been on January 1, when medical tariffs increased. She did not know whether they would be noreased again this year

The Argas Medical Aid Scheme had not been informed of the 10 ". itherease and did not know . whether contributions would have to be increased

A spokestman for NBC Medi eal fid had not heard about the increase. At the moment, NBC covers the previous tarift of R25 a day for a bed in a gener al ward and $100 \%$ of theatre fees.

The spokesman was unsure whether NBC rates would increase.

South African Breweries Medical Aid had read of the $10 \%$ increase in the 'Mail'. but had not been officially in formed. At present the scheme pays all theare fees and R20 a day for general ward lees.
A spokesman said the new increase would cost the scheme an estimated $R 6000$ a year more, but he did not know whether conlribution rates would be increased. The SAB scheme's last increase was $32 \%$, on January 1
A calculation involving three routine operations - not allowing for theatre complications compares the average cost of ward and theatre fees, at pre sent and from duly 1

- A tonsillectomy - the patient would be in theatre for about half-am-hour atd would stay in a general ward for one day The theatre fre for half-an-hour is about R70 and the ward tariff is P2s a day. The total amount. not allowing for drugs and dressings, would therefore be 295. From July 1: it will cost R104.50.
- An abdominal hysterectomy, which wonld take about $1^{1 / 2}$ hours in the theatre -- the pateint would stay in hospital for about a week. The theatre fee would be about R105 and the ward fte about R17; The total. excluding drugs and dressings, would be H280. From July 1. it will cost R308.
- A charnley !dislocated hin replacement) -- the patient would spend about two hours in theatre and about 10 days in hospital. The theatre fee would be about R140 and the general ward fee would be R250, totalling R390. From Jily 1 it will cost R429

All the above costs are only those for ward and theatre, and do not include doctor's fees, drugs, dressings or any extras.

## hospitals

## Own Correspondent

 PIETERSBURG: - Over crowding and a shortage of staff in all Lebowa hospitals was confirmed yesterday by the outgoing Minister of Health. Mr S P Kwa Kwa.Mr Kwa Kwa was reacting to a weekend newspaper report which described over-crowding, long queues, and an acute shortage of doctors in the Philadelphia hospital in Dennilton.

Mr Kwa Kwa said: "I am aware of the shortage of hospital staff in Lebowa. It is not only at Philadelphia hospital. A shortage of doctors is a general and common thing with us'.
The Minister - who was ap-
pointed Minister of Education in the recent cabinet reshuffle - said he felt bound to go and see the situation for himself after seeing the report, but his new appointment would interfere with his plans.
He said the situation at
Philadelphia was particularly
bad, because the Ndebeles were now being consolidated under the Kwa-Ndebele.
"They have come from areas such as Pretoria, Pilgrims' Rest and Middelburg. Big townships have sprung up in the Denniltion district and they are all being served by the Philadelphia hospital.'
Mr Kwa Kwa said Philadelphia hospital had to extend its services to the Ndebele areas in terms of an agreement under the Regional Health Organisation in South Africa, which knows no ethnic boundaries.

The Minister said the phasing out of missionary hospitals had caused a general staff shortage in all hospitals.
He said missionary doctors - who were dedicated to their work - were unlike doctors who preferred to work in their surgeries in more advanced centres, and their numbers had dwindled since the Lebowa government took over all hospitals.
Mr Kwa Kwa said he regretted leaving the Health Department because, as a field which was altogether new to him, it carried challenges for him. He is a former inspector of schools and becomes Minister of Education from today.

## Wits students <br> STA boos es health clinic's funds

On the outskirts of Alesandre township is 1 be Alex Heating cline. it is staffed by people who work day and night amd tr e theatre rewards for there efforts
'Bn whole bor mes vital health services for the fol 000 residents. saving them long trips to the Tembisa Hospital - the closest one.
Medical personnel at the clinic are helped in their task by groups of right 1010 final-year medural students from it he diversity of the Witwatererand
. At matt the casualty hay is staffer d he Wis students. The students are behind a fumd-rasing competition aimed at helping the Ales cline get over a period in which ts existence is threatened $b=$ a serious shortage of thai
The "Wits-for-Alex" molupetianon is heine man
by the Medical Students council of the amversify and selling the tickets on tho competition is the task of the medical amd paramedical students.

The prize list comprises 26 prizes donated by varionus companies, and inchides offers of vouchers portraits, a food hamper linen hampers, a pen and cash.

Some of the lares prizes include: Plumb cash from Imperial Chem bal Industries, a Telertumbela edom television from Pelion: a polarmal "altaba ow nc camera from Frank and Harsh; a diamond ring from I Friedman jewellers and R3010 cab from Perk Pharmaceuticalf.

## VOUCHER

'Ten limen hampers hate been offered by Consollated Textiles, Rotary Time has offered a wristwatch, Edgers, Globe File ctical and Foschini's Rte cash. lion voucher and two R50 vouchers resperelely and liger Funds have offered a food hamper.

Books of tickets must he filled by July 30. Dew talk about the compel?ion can be obtained from the Medical Students" Council offices, telephone 724.1561 ext 128.

## New mental rom ${ }^{3 / 2 / 50}$. <br> for <br> blacks

By MARILYN ELLIOTT
A NEw 60-bed psychiatric unit for blacks will open at the old "white" General Hospital in Johannesburg in October
The chijef of State Health
a ahiatrir services, of $P$ II
Henring, announced this yesterdav during a health forum held at Tara, the H Moross Centre, yesterday.
Dr Henning said that his department had also acquired 17 hectares adjoining the Sebokeng Hospital near Vereeniging to build a 600 -bed psychiatric hospital.
This hospital, plus a smaller satellite hospital with 200 beds for mentally retarded children, would be completed within five years.
Dr Henning said that since the Cabinet's decision to allow the Department of Health to take over all psychiatric services, planning for black facilities has been streamlined.
In the past there have been setbacks in planning but now hat the services fall under one body we have been able to define our goals more clearly," he said.
One of the main problems when building a psychiatric hospital was that, unlike a general hospital built several storeys high, a psychiatric hospital was ideally single-storeyed and spread over a large area, he satd.
Dr Henning said white it was possible to get small areas of land in Soweto for a psychiatric hospital, big areas were not easy to acquire

However, we have got the green light from the OrangeVaal Administration Board for and at Sehokeng and we hope that the West and East Rand Administration Boards will follow suit for further facilities in Soweto and Daveyton," Dr Henning said.
He said the new 60 -bed unit at the old Gen. plus facilities at Sterkfontein Hospital and an out-patients' centre in North City Building in Plein Street, Johannesburg, should ease present overcrowding in black psychiatric hospitals.
A psychiatric unit at Baragwanath is on the cards as part of the Transvaal Provincial Hospital's re-plaming of the hospital.
Dr Henning said that the Department of Health was building several other psychiatric facilities for blacks in the Free State

# General Hospital <br> ${ }^{4}$ 

 MedicalComespondenter develops will depend on The General hospita, hat, the availability of staff Jolannespurg, wil, admit, and when medical equipWis +ist black patients, on ment arrives.

SThe superintendent, foy, shortage of nurses but we
SY Kalmyn, sadutoday the , mare hoping to recruit hosplath would start, wth, phurses who are not workamited servee but move, ging at present. Our goal is wards would be, opened, as, to make the hospital fully equapnent ond, stafef, operational as soon as pos becane, availble The te, sible."
n o vated, arid recondit, she said the reorganisat tioned Genera, Hosplga, tion of the General HospiWhu eventualiy have beds Sfor 724 bladk and, 245 Indian patients.

Monday will be ahs.
torical occasion for usen hannesburg
said Dr Kalmyn.
She sadd equipment or 4 + e hospital had been arderedpand was starting to arrive Medical posts for more than 250 doctors and, about 1000 , nusesteprtients including mater liad been created and ap, mity cases.
pomtiments wers being , "We will also take some made daily,
 How quickly the hospital, . Hospital," she said.


## patients lie on floor

Black wards at Edenvare Hosplal which were closed eight years ago are being used to store garden tools:
But hundreds of patients lie on the floor in es desperately over crowded wards at Baragwanath Hospital and Johañesburg's. Non European Hospital.

Today, Dr Hennied Grove, Transvaal Director of Hospital Services, makes an on-the-spot investigation after the issue was raised with him by Mr Sam Moss MPC, PFP health spokesman:

Mr Moss has asked to inspect the buildings to see if they can be renovated and put back into use.
The black section of the Edenvale Hospital was closed in 1972 in accor-迫ce with Nationalist
policy to move black hospitals out of white areas. At the time Mr Moss opposed the plan.
The University of the Witwatersrand's Medical Faculty Board has expressed concern at overcrowding at Baragwanath Hospital, where for 16 days last month there were two patients on the floor to every one in bed in some wards

Mr. Pross said: "Tools should be moved out and sick people moved into Edenvale Hospital once the buildings" have been cleaned and renovated.
"We have an emergency on our hands. If Edenvale has these buildings, they must be opened.'
With critical conditions in black hospitals it was "surely logical" to make maximum use of existing accommodation to relieve suffering, he said.



## Jo'burg General admits first ${ }_{71790}^{5719}$ black patients 98

Johannesburg's General Hospital has admitted its first black patients - 19 men and 19 women.

The hospital's superintendent, Dr L Kalmyn, said today: "We are giving immediate relief to the overcrowding at the Non-European Hospital. Thirty-eight patients were moved today and the hospital will grow as more staff and equipment become available."

The renovated and reconditioned General Hospital will eventually have beds for 724 black and 245 Indian patients. The old non-european section is being renovated and will be occupied by the Indian patients.

The superintendent said that medical services would be limited at first but more wards would be opened as equipment and staff became available.

## TRANSFER

"Our big move will be in a few months. By then we should have X-ray and operating theatre equipment," she said. The next transfer of patients would take place in two or three weeks.
Medical posts for more. than 250 doctors and about 1000 nurses had been created and appointments were being made daily, she said.
"We will take some of the pressure off the overcrowded Baragwanath Hospital."
Dr H A Grove, director of hospital services in the Transvaal, said there was an urgent need for black nurses, radiographers, pharmacists and other staff at the hospital and he appealed to nurses and others to apply for jobs.
"We need the staff to make the hospital a success. The sooner we get staff, the sooner we can open more wards."

## Black patients move to 'Gen'

By MARILYN BLLLOTT
THE first 99 black patients were moved from the dilapidat: ed NEH (Non-European hospltal) to the previouly "white" General Hospital yesterday.
The move follows the Transvaal Hospital Serviees' decision to oreate a 7 24bed hoeppital for Johannesburg blacks at the "Gen" in Hillbrow,
A Rand Dally Mall Investigao tion in January revealed that serviges for blacks at the NEH were about to collapse because of a lack of equipment and facilities. Doctors wers ne longer able to eope with the overerowding.
Shortly after the investiga. tion, the Department of Cos operation and Development and Hospital Services deelded to turn the old "Gen" Into a black hospital.

The two hogpitals are being completely renovated. The NEH will be turned into a 245. bed hospital for Indians, and the sprawling "Gen" will be for blacke only ex except for the radiotherapy department, which is being used for whites的 well.

Yesterday, Wards 19 and 14 at the NEH were moved to the 98,bed ward at the "Gen",-As goon as new equipment arrives, other wards will follow.
Dr L Kalmyn, aeting supexintendent of the NEDGGEn 60 m

plex, raid yesterday that more than 1000 additlonal nursing posts have been created for the "new" hospital, and there will probably be about 250 posta cre ated for doctors.
The hospltal will provide every form of medical gpeciall aation except obstetricg and paediatiles $\Rightarrow$ these services will be continue to be provided
at Baragwanath Hospital.
Patients who moved in yesterday looked about them in astonishment and delight. Asked if they liked being in a new ward, they beamed and said there was no comparison. They have been ghifted from the crumbling interior of the NEH to wards that are freshly painsed and lilled with new ,
equipment.
Dr Kalmyn sald the move would be completed as soon as equipment arrives and posts are filled.
"This hospital will fulfil a real need for black in Johannespurg," be sald.
Judging by the patienta' reaction yesterday, that need is already being fulfilled,

By Willie Nkosi and Mike Overmeyer
Black patients are sleeping on ward floors at the Boksburg-Benoni Hospital - but that is because of
"their own negligence."
Dr G C Gravett, the medical superintendent, said building more hospitals to provide for blacks would not solve the prob. lem of overcrowding.
"If blacks were not so negligent then we would not have problems of hospital space," he said.

During winter months, problems of overcrowding were more acute because of lung diseases and weekend violence, said Dr Gravett. In the male surgical ward yesterday, 62 patients had been adx mitted to fill 39 beds.
"It was our highest intake," said a spoikesman. Normally, with so many patients being admitted, the doctors attend to those who can be treated immediately and. discharged.
"For the more serious we prepare felt mats and blankets as beds on the floor at night," the spokesman said.
Dr Gravett felt that in the black community breadwimers preferred buying cigarettes and liquor to feeding their families properly.
"If my children should suffer disease because of the lack of food I would stop smoking now," he said.
He warned that people approaching the Press to
expose hospital overcrowding should be prepared to dig into their pockets and pay more tax if they wanted more hospital space and medical schools.
"These are the people who are not prepared to send their children into nursing careers,' Dr Gravett said.
He also blamed low nursing wages and long hours for the hospital crisis.
"Women bank clerks work office hours and are not on duty on Sundays and at night. But our hospital staff has to serve the public 24 hours a day," he said.
Because of the staff problems, the idea of more hospitals were not
realistic, said Dr Gravett.
It is estimated that the cost of construction alone on a new hospital would excede R50-million.

More than 70 doctors at Baragwanath Hospital have petitioned the Medical and Dental Council to institute an urgent investigation. claiming they cannot work properly in present conditions.

The problem is being rased at this week's meeting of the council's executive committee.

Mr Sam Moss, PFP spokesman on health, has also drawn attention to the problem. He has called for the renovation and use of hospital wards which are empty and deteriorating in Edenvale. The wards can take 150 patients.


Telephone 27.6081.

## A hearty

 thank you 489
0 for Council
ONE of the nicest things that has happend to our people in times of acute anguish was the opening of the Johnnesburg General Hospital.

Untold misery has in the past befallen people who were stricken with illnesses or got injured in the greater Johannesburg area. The stories of men and women from the white suburbs who had to be shunted to Baragwanath Hospital adding to the overcrowding - have many times gone unreported.

Now they will be treated at a hospital that was used for whites, and in the nature of things, obviously handsomely equipped.

The burden will be taken from the Johannesburg Non-European section of the General, which in many cases could simply not cope with the cases received from the city area.

Overcrowding in black hospitals has become a chronic problem, almost coun-try-wide. What is happening at Baragwaneath is scandalous and what is expected of the medical staff there is nothing short of the impossible.

Beggars that we are, we have to give thanks for small mercies, like the opening of the Johannesburg Hospital, when in fact we should demand adequate treatmont for all the people of this country.

There is no reason why people who are the back-bone of this country's industrial might, should be treated in such a shabby and often heartless way.

Here's hoping the precedent set here will be the beginning of even better things for our people. A hearty thank you to the provincial council for this handsome, if belated gesture.

# Wards forced 

EAST LONDON - Two wards at Frere Hospital here have been closed due to a shortage of nurses.

Eut while the wards are closed the hospital is busy restoring the buildings and repairing the floors.

The medical superintendent at Frere Hospital, Dr s. Richardson, said the hospital's mixed orthopaedic ward and the Chatterton sepsis ward had been closed about two months ago.
"The wards were closed
P because we wanted to maintain a good nursepatient ratio, $\quad$ Dr Richardson said yesterday.
However, at the same time we had to cater for repairs to the two wards, which involves extensive treatment to the floors."

Work started recently but Dr Richardson could not say how long the wards would be closed or when they would be reopened.
"Closing the sepsis ward is not such a drastic measure," he said.
"What we are actually F doing is dispensing with a luxury.
"I know of only two other general hospitals in the country with sepsis wards and the ward we had here was actually a luxury."
. He said patients previously treated in the sepsis ward were being treated at semi-private and private wards at Frere.

He denied there was a shortage of doctors at the hospital but said there was
a desperate need for nurses.
"But that's what it is like at all hgspitals in South Africa - we are actually quite well-off as far as staff is concerned. " Dr Richardson said.
One of the hospital board members, Mr Robyn Hobbs, has called on the provincial administration to do something so the wards can be brought back into operation.

Mr Hobbs, who is the provincial council member for East London North, said the hospital was a "machine which is not operating on all cylinders".
"We have an expensive machine which is costing a lot of money and because of certain problems our machine is not operating at full revs," Mr Hobbs said

He said it was difficult to pinpoint why there was a staff shortage in the country's hospitals; although matrons at the hospital had given him a fair idea of why nurses were leaving the profession.

These included the poor living conditions at nursing homes and the fact that "modern-day girls are a little bit lazy".
"I think the children of today are possibly having it too easy and this is one of the reasons why we can not get nurses," he said
"The girls would rather work in some cushy job."

Mr Hobbs called on the province to improve condisions at their hospitals.
2. D.aé bi ulack ink inusi be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams; for which pencil may also be used.
3. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.
4. Do not write in the left hand margir.

He said staff shortages were affecting them all and something had to be done to encourage young people to work there.

Turning to the recent criticism of conditions at Frere's out-patient section, Mr Hobbs said it was not only the staff that was to blame for delays in the department.

He said some of the patients who reported there for treatment delayed the procedure through "telling lies".
"I refer particularly to the blacks treated at Frere, and there are many of them," Mr Hobbs said.
"We are treating more and more black patients at Frere and these people, for some reason, come along and do not give their real names.
"They preter to" tell a lie and give another name so that a new file has to be opened. I do not say it happens to all of them, but it happens in many cases and this delays the matter."

People had to spend up to half an hour filling in new forms and causing extra work for the staff in the department, he said.

Dr Richardson supported Mr Hobbs in this regard.
"This idea of giving a wrong name seems to be a national sport among blacks, second only to adultery," Dr Richardson said.
"The delays in the outpatient section have nothing to do with staff shortages - it is the patients who cause the problems." - DDR.

DATE MUST enter in umber of each question e order in which it has ; leave columns (2) and

2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University
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By Lyuda Loxton, Municipal Reporter
Johannesburg's Indian leaders have called for an urgent meeting with the Government over what they say is a series of broken promises about a health centre and hospital in Lenasia.

A gite was bought for the hospital, and the health centre should have been completed in April.

Mr Dennis Pilłay, chair.
man of the Lenasia Management Committee (LMC), said today: "This is a matter of urgency. We are not satisfied."

The LMC had asked to see the Minister of Fealth, Dr I. A P A Munnik.

In 1978 , a $\mathbf{\text { I MC deputa- }}$ tion was told by the Direc for of Hospital Services, Dr Hennie Grove, that healtll centre tenders wolld be invited in April 1979 and that the project would be completed this April.
The depuetion was told that an 8.5 hasite har been bought for a 200 -bed hospital with a psychiatric ward and that tenders would be invited this February.

At the beginning of last year, Johannesburg's City Secretary was told by Dr Grove that sketch plans for the hospital would be submitted to the Departmen of Works in February. Tenders for the health centre would be called for by April 1979 and the building would be completed by the end of 1980 . So far, nothing has happened.

In May last year, Mr Kallie de Haas, MEC in charge of hospitals, announced that the 114-bed Julius Jeppe block in the old Johannesburg General Hospital would be used by Indiar out-patients.

No Indian patient has yet been admitted to this hospital and the IMC had had no response to a request to inspect the block. This "new facility" is so far from Lenasia that the LMC befieves it cannot be
a long-term solution
Mr Pillay said Lenasia's
population was over 80000

MR Pete Jones, who was de Biko in 1977 , has attain beet purity Pd lice.
 African Students Organs. ation (Sase).

Security police were not available fo confirm the detention of Mr Jones.

His wife said she had


Monday for athescond term.

The school sit af. fected by the stayaviay, is Tlakula High where t was reported that less than 100 students hade red ported yesterday

On Monday
were forced out of classes

## Kotze denies nurse

98

## shortage at Free $10 / 180$

EAST LONDON - The director of hospital ser. vices in the Cape Dr R. L. M. Kotze, has denied there M. Kotze, has of nurses in is a shortage of nu ls.
Dr Kotze said the staff Diction at the hospitals was "perfectly satisfactory" "and he felt the authorities were providing a good service.

He was commenting on the recent closure of two wards at Free Hospital here which had been attributed to a shortage of staff.
"I don't know the precise reasons why they closed the two wards, but it can't be because of a
shortage of nurses," Dr Kotze said.
"Possibly it was convenient at the time to do repairs, or maybe the wards weren't necessary, but there is no shortage of staff there.
"We have sufficient staff to provide the necessary services."

There was no reason for any ward in a Cape provindial hospital to be closed because of a shortage of nurses, he said.
"Our criterion is that there must be enough beds for patients - if there is no need for the ward, it must be closed.'
The medical superinten-
dent at Frore, Dr $S$.

Richardson, said earlier this week that patients who were previously who were prev sepsis ward and the orthopaedic ward were presently being treated in private and semi-private wards.

The chairman of the Free Hospital Board, Mr David Lazarus, said the board had not heard of any noticeable shortage of nurses at the hospital.
"If there were problems, I'm sure we would have been told," Mr Lazarus said last night.
"There was a temporary shortage a while back but as far as I know there are as problems now." ${ }^{\text {no }} \mathrm{DDR}$
called an
called
Duncan Village com. munity Council said the remarks were an insult.
It was surprising such a statement could have come from a member of the NRP at a time when even the government was trying to break race barriers.

It was also surprising that Dr Richardson had left Zimbabwe and taken up a post in a place that dealt with blacks.
"What do they think they are doing? Has Dr they arson consulted any Richardson consult his problems at Free before

## insult

making statements that man only create ill-feeling?
"What is annoying about the whole matter is that the words come from a civil servant at a time when the government is trying to smooth ill-feeling between groups," Mr Makatala said.

The remarks were also condemned by a member of the Indian Managemont Committee, Mr Mike Williams, who said they were insulting and derogatory. - DDR.
Editorial opinion, page 6.

## Big hospitals 'misused', says Barnard hooklet <br> Staff Reporter <br> across that anyone who goes to a large academic or teaching <br> which include district nurses

DON'T go to a big hospital's outpatient department if you are feeling ill or have an injury - go to your nearest clinic, health centre, day hospital or family doctor where you will have full attention with less waiting time.
That's the message contained in a new illustrated information booklet issued by the Department of Hospital Services this week.
The booklet uses a number of photographs of Professor Chris Barnard to put the message hospital such as those at Groote Schuur or Tygerberg without a reference from a doc tor or clinic is overloading spe cialized services intended for more serious conditions.
Misuse of the bigger hospitals has resulted in heavy out patient loads which are slowing down the essential specialized work carried out there and placing a burden on staff, the booklet said.

Primary health care services have now been established


The new illustrated information booklet issued by the Department of Hospital Services this week which advises people on where to go for medical services.
family doctors, day hospitals, mobile clinics and welfare centres.
In a series of photographs captioned in a light humorous style by the Department of Community Medicine. Professor Barnard tells patients that hospitals are meant for "very special occasions" when they are really needed.
"I get' worried when I see you arriving at the academic hospital's outpatient department with perhaps a minor complaint, without an appoint ment and no letter of referral from your doctor or clinic.

## Operation cancelled

Once inside the hospital you may find your operation cancelled because consent has not been properly signed by you or another responsible person
Ignorance about all these things can cause you long, unpleasant hours of waiting apart from time and money wasted," says Professor Barnard.
The remedy for the healthconscious family was to use their family doctor, clinic or day hospital, have children immunized, regularly examined and weighed, plan the family size, avoid unhealthy foods and habits such as overuse of al cohol and tobacco



EAST LONDON - There are more than 100 vacant posts for white staff at Frere Hospital, according to the chairman of the hospital board, Mr Dave Lazarus.

However, there has been no lowering in the standard of care at the standital and no delays in hospital and no delays patients.

Mr Lazarus issued $a_{2}$ statement on the staff position at Frere yesterday after consulting the Director of Hospital Services, the medical superintendent, and the hospital's chief matron.
"They are in full agreement with each other that the posts at Frere are not
all filled," Mr Lazarus said.
"What they object to, however, is that this amounts to an innuendo that the services are inadequate.
"Every effort has been made and is still being made to attract student nurses and trained staff to the hospital. Part-time nurses are being employed and appointments are made on a sessional basis. "The acute shortage of nurses is nationwide and there has been a steady decline in the number of student nurses over the last few years," he said.
In spite of problems, Frere's record was "impressive". More than

620000 cases were treated in the out-patients department.

The daily average number of in-patients was 767.

Vacancies exist in all categories of white nursing posts, especially those of registered nurses.

Although there were problems filling vacancies, Mr Lazarus said, there had been no lowering in the standard of patient care.
"Nor has any patient been turned away as a result of two wards being closed," he said in response to reports that two wards at Frere had been closed because of staff shortages. - DDR


By Yussuf Nazeer
Reef Indians have been given their own hospital for the first time in 100 years - but there isn't enough Indian medical staff to run it.
The Indian community has been given the Non European General Hospital in Johannesburg, formerly for black patients. The blacks are now being moved into the vacated white section.
The hospital is currently being renovated. A separate maternity ward is being provided, and a divided kitchen for vegetarian and kosher (halal) menus for Hindu and Mus lim patients respectively New equipment has also
been ordered for the 245 . bed hospital, which will also have a comprehensive out-patient, casualty and polyclinic service.
But already a staff crisis faces the hospital. There are not enough Indian nurses, radiographers, physiotherapists, speech and occupational therapists, psychia trists or other parame dics. The doctor shortage is not acute.

The superintendent of the hospital, Dr L Kalmyn, said a recruiting drive for nurses and other medical staff had been launched. It is expected to trigger an exodus of whatever nurses and doctors are
available in other nonwhite hospitals.
This could have an adverse effect on those hospitals, especially Coronation Hospital which coloureds share with Indian patients and where there is a shortage of medical staff.

The Lenasia Helping Hand Committee which recently held a meeting with Dr Kalmyn and Dr Hennie Grove, Director of Hospital Services to recommend changes at the hospital, is to assist with the medical staff recruiting.
The chairman of the committee, Mr Yusuf Mia, and the secretary, Mr Wilf Sebastian, will call at
schools next week to brief headmasters and teachers about the new medical openings at the hospital and the urgency of encouraging matriculants to turn to this field for careers.
Dr Grove told Mr Mia and Mr Sebastian that the opening of the city hospital would in no way hinder the progress of the two hospitals planned for Lenasia.
Work on the Lenasia Day Hospital is expected to begin this year and should be completed by next year.
The larger R10-million hospital is expected to be erected in four to five years.

## patients

## reject

Own Correspondent
DURBAN - Patients at Natal provincial hospitals who object to being operated on by black surgeons have "freedom of choice" and may specify that they have a white surgeon.

This was said by Dr Margaret Barlow after a
newspaper received a telephone call from an irate New Zealand woman whose hushand was ad. mitted to Addingion Hospital by his urologist

He was told he had signed a form which agreed to him being operated on by a "non-white,"

His wife said: "My husband immediately discharged himself.

Where I come from there is no apartheid. I am not a racist and my feelings are nowhere ngar as extreme as my hus hand's - but even I would refuse to have a
non-white touch me," she said

Although assured that black, white, coloured and Indian doctors had the same qualifications, she said that she was sure they were highly competent, but "all the same.
Her husband was "a
professional man - an accountant - with accountant - with
ethies." Irrespective of the racial overtones, he should have the freedom of choice.

Said Dr Barlow: "For the past 18 months we have had Indjans on our staff. If there are not White doctors available we use them.'

## DISCIARGED

"However, this is only if the patient agrees. The gentleman coneremed did not ask us to clarify the situation," she said "After his wife had tele phoned my assistant we went to see him 1 mmediately, but he had already discharged himself."

Dr Fred Clarke, MPC, said that people who had an aversion to surgeons other than whites operating on them had to have $t h e i r$ views respected. "However, doctors at provincial hospitals are employed on merit. If an Indian doctor is better than a white, he is employed."

Heads of cardiology, pe diatrics and chemical va thology, at various Dur ban hospitals are Indians.


hoppitaland some medical ex
perience, Local, ervice
club members were help-
ing out on a part-time
basis. Eastern Transvaal P\%P
chairman Mr Tim Sargeant, told The Star this week of his cextreme
concern"; about the situaHe felt that the criticat

 reached such serious pro-
portions that two wards
for chron o e elderly
patients had been cosed.
These people were being
treated in their homes by
the local district nurses.
Dr Cloete said that
more than 20 pupils on
holiday had volunteered,
and were making beds
and serving food. There
had also been a god
response from housewives
with firstaid knowledge sponse by the public and service clubs had been
tremendous. The situation had been very bad. Normally, the hospital operated with only 70
percent of its post filled. But the situation had become critical with all beds.
occupied with patients ill with flu and complications and with many staff mem.
bers off sick.
The problem had
Women
Housewives and schoolchildren are helping out, at the Far East
Hospital in Springs.
An urgent public appeal for help last weék was State 'shortage at the overcrowded hospital, which has been aggravated by
Acting superintendent Dr D Cloete said the re-

## Own Corregpasitent

Transvaal is planning to spend R2t,4-miltion 10 ex tend medical servires in Soweto.

The province plans to expand eight chintes in Soweto at a cost af R800000 each and build 10 new day hospitals, costing R2-million each.
'Jhe clinies will be expanded to include X-ray and physiotherapy sec. lions, a small theatre for minor operations, a shortterm watd with 20 berls, a maternty section with 12 beds, expanded kitchens and dining rooms, as well as offices for social workers.

The new day hospitals will be built with 20 beds for shortterm patients and maternity sections with 12 beds

These projects are ail still in the plaming stages, but it is understood the Soweto plans could be included in the provincial budget next year, depending on the availability of funds.
In Pretoria a new 148 -bed children's hospital is to he huilt at the HF Verwoerd Hospitaj at a cost of R3,7-million,


## Owa hawespondent

DURBAN - The Medical Graduates Association (MGA), which represents the majority of black doctors is Natal, has said that its xembers will withdraw their services from white hospltals unless all formo of racism are elia mingted.
This mill trelude cancel lation of the contentious provision that nod-private patients may choose the colour of the doctor appointed to attend them.
Dr Hoosen Conovadia, an official of the MGA, pointed out that nowhere else in 汿e world did a patient who did not have a private doctor attending him have this choice.

In the light of a report this week that a white man at Addington Hospital discharged himself after finding that he was to be operated on by en Indian doctor, the MGA said:
"Black doctors are appointed on merit and not simply as poor substitutes for white foctors.
"The surgeon concerned is a Fellow of the Royal College of Surgeons and was not only competent, was also best qualified, for the procedure.
"It is a fundamental stand by black doctors that they will not consider working in white hospitals unless members of all black groups African, coloured and Indian - have the freetiom to care for all patients at those hospitals."

## DEDICATETD

The association believes that bleck ductors are dedicated to maintaining and promoting the health of all people.
"We are offended and angered by the insulting attitudes of racist patients and ine thoughtless statements of supposedly









 Indians, the department had pulled out all steps to equip the Services decided to turn the "white" General into a 724 -bed
hospital for blacks and ase the NEH comples for a 245 -bed for Dr Nach said that since the Transvaal Department of Hospital
Services decided to turn the "whife" General into a $724-$ bid it depends on hows soon the equipment arrives and when medical
and nursing posts are filled." tee said. "Of course one cannot set absolute dates for the move because
it depends on how soon the equipment arrives and when medical
 Hospid that the move of the entire NEH (Non-Europang


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 practice from 1982 to 1975 . He has since worked as the senio


 The castailty section of the Generrei will include a bighly

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 Dr Nach emphasised that the tospito would be an indepentent

 The Geresal will not be a teaching haspital for nurses ated win
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## Whildren ${ }^{2}$ (a) help in hospitals

## DFrom page 1

gance and total indifference" shown by authorities to the growing problems in Transvaal hospi tals.
He said the Nationalist Party and Mr Kallie de Haas (MEC in charge of hospital services) had refused to pay attention to anything said in complaint against "any number of departments" within the hospital administration:
Mr Douglas Gibson PFP Transvaal Provincial Council leader) said sif the province showed a little magination the current crisis could be alleviated.
Dr Hi Grove, Transvaal director of hospital ser. viees, said hospitals had been given approval to use schoolchildren who were on holiday as assistant nurses.

There were limitations to their duties, for example, they could not handle medicines.
He believed the commu-
nity should be increasingly involved in public health services.
Asked to comment on the nursing shortage in some Rand hospitals; he admitted that there was a. shortage at the new Johannesburg Hospital but could not give details. He also did not elaborate on shortages at other hos. pitals.

##   푸료m

DUREAN - The Medical Graduates Association, which Fepresents the majority of bleck doctors in Natal, has declared that its members will vithdraw their services from white hospitals unless anl ferms of racism, in hospitala are wiped out.

The 'association says in a statement that action must include doing awny voth the pro vision in operation at state hoopitals that state-agstacer patients may specify the rac3 of the doctor attending them
Dr Hoosen Coovadia, an of 81
cial of the MGA, pointed ous that nowhere else in the world did a patiens without a privato doctor attending him have this choice.
"In particular, considerations of rece, sers or creed never dichate this.'
Reaction to a Press report in Natal this weets abous a thite man who discharged himeols from Addington GTonpital on finding that he tras to be operafed on ty an Indian tecters. tha Miga sqya: "Blach dactera aro appointed en meris alone -.. and not simply as poser substitutes ser white doctors.
"In fact, the blacts surgeon concerned is a fellom of the Royal College of Surgeons, and is not"only competent but alco bost qualifiod for the procedure.
"It is a furdomental etery by hact dectors thas they welir eos even conader workish in white hospitals unles memperseq cil blath cromp - Areicen, ect oured end endian - heve tha freedom to care fer all patients as those hespitals."

The MGA believed blacts doctors were dedicated to maintaining and promoting the health of all people and was offended and angered by "the insnlting attitudes of racist patients and the thoughtless statements of supposedjy reaponslble medical administrators".
Dr Y Is seedat, head of the department of medicine at Antington -- and therefore having authority over white doctors af the hospital - agreed vith the stand talten by the Mga.
"This is what we are working tovards - the elimination of recism in hospitals. noctors do not have to te insulted ond the surgeon concerned chould not have been humiliated," he gnid.

In a resolution, the nesociation sad black doctars would contime to vort at Addington ondy on condition that:

- The ctaffing and patent cata at hing Entrard vini Hocplat in Durben did not suffer es a remil;
o Doctors of ell rece erouns wore allowed to vorts at Addingtors:
o All Addingtón ${ }^{\text {TYyoctars were }}$ allowed to care for ell netionts vithout rectriction; O All dachora bencfited from ath fachlles at the homplatit ard that noong whas retrictes on mounds es raca;
o Nten-privato patients were zot etven an offleth chateo of decters; ans
o Ho destor vas foreed in retate to Addington, er vees vic. limied if ha choce not to vort tero. --Eapa.




## Diseases found in hospitase  costly to fight <br> tient's risk of infection,

## Sclence Reporter

THE cost of fighting hospitalacquired diseases in South African hospitals has reached "frighteningly high levels" according to the professor of African diseases at the University of the Witwatersrand, Professor Harry Seftel.
Professor Seftel told a medical seminar in Johannebsurg earlier this year that throughout the Republic high levels of resistance to antibiotics were being seen. About 50 percent of staphylococcus - - a common cause of infections - was resistant to penicillin.
A visiting Ameriçan paediatrician, Professor Don Goldman of Harvard Medical School, said that in the United States the fight against the problem was costing up to R1 000 m a year in extra care and drugs. Infection risk was so high in whospitals in the United States that patients had more than a five percent chance of getting new infections during their hospitalization.

## Life-threatening

The infections were lifethreatening and the critically ill suffered more than any other group.

- Most common were infections of the urinary tract which could occur when tubes were introduced into the body. Many of these regularly carried out procedures added to the pa-
particularly after surgery. Antibiotic resistance had reached its worst in hospitals and was exacerbated by the too-liberal use of antibiotics.
Surveys had shown that 30 percent of all patients brought into hospital in the United States received antibiotics and up to 90 percent of common organisms were resistant to penicillin.
In a paper published in a recent issue of the Journal of Hospital Infection it was pointed out that strains of staph aureus resistant to methicillin were found in the Newcastle General Hospital, England, in 1967.


## Failed

Five years of effort at containment and control of this situation, using standard methods of barrier nursing and ward closures, failed. In 1972 the hospital was forced to convert an existing ward into an isolation unit with cubicles and to instal controlled ventilation which gave each patient 10 changes of air every hour.
The air was removed from the patients' rooms and discharged from the hospital at roof height. All visitors and staff had to wash and wear a gown before entering. It was four years before the problem became "smaller and more manageable".
 Corobrik Transvaal's R250 donation. The Superintendent, Dr SR Hulme, holds The staff know how to stretch it. 600 patients a day.

## R250 pays bills (98) <br> for 500 patients $517 P^{2}$ $18 / 7180$

Few hospital staff spend half their day pleading with patients to come back for treatment, but the nurses at Alexandra Clinic do.
And there is only one reason why chronically ill adults refuse to come and take their medicine they can't afford the 50 c .
So the clinic makes exceptions. Pensioners do not pay. Kiddies do not pay. Neither do the very sick or the pregnant or

other special cases.
But the clinic treats 600 patients a day and has to get money from some where.
"Most of our staff are of necessity married women who don't need to
be breadwinners" says clinic superintendent $\operatorname{Dr} \mathbf{S}$ Hulme. "The others are medical students who are just keen to learn and help where they can."

The clinic offers fulltime services in paediatrics, geriatrics, maternity, casualty, health education and several other fields.
Yesterday Corobrik Transvaal presented it with a R250 cheque

Do you perhaps have

## Search is on for 'fairest princess'

Pupils of Sandown High School's Stan card 8 class are looking for this year's "Fairest Princess of All" from the ages of three to seven.

Proceeds of the competition, to be judged on August 16, will go to Uplift in Alex, Lifeline and the Londolozi Game Trust

Hopeful mothers should send a
picture of "princesses," together with R2 entrance fee to "The Fairest Princess of All," PO Box 78973, Sandton. Closing date for entries is August 5.

Further information can be obtined from Marycke Kreymborg at 783-5771.


By MATHILDA MASIPA TWO hospitals in black areas, which serve black patients, have creches which cater for white children only.
. Nursing sisters at the hospitals - in Kalafong and Tembisa - claim that while they have to struggle to find minders for their children the white staff members are allowed to bring their babies and preschool children to the hospital creches.
Nursing sisters at Kalafong Hospital say they suspect the 25 cents deducted from their monthly salaries for recreational facilities is actually used to maintain the creche.
A Tembisa nursing sister said it was a disgrace that the hospital was discriminating against blacks when it was actually a black hospital.
"I don't see why we should suffer in our own place when strangers are comfortable. A white hospital would definitely not extend this type of hospitality to our children so why should a black hospital give preferential treatment to whites?" she said:
The nursing sister said a plea to the hospital authorities for a creche for black children had been fruitless.
The Tembisa hospital superintendent, Dr J D M Botha, confirmed there was a whites-only creche at the hospital but said he could not give more information before he had spoken to the hospital management committee about the matter.
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 tal's Matron, Mrs G Breden-
kamp, told me, "but hospitals







 - Only 28 of the 127 staff nurs





 Reef, already battling to cope with staff shortages, had been hit with only half the staff it should have.
 Johannesburg's South Rand Hospital - the one with little
but guts to keep it going.
While THIS WEEK the Sunday Express probed the anatomy of

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puey ing training at South Rand in Nurse Davis began her nurs









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 Pretorius, who has just com-
pleted her second year of

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 and doctors - working for the while the salaries of nurses jobs will become available,
 ing at the moment, and private the private sector," he said. nurses who have left for jobs i school-leavers into training as





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## New health  <br>  open soon

## Science Reporter

THE Administrator, Mr Gene Low, said yesterday that the first five community health centres in' the Provincial Administration's new primary health plan would be built soon.

The new approach to health services envisaged the provision of basic services in small towns throughout the Cape, plus a nursing service to treat patients at home. The first towns to get health centres would be Beaufort West, Aliwal North, Calitzdorp, De Ar and Pacaltsdorp.

The proposed health centres would act at a level somewhere between that of a large hospital and al local clinic to provide early diagnosis and preventive health services. The system would also provide for the treatment of patients away from hospital and, if necessary, at home.

At present, the bulk of health expenditure was on sophisticated services in expensive hospitals, but what was needed was more attention to primary services at a local level, Mr Low said:

Community health centres could help to lower the pressure on central facilities and thus keep down costs. Such centres would have all facilities for consultation, diagnosis and primary treatment where no overnight or only a minor stay in hospital was required. Should the patient need more sophisticated treatment he could be referred to a main hospital.

This would broaden the scope of the nursing profession in that health services could be taken to the patient's home if necessary. This meant that the community health services would offer a "broader, more important and more responsible role" to the trained nurse, Mr Low said.

COMMUNITY leaders from of the Benoni Joint Taxi Wattville and Daveyton, Benoni, met the suberintendent of the riokshurgBenoni Hospital (BERH) to discuss overcrowding at the hospital.
The meeting comes after publication of stories that male patients had to sleep on the floors and under beds.

The leaders who met Dr G C Gravity were Mr Noel Mokoti (chairman

Association), Mr L Simatla (for Ciskei Xhosas in Wattville), Mr Shad rack Simaba and Mr Torn Mboya (both Daveyton Communit Councilors).

After the meeting they said it was agreed that a hospital advisory committee should be formed where the community and patients would be able to air their grievancees.

# Medical world homes in oñ the Bara challenge <br> \section*{By CHRIS MARAIS} 

BARAGWANATH Hospital, for all its sprawl and overcrowding, has become an international meeting-place - and training ground - for some of the finest medical minds in the world.
In the corridors of Bara, you might find a Russian surgeon discussing the day's work with a Cypriot colleague, a Ronanian handling administrative matters and a New Zealander with a bent for neuro-surgery.
They are among the 600 doctors running the giant black hospital - and on whom the hospital complex depends.
Dr C van den Heever, superintendent of the hospital, said many foreign doctors did a spell at Bara as part of their training.
"Here they can pick up experience in a very short time,' he said. "There is a tremendous variety of clinical matters at Bara.
"The doctors stay for a while and then go back home, passing the word along. The hospital now has a very strong international reputation in this regard.'
Dr Van den Heever said the medical staff at Baragwanath had seen practically every disease noted in pathology textbooks - "and also some combinations they had never come across before"
"By running the full gamut of diseases, their medical outlook is broadened - as well as their ability to diagnose.'
He cites examples of how the scalpel has cut through political red tape to save a life, regardless of colour or nationality
"Some time ago, there was a Ghanaian engineer working for the Lesotho Government. He developed a massive cerebral haemorrhage.
"There were no adequate facilities for his treatment in Lesotho, yet both the Lesotho and Ghanaian governments baulked at the idea of sending him to South Africa for treatment.
"But then his wife stepped in and insisted he be sent here and he was.

Later, the man's brother, a neuro-surgeon from Accra, wanted to come to South Africa to see him.
'He had no visa, just a Ghanaian passport. He was picked up by the police at Jan Smuts, and after verifying his story, he was granted a twoweek visa. The operation on his brother was successful and he was flown back.
Dr Van den Heever said many of the Bara staff members had worked in underdeveloped countries like Bengal and Bangladesh, where hospital overcrowding was far worse than in South Africa.


Doing her ward rounds - Dr Aylwyn Mannell, an Australian surgeon who is among the many foreign doctors working at the hospital.
"It's the same story of a large population being served by one hospital," he said.
The "Mail" also spoke to the deputy superintendent, Dr Harry Lazar.

He said: "I'm a Romanian by birth. I trained in Bucharest and finished off at the medical school there in 1953. I was a general practitioner for six years and then registered in ophthalmology.

Dr Lazar is a colourful man. He talks fast and changes subjects even faster, letting slip a frown of impatience if you lag behind in the conversation
His story is one of years of trying to break through the Iron Curtain to reach Israel

Dr Lazar's wife, a trained biochemist, shared his ideals.
The Romanian Government at first prevented them being out of the country at the same
time
So Dr Lazar had to make his trips to Israel alone, and was always forced to return home because his family was still there.

For years, they kept up a stream of applications for emigration authority. Finally, in 1970, they were allowed out with a minimum of possessions and cash. In 1976, Dr Lazar and his family came to South Africa.

He talks about the Romanian medical set-up with a mixture of pride and sadness.
"I'll never be ashamed of having trained in Romania, " he said. "But every move we had to make in the hospitals was under (Communist) Party control. - When we needed new equipment, we had to buy it from countries like East Germany, even if we could get much more sophisticated material from the West.
'The West was just not recognised in the medical field. For example, before 1965 , genetics was a forbidden science and we were not allowed to discuss genetic problems at all."
The differences between Bara and any Romanian hospital can be typified in one basic example.
'There, we had to use disposable blades over and over again for cataract operations," Dr Lazar said. "One blade would sometimes be used 20 times in operations. Here, the blade is disposed of after each operation.'

Dr Lazar said another major difference was that in Romania one had to "work harder, with more stress, to obtain the same results" as in South Africa.

The "Mail" also spoke to the woman who was advised to pack a copy of "The Companion to Surgery in Africa"' before she left Britain to come here.

Dr Aylwyn Mannell spent most of her life in Australia. She heard about Bara from an anaesthetist who told her about the experience and training available at the hospital.
'In Australia, the distribution of diseases is about two to every 100000 people. Here at Bara, it's 150 to every 100000 ."
Dr Mannell has spent a lot of her time in research, but also deals with trauma cases at Bara.

Before she came to South Africa, she worked in Britain for a while. There she was told black patients had peculiarities one would not find in white patients.
"They told me, for example, that blacks never developed varicose veins," she said. "Now I know it's a fallacy."
But the high crime rate in Soweto has bred its cown peculiarities.

One night, she attended a patient who had been stabbed in the heart. On closer inspection, she found he had an old stab wound - also in the heart.

There are also some doctors at Bara who did their medical training in Russia. Because of the fact that many of their families are still in the USSR and therefore open to victimisation, they were not anxious for publicity.

## Imfant mortality reduced <br> , <br>  <br> Municipal Reporter

CAPE Town has been recognized as a world leader in achieving dramatic success in reducing infant mortality rates - the number, of deaths occurring for every 1000 births up to the age of one year.
This emerged yesterday from the annual report for 1979 by the city's Medical Officer of Health, Dr 12 J Coogan, who said that infant mortality rates were generally accepted as the most sensitive index of the quality of an environmental, promotive and preventive health service.
Last year the South African Medical Journal drew attention to the city's successful record and soon afterwards the Lancet, an influential medical journal published in London, in a round-theworld survey said that "the reduction in the infant mortality rate of coloureds in Cape Town shows what can be done".
Dr Coogan said the population of Cape Town at the end of 1979 was estimated at more than 918500 . This included 265040 whites, 532980 coloured, 11980 Asian and 108500 African people.
Birth rates for the various groups were 10,2 for every 1000 white persons, coloured 23,9 , and African 36,9
The infant mortality rates in Cape Town were: Whiteg 10,4 for every 100 live births; coloured 19,3 ; and African 34,0 .
Dr Coogan said that for whites the death rate was markedly lower than for the city of London in 1977. For the coloured group it was the lowest figure ever recorded, and the first time it had fallen below 20. It was now as low as that for whites only ten years ago.

He pointed out that Los Angeles, California had a white (excluding Hispanic) infant mortality rate of 12,5 and for blacks 22,0 in 1977.

Dr Coogan paid tribute to the paediatric and maternity services of the University of Cape Town Medical School in achieving Cape Town's impressive record.

Other points made were: opported by 22 satellite clinics throughout the city.
o Family planning elinic attendances were up 36 percent to 174647.

The mother and child health clinic attendances topped a half million for the first time, with the increase since 1975 being 64 percent.
o Immunization coverage for children had increased

- Specialized clinics to combat malnutrition had been established.
- The community development branch had been formed to encourage community organization and participation and to promote cultural and 'social upliftment to meet the needs of urbanization.
- Since the establishment of the faculty of community medicine at UCT the city health department had been increasingly involved in in-service training programmes.
- Tuberculosis remained the major communicable diseasf problem in Cape Town. Meanwhile, there had been a a noticeable decrease in the number of new cases of sexually transmitted diseases attending council clinics - down from 12984 in 1978 to 11783 last year.


## Private hospital fees <br> Own Correspondent <br> tered beds, fees for surgical cases in general

fard and theatre fees in private hospitals throughout the country will go up by about 10 percent next month.
1 notice : announcing this was published in the Government Gazette in Pretoria today.
The increase has been approved by the Minister of Health.
(n private hospitals with no more than 70 regis-
wards will go up to R24 a day and R25 a day for other patients.
Tariffs for private wards - will be a maximum of R38,50 a day, less 10 percent discount if the percent
private
ward is preprivate $w$ ard
scribed by a doctor.
Tariffs in private hospitals with more than 70 registered beds will to up to R27 and R28 1 general wards and will not ex-
ceed R42 in private wards.
Theatre fees in the smaller hospitals will go up to B42 for the first 15 mi nutes for general operanutes for general opera tions, to R63 for an hour 15 minutes.
General operation fees in bigger hospitals will go to R72 for the first hour and R16 for every subsequent 15 minutes or part thereof.
The new fees will come into effect on August 1.
that different tastes and ideologies play a major role. We may either


By MATHLIDA KASAPA THE superintendent of Kalafong Hospital, one of the black hospitals with a white-only creche, says the black staff members don't need creche facilities for their children.

Mr I A Fourie also refuted the al legations by black nursing sisters that the 25 cents deducted from their salaries is used to maintain the creche. "This is utter nonsense. The 25 cents is used to run a social club the nursing sisters belong to. It has nothing to do with the creche," he said.
Mr Fourie said the creche was being maintained by the Department of Hospital Services, who also built it.
"The white staff members stay miles avay from the hospital and
to get them to work, one has to provide them with this sort of facility," he said.

He said there seems to be no need among the black staff for a creche.

Hospital boss repplies
on 'white' creche?
"Enquiries into the need for creche for children of the
were made, but the nursing sisters wave the impression that they did not need it."
There is a possibility, however, that the hospital might build a creche irrespective of whether there was a need or not, he said.
Meanwhile the superintendent of Tembisa Hospital, Mr T E Botha, has refused to comment on the whitesonly creche on the hospital's premi. ses.
Nursing sisters at the hospital claim that while they have to struggle to find baby-sitters, the white staff, who are in the minority, are allowed to bring children along and leave them in the creche on the premises.
"It is unfair that in a black hospital whites should get preferential treatment," they said. in changing any resource use to a new use). In addition, one must take into account particular needs due to the composition of the population concerned; for example, at different stages of the life-cycle the family has different needs (see e.g. [83] Chapter 6), so the overall popuiation needs will differ

[^2] to estimating the importance of the different factors in contributing to the 'standard of living' (cf. [32]); at the 'available resources' level, it corresponds to estimating the relative importance of the resources available, which is clearly closely related to determining the 'terms of trade'; and at the 'access to power' level, it corresponds to sstimating the power contributions from the different factors (which one may plausibly suppose to be related to which factor controls the resources which are hardest to obtain or to replace, cf. Galbraith, p. 389 in [88]).



Baragwanath Hospital doe tors have sent another letter to the Medical and Dental Council complaiting about "disgraceful" conditions at the over. crowded hospital.

A doctor at the hospital said an official complaint had been made to the council two months ago but there had been no reply.
"Nothing has happened. There has been no re. sponge to an urgent call by 70 doctors to investigate possible malpractices overcrowding and adverse effects of present candid. trons on the training of thdergraduates, interns and registrars," he added. "Patients are still lying on floors in overcrowded wards. It is a disgrace?

# It's 'hello sailor' and all aboard 

 for sex cruisesTHEY may not be happy hookers, but Durban's haring very snapiy becomthese days - snappy hookers to elude police and guagh and slip aboard ships for love cruises along the coast love cruises along the coast.
Last week five stowaway women were found aboard a tanker when it docked in Durban. This week the Sunday Express had a fresh look at high seas prostitution and unearthed some startling new facts about dockside vice.
On late night visits to the city's "hot spot" night clubs in
the harbour area which cater for the loves and lusts of the sailors the Sunday Express heard prostitutes describe how: - Hookers hide in the boots of taxis or climb perimeter fences to get to the ships. ${ }^{-}$Women live for days at a time on ships at Durban's outer anchorage.
ness trips" take free "business trips" up and down the coast on board the ships. ers", move from one coastal city to another free of charge on the ships while they search out the best business. Later Brigadier J de Beer, head of the Durban Railway Police, who guard the harbour,
saidsaid: We're aware of this we're putting a stop to this all the time.
Some of the women get on
board with the permission of the ships' agents, while others do sneak on board, But this is not a regular business. trol in the harbour and there are lots of women who get caught daily.'
It was in one of the city's notorious clubs that I found Ming ond their

HIGH JINKS ON THE HIGH SEAS FOR HOOKERS

## By HUGH POULTER

up hopefully as a photographer and I approached them.
They were quite happy to
speak to us as they had already speak to us as they had already spent a long and luckless night
waiting for business Mary
Mary, 34, dressed in tight told us she'd been a hooker for 15 years. "Many young girls leave school and home and come to Durban looking for the scene.
'So often when they get here they can't find work. When they get desperate they start going to the clubs or walking.
the streets.
'When you're young and pretty it's easy to start out, but it gets to you in the end. So broken homes with drunken parents or turn to the streets after a love affair or divorce." Mary and Pat told us about main source of business is many hookers. A new feature however, is the "stay on board business which is growing.
Because of extra loading costs ships now enter port, offload most of their cargo, and until another berth is ready. "This provides an easy portunity for a hooker to get on board for a few nights and ply her trade away from the law.
'It's on the boil. There's
hell of a trade between us and the sailors in the harbour, but is not easy to get in. the night he girls will go to with the clubs and go back with the sailors. To get in on
your own is much harder "Many of the girls hide Many of the girls hide in fence, but if you're caught doing that . . . well, then you're for $\cdot$ it," said Mary.
Pat, a 26 -year-old, has been making a living off the streets or about eight years.
You get two types," she said. "The high-class girls who night clubs and are very discreet and try to keep out of the harbour - but when times are hard they are there.
"The pick-up is easy. You
meet a bloke and you tell him you're a business girl, You'll discuss a price or sometimes it's benerosity. He leave that to his penering. You can get R20 want short time or R40 for a night," When the girls are lucky they are asked to stay un buand a ship for some time.
"Often the ships come into harbour, off-load, and then sail
out to anchorage to save monout to anchorage to save mon-
ey. Sometimes we get on board when the ship is off-loading and then stay out with the ship while it's anchored.

This can be as long as two weeks. The trouble is to stay
hidden. Other times everyone knows you're there and they don't mind.
"Some of the girls go for Short cruises up and down the
coast but they don't see much as the sailors keep them busy down in the cabins.
Pat added:"We move around all the time. Some of the girls are very lucky, They have boyfriends on the ships and it's easy to catch a ride.
there's most money At where there s most money. At the moTown." being a "prozzie" is tough. 'Some of the younger girls think it's fun, but the older you get the more you hate it. "Sometimes we get knocked about by the guys and there's nobody to protect us.
Brigadier De Beer said the girls who were caught were warned to get out of town for their own sake. "We try to rehabilitate these people and try to get them back to their
families if we possibly can."


- Dodging the police and sometimes being assaulted by the men they solicit is part of a hooker's life.

* WORKMANSHIP GUARANTEED BY OUR CRAFTSMEN

NO CURTAIN
JOB IS TO
SMALL FOR
US

## No trial for Dean <br> - The Dean of Johannesburg, the Very Rev Simeon Nkoanenat his Johannesburg flat <br> $\quad 3180$ he's sorry for the others

or
SPECIALISTS IN KIRSCH

## By EDWINA COLLIER

II GRIEVE for the people who have still to stand trial. I am feeling pretty bad about it - 1 am no different from them.
Those were the words this week of the Anglican Dean of Johannesburg, the Very Reverend Simeon Nkoane, as he spoke of the criminal but not against 112 withdrawn against him The agare was others.
er the Group Areas Act. It Court this wea in the Johannesburg Regional the Act had their cases postponed to February.

Mary's Cathedral in the city centre He said he suspected the charge against him was withdrawn because of the publicity that would attend a trial of a churchman in his position - 'though I don't say that categoricaly - I don't exactly know why the charge was
withdrawn"
He did not intend applying for a permit to live He did not see he He did not see himself as defying the State would do". RUFFELETTE RODS AND RINGS
SHOP AT HOME: Our experts call on your home with fabrics and give you a FREE ON THE SPOT QUOTE.
IFicivedich

THENAND NOW - THE JOHANNESBURG HOSPITAL EMERGENCY WARDS REVISITED
Patients wait but crisis at hospital is near the end

PATIENTS still wait up to
six hours for treatment in six hours for treatment in
the new Johannesburg Hospital casualty and polyclinic areas - but the end of the crisis is near.
A senior doctor said this week that long delays were now a rarity and only occurred when the hospital had a parIn its third day.
the two departments tion into the Sunday Express found a marked improvement.


- Sunday Express Page 1 - January 13, 1980

And it is understood on good authority there is better to
Recommendations made by a special committee established early this year to investigate the casualty and polyclinic areas have been supported by the Medical Advisory CommitA senior doctor in Province. ty department said he was con fident the recommendations

## BYANGELAMAMMERSLEY <br> would be passed by the Provin

cial Council and implemented soon.
tendentospital's chief superin unavailabl Neville Howes, was Sunday Express tried repeated ly to get in touch with him, but messages went unanswered. It is understood that the polyclinic will go from the casualty department to the fifth floor. The casualty department will then be able to expand. enough to house 12 patients is still not in use - but it is understood that the room is is be used for the first time within a few weeks.
The Sunday Express found that numerous improvements had been made since January.
Here is a direct comparison Here is a direct comparison.

- THEN: Patients waited nine hours or longer before being attended to - and then some were found ill enough to be admitted.
NOW: Patients are being attended to quickly. A senior doctor said patients could still wait long delays were now days, but ong delays were now rare. by ambulance who arrived enough to be seen immediately - but those dropped by car could wait hours.
NOW: A nursing sister screens patients on arrival and the more serious cases are seen - THEN: Four doctors, one a
part-timer, attended to about
120 patients in 120 patie
period. period
At the polyclinic one sister and a B Sc student attended to about 160 patients a day. NOW: There is a bigger mediwork is shared by five full-time doctors.
Four nursing sisters are available during the week, but the Sunday Express understands that there are fewer at
weekends and shorta
be saved.
 THEN: One medical officer
often had to cover both the departments at weekends.
NOW: There is a minimum of two medical officers to do the
same jobs.
- THEN: Patients who had waited hours to receive treat ment found themselves victims queued for long wait as they NOW: Queues are nows. fairly quickly in the dispensarv.
- THEN: Patients waited without eating because they would have to leave the queue to go to the canteen and go to the end of the queue on return. NOW: Workers from voluntary organisations sell refresh-
ments on trolleys to ments on to patients.
- THEN: Nursing and medical staff did not have separate toiet facilities.
vow: Thev
- THEN: There was only one
sluice room, some way from the casualty department
NOW: The casualty department
has a sluiceroom
THEN: Patients had to car toilet past long queues
Now: There is provision fo urine tests.
- THEN: Doctors who helped the hospital on a sessional basis eceived R5,40 an hour NOW: They get
a $22,9 \%$ increase.


QUALITY BOARDS AND TIMBER SUPPLIED BY THE PG GROUP

## Staff situation is still 'worse than skeletal' <br> By EDUIVA COLLIER

DESPITE recent improve- ous cases were transferred new Johannesburg Hospital ca- Hospital new Johannesburg sualty wards was described re- One staff sister South Rand cently by a doctor on duty as "at least four people" were
worse than skeletal". needed.
In the medical-casualty ward
there was only one trained sistant and one junior nurse asduty over the junior nurse on when the ward was visited period when the ward was visited on
Saturday night last month.
Beter-butstiil a long way to go

- Sunday Express - May 11, 1980
Medical casualty had to deal with 64 cases from 8 am that 18 were about 9.30 pm . Of these 18 were admitted.
The situation was, however described as quiet for a Saturday.
The same was true of the accident-casualty ward where only a sister and a junior nurse were on duty full-time - al-
though one or two nurses had been hired on a 12 -hour basis to help out at the low rate of R2,75 an hour. To cope with the increased
workload over weekends, extr staff is taken on in the acci-dent-casualty ward - permanent staff working extra ses
sions, or part-ting tempory sions, or part-time temporary
nurses on a sessional basis On this Saturday alone, the accident-casualty ward had to deal with 58 cases, of which tour were admitted.
Serious cases are transferred
from the Johannesburg from the Johannesburg Hospital to the South Rand Hospital
in Rosettenville in Rosettenville - but the staff
situation there is even situation there is even worse.
The casualty department The casualty department handles up to 130 patients a
day, but there is often only an day, but there is often only an
assistant nurse on duty.
A doctor said the more seri-


## aff part-time.

## Pope renews pledge to defend the poor

VATICAN CITY - Pope John Paul II said in an interview published this week that the Roman Catholic church's increasing parts of its mission in the World. The Pope's comments came in
the Roman Catholic newspaper in an unprecedented interview with vatore Romano, the official Vaticodnik Powszechnh and L'OsserThe Pope said social action was an indivisiber.
cal mission.

## Black nurses

should work in
white hospitals,
says Dr Clarke
Mercuig zeporter ADDINGTON Hospital in Durban is short of 59 registered nurses - but King Edward VIII Hospital for blacks, has a list ot nurses waiting 10 be terpuy that fluctuates up to 60.

Mr Ftank Martin, MEC incharge of hospitals, said last night-there was nothing to stop black nurses working in white hospitals.

CBut it has always been our policy to give white patients white nurses and vice-versa,' he said.
'In an emergency we will use anyone but Addington hasn't reached that sort of crisis yet.'
But Dr Fred Clarke, MPC and spokesman on hospital matters, said: 'Addington has reached a
point where it needs to take blacks on.
He did not know why the hospital had not taken on blacks.
Are we going to turn whtients away because we don't have nurses of the right colour?'

Mr Martin said black nurses were paid less than whites.
A survey of hospitals in Durban and Pietermaritzburg showed that white hospitals were struggling for staff while black hospitals were oversubscribed.

Clairwood Hospital has just created 140 new posts and had no difficulty in filling them.

Dr L S B Delany, medical superintendent of $\mathbf{R K}$ Khan Hospital said , they had plenty of applicants.
 SEBERBRNG'S modern bincluding an intensive
new RA-million hospi. tal complex for Afri- At enteritis ward, will at cans will admonit its $\alpha$ first accommodate 600 first patients today. $\quad \rightarrow$ and later 870 patients.

The hospital, which fo The hospital will also consists of 23 departments serve as a training cen-保 for African nurses.

Pretoria Bureau
A NEW hospital for blacks was opened at Sebokeng township near Vereeniging yesterday

According to a statement by the Directorate of Hospital Services; the hospital has 870 beds, 600 of which are ready for use.
"The hospital has 11 operating theatres, a maternity department and an intensive care unit manned by trained staff," the statement said
The hospital has laboratory
facilities, a 24 -hour blood transfacilities, a 24 -hour blood trans-
fusion service, a modern nurse
hostel and qualified medical and nursing personnel Dr D J van Rooy, superintendent of the Vereeniging Hospital, has been appointed superin tendent of Sebokeng Hospital. An official of the Hospital Services said in Pretoria yes terday that he could not elaborate on the new hospital because the Director of Hospital Services, Dr H Grove, was the only official entitled to make Press statements.

Dr Grove could not be reached for comment as he was attending a seminar elsewhere.


Rand Daily Mail reporter Diago Segola shows the 2 cm surgical needle that was lodged in his neck for a year after an operation to remove a cyst.

Pletura: TREVOR EAMBON.

## Doctor's error a pain in the neck

## STAFF REPORTER

A RAND Daily Mail reporter discovered last week why he has had a pain in the neck for the past year.

A doctor removed a surgical needle which has been lodged in Diago Segola's neck since September last year.
The needle had been sewn up in the incision made by a doctor at the Non-European Hospital in Hillbrow when he removed a cyst under local anaesthetic.
Mr Segola was horrified when the private doctor pulled the 2 cm needle from his neck.
"I have had a dull and nagging pain at the back of my neck for almost a year. And migraines," he said.

The wound went septic after the stitches were removed last year, but the sepsis disappeared after a while. The pain, however, continued. Eventually it got so bad that Mr Segola decided to go back to NEH to have his neck examined.
He was told that he would have to wait until September 10 before the hospital could perform another operation. But the pain got worse, so Mr Segolo went to a private doctor.
"I have tried to find the NEH doctor who left the needle in my neck, as it has caused me a lot of pain. I went back to NEH to see if I could find him but he has left. I'm not sure yet what I will do about it, but I might take it further," he said.

## Staff

## shortage


ops 98
at ${ }^{3}$ ligion m
Addington

## Mercury Reporter

 ADDINGTON Hospital has been forced to cancel many non-emetgency operations because of a shortage of staff the deputy superintendent, $\operatorname{Dr} R$ McCarter, said yesterday.He was commenting on information received by the Mercury from a source inside the hospital that about three operation lists a day had been cancelled this week. No official reason has been given.

Dr McCarter said there were about 80 student nurse posts and about 52 registered nurse posts vacant.

Dr V A van der Hoven; Director of Hospital Services in Natal, said that some operations had had to be postponed because the intensive care unit had been overloaded and staff had had to be drawn from other units.
The coronary care unit was closed on Saturday for the same reason.
Dr McCarter said: 'It was the last straw that broke the camel's back. Any little thing will trigger a crisis with the staff position as it is now. Last year we had more staff than posts. Now it's the reverse.'
According to Dr van der Hoven there is a severe shortage of nurses throughout the province, especially in white hospitals, and Addington had been hardest hit

He would not give numbers because 'I cannot vouch for their accuracy'.

Dr Fred Clarke, MPC, and spokesman on hospital matters, said the staff situation was critical.
'It is significant that two years ago the provinciat hospitals were

TURN TO PAGE 2

## Addington

- FROM PACE 1
oversubscribed as far as nurses were concerned. Now, because of the outrageous salaries nurses are paid, they don't have enough.
'It doesn't help that the State doesn't recognise that Natal spent R21 million to serve non-resident blacks last year. The Province got R4million from the Government. Our hospitals are hopelessly overloaded and we just could not cope with a major crisis.'

Mr Frank Martin, MEC in charge of hospitals, said that he wasn't surprised that operations had been cancelled.
'We have been running on a shoestring for years and probably the position will get worse before it gets better.'


#  <br> Hospital policy wastes millions 

## Mercury Reportedy

 ate hospitals for blacks and whites had failed miserably and, as a result, Natal's R96 million health budget was being strangled, Mr Frank Martin, MEC in charge of hospitals, said yesterday.
In an attack on the State's 'disastrous policy' he revealed that in 1965 the Department of Bantu Affairs had told the then Administrator of Natal, Mr Theo Gerdener, of its intentions to build 11 black hospitals. Three of the promised hospitals were now operational.
'In the meantime the Province has expanded its facilities as much as it can, at enormous cost
'For example, the Ladysmith Hospital has undergone massive alterations and, if and when the Ezakheni Hospital is built for blacks in the area, the white hospital will have half its beds empty.
'The same will happen at the other hospitals. The Government is throwing away millions.

Whata't nonal to build snother hoospital in South Africa. The State's problem is that the beds are in the wrong areas.'
Mr Martin said the Government did not seem to be aware that Natal was not only carrying the burden of KwaZulu Zulus but that of foreign blacks as well.

In Matatiele Hospital, 98 percent of the patients are from Lesotho or Transkei. The figure is 93 percent at Kokstad and the same seems to be developing at Port Shepstone.'

Over and above' last year's allotted budget, the Government contributed R4 million for non-Natal blacks - but the Province spent R21 million on these people.
In April Mr Martin met five Cabinet ministers to discuss Natal's desperate need for money for health. Nothing has been done.
The Director of Hospital Services, Dr V A van der Hoven, is preparing a memorandum on the staff and financial situation of Natal hospitals.

It will be submitted to the Executive Committee this month

To add to the problem, KwaZulu has a shortage of doctors. There are posts for 222 doctors at its 26 hospitals. Only 168 are filled.
KwaZulu is dependant on national servicemen seconded to the homeland and 'while the army is doing a magníficent jób, if these doctors are withdrawn there will be an awful problem,' Mr Martin said.

KwaZulu has asked the Province to give the goahead for the Durban Medical School's teaching staff, lecturers and professors to help by visiting its hospitals to continue medical education there
The prospect of continuing education would improve KwaZulu's recruitment chances.
'We have passed the memorandum to the Government because although we and the Medical School would both be happy with this arrangement, such a scheme would involve staff, equipment and drugs - and we cannot stretch our budget any further.'

See Editorial Opinion


THE SAGA of Umlazi Hospital is now so bogged down in a mire of foot-dragging, bungling and broken pledges that it has become almost impossible to follow accurately the sequence and mechanics of the debacle. As an example of the Nationalist Government at work it is surely a matter for the gravest concern.
The project was launched in 1965, when it was recognised that another - black hospital was needed to relieve the critical overcrowding at King Edward VIII. However, five years later it was revealed that no plans had been prepared.

The hospital was scheduled for completion in 1971, but long before then it was evident that the institution had acquired the growth rate of a stalactite. Early in 1977 the then Minister of Bantu Administration and Development posted another entry to the ledger of wishful thinking by citing March 1983 as the new completion target.

Now, some 15 years after the launching date, we are told that the hospital will take at least another 10 years to complete, and the estimated cost has soared from an original R14 million to R25 million.

The whole bungling episode might be regarded as a comedy of Nationalist ineptitude were it not for some of the tragic consequences that have flowed. For while the Government has allowed the Umlazi project to grind along at a snail's pace, it has steadfastly refused to lift its ban on
any improvements or extensions tos King Edward VIII -... because a KwaZulu hospital was being built.

Fifteen years ago the position at King Edward VIII was being described as critical, with many patients being accommodated on the floors. Today the situation is frequently near-chaotic, and what it will be like 10 years hence unless drastic steps are taken to reduce the overcrowding hardly bears thinking about.

And the problem does not end with King Edward VIII Hospital. Black hospitals in Natal generally are being swamped by patients from neighbouring black States. That is because hospital services in KwaZulu are virtually non-existent, and in the Transkei they have broken down.

The Government can hardly claim now that it lacks the funds to alleviate this appalling situation. Yet it continues to grant Natal wholly inadequate subsidies. Last year the figure mentioned in a Natal Provincial Council debate was R4 million - sufficient to finance the running of King Edward VIII for only 73 days.
'Iniquitous' and a 'national disgrace' is how two Natal provincial councillors have described the latest news concerning the Umlazi project. It is certainly all of that. That a responsible Government should have allowed vital health services to deteriorate to this extent is incomprehensible.

## Two every crisis worsens

By Sob Kennaugh, Medical Correspondent
Doctors hit Johannesburg's Saxagwanth Hospital, South Aftess bushest today elaimed that conidi tions there contimued to deterionate in spite of of ficial complaints to the SA Medical and Dental Council "wwo montitis ago.

Allinosit two months ago abouth 70 doctors at the loospital urgently called. on the council to investiv gate possible malipractices, overcrowding and adverse effects of present conditions on the training of undergradduates, interns and registorars.

They salid gross overcrowding was forcing a situation int which medical practice could not be carried out according to basic standards.

An angry doctor said yesterday: "This is a crisis and yet we still have not received a reply from the Médical Council
"We' do not know what to do. Sick patients, are lying on floors.'

The doctor added: "We are working under dreadfut conditions. Medicimes and food are not being given."
The chitief superintendent, Dr Chris van den Heever, salid there was still overcrowding at the hospital and average bed occupancy was 60 to 90 in a 40 -bed ward.
He had not been shown the petition sent to the Medical Council. Conditions could improve from the midale of next month,
the said.
If as many as 80 . matients were treatemitys. 40 -bed ward, problens inevitably ax: where conld also be mixups in in ings prescribed for patients.
"There is very littie we can do about the problem at this stage," he said.
Repeated appeals had been made for a new - Hospital to be built.

The proposed new hospital at New Canada had been given top priority, but there were problems aboutyids sjze.

## DISCUSSED

$A$ spokesman for the Medical Council said the Baragwanath doctors' petition had been discussed at a recent executive meeting of the council. Recommendations had been made which would be considered by the full council later this year.

There had been a delay in sending copies of the minutes of the executive meeting to members.

The executive meeting is held behind closed doors but the meeting of the full councit is open.

A spokesman for the Medical Council added: "Standard procedure is for the council to reply to all letters received by it. If this has not been done in this case we will do so as soon as ossible'.'
He added the council was concerned with the training of doctors and medical ethics. and the petition appeared to be a matter for the Director of Hospital Services.
in first
110 blacks
Medical Correspondent
More than 100 black pa* tients have been transferred to the Johannesbur: General Hospital and thi. has helped to take some of the pressure off the overcrowded Baragwanath Hospital.
Dr L Kalmyn, acting superintendent of the General Hospital, said 110 patients who were receiving radiation treatment had been admitted.

The renovated hospitis would grow as more staff and equipment became avilable.
6 Ratients have been transferred to the hospi-a tal; but the General does not yet have casualty and outpatient departments,". she said.
Dr Kalmyn said the hospital would eventually have beds for 724 black and 245 Indian patients. The old non-white section was being renovated and would be occupied by In dian patients.
Medical posts for more than 250 nurses and about 1000 nurse aids had beea created and appointments were being made daily.
"There is an urgen need for nurses, rariographers, occupaticnal therapists and physio therapists of all races," she said. "We hope that married nurses who have decided to stay at home or others who have ac cepted other jobs will re--turn to nursing."

The call for more nurses and paramedics has been backed by the Director of Hospital Services, Dr H A Grove, who said: "We need the staff to make the nospital a success. The sooner we get the staff, the sooner we can open more wards."

## nurse

 whites ${ }^{2}$Mercury Reporter
BLACK nurses employed in white hospitals would amount to blatant exploitation because the two race groups were paid according to different salary scales, Mr Frank Martin, MEC for hospitals, said last night.

Until the scales were brought into line it was not a satisfactory solution to the nursing crisis.

Mr Martin was commenting on a threat by sisters in Wentworth Hospital's cardiac-thoracic ward to resign unless their working conditions were improved. The nurses said they were working under such pressure that patients' lives were in danger.

We are extremely worried about the countrywide shortage of white nurses, particularly highly qualified people such as the Wentworth sisters,' $\mathrm{Mr}_{\mathrm{M}}$ Martin said.

The chief nursing office of the Natal Provincial Administration, Miss J M Maguire, will investigate the situation at Durban hospitals today.



## Mercury Reporter

THE Government policy of building duplicate hospitals for blacks and whites was condemned as 'a terrible waste' yesterday by the KwaZulu Minister of Health and Welfare, Dr Dennis Madide.
He also attacked the Government for starting hospital projects worth millions of rands and then handing them
over to KwaZulu for completion on an 'impossible' budget.
'When it was announced that we would be taking over the running of hospitals in a few years, not only did plans grind to a halt, but there was a 10 -year freeze on any development of the existing mission hospitals.
'When the KwaZulu Department of Health took over in 1977 those hospitals were falling apart.'

KwaZulu has taken over 20 mission hospitals and there are about four more to go.
Dr Madide slammed the Government policy of duplicating hospitals. He gave as an example the Empangeni and Ngwelezane Hospitals, which served the same area. The white hospital was half empty, according to the minister.
'The whole policy is based on discrimination and is meant to drive Zulus out of Natal and into KwaZulu.

## Liason

'We are working on establishing a liaison between the Natal Provincial Administration, KwaZulu, the medical school and the South African Department of Health.
'That way we hope to avoid ridiculous situations such as having a cardiothoracic unit with its expensive equipment and highly-qualified staff at Umlazi Hospital and at Wentworth - which is a stone's throw away.'

## Rationale

He said KwaZulu still planned to build hospitals, 'but the whole thing will have to be done on a rationale based on need, not on segregation.

Wards for blacks at Edenvale Hospital which were closed eight years ago still have not been reopened to relieve overcrowding in black hospitals, says the PFP spokesman health, Mr Sam MOSS.

Renewing his urgent appeal for the reopening of wards, Mr Moss said the authorities had made insufficient effort to bring sulsstantial relief.
"The wards are being used to store garden tools," he said,
"It is tragic that this is happening while scores of patients in overcrowded wards are lying on the floors at Baragwanathe Hospital."

The Director of Hospital Services in the Transvaal, Dh H Wrove, said yesterda whe "We realise the irsenter of the situation turgency doing our best to bring relief."
Mr Moss said more than 100 patients had been transfetred from the NonEuropean Hospital to the reconditioned General

Hospital and this had heip-
ed to ed to relieve overcrowding. It was no use saying that a new hospital would be built at New Canada Soweto, in future.
"Additional hospital ${ }^{2}$ a cilities are, urgently need ed and use should bot. made of Edenvale Hospital now."
Previously Dr Grovelias said the former blacksect tion of the hospital inad been given to the Departa ment of Works to use was it sees fit." His deparie ment had considered usingt the buildings but had decided it could not.
Meanwhile Baragwanath
hospital has an average bed occupancy of 60 to 90 in a 40-bed ward.

City hospitals suffer most severe staff shortages (98) (0404)

Two leading hospitals the Johannesburg Hospital and the General Hospital - ave short of nurses and paramedics.
More than 100 black patients have been transferred to the reconditioned General Hospital which will eventually have beds for 724 black and 245 Indian patients.

Medicai posts for more than 250 doctors and about 1000 nurses have been created and appointments are being made daily. says the acting super intendent, Dr L Kalmyn.

She said: "There is an urgent need for nurses, radiographers, occupational therapists and physiotherapists of all races. We hope married nurses who have decided to stay at home or others who have accepted other jobs wilh return to nursing."
The call for nurses and paramedics has the support of the Director of Hospital Services in the Transvaai; Dr H'Grove.
At the Johannesburg Hospital the nursing shortage continues.
$\therefore$ The chief superintendent, Dr Neville Howes, disclosed there wene also vacancies for radiographers and physiotherapists. The hospital had sufficient occupational therapists.
The superintendent added: "Our trained nursing staff position is better but we still need trainee nurses." He appealed to students who would soon be writing their matriculation examinations to give serious consideration to careers offered at the hospital.
"Tremendous job opportunities are available. Many students are not aware of the range of jobs offered," he said. "Nurses who qualify at this hospital find their qualifications are accepted worldwide."
The Star's West Rand Bureau reports that there is no nursing shortage at the Ontdekkers Hospital in Roodepoort and the Paardekraal Hospital in Krugersdorp.
The nursing staff com-
plement at Leratong Hospital is normal, says a spokesman.
Baragwanath Hospital, one of South Africa's busiest, has enough nurses but they are working at full pressure. The chief superintendent, Dr Chris van den Heever, said yesterday there was still overcrowding and the average bed occupancy was 60 to 90 in a 40 -bed ward.
The Sasolburg hospital has no staff shortages at the moment. Vacancies are filled as soon as they arrive.
At the Vanderbijlpark hospital a few weeks ago there was a shortage of nursing staff but the situation has returned to normal.

According to the superintendent they need one or two more nurses on the staff.
The Vereeninging hospital superintendent said they could always do with more white nurses. There were no shortages of doctors and black nursing staff.

## MoH : why mobile clinic withdrawn <br> EAST LONDON - The mobile clinic had been withdrawn from the Buffalo Flats area because it was being under utilised, medical officer of health, Dr J. Van Heerden, said. <br> "There were only four or five people using the facility and. I discussed this with my staff and found the service we are providing in the Catholic <br> way there if they require the services of the facility," he said. <br> I have been running the service in the hall at Buffalo Flats, for many years - the same as we have been running ope in the St Saviours Hall. Church halls are not the most adequate facility but they do provide a service:"

Church hall is adequate," Dr Van Heerden said.
Dr Van Heerden was replying to criticism from Buffalo Flats residents and civic leaders who felt the growing township, with its additional 282 houses, qualified to have a clinic.
But Dr Van Heerden said it was not feasible to build clinics everywhere and although other venues used as clinics were not adequate, they did provide a service.
'We've just built a beautiful clinic in Pefferville which is open daily and people can make their


Dr Van Heerden said the withdrawal was not necessarily permanent. "If the need arises we will review the situation and re-institute the service," he said.

The chairman of the Coloured Management Committee, Mr Corrie Alexander, says he intends placing the matter on the agenda of the committee's September meeting.
"I cannot accept that the facility is all that under-utilised," he, said.
'We have received complaints and we would like to inyestigate the matter."- DDR



By Liswa Sham
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Conected amds will be
used to give the clinie "greater bargaining power with the authorities," and to improve the climic's sadhy overused facilities.







WHILE hospital officials and doctors are engaged in a debate about the ghastly conditions at Baragwanath hospital, the people who matter most, the patients, suffer.

An official of the South African Medical and Dental Council says doctors who complain about overcrowding at Baragwanath should consider directing their complaints to the Director of Hospital Services.

This typical bureaucratic response to a very serious problem could only have been tenable if it was made a few months ago when the story of the atrocious overcrowding was broken. It seems to us somewhat late in the day for officials to be passing the buck.

The frightening thing is that thousands of babies are born at the hospital every day, increasing the possible number of patients who will get there in future. How is the situation going to be handled in a few years time, when it is so grave today, one wonders.

Sick people are sick people, regardless of the colour of their skin. For a country that claims to be civilised South Africa is the worst when it comes to dealing with the human element - the problem of the ordinary man in the street, who simply does not want to be bothered with polities when his needs are not met.

The tragedy with Baragwanath hospital is, it is one of the best equipped hospitals this side of the equator. These marvelous facilities are not only being abused but simply become useless when hundreds of people claim the attention of a few doctors.

The situation becomes simply unhealthy when overcrowding the likes of which is typical here becomes part of the problem. We do not see how those doctors are expected to make use of their splendid facilities when they are so packed with patients, dying for attention.

We feel it is about time a campaign was started, and sustained, to improve Baagwanath.

The sooner the overcrowding is lessened the better things will be for the country, for the thousands who use Baragwanath hospital also happen to be the backbone of the economic structure of the country.


## By BOB MOLLOY

GROOTE SCHIJIR - one of the world's most famous hospitals - is obsolete. understaffed and inadequate to handle the heavy pationt load. Says the latest annual report which in parts reads like a disaster warning
The report, itself outdated in that it gives conditions as they existed eight months ago, described 1970 as "difficult" and lists a lack of doctors a nursing staff shortage of 186 . severely overloaded facilities madequate accommodation for burn cases and a warning that it has become impossible to perform certain services, carry on some types of research or give the necessary training to plastic surgeons and other postgraduate categories.

The senior medical superintendent. Dr Hanna Reeve-Sanders, said that the year under review was one of "constant reminders by the asers that es. isting facilities are inadequate to cope with the heavy patient and teaching load, as well as intensive attempts to find administrative, nursing, technical and paramedical personnel to fill the many vacant posts".

## 'Heavy' year

The head of the nursing division, Miss P Brassil, reported a "heavy" year complicated by a shortage of nursing personnel. The end of the year showed 63 sisters posts and 123 student nurse posts vacant. The maintenance of operating theatres had "not been easy" due to pressure of work and shortage of staff. She congratalated staff for functioning effectively in the circumstances

A note on the claredon Hall nurses home said that it "runs efficiently in spite of the difficulties associated with inarequate accommodation"

Dr R Strover. former head of
the department of plastic surgery who resigned in Februars last vear, reported that the department had been withont a full-time head until Fehruary this year.
In his report he said the ear nose and throat department "did more cosmetic facial surgery probably because the plastie surgery department could not arcommodate patients requiring cosmetic facial surgery who cannot afford it in private'

White this service offered by the ENT department might be beneficial to patients during the present state of aftairs it endangered the department of plastic surgery as a teaching unit. "If the trend contimues then the department will no longer he able to produce fullytrained piastic surgeons," Dr Strover said

## Theatre time

He added that if the department was to give an ever-ithcreasing service for tramma. burns and reconstructive surgery 'then it was imperative that more theatre time is allocated to be able to train registrars in esthetic surgery as well as supply a good service to the community as a whole."

- Admission to the burns unit had been suspended since November of 1978 due to an outhreak of hospital-based infections. The medical superintendent had promised to "make serious deliberation as to whether or not we aro justitied in admitting burns to the hospital when facilities are so inadequate", In Strover said.
Signs of strain appeared in other departmental reports.
o The human geneties unit under Profescor $P$ Feighton had an increased laboratory workload, creating a situation "where no further expansion
was possibie witbout further staff"
© The endocrine and diabetes service under Prolessor $W$ P il Jackson reported that "owing to insufficiency of staff (expensive equipment) has not yet been llsed to best advantage"
ODr I N Marks of the gastrointestinal service noted a "continuing state of flas in the medical staff" and "no fewrr that eipht staff changes at registrar and consultant level". He congratulated his nedocal and mursing staff for their 'superb contribution" in spite of the difficulties.
- Professor O L Meyers said that "attempts to spread the Ioad by placing greater reliance on day hospitals have failed in the past and will contimue to do so as long as: a difference in prescribing practice is allowed to exist
o The emergeney unit under Dr (: Mitton atnil Dr J Pugh made "efferts to improve the patient fow througl the unit but lack of aterguate treatment and holding areas, as well as porterage problems caused ma jor delays". Bed oerupancy of (i2 had reacherl "almost 300 percent" and was a strain on the nursing staff. The report hoped that now buildings to be commenced this year would case the problem


## Research

O Dermatolngy under Professor iv Gortion experi eneed a workload "that contin wes to escalate" which had brought research projects to a standstili. "This is unfortunate as the health of a department depends on continued research. Our teaching load is very heavy.'
o The report of the depart ment of neurology. under
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To page 1

## Bara solution

 'from outside's gat mat $^{4}$A solution to Baragwanath Hospital's overcrowding problem will have to come from cutside the hospital, says the chief superintendent, Dr Chrís van den Heever,

Doctors at the hospital said, they had twice sent petitions to the SA Medical and Dental Council but there has been little improvement.

The doctors urgently called on the council to investigate possible malpractices, overcrowding and adverse effects of present, conditions on the training of undergraduates interns and regis trars.

Dr van den Heever said he had not been shown the petition.

A spokesman for the Medical Council said replies were customarily sent to letters received. If a reply had not been sent
this would be done:
Dr van den Heever said: "We are domg - everything we can do to solve the problems, but have limited space and we cannot relieve, the major overcrowding."

Dr van den Heever said there was a bed occupan. cy of 60 to 90 in some 40-bed wards.
${ }^{3}$ Black hospitals urgently need more registrars and medical officers.
"We hope the re-opening of the General Hospital in Johannesburg and the opening of the selaokeng Hospital in the Vaal Triangle will hels to relieve sopie of the prets sure."

More than 100 blsele patients have been transferred to the recondio tioned General Hospital which will eventually have beds for 724 blaek and 245 Indian patients.

## The casualties of <br> Natal's hospital crisis

## NA任 ( Mercury Reporter


 HOSPITALS in rural KwaZulu are falling apart throu
(1012) Millions of rands have been wasted.
A R2.5-million nurses' home and training college stands empty because the central Government failed to build a empty because the and diningroom when it was building the home.
itchen and diningroom whilt at a cost of R250000, are not being used because of bungling in the planning of hospitals.
The policy of building separate hospitals for blacks and whites has resulted in a fully equipped white hospital being half-empty while its black counterpart is overflowing.
Edendale, one of Natal's largest hospitals, will have to close its operating theatres unless a new air-conditioning plant is installed.

There is a shortage of staff and of buildings which the home land is trying to cope with un a totally inadequate budget. These facts emerged in a Mercury investigation. Full report


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ical process. If we place

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## Ranges of 1 MeV protons in

 d below:[^3]is therefore highest at the end of the range (fig. 25). increases, as the particle penetrates deeper into the

| $\exp \left(-a x_{\frac{1}{2}}\right)$ |  | $\ldots$ |
| :--- | :--- | :--- |
| are given below | $(i n \mathrm{~mm})$ |  |
| Energy | Lead | Concrete |
| $\mathbf{1 M e V}$ | 9.0 | 47.0 |
| 5 MeV | 14.5 | 100.0 |

Thus $N / N_{o}=\frac{1}{2}=\exp \left(-\alpha x_{\frac{1}{2}}\right)$. . . . . (36) particular medium required to reduce the fraction $N / N_{o}$ (eq. (33))
to one half for a particular gama energy. A convenient measure for gamma interaction calculations
is the half-thickness, analogous to the half-life in radio-
activity. This is defined as the thickness $x_{\frac{1}{2}}$ of the

 $\alpha=\alpha_{\mathrm{PE}}+\alpha_{\mathrm{c}}+\alpha_{\mathrm{PP}}$
The absorption coefficient
corresponding to the photo-, Compton and pair effects. Thus absorption coefficient. This coefficient can, in turn be
considered as the sum of components $\alpha_{\mathrm{PE}^{\prime}}{ }^{\alpha} \mathrm{C}$ and $\alpha_{\mathrm{PP}}$, given by eq. (33) but with a representing the gamma ray
absorption coefficient. This coefficient can, in turn be. the interaction of gammas with matter is a statistical process
and is governed by an exponential absorption law of the form medium as described in (a) with arocess These charged secondary particles then interact with the - Kโəat7Dədsex xṭd uoxitisod-uox pair production (section 2.3.p.8). Energy is transferred
 The three most important effects in the interaction of gamma (c) Gamma rays

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## - Too little cash

## Di Paice reports

HOSPITALS in rural KwaZulu are falling health of thousands of people at risk, and in major hospitals millions of rands are being wasted through short-sighted poli-
cies of the South African Government. This was the consensus among KwaZulu Goverrment
authorities and medical personnel during a Mercury surey of the homeland's hospitals.
One of the worst examples of waste is at a major KwaZutu hospital. Ngwelezane. outsise Empangeni.
Before the KwaZusu Government took over the running of hospitals in 1977 a R2.5-million nurses home and But beccuse of a change of priorities in Pretoria a Litchen and diningroom were never installind in inase
one of the biving and as a result the complex stands
empty, according to the homeland's Secretary for empty, according to the homeland's Secretary for
Worrs. Mre E A Jonns. These are to be completed in the
next phase. Two boilers were also installed at a cost of R250000,
accordin to the medical superintendent of the hospital,
 and another hospital of the same size which was being
planned when construction of the boilers began. By the time the boilers were completed plans for the at all. Dr Robinson also complained of a desperate shortage
of doctors. 'Senior medical officers' posts have been granted by
the Kwazulu Government but as there are very few the KwaZulu Government but as there are very few
hblack peeppe to fill the posts whites. have to go hrough a
maze of official channels - Kwazulu. Coopperation and Developmentent the Department of thalth - beperation and
posts can be identified as white posts. By the time all the formalities are completed we
have tost our senior doctors to other hospitals. In the meantime the medical superintendent of
Empangeni's white hospital. Dr $R$ Dunnuig. has lashed
Quote: Because of a change of priorities the

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## A R200 000 mednned batack

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This was Bill Bengh, the
terday Mr Bill Beng, of the former chairman reacting to BCP, when reacting to the Governments moo corgive aboul resed organisafiscaled from orb 1070 tions banned government-sponto a agency.

The filuman Sciences Council has, however, rejected the offer from Mer Einistes of sustace, saying Alwy Schlebusch, samed that it was not commuranty to alienation the money. by accepting the clinics. a corage Ewo din the cape, a indusisy in in foveto mobile dimic
more than 200000 and more were seized from in cash BCP by the govern the ${ }^{3}$ said
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"坚 is a wervices in
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are inadequate. Cor SUMDAM
respondent.

# Desperate 

## Nore expensive

Benedictine Hospital in Nongoma was better off than either of the two hospitals but there, too, there are more patients than beds. A total of 575 approved beds serve an average of 600 patients. They have one theatre.

We cater for a large part of northern Zululand,' the secretary, Mr Z J Mthethwa, said. 'And, judging from the number of transfers to Durban and Ngwelezane, on a long-term basis it is proving more expensive to carry patients to these places than it would be to have better facilities here.
The Minister of Health and Welfare, Dr R B Madide, said his government was consider ing upgrading Benedictine to a referral hospital but before we can think of doing that we must have more staff and that means more money.
'You can't build theatres and put in expensive equip ment unless you know they

## Siory:Di Paice

Pictures:ET Zondi
TYPHOID is on the increase, water has to be hauled from nearby rivers, laundry, kitchen and sewerage facilities are primitive, there are no isolation wards, there is a desperate shortage of nursing posts and the buildings are nadequate. These are the common denominators of KwaZulu's rural

Luwamba took the prize for having all these problems and little else in a Mercury investigation into the homeland's hospitals.
It has no permanent doctor - a weekly visit is, paid by a doctor from Ngwelezane Hospital, 45 minute's drive away allong rutted dust roads.
The matron, Mrs S T Buthelezi, pointed to roofs leaking so badly that they were beyond repair and during the rainy season buckets have to be part of the hospital inventory.

Drainage is 'virtually nonexistent and when it rains water floods into the wards under ill-fitting doors. The sewerage syster- , too, is inadequate.
'We try to cut down on infection because of insanitary conditions but it is very, very difficult', Mrs Buthelezi said.
'We have to cope with flooding and terrible flies in summer.'

The laundry is all done by hand and hung out to dry in a building which has a roof of
asbestos and corrugated iron which rarely touches the walls.
'We have a lot of dysentery, especially now with the drought on, and when it does rain it will be impossible to keep the linen clean. The children suffer. There is a lot of bilharzia from the bad water as well as kwashiorkor and pellagra.'

The wards with 86 beds consist of a series of ramshackle buildings and one chidren's TB 'ward' measures about 3 m square.
In the maternity extension ward pregnant women lie on mats on the floor. At Mosvold Hospital in Ingwavuma the same sorry tale repeated itself although the buildings were in a better state of repair.

There are 153 approved beds with over 180 patients to cater for. In the women's ward there is an average of 12 floor beds a day. In the maternity section there are nine beds in the lying-in ward - when the Mercury visited there were 25 women waiting
to give birth.
The women are discharged after 24 hours 'because most complications occur during the first 24 hours. But we should keep them for three days,' the matron, Mrs Ruth Myeni, said.
There are no kitchens in the wards and the central supplies department is so small that supplies overflow into one of the wards in which all but one bed have been removed.
In the same ward robing is done for operations, a screen being drawn around the doctors and nurses to separate them from the patient.

Water is hauled from the Ingwavuma River and purified with chemicals.
'There is no isolation ward here,' Mrs Myeni said. 'That and the water problem are the main reasons for the increase in typhoid and dysentery.

Mrs Myeni complained that there were not enough nursing posts and said that enrolled nurses, that is nurses with two years' training, were working for pupil nurses' salaries because they could not get jobs elsewhere.
'I understand the KwaZulu Government cannot afford to create new posts,' she said.
There is one permanent doctor and two army doctors. They need three more permanent doctors, according to the
can be used,' he said.
At Nkonjeni Hospital outside Ulundi the German medical superintendent, $\operatorname{Dr} \mathrm{K}$ Wiswedel, said since the KwaZulu takeover equipment and medical supplies had improved - echoing the sentiments of the other hospital officials - but that the buildings weren't large or modern enough to cope with the workload.
'We are always improvising. At the moment we are converting an old garage into an outpatients' department. maternity unit and laboratory.
'We have no intensive care unit because you need more than ventilators to run such a unit. There are the lab and bloodgas analysing facilities, for example,' Dr Wiswedel said.

Here, too, there is a shortage of nursing posts - 'we need six or seven more' and enrolled nurses are working for pupil nurse salaries. There is a shortage of approved beds.

## Ridiculous waste

Dr Wiswedel said it was essential to have visiting specialists to keep up the standards in the hospital and to make it worth a doctor's while to work there.
'In principle we could do major surgery in our two theatres but we need more specialists - especially because Ulundi is growing fast."
He berated the poor kitchen and laundry facilities.
during the rainy season we have to buy disposable nappies at enormous cost. The waste is ridiculous. Much of the washing is done by hand because we don't have enough washing machines.
The kitchen, in which meals for about 400 people are cooked, has a large household deep freeze but no refrigerator. Huge archaic pots are used.
'We generally cook big batches of putu and that's not very good for nutrition,' the superintendent said.

At Untunjambill near Kranskop the matron of the tiny hospital, Miss Eunice Ngcobo, repeated the worst complaints of Luwamba. Water has to be hauled from the river; there is a problem with sewerage; typhoid, dysentry and gastro-enteritis are on the increase; there is no isolation ward.

Recently the hospital was down to $5 \ell$ of water and arrangements had to be made to rush a tanker from Greytown.

There are 128 approved beds with 145 to 150 patients.
'We put them in the corridors, on the verandahs, anywhere there is space," the matron said.

## Out of date

The nurses' home sleeps five while there is a staff of 48 and at least 18 more posts are needed.
'The kitchen and laundry are completely out of date and the accommodation old and cramped. The equipment is alright,' Miss Ngcobo said.
Dr Madide said repeated representations had been made to Pretoria regarding the financial situation of KwaZulu's hospitals.

Dr L A P A Munnik, Minister of Health, said arrange ments were being made to visit homeland hospitals 'hopefully in October'

The matter really falls under the Department of Co-operation and Deveiopment, but depending on what I find 1 can recommend to Dr Koornhof that he ask for more funds.

I would be only too glad to visit KwaZulu with a number of officials to get an idea of the problems but I must re ceive an invitation from Chief Buthelezi, the Chief Minister I can't interfere with his affairs.'

The Commissioner General of KwaZulu, Mr P N Hansmeyer, has passed this information on to the Chief.

Dr Madide said he would welcome a visit by Dr Munnik and would recommend to Chief Buthelezi that an invitation be extended as soon as possible.


Pretoria Burean
A start will be made this month on construction of a R1.f-million clinic in Lenasia
The Transvaal Works Department has awarded a contract worth R1 627700 for the construction of the clinic which will he an offshoot of the Coronation Hospital.
The clinc will be a single-storey complex in Nirvana Avenue, Ienasia.
It will feature:
(1) A small maternity section of about eight beds. This will provide the only overnight facility at the clinic which will otherwise be for day patients only.
© "(Short stay" wards for patients recovering from minor surgery under anaesthetic performed at the clinic. Such patients may remain until the clinic closes in the afternoon.
An outpatients' section.
(5) A casualty section for emergency cases who will receive initial treatment. They will then be transferred to a hospital by ambulance if necessary to rereive further treatment.
(7) A small X-ray unit.
(1) A dental unit in
three dental rooms, including $X$-ray facilities.
A spokesman for the
Provincial Works Department said the completion would depend on the supply of hricks which were at present in short supply.














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## Lenasia

lully clinic on

Building work on R1,6-million "day hospital" in Lenasia is to start next month.

The clinic will have a 24 hour maternity service with eight beds. This will be the only overnight factcity offered.

A spokesman for the Department of Hospital Services in the Transvaal said the clinic would have an outpatient section and a casualty section.
Emergency cases would be treated and then trans fired to other hospitals.

Work on a second hopita - the Ri3,5-million te asia Hospital is to begin at the end of next year.

## Doctors,

## nurses needed <br>  urgently

Medical Correspondent The overcrowded Bragwanath Hospital urgently needs more doctors for its department of medicine and the General Hospital in Johannesburg wants more Indian nurses.

Dr Chris van den Heaver, chief super intendent of Baragwanath Hospital, today said there was still overcrowding in some wards but the situaion was improving.
"The average bed occupancy is about 50 to 70 in a 40 -bed ward. We are doing all we can to solve the problem. But a soletimon will have to come from outside the hospitail."

He said the opening of the General Hospital to black patients had helped to take some of the pressure off Baragwanath.
'. We urgently need more doctors in the department of medicine:" Only 484 of the 601 medtical posts have been filled.

Doctors will do themselves, the black urban community and South Africa a service if they accept posts at the hospitall.
"The more doctors we get the quicker we can treat patients."
Dr Joe Nash, senior superintendent at the General Hospital which has 125 patients who were transferred from the old Non -European Hospital said his hospital was short of Indian nurses.
"Four hundred of the 800 posts for black nurses have been filled.
"But there has been a poor response from Indian nurses. Only eight of the 134 nursing vacancies have been filled."
$\mathrm{He}_{\mathrm{e}}$ said ultimately the hospital would have beds for 724 black and 245 Indian patients. The old Non-European Hospital would be converted into a hospital for Indians.





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IT sometimes takes a week to locate f pationl in a Kalafong Hospital wart. according to Dr if A Fomrie. superintentent of the hospital.

Because of the vast number of patients it serves. the hospital is faced with its most serions case of overcrowding
opened in 1972.
The hospital has an "ab normat" average of 149 patients daily who share 1143 beds.

The superintendent satd 40 beds were usually allocated to each ward but lhey had squested beds into each ward.
The maternity ward has a total of 116 mothers whe shate 72 beds with thest babies (30 for the mothers and 42 for the babies)

There are 92 bhidren who share 48 beds in the ortoopaedic ward while 60 beds are being shared by 107 patients in the children's surgical ward.
Dr Fourie said the overcrowding problem was caused by the admittanes of patients from the surrounding areas, hospitals in the northern, astern and western Transvat and hospitals in the homelands. Another contributory lactor to the avererowding was the delay in tie collecting of people who had been discharged.
"Many of these people come from afar and have to wait for their next of kin to come and fetch
them and we cannot take
these people out of the hospital until the relatives arrive." said Dr Pourie.
"We sitl render the best services even under such conditions," said 1or Fourie. The hospital hari some of the best apparatus and treatment in the world, according to the superintendent.
The expansion programme which has been plamed and approved by the Department of Ulaspr-
tal Services is expected to
be implementod seon.

## Patients say to coloured

Own Correspondent CAPE TOWN-A measure introduced at Groote Schuur Mospital to beat infectious staphylococeus has been thwarted by two white patients who complained about receiving treatment from coloured nurses.

To minimise infection and protect patients Groote Schutur moved several people infected with staphylococcus aureus to the infectious diseases City Hospital at Green Point.

The nursing staff there was stretched by the ad ditioral load, at times, ditional Ioag and, at times, whites came under the care of colotred nurses.

When two complaired Groote Schuur was asked to take them back and deal with them as best they conld.

Cape Town's Medical of
fice, of Health, Dr Coogan said: "This was case of extreme apartheid. We couldn't change the whole staff structure be catise of such a complaint when there is a shortage of nurses.
"We had no choice hut to hand the two patients Wack to Groote Schur."

Staphylococcis aureus a penicillin-resistant micro organism which has caused concern at Groote Schuur since last December, af fects patients who are very ill or who have major wounds.
The organism. found normally in the nose and on the skin, infects wounds. Its occurrence is worlcl-wi le, agrance is partly by the intonsive in. vasive techniques of ad. vanced medicine
There are still two patients at City Ifospital who are hoth happy with the nursing arrangements.

## Patients

 moved

Medical Reporter (fo) TWO white patients who objected to nursing by coloured staff at the City Hospital for Infectious Diseases have been transferred back to Groote Schuur Hospital.

The two are suffering from infectious staphylococcus, an antibiotic-resistant hospitalbased infection which earlier this year forcert the closure of several wards.

In an attempt to contain the spread of the infection, provincial authorities in charge of Groote Schuar Hospital arranged to transfer infected patients to all isolation ward in the municipally-controlled City Hospital.

The city's Medical Officer of Health, Dr $\mathrm{R} J$ Coogan, said yesterday: "The understanding was that all staff at 'our City Hospital, coloured or otherwise, would be used to nurse patients as required. Such palients need careful nursing and there is a heavy burden on staff in any case. The Groote Schuur Hospital authorities agreed to this."
He added that the complaint was a case of "extreme apartheid". "There is a severe shortage of nurses and we can't change the whole statf structure becatse of such a complaint. They left us no choice thet to transfer them back to Groote Schuur."

Most of the original group had recovered but two still remained. It was considered "not in their interests" to movig whem. Neither of these had any complaints about nursing.

## C．C．C． ＇needs <br> By STEPHEN WROTTESLEY <br> CAPE TOWN＇S ambulance chief，Mr Basil Warner，yester day criticized the doctors tarriff increase of November last year，saying he believed it had resulted in a workload that had severely drained the re－ sources of the ambulance services． <br> He also criticized the Provin－ cial Administration for not giv－ ing him more men and equipment to handle the workload，which had grown by 10 percent last year and which he expected to have grown by more than 10 percent this year．

Ambulance chief

Mr Warner said he tried to provide a＂reasonable ser－ vice＂，but this was difficult with the forced use of staff on overtime to try to maintain the service．
The Provincial Administra－ tion pays 100 percent of the service＇s costs but it is man－ aged by the City Council．It trains personnel from through out the Cape and its am－ bulances are often seconded to municipalities that are short－ staffed．

Mr Warner said the service handled 100000 calls in 1978 and this had increased in 1979 to 110000 ．He expected this year＇s
figure to be about 125,000 calls
Without additional staff and additional vehicles，he could not cope with the increase，he said．
The doctors＇increase in their tarriffs last year had resulted in an increased workload for the ambulance service．People now went to hospitals instead of going to doctors．They used ambulances to take them to hospital．

## Complaints

Doctors increased their fees in November last year by 52 percent，amid wide－ranging complaints
Mr Warner said he had 181 drivers，but that at any time of the year 15 of these were on leave．At the moment a further 15 were doing army training．

It was only in times of war that members of the am bulance service were classified key services and in peace－time， they still had to perform mili－ tary duties．
From the remaining per－ sonnel，he tried to provide a service of 18 ambulances on any one shift，but this was dif－ ficult，even using men working overtime．

Mr Warner，who has been ambulance chief since October last year，said that as soon as he had seen the dramatic in－ crease，he had gone the the Provinicial Aministration to re－ quest more staff and more vehicles．
He had been told to do what he could to maintain the ser－ vice，but that he could have no He said he believed that to maintain a reasonable service， he would like to have an am－ bulance at the scene of a call
within 10 minutes，but in some within 10 minutes，but in some
cases it was only possible to have one there in 30 minutes．

He said he had told his men he did not want any call re－
fused and thereby have a pa－ fused and thereby has．
＂If I have done anything wrong，I wilt answer for it later．I will convey the people first，＂he said．

## Fees

He said that while people had to pay R12 to be taken to hos－ pital，it was mainly only pri－ vate patients who ended up paying．This was because am－ bulance fees for people trans－ ported to provincial hospitals were incorporated in their hos－ pital fees．

The bills were later gauged according to the patient＇s abil－ ity to pay．

He added that on many occa－ sions ambulances from Cape Town had to travel to other districts to fetch in－patients， but they still paid only the ba－ sic rate of R12．

More reports，page 15

# Blacks will be moved ${ }^{6 / 9080}$ to city hospital <br> Medical Correspondent 

More than 300 black patients are expected to be transferred to the Johannesburg General Hospital in six weeks says Dr Joe Nach, the senior superintendent.

The patients are being moved from the Non-European Hospital in Johannesburg.
The move will take some of the pressure off the overcrowded Baragwanath Hospital.
Dr Nach said today that about 130 black patients, most of them receiving radiotherapy, had already been transferred.
"The General Hospital has been renovated and the big move of patients from Non-European Hospital will clear the old hospital:"

- The Non-European Hospital is to be renovated and will be used as a hospital for Indians.
We do not want to leave any wards empty thus some Indian patients will be admitted into the Non-European Hospital as soon as the black patients are transferred," he said,



## Climic


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How elinior which is the only ora servinu the people in Alesandra, :s on the brink of fesem: dovm due to lark or fitro ance. The Vounh commel told a Press condomemes that funds to keop tho clioic opetating wers fati. ince shart.

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By Langa Skosana
The chairman of the Soweto Council, Mr David Thebehali, has returned from overseas with a promise of a R250-million loan for improvement.

When he made the announcement to a group of about 150 at the Oppenheimer Tower in Soveto yesterday there was applause when he said hospitals and clinies would be built with the money.:
"We are going to get R250-million to buifd three hospitals and 18 clinies in Soweto. There will be two clinics, at Emdeni and Mofolo, hefore the end of the year."

DEMO OFF
Other hospitals were to be built at Protea, Emrteni and New Canada, Mr Thebehali added.
A planned demonstra. tion to welcome Mr Thebehali fizzled out because of fears of ia violent clash between hảs supporters and protesters*;

A group of women with placards left without displaying them

Mr Thebehali made appeal to residents 50 come in large numbers to the Soweto Council medeing on Wednesday when Dr Koornhof, Minister of Co-operation and Development, is to receive the freedom of Soweto.

# Mamelodi <br> and Hospital may be extended 

## ${ }^{`}$ Pretoria Bureau

THE Mamelodi community council is to request the Minister of Co-operation and Development, Dr Piet Koornhof, for the conversion of the existing Mamelodi Hospital into a fullyfledged hospital.

The chairman of the council, Mr M W Aphane, said yesterday the date for meeting with Dr Koornhof was still to be decided by the local community council.
He disclosed that he and three councillors, Mr A Kekana, Mr H. M Pitje and Mr B Ndlazi, yesterday met with the deputy director of Hospital Services, Dr H van Wyk, about the matter and were told to see Dr Koornhof as his department had no power to accede to their request.

Mr Aphane said the Directorate of Hospital Services also recommended that they see the Minister about the re-opening of the H F Verwoerd Hospital to blacks.
"We want the Mamelodi Hospital to be developed into a fully fledged hospital instead of a day hospital because Kalafong Hospital is too far for our residents," he said.
The local hospital, which will start operating next year, is a
polyclinic and will have no sleeping wards. Seriously ill patients will be treated at Kalafong Hospital.
Mr Aphane said the Directorate of Hos̀pital Services had given their case a "sympathetic hearing", but it had no authority to solve their problem.
He added that his council felt it imperative to appeal to the Hospital Services for the reopening of the Verwoerd Hospital.

The idea of reopening the Verwoerd Hospital to blacks was mooted by Mr Ndlazi in a council meeting a few months ago.
In that meeting Mr Ndlazi had' said ..Kalafong Hospital near Atteridgeville was a distance away from Mamelodi, ambulances were not fast enough to take casualities to Kalafong and many residents could not pay for transport.

He had also said the store rooms at the Verwoerd. Hospital could be used for accommodating black patients because illness knew no discrimination.
The Verwoerd Hospital was closed to blacks after the completion of Kalafong Hospital a few years ago.

Dr Van Wyk was not available for comment yesterday.

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## Centres will

## case <br>  for beds 9.8 in hospitals

## Own Correspondent

 A national plan for the establishment of 'leith service facilities, which is expected to relieve pres sure on. South Africa's existing hospitals, n as been officially announced in Pretoria.Dr Munnik, Minister of Health, Welfare and Penpions, describes the plan as "one of the most in portant devatou: $43^{+5}$ in health serve ass during th. ${ }^{3}$ past decades."

He says it will mudras. is proven. we and basic
health care rather than curative hospital services, as at present.
Six levels of health service are envisaged

Provision of basic subsistence needs including safe drinking water, sufficient food, sewage and waste disposal, and adequate housing.

## EDUCATION

Dr Munnik says his deapartment in conjunction with the other authorities concerned will coordinate the introduction of guide-
lines for the establishment of services with minimum standards to meet those four basic needs.

- Health education.
- Primary health care.

Voluntary health ser vice organisations to provide the most elementary preventive and rehabilitatives services in a community. Community health nursing and community health centres are envisage here.

Dr Munnik says commanity health centres seem to be the largest need of that part of the popular. Lion with depends or public health services.

## THE BASICS

He says the following basic services at least will be provided at such centres.

Family planning; immunisation; daily patient treatment; the combating of tuberculosis, venereal disease and other communicable diseases; child care; geriatric services; and health education.
A community heath centre will also have a room which can be una as a meeting place for voluntary health service organisations.

The establishment of community health centres is primarily the tesponsibility of provincial administrations and/or local authorities, Dr Munnik says.

Health spokesmen said the plan should relieve the present demand for hospital $\because$ bedsirm: Patients will have minor ailments treated without being admilted to hospitals.

Concerm all delay in ambulance service takcover

By Linnda Loxton, Municipal Reporter Muncipalinies in the Transraal are getting restive about the delay in the promised takeover by the province of their am bulance services.

The takeover was scheduled for Apris 1 his year, but so far nothing has happened and municipalities have expressed concern aibout a "strong movement to impose the responsibility for ambulance
services on local anthorities by means of provincial legislation."

The iesue was dismensed at the recent Transtaal Municipal Association con gress in Nelsprut and thic Enited Municupal execu tive is giving it "serious attention."

Now, the management conmittee of time Johan nesburg City Council has decided to see Mr Kallic de Mass, the MEX in clarge of hospital alfairs. aboust the nrobleme

In April. the manasement comenitace ackol the Sercetary of Hoatth. Wolfore and Pensions to somed ap the taknover.

It has now received a better from the Director of hospital Services statime that the issue was st: 1 "receiving attentios" but that no mdication could be given as $f 0$ when and how the takenver would take place.

The director wemt on to appeal to the management committee not 10 allow its ambulance service to "deterinate berause some form of takeover is imminent."

## NO POSSEBLLATY

Mr J F Oberholzer MPC, chairman of the management committee, said yesterday that, hecamen the ambulance service was a health service, there was no porsibility that it wonld be allowed to run down.
But he pointed out that Johannesbure's service cost ratepayers R 1 -mblion a vear to run and that the need for a takeorer was beeaming increasingly urgent.

The Heajth Act was amended in 1977 to allow provincial administrations to take over ambulance serviecs and earimer this year the Department of Hospital Serveres appointod an assistant disector in charge of ambulance services.

Johanneshurg has Indirated that if would be wil ling to run the servies on on agency basis for the Province as long as it froted the bill.

## No to planned 'non-white, ${ }_{\text {, }}^{\text {a }}$ maternity ${ }^{(88)}$

THE Department of Community Development has refused to issue a permit to the Libertas Hospital in Goodwood to open a 16-bed maternity unit for coloured, Asian and Chinese patients.

The refusal comes soon after the Prime Minister's goodwill trip to Taiwan where he prom. ised a "new deal" for South Africa's Chinese community

A spokesman for the Libertas told the Cape Times yesterday that no reason for the refusal had been given.

In March, the Libertas was granted permission to admit coloured, Asian and Chinese patients to its medical and sur gical units. No application was made to include maternity pa-
tients at that stage because the hospital did not have facilities. A redundant day clinic on the first floor of the hospital was then set aside for maternity patients and hospital authorities were hoping to use this section for coloured, Asian and Chinese patients.

But last week, the hospital received a letter from the re gional representative of the Department of Community Development saying a permit would not be.granted. In a let ter, the Department gave no reason why the application had been refused.

Mr J Walters, regional direc. tor of Community Development, said yesterday that he had "absolutely no comment" to make.


The superdntendent of St Mathews Hospinal, near Kelskommahoek, Dr L. Phiso, yesterday

KEISKAMMAHOEK The South African Minister of Health, Dr Lapa Munnik, yesterday paid tribute to the standard of health care in the Ciskei.
In an interview after a two-day visit to the Ciskel, Dr Munnik said; "I was very impressed, par. ticularly by the dedication of the nurses and doc tors."
He was also impressed by the St Matthews Hospital here which he visited yesterday.
He said the community health services run by the hospital in the Keiskam. mahoek and Middledrift districts were very effective, with tts 15 clinics throughout the area.
The
hospital
superintendent, Dr L. Piliso, is "in my opinion one of the best trained and dedicated persons in the whole of Southern Africa in community health."
The Reglonal Health Organisation of Southern Africa (Rhosa) was organising a symposium on community health early next year and he would definitely be inviting De Piliso to deliver a paper at the symposium.
It was clear that a new hospital was needed in the area, because St Matthews was old, but in the circum. stances the staff were coping very well.
The Deputy Minister of Co-operation fand Development, Dr George Morrison, who accompanied Dr Munnik on his

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visit, said that the health of the babies in the hospitals, which he regarded as the base line for any assessment of the level of health in a community, had struck him very favourably.
There was clearly a considerable shortage of doctors in the Ciskel, but he disclosed
that negotiations were under way for four Philippine doctors to join the Ciskel health services. This would help alleviate the situation.

Dr Morrison said the emphasis placed by the Ciskei Government on community involvement was particularly important.
"I feel in all respects the community must be in.
volved and that mothers should visit the clinics.
"Malnutrition is not always because of deficiency of food. It is often because the children are not fed properly," Dr Morrison said.
Dr Munnik and Dr Morrison, who are both medical doctors, left the Clskei yesterday afternoon after visiting a number of hospitals and resettlement areas. Their programme was, however, curtalled because adverse weather prevented them flying by helicopter to the Hewu area where Thornhill, Oxton and Sada are situated.
Dr Munnik, however, went to Sada by road yesterday afternoon. PC

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 Buol aبl ino prom पotum sineuranoudut alqissod se Mr Martin said he was trying to implement as quickly a staff complement of 50 percent.
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 group so that the patient is not affected. әวe.ı Kut $j 0$ sasmu Kordur am aigetiene should be nursed by his own race group but our first
 He could not understand why nurses were paid less
than their counterparts in other provincial divisons who
did not have to study for three years and did not work
overtime or public holidays.
This is something which should have been put right
years ago, said Mr Martin.
On the question of uniforms, he said the position was
under review and nursing staff would probably be given
an allowance to buy their own uniforms.
He said it would not be possible to transport nursing
staff during normal working hours, but the provision of
transport after hours was part of provincial policy.
Mr Martin said he did not believe married former
nurses would return to the profession if offered free
creche space.
But he said the possibility of converting the old
kitchen at Addington Hospital into a creche would be
investigated.
 of nursing posts unined of different races are not paid
 be suitable to fill vacant. nursing posts at Adangton Replying to a suggestion that coloured nurjes would
 Natals Executive Committee had already approved
 Invectigations were under way to bring about im-



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Doctors

hospital

## Mercury Reporter

SOUTH Coast doctors are campaigning for a Rl million private fospital to be built in Amanzimtoti by April 1982

The hospital, which only awaits the approval of the Depart ment of Health in Pretoria, would cater for about 65000 people who presently have to travel to Addington or Scottburgh hospitals, $\qquad$ ser
The dea of estabishing a communty hospital was that of an Amanzimtoti doctor but it has the full support of all doctors and dentists practising in the area from Movo to Louis Botha Airport.
The doctors involved, who have formed a company called Amanzimtoti Medical Services, have applied to the Pretoria Department of Health for a licence to run a hospital and are still awaiting a reply.
If they are given the go-ahead, immediate steps will be taken to start building the hospitall, to be known as Kingsway Clinic, at Athlone Park.
The company has also applied to the Amanzintoti Town Council for permission to buy a hectare of municipally-owned
ground.
According to the borough's Town Clerk, Mr D B Magennis, the council has no objection to selling the ground and is applying to the Province for permission to do so
The council will do everything in its power to expedite the sale of land,' he said.
Mr Magennis said the council would decide on the sole price of the land at tomorrow night's meeting.
A spokesman for the group of doctors said: 'We doctors treat about 375 cases a month which have to be sent to one of the two hospitals and, in an emergency, time is of the utmost importance.' It would charge medical-aid tariffs.

Edenvale's slaff murese shorlage still

進edical correspondent
Ainost to parcent of all nursing posts at Edenvale General Hospital have been filled but there was still a severe shortage of staff nurses, the superintendent, Dr Richard Griffiths; said yesterday.

Dr Griffiths satr onity 33 percent of staff nures posts bad been filled. Comparatrve figures for
 ant nurse were 65 and 69 percent respectivaly.
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 nón recelving proper care ord attention, At present the patient foot is relativele light and nurags ean cobge Whatr the numfor of obient increase in wimet. and the oursing skaff is
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Dr Griffitiss alad volyar reers had acted as atdy to muraing amsistants not mad
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KEISKAMMAHEOK - A KEISKAMMACan cabinet minister and a deputy minister were shown last week how one of the four hospitals in the Ciskel was forced to put two and even three sick babies into a single cot.

St Mathew's Hospital, an old mission hospital which is scheduled for replacement, has an impressive record in serving the (provisionally in the 1980 census) 86893 people in the Keiskammanoek d and magisterial 15 clinics in It operates tricts each the two districts. each with two nurses ne clinic means there is one che.
for every 6 hospital staff readi-
The hospital stafi readily admit that there shour be more clinics so that heaith se the people more taken to
effectively.
Next week, the Ciskei's Minister of Health, Dr B. Maku, will open a child nutrition clinic at $S$ Matthew's. It will form an integral part of clinics, which network ofesdays have on Wednesdalinics at special mothers are taught which need for balanced diets for their children and the necessity of preventive action to limit the spread of disease.

On three days a week, milk teams visit the clinics to provide milk for preto prol children -- continuing a pioneering scheme launched by Dr Trudi Thomas and Dr Lan Harris when they w based at the hospital
Today, the hospital Thorities believe that the milk scheme has made a major contribution towards controlling malnutrition in the area. Relatively few malnourished chitted to the have to tal these days and, according to Mrs C. F. Mpamba, the Principal Matron. "the only malnutrition cases we have in the hsopital are from the nearby farms
The hospital piliso told the South African Minister of Health, Dr Lapa Munnik, and the Deputy Minister of Co-operation and Development, Dr George Morrison, during there visit last week that from had been no deaths some malnutrition there were time and that the few admiss cases hospital for these cases.
SprMunnik andor

## St M's shows way

 to healthMorrison both expressed admiration for what St Matthew's Hospital had achieved and Dr Munnik aid he would be regional Dr Pinar on community health next year because she was one of the foremost experts in Southern Africa.

But they were also able to see for themselves the chronic overcrowding and the children's wardsern.

St Matthew's is scheduld for replacement by a new hospital at Keiskammahoek and initial plans have been drawn up and a site set aside.

But it will take at least hree years before that hospital is built and the hildren's wards are already overcrowded.

Dr Morrison inquired about the possibility of erecting a temporary ex tension so that all the babies could be kept and indeed, that seems be the only solution, which should be regarded as urgent.

Mrs Mpamba said there were other requirements as well: "We need more." clinics and more nurses. The hospital author least would nurses at the clinics.
They also feel that the nurses should have greater mobility becaus the distances are so great
"We need to be mobile to get around. We must to get to the family but the distances make it impossible without transport, Mrs Mpamba said.

School nurses have also been appointed so that they can teach pupins but basics of health care, but again, the of the lack of transport.

Many of these needs are new. In the traditional health system, hospitals, doctors and nurses were primarily concerned about what to do with peo ple once they were sick. Now the emphasis is to prevent them getting sick.
"The days of a matron sitting in an office are ove clinics where the people are

ildren share a cot in the overcrowded chitaren's ward at st Matinew's mospital Three chidiren sharek. Two or three bables are crownahoe.
tage of space.

The hospital is changing. It is no longer a place where people just come to when they are sick
"It is now a place for preventive care resources to be sent out to clinics
said.
In the old days, "first aid", as it was known played a very small role in the syllabuses for th training of nurses. Today "primary health care is strongly emphasised and it is developing all the time

To prevent people getting sick, the need for a balanced Very often, Dr damental. Very it is not the Mork of food that causes lack of sition but incorrec diets.

Obviously, clean water is fundamental. To be able to afford correct. The money is needed. nature or to change.


Mothers and grandparents watt outside the
Hospital.
tion of rural society has to Matthew's Hospital, based on the foundations lald by Dr ThomasyandiDr Harrts,
Obviously, nurses and other medical personne cannot stimulate all in short, a transforma
tion of rura
But at: 1dast St November 5,1890 that a
permanent hospital was opened on the site where
henald MacKenzie the Ronald Macke of the General Hospital stands today.
Cost of the red-brick building was R84 000. The
 ZA Republic, General N J Smit.

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 Stroyan Block, the East several other buildings wer" added and "The Gen" began to acquire
branch hospitals - the Queen Victoria Maternity
Hospital, the Otto Beit Hospital, the Otto Beit
Convalescent Home, the Fever Hospital, the Trans-
vaal Memorial Hospital vaal Memorial Hospital
for Children and the [eq! dso With the outbreak of
World War 2 the total World War 2 the total
number of beds in the hospital (and its asso-
ciated
institutions) ciated institutions) 1964 the figure was 1862 . Eventually in 1968 the
decision $W$ as made to
 new and more suitable
site in Parktown.



Four nurses at the General Hospital pushed this seriously injured patient from the Non-European Hospital in Hospital Street, Hillbrow, to the General Hospital in Klein Street, yesterday. Staff moved equipment and 180 patients from the NEH in यnder toyo hours.

\section*{Hospital is put on the road

## Staff Reporter

## Staff Reporter

HILLBROW residents in Hospital and Klein Streets yesterday saw what appeared to be a disaster area.
The confusion was even more dismaying because it was raining and patients on beds with tubes attached to their arms were being wheeled down Hospital Street to Klein Street.
The reason for all the rushing about was tre removal of 180 patients and equipment from three wards at the NonEuropean Hospital to the now
exclusively black General Hospital.
"We managed to move in just under two hours with the aid of ambulances, paralances and the municipality's disaster bus, which carries 12 people on stretchers and 24 on seats," the superintendent of the General Hospital, Dr Joe Nach, said yesterday.
'Many patients who could not be moved in the conventional way had to be pushed down the street in their beds by nurses," he said.

The removal was eased by a
colour coding system. Each ward was given a colour and stickers were stuck on patients, nurses and files.
"Had we known that it would have gone so well, we would have moved the whole of the NEH in four hours," Dr Nach said.

Today the last 130 patients at the NEH will be moved to the General.

When the Rand Daily Mail visited the hospital, nurses in the empty casualty department were busy getting ready for the opening of the section today.

While administrative staff heaved a sigh of relief that there had been no hitches, workers unloaded equipment and sterilised wards.
"'The responsibily of such a move is great and the administrative and nursing staff who managed it were marvellously efficient," Dr Nach said.

The 784-bed General will only be fully functional in January. It is an independent academic hospital and will be staffed entirely by blacks in a few years' time.

# Nurse <br> enrolment causes concern <br> PORT ELIZABETH <br> more next year as school <br> waiting list "We would 

Decreasing entolment among white and coloured student nurses in the East ern Cape is causing grave concern in the profession.

A survey yesterday revealed that so far only the Livingstone and Provincial Hospitals in Port Elizabeth and the Andries Vosloo Hospital and Somerset East expected to fill all their vacancies next year.

Provincial hospital spokesman at East London, Uitenhage, George, Oudtshoorn, Gradock and Graaff-Reinet said there was only a trickle of applications compared to previous years.
"A bad turnout," and 'not enough applications," were some of the comments of matrons questioned yesterday.

Some attributed the decline to irregular hours and poor pay in relation to heavy responsibilities.
Several matrons said they expected application numbers to drop even
leavers chose more luc rative careers.
Matron of Grahams town's Settlers Hospital, Miss J. Uekermann, said she was seriously worried about future recruit. ment.
She said she had enough nursing sisters, but was keeping her fingers crossed that they too would not get drawn into other professions.
"Nurses with four years' training are earning more working for the railways and in building societies," she said.

A spokesman for Frere Hospital said only 10 of the hospital's 50 trainee posts had been filled up to now.
"Our staff cannot continue to work under this strain. We are now begin ning to lose sisters as well," she said.

Matron of the Living. stone Hospital, Miss Dawn Schimper, said enrolment among black trainees was good and there was a long
also like to get more coloured applicants."
Enrolment figures were not available from the Provincial Hospital in Port Elizabeth, but the medical superintendent Dr Leon Cilliers, said enrolment for student nurses was "going well" and there was no shortage.
Meanwhile, a serious staff shortage has caused Empangeni Hospital in Durban to cancel all but emergency operations and to close the day ward from December 14.
But the suggestion that black nurses be employed was turned down by the MPC for Eshowe, Mr Neels Vosloo, on the grounds that "such replacement is not the fashion in South Africa."
Later Mr Vosloo said: "You are making a scenề out of something which is not really all that bad. If we do not have people to staff the hospitals, then we must replace white staff with blacks, - DDC.


WE don't know whether to laugh or weep over the comment of Mr Neels Vosloo, the MPC for Eshowe, who has dismissed the idea of employing black nurses to fill the critical white nursing shortage at Empangeni hospital because it is 'not the fashion in South Africa'. Some fashion if it means that the sick and injured must suffer rather than let a black hand help to ease the pain.
Mr Vosloo is one good reason why we pray that the National Party never gains control of the Natal Provincial Council. With most provincial hospitals facing an alarming shortage of trained white nurses - a re cent survey revealed that Addington alone was short of about 50 - the time has come for the authorities to think very deeply about employing blacks to fill the shortfalls. For among other things we seriously question whether most sick people are the least bit concerned about the colour of the hand that ministers to their needs.

Mr Frank Martin, Natal's MEC in charge of hospitals, has indicated that black nurses might have to be recruited for Empangeni hospital in order to keep it open. It is reported that lack of nursing staff has caused the hospital to cancel all but emergency operations and to close the day ward from December 14. But why must there be a state of crisis before this action is taken?

In fairness it must be said that the Province is not unsympathetic to the idea of employing black nurses in white establishments. In fact its stated policy is that if nurses of the same race group are not available, then nurses of any race may be em-
ployed so that the patient is not aft fected. But invariably this means that a hospital's white nursing complement must be in dire straits before the step is taken.

Moreover the Province maintains that because of the wage gap between nurses of different race groups the employment of black nurses in white hospitals is tantamount to exploitation of the black staff. And it can do nothing about closing the pay gap because nurses salaries are determined by a Government-appointed three-man Public Service Commission.

Eventually it must pose a grave threat to the public wellbeing if constructive steps are not taken to reduce the countrywide shortage of white nurses, and that can only be achieved through the medium of pay and general working conditions. Meanwhile it seems sheer lunacy not to tap the reservoir of unemployed black nurses. In Empangeni, for instance, it is reported that a recent advertisement drew replies from 70 qualified black applicants.

The lead, of course, must come from the Government. If it can close the pay gap in other areas it can do the same in the vital field of nursing, and pave the way for provincial administrations to employ integrated staff in their white hospitals. Quite rightly the Prime Minister has deprecated those who are content to have blacks fighting on the country's borders, but decline to play sport with them. At some stage he might turn his attention to the Mr Vosloos of this world, whose attitude even causes them to shrink from a black Florence Nightingale.


## FROM PAGE

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aren＇t filled in this province －and in the whole country， for that matter－which ag－ gravates the nursing situa－ tion．I frequently come up against cases where there are three or four 25 －bed wards with 10 or 15 patients in a ward．
＇When we wish to close a ward to consolidate the beds there is a general outcry．
＇Somebody should take note of what Mr Neels Vosioo， MPC for Eshowe；said．You should consider the＇public， not just what the local doc－ tors want．

## Better

＇At this stage we don＇t need black nurses in white hospitals．＇
Miss Maguire said Natal was in a better position than the other provinces．

Dr Henderson said Miss Maguire was avoiding the issue．
＇We have too few beds for black patients and too few
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nurses for whites．She can＇t escape that one．If we had too many white beds at Empangeni why did they build a new wing with 60 ex－ tra beds？＇

Dr Frank Martin，MEC in charge of hospitals，who is opposed to employing black nürses in white hospitals be－ cause of the salary differenti－ ation，repeated that if it was a question of closing down hospitals the Province would not hesitate to take on black nürses．

The director of hospital services was not available for comment．

Our Cape Town correspon－ dent reports that next year＇s intake of white student nurses at Groote Schuur so far was only half the normal number．
The intake for January， February and March was usu－ ally well over 100 nurses but so far only 70 had enrolled to start training for the January and February intake．

## Low

While the figures reflected a chronic shortage of white nurses，there was，according to sources，a waiting list of coloured trainee nurses．
Asked about the nursing enrolment shortfall，Dr H R Sanders，chief medical super－ intendent of Groote Schuur， said that this was not the first time there had been alow number of applicant nurses．

She said the same pattern had persisted in the past few years and pointed out that there could be more applica－

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vate sector where they worked regular hours．

She said it was important to take into account that the number of nurses may not de－ crease but that the number of posts created increases be－ yond supply．
Dr John Sonnenberg，Oppo－ sition spokesman on hospitals in the Cape Provincial Coun－ cil，said there was cause for alarm about the decreasing number of white nurses．
＇But while there is this ob－ vious chronic shortage，there is a waiting list for coloured nurses．The answer to the problem is obvious－scrap racial nursing barriers to ease the shortage．＇
Our Port Elizabeth corre－ spondent reports that de－ creasing enrolment among white and coloured student nurses in the Eastern Cape was causing grave concern．

A survey yesterday showed that so far only the Living－ stone and Provincial hospitals in Port Elizabeth and the Andries Vosloo Hospital in Somerset East expected to． fill all vacancies next year．

Provincial hospital spokes－ men at East London， Uitenhage，George， Oudtshoorn，Cradock and Graaff－Reinet said there was only a trickle of applications compared to previous years．

## Worried

Several matrons said they expected application numbers to drop even more next year as school－leavers chose more lucrative careers．
The matron of Grahamstown＇s Settlers＇Hos－ pital，Miss J Uekermann，said she was seriously worried about future recruitment
＇Nurses with four years＇ training are earning more working for the railways and in building societies，＇she said．
A trainee nurse with a matric certificate earned about R220 a month．

A spokesman for Frere Hospital，East London，said only 10 of the hospital＇s 50 trainee posts had been filled．
＇Our staff cannot continue to work under this strain．We are now beginning to lose sis－ ters as well，＇she said．

The matron of the Living－ stone Hospital，Miss Dawn Schimper，said enrolment among African trainees was good and there was a long waiting list，
See Editorial Opinion


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Staff Reporter
NEXT year's intake of white student nurses at Groote Sehuur Hospital so far is nearly half the usual number.
The normal intake for January, February and March is well over 100 nurses, but so far only 70 nurses have enrolled to start their training for the January and February intake.
While the figures reflect a chironic shortage of white nurses; there is, according to sources, a waiting list of coloured trainee nurses.
Asked about the nursing enrolment shortfall, $\operatorname{Dr} \mathrm{H}_{\mathrm{R}}$ Sanders, chief medical superintendent of Groote Schuur Hos-
first time there had been few applicants. She said the same pattern had persisted in the past few years and pointed out that there could be more applications before the end of the year.
Dr Sanders said high-level government talks were in process to discuss the nursing shortage.
She said it was important to take into account that the numbers of nurses may not decrease but the number of posts created increases beyond supply.
Dr John Sonnenberg, Opposition spokesman on hospitals in the Provincial Council, said there was cause for alarm about the decreasing number of white nurses going into the profession.
"But while there is this obvious chronic shortage, there is a waiting list for coloured nurses. The answer to the problem is obvious - scrap racial nursing barriers to ease the shortage," he said.

- The shortage of white and coloured student nurses in the Eastern Cape is causing grave concern in the profession
A survey by the Eastern Province Herald lyesterday revealed that so far only the Livingstone and Provincial hospitals in Port Elizabeth and the Andries Vosloo Hospital in Somerset East expected to fill all their yacancies next year.
Provincial hospital spokesmen at East London, Uitenhage, George, Oudtshoorn, Cradock and GraaffReinet said there was only a trickle of applications compared to previous years.
Some attributed the decline to irregular hours and poor pay in relation to heavy responsibilities.

> The Matron

0 f Grahamstown's Settlers Hospital, Miss $J$ Uekermann, said that since budget increases were implemented, a trainee nurse with a matric certificate earned, about R220 a month.
A spokesman for East London's Frere Hospital said only, 10 of the hospital's 50 trainee posts had been filled up to now
"Our staff cannot continue to work under this strain. We are now beginning to lose sisters as well," she said.
The Director of Hospital Services for the Cape, DrRLM Kôtze was not available for comment yesterday


NURSES at East London's Frere Mospital are furious because a multiracial dance they had organised was cancelled.
Nurses claim they wers told
to call off the dance by the hospital's medical superintendent, Dr Stephen Richardson, and that if any details of the cancellation leaked to the Press they would be fired.
Dr Richardson dentes intis. The dance was cancelled by the nurses themselves. he saich He claims to have become involved oniy after notices an. nouncing the cancollation were defaced.
Nurses at the hospitat refused to tell the Press who had organised the dance as they said this would result in the girls getting fired.
They said it had been organised at a private venue after white nurses had become triendly with the coloured staff during lectures.
A staff shortage had forced hile hospital to combine classes for coloured and white nurscs, they said. They had folt there couk bo nothing wrong with organising a party together if they were allowed to attend tectures together.
"We were shattered when we found we condint have the $d$ ance. Dr Richardson called the committee in and gave them hell. He inreatened to fire all of them if word leaked out" said one nurse.
The nurses cancelled the function when they reallsed a permit miteds be required, whe Richardson said: uta wais noe involved at thatarthes.
"The wisciplindey didystiog arose when - $\%$ dubeg
informed sone nursing stath hat wed associater wifh the writ ing of politicat commerts ; on notices in the hospital cancelling the function.
"Dismissal was neicher chreazened nor mentioned," he said.

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Provincial Reporter
CAPE provincial hospitals last year treated 7，5－million patients，of whom more than 80 percent received subsidised treatment， NH Gene Lour，the Administrator，told the Convocation of Stellenbosch University at the weekend．

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phasised that the Cape＇s
financial difficulties could
not be allowed to affect hospital services．

You cannot turn patients away by saying your hospital is full，that you do not have the med－ do not have the that you do not have the medi－ es，Mr Low said
Hospital costs were climbing sharply Last year cost of a bed patient was R34 a day in ordinary provincial hospitals and R50 a day in training hospitals．The total cost Was more than R30－mil－ lion．
Mr Low said that of $7-$ million outpatients and 558000 inpatients treated at provincial hospitals last year more than 80 percent were＇needy＇and received treatment at reduced rates．

Foreign patients with serious illnesses and espe－ cially heart problems were treated in the Cape＇s train－ ing hospitals at a nominal fee where there was a real need since the Cape recon－ nised its．duty to its fellow
man． man．
Foreign patients who could pay the usual tariff were charged in full．

## SHORTCOMINGS

Mr Low said he was aware of important short－ comings＇in facilities at Tygerberg Hospital，a training hospital，and mil－ lions of rand would be needed to meet these needs．

One of the methods of reducing inpatients at specialised hospitals was the creation of six com－ munity health centres－

at．Albertinia，Beaufort West，Calitzdorp，De Alar， Pacaltsdorp．
Primary health care and less serious operations would be the service pro－ vide at these centres．

## Doctors reassured on rural <br> clinics stapso <br> Staff Reporter

THE Medical Association of South Africa (Masa) has taken steps to avoid a clash between country doctors and the Department of Health. which plans to build community health centres in rural areas.

The association heard from private doctors who were concerned that the centres might put them out of business, but officials in the Department of Health have assured them this will not happen
The clinics will be manned by nurses allowed to examine patients, make diagnoses and within limits, prescribe and dispense medicines under the control of visiting doctors.

The issue of health clinies has been discussed by Masas executive commitlee which has received assurance from $\operatorname{Dr} J$ Gilliland. deputy secretary Dr generat of the Department of Health, that the centres mould
not compete with private practices but were intended to provide desperately needed services in isolated regions.
Dr Gilliland made it clear that clinic personnel would always work under the direction of a doctor - perhaps a family doctor in the area and it would thus not encroach on his fiold

It appears that there ace already 40 centros in the Cape Province and two in the Free State and many new centres are being planned.

A spokesman for the Department of Health, Dr Howard Botha, said community health centres were not primarily concerned with curative services but with prevention of disease and promotion of community health

Masa said yesterday that as long as the centres did not clash with private practires, it approved of the establishment of such services.
1ddington
1 two ward

## Research clinic tos 5 ( $x$ get extra <br> "The work being done

One of South Africa's leading pharmacological research clinics, which is attached to the University of the Free State in Bloemfontein, is to be extended from an eight to a 20-bed unit.

The Hoechst clinic for basic pharmacological research carries out work on new drug development under the direction of Professor F O Muller. The work is done with volunteer patients under a tightly controlled safety system.

Professor Muller said the safety aspects of the drugs under investigation were first studied in animals, then in man.

The Hoechst group had invested more than R1-million in the five-yearold clinic.
by Professor Muller and his team makes a vital contribution," said Mr A L Baltzer; managing director of the company.

He added although the clinic was supported by Hoechst it was autonomous and was free to accept assignments from outside institutions.

## New Groote Schuur <br>  ready by 1990 <br> 

## Provincial Reporter

A TOTAL PLAN for the redevelopment of Groote Schuur Hospital at a cost of R140-million has been approved by the Cape Provincial Executive Committee, and is expected to be completed in 1990.
Mr P J Loubser, MEC in charge of hospital services, said today when the present main hospital building was opened in January 1938 it provided 797 beds. Since then extensions had increased its capacity to 1350 beds.

## GREEN LIGHT

In November 1979, the Cape Provincial Administration received the green light from the Governmont for a scheme to upgrade Groote Schuur Hospital and to provide 1722 beds

When completed, the proposed redevelopment will provide advanced patient care and treatment facilities commensurate with modern standards of medical practice, and ensure that the Cape will maintain its reputation for giving a medical service second to none in the world,' Mr Loubser said.

## OVERALL PLAN

The R140-million project would provide:

- New buildings, conversion of existing buildings and related siteworks (R105-million)

Civic engineering works, on site roads, open parking and reticulation of services (R5-million)

Staff residences, and on-duty, academic and teaching facilities, and covered parking (R30-million.

Mr Loubser said that present services to the hosvital - water and sewerage mains, electricity, tolephones and so on - would be diverted next year to clear the main construedion site.
The new main building would be built between


1982 and 1985 and the maternity block extension and expansion of I-Block for radiotherapy outpatient facilities were expected to be completed by then.

240 BEDS
In 1985 the west block of the new building with a 240 -bed capacity, would be available for partial occupation, and there would be temporary rod access from the south through Anzio Road.

In 1986-87 partial occupation of the nev central block should be available. Existing main buildings would be fa converted and a start, would be made on new staff residential buildings.

The east block of the new main building should be available for occpation in 1988, while conversion of existing main buildings would continue. Parking terraces and road works on the north side of the new complex should be completed.
In 1990 the conversion and upgrading of the existing main buildings and outpatients' block, new staff residential buildings and recreation facilities should have been completed.


## Staff Reporter A R140 MILLION project to redevelop Groote Schuur Hospital was announced yesterday by the MEC for hospital services, Loubser.

The 10 -year project to upgrade and expand the 50 -year-old hospital to a total of 1722 beds has received the green light from the government and the first: stage of the longrawaited programme is scheduled to start early next year.
The budget allocated is double the R70m that it cost to build
Tygerberg Hospital.
World-famous Groote Schuur was described in its annual report, published in September this year, as obsolete, understaffed and inadequate to handle the heavy patient load.
Mrat it would not be complense proportions of the scheme meant be taken in planning completed before 1990. Extreme care had to 13000 people arrived at the hospital programme because almost: 1350 bed-ridden patients.

## Second to none

The redevelopment would ensure that Groote Schuur, the main teaching hospital for the medical school of the University of Cape Town," provided "advanced patient care and treatment facilities practice and ensure that the with modern standards of medical practice and ensure that the administration will maintain its world".

Three main blocks will be erected on the area immediately below the present hospital and sited somewhat to the east in order to detract as little as possible from the world-renowned facade of the original building.
The approach will be from the main road along the two convergent vehicular avenues with extensive parking facilities in The existing main along a pedestrian way."
vacated when beds in the new structure which would be partly be renovated internally to new structures became available would
Administrative offices; provide the following accommodation: administration facilities, including and university and provincial seminar and lecture rooms, including academic offices, laboratories, occupational lecture rooms, paramedical facilities for physio, departments.

The outpatient departments would not be moved, but the existing block would be upgraded by' re-allocation of space, improvement of outpatient flow, revision of exit and entry routes and enlarged dispensary facilities.
Additional residential facilities for nursing staff and interns facilities and covered parking.


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To page 2
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diverted to clear the construc-
tion site tion site.
"The access from De Waal Drive will be modified in the vicinity of Anzio Road. The City Council has intimated that access from Boulevard East to Browning Road is, also intended. The old Observatory Boys' High School will be converted into creches for the hos pital, while certain out-patient services will be erected on a site below Main Road.'

1982-1984: In this period the new main building construction will continue; some permanent parking in the south wing will be made available, while the maternity block extension and expansion of L block for radio-therapy outpatients are expected to be completed.
1985: The west block of the new main building, housing about 240 beds, will be made available and access will be temporarily from the south via Anzio Road.
1986 - 1987: The central block of the new main building will become available for partial occupation; existing main buildings conversion and construction of new residential building are due to start.
1988: The third (east) block of the main new building will become occupied. Conversion and partial occupation of the existing main buildings and upgrading of the outpatients block will continue. Parking terraces and road works on the north side the the new main buildings are to be completed.
1990: The conversion and upgrading of the existing main buildings and outpatient blocks will take place and the construction of new residential and reccreational facilities will be completed

Mr Loubser said that access roads and parking requirements had received special scrutiny and adequate parking in both open and covered terraces ha* been planned.

Mr Loubser said the cost of the project could be broken down as follows: R105m for the new buildings, conversion of existing buildings and directly related siteworks; R5m for civil engineering works, on-site roads, open parking and reticulation of services; R30m for staff residential, on-duty, academic and teaching
1981: The sequence of construction, decanting and commissioning would start in 1981 with present services to the hospital water, sewerage mains, electricity and telephone cables - being

## Casualty patients <br> By Bob Kennaugh Medical Correspondent <br> Several doctors at Corona－ tion Hospital are concer－ ned because black casu－ alty patients are being turned away． <br> The hospital serves coloured and Indian patients but in the past it <br> has never practised discri－ mination and has treated black and sometimes white patients in emergen－ cies，The Star was told． <br> Blacks seeking medical treatment at Coronation are screened by a doctor and admitted if an emergency case．If not， they are referced to the <br> General Hospital in Jo hannesburg which serves blacks，the overcrowded Baragwanath Hospital or the Leratong Hospital． <br> Some doctors at Corona－ tion Hospital admit send－ ing black patients away will relieve overcrowding， but they stress admissions shoudd not be on raclal lines．











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 of racial selection were supporting an $g y$ of discriminati added．
Officials at the t said they wanted to staif dissatist because of overcro and only in an eme should blacks mitted．

## The Star was told that some black people travelied long distances to the hospital only to be told they could not be admitted．＂The people particularly choose our hospital，and we are com－ matted io treating patients who are in regardless of their colour，＂said a doc－ tor． <br> $x_{2} \quad c \rightarrow I A R$ 


THE Johannesburg Indian So－ cial Welfare Association （Jiswa）yesterday received R3 300 from the Urban Foun－ dation for the association＇s pre－natal clinic in Lena－ia．
The foundation had undertaken to subsidise the clinic on es－ tablishment in 1979，said the manager of social develop－

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The clinic serves not only the people of Lenasia，but the poople from the surrounding farms and the people of Ei－ dorado Park．
The clinic is run once a week on Tuesday evenings as the doctors and nurses all work on a voluntary basis and is used by the University of the Witwatersrand for training．
After $41 / 2$ decades the Johannesa burg Indian Social Welfare Association finally managed to acquire a piece of land in Lenasia in 1975，Mr E Jas－ set．chairman of Jiswa，sair．
＂A whole community with complex problems is tackled by the association under a community work pro－ gramme，＂Mr Jasset said．
Since 1974 the association has concentrated on social ser－ vice work of a kind rarely found in a non－white community．
That year an experienced com－ munity research worker， Mrs Esther Tolkin，was en－ gaged to design a communi－ ty self－help programme．
In this the community would be able to identify its own prob． lems and find solutions．
The result was a R 300000 so－ cial welfare and community centre built in Lenasia from funds collected from the rommunity by Jiswa．

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The serious shortage of radiographers at the Jo hannesburg Hospital is putting patients at risk and something should be done urgently to correct the situation, says a city doctor.

The doctor was reacting to a report that radiographers at the hospital were resigning and that it seemed likely that the X-ray night service would be closed by February.

In a letter to The Star, a Johannesburg doctor said: "There are many instances where the failure to earry out certain radiographic examinations could prove fatal for the patients involved.
"For example a cervical spine injury, if not diagnosed correctly using $X$. rav examination, can lead 10 total paralysis or death.
"Injuries causing intracranial bleeding ean also be fatal if not correctly diagnosed using X.ray techniques."

He said these were only two examples of many which had to be attended to and could not be left over to the noxt morning.
"The possibility that a 24 hour X-ray service may not be avalable in one of the biggest, best
equipped and most expensive hospitals in the country is incicrous."

Almost crory qualified radiographer hat! lessigned from the hospital because working conditions had become intolerable and a radiographer's salary was "a joke."

If all the radiographers resigned it would mean that the School of Ratiography would also have to close.
"Radiographers form a vital part of the hospital service and something has to be done urgently to correct the situation," the doctor said.
"I hope one day we will all be proud of an efficient tohannesburg Hospital with contented and relaxed staff."

A spokesman for the hospital said: "Our ser. vices may be hindered by staff shortages but we will keng them going. I can never see a situation where we cannot deal with acute emergencies."

The director of hospital services in the Transvaal, Dr $1 H$ Grove, said the salary st sucture of public servants, including radiographers, had been dealt with by the Minister of Finance and salay inoreases for next year had bern anomonced.


## Stafl Teporter

THE number of radiography applicants at Gronte Schum Hospital has trop ped by about 75 percent and the shortage of wati. ographers is likel, sa to worsen as more women beome dissatisfied with worling conditions.
A radingrapher who qualifien almost five yoar ago said she and her colleagnes were. 'very annoyed about their pay and working hours.
While the hornifal's semior princimat, chinf and tuter posts are filled only 34 of the 56 basic grady posts are talken. dit these nine ara pattime

## PRPMAREMS

We are constantly fold that the situation will int prove when a nev hatet of stublent; qualifies int January, but most of them prefor wating in of them practice and only apply to
the hospital ns a stopgap.
said the rariongranher
Twonefive xarlingramhers tilf matify in ban ary hat trom ate onay 19 fim apptiations fron poopln watios of :udy the romeso next wear. The rumber of applimats resi ally rances hotwon an and 80.

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Siome womer have focobed only ane freo weal: erel it eistr wher ohem have boen ardelto rin anly two wommer mad a ratio grapher.
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# Natal faces big shortage of white radiographers <br> Mercury Reporter <br> tra posts would be granted 

NATAL faces a serious shortage of white radiographers because the number of suitable applicants for training next year is down from about 70 to 20 - at a time when extra posts are planned.
A spokesman for Addington Hospital, the only hospital in Natal with facilities for training white radiographers, said there were usually about 15 trainees a year and 12 more training posts had been requested because legislation had been passed in May this year making it compulsory for radiography staff to be registered.
In the past the rural areas relied heavily on unqualified staff. This legislation therefore hits us very hard because we are an essential service.
'The shortage has come a the very time when we desperately need more trainees.' The spokesman said she had 'heard verbally' that the ex-
but had not had official confirmation from the Natal Provincial Administration. She warned that if the posts were not granted and filled there would be serlous trouble in the future.
If approved, there will be 27 training posts - and only 20 applicants so far for next year.

## Economic boom

The spokesman felt the main reason for the shortage of applicants was the economic boom which was attracting potential radiographers to commercial jobs.

The public-sector salaries are always lower and radiographers, being members of a paramedical profession, have to work long, inconvenient hours and are not paid overtime. All this contributes to the situation we are faced with now.'

Addington Hospital had a
full complement of trained radiographers but Wentworth Hospital was one short and had asked for an additional four posts to cope with the workload

The number of applications for trainee positions at King Edward VIII Hospital had gone up but, according to the medical superintendent, Dr Priscilla Truter, it was too early to ascertain how many of the applicants were suitable. Matriculation results from black schools had not been published yet.
Dr Truter said there had been a severe shortage of radiographers for most of the year. King Edward VIII Hospital had 40 posts, including one principal radiographer. Of these, 27 had been filled.
She said people had left because of dissatisfaction with working hours and salaries, domestic reasons and movement to other areas.

# X-ray service fames ullreat of elosectlowm. 

## Ty Boh Kemangh,䴖etical Correspodicne

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Source: Footnote 14

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## By Bob Kemaugh, Medical Representative

The nursing and radiography crisis at the multimillion - rand Johannesburg hospital has worsened with less than half of the new year's nursing students posts having been filled.

The shortages are so critical that the possibility of closing wards is being considered, The Star was told today.

But the deputy super. intendent of the hospital, Dr L Kalmyn, declined to comment on this.

Another spokesman for the hospital disclosed that only 31 percent of the nursing degree student posts and 49 percent of posts for diploma students had jeen filied.
It has been learnt the hospital is still seriously short of radiographers. and there has been no improvement in the situation.

There is said to be a 50 percent shortage of radiographers, who are working at full stretch to cope with the crisis. -
Radiographers fear the X-ray night service could be closed by February.
A Johannesburg doctor said: "A stalemate has
been reached. Radiographers are waiting until April to see whether salary increases are satisfactory. They will not be happy with rises of between six and 10 percent. If this happens there could be further resigna-

The Johannesburg hospital is operating with 56,4 percent of its nursing complement and has a serious shortage of junior sisters and student nurses.
More than 70 percent of matrons' posts and 78 percent of sisters' posts have been filled. The hospital is not short of senior sisters.
Half the 1981 nursing student posts at H F Verwoerd Hospital in Pretoria have been filled. Applications from 149 students have been approved but there are still 150 vacant posts. All 40 posts for. nursing degree students have been filled.
Dr S S Weyers, chief superintendent of J.G Strijdom Hospital in Johannesburg, sajd almost all of the hospital's 110 student nursing posts had been filled.

The hospital had 70 percent of its complement of nursing staff. Part-time sisters made up the shortage.


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[^1]:    Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

[^2]:    39: At the 'level of living' level, this combination process corresponds

[^3]:    vary a great deal from one electron to another and their in a single collision, therefore their detailed trajectories similar mass) and can lose a large fraction of their energy Incident electrons, however, can scatter through large
    angles in their collisions with atomic electrons fof their ranges are well defined - do not vary much from one
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    lost per collision is only a tiny fraction of the p or $\alpha$
    energy. These heavy particles therefore retain their
    
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[^4]:    （000 ，घ）
    
    
    

[^5]:    mines due to complaints about the health and safety conditions at work. The resultant disruption of production was a windfall for South African chrysotile producers and production and export of chrysotile was at an all time high persisting after the Canadian situation returned to normal. ${ }^{13}$

    Nevertheless chrysotile production is only a small percentage of total production.

