HEALTH & DISEASE

MISCELLANEOUS

1975 - 1978

HEALTH + DISEASE - Miscellaneous
Illness.

Liver cancer rife in SA

Cape Times 13/9/75

Cape Times Science Reporter

SOUTH AFRICAN BLACKS have one of the highest incidences of liver cancer in the world while alcoholic cirrhosis of the liver is common in the Western Cape, says the latest report of the SA Medical Research Council.

These are the findings of the liver research group of the University of Cape Town medical school, which says that it probably has one of the world's largest series of patients with acute liver failure.

This group has introduced new methods of treatment for liver disease and is studying factors which cause liver-cell death. Important work on the means whereby liver cancer occurs has been carried out and new knowledge gained on the blood protein, albumen.

The group has also done advanced work on the early detection of liver cancer, and on liver transplantation techniques with experimental animals.

It is hoped that some of these techniques may help selected human patients with end-stage cirrhosis of the liver or with terminal liver cancer.

A surprising finding was that in certain experimental animals there was no rejection of transplants even though no special measures had been taken to suppress it. This aspect is under further study.

Health + Disease - Miscellaneous Diseases.

Measles hit Coloured group

Cape Times 15/1/76

THE University of Cape Town's virus research unit at the medical school — a division of the South African Medical Research Council — has found a "surprisingly high" rate of fatal complications of natural measles infection among the Cape's Coloured community.

In a statement issued by the MRC yesterday the results of a survey of this disease were given, showing that the disease rate was more than 10 times greater in the Coloured group than in White and Black communities in Southern Africa.

The MRC also reports that during the 1974 Cape winter a mild outbreak of 'flu caused a "sudden increase" in the number of patients admitted to the pulmonary intensive care unit of the Red Cross Hospital.

A high rate of lung disease was found in non-White children linked with a high death rate which research workers blamed on a co-incidental epidemic of a second virus infection—the respiratory syncytial virus.

Contributory factors were given as low wages, poor living conditions and poor feeding. The report adds that "while these double virus infections were common among non-White children and carried a big death rate, there was no similar incidence among White children".

Health + Disease —
Miscellaneous Dis

No fears of big epidemic

Cape Times 26/2/76

SOUTH AFRICA already has a measure of immunity against the Victoria 'flu virus presently sweeping Europe and a large epidemic is not expected, according to a Department of Health statement yesterday.

The statement said the outbreak had occurred among mine-workers on the Reef in November and December last year and had spread to the population.

The statement was issued by the Secretary for Health, Dr J. De Beer, following press reports that the virus was on its way to South Africa and that there was no vaccine to counter it.

Dr De Beer confirmed that present vaccines were not regarded as effective against the new virus — A/Victoria/75 — but said virologists were convinced there would be no epidemic worth mentioning.

"A measure of immunity against the influenza virus has been developed and a large influenza epidemic is not expected in South Africa," he said.

The Victoria virus had also caused 'flu in Japan and New Guinea and was more virulent than the England, Scotland and Hong Kong influenza viruses.

"People who suffer from chest ailments or who are particularly susceptible to influenza can consult their own medical practitioners in regard to any precautionary measures in their particular cases," the statement concluded.

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336

29/10/76

Health danger for children of Soweto

STAR

More than a thousand children in Soweto today face being crippled by poliomyelitis, diphtheria or measles because of the breakdown in health services in the township.

A report of the Johannesburg Medical Officer of Health tabled at the monthly meeting of the Soweto Urban Bantu Council yesterday revealed that 5 000 fewer children had been vaccinated against smallpox than in the same period last year.

There are also 595 fewer measles vaccinations and 87 fewer diptheria vaccinations. A further 7 000 have defaulted during their immunisation course against diptheria, while 7 000 have not completed their course against poliomyelitis.

Two thousand havs not started being vaccinated against poliomyelitis.

The report points out that if these children remain unvaccinated, more than a thousand children face the prospect of having these diseases.

Usually there are no cases of diptheria or poliomyelitis, the medical officer of health said.

He said only 50 percent of tuberculosis suspects had come forward since June.

"The number of patients investigated as suspects or contacts has fallen from 5 000 to 2 000, and 2 300 fewer babies have not received BCG vaccine," he said.

PEST CONTROL

The school TB control programme has also been abandoned.

Outlining the grave danger of an epidemic in Soweto, the report states that no pest control has been possible since June 16 and that there has been a vast accumulation of refuse on pavements and open spaces.

"This encourages rodent breeding, fly breeding and offensive smells," the report said.

Many blocked drains and toilets have been reported but the clearing of the blockages was hindered by the technical staff being denied free access to the township.

The report appealed to members of the UBC to help solve the situation.

Fears of disease spreading

QUEENSTOWN — The possible spread of the wave of gastro-enteritis that is already killing five babies a day at the Thornhill refugee camp near here is threatening Queenstown.

This warning was given by the Queenstown Public Health Inspector, Mr W. Coetzee, in a memorandum issued to the Divisional Council and the Provincial and State health departments at the weekend.

The Chief Minister of the Ciskei, Mr L. Sebe, with other members of his Cabinet, yesterday made an on-the-spot inspection at Thornhill, about 25 km from Queenstown.

They attended a mass prayer meeting for the refugees from Herschel and Sterkspruit who have died here since they fled Transkei just before independence in October last year.

The Ciskei Minister of Health, Mr L. Siyo, is to issue a statement today on conditions in the camp. He is also expected to reveal the total number of deaths at the camp since its inception.

Mr Sebe told the refugees priority would be given this week to the provision of water in the sprawling shanty settlement.

He hoped to make available 200 tanker lorries of water to assure a daily supply of clean and fresh water.

He promised, at the same time, a "good and sufficient" number of toilets would be made available throughout the area.

It was also the intention of his government to control sewage dumping. This would be the responsibility of the Ciskei Departments of Health and Public Works, Mr Sebe said.

He said the present population of Thornhill was 28 000, but there were still more people coming from Herschel.

A fleet of trucks will arrive this week with another 2 000 refugees for the camp.

According to the only doctor working in the camp, Dr Barbara Seidler, who is in charge of an immunisation programme, the arrival of the cabinet members came at a time when the death rate had mounted to five and more a day.

Nobody could give an exact count of the deaths for December, or so far, January.

"The babies are dying of gastro-enteritis and diarrhoea," she said.

"The adult deaths are attributable to malnutrition and the consequent incidence of diseases like kwashiorkor, tuberculosis and pellagra."

A Frontier Hospital spokesman estimates that Dr Seidler has inoculated every man, woman and child on Thornhill since her first anti-typhoid campaign began in December.

Yesterday she continued her 14-hour-a-day stint at her make-shift clinic in the bare and totally unfurnished rooms of the former Thornhill farmhouse.

The Superintendent of the Frontier Hospital, Dr R Schaeffer said yesterday, "I am satisfied Dr Seidler has done absolutely excellent work in providing medical and sanitary facilities in the all too short time she has been given.

"I have no absolute knowledge of the Thornhill deathroll, but it stands to reason it must be high among the undernourished no matter where they are," he said.

The Frontier Hospital can only accommodate 108 black infants, although this figure is sometimes exceeded.

The Public Health Department has, however, established medical facilities, and the Frontier Hospital absorbs only those cases Thornhill cannot cope with.

According to a former Minister of Works in the Ciskei Government, Chief Mkrola, the Chief Minister said at a luncheon Dr Seidler had performed "prodigious" work at the camp. — DDR.

Dr Barbara Seidler, with Sister Nomsa watching, examines a patient at the Thornhill refugee camp near Queenstown. Dr Seidler is in charge of the immunisation campaign in the camp.

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Thornhill measles threat

Mercury Correspondent

KING WILLIAMS TOWN — The Commissioner - General to the Ciskei, Mr. L. L. Engelbrecht, yesterday expressed doubt whether supplies of measles vaccine had arrived in time to prevent the spread of the disease at the Thornhill resettlement camp.

Measles could have fatal consequences in a community of badly fed children, he added.

But Mr. Engelbrecht hoped supplies of food rolling in would raise the resistance of infected children.

Measles had already broken out in the camp, he said after returning from Thornhill.

A King Williams Town doctor believed a campaign of inoculation against measles would not be in vain. Some 10 000 inoculations were available and two doctors from the South African Department of Health would be on duty at the camp from Monday.

Even where children had already been in contact with infected playmates, inoculation would not necessarily be futile as "inoculation usually works more quickly than incubation," the doctors said.

But Dr. Ramphele Mamphela, superintendent of the Zanempilo clinic run by the Black Community Programme, said: "When children are weak and debilitated, inoculation can push a child into measles."

Mr. Engelbrecht is to discuss the possibility of launching a Government-backed road - building or agricultural programme with the Ciskei Cabinet on Monday to create work for camp residents.

Smallpox goes to prison

VICKI ROSENTHAL

SMALLPOX, the dread disease which has killed and scarred millions through the ages, has virtually been eradicated—hopefully for all time.

If the World Health Organisation (WHO) campaign, which has taken just one decade to near-vanquish the most feared of pestilences, is able to prevent the few remaining cases along the Ethiopia-Somalia border from spreading, smallpox will be relegated to history books—and to five high-risk laboratories which will store the virus for reference purposes.

South Africa will be one of the four Western countries entrusted with the banking of this highly infectious virus. If it escapes, populations could once more be decimated for several countries have already stopped vaccinating against the killer bug.

But there is little likelihood of the scourge escaping from the "maximum security" laboratory now being built on the outskirts of Johannesburg, at Rietfontein.

Here smallpox will be "imprisoned" along with two other highly contagious diseases—Lassa and Marburg fevers.

Stringent safety precautions will be observed. The staff will wear space suits and handle the viruses with rubber gloves built into sealed compartments. Before being allowed out they will have to undergo decontaminating showers.

South Africa, medically the most advanced country in Africa, will join Britain, the US and Germany in harbouring this dangerous one-time plague.

The success of the WHO campaign, which cost 250-million dollars, has shown that concerted, worldwide effort can achieve near miracles.

An effective vaccine has been available since 1798, when Englishman Edward Jenner noticed that milkmaids who got lesions on their fingers after milking cows with lesions on their udders were subsequently immune to smallpox. He developed a vaccine which has been used ever since.

Since this vaccine has been available for over 200 years — quite apart from the less effective, somewhat dangerous vaccines first used by the Persians and Chinese 3 000 years ago — why has it taken so long to eradicate smallpox?

Mainly because it was only 10 years ago that different countries got together and said: "Right, let's really give it a go." As a result, more money was made available.

More important, perhaps, WHO took firm charge of Third World programmes to ensure that sporadic local attempts were properly carried out.

And lastly, technical innovations have made it feasible to extend immunisation to remote jungle and mountain communities.

Two of these medical advances are the bifurcated or two-pronged needle, which can't penetrate deeply and can therefore be safely used by barely-trained people, and freeze-dried vaccine, which has a longer shelf life than the liquid variety.

The importance of WHO supervision should not be underestimated. Last year in India I met a young, medically unqualified Englishman who was taking part in the WHO campaign in Bangladesh — the world's second last smallpox trouble spot. He was being paid 40 dollars a day.

When I asked why WHO wasn't using local manpower, which would have cost the organisation far less and provided employment, he said that approach had failed in the past.

Left to themselves, the people of Bangladesh were not sufficiently organised or conscientious to vaccinate every person living near a case, he said. Also, a White face gave the campaign authority and status.

Ringing a case with vaccinees has been the basic WHO campaign tactic. It is not necessary to vaccinate an entire population. However, about 80 per cent of the populations in endemic countries have been vaccinated.

One reason why the campaign has been so successful — in contrast to other WHO eradication campaigns against diseases such as malaria — is that smallpox must have a human host.

You can't get at every infected mosquito, but you can get at every poxy human — provided your monitoring system is good.

Another factor accounting for the campaign's success is that those suffering from smallpox are overtly sick and can therefore be identified, whereas it is possible to have polio, for example, without knowing it.

Will South Africa put an end to smallpox vaccinations now that the disease has virtually disappeared?

Some doctors want an immediate halt as they claim the danger of side-effects — possibly serious — is greater than the danger of contracting the disease.

Professor O. W. Prozesky, Director of the National Institute for Virology, says one in 500 000 vaccinated stands a chance of getting encephalitis (a brain infection) that one in 100 000 may vaccine smallpox and one in 50 000 skin allergies.

The US, UK, several European countries and Australia no longer vaccinate against smallpox and although still entitled to ask travellers for vaccination certificates, seldom do.

But Prof Gear, adviser in virology to the Department of Health, says SA will continue to require that babies are vaccinated until the end of 1977, when the situation will be reviewed. The WHO has named 1977 the year in which Southern Africa is due to be certified free of smallpox.

Although the last confirmed case of smallpox in SA was in 1972, Botswana has suffered sporadic outbreaks, which jeopardised our earlier clearance.

Historically the southern tip of the continent has suffered its fair share of epidemics, ever since slaves from the East first introduced the pestilence during the early Cape settlement.

In 1803 effective vaccination was made available for the first time, but during the First World War a highly virulent strain brought back by troops returning from India decimated sectors of the population. The last serious outbreak here was in 1965.

When WHO launched its intensive campaign in 1967 smallpox was endemic in 30 countries, with more than 2,5-million cases each year. By 1974 India, Bangladesh, Pakistan and Ethiopia were the only remaining endemic countries.

In 1975 the total number of reported cases was 187 000 — with 3 000 dead. Just one year later smallpox only existed along the Ethiopia-Somalia border, where 22 cases were found at the end of 1976.

Some 2 000 health workers are presently conducting tent-to-tent searches among the nomads of this remote desert region.

Once the last case is tracked down, smallpox will theoretically be a thing of the past. But — there's a catch. The virus can survive for two years in dust so surveillance over the next two years will be vital if man is one day to erect a gravestone to an enemy that has caused countless deaths.

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Rabies outbreak warning

Mercury Reporter.

UNCONTROLLED outbreaks of rabies and other animal-borne diseases were forecast by Mr. Lawrence Bernstein, president of the SPCA last night.

In Natal, seven African children are in the hospital at Ingwavuma after being bitten by rabid dogs.

Mr. Bernstein said in a radio interview that unless the pet population was controlled and strays reduced in number the outbreaks would increase.

He blamed municipalities and other bodies for not ensuring that all dogs were licensed.

"We visited a Pretoria house burnt down during the June riots and found 35 dogs — all the bitches were pregnant and quite obviously none of these dogs was licensed," he said.

Mr. Bernstein said there was too much indiscriminate breeding especially in the poorer areas and townships.

Lice plague row

RICHARDS BAY — Numerous pupils from the primary and high school here have been sent home after only one week in the academic year after being found to be infested with lice.

The pupils were sent home last week with a letter of explanation after officials of the Department of Health discovered a lice plague was rampant throughout the school.

The cause of the plague is not yet known, but it is believed that the temporary school buildings became infested when left vacant during the Christmas holidays. According to reports yesterday, angry parents are demanding to know why the buildings were not fumigated at the beginning of the term.

The new Richards Bay school is to be opened next June. — DDC.

Polio deaths

MANILA — More than 50 children have died from poliomyelitis since an outbreak of the disease in different parts of the Philippines last month. Polio is still endemic in the Philippines. — Sapa-Reuter.

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UNIVERSITY OF CAPE TOWN

WITH WHICH IS INCORPORATED ...
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TELEPHONE 69 8531
Director Ext 397
Secretary Ext 496

Flu hits Japan

TOKYO — Nearly 250 000 Japanese schoolchildren caught influenza last week, the Government has announced.—Sapa-Reuter.

Department.

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* This was in addition to ... three part-time lecturers to do Mrs Russell's work. ...undergraduate/2........

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9 Africans down with typhoid

Mercury Reporter

NINE African farm labourers have been admitted to Edendale Hospital, Pietermaritzburg, suffering from typhoid.

The men, all from a farm in mid-Illovo, are receiving treatment in hospital, where their condition last night was described as satisfactory.

The State Health Department has immunised all other workers on the farm.

No further outbreaks have been reported.

A spokesman for the State Health Department said: "This is not an epidemic. We get about 1 000 cases of typhoid a year and the necessary immunisation precautions have been taken."

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Reprieve for 100 Pageview traders

7/2/77

Indian traders in Pageview, Johannesburg, were given a further 30 days' reprieve by the Government today.

They were officially to have stopped trading there last weekend, but about 100 shopkeepers defied the Government order and opened as usual today.

This is the fifth reprieve the traders have won in their two-year battle with the authorities to stay in Pageview and not be forced to the plush Oriental Plaza complex at Fordsburg.

In the two years they have had three phasing-out periods and two 30-day concessions.

The latest reprieve comes only days after the Minister of Community Development, Mr Marais Steyn, turned down a request by traders to stay longer in Pageview.

Three weeks ago the traders started discreet negotiations with the Minister, submitting a memorandum. They pleaded to be left alone so they could survive economically.

It is understood that the traders' legal men advised them to open for business as usual today, and defy the Government order.

Some traders, commenting earlier today before hearing of the latest reprieve, said they would seek court interdicts if evicted.

The Department of Community Development has issued notice of its intention to take over the traders' premises. The notice carried no date of proposed action.

The Government has been trying to clear Pageview of Indians and, under the Group Areas Act, introduce an urban renewal scheme for whites.

Traders maintain an enforced move to the Plaza would lead to bankruptcy.

STAR
21/5/77 89

malaria

Lowveld Bureau

NELSPRUIT—The recent influx of thousands of Mozambicans into South Africa—coupled with ideal conditions for mosquito breeding created by Cyclone Emily in February —are probably the main causes for an increase of malaria in the Lowveld.

Figures released by Dr G A Joubert, regional director of health services in the Northern Transvaal, reported a total of 760 cases in the Transvaal for the period April 9 to date.

Of these, 650 (600 blacks and 50 whites) are in the Lowveld area, which includes the districts of Barberton, White River, Pilgrims Rest, Nelspruit and the Swazi homeland.

The rest come from Letaba, Soutpansberg, Lebowa, Gazankulu and the Venda regions.

A spokesman for the Department of Health pointed out because the Lowveld was an endemic area, malaria usually increases during the months of March, April and May.

Hansard 20 Q cols 1329 - 17/6/77

Effect of myelography on patients

(89)

*4. Mr. H. E. J. VAN RENSBURG asked the Minister of Health:

Whether an investigation has been carried out into the effect of myelography on the health of patients; if so, (a) what were the results of the investigation and (b) what steps have been taken in order to ensure that patients are not subjected to health hazards as a result of this test.

The MINISTER OF HEALTH:

Yes;

(a) The effects of Myodil, an oily non-absorbable dye, which caused an adherence of nerves in the spinal canal, have extensively been investigated and there is no certainty that this adherence of nerves causes any symptoms.

(b) None; the ill-defined deleterious effects of myelography and the contrast media used are by far overshadowed by the positive diagnostic values of the procedure in pin-pointing and limiting the extent of large and hazardous surgical interventions. For further information, it may be mentioned that a water-soluble absorbable dye (Dimer-X) has become available recently and results with this material have been studied in South Africa for four years. A full report will soon be published in the South African Medical Journal.

Now army fights malaria

By PATRICK TAYLOR

HEALTH officials are fighting to control an outbreak of malaria in the Kavango and Caprivi Strip areas.

A massive anti-malaria spraying programme is going on.

Since the Portuguese pull-out from Angola, health services in the south of the country have been non-existent. Malaria is endemic to the region and only regular inspections had prevented it becoming a serious threat.

The continued war between Unita and the MPLA has resulted in a total breakdown in inspections and the disease has taken a strong hold.

South African troops in the area are given regular treatment to fight the disease.

A Defence Headquarters spokesman said there had been no increase in the number of troops with the disease despite the outbreak.

One South African Department of Health researcher says most Southern Angolans have malaria in varying stages. Deaths are rare because of their resistance, but "they don't feel very well most of the time."

Other factors have compounded the gravity of the situation — mosquitoes are developing a resistance to sprays used.

Malvern 3 may have diphtheria

N. Mercury - 9/9/77

(5?)

Mercury Reporter

THREE Malvern children have been admitted to Wentworth Hospital with suspected diphtheria.

Cultures, taken from the children last week, will show today whether the children, aged 2, 3 and 4 have the infectious disease.

The Kahn children, their Christian names are not known, were staying with foster parents, Mr. and Mrs. Wessels, in Pienaar Road, Malvern.

The cases follow two confirmed cases in Durban about two weeks ago. A young White man caught the disease and shortly afterwards his girl friend at Queensburgh also became ill.

Hers was the first confirmed case of diphtheria in the borough in about 20 years.

Dr. Phil Sweidon, part-time Medical Officer of Health for Queensburgh, said no connection between the two incidents had been traced, nor had the diphtheria carriers in either case been found.

He said all necessary precautions had been taken at the home where the children were staying.

Health officials had fumigated the home — which is in a Railways' housing scheme — and have removed all the children's clothing.

A Wentworth Hospital spokesman refused to divulge any information.

Dr. Sweidon said there appeared to be a breakdown in the immunisation process. He said mothers should take their children to local immunisation clinics regularly.

Foster mother Mrs. Wessels was distraught yesterday and her husband said she had not slept since Thursday night.

Mr. Wessels said medical authorities had been anxious to know whether the children had been taken to hospital by bus. He said they had been taken in his son's car.

At his wife's insistence Mr. Wessels would not comment further.

N Mercury 11/8/77

4 cases of diphtheria confirmed, tonsillitis ruled out

(89)

Mercury Reporter

THE 20 - YEAR - OLD foster sister of the three Malvern children who were admitted to Wentworth Hospital with suspected diphtheria last week has been admitted to the same hospital with confirmed diphtheria.

And latest tests on the three children have proved conclusively that they do have diphtheria and not tonsillitis as previously announced by Queensburgh's part-time Medical Officer of Health.

In addition, a fifth case, a child from Warner Beach, has been admitted to Wentworth with "tonsillitis" but it is possible tests will prove positive for diphtheria.

Confusing reports about the first three children arose because of anti - biotic treatment which "masked" the results in the first tests.

The 20 - year - old was at first suspected to be a "carrier and not a sufferer" but subsequent tests have shown that she is suffering from diphtheria.

"If any members of the public are worried, there is a simple skin test which can be done by their general practitioner or they should contact their local medical officer of health," said a Durban City Health official.

East London typhoid death investigation

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D.D.
11/8/77

EAST LONDON — An investigation of people who came in contact with 14-year-old Ashley Shelton, who died in Frere Hospital of typhoid, will start as soon as possible.

The city's medical officer of health, Dr J. R. van Heerden, said contacts would be immunised and his department would investigate the source of the typhoid.

"This is an isolated case and we don't know where it came from at this stage," Dr Van Heerden said.

Ashley Shelton, who was one of eight children, lived at 69 Windyridge Road, Parkside. He was a Std 4 pupil at the A. W. Barnes School .

His father, Mr P. Shelton, a railway employee, was a former Border boxer. Mr Shelton said about two weeks ago his son started complaining about his stomach. He was taken to Frere Hospital where he was treated without success.

The Asissistant Medical Superintendent at Frere, Dr F. Viedge, said he could not comment on this particular case. "Typhoid can, and frequently is, barrier-nursed in hospitals, and I would have no hesitation in having a typhoid case at this hospital if he was barrier-nursed, as I presume this boy was."

Dr Viedge said barrier-nursing meant that special precautions were taken in handling the person's toilet and food facilities through which infection could be passed.

An East London doctor said yesterday typhoid was a disease usually associated with dirt.

"Casual outbreaks are fairly frequent, often caused by drinking contaminated water or contaminated milk. A person with typhoid does not have to be isolated all that well as long as barrier-nursing is practised as the disease becomes non-infectious quickly."

The doctor said one case certainly did not mean people should expect an outbreak of typhoid all round as cases were often isolated. — DDR.

Diphtheria jabs are urged

89 18/8/77

Mercury Reporter

DURBAN'S Medical Officer of Health, Dr. Colin Mackenzie, has urged that children be immunised against diphtheria following the confirmation of a case yesterday.

Dr. Mackenzie said there was no cause for alarm as an average number of cases had been reported and confirmed this year.

He said the latest case — that of a 13-year-old Bluff schoolgirl being admitted to Wentworth Hospital — was the seventh this year.

Throat swabs have been taken from people known to have been in contact with the girl over the past few days.

Dr. Mackenzie said all family clinics in the Durban area would immunise against diphtheria.

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Epilepsy's tragedy ...victims shunned by society

STAR WOMAN 15/9/77

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Epilepsy week in the Transvaal starts on Monday, September 19. LIZ PHILLIPS spoke to Geraldine Schoeman of the South African National Epilepsy League about a problem that affects one in 100 South Africans.

The flickering screen of a badly tuned television set can trigger off an epileptic fit.

Everyone is a potential epileptic. Epilepsy can strike anywhere at anytime and can be caused by virtually anything.

Mrs Geraldine Schoeman, assistant national director of the South African National Epilepsy League (Sanel) quoted a few examples of the variety of things that can trigger an epilepsy seizure.

"One woman has an attack whenever she hear a specific piece of Beethoven music. Nothing else causes the attack.

"A man who came to us said he had attacks only when he went to a wedding."

Head injuries in a car crash or fight, birth damage through the use of forceps, alcoholism and drug abuse, or childhood diseases like meningitis and encephalitis could all cause epilepsy.

Cause of fit

One person in a 100 in South Africa was an epileptic.

The tragedy of epilepsy was that the prejudice and rejection by society was often worse than the condition itself. There were probably few illnesses more shrouded in superstition, fear, ignorance and shame than epilepsy.

An epileptic fit is the result of a group of brain cells discharging too much electricity.

The "grand mal" is easily recognisable. This is when a person loses consciousness, muscles jerk and jaws clamp shut.

The "petit mal" might not be picked up so quickly.

However, epilepsy can be completely controlled in 85 percent of the cases by anti-epileptic medication.

vices with special prayers for epileptics will be held during this week.

An epilepsy symposium will be held at the Burgers Park Hotel in Pretoria on 19 September 19 with six speakers talking about various aspects of epilepsy.

On Tuesday at the same [illegible] will [illegible] bi-annual general meeting. Both events are open to the public.

Case histories

Mrs Schoeman quoted two case histories from the Sanel files:

"Emotional factors can trigger off the first seizure.

Case One. "Peter (not his real name) was nine years old when his mother died. After her death he started having attacks.

"He was staying with his step-parents and didn't have a very good relationship with them. Whereas before his mother's death he did very well at school, he began to do badly.

"When he was 17 Sanel sent him to a special boarding school for epileptic children, where he got his matric. He worked for Sanel during his holidays. Once his fits had become stable and he developed a sense of security, his seizures stopped.

Case Two. "A woman who was looking after her epileptic mother aged 82 came to us because she was having problems with her mother.

"Since the age of 15 the old lady had had seizures but she had never been correctly treated for it. So we started her on medication and gave her a visit and she's a completely changed person.

"Now everybody loves her and she gets on well with her daughter."

Epilepsy week in the Transvaal starts on September 19. Church ser-

PREVENTABLE DISEASE STILL COSTS MILLIO

Sun. T... 18/9/77

(89)

POLIO ALARM

A TOP Durban orthopaedic surgeon is deeply concerned over the number of cases of polio in Natal — a disease he says is wholly preventable. He claims it is needlessly costing taxpayers millions of rands as well as causing untold suffering.

But the State Health Department has denied his claim that the Government immunisation scheme is inadequate. It blames African parents for failing to ensure that their children are immunised, resulting in 332 African cases of polio in 1975 and 428 in 1972.

Mr Denys Hooey, regional director of health services for Natal, said an intensive campaign following the peak year in 1975 had brought about a dramatic reduction in the number of cases in the province.

"But to achieve this we had to disrupt all our other services and put every man-jack available on to this problem," he said.

By TERRY McELLIGOTT

It was not feasible to maintain the campaign at such a pitch without incurring crippling expenses. Nevertheless, there were adequate facilities available to wipe out the disease among Africans — as had virtually happened in the white, Indian and coloured groups

The intensive campaign had cut the number of polio cases among all races from January to July this year to only eight — but he feared that the number of African cases would again soar through parents failing to accept the need for their children to have the polio vaccine.

The Durban orthopaedic surgeon, whom we are not identifying for professional reasons, told a medical congress in the city: "Apart from the serious affliction of the unfortunate victims, one must consider the tremendous cost to the health authorities in providing adequate hospitalisation, appliances and disability grants.

"The tragedy is that none of this suffering or immense expense should be necessary at all. The disease can and must be prevented.

"The only way to do this is to make a greater in-depth study of the problem, and obviously a much more highly effective immunisation campaign needs to be undertaken."

Professor Walter Prozesky, director of the National Institute for Virology which produces polio vaccine, said: "There are adequate supplies of vaccine to wipe out the disease but if parents do not look after their children you can't blame the Government."

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Table ... , and number of ... these technicians, ... available in 1981

NATIONAL DIPLOMA FOR TECHNICIANS OR NATIONAL DIPLOM[A] IN :	...d if available	ii) in 1981 assuming full economic recovery	
	...ms	Technicians	Firms
Electrical Engineering (Heavy Cu[rrent])	1	3	2
Electrical Engineering (Light Cur[rent])	1	4	4
Industrial Instrumentation	-	1	1
Mechanical Engineering	3	8	5
Automotive Engineering	-	2	2
Production Engineering	1	10	3
Civil Engineering	1	4	1
Mechanical Draughtsmanship	1	1	1
T O T A L		33	
NATIONAL CERTIFICATE FOR TECHNICIANS OR NATIONAL CERT[IFICATE] IN :			
Electrical Engineering (Light Cu[rrent])	1	2	2
Mechanical Engineering	3	7	4
Mechanical Draughtsmanship		1	1
Structural Draughtsmanship		2	1
Building Foremen		6	1
T O T A L		18	

Mercury 27/9/77 (89)

S.A. faces disease 'invasion'

Agricultural Correspondent

THE breakdown of veterinary services and the movement of troops from other parts of Africa into Mozambique are increasing the chances of an invasion of infectious diseases into Zululand.

Commenting on the breakdown of veterinary services in Mozambique and the threat of some animal diseases spreading into Zululand, Professor Douglas Coles has warned that some of the diseases found in animals are transmittable to humans.

Prof. Coles was on the faculty of veterinary science at Onderstepoort for 30 years and has also served on the Natal Parks Board. He has been campaigning for a more careful watch to be kept on the spread of animal diseases in Zululand's game reserves.

He believes that because veterinary science and human medicine are so closely linked, particularly in the field of infectious diseases, certain diseases found in wild animals could spread to people now that troop movements have been intensified inside Mozambique and on the border.

Fatal

"Two very fatal conditions that could cause alarm are Marburg and Lassa fevers. There is no evidence that they are in the Republic but there are plenty of susceptible monkeys and mice in Zululand ready to acquire the viruses from any infected troops moved into Mozambique from other parts of Africa."

Prof. Coles said he and other veterinarians believed that the risk of introducing foot - and - mouth disease and other infections into the Zululand reserves had never been greater and was increasing by the day.

According to Prof. Coles it looked as though nothing was being done to satisfy veterinarians of the seriousness of the situation. He said diseases could slip into the country "at any moment".

D.D. 30/9/77 (89)

Cancer research costs R500 000

JOHANNESBURG — More than R500 000 was spent on cancer research and informative programmes for the medical and allied professions last year — representing an increase of 39,5 per cent on the previous year, the president of the National Cancer Association of South Africa, Prof J. F. Murray, said here yesterday.

Prof Murray, speaking at the annual meeting of the association, said expenditure on research, education and welfare last year amounted to R1 110 038 — an increase of 21,2 per cent on the 1975 figure.

Dealing with public education, Prof Murray said the detection of early breast cancer symptons by women themselves was on the increase and had resulted in many more lives being saved.

There had also been a considerable increase in the number of early uterine cancers detected in the curable stages.

The association's target of 100 000 signatures opposing the advertising of tobacco on TV had been exceeded.

SABC-TV had already indicated that tobacco advertising on television would not be allowed.

This, to a certain extent, nullified the association's efforts over the petition, but the association had decided to let the campaign continue "and present it to the Cabinet in the form of a statistical report on the dangers of tobacco in all its forms on the health of the population of South Africa," Prof Murray said.

Despite the importance of the discovery in South Africa that there was a link between cancer of the liver and the virus prevalent in serum hepatitis, much more research had to be done on the liver cancer cell line and culture fluid before further vital implications reached a conclusive result — SAPA.

10.3. General:

10.3.1. Proposal re Vice President Programmes within the Region to circulate reports to each other. Being put on the floor at Subcon.

10.3.2. Members' interests forms have been drawn up and will be circulated at next G.B.M.

10.3.3. Graphs showing involvement in projects shown to Council.

10.3.4. Brainstorming session arranged for 18-10-77.

10.3.5. Request booklet "How to run projects" from National Secretariat.

10.3.6. Suggested projects:

(1) Public Relations project re menaces on the mountain.

(2) Jaycee diary for Ways and Means.

(3) Suitable project to carry on Nathan Martin Trust.

(4) Training for Trainers.

(5) Effective Speaking for Schools.

(6) Club House (A. Fowler to investigate).

(7) Artificial reef construction in conjunction with the 30M Club.

10.3.7. The importance of kit building and keeping of accounts stressed.

11. VICE PRESIDENT INTERNAL AFFAIRS' REPORT - C. Camp

11.1. No headcount available.

11.2. No socials/recruitment drives held during past month.

11.3. Keys of Fellowship with M. Lavelle and S. Pretorius.

11.4. Proposed Inductions - J. Macé, S. Pretorius, E. Geldenbloem.

11.5. C. Camp to get induction fees prior to induction. Post-dated cheque will be accepted.

11.6. A. Slevin to report at G.B.M. re point system.

11.7. Name tags discussed.

11.8. Socials - informati
that soci

Open to Region;
10-77. President advised
o months in advance.

12. EXTENSIONS - V

12.1. Council m

12.2. Athlone a
Extension

12.3. V. Jones

12.4. Athlone t

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ip kits. Newlands to order.

V. Jones and S.

Scabies outbreak
Star. 30/9/77
89
hits Lenasia

Scabies, a contagious skin rash, has broken out in Lenasia schools and hundreds of children have been affected.

A doctor said although the disease was contagious it was not dangerous.

School principals said today the disease which became apparent this week is expected to spread to more children.

One school alone has put off more than 300 children this week. Doctors are visiting schools, and stocks of benzil benzoate lotion have been issued to schools by the Johannesburg City Health Department.

Dr B R Richard, acting Medical Officer of Health in Johannesburg, said today that doctors had reported outbreaks of scabies in several parts of Johannesburg. The victims were treated by private doctors.

But we are ready to expand the campaign from these areas outwards if we have to," he added.

Another problem was that residents were flushing their toilets with water brought from the contaminated rivers which in turn increased the level of contamination.

Health educators had warned the residents of the dangers, he said.

"We had to act quickly in Hillary because some people have to walk through contaminated water where the roads have gone, and the roads and sewers can't be fixed quickly. We must also stop people swimming in the rivers," he said.

Response

He was very pleased with the response to the loudspeaker van appeals broadcast on Friday night and Saturday morning, he said.

Saturday had been chosen to reach adults who would normally have been at work.

Fly and mosquito surveillance starts today, with increased efforts by the Bantu Board to remove refuse, but no more people will be inoculated unless it becomes necessary.

Anyone wanting immunisation could go to any health department clinic, and the mobile clinics would be back in two weeks for the second dose of injections, said Dr. Mackenzie.

CHESTERVILLE children being inoculated against typhoid on Saturday by Sister A. Mkize.

Typhoid action may increase

(89) N. Mercury 9/1/78

Mercury Reporter

THE Durban City Health Department is poised to expand its typhoid immunisation campaign in the flood-ravaged areas of the Chesterville African township should the need arise, the city's Medical Officer of Health, Dr. Colin Mackenzie, said yesterday.

The campaign got under way on Saturday with 500 people being inoculated in the worst-hit areas of Roads 1, 4, 6 and 26 in Chesterville, and 600 people in the Hillary and Bellair districts, he said.

Sewer mains damaged in the recent floods were causing effluent to flow into the rivers in which people sometimes swam and walked, said Dr. McKenzie.

In addition to burst sewerage pipes, refuse was piling up in Chesterville because access roads for the Bantu Board rubbish removal vehicles were still blocked.

"I am worried that this will cause another health problem, and also the present conditions are ideal for the breeding of flies and mosquitoes."

"The people in the most immediate danger have been immunised, and the extension of the campaign to the rest of Chesterville's 15 000 residents may be unnecessary if the sewerage, refuse, and fly problems get cleared up quickly."

Diphtheria victim's condition weakens

Star 3/2/78 (89)

Vereeniging Bureau

The condition of Dawn Taylor (12), the Vanderbijlpark diphtheria victim, has weakened and her father, Dennis, has been called to the Children's Hospital where she is in the intensive care unit.

Dawn's mother, Pat, is being treated for a mild dose of the disease in the Fever Hospital in Johannesburg.

Mr Dennis Taylor said yesterday he was worried about Dawn and at the same time faced another problem: being under quarantine has meant that he has been unable to work since January 27.

Because he is paid on an hourly basis, there will be little in his pay packet next week. He won't be paid for the first three days he was off, and thereafter loses R6 per day.

Under quarantine with him in his home are his four children aged between 10 and 18 years and a girlfriend of one of the children.

When Dawn was admitted to the Vanderbijlpark Hospital at the weekend she could not breathe and a pipe was inserted into her trachea.

It was through this pipe that she was given artificial respiration by Sister Bessie Swanepoel when her heart stopped beating while enroute to the Fever Hospital.

Mr Taylor has been allowed to visit the hospitals to see his family but he may not stop at places along the way, nor may he enter any shop.

The Public Health Department makes regular checks on the family and they should know by Sunday whether they are "clear."

Dawn's classmates at the Pinedene Primary School have all been treated by the Public Health Department as well.

● Picture—Page 3.

Waiting in hope

Brothers and sisters of diphtheria victim Dawn Taylor (12) wait at their home in Vanderbijlpark while their sister fights for her life. From left, at back, Julie (14) and Dean (10), Allan, sen, and his son Allan (1), Angela (15) and Lesley Preloar (17), girlfriend of Glenn (18), who was in Johannesburg with his father at Dawn's bedside when the photograph was taken.

Hansard 5, cols 295-8, 1/3/78

Werkerbesonderhede (4)

89

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Notifiable diseases notified

204. Mr H E J. VAN RENSBURG asked the Minister of Health:

How many cases of each notifiable disease were notified in respect of each race group in 1977.

The MINISTER OF HEALTH:

	Whites	Coloureds	Asians	Bantu	Other	Total
Anthrax	—	—	—	—	—	—
Brucellosis	3	—	—	2	—	5
Diphtheria	18	13	10	226	—	267
Encephalitis	110	7	8	57	—	182
Erysipelas	17	1	—	2	—	20
Glanders	—	—	—	—	—	—
Leprosy	—	3	4	96	—	103
Malaria	222	9	4	3 033	5	3 273
Meningococcal Infection	102	272	23	343	—	740
Plague	—	—	—	—	—	—
Poliomyelitis	3	10	—	80	—	93
Poisoning, Lead	1	—	—	11	—	12
Poisoning, Pesticidal	1	11	—	34	—	46
Puerpural Sepsis	2	12	3	81	—	98
Rabies in man	—	—	—	—	—	—
Relapsing Fever	—	—	—	—	—	—
Scarlet Fever	197	10	3	10	—	220
Smallpox	—	—	—	—	—	—
Tetanus	2	9	6	147	1	—
Trachoma	—	—	1	126	—	127
Trypanosomiasis	—	—	—	—	—	—
Tuberculosis	620	6 845	588	35 323	93	43 469
Typhoid fever	31	114	18	2 178	3	2 344
Infectious Hepatitis	530	195	261	516	6	1 508
Ophthalmia Neonatorum	4	27	2	206	—	239
Typhus fever	—	—	—	—	—	—
Paratyphoid	1	—	1	4	—	6
Yellow fever	—	—	—	—	—	—

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2 treated for rabies after bites

Mercury 7/4/78. (2)

(89)

Mercury Reporter

TWO northern Zululand men are being treated against rabies in the town of Maputa.

Mr. Alfred Mweni (40), a malaria control officer in the area, was attacked by a jackal and bitten on the arm on his way to work — while the local shop owner, Mr. David Rutherford, was bitten by a dog suspected of having rabies.

The superintendent of the Manguzi Hospital in the town, Dr. George Draper, said yesterday the jackal had attacked Mr. Mweni from behind. The local people had then killed and burnt the animal, Dr. Draper said.

Mr. Rutherford's dog had been shot and the brain sent to Pretoria for diagnosis, he added.

Dr. Draper said both men were undergoing preventive treatment.

He said there were periodic cases of suspected rabies and the vet at Josini would be undertaking the inoculation of animals in the area.

Hansard. 11 21 April 1978
Question 10 Cols. 676

89

Malaria

*10. Mr. R. B. MILLER asked the Minister of Health:

Whether the incidence of malaria has increased in the eastern areas of South Africa; if so, (a) for what reason and (b) what steps has his Department taken in regard to the matter.

The MINISTER OF HEALTH:

No;

(a) Malaria incidence shows a seasonal increase with a peak in autumn. The peak this season is still lower than the one reached during 1977.

(b) In anticipation of the seasonal rise the spraying of huts and case-finding by bloodsmears has been intensified. Visitors to the eastern areas are being advised to take Malaria tablets. The Department is also assisting with control measures in Lebowa.

27/4/78 D.D. (89)

MOH: no EL lice problems

EAST LONDON — East London schoolchildren, unlike their colleagues in Natal, don't suffer from lice, according to local education officials.

Yesterday's Daily Dispatch carried a report about lice infestation having reached epidemic proportions in Natal, and, reacting to this, the Senior Regional Inspector of Education in East London, Dr S. M. Cerff, said he had received no reports about lice problems here.

The local Medical Officer of Health, Dr J. R. van Heerden, said he too had received no reports of lice at schools.

The Secretary for Education in the Ciskei, Mr K. B. Tabata, said no lice problems had been reported to him from black schools in the Ciskei. He was sure his health department would have brought it to his notice had there been a problem. — DDR.

P.D. 27/4/78 (89)

Cholera suspect has diarrhoea

JOHANNESBURG — A 27-year-old man, Mr M. Barber, suspected of having cholera is suffering from nothing worse than diarrhoea.

This has been confirmed by tests. Mr Barber, who had visited Hong Kong, became ill in the aircraft and was taken to hospital. — SAPA.

RECEIPTS

GENERAL FUND 1976

1277		Balance in hand -- January 1- 1977		1076-30
1351		Church Dues		1602-60
103	p	Pledge		60-00
1261		Donations		825-89
726		General collections		888-63
5477		Special efforts		8352-31
373		Other sources : Hall Bookings	875-40	
109		Sale of Religious Literature	--345-07	
45		Flower Fund	[illegible]	
80		Sundries - Loans repaid	650600	
		(Bishop Matolengwe		
	-	Rev. D Guma)		[illegible]
900	-			1870-47 14676-20
117-02		EX Reserve		

EASTER OFFERING:

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305 Balance in han

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	59-53
222-42	
129-08	
9-81	
18-48	
2-56	
102-88	485-23
	15281-38

Checks reveal three more typhoid cases

RAND DAILY MAIL, Wednesday, May 3, 1978.

Own Correspondent

CAPE TOWN. — The number of typhoid victims of a Cape Town dinner party is increasing rapidly. Three were admitted to hospital over the weekend and 11 more yesterday, bringing the total to 37 by late on Monday night.

Sixty people were put under observation after the party which was attended by more than 300 people on March 25. Two hundred people were checked after the first case of typhoid was diagnosed.

Sixty of the 200 were admitted to the City Hospital for Infectious Diseases for observation. Laboratory tests have been made on all the suspected cases and patients have been admitted on positive identification of the disease.

Dr Alex Chaimowitz, acting Medical Officer of Health, last night said 26 patients were still under observation and would be admitted if laboratory tests confirmed they were infected.

But the likelihood of any epidemic was remote, he said.

"All the likely carriers have been isolated. There have been no other recent notifications of typhoid other than from those people who attended the party."

The exact source of the infection, which spread at the party, was still unknown and investigations were continuing to trace it, Dr Chaimowitz said.

Meanwhile, more cases of typhoid were being confirmed by the laboratory reports and hospital admissions were increasing with each result.

Cape Times 4/5/78

89

Vigilance as City typhoid outbreak steadies

THE NUMBER of confirmed typhoid cases in the Grassy Park outbreak has steadied at 44 with a further 38 people under observation, according to the City's acting medical officer of health, Dr Alex Chaimowitz.

The typhoid patients are being treated at the City Hospital for Infectious Diseases where those under observation are also accommodated.

The incubation period of from five to 30 days means that most of those originally infected at the Grassy Park birthday party on March 26 have now been accounted for.

Laboratory tests now in progress could add to the number of known cases.

Dr Chaimowitz said it had been "an extensive investigation" in co-operation with officials of the Divisional Council. The outbreak remained a localized one.

"But vigilance cannot and will not be relaxed until a month after the last case linked to the outbreak has been diagnosed and isolated," he said.

In the mind of every health worker concerned with the problem is the niggling worry that the source of the contamination hasn't yet been pinpointed, and until this is tackled and disposed of there is always the chance of further outbreaks.

Typhoid is spread by a germ found in sewage. Normal cleanliness is usually a sufficient safeguard, but occasionally people have been found to carry the disease who are immune to its effects and show no symptoms.

The classic case in medical literature was "Typhoid Mary", a domestic servant in New York about 70 years ago who cooked for various wealthy families and always seemed to be present when an outbreak of typhoid occurred.

A shrewd public health official identified Mary as the carrier although she showed no symptoms and had never been ill.

A check was ordered and newspapers record that it took a fight with four hefty Irish policemen before she was carted off for her medical examination.

She spent the next three years in an isolation hospital and was finally released on the promise that she would never work as a cook or in any food-handling capacity again. But Mary changed her name and travelled around as an itinerant cook, working in hotels, and restaurants.

Typhoid outbreaks mushroomed around New York state in the most unpredictable fashion while the authorities plotted them on a map and scratched their heads in bewilderment.

None of it made sense — until Mary brought her deadly touch to a hospital.

A wide-awake young intern traced the outbreak to the kitchen, walked in and challenged the new cook. Mary was taken back to isolation hospital and into medical history, this time without fuss. Behind her she left 53 dead and uncounted hundreds of typhoid cases.

She was given a job in the hospital laboratory as an assistant and lived there happily until her death in 1938 at the age of 70.

Four years ago Cape Divisional Council officials compiled a dossier on more than 900 people connected with an outbreak of typhoid at Mamre.

All who were in domestic employment or who handled food in any way were asked to stay away from work.

A map of typhoid spread was drawn, giving a distribution around a well in the area. Analysis of the water showed typhoid baccillus and the well was closed. Before the outbreak was checked more than 3 000 people were inoculated and about 300 suspects hospitalized for observation.

The New York case may be of interest only to medical students now, but municipal and Divisional Council health authorities are making sure that no latter-day Typhoid Mary slips through the net.

Malaria epidemic threatens 'safe' areas

Star 89 20/7/78

A malaria epidemic is looming in parts of South Africa and the disease is threatening to spread to areas previously free of malaria because erradication attempts have so far failed.

The situation has been described as "potentially explosive" by Dr E W Albertyn, of the Health Department, Durban.

"It is this potential threat that makes the extension and intensification of anti-malarial activities an urgent priority," he is quoted as saying in Health News, the Department's newsletter.

Dr H G V Kustner, the department's epidemiologist at Pretoria, is reported as saying the present malaria epidemic is "considerable."

Not only has the risk of infection risen far beyond expected levels in the affected areas, but substantial regions so assiduously freed from malaria in the past are at risk of once again becoming endemic areas," said Dr Kustner.

Present affected areas are northern and eastern Transvaal. Dr Kustner said anti-malarial activities were intensified last year because of the substantial deterioration in the situation.

"But these efforts did not meet with the success anticipated and the situation has deteriorated further.

MANPOWER

A shortage of manpower and facilities has been blamed for the failure of the campaign, and efforts are now being made to build up funds for the anti-malaria fight.

Dr Kustner said considerable costs would be involved in trying to rid previously malaria-free regions of the disease.

"The economic prosperity which has come to ('freed areas') is also in jeopardy," he said.

But delay and hesitation in fighting the disease may have disastrous consequences.

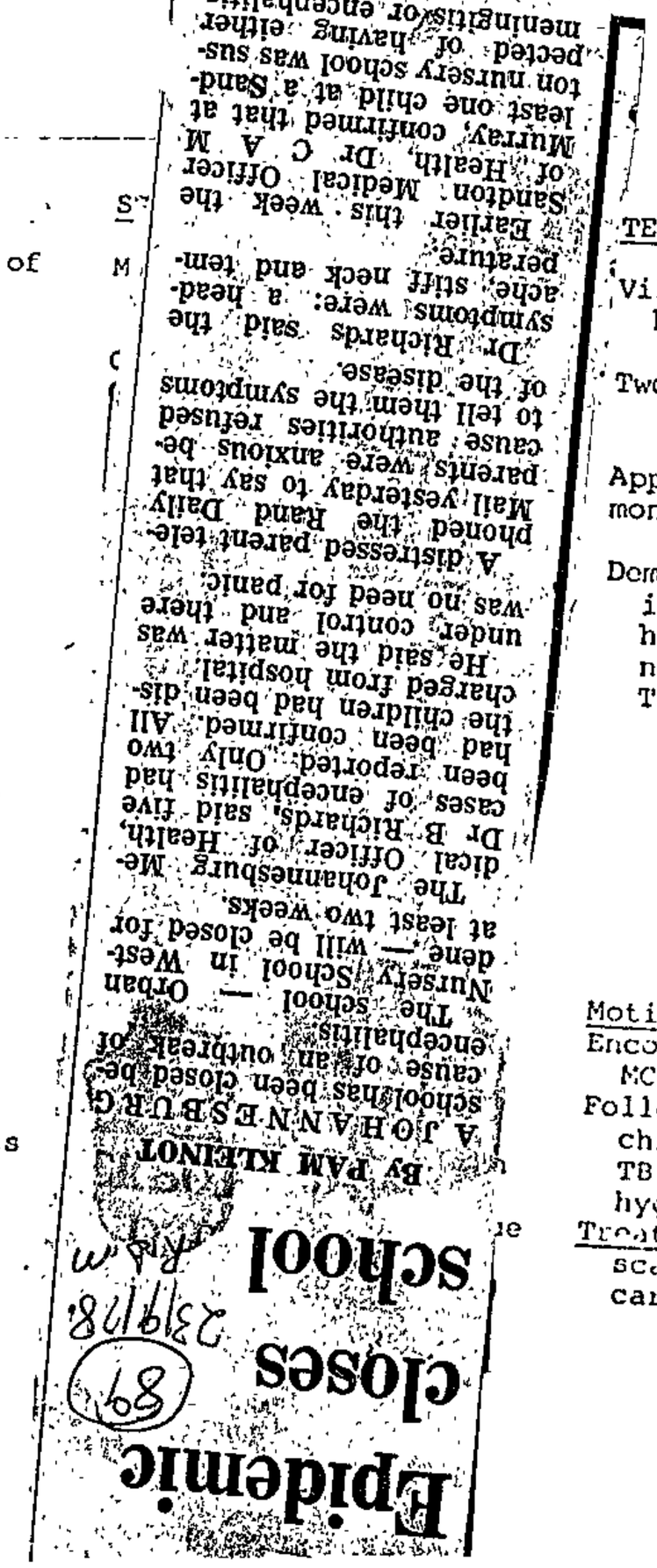
Appendix 1: Comparison of Village Health Worker Programmes in Three Districts of Lesotho

(Source: Ministry of Health The Village Health Worker in Lesotho: Report of a Workshop held 26-27 March 1977. Maseru, 1977.)

TABULATION EXISTING THREE VHW PROGRAMMES

	QUTHING	SCOTT	TEBELLONG
GOALS	To obtain optimal contact between institutional health & consumer by training VHW's	The improvement of the level of health in the villages in the Scott Hospital region	Getting people involved in their own health care
OBJECTIVES	Assist VHW in identifying: local health needs/ problems solving the above After one year VHW's provide simple curative care	To establish community based health service structure by identifying: VHW tasks programme villages team identification Selection of VHW's for training and followup Improvement of: coordination & communication between health agencies working in the area health knowledge & motivation Development of Health Education materials	That women chosen by their own people accept certain designated responsibilities in their own villages
SELECTION OF VHW'S	By mothers attending MCH Clinics Through: Chief, MO, or Sister in Charge	Village pitso called by chief to discuss VHW programme Second pitso called for election of VHW's	Each community chose 5 volunteers; hospital staff selected 2 staff members for VHW Programme
NUMBER OF VHW'S	Orginally 10; 2 dropped out; one added. "Up to 120 in near future."	Originall[illegible] each village out	

	QUTHING	TEBELLONG
LOCATION OF VHW'S	9 villages East & West of Quthing	Villages surrounding the hospital
INITIAL TRAINING	One week	Two days
SUBSEQUENT TRAINING	Two to three days every 3 months	Approximately every 2 months
TRAINING CONTENT	Group discussions/ demonstrations/ practicals/films on: immunization basic hygiene family planning pregnancy & nutrition for pregnancy weaning foods & childhood nutrition basic nutrition TB and VD hospital MCH Clinic	Demonstrations On: immunization hygiene nutrition TB
SERVICES RENDERED	Motivation/Promotion Reporting: common disease outbreaks drinking water status local sanitation efforts Encouraging use of: MCH Clinics Family planning Contact: 3 families per week for health education	Motivation/Promotion Encouraging MCH Clinic utilization Follow up: chronic coughers TB defaulters hygiene Treatment scabies and sores care of aged



Epidemic closes School

By PAM KLEINOT

A JOHANNESBURG School has been closed because of an outbreak of encephalitis.

The school — Orban Nursery School in Westdene — will be closed for at least two weeks.

The Johannesburg Medical Officer of Health, Dr C A M Murray, confirmed that at least one child at a Sandton nursery school was suspected of having either meningitis or encephalitis.

Earlier this week the Sandton Medical Officer of Health, Dr C A M Murray, confirmed that at least one child at a Sandton nursery school was suspected of having either meningitis or encephalitis.

Dr Richards said the symptoms were: a headache stiff neck and temperature.

He said the matter was under control and there was no need for panic.

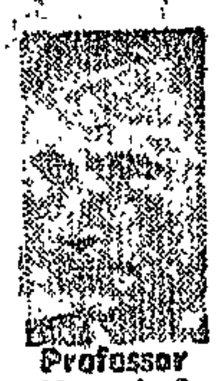
A distressed parent telephoned the Rand Daily Mail yesterday to say that parents were anxious because authorities refused to tell them the symptoms of the disease.

Dr B Richards, said five cases of encephalitis had been reported. Only two had been confirmed. All the children had been discharged from hospital.

Mysterious disease to be probed

(89)

Star 24/10/78



Professor Koornhof

Marais Malan
Science Editor

South Africa is to take part in an international study of the mysterious and potentially lethal legionnaires' disease which, it is suspected, may be present though unrecognised in this country.

Since the first recorded outbreak in 1976 in the United States when it killed 29 people at a congress and made another 180 severely ill, legionnaires' disease has been found to be widespread in many parts of the world.

Professor Hendrik Koornhof, head of the Department of Bacteriology of the South African Institute for Medical Research in Johannesburg, has been invited to attend a symposium on the disease in Atlanta, Georgia, next month.

UNIDENTIFIED

He has already been sent strains of the organism which causes legionnaires' disease for study.

Since the 1976 outbreak several others have occurred in the United States and isolated cases have been found in Britain, Spain, Israel and Australia. And now Professor Koornhof believes the organism may well be in South Africa, too.

Antibodies have been found in patients from previous outbreaks of an unidentified infection which prove that it was in fact legionnaires' disease.

A search for these antibodies has just been started in South Africa.

"As the infection is so widespread it is felt that an international effort is needed to look for the organism, to study it and then to pool the knowledge so obtained," said Professor Koornhof today.

The organism is believed to be a bacterium but little is known about it as it is difficult to grow in a laboratory. According to Professor Koornhof it is completely new with many unique properties.

DUST

It is known that it can live in water and soil and it is believed that in some outbreaks it multiplied in the water from cooling towers in air-conditioning systems of large buildings.

In one outbreak the organism was present in dust from excavations.

Professor Koornhof says there are at least two forms of the disease, caused by different strains of the same organism. The one is mild while the other causes severe pneumonia.

"But people need not panic — the mild cases far outnumber the serious ones. And it is not infectious in the sense that it spreads from person to person. So far all outbreaks have been associated with a single source."

The disease can be controlled by antibiotics provided it is diagnosed at an early stage.

New measles vaccine soon

RAM 13/11/78

By MARILYN ELLIOTT

A MORE effective measles vaccine which provides immunity about four times as long as the one presently in use will be introduced by the Department of Health next year.

The new vaccine contains a stabiliser made of sugar compounds which makes it more resistant to temperature changes. This means that measles can be more effectively treated in tropical climates than before.

Professor O W Prozesky, director of the National Institute for Virology, says that the damaging side-effects of measles are underestimated.

"People still believe that measles is a normal childhood disease which need not be prevented — but it is, in fact, the most serious of all the childhood diseases for bad side-effects. Now that the vaccine is available, parents should make sure their children receive the injections at 18 months," he said.

The stabilised vaccine was developed in the United States and Belgium. Because it is more expensive, the Department of Health may only be able to use it in badly affected areas.

Bilharzia cure claimed

(89)

KINSHASA. — Scientists in Zaire claim they have found a cure for bilharzia. The disease affects about 200-million people in Africa, Asia and South America.

The Zairean Ministry for Higher Education and Scientific Research said the cure had been found in a particular type of Lake Tanganyika shellfish.

Bilharzia — a parasitic disease caused by worms that divide their lifecycle among men, animals and snails, — causes internal haemorrhaging.

This will be the first cure for bilharzia if it proves successful. — Sapa-Reuter.

Meeting on 'Health Year, 1979'

Staff Reporter

REPRESENTATIVES of East Rand and Eastern Transvaal hospitals and municipal health departments met in Springs at the weekend to discuss participation in the national "Health Year, 1979" campaign.

The campaign, organised by the Department of Health, will be held from January next year to create awareness of health services and promote healthy living and good health.

The Springs meeting approved a blueprint of a campaign programme. The superintendent of the Far East Rand Hospital, Dr Johan Jurgens, was elected chairman for the Eastern Transvaal region.

Various health projects will be held every month from January to September, culminating with the Far East Rand Hospital's fiftieth anniversary celebrations and the crowning of a health queen for the Eastern Transvaal.

89

HEALTH & DISEASE -

Miscellaneous Dis.

~~1-1-79~~

1979, 1980

89

Items.

Hansard 4 (767) 19/5/80 (89)

Typhoid

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

(1) How many cases of typhoid have been reported in the Inanda area of Natal since 31 December 1979 to date;

(2) (a) how many doses of vaccine were issued in that area over the same period and (b) how many (i) adults and (ii) children were inoculated;

(3) whether any special publicity campaigns were undertaken amongst (i) the local population, (ii) schools and

(iii) businesses in surrounding areas; if so, through which media;

(4) what is being done to prevent a recurrence of conditions which gave rise to the outbreak?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(1) 12;

(2) (a) 73 500;

(b)(i) and (ii) 30 673 persons were inoculated. Separate statistics for adults and children were not kept;

(3)(i), (ii) and (iii) the local population were informed with the aid of megaphones; schools and business in the surrounding areas were informed by personal contact with assistance from the Local Residents Committee. Publicity was also rendered by the SABC and the local Press;

(4) provision was made for the free distribution of water, an interdepartmental committee has been appointed to supervise conditions, and my Department is at present negotiating with the Department of Co-operation and Development for the provision of further facilities at Inanda.

Hansard 7 Quest-Col 383

17/3/80

89

7(383) 17.3.80 (89)

Malaria

136. Mr. N. B. WOOD asked the Minister of Health:

(1) (a) How many cases of malaria were reported in the Republic in the last 12 months for which figures are available and (b) how does this figure compare with the previous period of 12 months;

(2) what amount was spent on malaria control measures during this period?

The MINISTER OF HEALTH:

(1) (a) 1 771

(b) 7 109

(2) R1 096 100

Hansard 7 Quest Col 387
17·3·80
89

7(387) 17 3·80 (89)

Rabies

216. Mr. N. B. WOOD asked the Minister of Health:

(a) How many cases of rabies were reported in the Republic during the last 12 months for which figures are available and (b) in respect of what dates are the figures given?

The MINISTER OF HEALTH:

(a) 6.

(b) 1 January 1979 to 31 December 1979.

Star 4/1/79

Young being given (89) fourth polio dose

Science Editor

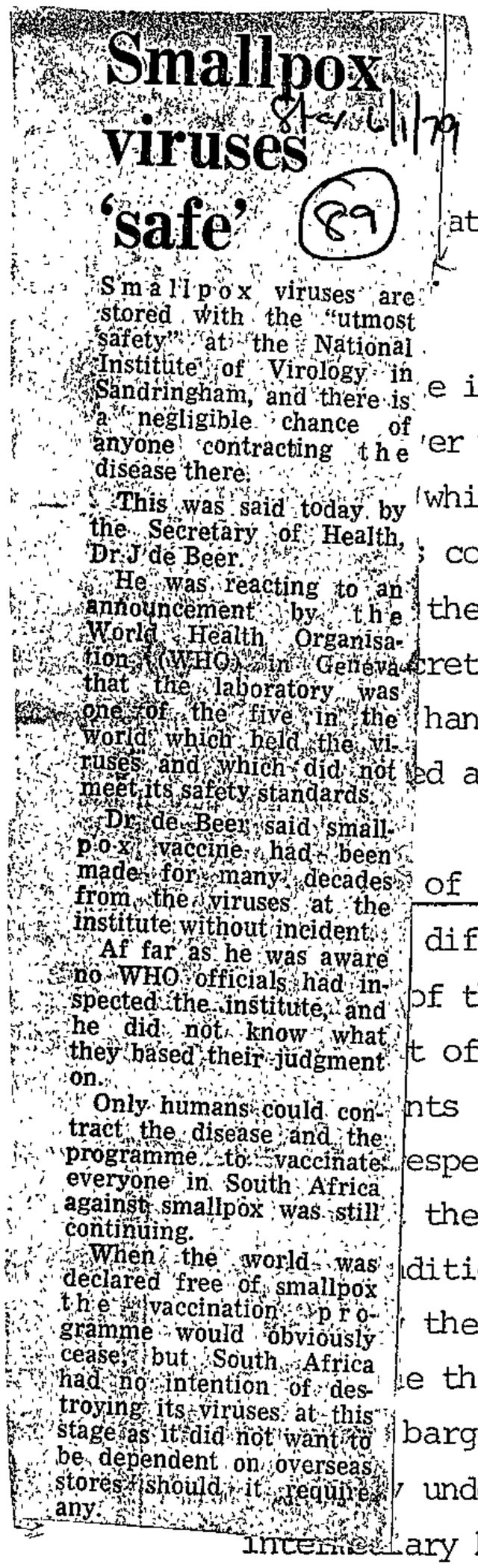
Local authorities have started giving children a fourth dose of polio vaccine to make sure they are immune to the disease by the time they go to school.

Until recently three doses were regarded as adequate for complete immunity Since then the State Health Department has recommended that another dose of the oral vaccine be given.

The problem with polio vaccine is that although it is effective against three strains of the polio virus the body develops immunity against only one at a time. Hence the need for three spaced doses in infancy.

But if one of the three is missed, the child may still be able to contract polio from the strain he has not built up immunity against.

To allow for this eventuality, the Health Department decided to recommend that a fourth dose be given at the time a child is taken for his tetanus and diphtheria boosters.



Smallpox viruses 'safe'

Smallpox viruses are stored with the "utmost safety" at the National Institute of Virology in Sandringham, and there is a negligible chance of anyone contracting the disease there.

This was said today by the Secretary of Health, Dr J de Beer.

He was reacting to an announcement by the World Health Organisation (WHO) in Geneva that the laboratory was one of the five in the world which held the viruses and which did not meet its safety standards.

Dr de Beer said smallpox vaccine had been made for many decades from the viruses at the institute without incident.

Af far as he was aware no WHO officials had inspected the institute, and he did not know what they based their judgment on.

Only humans could contract the disease and the programme to vaccinate everyone in South Africa against smallpox was still continuing.

When the world was declared free of smallpox the vaccination programme would obviously cease, but South Africa had no intention of destroying its viruses at this stage as it did not want to be dependent on overseas stores should it require any.

at labour disputes are very largely concerned with wages and working This may be true in most instances but not in all.

e in an establishment employing, let us say, 100 African workers, if er were to be inflexibly resolved upon the introduction of a liaison while perhaps 80 per cent of his employees were resolutely committed committee, there is no simple mechanism to break the impasse. the employer at an election meeting were to insist from the chair cret ballot in the face of a decided worker preference for voting by hands, there is no quick, effective instrument for reconciling so d a difference.

of Committees

difference between the liaison and the works committee is that the of the former is "to consider ... and to make ... recommendations", t of the latter is "to communicate the wishes, aspirations and nts of the employees in the establishment or section of an establishespect of which it has been elected, to their employer and to the said employees in any negotiations with their employer concerning ditions of employment or any other matter affecting their interests". the legislature envisaged the liaison committee as a consultative e the works committee was to enjoy negotiating rights limited to bargaining and thus falling short of collective bargaining as it is understood. The chairman of the works committee was to be the ary between the workers' elected representatives and the employer.

While the period of office of a liaison committee was not limited by statute, that of a works committee was limited to "not more than two years".

Co-ordinating Committees

As the new system permitted the election of more than one works committee in an establishment, provision was made for a co-ordinating works committee consisting of the chairmen and secretaries of each works committee where two or more such committees had been elected. The appointment of a co-ordinating committee was to be made after consultation with the employer concerned, and its duties were roughly the same as those of a single works committee.

SA smokers in big-time league

Sta. 20/1/79. (89)

By Iain MacDonald

South Africans have been warned that they are some of the "heaviest and most dangerous smokers" in the world. This is not surprising since they consume about 22 billion cigarettes each year.

A report on smoking by the United States surgeon-general has drawn renewed attention to the issue.

The national director of the National Council on Smoking and Health of South Africa, Mr Denis Mairds, warned in Johannesburg this week that the American report was causing increased concern among South African anti-smoking bodies.

Mr Baird said that it had been found that nicotine content in most locally-manufactured cigarettes was far higher than in American or British brands.

About 3 000 billion cigarettes are consumed worldwide each year. Although the hard-to-kick habit is losing favour with adults, more children and teenagers are starting to smoke.

GIRLS

"One of the most frightening pictures of smoking to emerge recently from our surveys is that 36 percent of white girls in Standard Seven and below — the six to 14 age group — are now smoking," Mr Baird said.

"These girls are the future child-bearers of the nation, and when they became pregnant later in life they will find it difficult to give up smoking, which will endanger their unborn children."

The US surgeon-general's report found that in America there are an estimated 6-million regular smokers between the ages of 13 and 19.

White South African men are "heavy smokers" by world standards (46 percent), and the number of white women smokers 32 percent) is steadily rising. However, there has been a slight decrease in the number of white males who smoke.

"Seventy percent of black males in South Africa are now smoking, and this is a market which is rapidly being exploited by the tobacco companies.

"Twenty percent of black women are smoking too, which is a break away from traditional norms, except in the case of Transkeian women. Among coloureds, 79 percent of the men and 52 percent of the women smoke, and 57 percent of Indian men and two percent of Indian women smoke," Mr Baird said.

"Whites smoke on average 18,5 cigarettes a day, which makes them heavy smokers as classified by the World Health Organisation. A WHO poll regards smokers of 15 or more cigarettes a day as heavy smokers.

"Blacks in South Africa smoke 9,2 cigarettes a day, coloureds 11 cigarettes a day, and Indians 15 a day."

1 144 000 are hooked

There are 1 144 000 cigarette smokers among the white population group alone, an independent market research group has found.

They constitute 38,6 percent of the total white population and 676 000 are males and 468 000 women.

The farther from a major city one lives, the less likely one is to smoke, according to the survey.

More than 183 000 men and 124 500 smoke 160 or more cigarettes a week. Most are aged 25 to 34 and smoking seems to taper off with age.

Poser for firms

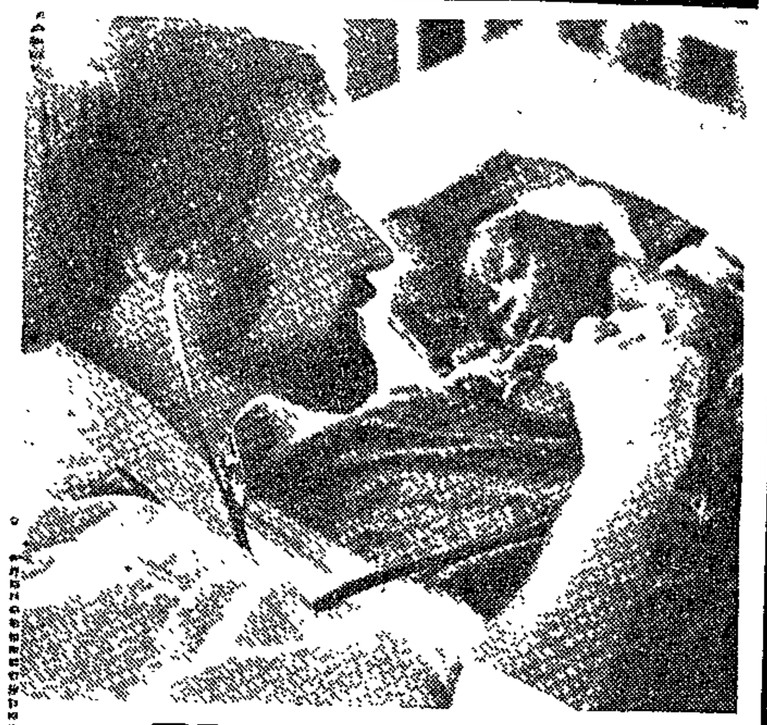
Tobacco companies in South Africa are studying the report of the United States surgeon-general on the effects of smoking on health.

One company says it is "preparing for an increase in questions on smoking and health coming from the Press this year."

A company spokesman said in the Cape yesterday that in the past their standpoint was not to get involved with the health people.

"Smoking is a personal issue, and as long as people smoke we are prepared to provide them with a good product."

International Year of the Child 1979



Has your child been immunised?

Shocking toll of children's deaths

DISEASE	IMMUNISATION AGE	SYMPTOMS	Cases recorded among Durban residents (figures do not include Kwa Mashu after 1977)	Cases recorded in Natal in 1978
MEASLES	Between 9 months and 2 years.	Headache, sore eyes, fever, runny nose, fine red rash beginning on face and becoming generalised.	Not yet notifiable.	Not notifiable.
WHOOPING COUGH	First shot at 3 months, second at 4½ months, third at 6 months, booster at 18 months.	Cold symptoms, irritating cough progressing till comes in paroxysms, often accompanied by vomiting.	Not notifiable.	Not notifiable.
DIPHTHERIA	Immunisation done at same time as for whooping cough.	Sore throat, enlarged glands in neck, fever.	3 cases a year since 1976.	39 (figures almost static over last three years)
TETANUS	Immunisation done at same time as whooping cough and diphtheria.	Within between 4 days and 3 weeks of an injury, eg., cut on rusty nail or wire, painful contraction of muscles, particularly those of jaw and throat.	3 cases recorded in 1978, 5 in 1977, 9 in 1976.	55 (figures almost static over last three years)
TYPHOID	No set age; only immunised in areas exposed to typhoid.	Continual fever, alternating constipation and diarrhoea, a few individual "rose" spots on back and chest, headaches.	18 cases in 1978, 8 in 1977, 56 in 1976.	368 (figures slightly down on previous years)
TUBERCULOSIS	Vaccination compulsory at birth.	Chronic, persistent, productive cough, weight loss, fatigue, night sweat, chest pain.	710 cases in 1978, 823 in 1977, 1 349 in 1976.	5 660 (figures almost static over last three years)
SMALLPOX	Vaccination compulsory at birth.	Fever, headache, fine rash.	No cases recorded in South Africa over last four years.	No cases recorded in South Africa over last four years.
POLIO	Vaccination compulsory by 13 months.	Fever, headache, stiffness in neck and back, with or without paralysis.	No cases recorded in 1978, 1 in 1977, 6 in 1976.	9 (figures down significantly on previous years)

● *Information supplied by Durban's City Health Department and the State Health Department.*

IT is shocking enough that 1 600 children can have died at Durban's King Edward VIII Hospital last year, as is revealed in this week's report by Professor I.W.F. Spencer, head of the Department of Community Health and Professor A. Moosa, head of the Department of Paediatrics at the University of Natal Medical School.

But more shocking than the figures is the fact that many of these deaths could possibly have been avoided, as they resulted from diseases which are preventable and often curable.

In Health Year and the Year of the Child it is surely not enough to see that your own children have been immunised against disease. Have your employees'? Your maids'? Her relatives'?

HERS has prepared a breakdown of the inoculations they should have received, when they should have received them and, in case it's too late, what symptoms will give warning they have contracted a disease, so it can be treated without delay.

Fears of Green Point health hazard

Argus 5/3/79

Municipal Reporter

THE new sewage outfall pipe which Cape Town City Council plans to build at Green Point is likely to cost nearly twice the estimated R6,2-m and create a serious health hazard, according to authorities at the University of Cape Town.

They said the old belief that sea water kills bacteria from sewers has been proved wrong and the new outfall pipe is likely to spread pollution over a wider area than the present one it is intended to replace.

When it comes into operation, they fear it is likely to pollute bathing beaches in Milnerton and Bloubergstrand.

NO SMELL

But they think a suggestion by city councillor Mr Frank van der Velde that the sewage might be pumped to the existing sewage works at Zeekoevlei would be prohibitively expensive.

The solution they favour is a modern sewage works, 80 percent underground, at the edge of Green Point common.

'A modern sewage works which is properly run creates no smell,' said one professor, who asked not to be named,' The amount of noise can be cut down until it is quite acceptable in a residential area.

'And the part of the sewage works which must be above ground can be screened by trees.

'There are quite a number of German cities which now have modern sewage works right in the city centre.'

CHOLERA OUTBREAKS

A colleague at the university who also asked not to be named, said: 'I hope the council will not discharge untreated sewage into the sea because it will at once create a health hazard.

'It has been proved that bacteria from sewers can stay alive for months in sea water and I suspect this is the reason for the outbreaks of cholera which sometimes occur in Mediterranean cities.'

He thought the new pipe would spread pollution over a wider area. 'At present the sewage comes out in one plume, or at least that is the intention,' he said.

'It spreads sludge over about one kilometre of the sea bed.

'The currents in Table Bay are sluggish and I think the effect of the diffusers which the new outfall pipe will have, will be to spread a thinner layer of sludge over a much wider area.'

The council decided by one vote to go ahead with the new outfall pipe after hearing at its last meeting that Green and Sea Point Residents' Association was opposed to the idea of a sewage works on Green Point common.

RESEARCH

Mr van der Velde still hopes to persuade the council to change its mind.

He will ask the council's Executive Commitetee to consider spending up to R10 000 on research into the possible effects of the new outfall pipe before going ahead with the scheme.

Port Elizabeth, which discharged raw sewage into the sea for most of its history, replaced this with a reclamation scheme three years ago.

Durban's city engineer, Mr Don MacLeod, says the sewage discharged by the city's two outfall pipes is treated first.

Hansard 7 col 475 (89)

Notifiable diseases

285. Mr. H. E. J. VAN RENSBURG asked the Minister of Health:

How many cases of each notifiable disease were notified in respect of each race group in 1978.

The MINISTER OF HEALTH:

	Whites	Coloureds	Asians	Black	Other	Total
Anthrax	0	0	0	1	0	1
Brucellosis	5	0	0	2	0	7
Diphtheria	17	19	3	148	0	187
Encephalitis	91	4	4	30	0	129
Erysipelas	11	0	0	2	0	13
Glanders	0	0	0	0	0	0
Leprosy	0	1	0	101	0	102
Malaria	219	8	16	5 872	10	6 125
Meningococcal Infection	88	469	13	341	0	911
Plague	0	0	0	0	0	0
Poliomyelitis	4	1	0	46	0	51
Poisoning Lead	0	0	0	4	0	4
Poisoning Pesticidal	10	6	0	80	0	96
Puerperal Fever	1	3	1	52	0	57
Rabies in man	0	0	0	0	0	0
Relapsing Fever	0	0	0	0	0	0
Scarlet Fever	125	5	0	16	0	146
Smallpox	0	0	0	0	0	0
Tetanus	1	8	3	216	1	229
Trachoma	0	2	0	19	1	22
Tuberculosis	592	7 866	605	33 657	65	42 785
Typhoid Fever	55	132	36	2 510	1	2 734
Viral Hepatitis	801	192	169	531	3	1 696
Gonorrhoeal Ophthalmia	4	25	4	205	0	238
Typhus Fever	0	0	0	2	0	2
Yellow Fever	0	0	0	0	0	0

THE HELLENES IN CAPE TOWN: A SOCIO-HISTORICAL OVERVIEW

(a) AN OVERVIEW

By VANGELI MANTZARIS

South African historiography seems to ignore immigrant ethnic minorities in the country. Except for some attempts done jointly for a history of the Jews in this country, the lack of a deep examination of ethnic minorities like the Hellenes or the Portuguese, the Germans and the Austrians is obvious.

So, it is not a strange phenomenon that the history of the Hellenes in this country is connected with D.Tsafendas (Dr. Verwoerd's killer) of the "Potato King" Lambis Nichas, better known for his participation in the head-line story of the 'Committee of Ten' and Dr. Rhoodie's Department of Information.

The history of the Hellenes in Cape Town, seems to be very interesting if we bear in mind that the Hellenes arriving in the Cape (mostly seamen from foreign ships), were the pioneer immigrants together with the Jews (English and Dutch immigrants excluded). Today we can state, that there were approximately 12 Hellenes in Cape Town, four of them irregulars recently returned from assisting refugees, supporters of the expelled King Othou - (Nicholaides 1925:437). In 1891 there were approximately 15 Hellenes in the city and in 1898, when 60 in number, they established the first Greek organic unit in the country, called "The Mutual Help Organisation". During 1900 the number increased to 150 and after the end of the Anglo-Boer War (1902), the number of Greeks was approximately 1 000. They came to the decision to establish the "Hellenic Community of Cape Town". At the same time the biggest ethnic immigrant

Back on/..

minority/....

The delegation had spent two hours with the Prime Minister. They had given him a forward mandate, 'two hours good tussling'. All this time the great crowd was waiting patiently outside. As the minutes passed, rumours circulate that the delegation was 'flummoxed' or had been 'got over'. Then 'the crowd growled' in the phrase of the Argus reporter, 'like a hungry animal'. At twelve the delegation reappeared to be greeted with 'yells and cheers'. Howard then addressed the crowd from the stoep of the Prime Minister's house.

Comrades, Dr Jameson has promised to provide all the unemployed workers with food, clothing and housing. The wives of the unemployed, he said, if they were destitute, shall go and register at the Labour Bureau, tomorrow morning. He then explained the arrangements that had been made about sending one hundred unemployed to the farm at Vygeboom. 'Now march back to the Parade, men as quietly as you can', were his last words.

Woollends also seized the opportunity to make a speech:

The present paper is the first effort in English - as far as I know - for a sketch of a broad look into the history of the Hellenes in South Africa, although a very difficult to find book written in Greek is 1923 by Costa Nicholaides, a journalist and founder of the newspaper in Johannesburg in 1913 ('New Hellas') is of great the historian of the future.

boys, we all know that the police have no work day and night (hear, hear) - and that these demonstrations know that the police sympathise with us so to show your appreciation, I ask you to this morning's work (applause).

So far the gathering had been entirely there were wry comments from the unemployed, recorded in the South African News: 'a colou Cape Boys were needed when the Rand was abo called us "our boys" now we are stiffs and loafers.' But for all the grumbling there was no suggestion of violence. So when the crowd left Parliament Street, the police were apparently withdrawn.

SA's arterial rot worst, says prof

Science Editor

South African whites had the world's worst arteries, Professor Harry Seftel said today at the International Coronary Heart Disease Symposium in Pretoria.

He is professor of American Medicine at the University of the Witwatersrand.

In analysing the reasons for this "arterial rot," he said that from infancy people were intoxicated with cholestrol, sugar, salt, vitamins and calories.

But the most positiv Meyer, who

pitch of excitement, be a German Socialis ourselves" or words out in open riot." specifically and South rather more precise areas and most of them had shouted out, 'D obvious after a careful Minister has promis do in the Argentine

"With this so that period, it becomes

"In the light of the evidence that our lifestyles are largely responsible for the high coronary heart disease rate, why are we not taking more meaningful action?" Professor Seftel asked.

"How much longer must the public be blinded and bamboozled by absolutists who demand absolute proof before taking action?

"How much longer should the merchandisers of death and their advertising minions be given licence to propagate and disseminate poison?

Many "Western" diseases such as high blood pressure and diabetes had already entrenched themselves in the black population. Blacks were now also becoming victims of diseased arteries.

they were also bombarded with a vicious propaganda by food boards, food manufacturers, food vendors and cranks, he said. Obesity was "pandemic."

The whites not only gorged themselves with cholesterol, but many Afrikaners and Jews, through their hereditary make-up, were superol in their bodies.

Another reason, and perhaps the most important, said Professor Seftel, was the high smoking rate in South Africa, and the fact that the "poison content" in South African cigarettes was very high.

Coronary heart disease in South African blacks was still rare. This was because the risk factors which applied to whites were still largely absent, except for high blood pressure.

Surveys showed that the cholesterol level of city blacks was much lower than that of whites and, judging by their low lung cancer rate, smoking did not seem to be a factor.

Back on the Parade, there were more speeches. 'It appeared' so a South African News reporter noted, 'that the Prime Minister's promises had not satisfied a large section of the agricultural sector. As far as the [illegible] of the meeting suggesting that a vigilance com[illegible] out of 2 666 rural villag[illegible] Government's pledges was standing on a [illegible] had agricultural products. be [illegible] agricultural products.

"easy living" [illegible] Bearing in mind that it was very difficult for a white land-worker without capital to work under a white landlord, not only because the wages were very low, but mainly because the working conditions were absolutely terrible, we can understand why the Hellene landworkers and peasants preferred the 'middle-of-the-road' path of the cafe instead of that of land work. (For a clear picture of the relationships of the land-worker to landlord refer to the recent work of Stanley Trapido).

of riots...The huge gang of hooligans which consisted Street, shouting and yelling. The first shop attacked was Mr Henry's boot store. Lines of boots were hanging [illegible] the others and conducted a series. [illegible] these were immediately seized upon by the desperate crowd. They the boots from their pegs and made off up the street with them.

* According to a detective who was present, Woollen[illegible] Meyer, 'Go back to Germany and eat sauerkraut. If you are not satisfied with that go fighting Hottentots.' (Evidence of Daniel Cleary, C.S.C.C.R. Rex v Woollends, October [illegible])

New vaccine is now available in SA

STAR 4/4/79

(1) 89

(2) ~~212~~

MARAIS MALAN, Science Editor

A new United States developed vaccine against the pneumococcus micro-organism, main cause of an often deadly form of pneumonia, has been released in South Africa.

Doctors in South Africa have helped to establish the efficacy and safety of the vaccine — it confers at least 80 percent immunity — in a massive clinical trial on 12 000 black mineworkers, a group in which the pneumonia incidence is particularly high.

The vaccine is active against 14 strains of pneumococcus, including those strains that have lately developed resistance against some antibiotics.

"The belief that pneumococcal pneumonia is a killer disease of the past is a fallacy," says Prof Hendrik Koornhof, head of the Department of Microbiology at the SA Institute for Medical Research and the University of the Witwatersrand.

"It is a common cause of death, particularly in the elderly and certain other people who are at risk."

He does not recommend mass immunisation but lists several categories of people who should be protected against the organism:

- The elderly, particularly those with chronic heart or lung ailments.
- People, though young and healthy, who are at risk on account of their way of life. This includes mineworkers who live in close proximity in compounds where pneumonia has been a serious problem at times. This applies to a lesser extent to the Defence Force, boarding schools, orphanages and other institutions where many people are herded together.
- Doctors and nurses who work in hospitals where resistant pneumococci have been isolated.
- Children admitted to hospital wards where respiratory infections are treated, particulary if their stay is protracted.
- People with disorders of the spleen or whose spleen has been removed are particulary prone to serious pneumococcal septicaemia.
- Children in developing countries who are prone to middle ear deafness caused by the organism.

The vaccine will not solve the problem of multi-resistant pneumococci. These infections are found mainly in babies and the vaccine is not as effective in them as in the over-two-year olds, says Prof Koornhof.

"But our experience is that it is a good vaccine which confers at least three years' immunity — and the indications are that as time goes on we shall find that this immunity is long-lived."

Pneumonia incidence figures are not available for South Africa but in 1976 a mining group reported a rate of 23,8 per 1 000 of its workforce with a 1,8 percent mortality rate among the cases reported.

In the United States more than 55 000 deaths from pneumonia were reported during the same years.

Millions will be spent to fight heart disease

ARGUS 9/4/79 (89)

Argus Correspondent

JOHANNESBURG. — A national project to combat one of South Africa's main health problems, coronary heart disease, which kills and maims thousands every year, is to be launched by the State President, Mr B J Vorster, in Johannesburg tonight.

At a cost of millions of rands, the undertaking will be the biggest health programme mounted in South Africa and will turn the country into a vast natural research laboratory for many years to come.

Although initiated by the Medical Research Council (MRC) the intention is to involve the entire medical and business community as well as the public.

The main objectives are:

● Research, probably involving thousands of South Africans, into the risk factors and causes of coronary heart disease and its precursor, hardening and clogging of the arteries.

DEATH RATE

● Active and sustained campaigns aimed at prevention, through education, research and other measures, of a disease which has the highest incidence and death rate in the world among men between 35 and 60.

Some aspects of the project will resemble the Framingham study in the United States which has been probing heart attack risk factors and their inter-relationship in the Massachusetts city for many years.

A number of risk factors have been identified which, on the basis of population studies and statistics, seem to make man more prone to arterial disease which can lead to coronary heart attack and stroke.

High on the list is smoking. A study has shown that a young person who smokes more than 25 cigarettes a day increases his chances of a heart attack thirty-fold.

He is also more likely to die immediately from an attack than a non-smoker.

Curing diabetics possibility strong

(89) C. Times 11/4/79.

Own Correspondent

LONDON. — The possibility of curing diabetics by transplanting the organs responsible for producing insulin has been brought a step closer by work published in the current issue of the magazine, Science.

Insulin is produced in the body by small groups of cells in the pancreas. Diabetics cannot produce their own insulin.

Transplanting islets from species to species, or even from one member of a species to another, runs into the usual problems of rejection.

But experiments at the Washington University School of Medicine in St Louis, Missouri, have shown that the rejection problem can be overcome, in rats at least, by a simple procedure.

After removal from the donor rat, the islets are stored for seven days in a dish containing a culture medium with all the nutrients necessary to keep them alive.

The culture's temperature is lowered from the normal temperature of a hot-blooded mammal, 37° C, to 24°.

But it seems to alter them in some way, possibly by removing certain classes of cell responsible for triggering the rejection process.

When the treated islets are transplanted into donor rats suffering from diabetes, and accompanied by an injection of anti-lymphocytic serum (a drug which reduces the rejection process), the transplants take — and the rats recover.

Dr Louis Lacy, Dr Joseph Davie and Dr Edward Finke, found that recipient rats treated this way were still alive and flourishing after 100 days.

The next step, Dr Lacy said, is to see whether such transplants will work between species.

No point in heart effort says Posel

Mercury Reporter

SOUTH Africa's "heart engineer", Professor Karl Posel, yesterday criticised the decision by the South African Medical Research Council to spend R2 000 000 during the next two years on a National Heart Effort.

Professor Posel, who has clashed with the medical profession in the past 10 years over his theories on how the heart works, said the National Heart Effort should "rather spend R2 000 on correcting errors in heart-attack analysis because the current medical rationale of a heart attack is incorrect".

Professor Posel says proof of his theories is his work at the cardio-dynamic research unit which he established at Addington Hospital between 1967 and 1970, using mathematics as a means of dealing with heart attacks.

He says the unit only had a 12 percent mortality rate — that is out of 74 patients, only nine died.

His basic theory is that a heart is a pump and must be treated as such — something which he claims medical men cannnot understand.

Arteries

"How can a medical man without any training in calculus know anything about a pump? They say the arteries supplying the pump (heart) get clogged up but pumps don't work that way. It's actually heart-muscle trouble," he said.

The old concept was tha a clot caused a heart at tack.

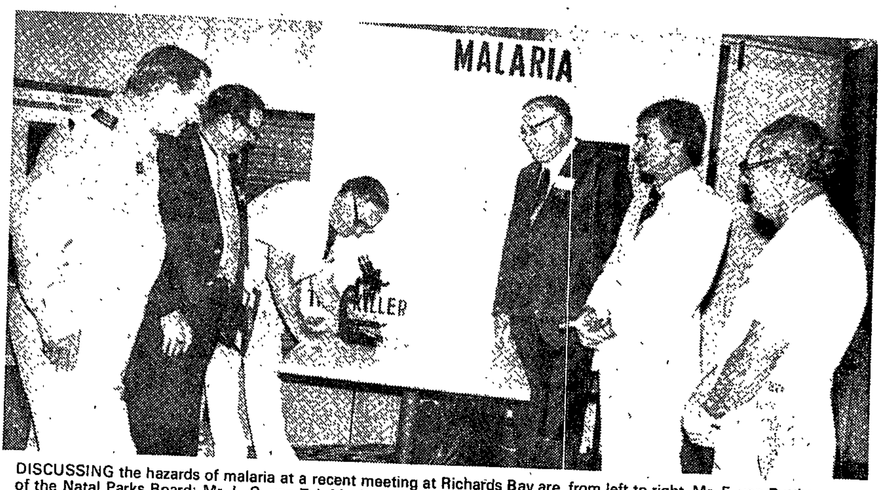
Professor Posel claime this was incorrect. Th heart attack occurred firs and then the clot.

He said by bio-chemical measurement it was possible to measure accurately the time duration of a clot and the time duration of a heart attack.

It was found — and the theory was supported by medical specialists — that the clot formed hours before death but the heart attack occurred days before

Author

Professor Posel, the author of a three-volume work *The Heart Attack — Revoking the Old and Introducing the New*, says the written judgment of his Supreme Court appeal recognises that his experiments were successful, that new fields were opened up in the ascertainment and correction of heart ailments and that he discovered a fundamental medical error.



DISCUSSING the hazards of malaria at a recent meeting at Richards Bay are, from left to right, Mr. E. von Puttkamer of the Natal Parks Board; Mr. L. S. van Zyl, Mr. F. J. Erasmus, Dr. James Gilliland and Dr. J. W. J. van Rensburg, all from State Health. On the right is Dr. C. F. Hansford, from the Institute of Tropical Diseases, Tzaneen.

The Natal Mercury, Wednesday, April 25, 1979

COMBATING MENACE OF MALARIA

Three-pronged attack on mosquito breeding areas

AN impressive campaign against malaria is being waged in northern Natal and KwaZulu, and is bearing every evidence of success.

There were 956 confirmed cases of malaria in the area last year, most of them occurring between March and June, the period of highest risk. This year, with the critical months halfway passed, there have only been 25.

To learn the facts about the campaign, I was invited last week by the Department of Health to visit the laboratories and training centre at Eshowe and then to see the field teams in action at Jozini, on the coastal slopes of the Lebombo Mountains.

The two days added up to the best medical briefing I have ever had. Every aspect of the programme and its implications was covered in exhaustive detail.

BILL FAILL
Science Correspondent

The malarial areas here cover over 12 000 square kilometres, stretching from the Mozambique border to the Tugela River. Responsibility for control of malaria is shared between the RSA Department of Health and the same department of the KwaZulu administration. While concentrating on their own areas, the two bodies enjoy the closest liaison.

There are two approaches to control — active and passive. The former is of main concern to us here, the latter consisting of attention paid to reports coming in from doctors, clinics and hospitals of cases which they have dealt with.

Active surveillance takes the form of regular visits to all households, usually at intervals of four to six weeks, in search of suspected malaria cases.

The disease often takes a form scarcely perceptible to the victim, who can nevertheless hand it on, via mosquitoes, in a more active form.

The scale of the programme can be appreciated when one realises that in KwaZulu over 190 000 households were visited in 1978, and over 400 000 people seen.

The visits are carried out by 83 field assistants stationed in their own areas throughout KwaZulu.

Each is allocated a weekly quota of 15 bloodsmears, tiny samples which are then chanelled back to the laboratories at Jozini, where the examination rate is almost 65 000 a year.

The examinations are carried out by a team of African microscopists, who work at the rate of over 50 a day, searching for indications of malarial parasites.

Their findings are double-checked by experts at Edendale Hospital, where it has been confirmed that the Jozini team are as accurate as any microscopists anywhere.

The location of every kraal in the malarial areas is known. Each has been allocated a number and in each there is a record card giving details of the visits.

When the scattered, inaccessible nature of the population is seen on the ground and when the heat and humidity are appreciated, one realises what an immense and commendable effort this is.

These house visits, however, form only one prong of the campaign against malaria.

The other aspect is the control of the mosquitoes themselves. This is done by spraying all households with insecticide.

It has been established beyond any doubt that indoor spraying with residual insecticide is at present the most effective method of malaria control in the rural areas of tropical Africa.

Although nearly 100 000 huts were sprayed in KwaZulu last year, this was not done without resistance on the part of the people living in them, much of it stemming from the fact that the insecticide makes certain household pests, such as bedbugs and fleas more active.

Unlike the mosquito, these pests have developed resistance to the insecticide.

People may be inclined to ask why water surfaces are not sprayed to control the mosquito, as is done in towns.

The reason is simply that the water surface must be treated weekly. Geographically, this would be close to impossible in the rural areas and at the same time the cost would be far too high.

A third aspect of the war against malaria is constant research into the nature of the mosquito itself, into its habits and genetic make-up.

As one expert at Jozini said: "There have been breakthroughs in the past, and there may be others still to be made."

This then is the all too brief story of the control of malaria. What of the disease itself?

After a bite from a malarial mosquito, the parasites — which must have come originally from another human, a malaria carrier — makes their way to the liver. For the first 7-21 days the victim is not ill. This is the incubation period.

Then the parasites enter the blood stream and cause damage to the red blood cells. The victim becomes ill with severe headache, pains in the back and limbs, a high temperature which may alternate between sweating and shivering.

Vomiting and diarrhoea may also occur.

These symptoms continue for several days and the patient may become more ill, sleepy and difficult to waken. Death can occur if treatment is not given.

Alternatively, the patient may slowly improve and apparently recover. But such people are not completely healthy and may become ill repeatedly with milder attacks of malaria.

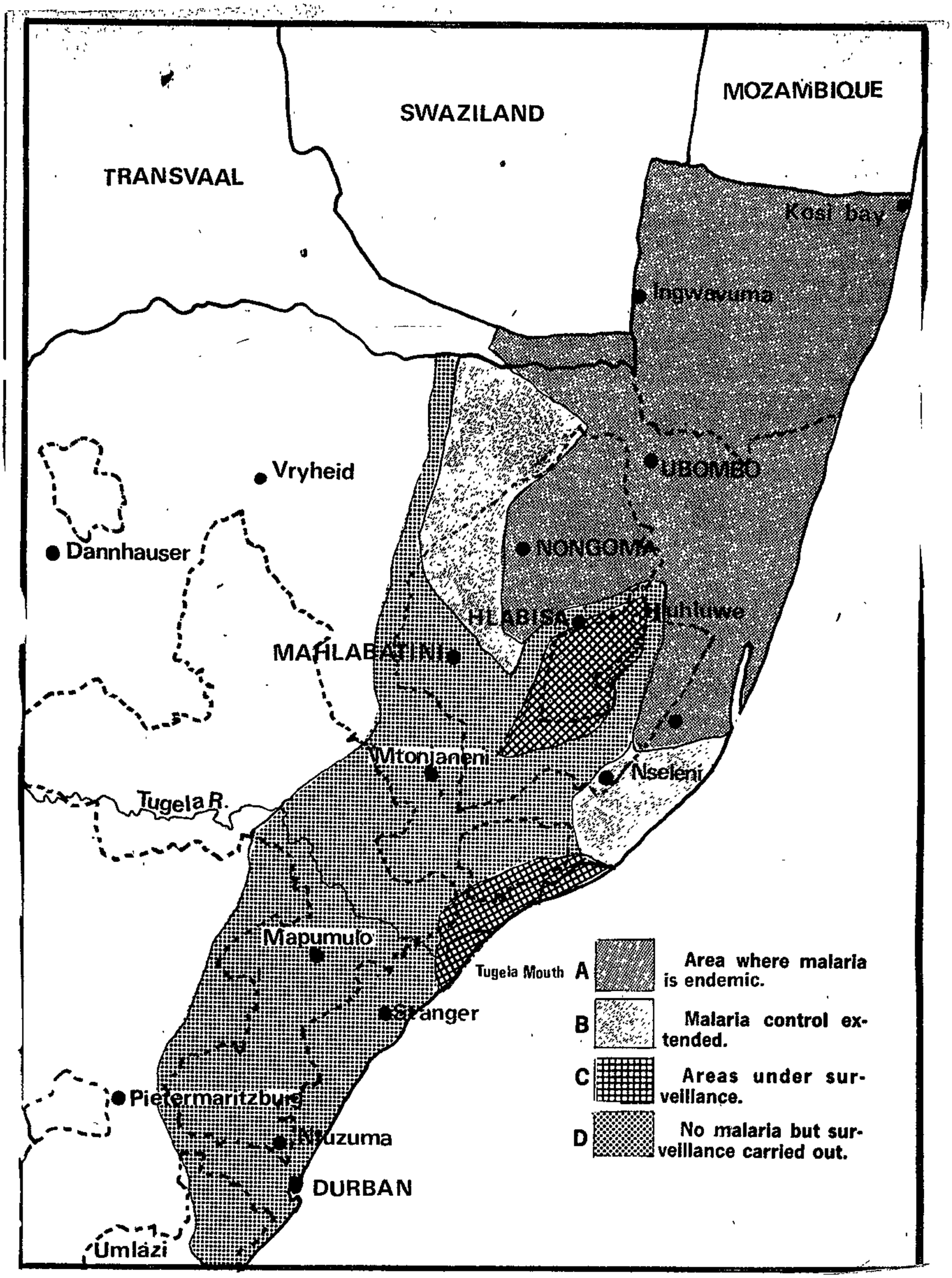
Depending on the variety of the disease, the illness may last for 2-3 years or for many years, if treatment is not given.

During this phase, the victim is a source of infection to other people if there are malarial mosquitoes about.

Those on the spot in the malarial areas are emphatic that the risk of malaria spreading is still a very real one and that there is no room for complacency.

They are anxious that the public should be aware of the malarial areas in southern Africa and be aware of the dangers of entering them.

The answer for those of us who live in more fortunate areas is to ensure that we take the necessary simple course of tablets, basically made of the drug chloroquin, before, after and while we are in malarial areas.


SWAZILAND
MOZAMBIQUE
TRANSVAAL
Kosi bay
Ingwavuma
UBOMBO
Vryheid
Dannhauser
NONGOMA
HLABISA
Hluhluwe
MAHLABATINI
Mtonjaneni
Nseleni
Tugela R.
Mapumulo
Tugela Mouth
Stanger
Pietermaritzburg
Nkuzuma
DURBAN
Umlazi
A Area where malaria is endemic.
B Malaria control extended.
C Areas under surveillance.
D No malaria but surveillance carried out.

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Malaria

647. Mr. R. A. F. SWART asked the Minister of Health:

Whether his Department has investigated reports of the spread of malaria in Zululand and along the Natal north coast; if so, (a) what is the precise area threatened by the disease, (b) how many cases of the disease have been reported in the last six months, (c) how many people live in the affected area and (d) what steps is his Department taking to deal with the situation.

The MINISTER OF HEALTH:

Yes, (a) Ingwaruma, Ngatshe and Ubombo. It is being considered to declare the Hlabisa district an endemic area.

(b) 36.

(c) 227 800.

(d) A comprehensive control programme in collaboration with the Department of Health of the kwa-Zulu Government Service is being maintained in the affected as well as the receptive areas, viz. includes the training of personnel, spraying of all structures with residual poison according to epidemiological directives—research —the treatment of all cases of malaria and health education.

Outbreak of polio averted

EAST LONDON — Although more than 500 cases of poliomyelitis were expected in South Africa in 1978, only 56 cases were reported by the end of the year.

These figures were released by the Department of Health.

According to the epidemiologist of the Department of Health in Pretoria, Dr H. Kustner, an increased occurrence of poliomyelitis was expected for 1978, based on trends monitored since 1960, when the number of cases has reached a peak every three years. Last year was expected to have been one of those three years.

Acting on this information, vaccination programmes were stepped up in the later part of 1977.

In 1978, 75 per cent of the notified cases of polio occurred in black children under the age of five years.

Natal, with 20, had the most number of cases. Southern Transvaal had 19 cases reported, Transkei 14 and the Eastern and Western Cape and KwaZulu nine each.

The disease was slightly more prevalent in males than females and in 26 of 33 cases the clinical suspicion of polio was confirmed with laboratory tests.

Dr Kustner recommended that every effort be made to ensure continued high level immunisation of all susceptible individuals.

He recommended that special attention be paid to black children under five years of age.

Meanwhile a meeting of the steering committee for the Border and East London area on Health Year took place here yesterday.

One member reported that more interest in Health Year seemed to be shown in the rural areas than in the large towns.

The Regional Director of Health Services for the Eastern Cape, Dr J. D. Krynauw, said it was disappointing to see the apathy over Health Year in East London. — DDR.

we had not unsaddled. The only course was to retire to the shelter of the kopjes. The Greys sent a few men to the front to lie down and try to fire at any Boer they could see, but they only fired a few shots. The Carabiniers, including myself, led our horses to the kopjes and had to face rather a hot fire though it was our backs or rather right sides that faced it. We had to go quite 400 yards and for the greater part of the way over burnt grass.

89

Soon afterwards all mounted and retired. They started at a t) a fast canter so young Seymour, e Squadron, ordered them to walk. ere safe behind rocks by this time, To our amusement we heard the Ser ss back on the left' when they wer s a good instance of the power of discipline to see [redacted] so obedient under such fire.

Malaria

680. Mr. N. B. WOOD asked the Minister of Health:

How many deaths due to malaria were reported in the Republic in each of the last two years for which figures are available

The MINISTER OF HEALTH:

1976 6
1977 1

Hansard 13(806)5/5/79

We soon learned that the firing was caused by two troops of the Carabiniers going down to water their horses. The Boers waited patiently hoping that we would try to take the Nek. When the watering party moved off they thought we were all going away and so fired. We estimated that they fired over a thousand rounds as us and yet they only hit one horse. The

Rare genetic disease disclosed

CAPE TOWN — One in 60 Afrikaans speaking South Africans is a carrier of a rare genetic and potentially lethal disease, according to the latest report of the South African medical research council tabled in Parliament this week.

Marble bone disease has been investigated for a number of years in South Africa through studies of deafness of genetic origin. It is an inherited potentially lethal disorder in which progressive overgrowth and thickening of the skull leads to deafness, paralysis of the facial muscles and compression of the brain.

Sclerosteosis, a variation of marble bone disease, has the highest prevalence in the world among white Afrikaans-speaking South Africans.

"The genetic abnormality is carried as a recessive trait and one in 60 Afrikaners is a carrier.

"This means that in cases where two carriers marry, each pregnancy is exposed to a 25 per cent risk that the child will suffer from sclerosteosis," the report says.

So far 48 cases have been identified in South Africa while only a few cases occur in the rest of the world.

The report says that in Holland a similar disease, known as "Van Buchem's disease",, occurs infrequently.

"Progress is being made with methods of identifying carriers of the recessive trait. Treatment of the facial paralysis, deafness and dangerous increases in intra-cranial pressure have been significantly improved. One method has been the development of safer operating procedures.

"The attention of the medical profession has been drawn to the high prevalence of sclerosteosis in South Africa." — PS.

Durban student's message of hope for blind U.S. boy

Mercury Reporter

A YOUNG Durban student, who as a child suffered a rare eye disease caused by ingesting dog faeces, yesterday sent a message of hope and encouragement to the American child permanently blinded by the ailment.

The 20-year-old girl did not want to be identified as her medical history could affect her professional career.

She recalled that 11 years ago she had suffered the same agony as 5-year-old Douglas Tomolonius of Columbia.

Earlier this week the Mercury reported that Douglas was the only known case of permanent blindness caused by the disease, according to American specialists.

"When I was nine years old, I got toxocara canis from eating sand which had been contaminated by dog faeces, and I went blind in my right eye.

"Doctors and specialists diagnosed my eye as being permanently blind and, like Douglas, some thought I had the deadly and incurable retinal cancer.

"They were going to remove my eye," she said.

Guinea pig

Fortunately, a Durban doctor suggested that before taking the irreversible step of removing her eye, they make her a guinea pig and try a new drug.

The gamble worked and within a few weeks she had regained 70 percent of her sight.

"It was fantastic at first, but later my eye began to haemorrhage. Specialists were able to stop the bleeding but a while later the eye haemorrhaged for a second time."

As she and her family began to lose hope, they heard about a missionary doctor in the Free State.

"Against all the odds, the doctor operated and by what could have been nothing short of miraculous, I regained most of my sight in the eye — which had earlier been diagnosed as being permanently blind."

She added that although Douglas was thousands of miles away, there was a cure for him and she prayed that he never gave up hope.

Controversy

Meanwhile, in Durban, a controversy rages over dog faeces fouling Carpendale Park, a North Beach children's playground.

Professor F. Kallichurum of the department of pathology at the University of Natal in Durban said of all the diseases that children could contract by coming into contact with dog faeces, toxocara canis was the most serious.

"Toxocara canis can either attack the eye or the liver, and it is usually children who come into contact with it because they play in sand which may be contaminated with dog faeces," she said.

However, she said, toxocara canis usually died inside the child, causing little suffering.

Campaign against killer disease to be stepped up

84-7 22/5/79. 89

Measles, which with its complications kills up to 11 children a day in South Africa, is soon to be made a notifiable disease the State Health Department has announced.

The disease which is the most common highly infectious disease suffered by children in the Republic.

But in spite of many strong pleas to the department to make immunisation against measles compulsory, it has decided not to do so at this stage.

"Compulsory immunisation is not the "wonder tool" it is made out to be, and the department does not think it necessary to introduce a legal requirement in order to reach all susceptible children with measles vaccine," a department spokesman has written in the SA Medical Journal.

"The secret lies in health education, motivation and the proper planning of campaigns."

As part of Health Year and the Year of the Child, campaigns against measles, have been given high priority and everything possible is being done to eliminate the disease from South Africa.

Recently a vaccine with a longer shelf life became available and the campaign is to be intensified.

Free vaccine is now available for all susceptible children aged six months to four years through hospitals, local authorities, district surgeons and other health authorities.

It is hoped to administer 750 000 doses this year.

Although 14 months is the best age to give the vaccine, so many children get measles before they are nine months old that it is now given at six months, with another dose six months later.

Too much cure, too little prevention

Mercury Reporter

THOUSANDS of Natal children under the age of five remain unvaccinated against tuberculosis, the organiser of Nursing Services for Natal, Mrs. D. A. Wilson, said in Durban yesterday.

She was speaking at the annual general meeting of the Natal area committee of the South African Christmas Stamp Fund.

Mrs. Wilson said in spite of the fact that 128 000 Natal youngsters received anti-tuberculosis vaccinations last year, many more remain unvaccinated and unprotected . . . "and the vaccination costs only eight cents a dose."

She said an estimated 1 500 000 Blacks live in the White rural areas of Natal and "in the septic fringes of large cities" — and the greatest proportion of children in need of health care live in these areas. Many of the diseases they suffer from can be cured at a relatively low cost.

Measles

She said that in South Africa five children a day died from measles alone.

"Only 2 percent of our R170 million health budget is spent on preventing disease and promoting health. The rest is spent on curative services treating illnesses."

Mrs. Wilson said although funds were limited, in the past five years R100 million was spent on treating tuberculosis patients.

She said 14 nursing teams of the Department of Health are based at 12 health centres and district offices throughout Natal, from where mobile clinics operate.

"Tuberculosis represented 78 percent of the 7 583 diseases notified in 1978 in Natal."

5 contract disease

PRETORIA — Five cases of legionnaires disease have been reported in South Africa.

The cases had been diagnosed during the last few months — two in Johannesburg and three in Port Elizabeth — and had been confirmed by the Centre of Disease Control in the U.S.

The disease first hit the headlines two years ago when delegates to a legionnaires' conference in Philadelphia in the U.S. caught it.

It is a respiratory disease caused by inhalation of bacillus which causes an influenza-like illness. There is no person-to-person infection and normally there are no complications. Debilitated people with lung problems and heavy smokers are affected most.

Professor Hendrik Koornhof, head of the Department of Microbiology at the South African Institute for Medical Research, said there was no cause for alarm and two of the people who had contracted the disease had recovered. — (Sapa.)

Millions poured into new Groote Schuur unit

City fight against cancer stepped up

89
Argus
16/7/79

Provincial Reporter

MORE than R2-million is being spent at Groote Schuur Hospital in Cape Town to give the Cape Province the most modern facilities in the fight against cancer.

The Cape Provincial Administration has called for tenders for the supply of the scanner, which will provide refined radio diagnostic facilities and, by its use in conjunction with a computer, assist in the planning of therapy.

Each of these two sophisticated pieces of equipment costs about R500 000 and is of the highest world standards.

Mr P J Loubser, MEC in charge of hospital services, said he was proud to have been involved in the provision of better facilities at Groote Schuur for the treatment of cancer.

Diagnosis

'We hope soon to bring the diagnostic facilities for cancer and other complaints to the highest world standards,' Mr Loubser added.

Dr Reeve Sanders, principal medical superintendent of Groote Schuur Hospital, said with the new equipment 'we would have acquired the best and most up-to-date for this kind of treatment.'

She added: 'We are delighted with what is happening.'

A new wing has been built for the radiotherapy department at a cost of R1 250 000, and by mid-1980 both a linear accelerator and a whole - body scanner will be in use — the most modern equipment for pin-pointing carcinoma and planning and applying therapy.

The linear accelerator, to provide refined therapy, has already been installed in the new wing, which will also house the scanner.

Tenders

Virus — man's deadliest foe

SOUTH AFRICA's Poliomyelitis Research Foundation, a group that conducts researches into virus diseases, describes a virus as man's deadliest enemy.

It is described as so tiny that only a powerful electron microscope can enlarge it sufficiently for the human eye to detect. When its shadowy outline does become discernible, it may look like a squiggly line or a crystal drawn by a small child on a sheet of photographic paper.

Yet, it is potentially the most lethal organism in the world.

It penetrates the most rigorous defence systems medicine can devise.

The word "virus" is Latin meaning "slimy liquid, poison, offensive odour or taste" and originated more than 350 years ago before man had any means of knowing the exact causes of diseases.

In modern times, however, the word "virus" has been defined in many ways as scientists battled to uncover its secrets.

Nowadays, the virus is described simply as a "message" which enters one of the cells in a body, shuts off the communication systems of that cell and begins broadcasting on a strange frequency.

In a way it could be linked to a pirate radio station broadcasting propaganda in favour of itself. In so doing it has "jammed" the cell's own transmission, other cells are therefore compelled to listen to its sinister message, and acting on misinformation, begin reproducing replicas.

The result is the onset of a specific disease which can take the form of poliomyelitis, influenza, rubella or German measles, smallpox, yellow fever and perhaps even the most dreaded of all illnesses — cancer.

It is also responsible for the deadliest disease so far known — Marburg and Lassa Fever against which there are no known cures and which caused alarm in medical circles in South Africa during 1975 when an outbreak of Marburg Fever occurred in Johannesburg.

POST, Wednesday, August 22, 1979 Page 13

Stress may lead to nasty peptic ulcers

PEPTIC ULCERS are either found in the stomach or in the small intestines.

Even though acid secretion tends to fall with age, the frequency of peptic ulcers seem to rise. Acute peptic ulcers cause short attacks of dyspepsia, (indigestion), while chronic peptic ulcers, increasing in frequency with age, are more commonly found in people who are subject to stress or belong to blood Group O.

Ulcers can be caused by food not chewed sufficiently, alcohol, irregular meals or excessive smoking. Duodenal ulcers never cause cancer and gastric ulcers very rarely does. In the case of gastric ulcers, pain occurs soon after a meal and it is relieved by vomiting.

A duodenal ulcer causes pain, which wakes the patient in the middle of the night with heartburn. Bleeding may occur in both types.

Patients suffering from gastric ulcers are afraid of eating and consequently lose weight, while people suffering from duodenal ulcers have very good appetites.

But in old age there is usually a lack of symptoms. The patient suffers from loss of appetite and vomiting. A massive sudden heamorrhage may occur, and despite the frailty of the aged, surgical treatment of the perforation should be decided on with speed, say specialists.

Treatment consists of regular small meals, with no spicy food, smoking or alcohol.

...dies gerees ...
...er. Om die Sentrum se 10de
...78 te vier is die jaarverslag
...rsig oor die Eerste Tien Jaar.

DIE OORSPRONG EN DOELSTELLINGS VAN DIE SENTRUM

Die Sentrum word grootliks gefinansier deur die Abe Bailey-Trust wat ingevolge die testament van Sir Abe Bailey gestig is. Dit is geregistreer as The Abe Bailey Institute of Inter-Racial Studies Limited (Beperk deur Garansie) - 'n maatskappy beperk deur garansie en sonder 'n aandele-kapitaal kragtens die Maatskappywet 1973 (Wet Nr. 61 van 1973).

Sentrum vir Intergroepstudies ... sy werksaamhede gepubliseer. ... verjaarsdag op 1 April 1978 ... in 1977 vervang deur 'n Oorsig ...

JAARVERSLAG

Doctors say opium causes cancer of the bladder

89 22/8/79 Post

NEW YORK — Opium can now be added to the long list of substances suspected of causing cancer.

Doctors in Shiraz in south-western Iran are reporting that the rate of bladder cancer among opium addicts appears to be much higher than for people who do not use the narcotic.

Rural Iran is one of the few areas where opium use is common.

The doctors say most of the opium addicts studied also smoked cigarettes, which are known to increase bladder cancer risk. But they said that in three-quarters of the cases, the opium habit appeared to be a bigger factor in the cancer risk than the tobacco habit.

The report by Dr Ahma Sadeghi, Dr Shahla Behmard, and Dr Stan Vesselinovitch was published in the current issue of Cancer, a scientific journal of the American Cancer Society.

The doctors said they could not be sure whether opium caused cancer directly or whether there was some indirect association.

"Be that as it may, it is already becoming apparent that opium may easily become a new member on the list on human carcinogens," they said.

The study compared tobacco and opium habits of 99 bladder cancer patients and 99 cancer-free patients at Nemazee Hospital in Southern Fars Province.

Opium addicts who smoked cigarettes were about 13 times as likely to get bladder cancer as non-smoking, non-addicted persons, the study said. It said opium use alone increased the bladder cancer risk by about four times and cigarette smoking alone nearly doubled it.

"Potential exposure of the Fars population to occupational carcinogens is not very likely since even in Shiraz there is very little industry," the authors noted.

Also, the ratio of males to females among bladder cancer patients is about eight to one, exactly the ratio of males to females among addicts registered with the government.

Opium smoking is legal for registered addicts in Iran but the government has refused to register people under 50 years of age, the study said. A 1977 report by the joint Iran-International Agency for Research on Cancer estimated that many younger people are addicts — as many as half of all men and women over 35 in some parts of the country.

The doctors said a larger study was underway of 4 000 of the 12 000 registered addicts in Fars province, whose population is two million.

"The preliminary results already indicate that opium addicts harbour cancer of the bladder much more frequently than the controls," they said.

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Epidemic of measles on Reef and in Soweto

4/9/79 (89)

By Derrick Thema

A measles epidemic has hit Soweto and other townships on the Reef and presents a serious health threat, medical authorities say.

Dr Baldwyn Richard, Johannesburg's medical officer of health (MOH) said the situation was serious and urged parents to immunise their children immediately.

Measles itself was not fatal, he said, but "20 to 30 children would die in a year" unless they were immunised.

Measles can develop into pneumonia, which is fatal.

The Johannesburg CMR hospital for infectious diseases, says 80 percent of its patients are being treated for measles.

SEASONABLE

"This is the measles season and mothers should immunise children under four and six months old against it. There are nine clinics in Soweto and every effort must be made to immunise children," Mr Richard said.

Many children in black areas went to hospital because of measles and some of these cases resulted in complications.

In Soweto more than 2 000 children are immunsed every month, he said.

JAARVERSLAG

Over-spending on Mitchells Plain houses

Municipal Reporter

THE National Housing Commission has refused to bear the extra cost of nearly R1,8m on the first 700 houses built at Mitchells Plain and the City Council's Housing Committee wants to take the money from the general rate fund.

The major cause of the over-spending was the slow-down of construction work which followed the drastic cut-back in housing funds by the State in 1976.

For this reason the council believes the State should contribute to the extra costs, either in the form of a grant or by way of a loan at special low interest rates.

Yesterday the committee was told that the National Housing Commission had condoned the unauthorized over-spending but viewed it in a "very serious light".

It refused to bear the over-expenditure but said there was no objection to spreading the extra cost of the houses over all 17 231 houses already built or under construction at Mitchells Plain.

This was the course recommended by the the City Engineer, Mr J G Brand. If the council agrees to it, another R71 will be added to the cost of each house at Mitchells Plain.

The City Treasurer, Mr J B Watkins-Baker, has pointed out that two of the big 5 000 house schemes in the Plain are already carrying "excess costs" of R1 000 a house.

If the council borrows money to pay the extra R1,8m the repayments will add 0,3 percent to the rates for the next 30 years.

The over-spending on the 702 houses is made up of R1,2m on construction costs and repairs and R500 000 in extra interest charges which have been capitalized.

In his report on the situation, Mr Brand said the cut-back in State housing funds had extended the construction period for the houses from 21 months to 36 months. During this time overhead costs rose steeply as the size of the working force fell, but repayments on redundant plant and vehicles remained. An excess of materials built up and compensation had to be paid to sub-contractors because of the longer construction period.

The drastic slow-down affected morale and there was poor workmanship and a drop in productivity. About R228 000 had to be spent on repairs to the houses.

The Housing Committee decided at its meeting yesterday to recommend that the extra costs should be met from the general rate fund.

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(89)

Keeping abreast . . . in Britain and South Africa

FOR the past nine years Britain has been running an active breast cancer screening programme for women, and 13 000 a year are seen at various units. Now a huge London unit has opened, doubling the numbers screened.

"At present we are seeing 30 women a day," said Dr. Patricia Last, the head of the unit. "In September we will be increasing it to 50 and then 60 a day."

Probably the single most important aspect of the unit is the Women's Screening Profile, which deals only with the breasts and pelvis (cost about R50).

Thirteen thousand women a year die of breast cancer in Britain, and since the earlier a diagnosis can be made the better the chance for a cure, the argument for this kind of screening is self-evident.

"The main aim of screening is to identify the vulnerable people," said Dr. H. Beric Wright, deputy chairman of the medical centre. "But we believe there is a strong case for health maintenance as well so we are going in for a preventive and curative service as well as just screening."

As part of this, the new unit has increased its clinical facilities and has begun to include special clinics.

On the local scene, spokesmen for the breast clinic division of the Department of Surgery at Addington said cancer screening was available, and the idea of an active programme was investigated about five years ago but rejected.

"We do not believe in screening all women by X-ray because X-ray is not without hazard and may actually cause cancer," said one.

He did not even favour mammography, a more sophisticated form of X-ray, across the board "because although the risk is reduced, it is still there."

He and his colleague said this type of examination should only be resorted to in the case of women with higher cancer risks.

These were older women, usually over the age of 35, women who had breast cancer in the family, who had already had one breast removed, who had lived life as celibates, or who had children later in life, particularly if they didn't breast feed them.

Women in these groups should have annual check-ups, they said.

Age was an important factor, because lumps in the breast were common in young women and most were benign; it was difficult to detect them through X-ray because young breasts were more glandular whereas older ones were fatty and more translucent to X-ray.

The spokesmen agreed that an active programme of screening encouraging all women to examine themselves regularly for breast cancer and to report to their doctors if they found any lumps would be a good thing:

"One in 15 women will develop breast cancer in the normal lifespan of 70 years," they said, adding one in four men will get cancer of the prostrate.

They felt, however, that the National Cancer Association was already doing much in this field, though many of the cases they received at Addington were still advanced.

A spokesman for the Cancer Association reported that in 1978 their films and lectures covering all aspects of early diagnosis of cancer were attended by 30 759 White women, 417 Indian and 26 325 African.

"We go to all the women's and church organisations, and we circularise factories and visit any that invite us," he said.

He said the association would welcome an all-out programme, if enough interest was shown by commerce and industry. He felt he had the staff to cope.

"Already one large business arranges for all its female staff and the wives of its male staff to attend our lectures and films every two years," he said.

"A week later, a gynaecologist visits and does pap smears for them which he sends to us. This is completely free to the staff, and done for all races.

"Should a slide prove positive, the woman's doctor is notified confidentially, and he takes up her case.

"I would like to see this become the trend for all organisations with large numbers of female employees."

● Booklets on self-examination are available from the Cancer Association, P.O. Box 17173, Congella 4013, and the spokesman said all people should look out for the following warning signs that might indicate any one of the 270 known varieties of cancer:

1. Unusual bleeding or discharge.
2. A lump or thickening of the breast, or elsewhere.
3. A sore that doesn't heal.
4. Change in bowel or bladder habits.
5. Unexplained hoarseness or cough.
6. Indigestion or difficulty in swallowing.
7. Change in size or colour of a wart or mole.

Should these signs persist for more than two weeks, you should see a doctor.

GLYNIS HORNING

Pet owners warned as rabies hits Natal

(89)

3/10/79 N.M.

OLD FAMIL

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them.

SPATCHCOCK - 1900

1 young fowl
brown bread crumbs
herbs

Cut the fowl thro
melted butter. S
chopped parsley

May Bennett, Ridgeworth

123

ONION RINGS

Peel and slice large onions, and seperate the rings. Heat a pan; add oil. Dip the rings in milk and then coat with flour, and fry till brown in the hot oil. Drain the oil off on a paper towel and season with salt and pepp

sels said.

Careful

A Veterinary Department spokesman said dog and cat owners in Durban and district should be careful with their pets and ensure they were in possession of valid rabies vaccination certificates.

By law every pet should be vaccinated first at six months and then again every three years. After an outbreak such as the present one animals should be vaccinated annually until there have been no reported cases for six months.

Pets may not be removed from a magisterial district unless owners have travel permits from the Veterinary Department.

"It is an offence to drive a pet from Pinetown to Durban and vice versa," the spokesman said.

Contravening the law can mean a minimum fine of R200, confiscation and destruction of the pet.

Mercury Reporter

THREE cases of rabies have been confirmed at Lamontville near Durban, and suspected cases have been reported at Umzinto and Mariannhill in one of the most widespread outbreaks of the disease in recent years.

The three Lamontville cases are all puppies from the same litter and, according to a spokesman for the Department of Veterinary Services, the disease was in its late stages.

The two suspected cases are both dogs, one from Umzinto and the other from the Mariannhill area.

It is believed there must be another dog or cat in Lamontville with rabies because the owner of the puppies said they were always kept at home.

Vaccinations

The eight people in his family who have come in contact with the puppies are having vaccinations against the disease, and on Saturday all dogs in the area are to be vaccinated by teams from the State Veterinary and State Health Departments.

The outbreak is cause for concern, according to Dr. Brian Wessels, chairman of the veterinary clinicians group of the South African Veterinary Association.

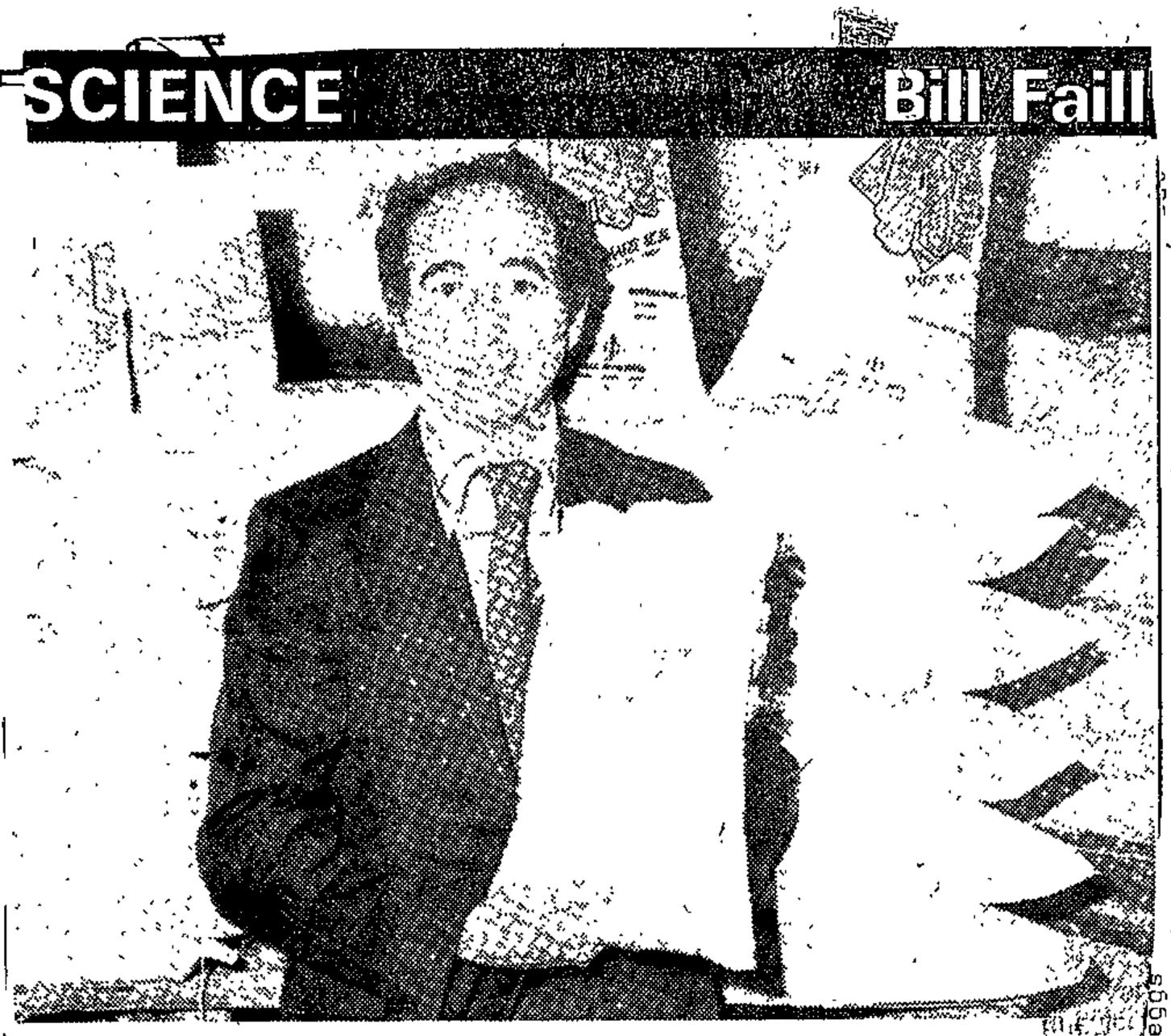
"When a case is reported every dog and cat within a 50km radius, which has not been vaccinated within the past year, should be revaccinated immediately.

"Such a procedure would put huge pressure on the State Veterinary Service, which is already committed to fighting a massive outbreak in Natal of sheep scab, and so all private vets in the greater Durban area have agreed to help."

Dr. Wessels suggested State vets should concentrate on African areas and White pet owners should take their animals to their local vets as soon as possible.

"All private vets have agreed to do vaccinations at cost and not to see this outbreak as a source of money-making. We will do this because we are genuinely concerned about the consequences should it get out."

SCIENCE — Bill Faill



DR. B. D. VAN NIEKERK, technical director of Tongaat Milling, believes Tongaat's vitamin-enriched maize meal will do much to reduce the incidence of pellagra — one of the country's most widespread nutritional deficiency diseases.

Meeting the menace of pellagra

89 4/10/79 N.M.

THE 100 000 victims of pellagra annually treated in South African hospitals may soon be almost a thing of the past.

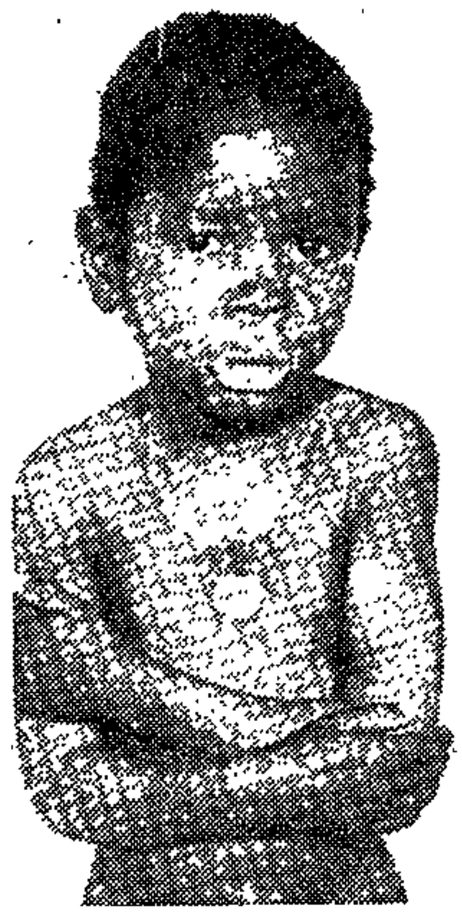
The answer to pellagra has been known for years — the enrichment of the maize which is the staple diet of so many people in this country with two vital vitamins of the B-group that are lacking in the cereal.

This would cost only a few cents for each 80 kg bag of mealie meal.

But it has never been possible to get Treasury approval to spend the necessary money to implement a national fortification scheme, although the medical Research Council and the Minister of Health have pressed for this.

Welcome

Now two South African food firms, Tongaat Milling and Fedfood, have become the first in the country to market an enriched mealie meal. The move has been described as "very welcome" by Professor A. J. Brink, head of the MRC.



A typical pellagra victim.

from it in the U.S.

In South Africa, the fortification of a staple food was first tried in 1952, when Bremer bread was introduced. This was a brown loaf enriched with defatted groundnut flour, skimmed milk and calcium.

The scheme was withdrawn a few years later due to the fact that the population needing the extra protein were not brown bread eaters.

Mealie meal fortification will not run into these sort of problems, says Dr. du Plessis.

"It has been exhaustively tested on sound scientific grounds in the laboratory and also in a target community.

Equation

"This type of supplementation of a basic foodstuff can be equated to the effects of preventative immunisation on a daily basis," he said.

"Food fortification is, of course, an accepted public health measure aimed at improving and maintaining health. It is still commonly used in Europe and the U.S.

"As nutritionists we believe that this is not the ideal answer to the problem of adequate nutrition but until effective health education programmes are introduced and socio-economic conditions improve, it is a highly effective and economical way of coping with the problem."

1/4 t ground spice
3 beaten eggs

Mix all ingredients together well. Tie in a pudding cloth, and boil for three hours. Serve with hot nutmeg sauce. This recipe was used for Christmas dinner in 1916 by my mother and gran, who says "we used 1 cup of flour and 1 cup of stale breadcrumbs instead of 2 cups of flour. Very successful".

---oOo---

MUTTON, ROAST SHOULDER OF 1900

shoulder of mutton
dripping
salt
flour

Put the joint to a bright clear fire, floured well. Baste contin-

PURCHASING OFFICE

We have received your Purchase ... ew/
second hand typewriter.

Could you please furnish us wit ... records
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(2) Full-time post .....
(3) Additional post .....
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Rabies 'cause for concern' insists vet

5/10/79 (89)

Mercury Reporter

THE outbreak of rabies in Natal and Zululand is not cause for panic — but it is certainly cause for concern, a Pinetown private vet said yesterday.

He was commenting on the difference in figures for the number of cases confirmed since the weekend — given by him as five and by the authorities as two.

The Assistant Director of Veterinary Services in Natal, Dr. P. J. Posthumus, said last night that there were definitely only two cases — one in Lamontville, near Durban, and one from the Umzinto district. He denied that other cases were being kept quiet to avoid panic.

"The only panic has arisen from over-reporting," he said.

But the private vet was equally adamant that his figures were correct: three puppies in Lamontville, a confirmed case at Mtubatuba in Zululand, and the Umzinto case.

"The disease is slowly moving south. This is the message that the public should get loud and clear. It could be a time bomb waiting to explode. And while saying this I am not trying to whip up a scare story. I am trying to urge people to have their animals vaccinated.

State vets will set up vaccination centres tomorrow at the health clinic in Luthuli Street, Lamontville; the community hall in Kaula Road, and the Gijima Lower Primary School in Hadebe Street. The vaccinations are done free of charge.

Clinics will be set up in Umzinto early next week.

ING PRACTICE

S

new plant for R60 000
provided at 12½% p.a.
lowance is granted for
20% on the reducing
19.6 and 42% in 19.7,
000 and R50 000
ars ended 31.12.19.6

nat is the balance on deferred tax account in respect
of the plant at 31.12.19.7, assuming

a) deferral method

b) liability method?

how how the tax charge will be disclosed in the
ncome statement for the year ended 31 December 19.7,
ssuming

a) deferral method

b) liability method

(assume there are no other items causing
timing differences)

w will the answer to 2. be affected by the existence
an extraordinary gain on disposal of a division of the
mpany, amounting to R70 000, all of which was taxable,
the 19.7 financial year?

w does the answer to 3. change if the R70 000 is now a
luctible loss, which can be set off against the taxable
come from other sources of R50 000? Draw up the
come statement assuming the deferral method is used.

ther to Note 4, assume now that the company has a set
fit before depreciation of R60 000 in 19.8.

w up the income statement for the 19.8 financial year
er a) liability method

b) deferral method

ime the tax rate remains 42%

Cancer 'cure' can cause death—warning

Star 9/10/79 (89)

Pretoria Bureau

Quacks are prejudicing the chances of recovery of some cancer victims in South Africa by persuading them to try a "cure" that is, in fact capable of causing death from cyanide poisoning.

Scientific tests have shown that the so-called Vitamin B-17, said to be found mainly in apricot pips, has no value in the prevention, treatment or cure of cancer, according to Mr J P F Delport, Secretary of the National Cancer Association of South Africa.

On the contrary, the "cure" is a dangerous medicine and a modern fraud, whether it is sold as a medicine under its chemical name "Amigdaline" or as a vitamin.

Its greatest danger is that it may cause cancer patients to deny themselves proven treatment until it is too late, and it also contains cyanide.

UNLAWFUL

Fatalities caused by cyanide poisoning have been reported in the United States, where in a recent experiment with the "cure" six out of 10 dogs treated died, one recovered and three suffered from a neurological ailment varying from partial paralysis to a coma.

Mr Delport says this "cure" is not available in this country unless it is unlawfully obtained by quacks, and adds that it is against the Medical Dental and related health Professions Act of 1974 for anyone to claim that he can cure cancer.

Mr Delport will be one of the speakers at the Oncology (study of tumours) Nursing Symposium in Pretoria on Friday and Saturday which is expected to be attended by nearly 1 000 nurses.

Cancer research, cancer education and recent developments in the treatment and nursing of cancer patients will be discussed.

ONION RINGS — May Bennett, Ridgeworth

Peel and slice large onions, and separate the rings. Heat a pan; add oil. Dip the rings in milk and then coat with flour, and fry till brown in the hot oil. Drain the oil off on a paper towel, and season with salt and pepper.

---oOo---

OLD FAMILY OR VINTAGE RECIPES

1820 and A1

FRENCH PANCAKES - 1902

2 eggs
2 ozs butter
2 ozs sifted flour

Beat eggs thoroughly, add butter a
sugar and flour, and when well mi
a couple of minutes. Pour on to t
quick oven for 20 minutes. Serve
sugar, or pile on a hot plate, wi
till well done. Serve with a sharp sauce.

---oOo---

PLUM PUDDING — May Bennett, Ridgeworth

2 cups flour
1 t baking powder
1 large cup brown sugar
1 cup currants
3 beaten eggs
1/4 t ground spice
1 small cup chopped raisins
1/2 grated beef suet
1/2 pt milk
1/2 t salt
a little mixed peel finely cut

Mix all ingredients together well. Tie in a pudding cloth, and boil for three hours. Serve with hot nutmeg sauce. This recipe was used for Christmas dinner in 1916 by my mother and gran, who says "we used 1 cup of flour and 1 cup of stale breadcrumbs instead of 2 cups of flour. Very successful".

---oOo---

MUTTON, ROAST SHOULDER OF 1900

shoulder of mutton
dripping
salt
flour

Put the joint to a bright clear fire, floured well. Baste contin-

More rabies, not enough vaccine

Mercury Reporter

ANOTHER outbreak of rabies in the densely populated township of Umlazi, near Durban, coupled with a shortage of the vaccine, has alarmed local residents.

In Umlazi alone there are more than 25 000 dogs but only 10 000 doses of vaccine have been ordered, a spokesman for the KwaMashu polyclinic said yesterday.

The order was placed by the Department of Agriculture and Veterinary Services who deal with KwaZulu diseases.

The spokesman said it was unlikely that more vaccine would be needed as not all residents brought their dogs to be inoculated. He had been assured more vaccine could be ordered if needed.

Intricate

Immunisation points would be set up as soon as possible. These will be published in the Natal Mercury when they are known.

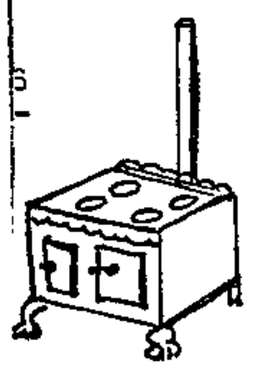
A spokesman at Onderstepoort Animal Research Laboratory said yesterday the intricate and time-consuming process of producing the vaccine was the reason for the shortage.

It took two months to complete.

Vaccine was imported from overseas but the limited shelf-life made it impossible to purchase in large quantities.

"It can be produced in six weeks but that means a lot of overtime and the situation is not that critical at present," the spokesman said.

Vaccine delay in townships



Mercury Reporter

PET owners in the densely - populated townships of Umlazi and Kwa Mashu — where a positive case of rabies was discovered this week — face a critical two-week delay for urgently - needed stocks of vaccine.

Then only 30 000 doses will be available while there are 50 000 dogs in the two townships. To ensure the deadly disease is stamped out, all dogs have to be inoculated.

Mr. F. F. de Witt, chief stock inspector for KwaZulu said yesterday that although the rabid dog was found in Umlazi both urban townships were in constant contact and all dogs had to be treated.

"I was told by [illegible] Understepoort that there was a two-week delay and all our stocks have been depleted. Two weeks ago we immunised all the dogs in the Mtubatuba area where a positive case was found," Mr. de Witt said.

He could not understand the widespread rabies outbreak this year as the disease had been almost non-existant except for isolated cases in Zululand.

By the end of this year he expected the whole of KwaZulu's dog population to be vaccinated.

Mr. de Witt said the African population had responded tremendously, taking their pets for jabs and estimated that 99 percent of all dogs in areas covered so far had been inoculated.

Meanwhile Durban vets indicated that [illegible] receiving doses of vaccine and were coping with the rush.

Symptoms

Rabies symptoms in people and animals can take up to six months before showing, but generally in Natal the disease is noticeable about four weeks after infection.

Once the disease affects the brain there is no cure.

Initial symptoms are a noticeable change in temperament with an infected dog biting at odd things, drinking a lot of water and eating sticks, stones and soil.

The next stage involves unusual shyness, nervousness, irritability excitability and acute sensitivity to light.

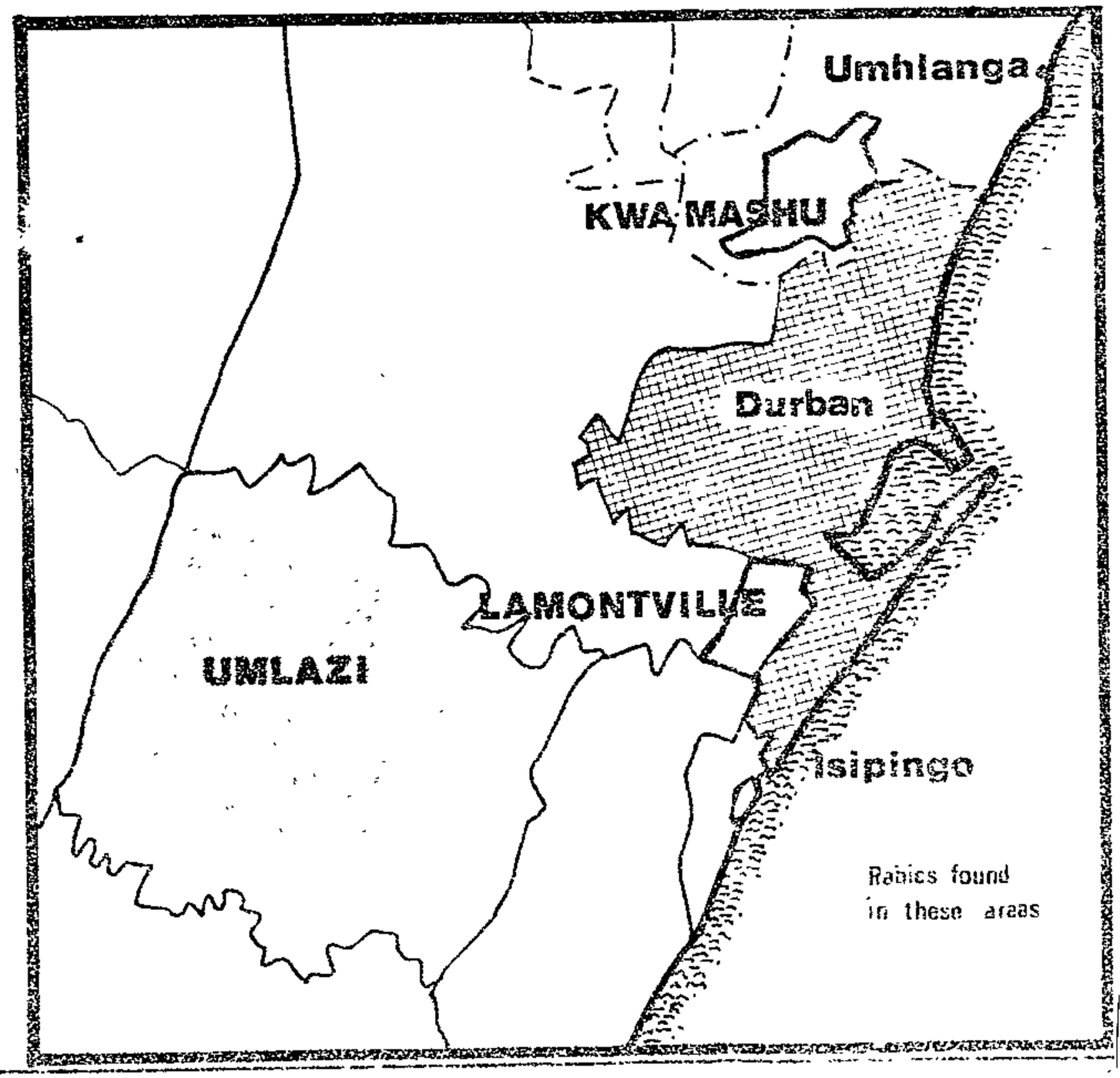
An animal will tend to roam and wander aimlessly and a male might experience an increased sex drive.

Throat paralysis develops and the jaw drops. A person would think the dog has something stuck in his throat but because of the paralysis he cannot swallow and this causes respiratory malfunctioning and creates frothiness around the mouth — vomiting is not a symptom, vets say.

The final stage is convulsions before death.

People, once rabies is established, will become aggressive, have a fanatical fear of fluids, start frothing at the mouth and turn violent.

Those bitten by dogs should take a course of injections.



(89)

GG6906

made under Government Notice R. 565, dated 27 March 1975, as amended by Government Notices R. 1000, dated 11 June 1976, R. 599, dated 15 April 1977 and R. 2315, dated 24 November 1978, by substituting the following for the First Schedule:

"The fees payable under regulation 15 shall be as follows:

(a) *In-patients:*

(i) *Admission fees (payable in advance):*

According to gross income:

R0–R1 200 per annum = R1,50.
R1 201–R2 400 per annum = R3.
R2 400 and over per annum = R6.

(ii) *Daily maintenance fees:*

According to gross income:

R0–R1 200 per annum = Free.
R1 201–R2 400 per annum = 75c per day.
R2 401–R3 600 per annum = R1,50 per day.
R3 601 and over per annum = R4 per day.

Rebates:

(a) Longer than 30 days: 25 per cent for the period in excess of 30 days.

(b) Longer than 60 days: Besides the rebate referred to in (a), a further rebate of 50 per cent for the period in excess of 60 days.

(c) Longer than 180 days: Besides the rebate referred to in (a) and (b), a further rebate of 100 per cent for the period in excess of 180 days.

(b) *Out-patients:*

According to gross income:

R0–R1 200 per annum = 75c per consultation.
R1 201–R2 400 per annum = R1,50 per consultation.
R2 401 and over per annum = R3 per consultation.

For visits when medication is fetched, a fee of 50c per visit is charged (to persons with a gross income of more than R1 200 per annum. (*N.B.*—For persons with an income of less than R1 200 per annum: free of charge per visit.)

Rebates:

After one year or 12 visits = 25 per cent.
After two years or 24 visits = 50 per cent.
After three years or 36 visits = 100 per cent.

(c) The fees applicable to in-patients from outside the Republic shall be R6,50 per day.

uitgevaardig by Goewermentskennisgewing R. 565 van 27 Maart 1975, soos gewysig by Goewermentskennisgewings R. 1000 van 11 Junie 1976, R. 599 van 15 April 1977 en R. 2315 van 24 November 1978, verder gewysig deur die Eerste Bylae deur die volgende te vervang:

"Die gelde betaalbaar kragtens regulasie 15 is soos volg:

(a) *Binnepasiënte:*

(i) *Toelatingsgelde (vooruitbetaalbaar):*

Volgens bruto inkomste:

R0–R1 200 per jaar = R1,50.
R1 201–R2 400 per jaar = R3.
R2 400 en meer per jaar = R6.

(ii) *Daaglikse onderhoudsgelde:*

Volgens bruto inkomste:

R0–R1 200 per jaar = Gratis.
R1 201–R2 400 per jaar = 75c per dag.
R2 401–R3 600 per jaar = R1,50 per dag.
R3 601 en meer per jaar = R4 per dag.

Kortings:

(a) Bo 30 dae: 25 persent vir die tydperk bo 30 dae.

(b) Bo 60 dae: Benewens die korting in (a) bedoel, 'n bykomende korting van 50 persent vir die tydperk bo 60 dae.

(c) Bo 180 dae: Benewens die korting in (a) en (b) bedoel, 'n bykomende korting van 100 persent vir die tydperk bo 180 dae.

(b) *Buitepasiënte:*

Volgens bruto inkomste:

R0–R1 200 per jaar = 75c per konsultasie.
R1 201–R2 400 per jaar = R1,50 per konsultasie.
R2 401 en meer per jaar = R3 per konsultasie.

Vir besoeke waar medisyne afgehaal word, word 50c per besoek gevra vir persone met 'n bruto inkomste van meer as R1 200 per jaar. (*N.B.*—Vir persone met 'n bruto inkomste van minder as R1 200 per jaar—gratis per besoek.)

Kortings:

Na een jaar of 12 besoeke = 25 persent.
Na twee jaar of 24 besoeke = 50 persent.
Na drie jaar of 36 besoeke = 100 persent.

(c) Die gelde wat van toepassing is op binnepasiënte wat van buite die Republiek afkomstig is, is R6,50 per dag.

with selected major categories of disease. Clearly, this is an entirely

Heart disease findings 'shocking'

CAPE TOWN. — The findings of a study on the incidence of coronary heart diseases in rural communities in the south-western Cape were "shocking", the South African Medical Research Council said yesterday.

It was found that 6% of the mainly Afrikaans-speaking rural population suffered from coronary heart diseases.

Prof A J Brink, president of the MRC, said 7 300 whites between the ages of 16 and 65 years living in Swellendam, Riversdale and Robertson were studied.

The research team had found that at least two thirds of the people suffered one or more of the high risk factors associated with coronary heart diseases.

The factors included high blood cholestrol, high blood pressure, smoking, overweight and lack of exercise. Each of these factors had been proved to lead to heart ailments in overseas studies.

Prof Brink said the high blood cholestrol found was "disturbing".

This high risk factor and the fact that more than a quarter of those studied suffered from high blood pressure, of which a further 35% were overweight, painted a bleak picture.

It was also found smoking habits were severe, with more than 22% of the adults smoking more than 10 cigarettes a day.

Prof Brink said coronary heart diseases were claiming the lives of more South African men than road accidents and cancer combined. The cost of this disease to the Republic's economy was about R200-million a year in the form of lost hours and insurance claims. — Sapa.

RDM 89
19/10/79

simple methods of prevention.

ACKNOWLEDGEMENT

The writers wish to thank the Board of the Colonial Mutual Life Assurance Society for their generous financial assistance.

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ONION RINGS — May Bennett, Ridgeworth

Peel and slice large onions, and separate the rings. Heat a pan; add oil. Dip the rings in milk and then coat with flour, and fry till brown in the hot oil. Drain the oil off on a paper towel, and season with salt and pepper.

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OLD

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till we

PLUM PU

2 cups
1 t baking powder
1 large cup brown sugar
1 cup currants
3 beaten eggs
1/4 t ground spice
1/2 pt milk
1/2 t salt
a little mixed peel finely cut

Mix all ingredients together well. Tie in a pudding cloth, and boil for three hours. Serve with hot nutmeg sauce. This recipe was used for Christmas dinner in 1916 by my mother and gran, who says "we used 1 cup of flour and 1 cup of stale breadcrumbs instead of 2 cups of flour. Very successful".

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MUTTON, ROAST SHOULDER OF 1900

shoulder of mutton
dripping
salt
flour

Put the joint to a bright clear fire, floured well. Baste contin-

89 19/10/79 N.M.

Two more positive cases of rabies reported in Empangeni

Mercury Reporter

TWO positive cases of rabies have been found in Empangeni and there are fears of further outbreaks.

One of the rabid dogs belonged to an Empangeni medical practitioner and the other to a family near the town.

So far seven positive cases have been discovered in Natal and Zululand since the first case a few weeks ago.

Stray dogs have been blamed for carrying the deadly disease and veterinary surgeons all over the province have warned pet owners to ensure that their dogs do not come into contact with strange animals.

A Zululand vet urged people to warn their local SPCA to have stray animals captured and checked for symptons.

This was a very difficult task, especially in the African townships where rabies was most rampant.

A Durban vet said: "Anybody coming into contact with a strange dog — or cat — must ensure that the saliva, which carries the rabies, has not been transferred to them or their pets."

[redacted]

processes is essential; and the division will have to be more fine the more discriminating public decisions can be. [10]

The results of programme budgeting may be valuable in themselves, although the mere procedure does not necessarily ensure that better decisions will be made. Their potential is realised only if there follows an assessment of the value of expenditure in each programme.

2.2 Programme Evaluation

Methods of evaluation range from simple proced
where the conclusions are left largely to intu
processes which present more or less clear-cut
precise methods, most of the value judgements
in advance. Some points on the spectrum betw
analysed below.

2.3 Looking at Expenditure

Basically, one is looking for inconsistencies.
logical axiom, basic to economics, is that a ra
mately the same value in whichever programme it
social benefit from the marginal expenditure on
that on another, one can do better by withdrawir
programme and increasing expenditure on the firs
a breakdown of the budget between programmes, th
may be compared with our intuitive notions of ho
on these things. Our judgement will depend on
fits of expenditure under each programme to be,
analysis seeks to formalise (see below). For ex
that expenditure on preventive medicine constitut
expenditure on health, [11] it may be felt that the
of provision warrant an increase in the share of

Unfortunately, such intuitive processes can pick
congruities which are recognised by all, whatever
used. The optimum level of expenditure on a part
from the point of view of intuitive judgement, hig
the wide variation in benefits attributable to a p

ing. This is partly due to a deficiency in information on the results of the programmes which can be resolved by recourse to appropriate data. Nevertheless, there will also be differences of judgement which cannot be resolved without prior agreement on the relative valuation of different benefits which have to be fed into the analysis; and in the intuitive process, these two factors may not be differentiated.

A very large proportion of decisions are now taken with no further analysis than this. Any further steps involve a way of systematically valuing the benefits of different programmes to render them comparable to one another.

By PETER BAYER

SOUTH AFRICA'S medical authorities were warned in 1975 that a comprehensive campaign was urgently needed to cope with illness among the country's black population, particularly in the field of rheumatic heart disease.

But little — if anything — has been done.

A survey published in the British Medical Journal of August 23, 1975, says that the rate of rheumatic heart disease among black children in South Africa was exceptionally high — 6,9 per 1 000, with a peak rate of 19,2 per 1 000 children aged 15-18.

The authors claim this is an unacceptably high incidence which would not be found in an area with adequate health services.

The survey says: "A comprehensive preventive campaign is urgently needed in South Africa, directed at both primary and secondary prophylaxis (prevention) of rheumatic heart disease. The socio-economic status of the community must be improved if optimal prevention is to be achieved."

Another survey on the same subject, conducted in 1976 and printed in the American Heart Journal, said no children examined in an initial survey had received preventive treatment.

A third survey on the socio-economics, health and culture of Soweto in April, 1977 — printed in the South African Medical Journal — says: "The results (of the survey) reveal considerable socio-economic ills, of which the most important is the observation that 30% of the families live below the poverty datum line, even when there was more than one wage-earner.

"More emphasis on health education and the promotion by health personnel of the background of clinic and hospital patients are urgent priorities for the health services."

The surveys back claims by the Medical Students Council of the University of the Witwatersrand, which feels that the emphasis in South African medicine — both in teaching and practice — is inappropriate, and that there should be more emphasis on preventive medicine.

There are no health services yet for black schools, although there is a dental service. A school health service for Soweto "has been proposed".

Reacting to criticism of Baragwanath hospital, the president of the Medical Students Council, Mr Steve Tollman and executive member Mr Anthony Zwi, said the health problems of Soweto were "fundamentally determined by political factors rather than medical".

Baragwanath was bearing the brunt of these problems which no hospital was equipped to deal with, they said.

Black disease was founded on poverty. Major illnesses were rheumatic heart disease, tuberculosis and malnutrition.

"There are inadequate immunisation programmes in black rural areas. Measles, for example, is generally only fatal if the patient is undernourished. Black children are dying of measles, which proves this point," they said.

The new Johannesburg Hospital was also criticised. Mr Zwi said the hospital had cost in the region of R100-million to construct and about a third of that a year to run.

He said the money would have been better used for improved health facilities for the needy.

Surveys back claims about 'black' diseases in SA

24/10/77

++ +++ ++++ 0

* Added to test scoring method

THE KIDS WHO SANG A LAST GOODBYE

Weeping mother goes off to die of cancer

THEY took her downhill from the shanty, in a wheelbarrow, to a waiting car. Her five children stood motionless as she kissed them goodbye — forever. Then, in harmony, their voices filled the air: "Mother, oh gracious mother, how we love you . . ."

Her eyes moist, afraid to look back, Mrs Nhlakasi Jolinkomo, 35, left the dust of the Inanda Valley. The voices wafted across the valley. She might never hear them again.

She left to go to die in a hospital, to live on painkillers for her last days on earth as cancer of the cervix ate at her.

By KEVIN MAYHEW

Mrs Jolinkomo's story was told in the Sunday Express a fortnight ago. She was found in her shanty home at Inanda, near Durban, penniless and on the brink of death. Penny May, a 17-year-old Durban student, awakened the concern of the province and raised R230 to aid the helpless woman.

Mrs Jolinkomo had been discharged from Durban's King Edward VIII hospital to see out her last weeks with her children. But this week, the pain became too much and she was persuaded to go back to hospital. Her children are now alone. Even as you read this, Mrs Jolinkomo may be dead.

The Sunday Express went to see her at the Osindisweni Mission Hospital on the North Coast. There was no recognition in her eyes, only a faraway look. Mrs Jolinkomo had given up.

"I believe I will die anytime now, but I cannot say when. Only He can say that. God knows and I listen to Him," she told me. Then she gave a weak smile.

She remembers the children singing: "It was so sad for me to hear them. It was so beautiful, but I could not look back at them. I only thought of God and said to myself that it was His will."

And so she waits to die. With spasms of excrutiating pain, death may well be a welcome relief.

Her children: Thembilo, 13; Velile, nine; Zamek, seven; Nkazinyana, four; and Thumel, two; face an uncertain future. The Department of Welfare will try to find homes for them.

The money that has been donated will not last for ever. Much of it will be spent on hospital fees for Mrs Jolinkomo.

Yet she has no fear. "My children are happy. They are God's children. They are with my friends now."

● There's still a smile from Mrs Nhlakasi Jolinkomo as she waits for death on her hospital bed with Penny May, 17, who collected cash for the family.

where no numerical data is available.

* Added to test scoring method

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Bara's sights on heart disease

89

RDM 8/11/76

By PETER BAYER

THREE doctors at Soweto's Baragwanath Hospital have begun fighting the high incidence of rheumatic heart disease in Johannesburg's townships.

The campaign, to prepare the way for a major national project, will be headed by Dr Roger Blackwood, head of the hospital's cardiac unit, Dr Paul Devaux and Professor Lucy Wagstaff.

At the end of this month they will present their findings to a national conference on rheumatic heart disease in the hope that a national prevention programme will be launched.

The superintendent of Baragwanath, Dr P J Beukes, has given the go-ahead to the pilot project, but doctors are relying on the public for funds.

The campaign is the result of a survey — published in 1972 in the British Medical Journal with a follow-up report four years later — in which the need for a comprehensive preventative campaign was emphasised.

The survey's findings — revealed in the Rand Daily Mail recently — indicated that there was an alarmingly high incidence of rheumatic heart disease in the townships and that despite earlier warnings, no preventive measures had been taken.

Figures showed that the overall prevalence of rheumatic heart disease was 6,9 per 1 000, with a peak rate of 19,2 per 1 000 in Standard Five schoolchildren.

Rheumatic heart disease begins with throat infections and Dr Devaux said there were difficulties in explaining the relationship between a sore throat and heart trouble to the public.

"Our campaign will include lectures to secondary schools and group participation programmes in primary schools. We will be simplifying our campaign by distributing a cartoon strip, in which a soccer star, Jomo, suddenly finds he cannot keep up with the pace. A doctor tells Jomo he has rheumatic heart disease and explains the root of the problem — a simple sore throat."

Dr Devaux said tackling the rheumatic heart disease problem was "an enormous task".

He explained that the disease could be countered with penicillin, but that there was "a low compliance to the 10-day course".

The primary prevention of rheumatic heart disease — treating sore throats with penicillin — was being handled by two trained community health workers who were doing throat swabs under supervision. However, Dr Devaux said, it was hoped that in the near future the number of community health workers would be increased and trained sisters added to the team.

"The first results of the campaign will only be known in about five years time," Dr Devaux said.

"Then there will have to be another major survey which will show the impact of the campaign."

He said he expected the National Heart Effort to assist the campaign.

The prevention campaign is presently limited to one school in Diepkloof. Only after the conference at the end of November will it extend to other township schools.

"We would ultimately like our campaign to slot into the State Health Service," Dr Devaux said.

"In the 50s, there was a similar campaign against rheumatic heart disease in the United States. It was very costly, but rheumatic heart disease has been virtually eliminated there."

He said the poor socio-economic state of the townships was a factor against a successful campaign.

Each year at Baragwanath several hundred operations had to be performed to replace heart valves damaged by rheumatic heart disease. But surgery is not curative and further operations are often called for. The average life span of a new heart valve is 10 years.

"In addition, patients need constant medical attention," Dr Devaux said.

8/11/84

89 DS

Heart disease rate in SW Cape 6 per cent

EAST LONDON — A survey in the rural areas of the Cape has revealed shock figures on the extent of coronary heart disease.

The survey, conducted in the South Western Cape among 7 300 whites, found that the prevalence of coronary heart disease was as high as six per cent.

The investigation, the first ever conducted, underlined the necessity for a concerted effort against heart disease in South Africa, Prof A. J. Brink, the president of the Medical Research Counciln said in a statement.

The high incidence in this rural, predominately Afrikaans population, of heart problems resulted from the very high levels of risk factors for heart disease, he said.

The research team had shown that a third of the population studied had at least one of the major risk factors commonly associated with coronary heart disease.

These factors included elevated blood cholesterol, high blood pressure, smoking, overweight and lack of exercise — each of which had been shown to be linked to the development of heart disease in numerous overseas studies.

"What is particularly disturbing is the extremely high level of cholesterol found in this population — these levels were higher than those found in three studies of equivalent American populations.

"This, seen together with the fact that more than a quarter of the population have high blood pressure and 35 per cent are overweight, paints a very poor picture as far as cardiac health is concerned.

"Furthermore, cigarette smoking was also found to be surprisingly heavy with more than 22 per cent of the adults seen smoking more than ten cigarettes a day," Prof Brink said.

In South African coronary heart disease now accounted for more white male deaths than road accidents and cancer combined and is estimated to cost the Republic's economy about R200 million each year in lost work and insurance claims.

The National Heart Effort was continuing its study in the South Western Cape with a planned information and education programme aimed at reducing the incidence of coronary heart disease in the population.

The success of the programme would depend on how effectively the risk factors could be reduced in the whole community.

"But the coronary heart disease situation in South Africa calls for further studies in other population groups and in other environments.

"The National Heart Effort is looking for funds — to carry out these studies and to intervene to lower the number of deaths from heart disease in South Africa," Prof Brink said. — PC

XIV

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1-4	0,05	0,05	0,05	0,02	0,04
5-24	0,01	0,01	0,01	0,02	0,00
25-44	0,00	0,00	0,00	0,01	0,00
45-64	0,00	0,00	0,00	0,00	0,00
65+	0,00	0,00	0,00	0,03	0,00
ALL	0,03	0,04	0,04	0,03	0,03
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	W	
	M	F
0-1	1,57	0,76
1-4	0,05	0,04
5-24	0,01	0,00
25-44	0,00	0,00
45-64	0,01	0,00
65+	0,02	0,01
ALL	0,04	0,02
NO.	87	43

XV CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY

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	M	F	M	F	M
0-1	16,92	11,55	29,22	24,78	23,[illegible]
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Cold chain to combat polio

10/11/79 DD 89

British medical journalist VERONICA ROSE reports on the Stop Polio campaign and the development of an ice-making machine and "cold chain" to bring vaccine to people in rural areas.

Each year thousands of children in the world die from poliomyelitis and an equal number are left permanently maimed, yet the disease can be prevented by vaccination.

Poliomyelitis takes two specific forms, paralytic and non-paralytic. It is an infection caused by a virus which particularly attacks motor nerve cells in the spinal cord and the brain. The virus can be conveyed by flies, hence the greater incidence of the disease in hot countries, particularly those in the poorer parts of the world. It can also be carried by humans who, though not developing the disease themselves, can pass it to others through droplet infection.

World Health Authority doctors are convinced the disease could be largely eradicated by a massive vaccination campaign spread over at least twenty years if necessary.

The British Save the Children Fund has launched a Stop Polio campaign as its contribution to the UN International Year of the Child. One of the first countries to benefit from its vaccination campaign will be Malawi.

Infant mortality there is high: 140 out of every 1 000 babies born will die and one third of all children do not survive beyond their fifth birthday. They do not all die of poliomyelitis, of course, but of 8 000 children selected at random for medical examination, 8,2 in every 1 000 had been crippled by polio, and those figures do not include children who died from the disease.

Since the late 1950s and early 1960s two oral vaccines developed by American doctors, Salk and Sabin have been available. The vaccine is dropped on to a lump of sugar and taken by mouth. After three doses a child is protected for life.

The cost of conferring life immunity is about R1,50 per person, but the major initial cost lies in preparation for the conveyance of the vaccine. It is extremely unstable and even a short exposure to warm temperatures will destroy its effectiveness.

To counteract this the fund financed a research project at Strathclyde University in Scotland which developed an ice making machine to keep the vaccine cool. It is suitable for use anywhere in the world.

It costs R120 and is capable of producing nearly eight kgs of ice every four to five hours. As a result, ordinary cold storage boxes can be replenished with fresh ice while the vaccine is actually being transported — even in hot countries.

Any locally available combustible fuel can be used to power the machine — kerosene, gas, coal, wood or charcoal.

The machine is an integral part of what the fund describes as a "cold chain". This chain includes a central freeze unit backed up by a regional store, refrigeration at district level, small refrigerators at clinic level, cold boxes and thermos flasks.

This protects the valuable vaccine which lasts for up to six months at 20 degrees centrigrade, and approximately ten days at minus four to eight degrees centigrade.

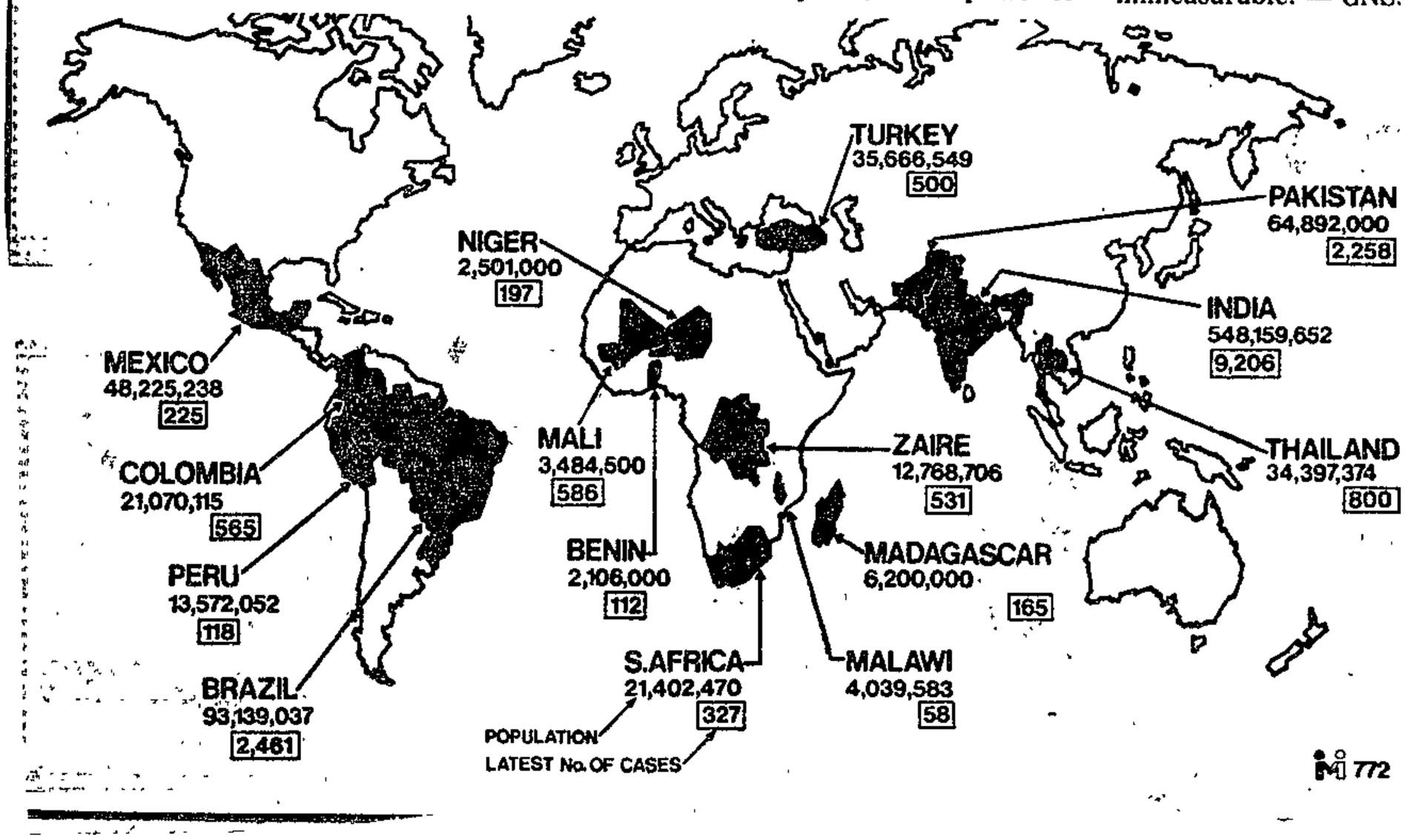
In Lesotho the Stop Polio campaign "cold chain" will stretch out from the capital, Maseru, to 17 regional and rural hospitals, all capable of keeping vaccine in properly refrigerated conditions. From these centres the vaccine will be distributed to 200 or more clinics throughout the country.

In Swaziland, where the infant mortality rate is even higher than it is in Malawi, many die from epidemics of polio which are becoming more and more frequent and serious. However, the problem of maintaining a successful "cold chain" means that far too fewer babies can be vaccinated. The Save the Children Fund is working with the people of Swaziland to overcome this difficulty.

Figures for the incidence of polio in developing countries, especially those in Africa, are far from accurate.

For every case reported there are likely to be two or more not reported. Very often children in the bush die before medical authorites are aware that they have caught the disease, and often their parents do not realise its nature.

Industrial nations stand to gain R850 million as a result of a successful campaign to eradicate polio. This is the sum which poliomyelitis can cost in health, rehabilitation and social services, but the cost in human suffering is immeasurable. — GNS.



HEALTH POST

21/11/79 Post 89

Cancer body needs public's assistance

IN SOUTH AFRICA as in other countries in the world, certain types of cancer are known to develop in certain groups of individuals.

The National Cancer Association now urgently appeals to the public to join forces with its Research Department in gathering information which will not only be invaluable for research purposes but save lives as well.

BY LEN KALANE

One of the types the association wants to research on is polyposis of the colon, which often develops into cancer of the colon, and another is breast cancer, both of which may run in families.

Family polyposis of the colon is a rare disease involving simple growths in the colon and if not treated can develop into cancer. Medical intervention thus provides an opportunity for cancer control, as has been proved by research done by Mrs M. Torrington, Senior Cancer Research Worker at the South African Medical Research Council.

For years it has been accepted that 40 per cent of children of an affected parent will develop the disease, the commonest age for symptoms to appear ranging from 15 to 25 years. The Polyps usually appear at puberty and it is rare for symptoms to appear after 40 years of age. The disease occasionally runs a benign course although it is curable if treated in its early stages.

Professor Louw of the Medical School of the University of Cape Town noticed that in the descendants of a certain couple who married in 1871 and were related, polyposis of the colon appeared to be a traitor.

FAMILY

In 1964, he examined a 39-year-old woman who was a descendant of the family. She had cancer of the rectum and other symptoms. She herself had no family of herself but had eleven brothers and sisters, two of whom died of unrelated causes and the third had children with polyposis.

Three others had cancer of the rectum and all of them had children who were affected in some way. Five brothers and sisters were unaffected and one brother was successfully treated for polyposis.

Dr A G S Muller of the Karl Bremer Hospital in the Cape has discovered a family with a high incidence of breast cancer where, without the benefit of early diagnosis, the death rate may be high. In this case she found that the female descendants of male relatives had also developed breast cancer.

Another family with a firm breast cancer history has recently been discovered at Groote Schuur Hospital.

Breast cancer, if diagnosed at an early stage can be cured. A woman may recognise a lump if she examines her breast regularly and an X-ray examination can make it possible to discover the presence of cancer even before any lump is felt.

The National Cancer Association now seeks information from families showing a strong tendency to develop breast cancer.

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Typhoid outbreak hits black Jo'burg township

By Rob Meintjes

Typhoid cases in Alexandra township near Johannesburg have almost doubled this summer, and the authorities have taken swift action to prevent the spread of the disease.

Nine cases of typhoid fever have been diagnosed in the township since the beginning of December, said Dr L M Wessels, assistant chief medical officer of health for the Peri Urban Health Board.

He said that in previous summers, there had been only four or five cases.

The West Rand Administration Board has obtained an emergency allocation of R200 000 to improve health conditions in Alexandra, and has acknowledged the seriousness of the situation.

A spokesman for WRAB said the typhoid problem was under control, and that the money would be used mainly for improving sanitation at schools.

Mr Sam Buti, chairman of the Alexandra Liaison Committee, said mobile toilets of the type used in aircraft would be installed at some schools. Others would be connected to the existing sewerage system as part of a massive programme to improve health conditions.

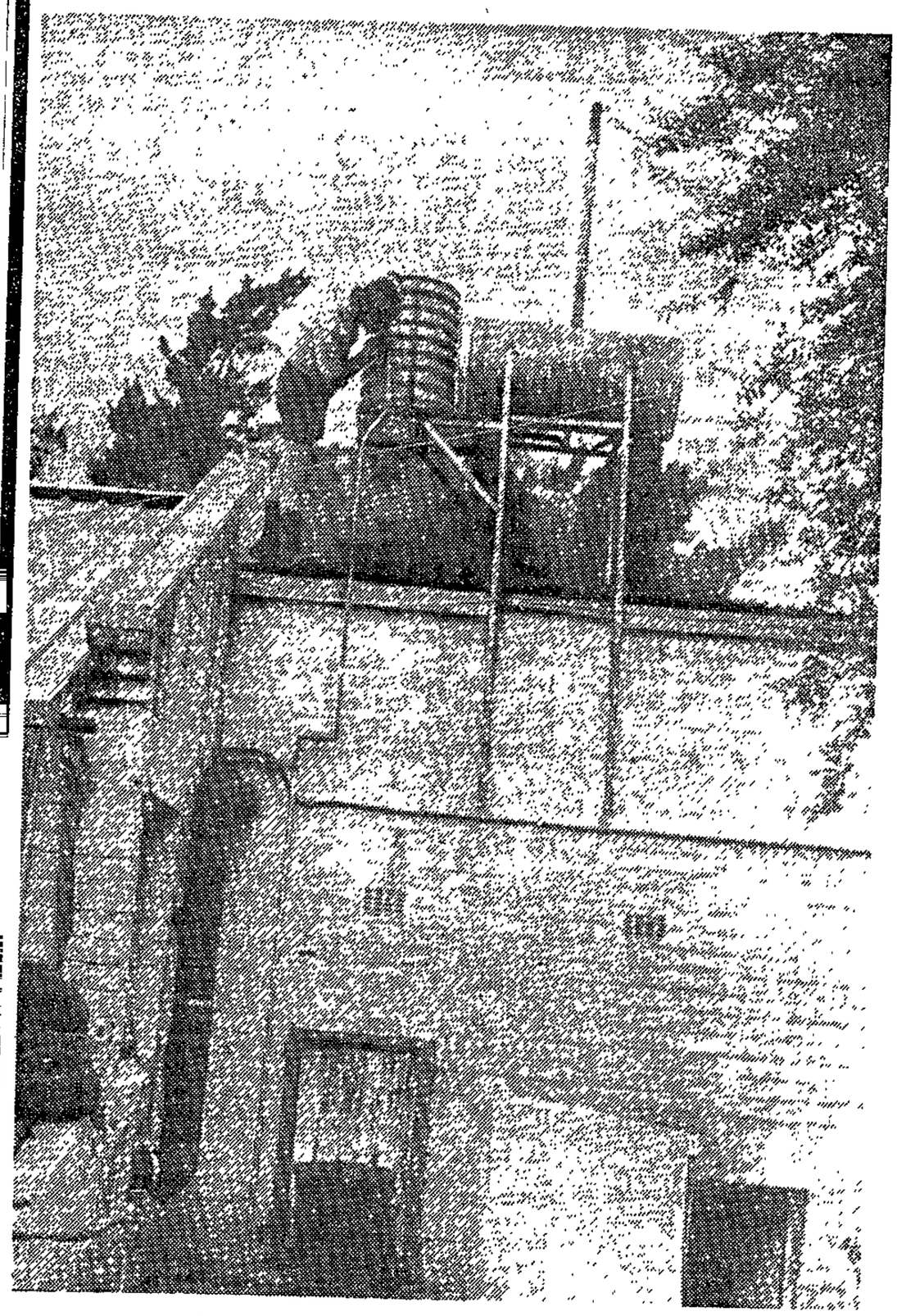
Dr Wessels said nine cases were "a little exceptional," but could not be regarded as an epidemic.

The cases had been found at different places in the township, and health authorities felt the carrier of the disease might be working in a food shop.

Star 26/2/80 (89)

FEATURES

Epileptics allege they are



One of the men checkin g the boiler on the roof.

By Carolyn Dempster

Allegations of ill-treatment have been made by epileptics in the care of the Epileptic Employment Association in Johannesburg.

These complaints have arisen despite the fact that the association has been described by the World Health Organisation as the blueprint for a social welfare employment association. A major problem appears to be lack of sufficient funds and public support to pay staff adequately.

The association was a pioneer in the field of epileptic sheltered employment, and a former employee of EEA, Mr Eddie Gordon, feels that because the system had worked so successfully for a number of years, any attempts to improve or change it have been met with resistance.

"The problem is that because the chaps (epileptics) are being supported by charity they are expected to be thankful for their lot. They can't complain because they have nowhere else to go. This is the attitude of the people in charge, and nobody wants to do anything about changing the system."

"This is most probably the root cause of the epileptics' feelings and complaints," he said.

The allegations refer to events covering a period of three to five years, and although some of the complaints have been acted on, the epileptics feel the situation has not improved.

Despite fears of victimisation several epileptics have come forward to describe the conditions which have become unacceptable to them over the past few years.

Dangerous

Among the allegations are:

● In the married quarters, neither the epileptic men nor their wives (non-sufferers) are happy about the medical assistance. When a man has a seizure, he is often tended by fellow epileptics. Although the matron is called, she is sometimes not available.

● The men are sent to work in potentially-dangerous surroundings at the nursery where a seizure could be fatal.

● When preparations are being made for a horticultural show, the men have to work long hours of overtime.

● On a number of occasions, certain men have been verbally abused by their supervisors.

● If men are late for work, they are sent home (to the hostel) and have a day's pay deducted from their salaries. In one instance, a man worked a full day before being told that he would not be paid because he was late.

● Clothing that is given to the association is sold to the men and women at prices ranging from 10c to R5. Mrs Esme Schmidt, vice-president of the association, said this was to give the epileptics a chance to feel independent and not so reliant on charity.

The epileptics and their wives feel somewhat differently: "I feel humiliated to have to pay 10c for a second-hand pair of pants which have been donated," said Mrs Elise Joubert.

Meat smelt

● During 1978, when the matron of the married quarters went on leave, one of the epileptic men's wives was left in charge of handing out the medication. This was rectified in 1979 when the sister from the women's hostel came over to hand out medication.

● At the men's hostel, the meat is said to have smelt so bad that on occasion the men could not eat it. Conditions in the catering facilities have now improved.

● The ablution facilities at the men's hostel and nursery are reputedly left uncleaned for days on end.

● An atmosphere of tension, resentment and unhappiness prevails among many of the men. Some wives say the tension has

'Banging heads against a brick wall'

Several former employees at the Epileptic Employment Association felt they were "banging their heads against a brick wall" when they tried to improve conditions in their own separate spheres.

Mr Eddie Gordon was employed by EEA as assistant manager at the nursery in July 1978. He told Dr B Agranat that he was not happy with the way things were progressing and the doctor asked him to submit a report.

His first report dealt with "the inefficiency of the cash flows and the sectional management efficiency."

The report was read but nothing changed. In September 1978, Mr Gordon's second report (which he was asked to compile) told of men made to work 18-hour shifts — often into the early hours of the morning.

They were not compensated in any way and "this causes discontent and a lack of motivation," he wrote.

His report also referred to the verbal abuse of epileptics. "There is a continual shouting and dressing-down of men in front of others, also incidents of swearing. Resentment builds up and this is channelled into different forms — aggression, seizures and a lack of discipline."

He suggested that the problems could be solved by more efficient and better organisation at the nursery "A lot more could have been done to use the epileptics in the day-to-day running of the nursery," he said.

Instructions and counter - instructions issued by supervisors confused and upset the men. "They did not know if they were coming or going most of the time," Mr Gordon said.

His second report was also disregarded, but Mr Gordon persevered until he was told to leave the glasshouses and go to another section. He left shortly afterwards.

A nursing sister with 25 years of experience behind her before she joined EEA in January 1978 described the association as a place "where nobody took any notice of what the men (epileptics) said or wanted."

She went to work at the men's hostel and described the living conditions as appalling. "The showers and toilets were disgusting and the beds were filthy when I arrived," she said.

"The men's hostel building is dilapidated, the men were belittled by their supervisors, the meat was of an inferior grade and residents had no privacy at all.

"I had to fight every inch of the way to get concessions for the men, but it was like talking to a brick wall.

"Many of the staff did not know anything about epileptics, and the association's visiting psychiatrist, Dr Levine, came to give us a lecture on epileptics." Conditions at the men's hostel had improved slightly by the time the nursing sister left in 1979.

Smallpox: Rules relaxed

(89)
C. Times
8/3/80.

Science Reporter

THE Department of Health has abolished compulsory vaccination against smallpox for all internal purposes.

According to the latest issue of the Education Gazette there is no further requirement in the Department of Education for proof of successful vaccination against this disease for purposes such as admission to schools, appointments in provincial service and application for bursaries.

Immunization

The gazette warned that immunization against polio remained compulsory and said the parent or guardian of a child was required by law to ensure that immunization was carried out. School principals were asked to keep a check on this.

In the case of tuberculosis it is compulsory for all children to receive BCG-immunization before the age of six months, although exemption may be obtained on a written request from the parent or guardian.

As far as possible, BCG vaccine is given to all new-born babies or at the first visit of the child to the clinic.

School-starters and school-leavers are TB-tested and vaccine given where indicated. The permission of parent or guardian is required.

Hypertension—the No 2 killer of black adults in South Africa

STAR 12/3/80 89

By Bob Kennaugh

After violence, hypertension is the most common killer of black adults in South Africa, according to a study published in the latest South African Medical Journal.

The study of 5 018 men and 5 028 women living in Johannesburg, was done by Professor H C Seftel, of the Medical Faculty, University of the Witwatersrand, Dr S Johnson, a Johannesburg district surgeon and Mrs E A Muller of the National Institute for Personnel Research.

The population sample was drawn from blacks living in Johannesburg and reporting to the municipal medical examination centre attached to the local Labour Bureau.

During 1973 about 130 000 men and 28 000 women reporting to the labour bureau were medically examined. The study group was selected at random from those examined.

Professor Seftel said experience in hospitals had shown clearly that high blood pressure was a common and serious disorder among urban blacks. "The condition is usually essential in type, occurs both in men and women who are relatively young, frequently assumes accelerated or malignant forms, and commonly kills by stroke, heart failure or uraemia." (Uraemia is a "morbid condition resulting from the presence in the blood of urinary constituents normally eliminated by the kidneys.")

The researchers found that high blood pressure was common in both sexes and at most ages. There was some evidence that blood pressure was inversely related to education status. It was higher in young adults who lived apart from their families, as well as among those who had grown in a rural area and then migrated to Johannesburg, compared with those who had lived in Johannesburg all their lives.

The study found that at virtually all ages and in both sexes, the blood pressure of Johannesburg blacks was higher than those of London whites. (Comparable figures for South African whites were not available.)

The researchers found that blood pressure levels in Johannesburg blacks resembled those of urban communities in both developed and developing countries.

Blood pressure rose markedly with increasing age and also correlated positively with body mass. The findings in the survey were in keeping with clinical experience that high blood pressure was common and severe among the urban blacks of South Africa.

The large-scale survey yielded little information about whether, how or to what extent social or environmental factors influenced blood pressure.

The immense problems of detecting and managing high blood pressure in the different ethnic groups could be achieved only by mounting multidisciplinary, long-term programmes of investigation. The South African Medical Research Council was the proper body to initiate and co-ordinate these projects, the researchers suggested.

Abortion study reveals

STAR 13/3/80 p 89

More than 80 percent (2 440) of abortion patients admitted to Baragwanath Hospital in 1978 had had criminally induced abortions, says a report by Dr J M Mbere and Professor A Rubin, of the department of obstretrics and gynaecology, University of the Witwatersrand, and Baragwanath Hospital.

2 440 illegal

The report was based on the cases of 2 881 patients admitted to the hospital for problems associated with abortion in 1978.

"Each one of these cases was at risk of dying, becoming chronically ill, permanently sterile, castrated, or 'pelvic cripples'," they wrote in the SA Journal of Hospital Medicine.

More than 400 legal abortions were performed in South Africa last year, according to the Department of Health. Breakdown figures for cities and towns are not available.

Almost 200 were allowed on the grounds that the patients' mental health would suffer, 120 on the grounds of a threat to the mother's physical health and 89 because of risk of defect in the child.

The Johannesburg Hospital would not disclose figures on the number of legal abortions performed at the hospital.

The plight of a young Bloemfontein woman who has been granted a court order allowing a hospital's facilities to be used for the operation but who cannot find a doctor to carry it out — underscores the problem.

A Johannesburg gynaecologist said there was only one solution to her problem — to go overseas for the operation.

Another Johannesburg gynaecologist said: "More legal abortions are probably done here than in other parts of South Africa."

Most of these were performed on psychological grounds, he said.

He disagreed with the specialist who said that few of the 423 "legal" abortions performed each year were justified. The specialist had claimed that many healthy female patients were having legal abortions on demand.

His critic said medical men complied strictly with the Abortion Act and considered the position carefully before consenting to a legal abortion.

The Johannesburg gynaecologist said not everyone agreed with abortion on demand and South Africa's abortion laws were far removed from this.

The figure of more than 400 legal abortions was not high when it was considered that in some European countries three out of every five pregnancies were terminated.

In their Baragwanath study Dr Mbere and Professor Rubin reported: "The Abortion and Sterilisation Act is, to say the least, inadequate. Even those patients who may be acceptable according to the Act are not usually aware of the Act.

There is also usually 'red tape' and often lack of co-operation from unsympathetic law officers so it is a long process to comply with all the formalities.

"As a result only those patients who have access to the psychiatrist, or can afford the air fare to London, benefit. The bulk of people in the lower socio-economic group do not enjoy the benefit of the Act. Black people do not readily report rape and, as a result, they are not protected."

The gynaecologists suggested modifications which would be justified for "therapeutic" abortions in addition to those covered by the Act:

- Women who have five or more children.
- Cases of proven contraceptive failure.
- Women over the age of 40.
- Girls under 16.

The high incidence of complicated cases was due to the fact that abortions in Soweto were performed by unqualified people "with a resultant high incidence of morbidity and mortality.

The specialists concluded that the cost for each patient to the province was only a small measure of the cost to the community as a whole.

(84)

Fears typhoid may spread to Durban

QUOTE THERE are many who work in Durban and I am very worried about taking typhoid into the city — Amaoti deputy chief, CYPRIAN NKWANYANA

THE WATER TANKERS COME TO INANDA AT LAST

Some fetch water sometimes as far as 15 kilometres from the nearest supply

...BUT THE EPIDEMIC IS THERE ALREADY

This little girl was just one of hundreds of people immunised over the past two weeks

(89) (125) Tribune 16/3/80

by ISOBEL SHEPHERD-SMITH

DURBAN is sitting on a typhoid bomb. Thousands of workers could be unwitting carriers of the killer disease — and there are fears that the epidemic could spread to the city.

The bomb is Inanda and the solution is water piped within easy reach of every home.

But Inanda — one of Durban's major labour sources — is a squatter's haven.

Homes made from traditional mud daub to tin cans have sprung up overnight and with them the problem of water and sanitation. No-one seems to know the real population figure.

In Amaoti — one of the worst hit areas by the recent epidemic — the figure is 24 062 according to the Urban Foundation. But the truth is closer to 65 000.

Whatever the figure, no-one seems prepared to accept the reality of the situation — thousands of people and a large city are threatened annually by a killer disease because of red tape.

So far three people have died this year. But many more deaths may not have been reported.

King Edward VIII Hospital in Durban had 26 confirmed cases of typhoid and 14 suspect cases on Friday. There are usually 10-15 at this time of year.

The Regional Director of State Health, Dr Johan van Rensburg, describes the situation as an "epidemic".

Typhoid is a water-borne disease and drought-stricken Inanda's water supplies have been polluted by people forced to bath and wash in their only source of drinking water.

Health spokesman for the NRP and MP for Berea, Nigel Wood, has slammed the red tape which has allowed typhoid to reach crisis proportions.

"The ripple effects are quite horrific when you think of it," he said. He has proposed a five-point plan to combat the outbreak.

"Surely people are watching the trend, surely someone has the initiative to get in there," he said.

"We could have the most serious outbreak in Durban, given the right conditions, with the most appalling consequences."

"Why did my people have to die before something was done. We always have this problem with water and a lot of people have died from the fever. I do not know how many," said Amaoti deputy chief, Cyprian Nkwanyana.

Mr Wood wants the various Government departments to co-ordinate and:

- Vaccinate the entire population
- Have a crash publicity campaign stressing the need for personal cleanliness.
- Give talks to schools explaining the need for pit toilets.
- Use radio and help public awareness.

Dr J. Van Rensburg, said the epidemic was under control and they were negotiating with various departments to get fresh water to the stricken people.

After an urgent meeting with the army and health departments, tankers will now take water into Inanda as a short-term solution. Reservoir points were set up over the weekend and by tomorrow morning people will be able to collect water.

The Department of Co-Operation and Development has agreed to pay for the water provided by Durban Corporation. Tankers and reservoirs have been donated by the Department of Water Affairs.

(89) 23/3/79

kidney disease, oral contraceptives, or disorders of the endocrine system.

Blacks in SA are far more prone than whites. A recent study showed an extremely high prevalence of hypertension among African jobseekers at the labour bureau of the West Rand Administration Board in Johannesburg.

One theory advanced by doctors is that the stresses of urbanisation reinforced by the system of apartheid are possibly related to blood pressure rises. In Lesotho, by contrast, only 7% of the population has been found to be hypertensive, and in Ghana only 4,5%.

Hypertension and emotional stress are probably linked. One US study revealed that men facing the loss of their jobs experienced increases in blood pressure that lasted through the period of unemployment and did not drop until they found work again.

Also contributing to the higher incidence of disease and disability among hypertensive blacks in SA is the inadequacy of medical facilities. Hypertension can be controlled easily and cheaply, according to experts in Johannesburg.

A clinic which opened at the Johannesburg Non-European Hospital in August 1977 is overloaded. Other hospitals treat hypertensives as out-patients.

But a visit to any of these hospitals takes a whole day and could cost a worker his job. Many people thus come to the hospital only when complications have set in.

"We need a programme for hypertension similar to that for TB," says a doctor involved in treatment for hypertension. "It is impossible to treat 25% of the whole population with drugs. An effective preventive programme — including education and treatment at work — is essential."

HEALTH

(89) fm 23/3/79

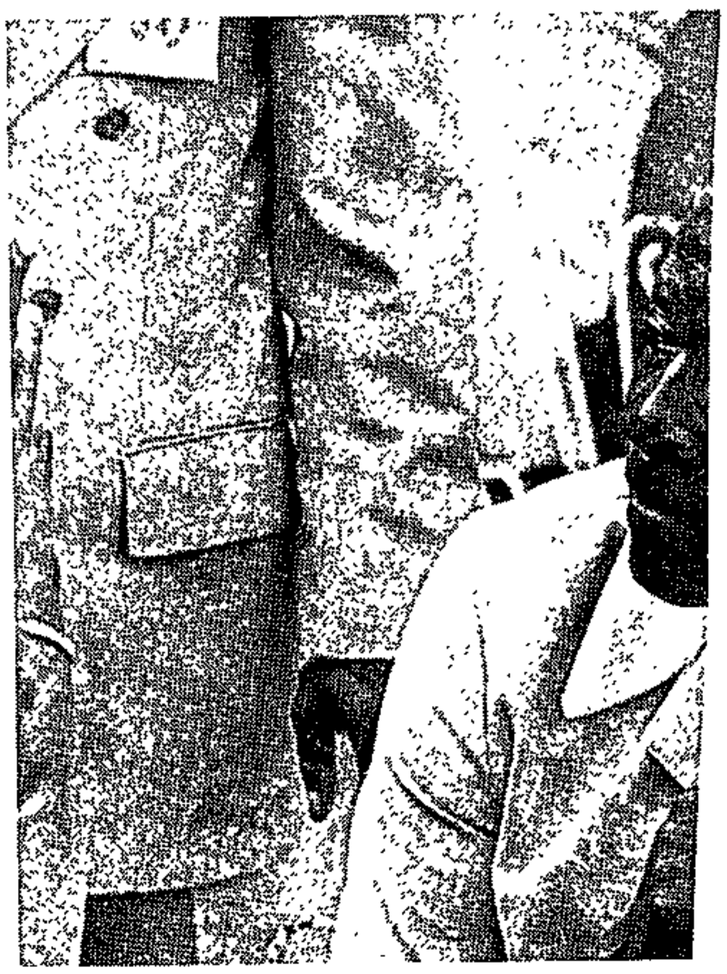
Black blood problem

A "quiet killer" is stalking the people of SA's cities virtually unnoticed. Hypertension, or high blood pressure, affects at least 25% of SA's urban Africans and about 20% of whites. Over the age of 50 about half of all urban Africans suffer from the disease.

Hypertension produces no symptoms until it is too late. Although it does not kill many people on its own, hypertension is the main cause of strokes, kidney problems, and heart disease. For example, an untreated hypertensive is four times as likely to suffer a heart attack or stroke as someone with normal blood pressure.

A recent study of Zulus in Durban found that 90% of the hypertensives were undiagnosed. Figures for whites in SA are unknown.

The causes of hypertension are the subject of much debate. Only about 5% of cases result from known causes like



Mugabe . . . tightening

Another child dies of rabies in Natal: warning given

(89)

Star 3/4/80.

DURBAN — A four-year-old boy from the Amanzimtoti district has died of rabies, after being admitted to King Edward Hospital in a critical condition.

The boy, whose name has not been released yet, is the second child to have died of rabies within the Durban area during the past few weeks.

It is believed that the number of deaths from rabies in the entire Natal region, including kwaZulu, could be as high as 17, although full official figures are not available.

SEARCH

The latest death from rabies has sparked off a full scale search in the South Coast area for the father of the dead child, who it is thought could also be in danger of contracting the disease.

A State Health spokesman said today there was a very good chance of locating him later today. It is believed that the father, an employee at the Illovo sugar estates, had been making funeral arrangements for his son.

Dr M Ekron, Durban's State Veterinary officer said today: "Anyone who has not had his animals inoculated against rabies at this stage is asking for trouble."

AT RISK

He warned that people living in the areas where rabid animals had been discovered were at risk, and that any animal showing abnormal signs should not be approached.

Dr Ekron said it was higthly possible that one of the two stray dogs destroyed this week — one from Amanzimtoti and the other from Illovo sugar estates — could have been responsible for attacking the child.

On examination both animals were found to be rabid.

'A constant battle against virulent disease'

● Field officer B P Mocke: "If the smear is positive, the patient is given further treatment."

By JEAN LE MAY

Pictures: Doug LEE

"THE children all have bilharzia — and it's hardly worth treating them until they are old enough to know they must stay out of the water. And TB, malaria and typhoid are common. Thirty beds in this 150-bed hospital are occupied by typhoid cases at the moment."

The speaker was Dr Russell Hlekane, medical superintendent of the Douglas Smit Hospital at Shiluvane in Lebowa, about 25km from Tzaneen. He left his patients to talk to us briefly — a tired young man, heavily bearded, who puffed at a cigarette as he spoke.

His patients queued patiently on the stoep outside the surgery — old men, pregnant women, runny-eyed children, mothers suckling sickly babies, people in wheelchairs and on crutches. Others hobbled painfully up the steep hill. A woman wrapped in blankets lay flat on the ground at the bus stop. She had just been discharged from her hospital bed.

The Tzaneen area is deadly. Decades ago, its Letaba-Letsitele Valley was known as the Valley of Death because of the danger from malaria. Malaria is still endemic, although a massive control programme organised by the National Institute for Tropical Diseases at Tzaneen has done much to make the area safer, reducing deaths from malaria by thousands.

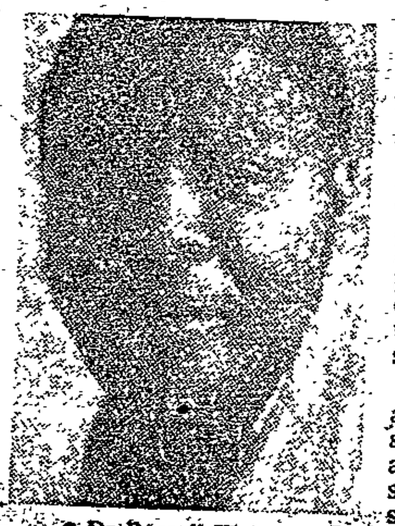
Other tropical diseases are rampant there, too.

Nearly all the rivers carry bilharzia. Typhoid is endemic, with sporadic epidemics. Trachoma, a dangerous eye disease, occurs frequently, as well as a tropical form of venereal disease which resists normal methods of treatment.

Dr Hlekane, the only medical man in his considerable section of this diseased paradise apart from the banned Dr Mamphela Ramphele, wages an unceasing war against ignorance as well as against disease.

"Malnutrition should not be a problem, but it is," he said. "Well-dressed women bring their malnourished children to me in hired cars. In many cases it is a matter of negligence rather than poverty — it is the unwanted child who is malnourished," he said.

"This could be prevented by family planning, but there is resistance to birth control. I frequently deliver the babies of 13-year-old girls."



● Dr Russell Hlekane . . . unceasing vigilance

Dr Frank Hansford, chief medical officer at the NITD at Tzaneen, gave us a complete run-down of the anti-malaria campaign run by the institute in which more than 500 field workers are permanently employed and close on a million houses are sprayed yearly.

Although the health departments of four Governments are involved — Venda, Lebowa, Gazankulu and South Africa — cooperation is excellent, said Dr Hansford. But problems and delays arise in co-ordinating plans when any new project is on the drawing-boards, such as water supply or sewage schemes.

We watched a team of malaria control officers move swiftly thorough a compound on a timber estate. The men sprayed the wooden houses inside and out, then lined the people up for blood smears to be taken.

Many of the children, remembering earlier typhoid inoculations, screamed and fought. The team, burly men in overalls and gumboots, handled them gently, picking up the toddlers wth soothing words, while field officer B P Mocke deftly pricked their fingers and made the smears.

"Anyone who is sick or has been sick is given anti-malaria tablets and a note is made on the record," explained Mr Mocke. "If the smear is positive, we come back to the patient who is either put in hospital or given further treatment by a district nurse."

Apart from malaria, the institute makes a special study of bilharzia, in collaboration with the SA Institute for Medical Research in Johannesburg. In some parts of the North Eastern Transvaal, particularly around Tzaneen, up to 90% of Black children of school-going age have urinary bilharzia.

Only education and adequate sanitation can curb bilharzia, said Dr Hansford, but some rivers around Tzaneen at present carry a greater potential danger — typhoid.

"Most of the rivers from which people in these areas draw their water are highly suspect," said Dr Hlekane. "But if the infection is not in the water, it can also be carried by flies. Nobody is particular about using latrines — if there are any latrines."

About 80% of the 5 000 typhoid cases reported throughout the country in 1979 were from this area, Dr Hansford said.

Boreholes had been sunk and pipelines built, he added, but it was virtually impossible to stop people from using the river water.

Later we drove up a lovely valley which runs from Lenyenye towards the Drakensberg. The Thabina River, one of the headwaters of the Great Letaba, brawled down the valley between thatched-hut villages and fields of grain sorghum. When we stopped at a flooded drift a group of children swarmed out of the fields and mugged for the photographer, prancing around in the water.

They swam and played "all the time" in the river when it was hot, said an elderly woman fondly. Yes, the people had been told there was sickness in the river, but what could they do about it?

"You can't keep children out of water," she said firmly.

● Dr Frank Hansford . . . 'problems and delays'

Oesophageal cancer: Where to from here?

By MARAIS MALAN
of the South African Institute for Medical Research

Tell a man he has cancer of the gullet (oesophagus), and you virtually pronounce a death sentence. In spite of phenomenal medical advances in numerous other fields in recent years little progress has been made in reducing the high incidence of this frightening and distressing disease over the past 30 years and treatment has hardly improved.

This is the bleak reality which faces the medical profession and research scientists the world over. But those in South Africa are particularly involved. This country enjoys the dubious distinction of having the highest incidence of oesophageal cancer in the world. It is not only particularly rife in parts of Transkei and rural Transvaal, but it is encountered in increasing numbers even in urban areas such as Soweto.

The onset of the disease is insidious, its course rapid. Victims are often not aware that something is wrong until it is too late. By the time they seek medical help they seldom have longer than six months to live. A palliative operation, removal of the gullet, can be done, but by allowing them to swallow does little more than make their inevitable end more comfortable.

A wide variety of research into oesophageal cancer is being done in various parts of South Africa. For example, the National Cancer Association has financed a R118 000 multidisciplinary research project over the past three years in Transkei. Research is also being done in all the main centres, but mostly in isolation. It has therefore been felt for some time that all this effort should be co-ordinated and the results pooled.

That is what the Cancer Association set out to do when it recently brought together South Africa's leading research workers and clinicians at a high-level workshop in Cape Town to hammer out a national oesophageal cancer research policy based on the question: where do we go from here?

Summed up

Professor James Murray, president of the Cancer Association, pathologist and former director of the South African Institute for Medical Research, summed up the object of the workshop as follows: "Here you people who are working far apart geographically in different fields, and in different laboratories should get together, get to know one another and find out what each one is doing."

And Professor W Silber (principal surgeon, University of Cape Town and Groote Schuur Hospital) said: "Since 1972 people in South Africa have been working on oesophageal cancer and those in Durban, for example, have not known what is going on in Cape Town or Johannesburg, and so on. So we need a ... committee which can discuss and co-ordinate all these activities — research, early detection, treatment and others."

Such a co-ordinating committee of experts is likely to be established under the aegis of the Cancer Association soon. The important thing is that at last all the experts — physicians, pathologists, nutritionists, surgeons, biochemists, epidemiologists, soil scientists, the clinicians and the laboratory and field workers — are collaborating to eliminate this scourge.

What soon became clear at the workshop was that a great deal was already known about oesophageal cancer that much was still unknown or speculative, and, disconcertingly, that what was known was of little practical use in saving lives.

So what does medical science know about the disease, apart from its bleak clinical picture?

Oesophageal cancer appears epidemically in clearly demarcated geographical areas. It has been found for centuries in a high-incidence region along the Caspian Sea in Iran, and in parts of China in the Transkei it is a relative newcomer: but, strangely, high-incidence areas, some relatively small, are situated alongside low-incidence areas. Clearly there is something in the environment which causes this form of cancer.

Pointers

Certain risk factors have been identified, but they seem to confuse rather than elucidate the issue. For example, there is a definite association with smoking and liquor in South Africa. But the Iranians do not smoke and drink.

There are strong pointers that the main culprit is nutritional. There are such things as fungi growing on badly stored grain which secrete potent carcinogens (cancer-inducing substances) called mycotoxins. There are substances in the soil which are converted in the body into other carcinogens known as nitrosamines. There are deficiencies of trace elements in the soil in the high incidence areas which may play a role — zinc and manganese to name two. Substances known as initiators and promoters are present which are not carcinogens in themselves but "switch on" other compounds which are the real culprits. There may be still undiscovered factors in the environment which are common to all epidemic areas.

Dr S van Rensburg, head of the division of nutritional pathology of the Medical Research Council's National Research Institute for Nutritional Diseases, found one common factor. High rates of oesophageal cancer seem to be confined to communities existing on a subsistence economy. This applies to South Africa and the East.

In Africa, the staple diet of the group concerned seems important. In the high incidence areas the diet consists mainly of maize and wheat, in the low incidence areas ... of cassava, millet and sorghum. If peanuts are eaten to any large extent, the oesophageal cancer rate is low. Wherever maize became the staple diet some 50 years ago, oesophageal cancer emerged. But it would be wrong to conclude that "maize causes cancer" — clearly the connection may be found in deficiencies — deficiencies in the soil, in trace elements or in other factors in areas where maize grows in the high incidence areas.

"We postulate that in the cancer areas there has been a slow process of replacement of the traditional African grains, such as millet and sorghum, by maize," Dr Van Rensburg told the workshop. "We think a lifetime exposure to maize as a staple diet is necessary to ensure very high rates of oesophageal cancer."

The picture remains unclear, however. Whites, too, get the disease, although it is relatively rare. Is it a different form of cancer, or are there unknown factors common to whites and blacks? No one knows.

Changes

The laboratory scientists are working on the oesophageal cells in tissue culture in an effort to find out what changes a normal cell into a cancer cell. They hope that, by some means, they can break the complicated sequence of transformation that takes place. Oesophageal cancer cell lines have been grown successfully in tissue culture in Natal, but what is needed is a normal cell line of gullet cells for research purposes, and this is a difficult and costly task. In the meantime it has been suggested that baboons are close enough to humans to serve as experimental animals in this type of research. An alternative is the use of the nude mouse, a special strain which does not reject transplanted tissue, in which human oesophagus tissue can be grown and studied outside the human body.

A Wits University surgeon, Dr Alan Baskind, in a joint project with the South African Institute for Medical Research, has devised a means of early detection which is now being used in other centres as well. A small inflatable brush is inserted into the oesophagus and surface cells so collected are examined by cytologists under a microscope. In this way premalignant cells can be identified.

Unsuitable

But so far the technique is not suitable for mass screening as it is time consuming. And there is a conflict in the medical profession as to whether it is justified to remove an oesophagus on the grounds of the presence of a premalignancy which may not develop into invasive cancer.

Professor M C Laker, professor of soil science at Fort Hare University, has made interesting observations. The oesophageal cancer incidence is low where the rainfall is high — in Transkei, Iran and Russia. Rainfall affects the presence of trace elements in and pH of the soil, so he sampled the soil in various parts of Transkei. In the high incidence areas soil and plant nitrogen, potassium and manganese were low, and the maize was predominantly of poor to moderate grade. In the low incidence areas, the maize was largely good to excellent.

The critical factor may be the availability of mineral elements in the soil and thus in the plants. This may cause a mineral deficiency in the human which triggers off a carcinogen which in turn causes oesophageal cancer. At this stage manganese deficiency seems to be a possibility.

Blueprint

At the final session of the meeting the blueprint for a co-ordinated research programme for the future was drawn up. It covers all the disciplines and makes provision for close collaboration between centres and ... as to avoid duplication of effort.

For example, the foundation was laid for biochemists and other scientists in the Transvaal to pool their knowledge and research results with their colleagues in Natal. New field studies will probably be undertaken in Transkei, the homegrown tobacco of the Transkei will be analysed and compared with commercial brands, and oesophageal cancer in urban areas will be intensively studied. Commercial grain products sold in South Africa will be analysed to determine their content. The way has been opened for clinicians and laboratory workers to work out together where early detection fits into the picture when treatment is considered.

New soil studies will be planned — "I feel we are close to a breakthrough in this field," said Prof Laker — which may lead to fertilisation of the soil with missing trace elements. A further extensive epidemiological study of oesophageal cancer in the Transvaal is to be planned.

All this will take time and in the meantime hundreds of people will be dying a particularly horrifying death.

Risk factors

Professor Harry Seftel, professor of African diseases at Wits University, said: "We don't know the causes of oesophageal cancer, but we have identified risk factors.

Surely at this stage, apart from the scientific side, we are morally and ethically obliged to urge the relevant authorities to start some kind of intervention programme in the high incidence areas, such as enriching the maize, the beer and the soil."

The road ahead is going to be tough, but at least there is now the possibility that in 20 years' time one of South Africa's most ... diseases will become nothing more than a "canary" — a rarity and a mere hospital ward curiosity.

BYLAAG 6

Investigation into the economic situation in the Western Cape

Escom's tariff policy and calculation: A comparison of the Western Cape area with other areas[1]

ESCOM'S TARIFF STRUCTURE

Principles of Escom's tariff policy

1. In terms of the Electricity Act (section 14) Escom's tariff policy is based on three principles:

   (i) Escom's undertakings should not show any surpluses or dificits;

   (ii) separate accounts must be kept of the expenses of each undertaking and the electricity tariffs should be in line with the costs involved in electricity supply; and

   (iii) one consumer group should not subsidise another.

Tariff policy in respect of consumer groups

2. Escom has three classes of consumer tariffs, i.e.:

   (i) Large user tariffs, generally applicable to loads in excess of 100 kW or kVA (Tariff A);

   (ii) small user tariffs, generally applicable to loads not exceeding 100 kW or kVA (Tariff B); and

   (iii) domestic tariffs, applicable to proclaimed townships or within an area considered by Escom to be similar to such a township; this tariff does not apply to domestic use on a farm (Tariff C).

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No long-term plan yet for Inanda

Mercury Reporter

A CONVOY of trucks is delivering 2 000 ℓ of water a day to Inanda — the 'no-man's land' occupied by about 100 000 blacks west of Durban — where at least three people have died and 30 have been admitted to hospital this year after an outbreak of typhoid.

The Department of Co-operation and Development is paying for the delivery of the water until a long-term plan is devised to supply the area with a permanent supply of fresh water.

Mr Charles Pervis, Chief Magistrate and Commissioner of Verulam, said the tankers delivered the water to collection points in the area.

The tanker-supply route was established as an emergency measure to fight the threat of a massive typhoid epidemic in March this year.

The Department of Co-operation and Development is investigating the complex question of land ownership in the area. No long-term plans to supply Inanda with a permanent water and sanitation system can be implemented until this question is decided.

Mr R N Blumrick, Chief Commissioner of the Department of Community Development, is on leave and was not available for comment yesterday.

The dangers facing Durban

(89)

NM 17/4/80

Health department couldn't handle major epidemic, says MOH

Municipal Reporter

DURBAN'S City Health Department could not handle a major epidemic, such as the 1928 dengue fever outbreak, with its present staff.

While there was no reason to panic, Durban faced a very real danger from neighbouring areas riddled with deadly diseases, the city's Medical Officer of Health, Dr Colin Mackenzie, said last night.

Dengue fever, yellow fever, malaria, plague and cholera could be introduced by travellers, migrant workers and immigrants, he said.

More and more people with malaria were moving into the city, which was also the first port of call from India, which had 30 million cases a year. Unless infected people were regularly treated until cured, they could pass the disease on to the malaria mosquito, of which there were plenty in Durban.

There was also a plentiful supply of aedes mosquitoes, potential carriers of both dengue and yellow fever. There had just been an epidemic of dengue fever in India and the West Indies, and yellow fever was rampant in central Africa.

Ships and aircraft coming from Malagasy could easily bring plague — the infamous Black Death — with them, and cholera was widespread in Zimbabwe, Angola and Mozambique.

Dr Mackenzie had been warned that Durban was in a particularly vulnerable position by Dr C Langmuir, one of the team which finally defeated smallpox worldwide and former chief of the Central Diseases Centre in Colorado.

The city could not rely on other people to help in an emegency, said Dr Mackenzie.

During the recent typhoid scare at Inanda, neighbouring Durban, his department had had to help State officials while his staff was already strained fighting a preventative war.

EXECUTIVE HEALTH

Live better, longer.

(89) FM 23/5/80

Crass pronouncements that executives are an endangered species, are enough to put the wind up any captain of industry. So is the oft-heard contention that SA is the coronary capital of the world.

Admittedly the death rate from heart attacks in SA is 2,5 times higher than in the US, and currently the highest in the world. But there is no statistic which proves that executives *per se* are the main sufferers, and doomed to early extinction.

No-one denies the job at the top of the greasy pole is traditionally associated with stress. In the back-stabbing rat race to the top, only the classic A-type personality is likely to triumph. But there's nothing to prove he has to die in the process.

What is the A-type? Says Dr Barton Kraft of the US-based Psychiatric Institute, at a recently held stress symposium in the US: "You can tell the A-type He's the one who's studying flash cards. While he's jogging."

Executives are likely to recognise themselves in Dr Hans Selye's definition. The Emeritus professor and director of the Institute of Experimental Medicine and Surgery, and president of the International Institute of Stressat the University of Montreal, defines the A-type personality as:

□ One who engages in a chronic struggle to achieve even more, in less time,
□ One who is often aggressive, hostile, demanding;
□ One who always sets deadlines and quotas.

But Selye does not suggest the classic A-type's stress equates with total breakdown, coronary artery disease and a fatal heart attack in his most productive years.

Clive Rosendorff, cardiologist and professor of physiology at Wits University, reassures: "Stress among executives in SA could be less than it is overseas. There the battle to get to the top is more intense because there are more candidates for the job. It is a myth that executives are more at risk because of stress associated with decision taking. And stress has never been a proven concomitant to cardio-vascular disease."

Rosendorff maintains that stress for manual workers or badly paid clerical workers could be more intense than for executives. "The underpaid worker worries about his wife's drinking problem, how he is going to pay the rent and the bills at the end of the month, the battle for survival. He doesn't have the executive's physical comforts to shield him."

The broad message obtained from comparing death rates in different occupations and social classes in the UK, is that the death rate for executives is comparable to that of lawyers. It is much better than that of skilled workers and very much better than that of unskilled workers. It's not as good as that of clergymen or higher civil servants. (The BMA book of executive health.)

"To speak of executives as an endangered species is the kind of unacceptable aphorism which is lovely stuff for the yellow press," says one Johannesburg doctor. He maintains that because of the world wide awareness of an executive's stressed occupation, he is more likely to survive than, for example, someone in middle management.

"It is sometimes thought that the higher an executive progresses up the managerial tree, the greater is the stress, and the more vulnerable he becomes to illness. In fact the opposite may be the case: the successful executive may be less stressed for further promotion."

Adds a local medic: "The SA executive is encouraged to go for annual, and sometimes bi-annual medical checks. He is cosseted and taken care of by his company, his secretary, his wife. He is aware of the dangers of smoking, overeating, overdrinking, obesity, high blood pressure, overweight and diabetes. If he has enough sense, he gets the message early on that he has to help himself to maintain his health. Many so-called executive diseases can be prevented or delayed."

However, consensus among medics is that the executive's lifestyle predisposes him to certain diseases unless he takes proper precautions. High on the list are

Man at work . . . diet is critically important

muscular aches and pains and back problems arising from a sedentary job; all the conditions associated with cardio-vascular disease such as high blood pressure, high blood cholesterol; gout from high blood uric acid levels, insomnia; impotence, diabetes, cirrhosis of the liver.

Formidable though the list appears to be, there are some basic rules which can cause a dramatic switch around in an executive's short- and long-term prognosis.

Doctors maintain that a carefully graded and monitored exercise programme benefits executives, provided it is done regularly rather than spasmodically. It is mandatory to have a complete physical examination before embarking on an exercise programme if the executive is over 35 and has not exercised regularly before.

Rosendorff. "Exercise programmes must be built up slowly. If at any time the man develops chest pains or palpitations while exercising, he must stop immediately."

Diet is critically important. Moderation is essential. Avoid quack remedies such as vitamin therapy. It's rubbish. Vast supplements of vitamin C, miracle drugs like Vitamin B6 or shots of Vitamin B12, are useless.

"Extra vitamins are harmless on the whole, but no more than an expensive placebo. The food intake of the executive provides him with all the vitamins he needs," affirms one doctor.

People should cut down on: dairy products, other than skimmed milk; eggs; fatty foods of all descriptions. This includes bacon and smoked salmon. Fried foods are best avoided. Eat fibre foods like wholewheat breads, bran, grilled fish, lean meats, salads, fruit.

Doctors point out one area where executives are constantly at risk, and more so than their less well heeled compatriots, is air travel. Especially first class travel.

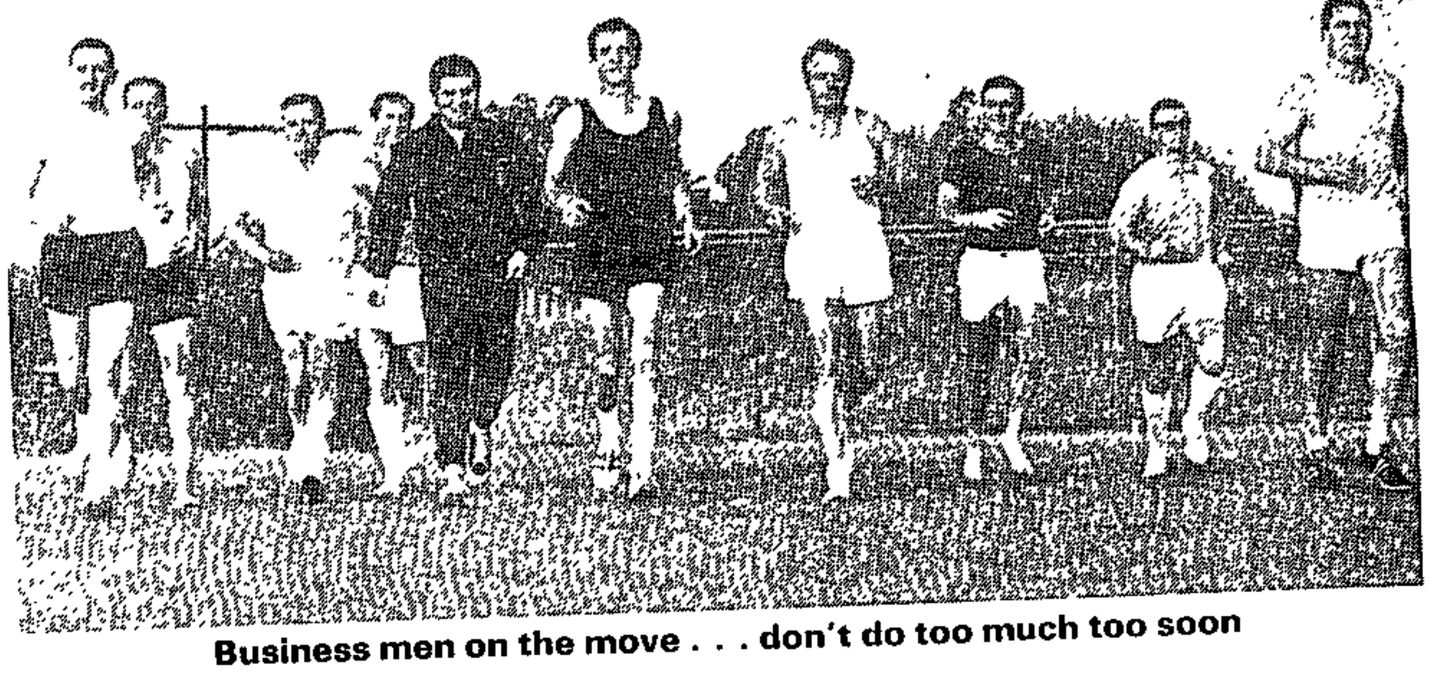
"In first class, the executive is plied with free champagne even before take-off. He is encouraged to eat too much. He is liable to drink too much to pass the time. He forgets to do his isometric exercises which helps to improve circulation while he's cooped up in a confined space."

Golden rules to observe when flying, if you wish to escape jet lag, says the doctor. "Don't drink too much, especially not drinks which are gaseous. Have lots of water, very little food. Try to right your biological clock on arrival by slotting in with local times. Go to bed at local time even if you aren't tired."

Another warning, don't take executive decisions for the first 24 hours after arrival. Because of disorientation caused by jet lag, these decisions could be disastrous for the company.

The medics say that the executive who wants to stay fit and at the top of his profession, has a built-in number of plusses going for him by virtue of the very fact that he is a successful executive.

He reached the top because he is likely to be tougher, more motivated and fitter than the next man. Chances are he is the quintessential survivor. His chances therefore of surviving "the dangerous years, from 35 to 60" are probably better than for more ordinary mortals.



Business men on the move . . . don't do too much too soon

Doctors face dagga treatment headaches

RDM 27/5/80

(89)

Own Correspondent

CAPE TOWN. — Dagga is gaining respect in medical quarters as a drug with considerable therepeutic value in the treatment of cancer, according to the latest research findings, outlined in a leading article in the South African Medical Journal.

And the discovery threatens legal headaches for the governments of countries where dagga is banned.

Recent research indicates that THC, the active ingredient in cannabis, helps control the nausea experienced by cancer patients undergoing treatment with certain drugs.

The article said it worked whether the THC was swallowed — or inhaled in dagga cigarettes.

The journal comments that if the findings are substantiated the problem of getting supplies of THC for cancer patients will arise.

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ISAACMAN MISS J	7040	*
KAPLAN MISS T C	7045	*
KNIGHT W A	7050	*
MULLER P S A M	7053	*
MAY J E D	7055	*
NOLTE MISS J F	7060	*
O'DOWD S A O	7065	*
POTGIETER MISS A	7070	*
SHUMAN A	7075	*
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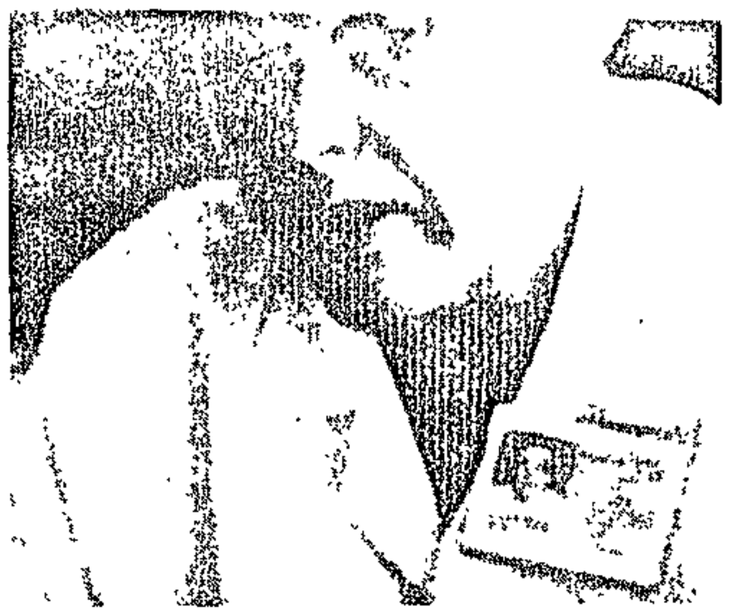

Dr Chris van der Heever.

Dr Nthato Motlana.

Fear of epidemic as thousands go down with flu

(89 Post 13/6/80

By LEN KALANE

THOUSANDS of people have gone down with flu in Soweto, and health officials fear that there might be an epidemic.

Dr Nthato Motlana said this reminded him of the 1957 epidemic.

"There is a tremendous flu epidemic in Soweto. I've noticed it in the past five days," he said.

Superintendent of Baragwanath Hospital, Dr Chris van der Heever, said: "Although it's flu-time of the year it looks to me we have an epidemic in Soweto. You can see it by just looking around. It is all over."

Dr van der Heever said they first became aware of the increased number of patients seen at the clinics and Baragwanath. "This has shot up far above what we normally see," he said.

Dr van der Heever said he had some of the hospital staff ill with flu. He said in other areas and departments he had about 30 percent of the staff taken ill.

"The flu has even affected the hospital badly," he said.

But the National Institute of Virology in Johannesburg said they could not say definitely if there was an epidemic. Influenza is not a notifiable disease and they could not make deductions whether an epidemic was underway or not.

Medical Officer of Health in Johannesburg, Dr B Richards, said pharmacies said there was a lot of influenza in the community.

"I cannot say for certain if there is an epidemic. It could just be a common cold virus," he said.

"But," Dr Richards said, "it appears to me there is a sporadic outbreak of a flu-like illness. This can affect a lot of people in a prescribed area."

South Africa last had a severe flu epidemic in 1957 when hundreds of people died. The 1957 epidemic was worldwide and called the "Asiatic Flu".

"If there is an epidemic now I do not think it can be that severe and pandemic (worldwide)," Dr Richards said. "This might just be a virus infection presenting with flu-like symptoms. It can be controlled."

Dr Richards said there were various types of viruses coming up in the community during winter times. Their spread is facilitated by crowding, closed windows and cold weather.

Heart disease 'the big killer'

Staff Reporter

HEART and circulatory diseases still remained the main cause of deaths according to an analysis of claims submitted to a leading South African insurance company in 1979.

In a statement the company, Sanlam, said an analysis of claims last year showed that diseases of the circulatory system, which included all heart diseases, still remained the most important cause of death and the company had paid out R12,7-million out of a total of R28,8-million in 1979 on such claims.

But it said there was an unexpected drop in the death rate as a result of circulatory and heart diseases — including the much-feared coronary heart diseases — as compared with 1977 and 1978.

"The question which arises now is whether this is the start of a new tendency, or merely incidental," said the statement.

Sanlam said that death from heart disease ar ! accidents were responsible for 55% of their policy claims.

Of the total amount paid out, 12% are from to motor accidents. The level of claims, however, is considerably lower than the highest figure for 1973.

"We have found that road accidents are the biggest cause of death among young people.

"Most policy claims as a result of road accidents occur at age 25, while those as a result of heart disease and tumors reach a peak at age 60 and 50."

Flu wave worsens the nursing crisis

(89) 18/7/80.

By MARILYN ELLIOTT

MANY Transvaal provincial hospitals, battling to cope with nursing staff shortages, are now being hit by high absenteeism among staff down with flu.

One hospital on the West Rand — the Discoverer's Memorial Hospital — is running with a 40% staff shortage due to flu. Schoolgirls doing holiday work at the hospital are struggling to cope.

At Krugersdorp Paardekraal Hospital, the nursing shortage is reaching crisis proportions.

And yesterday Dr J B M Botha, its superintendent, said the serious shortage was aggravated by an increase in the number of patients with respiratory complications from the flu.

"Although it is difficult to estimate the impact of flu on staff attendance, I would say about 5% are staying away because they're ill and another 5% for other reasons," he said.

"If the situation gets worse we will have to curtail certain services. This 'epidemic' has been going on for six weeks, but the effect is only beginning to be felt now."

Dr Deon Cloete, acting superintendent of the Far East Rand Hospital, said there was a staff shortage, but it was not as serious as has been reported in some newspapers.

"Yesterday 24 of our 308 nurses were ill. Many members of our staff are on holiday at this time," he said.

The Far East Rand Hospital has issued an urgent public appeal to trained nurses who are not working at present to help out at the hospital. Over 30% of the nursing posts are vacant and there is a desperate need for student nurses.

The hospital has been trying to cope with a staff complement 40% below normal.

At other Transvaal provincial hospitals, the nursing shortage continues.

The superintendent of the South Rand Hospital, Dr H A Broekman, says the flu wave hit the hospital about two weeks ago, but by yesterday only four members of staff were off sick.

However, the hospital is trying to cope despite a 50% staff shortage as posts remain unfilled.

The Boksburg-Benoni Hospital was hit by absenteeism due to flu a few weeks ago, but the situation has improved. The superintendent, Dr G C Gravett, said: "We have a critical shortage of staff anyway, and flu epidemics take their toll. At the moment we are 33% understaffed due to vacant posts."

Dr Neville Howes, superintendent of the Johannesburg Hospital, was unavailable to comment yesterday.

Several doctors interviewed yesterday said that during winter months one could always expect an increase in the number of medical patients — chiefly the elderly — who developed lung complications from flu.

But most of them agreed that the incidence of these complications, and of deaths as a result, were higher this year than in previous years.

At Baragwanath; a spokesman said both staff and patients had been affected noticeably by flu, but it was difficult to give figures.

But there are exceptions.

Nigel's hospital has hardly been affected.

The nearer East Rand hospitals report that staff attendance is returning to normal after the flu hit two weeks ago.

Dr Richard Griffiths, superintendent of the Edenvale General Hospital said yesterday that 10% of staff were off ill two weeks ago — but yesterday there was no ill absentee.

A spokesman for the Germiston Hospital said few patients had been treated for flu effects.

At the J G Strijdom Hospital in Johannesburg, numbers of those affected are dropping after it was hard-hit by flu.

Private hospitals in Johannesburg have reported staff shortages, but they seem to be in a better position than the provincial institutions.

At the Brenthurst, about 10% of the staff was down with flu a few weeks ago, but a spokesman said the hospital had been able to cope.

Infection risk in SA hospitals 'frightening'

Own Correspondent

CAPE TOWN — The cost of fighting hospital-acquired diseases in South African hospitals has reached "frighteningly high levels", according to Professor Harry Seftel, professor of African diseases at the University of the Witwatersrand.

Prof Seftel told a medical seminar in Johannesburg earlier this year that throughout the Republic high levels of resistance to antibiotics were being seen. About 50% of stapylococcus — a common cause of infections — was resistant to penicillin.

A visiting American paediatrician, Prof Don Goldman of Harvard Medical School, said that in the United States the fight against the problem was costing up to R1 000-million a year in extra care and drugs

Infection risk was so high in American hospitals that patients had more than a 5% chance of acquiring new infections during their stay.

The infections were life-threatening and the critically ill suffered more than any other group

Most common were infections of the urinary tract which could occur when tubes were introduced into the body. Many regularly carried out procedures added to the patients risk of infection, particularly after surgery.

Antibiotic resistance had reached its worst in hospitals and was made worse by the too liberal use of antibiotics.

Surveys have shown that 30% of all American patients brought into hospital receive antibiotics.

Also, up to 90% of common organisms were resistant to penicillin

In a paper published in the Journal of Hospital Infection it was pointed out that strains of staphaureus resistant to methicillin were found in the Newcastle General Hospital, England, in 1967

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 instal controlled ventilation which gave each patient 10 changes of air every hour

Rabies has making of 'disaster'

DURBAN. — The worsening of the rabies crisis in Natal had all the makings of a major disaster situation, Mr Nigel Wood the New Republican Party's spokesman on health matters, said in Durban yesterday

The reports of findings of rabid animals, including a horse at Empangeni, were serious, and co-ordinated efforts at all levels would be necessary to counter the threat, he said

Three priorities should be given urgent consideration: firstly the State should make more veterinary surgeons available in Natal immediately.

Secondly, rabies report centres should be set up with widely publicised telephone numbers where the public could report suspect animals, and

Thirdly a mobile squad with facilities to immobilize, isolate and even put down stray animals must be made available in the worst problem areas as soon as possible

More than 30 cases have been reported in areas surrounding Durban and along the Natal South Coast in the past six months

The South Coast areas of Amanzimtoti and Kingsburgh have emerged the danger zones

Local authorities in these areas are seriously considering introducing a tie-up order - whereby any animal found roaming will be shot on sight - in a final effort to curb the spread of the disease

Nearly 40 000 dogs and cats have been inoculated in these areas by the State Veterinary Department in the past two months, and private practitioners have inoculated thousands more - Sapa.

Leukemia study group formed in SA hospitals

Own Correspondent

CAPE TOWN. — Hospital specialists in blood and bone marrow diseases have formed the South African Association for the Study of Leukemia and Aplastic Anaemia.

Its aims include the establishment of a national register for patients with acute and chronic leukemia, bone marrow hypoplasia and aplasia, all of which are potentially fatal diseases.

The association also seeks to collaborate with Government and local authorities in making the best possible use of existing facilities and to foster the exchange of information between groups working in the field.

Professor Peter Jacobs, head of the Department of Haematology at the University of Cape Town's Medical School and director of the UCT Leukemia Research Centre, said the best use of present facilities meant that patients requiring bone marrow transplantation would initially be referred to Groote Schuur Hospital.

This had the approval of the directors of hospital services in all provinces concerned but was not intended as a pre-emption of the option of other centres to establish their own transplantation programmes.

Membership of the association was open to specialists in all disciplines which dealt with leukemia or aplastic anaemia, or where bone marrow transplantation could offer management for certain forms of cancer.

A steering committee under the chairmanship of Professor Jacobs, with representatives from major teaching hospitals, has been formed. The secretary is Dr Werner Bezwoda.

Interested clinical practitioners are advised to contact Professor Jacobs at the UCT Leukamia Research Centre, or Dr Bezwoda at the Wits Medical School.

Study throws light on a killer disease

(89) RDM 6/8/80

Own Correspondent

CAPE TOWN. — A University of Cape Town human genetics study has traced a mentally debilitating disease back through 14 generations of Afrikaners to its first arrival in the early Cape and found that more than 200 individuals in more than 50 families were affected.

A total of 481 persons, of whom 153 are still living, have been identified. A racial analysis showed that this represented 355 whites, 115 coloureds and 11 people classified as Africans.

The disease is Huntingdon's Chorea, which occurs in adults as psychiatric or neurological symptoms and appears as personality changes, violent antisocial behaviour or abnormal movements.

It has been described as "a slow killer which slowly and inexorably disintegrates the mind and body". Other descriptions are "insanity with a tendency to suicide".

Sufferers have been implicated in assaults, stabbings, shootings, theft, murder and other crimes such as offences against property, prostitution, rape and indecent exposure.

Every child of an affected parent has an even chance of inheriting the fatal disease.

The inability to escape from the unacceptable reality that they may be "passive victims of a totally random genetic accident" was devastating for all concerned. It's like living under a cliff, waiting for a landslide," was the way a 28-year-old woman described her feelings.

The minimum direct cost to the State of a single affected person is estimated at R23 000 and the lowest total estimate for the whole of South Africa is about R3 700 000 annually.

"For every affected individual there are about 10 people in the immediate environment — including those at risk, the unaffected spouse and other members of the family — who suffer from the far-reaching social consequences of the disorder.

"Although expenses vary with socio-economic and family circumstances, the above total can be regarded as a gross understatement of the real figure," the study said.

The affected group was found to stem from a common ancestor, Sophia van der Merwe, whose father, Willem Schalk, came to the Cape on the sailing vessel, Dordrecht, in 1653.

The study, carried out by the Department of Human Genetics and reported in several articles in the latest issue of the South African Medical Journal, showed that the 50 affected families link up with four very large Afrikaner families. The north-western Cape was found to have a large concentration of affected families.

Researchers used family interviews, government archives, historical libraries, genealogical works on Jan van Riebeeck's journal, family Bibles and even gravestones to build up their information.

The study said that about 210 affected persons have been traced over 14 generations to the two marriages of Sophia.

"Accepting that affected individuals have descended from both these marriages it is highly likely that Sophia carried the gene for Huntingdon's Chorea," said the authors.

They added that "at the present time there is no cure or reliable method for recognising the carrier for the gene of Huntingdon's Chorea. However, it is possible that a combination of careful ascertainment of affected individuals and their families, together with appropriate genetic counselling, will play some part in reducing the prevalence of the disease".

Doctors asked to cut fees for their poorer patients

(89) (93) DM 8/8/80

Staff Reporter

THE Medical Association of South Africa has asked its members to help patients who cannot afford the excess payment above medical aid tariffs.

In a statement released in Pretoria yesterday, a spokesman for the association said:

"We have asked our members who have contracted out of medical aid schemes to charge their fees in accordance with the current statutory tariff where possible.

"Now we are also asking them to remember that even medical aid patients cannot always afford the excess they have to pay themselves when settling the account of a doctor who has contracted out."

In a circular to its branches the association states: "Whether or not the costs of a patient's medical care are covered by a prepaid medical scheme, it is essential that medical practitioners consider the personal circumstances of each patient and adjust their fees for a particular service accordingly."

The circular also reminds doctors that they are personally responsible for the fees they charge and if asked to justify them by the Medical Association or the SA Medical and Dental Council they must be in a position to do so.

A snap Rand Daily Mail survey among Johannesburg doctors yesterday showed that most of them are prepared to go along with the request. Many said they had already been following the guidelines laid down in the circular and that it had been practice for a long time to charge patients according to their means.

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Govt's call for help in campaign against rabies

By MARILYN ELLIOTT

THE veterinary services section of the Department of Health in Pretoria hopes to include local authorities and regional officials in an all-out effort to halt the present outbreak of rabies in Natal.

Yesterday Dr A van Heerden, director of veterinary services for the department, said that if local authorities joined in the national effort to control rabies, it would mean that more people — like traffic and health inspectors — would be involved at a grass-roots level

Dr Van Heerden said that by co-ordinating efforts, the lot of state veterinarians will be made easier.

"At the moment they are working flat out to issue permits, give vaccinations and supply certificates. It is difficult for them to do all the work."

Dr Van Heerden said the more infectious type of rabies, carried by dogs, occurred in Natal, while in most areas of the Transvaal rabies is carried by meerkats

He said the most serious rabies problem now exists on the outskirts of Durban. There were 20 cases of rabies in the Transvaal last month, but only two of these cases were dogs The rest of the cases involved meerkats and cattle.

Dr Van Heerden warned Transvaal holidaymakers that if they intended to travel to rabies-proclaimed areas (North and Eastern Transvaal and Natal) they must have their pets innoculated against rabies at least 30 days before the trip. Likewise, pets travelling from the proclaimed areas must be innoculated.

● The first sign of rabies in an animal is behaviour changes. For example, a domestic pet may become strangely vicious, and "wild" animals will become tame and approach people Soon after, the animal may develop paralysis, or froth at the mouth.

These profits not to be sneezed at

(89 RDM 12/8/80

Staff Reporter

THOUSANDS have been laid low by colds and flu this winter and millions of working hours have been lost, but the big drug companies have had record sales.

Estimates vary, but the industry reckons sales of cough and cold potions rocketed by 50% or more during a winter in which colds and and flu reached near epidemic proportions.

Many pharmacies reported queues for cough and cold remedies and antibiotics, even late at night.

Patent medicines are thought to have outsold antibiotics. Drug companies say these are more profitable due to the research and distribution costs pertaining to antibiotics. Antibioticts can also not be aggressively marketed.

Due to the competitiveness of the market, the drug companies are cagey about sales of their products, but several patent preparaions are thought to have achieved multi-million rand sales.

Even rival manufacturers thought Vick's "Medinite", made by RM Pharmaceuticals, had led the market.

Beecham's Med Lemon and Contac 600 are also widely thought to have been hot sellers. The company attributed burgeoning sales to the cough and cold epidemic and a reviving economy.

Whitehall's "Dristan" achieved a turnover increase of "a bit less than 50%" says the company, while "Grippon" sales rose at least 30% says Alex Lipworth.

Pharmacies estimated antibiotic sales up by 30% across the board.

Rabies vaccine demand rockets

SCIENTISTS at the Veterinary Research Institute at Onderstepoort are working around the clock to meet the unprecedented demand for rabies vaccine sparked by the present outbreak

Last week the institute sold more than 100 000 doses of the vaccine — half the total amount it sold last year.

This was learned yesterday as a renewed flare-up of the disease was reported on Natal's South Coast, with at least four more rabid dogs spotted — and a frut bat positively diagnosed as rabid

The institute director, Dr R Bigalke, said yesterday there was no shortage of the vaccine -- "but in view of the drastic increase in demand we have decided to channel supplies to areas where it is needed most", he added

"This means Natal will get top priority, because it has been worst-hit by the disease.

"The decision to channel supplies was taken because we cannot always guarantee our maximum production capacity of 120 000 doses a week

"The reason for this is the biological manufacturing method used in producing the vaccine If something goes wrong in the process we have to discard the vaccine and start all over again "

Dr Bigalke said the new vaccine was a great improvement on the old type and was much cheaper

A spokesman for the Amanzimtoti Traffic Police said yesterday that a stray suspected to be rabid was found in a heavily built-up area. Before it could be cornered and shot it had already attacked several other dogs

The four positive rabies cases confirmed in Natal at the weekend were in St Winifreds, Umbogintwini, Chatsworth and Empangeni.

It has also been confirmed that two St Winifreds residents are to receive anti-rabies vaccine after they tried to wipe saliva from their pet dog after it was attacked by a rabid dog.

A rabid dog at Chatsworth had savaged at least eight other animals before it could be destroyed and there is now a massive follow-up operation to check if the other animals had received rabies inoculations.

The rabid fruit bat was the fourth to be found in the Pinetown area.

A Farningham Ridge housewife, Mrs Joan Manzie, found it outside her home, turning in circles and screeching and baring its teeth

Pinetown health officials removed it

Rabies inoculation programmes are under way throughout Natal in an effort to curb the outbreak. — Sapa.

Fifteen more treated in rabies crisis

89 RDM 13/8/80.

DURBAN. — The rabies crisis in Natal worsened yesterday with reports that a further 15 people — including 11 children — will have to receive anti-rabies inoculations after coming into contact with the killer disease.

State health officials, who have been investigating the cases, said the treatment would start immediately.

Meanwhile, members of the Kingsburgh Town Council, in whose area all the latest contacts live, have urged that drastic action be taken to control the spread of rabies.

"We are now desperate," said one council member. "Unless the State Veterinary Services agree to more stringent measures, we'll soon have to be declared a disaster area."

The latest cases in the Kingsburgh area came into contact with rabid animals in two separate incidents last week.

The first involved two adults and two children who played with a puppy that was later discovered to be rabid.

In the second instance nine children and two adults "came into contact" with their own pet dog, which had been mauled by a rabid animal.

"All we can do, in view of this latest crisis, is to appeal to people not to touch their own animals — if they suspect they have been in a fight — unless their hands are covered," said a spokesman for the town council.

"We've had inspectors going round to schools warning children to be careful of all animals, including their own pets — but this is obviously not enough."

The Kingsburgh council has made a written plea to Durban's State Veterinarian to introduce a temporary tie-up order in their area, now the worst-hit in Natal.

Dr Matt Ekron, Durban's State Vet, said that a further rabies inoculation campaign was planned for the area.

In the past week there have been five confirmed cases of rabies as well as a confirmed case of the disease in a fruit bat. — Sapa.

(89) RDM 15/8/80.

Campaign to explain plight of epileptics

By MARILYN ELLIOTT

FOR the first time in South Africa's history, a massive public awareness campaign has been launched to inform people about epilepsy — a disease usually swept under the carpet.

The South African National Epileptic League (Sanel) and a major pharmaceutical company have joined forces to educate employers, teachers, the public and epileptics themselves about the disease. In a two-year programme, Sanel will use pamphets, audiovisual programmes and the mass media to get the message across.

At the launching of the campaign yesterday, Mr W van Dyk, chairman of Sanel, said about 125 000 whites and probably an equal number of blacks in South Africa suffered from epilepsy.

"Epilepsy is on the increase and it is becoming a major social and medical problem. It cuts across all social barriers and exists in all forms," he said.

"Yet the public remains afraid of epilepsy. There is a social stigma attached to the disease, which can be eradicated if we can educate the public."

Mr Van Dyk said figures showed that 20% of South Africa's known epileptics were unemployed — largely because employees were ignorant about the disease and assumed that an epileptic could hold down a job.

He quoted a Canadian survey which showed that epileptics were more careful than the average worker, thus having less occupational accidents, and that they tended to report for work more regularly than their "normal" colleagues.

"There is not as much understanding about this disease as there should be. We intend to hold meetings throughout the country next year with doctors, teachers, social workers and employers.

"Most general practitioners are not aware of the problems of mixing anti-epileptic drugs with other drugs, such as antibiotics or the pill. Women epileptics on the pill are having problems with certain anti-epileptic drugs," he said.

Mr Van Dyk said epilepsy was the only common disorder where a person was more handicapped by public attitudes and prejudice than by the handicap itself. He said the main aim of Sanel — which had several offices and rehabiliation centres in the country — was to educate the public and correct the negative attitudes towards epilepsy.

"Because of ignorance and misconceptions, employers tend to shy away from recruiting the epileptic. These thinking trends have resulted in a situation where people who can be economically active and pay taxes are a burden to the State because they have to receive disability pensions. It is about time in South Africa that epileptics were given the opportunity to lead a normal life," he said.

One of the saddest aspects of epilepsy was that the victim's parents were often ignorant about the disease. They would not allow their epileptic children the freedom given to "normal" children.

Mr Van Dyk cited an example of a young South African child of 12 who had never been out of the house, unless accompanied by its parents. The same child had never been to church or on a holiday because the parents feared he would have an epileptic fit in a public place.

He said this over-protective attitude of parents could lead to socio-psychological problems in the epileptic which were entirely unneccessary and more detrimental than the disease itself.

"Epilepsy should not be treated purely as a medical problem. Too often a doctor simply diagnoses epilepsy and sends mother and child away with a prescription for a bottle of pills," said Mr Van Dyk.

In most cases epilepsy had no clear definable cause. Some people might inherit a tendency to epilepsy — in other cases it could be caused by brain injury. Diseases affecting the brain, for example cerebral meningitis, or excessive use of drugs, could also lead to epileptic fits.

Further information can be obtained from Sanel's National Office, P O Box 4197, Pretoria 0001, or telephone 012-41 1031.

Ciskei now threatened with typhus and typhoid

STAR 25/8/80 (Nov)

(89)

Own Correspondent

EAST LONDON — Ciskei is facing a t' 'eat of typhoid and typhus epidemics because of the water shortage ca' · by the prolonged drought.

The situation is being closely watched by the Ciskeian Department of Health.

The threats have arisen because people in the rural areas are drawing water from foul and stagnant pools.

Domestic water is being ferried in tankers to the rural areas by the Ciskeian Government and the South African Defence Force, but this supplies only the most basic human needs.

A load of water taken to a village is drawn off in one day and the tanker cannot return for a week.

The people in the village sometimes save just enough to drink.

Thousands more cattle will die if good rains do not fall soon. It would be impossible to ferry enough water to save them.

The light rainfall in much of Ciskei recently did not help but rather caused the deaths of hundreds of cattle.

The rains caused a green flush in the veld but when the drought conditions continued the new shoots died.

As the shoots dried a high concentration of prussic acid built up and the cattle died after grazing on them from a condition known as tulp.

The efforts of the Defence Force to carry fodder to starving animals have run into logistics problems.

Many of the Ciskei's peasant farmers are struggling to feed themselves after the failure of both their summer and their winter crops.

Throughout the rest of the country the drought is getting worse.

Natal is the hardest hit, where the sugar farmers are going through the most critical drought in living memory.

Mr Merlin Morgan, public relations officer of the SA Sugar Association, said some areas in Natal, including sugar growing in parts of kwaZulu, had lost all their cane.

After bad frosts during the past winter, followed by the drought, sugar fields had to be replanted completely.

In the Karroo the situation was still serious, and 11 of the 33 magisterial districts have already been declared drought stricken.

EXPRESSCOPE PROBES THE BATTLE AGAINST A FEARSOME KILLER

Durban's long wait before changing bylaws on strays

FIVE new cases of rabies were confirmed in Natal in just 12 hours this weekend.

As the crisis of the killer disease took this turn for the worse, Expresscope investigated whether the battle against rabies had ben handled as it should have been.

Duirban, our investigators found, waited until the last minute before changing the city bylaws in order to fight the rabies outbreak.

In nearby Amanzimtoti, where the disease is at its worst, there is total confusion between the police and State Vet's department about how they will deal with the stray-dog problem.

The State vet has ordered that all dogs be shot on sight by the police. The police say they don't know about these orders and will not be doing any shooting in the streets.

The Durban City Council is still trying to get bylaws passed which will give the Medical Officer of Health wider powers to fight rabies. The laws still await the Administrator of Natal giving the go-ahead. He has been asked by the Durban City Council to push them through as a "matter of Urgency".

What took the council so long to get things moving? The first case of rabies in a densely populated area at Lamontville was reported in October 1979. The council believed it to be an isolated case not worth getting excited over or fiddled while the disease flourished.

Whatever the cause their delay may have seriously affected the fight against the disease.

New powers for the MOH are essential if the city is to beat the rabies outbreak. They will give MOH Dr Colin Mackenzie and his staff:

- The right to demand that a particular dog be leashed.
- The right to demand a valid certificate of vaccination from any dogowner.
- The right to impound and hold suspect animals, strays or otherwise, which may be suspected of having rabies.
- The right to demand that dogowners throughout the city, or in an individual case, keep dogs or cats enclosed in a specified area or leashed.

Dr Mackenzie told the Sunday Express that up until a few months ago there had only been sporadic outbreaks of rabies around Durban. It was not until he and his staff started to deal with the problems posed by stray dogs that he became aware of the bylaw loophole.

"It was a general bylaw not a health bylaw. Only when we were trying to deal with strays did we find that there was no law governing them except when they pose problems to traffic. We needed the law changed — and fast," he said.

"I want to throw a ring of immunisation around the city to make sure that Durban is safe. I can only do this with the help of the public. They must realise that this disease is going to get worse unless they co-operate — and this disease means death."

Dr Mackenzie and his staff have not been idle while waiting for the new bylaws. They have had pre-exposure immunisation and have taken over immunisation in some areas from the State Vet's staff.

They are about to undertake a street-by-street immunisation campaign backed up with loud-speakers telling residents of the arrival of the immunisation unit and the dangers of ignoring regulations.

Referring to the rabies outbreak in Amanzimtoti the State Vet, Dr Matt Ekron, said: "Any dog found wandering in the streets or public places will be destroyed by the police without compensation to the owners. The owners will also be liable to prosecution with fines of up to R1 000."

Dr Ekron's shoot-on-sight instructions have caused a stir, but the Divisional Commissioner for the South African Police, Brigadier J Visser, said he didn't know about such orders. "The South African Police will certainly not be shooting dogs in the streets," he said.

The Assistant Director of Veterinary Services in Natal, Dr P J Posthumous, told the Sunday Express he blamed the mechanics of the Durban City Council for the delay over the bylaws: "I think Dr Mackenzie has done a great job in fighting this outbreak but, like any official, he has to do a lot of lobbying to get laws passed. Now he has the councillors on his side and the laws are going through."

The council's legal adviser, Mr G A Moore told the Sunday Express that the amendments to the bylaws had been adopted by councillors at their meeting on August 11. They were now waiting approval of the Administrator before publication in the Government Gazette.

Mr Moore said that only when the rabies outbreak had increased to its present intensity was it thought necessary to provide additional powers to fight the disease.

"There have always been bylaws relating to the keeping of dogs in the city but they have related to matters never specifically tied to the keeping down of a disease," he said.

"As far as I know there has never been such an intensive outbreak of rabies. Outbreaks have previously been confined to rural areas clear of Durban."

● 'Rabies at dog shows?' in Living

RUSSELL KAY FOLLOWS A DEADLY TRAIL IN NATAL

HLONGWE Mthetwa, an illiterate labourer from Sordwana in Zululand will never know that it all began with him. He died of rabies. And he died very badly, with foam and saliva streaming from his mouth — his mind and body ruined.

But the disease didn't die with Hlongwe. He was only the first victim of 1979, the early warning to Natal that out there a killer was growing — feeding on itself and growing stronger all the time, until, inexorably, it would threaten everyone in the province. And now it does and it has spread to the Transvaal.

The rabies that killed Hlongwe Mthetwa is on Durban's doorstep. Every morning brings news of fresh attacks, new victims and more precautions. There have been 14 positive cases in the last 20 days.

But how did it happen? How did a few isolated deaths in rural areas develop in this way?

This week the Sunday Express retraced the steps of the killer disease which began in the early months of 1979.

We followed it from Sordwana right down Natal to Durban. Then around the City's environs and south to Amanzimtoti, Umbumbulu and Illovo.

And in every case the reports were followed by new warnings and more talk of precautions. Plenty of warnings and lots of talk. Warnings from vets who were helpless except to innoculate for all they were worth, or until they ran out of vaccine. And talk from officials who, in most cases, don't have the necessary legislation to back them.

But no single body can be blamed for the predicament in which Natal finds itself except perhaps the people of the province. They decided it couldn't happen to them. "Not here, surely? That rabies stuff belongs out there in the bush."

So the rabies spread like fingers round a victim's throat. Creeping and apparently invincible. It appeared in dogs, cats, horses, cows and fruit bats. Even pet monkeys became possible carriers.

On March 16, 1979 Hlongwe Mthetwa died. Three people who had touched the same rabid dog were also treated. They survived and no alarm was raised. Rabies has been around in rural areas for a long time.

The next week at nearby Hlabisa three people, all of them from the same family, died from rabies. Two more deaths followed within days. Suddenly six people were dead but it would be 18 months before Durban realised things were really serious.

A month after the Sordwana-Hlabisa, deaths figures were released which showed that rabies was on the increase not only in Natal but throughout the country. In fact, over the past 25 years there has been a 154% increase in the disease.

The next rabies scare report came from an unexpected quarter. In May cat rabies was the new threat.

In June 1979, rabies struck again. This time it was further south and the victim was a White man. He was primary school teacher Mr Hein Naude, and only fast treatment saved his life.

People in KwaZulu were panicked into action. Farmers threatened to shoot strays and today the situation is still serious.

By October 1979 the disease was outside Durban. In Lamontville a three-month-old puppy was destroyed and its brain sent to Onderstepoort for examination. The tests were positive. On August 3 this year, three more cases were reported at Lamontville.

October 1979 was only a week old when the most prophetic statement of the entire rabies outbreak was made. It came from Durban's Medical Officer of Health who warned that if things weren't tightened up people would die where nobody expected it — in Durban itself.

The following month the state vetenarian for Natal Dr Matt Ekron was reported as saying things were "under control". He was wrong.

Four months later a young Kwa Makutha boy died in King Edward VIII Hospital — of rabies.

But the disease was kept out of Durban's main suburbs. It seemed to be swinging around the city and going south. A four-year-old child from Amanzimtoti died after being bitten. The town and the municipality of Kingsburgh were immediately declared danger areas. But by now the outbreak was nearly unbeatable:

April 17: Rabid dog bites two women in Malvern street.

May 6: Four children contact rabies at Cato Ridge.

May 13: Enraged rabid dog savages policeman at Athlone park.

June 12: Forty children are in contact with rabid dog at Queensburgh birthday party.

June 22: A 12-year-old Indian child dies in Phoenix.

July 20: An Umhlanga doctor has emergency treatment after being scratched by a rabid cat.

August 2: An elderly South Coast woman dies from rabies at Umbumbulu.

The rabies outbreak has had far-reaching effects.

- There have been repeated warnings to Transvalers not to bring their pets on holiday with them and unwittingly import Natal rabies into the Transvaal.
- There have been drastic shortages of vaccines as thousands flocked to get their pets vaccinated. And vaccines have been diverted to the worst-hit areas in KwaZulu.
- The SPCA have created special kennels for rabies suspects.
- Free rabies innoculations have become the order of the day in Black townships.

But if Durbanites are to blame for turning a blind eye to the danger, then its council, it seems, should also share that blame.

Only on August 12 this year did the council give the Medical Officer of Health powers to act against the outbreak.

Can Durban's city-centre immunity go on?

How long before a rabid dog runs amuck in a shopping centre or a school playground?

How deadly disease is engaging Province

Beware! It is often too late

BY the time people discover they have rabies — it is usually too late for any effective remedy.

The result, within days, is suffering one of the most agonising deaths — responsible for the terror that surrounds the disease. Only two cases of survival have ever been recorded and even those are regarded sceptically by anyone who has witnessed the disease.

Only one thing is certain about rabies. If you don't get to it quickly it will get you. An American woman recently began treatment only 44 hours after she had been bitten by a fruit bat. The delay was fatal. Twenty five days after she was bitten she developed the disease and died.

According to medical sources, the horror stories related to rabies are true. People *do* foam at the mouth, suffer convulsions, lack any feeling of pain and are terrified of water.

In the first of two distinct forms of the disease, "furious" rabies attacks the brain. It sends the victim, animal or human, into spasms of frothing insanity.

This "hydrophobia" takes place only hours before death. Symptoms of "furious" rabies in the early stages include: depression, difficulty in swallowing, restlessness, tensions, nightmares and high fever.

The second type of rabies is known as "dumb" rabies. This is not as violent, but is just as deadly. The spine is attacked which results in severe headaches, paralysis and death.

In humans the incubation period for rabies can vary from a week to several months.

Symptoms to look out for in animals include:

- Excessive itching, scratching.
- Dilation of pupils giving the eyes a bright, glinting appearance.
- Excessive saliva.
- Initial greed, even a depraved taste for stones and wood.
- No feeling of pain.
- A bark which turns to a throaty howl.
- Irritibility when disturbed.

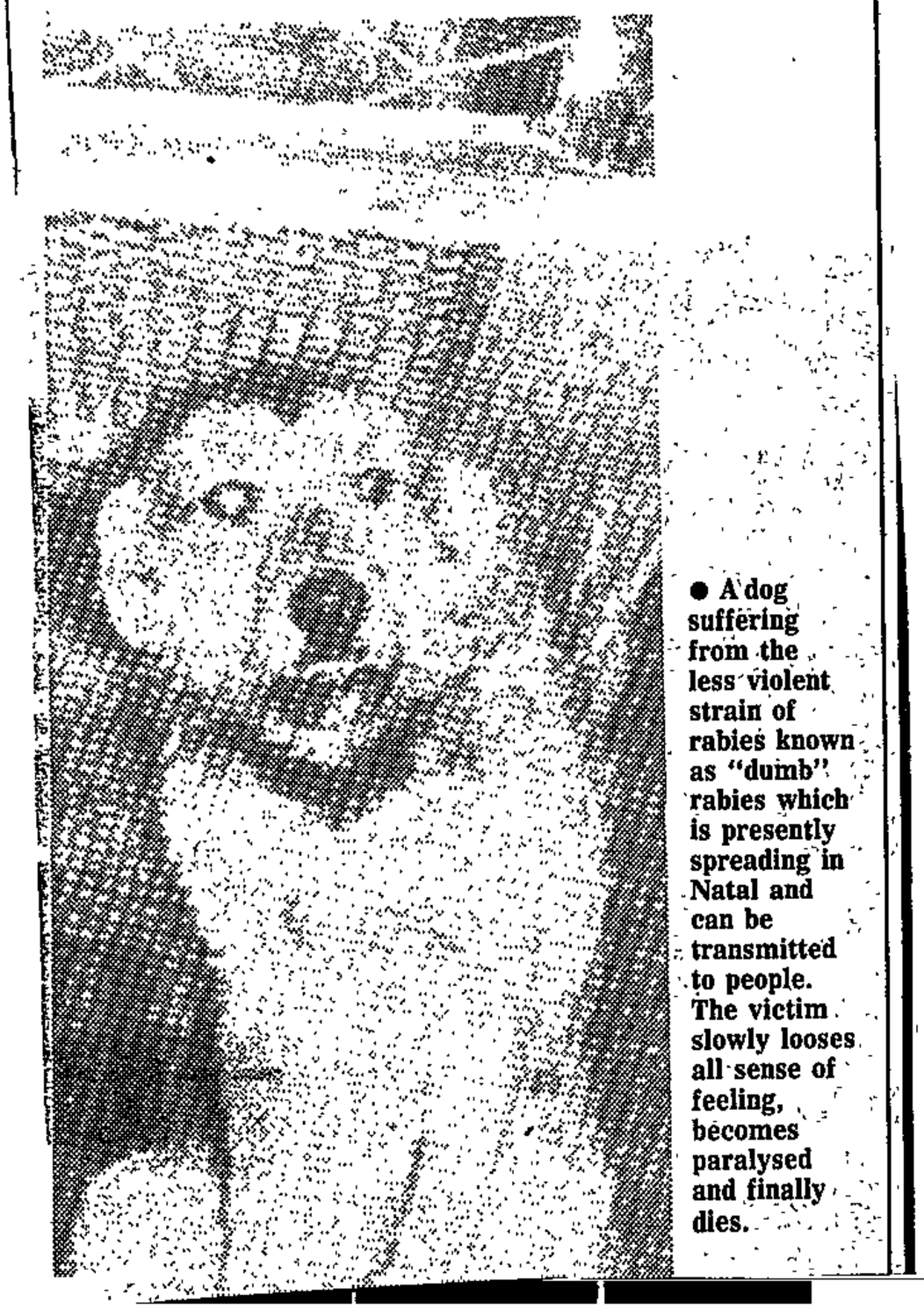
The virus, in the furious strain, enters the brain causing acute emotional disturbances — as in man. The animal will often leave home, travelling long distances and attacking man and animals on its way.

In the case of dumb rabies — which is believed to be the strain involved in the present outbreak in Natal — the animal becomes progressively paralysed.

There are periods of excitation, the eyelids tend to droop and the animal has difficulty in swallowing — as though a bone were stuck in its throat.

At any of these stages, the animal may contaminate any small wound on a human's hand by licking it. The infected saliva is enough to start the cycle of infection.

Cats are also highly susceptible to rabies but they have seldom been known to transmit the disease to man.



● A dog suffering from the less violent strain of rabies known as "dumb" rabies which is presently spreading in Natal and can be transmitted to people. The victim slowly looses all sense of feeling, becomes paralysed and finally dies.

Watch out for these signs

RABIES has spread through Natal because not enough people have guarded against the disease.

Many were careless about having their animals vaccinated or content to ignore the warnings issued by the authorities.

If you have animals, or even if you may come into contact with them, remember:

- Don't be taken in by a wild animal of any sort — no matter how tame or docile it seems. It could be a rabies carrier. This includes "lovely, cuddly, harmless" creatures like mongooses, meerkats and Vervet monkeys.
- Don't touch any animal behaving in a strange manner. Contact the veterinary authorities.
- Don't take a dog from one rabies area into another without a permit. If you do, it could cost you a R200 fine.
- Don't forget that animals must be innoculated against rabies 30 days before entering, and 60 days before leaving, a rabies area. The infected area extends for a 25 km radius.

Hideous, and deadly source of dread

"IT is even to be doubted whether any of the many diseases which afflict humanity, and are a source of dread, either because of their painfulness, their mortality, or the circumstances attending their advent and progress, can equal Rabies in the terror it inspires in the minds of those who are cognisant of its effects and who chance to be exposed to the risk of its attack, as well as the hideous symptoms that characterise the disorder." — George Fleming's Rabies and Hydrophobia: Their history, nature, causes, symptoms, and prevention (1872).

Killer disease: Don't panic, says top vet

pam 6/9/80

$9

By ROB MEINTJIES

WITH the rabies scare spreading from Natal to other parts of the country, the director of the Onderstepoort Veterinary Institute, Dr R D Bigalke, has claimed animals are being killed unnecessarily.

And faced with an upsurge in demand for rabies vaccine, Onderstepoort is rationing supplies to Johannesburg and Pretoria.

However, Dr Bigalke warned against allowing a panic situation to a arise.

It was apparent from specimens sent to Onderstepoort that many animals were being killed unnecessarily, he said. Of the 93 suspected cases examined at Onderstepoort during July this year, only about one quarter had proved to be infected. During the same month last year, almost half of the specimens — 14 out of 33 — proved to be rabies cases.

"To me this means that many animals are being killed unnecessarily," he said

Onderstepoort, which produces more than half of the rabies vaccine in South Africa, churned out one million doses during the first eight months of the year — four times its normal yearly production.

The institute's virus-producing machinery is on maximum production.

"We cannot meet total demand throughout the country," said Dr Bigalke. "But we can meet demand where it is really needed — Natal and a few other areas in which State vets have launched innoculation campaigns."

Imports normally acount for the rest of the vaccine used in South Africa, but the world is currently experiencing a shortage of the vaccine, according to Dr Bigalke.

In Pretoria, the Division of Veterinary Services said yesterday that although rabies had reached epidemic proportions in Natal, the situation was under control, reports Sapa.

Dr J van Heerden of the division said the KwaZulu Veterinary Service was co-operating with Pretoria in efforts to prevent further outbreaks. He said it was not necessary at this stage to immunise domestic animals in non-affected areas.

The whole of Natal and parts of the Transvaal have been declared rabies areas

Dr Van Heerden warned that people should be particularly careful of animals which behaved abnormally.

Dogs which had rabies became aggressive, while domestic cats avoided people. Wild animals completely lost their fear of humans and would even enter a house to attack people.

Meanwhile, Sapa reports from Durban that a Mkuze man, Mr J Collins, is being treated after his puppy was savaged by a rabid dog yesterday Another rabid dog was shot by a ranger in the Mkuze Game Reserve

Mr Collins told the local health authorities his puppy had been attacked by a frothing stray dog yesterday

The rabid animal was tracked down and destroyed

A Mkuze game ranger, Mr Mark Astrip, shot a rabid stray that wandered into his yard this week and started fighting with his dogs

The animal's brain was sent for examination and has been found to be rabid

More than 20 people have died from the disease in KwaZulu and Natal this year.

Lack of control causes rabies upsurge

'Mail' Africa Bureau

SALISBURY — Zimbabwe has been hit by the worst outbreak of rabies in 30 years following the collapse of control measures during the bush war, veterinary officials said yesterday.

At least eight people have died in almost a year and farmers have reported the loss of about 1 000 head of cattle due to rabies during the past six months.

"We have had about 100 confirmed cases of rabies in cattle since about February, but some ranchers have claimed to have lost up to 150 head of cattle," said Dr Chris Foggin, a government veterinary research officer.

Vaccination campaigns have been launched in most of the rural districts and tribal trust lands in an attempt to contain the disease, which has spread to about three-quarters of the country.

Worst hit areas are the Midlands and Umvukwes districts, where horrifying tales of rabid dogs, jackals and cattle are the order of the day.

Rabid animals have attacked scores of people and one snarling jackal was reported to have jumped at a passing motorcyclist from the roadside and gripped the handlebars with its teeth

Another motorcyclist was said to have escaped from the vice-like grip of a jackal's jaws only after strangling the rabid animal

"We are in the throes of our worst outbreak since 1959, when rabies first reappeared in this country after a long absence," Dr Foggin said

Immunisation figures dropped during the bush war which made many areas inaccessible to veterinary and health officials Figures for dogs fell from 300 000 to 50 000 a year

There were 126 confirmed cases of rabid jackals in a nine month period to June, but this is only one part of the problem The disease has also spread to other animals such as mongoose, kudus, rietbuck and monkeys

"We may well have a permanent reservoir of the disease in our wildlife," said Dr Foggin "There is not a lot one can do to control jackals and it will be a costly business if we have to innoculate cattle each year"

More confirmed rabies victims, but end in sight

STAR 10/9/80

89

Own Correspondent

DURBAN — The rabies epidemic has reached a new peak but is expected to be under control before the end of the year.

There are now 19 confirmed cases, and 12 new victims have begun treatment in the past 10 days.

In the Durban and South Coast district alone there have been eight positive cases — nearly one a day — and health officials say that this is considerably higher than last month, where the incidence of the disease also rose dramatically.

Officials also believe that the number of unreported rabies cases are easily double the official figure.

"There are a lot of cases where the animal is just hit over the head and buried — but the confirmed cases alone indicate that rabies is once more on the upswing. And the situation certainly does not look if it is going to improve just yet."

At present, at least 10 other suspected animals are being examined for rabies and the escalating statistics do not include cases such as the attack on a traffic policeman and a young boy in Kingsburgh, where the animal was shot at close quarters and its blasted brain could not be examined for the disease.

PROBLEM AREA

The latest human toll is: five people being treated in Maritzburg, four in Vryheid, two in Hluhluwe and four in Durban.

Among the victims is an 18-month-old baby brought to hospital almost a week after she had been bitten. She is not expected to live.

Zululand farmers have already started shooting any stray dogs on their farms, and a tie-up order — where a policeman is entitled to shoot on sight any unleashed dog in the streets — was introduced in Kingsburgh and Amanzimtoti last week.

A spokesman for Onderstepoort research station said the major factor determining how long the outbreak would last was the time it would take to vaccinate animals in the affected areas.

He said Natal was the only problem area and that outbreaks of the disease in other areas were normal occurrences but the situation had been exaggerated in certain reports.

At this stage it was estimated that about 500 animals had been infected by the disease.

PRIORITY

There was no danger of rabies in the Pretoria or Witwatersrand areas, and it was not necessary to vaccinate animals in areas where inoculation was not normally carried out.

The spokesman said it was likely that the disease would come under control as soon as all animals in the affected areas had been innoculated, and this could be by the end of the year or even sooner.

A spokesman for the Division of Veterinary Services in Pretoria said vaccine priority was being given to infected areas.

If owners did not carry out the instructions of authorities pets could be destroyed.

Rabies crops up in Prieska

12/9/80 Rabies 89

DURBAN. — Another dog from Illovo on the South Coast was yesterday confirmed to have rabies, bringing the killer disease toll to 20 this month.

And in Prieska in the Northern Cape, about 250km southwest of Kimberley, an extensive immunisation campaign against rabies began after the Veterinary Research Institute at Onderstepoort confirmed that a pet cat from the town, shot after acting strangely, had been rabid.

The Illovo dog, a stray mongrel, was destroyed on Tuesday after it had attacked three pet dogs at the Illovo Sugar Estates. It was the third dog destroyed there this month.

The dead animal's brain was tested and found to be rabid.

Durban health officials have also issued tie-up orders to several dog owners whose animals have bitten people during the last week.

This is only a precautionary measure as the animals are thought to be healthy and only attacked human beings after provocation.

The Pinetown municipality yesterday ordered residents of the Indian suburb of Motala Farm to tie up their dogs, following confirmation that a dog from the suburb that died at the Kloof SPCA last week had rabies.

Pinetown's Medical Officer of Health, Dr Elizabeth Standing, said a growing rabies hazard had made it necessary to order the confinement of all dogs in Motala Farm.

She said dogs found wandering unchecked would be darted and seized. Their owners would be fined. — Sapa.

Vaccine to treat bilharzia in sight

Staff Reporter

A VACCINE for the treatment of bilharzia — a disease endemic throughout South Africa — should be discovered in the next 10 years.

A leading South African researcher, Professor Mike Moshal, director of the Medical Research Council's Research Institute for Disease in a Tropical Environment, said developments in the understanding of the immunology and parasitology of the disease indicated a vaccine could be available soon

The employment of vaccines for treating tropical diseases is the goal of major world efforts and the Medical Research Council has undertaken considerable work in the immunology and biochemistry of such diseases.

Prof Moshal said bilharzia remained an enigmatic disease for many researchers.

"It undoubtedly has a tremendous clinical impact but its total scope is still partly unknown

"A number of South African studies have shown that bilharzia does not produce severe physical illness, but in other areas of Africa and in the Middle East, bilharzia is a far more vicious disease than in South Africa," he said.

More rabies detected

Staff Reporter

RABIES has spread to three more Transvaal towns

A spokesman for the Division of Veterinary Services said in Pretoria yesterday that rabid animals had been found in Messina, Standerton and Middelburg.

He said the Onderstepoort Research Station had confirmed that an ox from Messina, and two meerkats from Standerton and Middelburg, had the disease

Positive cases of rabies were confirmed in Vereeniging and Klerksdorp earlier this month

The spokesman said all cats and dogs within a 16km radius of the areas where rabid animals had been found would be immunised, but could not say if campaigns had been launched yet.

"It all depends when the affected areas get vaccine"

Fourteen more cases in Durban rabies outbreak

DURBAN. — In the worst outbreak of rabies since the crisis began last year, there have been 14 positive cases in the greater Durban area in the past 19 days — five of them reported yesterday.

Despite mass inoculation programmes throughout the high-risk areas, it is now feared that the rabies threat could be moving closer to the city centre.

One of the rabid animals was brought into Durban when the owner, an Umlazi resident, found his pet dog was sick.

While it was under treatment, the dog died.

It was later discovered to have been rabid.

A cow, owned by an Illovo farmer, was also found to be rabid.

There is now concern about the farmer's pregnant wife, who drank milk from the diseased beast.

It is not yet certain whether she will have to receive treatment.

Two of the other cases were strays, shot by police in the Amanzimtoti residential area, and the fifth was a stray that went berserk outside Fakazi School, in Umbumbulu, attacking several people, including an elderly woman.

The dog, which was killed and buried by local residents, was later exhumed and found to have been rabid.

It was the second dead dog to be exhumed in a week.

A young Pinetown boy was severely bitten by a suspect rabid dog yesterday and is receiving immunisation treatment.

The young Indian boy involved was apparently bitten by a stray which had been behaving suspiciously.

The dog was cornered by people living in the area and will be destroyed. Its brain will be sent to Onderstepoort for testing.

Dr Standing, Pinetown's Medical Officer of Health, said that although efforts were being made to conserve the anti-rabies serums used for treating humans, in this case, because of the severity of the attack, the boy would be inoculated before the results of the test were received. — Sapa.

Jo'burg faces huge rabies counter-attack

(89) 23/9/80 RDM

By ROB TAYLOR
and SUE DENNY

ALL dogs and cats in Johannesburg will have to be immunised if rabies is confirmed.

This follows another report of an attack by a suspected rabid dog — this time in Johannesburg's southern suburbs.

The State Veterinarian, Dr Geza Nagy, said yesterday that a child had been bitten on Saturday. The dog, which was foaming at the mouth when it died, had been sent to the Onderstepoort Veterinary Institute. The results would be known today.

Further details of the incident have not been released.

Police are still searching for the dog which bit three people in Yeoville on Saturday.

An SABC-TV report said last night that a dog, later found not to be rabid, was caught in Yeoville yesterday. But a police spokesman told the 'Mail' this was not the same animal which had bitten the three people.

If the dead dog and the one on the run have rabies, all cats and dogs in Johannesburg would have to be immunised, Dr R D Bigalke, director of the Onderstepoort Veterinary Institute, said yesterday.

And Dr Nagy estimated that there were at least one-million cats and dogs on the Witwatersrand — excluding those in the black townships.

Meanwhile, Onderstepoort is testing seven animals from Johannesburg, but so far all the tests have proved negative. However, there have been positive results from four dogs shot in the Vereeniging area.

Dr Bigalke said although it would be unwise to speculate on the reports of rabies at this stage, if they were found to be true, "they would have to vaccinate Johannesburg".

He added: "I think it would be a problem if both Johannesburg and Natal were to have it at the same time. It would be difficult to cope with.

"We would then have take another look at our priorities," he said.

If the State declares an area rabid then a vaccination campaign will begin immediately — with free innoculations.

Dr J P Van der Merwe, the director for the Division of Veterinary Services in Pretoria, said before any action was taken his department would have to "get together with Onderstepoort" to see if the institute was capable of supplying vaccine for a "few hundred thousand dogs".

Dr B Richard, Johannesburg's Medical Officer of Health, said his department had arranged for a course of immunisation injections for the people who had been attacked by the Yeoville dog.

The course consists of five injections over 30 days.

Asked if members of the public who wanted immunisation against rabies could get it, he said it was not a practical procedure but it could be done.

Cholera strikes Transvaal area

(89)

RDM 8/10/80

By SUE DENNY

HOLIDAYMAKERS who intend visiting the Malelane district in the Eastern Transvaal this weekend have been warned to take special precautions after a cholera outbreak in the area last Friday.

The warning was issued yesterday by Dr J Gilliland, deputy Director-General of Health.

One man has died and five people were admitted to Shongwe Hospital near Hectorspruit at the weekend.

The victims, all from three farms in the Malelane district, near Barberton, are a two-year-old girl, a woman and three men, said the superintendent, Dr A D Mitchell.

The patients were in a "good" condition and were expected to be released from hospital today.

"Cholera responds rapidly to treatment and the worst patient was sick for only 36 hours," Dr Mitchell said.

The fourth man died on his way to hospital.

Dr Gilliland warned holidaymakers, "especially campers and caravanners who will be visiting outlying areas in the Malelane district" to make sure that they boil all their water, wash their hands before they prepare food and boil all foodstuffs.

"There is no danger to holidaymakers who visit towns and game reserves in the area because the water is purified and there is proper sanitation. The danger is in the country areas where people might drink canal or river water and where there is no sanitation," he added.

A team of doctors from the Department of Health in Pretoria under Regional Director, Dr Deon Joubert, are in the area investigating the outbreak but have so far not found the carrier.

They are immunising only those who have been in close contact with the victims.

"This is a small outbreak and it is nothing to worry about. Cholera is not easy to investigate, but our officials are working non-stop to find the carrier," Dr Gilliland said.

Dr Mitchell said the symptoms of the disease were severe diarrhoea and vomiting, resulting in dehydration. It was caused mainly by contaminated drinking water and food.

"The first two patients, both men, were admitted to the hospital on Friday, but one had already died and his corpse was absolutely dehydrated. The next two patients were admitted on Saturday and the last two on Monday. I am quite sure that none of the five patients are carriers," Dr Mitchell said.

Dr Gilliland said the last reported case of cholera was about 18 months ago, when an overseas visitor booked himself into a Johannesburg hotel and was later hospitalised.

Now cholera is on the way

NM 20/10/80 (89)

Natal 'danger' warning

Mercury Reporter

IT WAS only a matter of time before cholera became more prominent in South Africa according to the regional director for State Health in Natal, Dr Johan van Rensburg.

'The recent outbreak in the Eastern Transvaal was, for example, not completely unexpected,' Dr van Rensburg said. 'The percentage of the Mozambican population exposed to it is very high.'

He said the Health Department was aware of the tremendous cholera epidemic which had begun in Mozambique 18 months ago. The high death roll was recorded in the World Health report.

'The danger of cholera spreading to Natal and the rest of South Africa is because the Africans know no political boundaries and pass freely between South Africa and Mozambique as they have done for centuries.

'There is, however, a high degree of awareness in medical circles of the danger of tropical diseases reaching Natal, but we're watching the situation very closely,' he said.

Dr Colin MacKenzie, Durban's Medical Officer of Health, said neglect and inadequate health services in Mozambique were among the causes of other tropical diseases such as malaria occurring increasingly in South Africa.

Those cases reported in South Africa were mainly carried by the crews of ships doing the East Coast run between Maputo and Durban, he said.

He said the only Durban case was a stevedore who had contracted malaria while unloading cargo from a ship's hold. He would not classify this as a local case.

If a case such as this went undetected it became a risk as there were 'reservoir-host' mosquitoes which, if they bit a person who had the disease, would carry it to the next person bitten.

Few symptoms

But if host mosquitoes laid eggs the offspring would not be carriers of malaria.

'We do, however, monitor closely all border posts by taking specimen smears for malaria from all who pass through. About 50 percent of these tests come up positive and the patients remain at the post and are treated there,' he said.

With cholera it was difficult to determine who had the disease as the particular strain found in southern Africa displayed very few symptoms and the victims became carriers without knowing it, according to Dr van Rensburg.

He said various programmes to combat tropical diseases were being carried out in a joint effort with KwaZulu on a biannual basis. The programme concerned itself mainly with malaria.

Tsetse fly — or nagana — it is technically known — posed no threat to South Africa and the nearest recent case had been in northern Botswana.

But because of the Okavango Swamps and the adjacent Caprivi Strip the disease could and was occasionally carried across the border into South West Africa, said Dr van Rensburg.

The cholera scare is now over

POST 24/10/82

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THE cholera outbreak in the Eastern Transvaal is under control. No further deaths or disease localities have been reported, a spokesman for the Department of Health said today.

The spokesman said 90 cases had been confirmed and people had died. The victims had died before they could be treated in hospital.

"The 10 people still in hospital are not very ill and should go home soon," he said. "It looks as if the outbreak is tapering off. The spread of the disease has been stopped."

The spokesman added that people who had direct contact with victims were being immunised and that water supplies in the area were being purified. Officials were making an intensive search for cholera bacteria in water supplies and sewage in affected areas.

"We have had the co-operation of local authorities, including the Swaziland homeland of KaNgwane, in combating the spread of the disease. This has been a successful team effort."

Many travellers, including a busload of West German tourists, have been turned back at the Swaziland border because they did not have valid cholera immunisation certificates.

But others have been able to slip through, according to sources here. Some who were turned away at Swaziland border posts immediately got cholera vaccination at the nearest South African centre and returned within hours to be allowed to cross the border — despite the government order that travellers from the eastern Tvl may not enter Swaziland without proof of immunisation at least six days previously.

Only the seven border posts in Western Swaziland are covered by the order and there appears to be nothing to stop somebody from the eastern Transvaal entering the country from Natal without immunisation, combating the spread of the disease.

89

FOR IMMEDIATE RELEASE

PRESS RELEASE - 29 OCTOBER 1980

CHOLERA IN THE LOWVELD

According to the latest information available to the Department of Health, Welfare and Pensions, 250 cases of cholera including 4 deaths have been reported.

The health authorities concerned have, since the beginning of the outbreak, started active medical counter measures which consist of:

(a) to follow-up the movements and contacts of all proven cases even while the patient was receiving treatment;

(b) to treat all contacts with effective medication to conbat the disease and to prevent the spread of bacteria;

(c) to inoculate indirect contacts where indicated, e.g. in large communities;

(d) to offer a health information service aimed at preventing the spread of the disease, the aim of which is to convince persons to use safe drinking-water and to exercise strict personal hygiene. Brochures and related material will be made available to the public at the Nelspruit Sub-office (Tel 27190/6) and the Kangwane Health Department (Louw's Creek Tel. 207).

In spite of these continuous efforts by the health authorities it has become apparent during the last few days that the disease cannot be limited to the original area between Nelspruit

2/.....

Chlorination of Domestic Water

Sufficient domestic water of a safe health standard should at all times be available from a tap. A minimum of about 15 litre per person per day should be sufficient for drinking purposes, preparation of food and to maintain personal hygiene.

All domestic water sources, especially from surface water, must be disinfected effectively. Chlorinating is the most common method of disinfection. If turbid water cannot be made clear, the chlorination must be doubled. The following simple method can be used to chlorinate water:

Prepare one litre of a 1% chlorine stock solution by adding enough water to either 15 gram (4 teaspoons) swimming pool hypochlorite (70% available chlorine) or 40 gram (10 teaspoons) chlorinated lime (30% available chlorine) to make up one litre of solution. Mix thoroughly and keep tightly capped. This solution should be prepared fresh daily.

Use this stock solution to chlorinate water as follows:
Add three drops of stock solution to one litre of water of 4 millilitre (1teaspoon) to 20 litre of water or 1 litre of stock solution to 4 550 litre (1 000 gallon) water. Always add the water to the chlorine stock solution to ensure proper mixing. The chlorinated water is ready for use after 20 to 60 minutes.

Inexpensive automatic chlorinators are also available for permanent installation onto water supply pipelines.

4/.....

Typhoid hits Soweto kids

By KINGDOM LOLWANE

TEN Soweto children are suffering from typhoid fever and have been hospitalised.

The rest — 137 including seven teachers — have been confined to their homes and are under constant supervision by health officers.

Confirming this yesterday, was Dr B Richards, Johannesburg Medical Officer of Health, who said there was "no need for panic."

He said the source was outside Johannesburg and that all precautions to avoid it in the township had been taken. It was unlikely that it would spread.

Dr Richards said the present outbreak was not that serious as the typhoid outbreak at the Fort Prison in Johannesburg 20 years ago when the community had to be immunised.

He said while in the past the disease was serious, it could now be contained with drugs available.

"There are very slight chances that it can spread as we are checking those at home regularly. Should any have it then there could be chances of a secondary spread such as a sister or brother catching it in the family. We are making sure that the home is in hygienic conditions.

"Some children have asked whether they should be immunised and we have not thought this necessary.

"The source is a trip to Nelspruit and the countryside and they apparently had something to drink. The State Health Department is now investigating all the places they visited to pinpoint the actual spot where the disease was caught so that precautions can be taken.

"I must stress once more that there is no need for panic and that it is under control," Dr Richards said.

The first indication of the disease is diarrhoea which causes vomiting. Dehydration then follows and the patient gets weak and eventually collapses.

Doctors say typhoid fever is spread by the five F's — flies, faeces, food, fluid (water) and dirty fingers.

Typhoid outbreak in Eastern Transvaal

RDM 31/10/80 (89)

By CHRIS MARAIS

MORE than 140 people have been placed under observation after at least 10 schoolchildren visiting the cholera-infected Eastern Transvaal contracted typhoid, a far more deadly disease.

The recent outbreak of cholera has reached epidemic proportions, claiming the lives of four people and infecting at least 250 others in the Eastern Transvaal.

Now typhoid, more virulent than cholera, has infected 10 black children from the Klipspruit Secondary School — and seven more suspected cases have been reported.

The children and staff were on a camping trip through Nelspruit, the Kruger National Park, Pilgrim's Rest and God's Window. Shortly after their return, 140 children and seven teachers were placed under observation.

The confirmed and suspected cases have been admitted to Baragwanath Hospital and the Consolidated Main Reef Hospital. Other suspected cases are under observation at Klipspruit Secondary School and in their homes.

Typhoid germs are not confined to the bowel areas as is the case with cholera — the disease can spread via the bloodstream to all parts the body.

It can also be contracted not only from infected water supplies, but also from milk.

The initial symptoms are diarrhoea and fever, accompanied by high temperatures. In the latter phase of the disease, there can be a general collapse and perforated bowels.

Johannesburg's Medical Officer of Health, Professor Baldwin Richard, told the "Mail" yesterday another five cases of typoid had been reported — but these came from areas outside the Eastern Transvaal.

The Deputy Director General of Health, Dr J J Gilliland, said his department had sent teams of inspectors through the suspected "cholera areas" of the Eastern Transvaal to carry out tests on the water supplies.

Dr Gilliland said the cholera outbreak had become an epidemic.

"When the cases of infection reach three figures, then it is usually an epidemic," he said. "But on the whole it's an arbitrary judgment."

The cholera cases have been reported along the De Kaap River near Barberton, between Nelspruit and Malelane — and now from the Kangwane area east of the Shongwe Hospital.

Dr Gilliland said the Department of Health would not issue instructions to visitors to the area to take cholera shots, because these had proved largely ineffective.

"The World Health Organisation does not recommend the shots — they only have a 40 to 60% success rate, lasting only two months," he said.

Departmental teams are instructing the public in the affected areas on preventing the spread of disease. The teams are also trying to trace the disease and are providing certain areas with uncontaminated water.

Dr Gilliland's advice to campers and tourists visiting the Eastern Transvaal is to boil water and use care when handling foodstuffs.

FOOTNOTE: The cholera epidemic which had broken out in Kasama, northern Zambia, is worsening. Sapa reported the medical superintendent at Kasama General Hospital, Dr parkash Jhamb, as saying another death had occurred in Kasama on Wednesday.

Typhoid, cholera claim more victims

By SUE DENNY

THERE are now 28 cholera and 50 typhoid victims in hospitals in the Eastern Transvaal lowveld towns of Barberton, Hectorspruit and Kabukweni.

According to Sapa there are also 48 typhoid victims in the Johannesburg area, including 12 confirmed cases in Soweto. The 34 other suspected cases are pupils at the Klipspruit Secondary School who were admitted to hospital after complaining of feeling ill.

The Rand Daily Mail spent two days in the affected lowveld areas this week and found that the death toll has risen to eight — four from cholera and four from typhoid.

In addition, 271 cholera cases have been reported to the Department of Health in Pretoria since the epidemic started almost a month ago.

Dr J E R Scholtz, superintendent of Themba Hospital, near Nelspruit, said there were three cholera and 30 typhoid patients at the hospital.

"We do hundreds of cholera tests here every week. Since Tuesday, we have tested 119 suspected cases."

There are two cholera victims and 17 suspected cases in the Barberton Hospital, according to the superintendent, Dr M J S Hynd.

The victims all come from the Langloop Township in the De Kaap Valley area of KaNgwane.

The Department of Health has identified the Crocodilepoort Canal as the source of the cholera outbreak.

The acting superintendent of Shongwe Hospital, near Hectorspruit, Dr J Eybers, said there were six cholera cases — including a five-year-old child — and 20 typhoid victims at the hospital.

The Chief Health inspector of Barberton, Mr J E S Venter, told the "Mail" yesterday that the severe drought in the Eastern Transvaal lowveld was one of the main causes of the second cholera outbreak in KaNgwane.

"Water supplies are very low, so people are using streams for drinking water. The sanitation and water supplies in the Barberton districts require attention and cholera is breeding in the Crocodilepoort Canal because it is almost dry," Mr Venter said.

Department of Health officials from Pretoria were supplying purified water to people living in the districts and in KaNgwane, he said, and Barberton municipal workers had been asked to take treated water back to their families in the homeland this weekend.

"Health officials are distributing pamphlets to educate people in the districts against the dangers of contracting cholera.

"One thing I would like to stress is the importance of people in the districts knowing that they should only drink purified water.

Mr Venter said the Department of Health and the Department of Water Affairs were doing a very good job testing all the rivers and water resources in the area. They were also sending water supplies to black homelands.

"If they carry on like this, they will quickly suppress the disease," he said.

Symptoms of cholera and typhoid are similar. Both diseases are a result of poor hygiene, and a lack of proper sewage disposal and piped water supplies.

The incubation period for typhoid fever averages 10 days, with a range from three to 25 days. The cholera incubation period ranges from several hours to five days.

SUNDAY TRIBUNE, NOVEMBER 2, 1980

Killer diseases ring the country

Cholera, typhoid, rabies cross the border

By DARYL BALFOUR

SOUTH AFRICA is ringed by killer tropical diseases — and the situation could deteriorate before health services regain control.

The list is frightening. Cholera, typhoid fever and rabies have gained a foothold within the country's borders and malaria and tsetse fly (nagana) which cause sleeping sickness, are evident in neighbouring Mozambique and Botswana.

So far, four people have died from cholera and more than 220 cases have been confirmed in the Eastern Transvaal since the disease occured three weeks ago.

And in Johannesburg, at least 10 Soweto children have been taken to hospital with typhoid fever — a disease usually only found in certain isolated rural areas of South Africa. More than 130 others, including a number of adults, have been confined to their homes while health inspectors watch for further signs of the sickness.

The disease, which can be a killer, has also been found in the Eastern Cape and Bophuthatswana. Earlier this year, three people died of typhoid in Edendale Hospital, Pietermaritzburg.

The spread of rabies through Natal and Zululand this year has also caused widespred alarm and number of death have been recorded.

A spokesman for the Department of Health in Pretoria, Dr Howard problems in disease control had arisen in the past because there were "certain countries in Southern Africa with which we have on official interchange".

He said this made it difficult for the Department of Health to monitor the spread of contagious diseases from these countries to South Africa.

But Dr Botha said the present typhoid scare was not likely to reach epidemic proportions and said the Department of Health was at present involved in an intensive programme of treating water supplies as well as a health education campaign in the Eastern Transvaal.

"Typhoid fever is an endemic disease in many parts of South Africa, mainly in specific isolated rural areas where levels of hygiene are low," he said.

He said South Africa treated about 4 000 cases of typhoid annually — "and the level at present is fairly consistent with that."

Dr Botha also said the Eastern Transvaal cholera outbreak should present no danger to tourists but people there should take the precaution of washing all fresh produce. He said people should drink only purified water and warned that other water should be boiled

Visitors to the Kruger National Park had nothing to fear as all water in the park was treated.

Dr Botha said the cholera outbreak could reach epidemic proportions as the disease was being spread by carriers from Mozambique. Last year alone more than 4 000 cases of cholera were reported in the country.

"There is real danger of a cholera epidemic, but we have done everything possible to stop the disease from spreading," he said.

"The particular strain of cholera in the Eastern Transvaal is fairly easy to treat," Dr Botha said.

Cholera was virtually absent from Africa for 40 years before the El Tor strain spread here in 1970. Today it has spread across most of the continent. During the past year deaths caused by cholera have been reported from most African countries, including Zambia, Mozambique, Kenya and Zaire — as well as South Africa during recent weeks.

Dr Johan van Rensburg, Regional Director for State Health in Natal, said no cases of cholera had been found so far in Natal and KwaZulu.

The Natal authorities and the KwaZulu health services had a combined plan of action should the disease break out in the area.

Dr van Rensburg agreed that the "ring of disease" around South Africa could cause problems here but said once political stability returned to these countries health standards would improve.

He blamed the disruption of the social order by wars and civil disturbances for breakdown in health standards, resulting in an increase in the occurence of endemic diseases.

"For many years South Africa played a leading role in Africa in providing health services and assistance. But now the World Health Organisation has seen fit to exclude us from these programmes, which isn't sensible in a tropical environment where these diseases need constant monitoring," Dr van Rensburg said.

The danger of the killer diseases spreading to South Africa can be aggravated by the fact that rural Africans "know no political boundaries and move freely from South Africa to Mozambique and back."

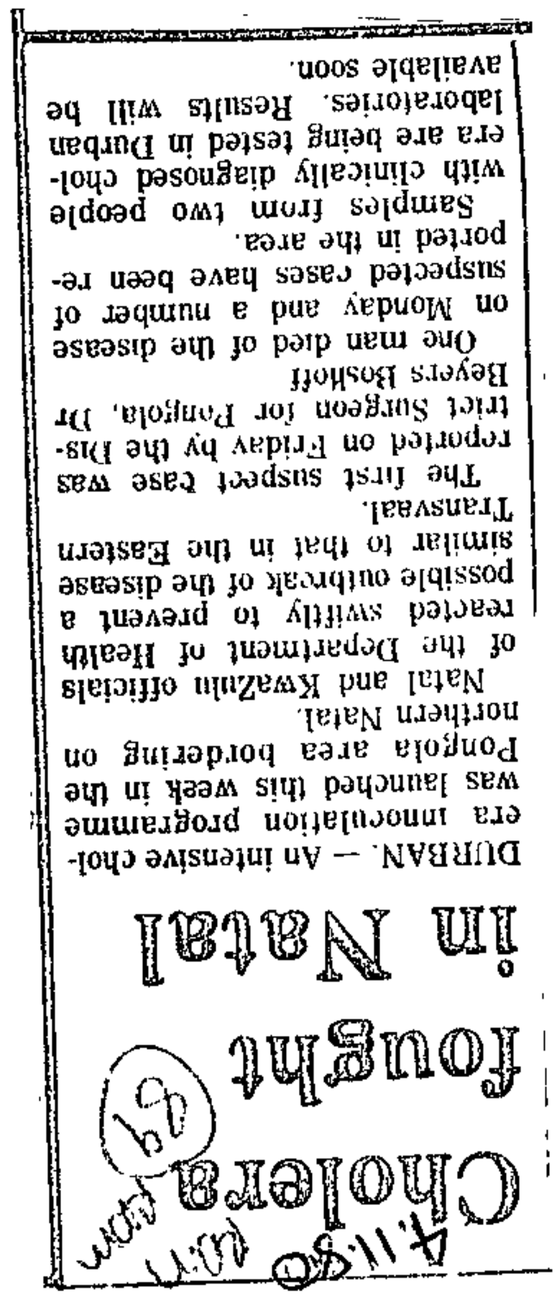
Dr Colin MacKenzie, Medical Officer of Health in Durban, has also said that the neglect and breakdown of health services in neighbouring states were among the causes of the spread of tropical diseases to South Africa.

CURRICULUM VITAE

Klaas van der Poel

Has a degree in Operations Research from Tilburg, Holland. He has been with Shell International for 10 years and worked for that company as an international consultant in several countries around the world. His experience includes the design and development of systems for financial management, manufacturing control and production optimisation.

He has taught courses in Management Information Systems and Operations Research at the Business Schools of the Universities of Cape Town and Stellenbosch.
He is recognised as a member of the consultants group of the Computer Society of South Africa and specialises in requirement definition and design of industrial systems.



Cholera fought in Natal

DURBAN. — An intensive cholera innoculation programme was launched this week in the Pongola area bordering on northern Natal.

Natal and KwaZulu officials of the Department of Health reacted swiftly to prevent a possible outbreak of the disease similar to that in the Eastern Transvaal.

The first suspect case was reported on Friday by the District Surgeon for Pongola, Dr Beyers Boshoff

One man died of the disease on Monday and a number of suspected cases have been reported in the area.

Samples from two people with clinically diagnosed cholera are being tested in Durban laboratories. Results will be available soon.

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Samples from two people with clinically diagnosed cholera are being tested in Durban laboratories. Results will be available soon.

Lowveld has now had 279 cholera cases

89

RDM 5.11.80

By SUE DENNY

THERE have been 279 cases of cholera reported in the Eastern Transvaal in the month-old epidemic, according to a statement by the Department of Health.

Representatives of several Government departments met in Pretoria yesterday to discuss the Lowveld epidemic.

The meeting noted the efficient manner in which patients had been located and treated. Motivated field teams, clinic staff and employers had done much to detect cases at an early stage, which had probably contributed to the relatively low number of deaths.

A Department of Health statement said: "The meeting focused on the role of water in the transmission of cholera, and practical steps in such an economically active agricultural area."

Some recommendations were:

- That health officials hold weekly inter-departmental talks in Nelspruit to establish closer co-ordination;
- That intensive efforts be made by the various departments to supply purified water and promote safe sanitation;
- That efforts be stepped up to promote the role of schools and churches in the distribution of information and health education.

Hospitals contacted by the Rand Daily Mail said there were nine confirmed and three suspected cholera patients in the area.

The acting superintendent of Shongwe Hospital, near Hectorspruit, Dr J Eybers, said there were three confirmed and two unconfirmed cases at the hospital.

There were six confirmed patients and one suspected case at Themba Hospital, near Nelspruit, according to the superintendent, Dr J E R Scholtz.

Both Dr Scholtz and Dr Eybers said that typhoid, which has been endemic in the area for several years, is not on the increase, and only normal numbers of patients were being admitted.

Representatives at the meeting came from the departments of Health, Welfare and Pensions, Agriculture and Fisheries, Water Affairs, Forestry and Environmental Conservation, Education and Training, and Co-operation and Development.

Regional directors (Health) for the Northern Transvaal and the KaNgwane Government Service, and the Transvaal Board for the Development of Peri-Urban Areas, also attended.

Cholera expert flies to Pongola

Staff Reporter

A WORLD-famous South African epidemiologist who was instrumental in curbing the outbreak of Marburg Disease in Kenya this year has flown to the Pongola area to trace the source of the cholera outbreak.

Professor Margaretha Isaacson and another epidemiologist from the Department of Health are to identify the strain of cholera which has spread to the area and already claimed its first victim.

So far 298 confirmed cholera cases have been notified in the Eastern Transvaal lowveld, a spokesman from the Department of Health said yesterday.

The measures that were applied elsewhere have been introduced to the Pongola area since a cholera victim died there on November 3.

"The department decided to send an epidemiological team last Thursday to conduct an investigation in that area to trace the origin of the infection and determine the nature of transmission," the spokesman said.

Health authorities were trying to trace people who came into direct contact with the dead man and the suspected cases.

Water supplies were being purified, sewage facilites cleaned and people told how to prevent cholera.

Prof Isaacson is head of epidemiology (the study of epidemics) and tropical pathology at the South African Institute for Medical Research.

This year she was one of a specialist team which flew to Nairobi to investigate an outbreak of Marburg Disease.

EXPRESSCOPE GOES WHERE PEOPLE ARE LIVING IN

• There is hardly room to walk between these crowded houses in the Matsulu area of KaNgwane.

Scratching for food on

AT FIRST, as we crossed the Crocodile River near Kaapmuiden and drove towards Matsulu, we hardly noticed the little dun-coloured shacks scattered over the rocky hillside.

Then we saw smoke coming from them and realised that people were living there, hundreds of people. Some of them were cutting rough poles and building frames to put up more shacks, collecting stones to pack into the frames — or just sitting listlessly in the sun.

Women trudged along with water tins on their heads — one old lady, staggering under the weight, shouted at us to go away.

Other women queued at the shiny new galvanised iron tanks, waiting for the tanker filled with pure water. They sloshed through the mud to place their tins carefully under the taps to catch the last drop. Children fooled around, building little dams in the muddy overflow.

We heard that, within the past few weeks, these people had been cleared off White farms throughout the Eastern Transvaal into the Swazi homeland.

Mrs Nankululeke Ndimande told us that she and her children had come from a farm near Boulders. They were waiting to find somewhere to go in a chief's area. Her husband had stayed at the farm and sent money.

Most of the people spoke only Swazi. A uniformed schoolgirl, Duduzile Munla, who was waiting at a nearby bus stop, ran forward to translate for us. Some of the squatters had been there for months, she said, and could not afford the "khonza" demanded by chiefs before they could move into a chief's area.

This could be up to R20 a month, we learnt, and since farm wages in the area are very low — some men earn only R40 a month — the prospect of paying "khonza" was remote for some resettled families.

The women were complaining that there was no ground to cultivate and no water to irrigate crops for food, Duduzile went on. She showed us where one woman had scratched a little hollow, barely a couple of square metres, between the rocks and was painstakingly watering some straggling pumpkins from a tin filled at the tank.

"They ask if their children are to eat rocks," said Duduzile.

Mr Ernest Lubise was slightly better off than most because he sold insurance for "a big company", he told us. But since he had been removed from Bushbuckridge with [illegible]

Cholera warnings ignored

THE Department of Health was warned by one of its own officials that epidemics were a grave danger in the squatter settlements of the KaNgwane homelands in the Eastern Transvaal Lowveld, but nothing was done to provide pure water until cholera broke out at the beginning of October.

Now the disease has reached epidemic proportions.

The Sunday Express found during a visit to the cholera area this week that the warning had been given by Dr John Hoyland, regional Director of Health for KaNgwane.

However, water tanks with pure water were put up for the squatters only after cholera broke out.

Mr J G van Dyk, chief director of the KaNgwane Department of Community Development, told the Sunday Express the KaNgwane Department of Works put up tanks and started supplying water to the squatters when it was discovered the Crocodile River and the Malelane-Crocodile Poort canal were infected with cholera.

Until then, the squatters in the valley had drawn water from the Crocodile River, which is known to be infected with cholera.

There are about 11 000 squatters near Matsulu township and another 14 000 on a farm called Pienaar near KaNyamazane township.

Moreover, the Sunday Express was reliably informed that just before the cholera outbreak there had been problems with the water purification plant in Matsulu township, where the majority of cholera cases have occurred.

Mr P G van Schalkwyk, chief director of the Eastern Transvaal Administration Board, told the Sunday Express there had been "a little problem about six weeks ago (ie when the cholera started) but it was rectified within about four hours".

Water for the Matsulu reservoirs came from the Malelane-Crocodile Poort canal, he said.

There was usually sufficient water in the pipes to supply the whole township, but many people preferred to walk to the river to draw water because it was closer and there were sometimes long queues at the water points.

"It is a matter of education — these people have been drawing water from the rivers all their lives," he said.

KaNyamazane was a model township with sewerage and a reticulated water supply. The problems arose with the squatters north of the town on a farm known as "Pienaar", which was in a chief's area.

Both Matsulu and KaNyamazane were administered by the Eastern Transvaal Administration Board, but the squatters were in areas which fell directly under the KaNgwane Government, he added.

Dr R Scholz, superintendent of Themba Hospital at Kabokweni, confirmed that the majority of cholera cases in the outbreak had originated in the Matsulu region.

Dr Hoyland at first refused to talk to the Sunday Express, asking if we had "clearance" to investigate the cholera outbreak.

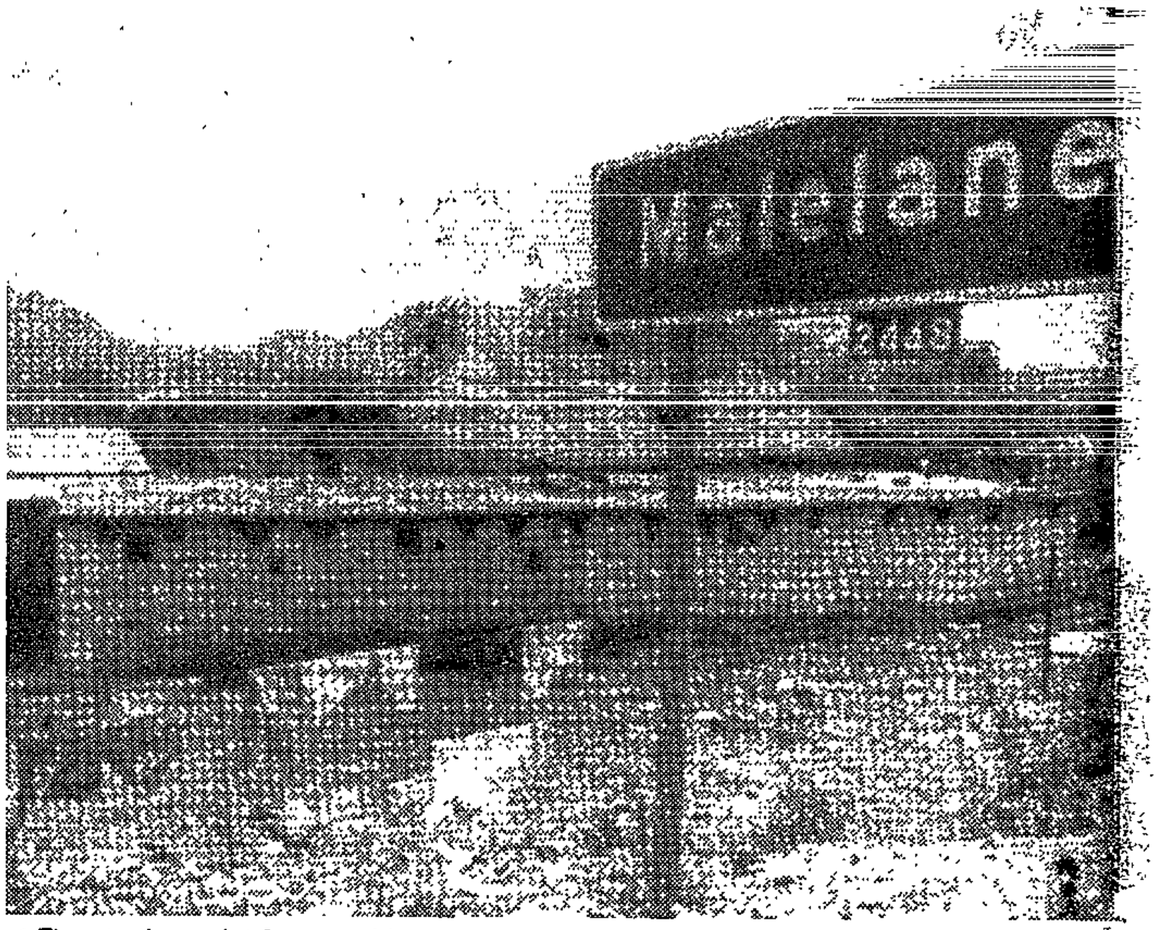
However, he eventually agreed to see us at his offices in Louieville, headquarters of the KaNgwane Government near Louw's Creek.

He was not allowed to talk about the cholera outbreak, he said, because the Department of Health had decided that only its official spokesman in Pretoria should talk to the Press.

Asked why nothing had been done to provide pure water for squatters at Pienaar and near Matsulu, he said: "The squatters are a problem of the KaNgwane Government and I can't talk about them."

The South African Health Department, of which he was regional representative, advised KaNgwane on health matters — "but as far as the squatters are concerned there are other factors involved which have nothing to do with us".

However, Mr Van Schalkwyk said there was a long-term R4,5-million project to supply piped water to KaNyamazane and Kabokweni.



• The starting point for an epidemic . . a man died when cholera first struck the Lowveld in this farmworker's house near Malelane.

How killer disease will cut you down

LIKE all killers, cholera is brutal, ugly.

The El Tor cholera bacillus is passed on through the excreta or vomit of a sufferer. Unlike "classical" cholera, now mainly confined to East Pakistan and Bangladesh, the El Tor strain can be carried by someone whose symptoms are slight — and yet pass it on to kill others.

Some carriers may have no symptoms at all and still infect others for up to 14 days. Mild symptoms may be mistaken for ordinary gastro-enteritis.

This is how explosive epidemics start — cases slip past public health officials and, before they can be safely isolated, infect water supplies, milk, soft-leaf vegetables and fruit.

Within one to five days' incubation the disease shows itself — in its worst form — by acute cramp, vomiting and diarrhoea.

The stomach and intestinal system is emptied of all solids within hours and, untreated, the victim suffers swift and lethal dehydration.

The bacillus destroys the ability of the system to retain fluid. This is why the vaccine is of such limited value. You cannot immunise part of the body, in this case, the intestinal system.

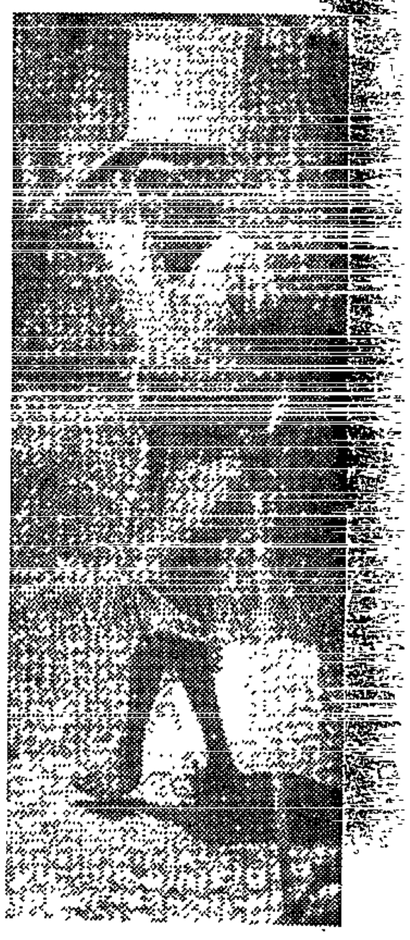
Without treatment, the victim loses so much fluid that he "dries" to death. A macabre sign of the disease is the speed, almost immediate, with which a corpse stiffens in rigor mortis.

Modern treatment stops the killer by destroying the bacillus with a powerful antibiotic, tetracyclin, and replacing fluid in the same massive amounts in which it is lost.

As much as 10 litres or more of special fluids are administered — at first intravenously and then, after vomiting is controlled, by mouth.

By JEAN LE MAY

Pictures: DOUG LEE



• An old woman staggers under the weight of a waterbucket.

FEAR, IN SOUTH AFRICA'S VALLEY OF THE SHADOW OF DEATH

the rocky hillsides

family he, too, was having problems coming to an arrangement with a chief.

We drove on, into Matsulu township. The part of it run by the administration board is well run and attractive, with flower and vegetable gardens shaded by flowering flamboyants or huge pawpaw and avocado trees.

But an adjoining area, run by the KaNgwane Government, is a disaster. The houses are packed so closely together there is barely room for a person to walk between them. A teeming mass of humanity lives in them, packing 10 or 15 or more into the minute, tar-papered dwellings.

The Chettys are an obviously half-Indian family caught up in this uniquely South African tragedy.

Old Mr Moonsamy Chetty has now retired and was pottering outside the house with a little grandson. His womenfolk — Rosie and Lilly and Nondeni — came out to talk to us, with his construction-worker son Freddy, clumsy with a leg in plaster after an accident.

The family had been removed from "down near Barberton", said Freddy, and all of them — five adults and five children — lived in the four small rooms because they couldn't get anywhere else.

From Matsulu we drove a few kilometres north to KaNyamazane, which like Matsulu is a model township with small houses and gardens and a reticulated water supply. But north of the town lies another vast squatter area, known as Pienaar after the farmer who once owned the land.

Here, too, people are crammed like kraaled sheep into shacks built haphazardly over the hillsides. From the air, we were told, Pienaar "looks like Crossroads — or worse".

Building material was so short that many of the shacks were made of corrugated cardboard or beer cartons.

There is no water laid on at all in Pienaar. We saw rows of women walking with tins on their heads. We knew that tanks of pure water had been set up at various points — but the river was closer and it was clear they had filled their tins there.

Did they know about the cholera, we asked an old man to whom we gave a lift? And he replied: "There is always sickness, if it comes from the water or anywhere else. Are they saying that if we now wash our hands, there will be no more sickness?"

• Mrs Nankululeke Ndimande and her children fetch clean water from the tanks erected after cholera hit the Lowveld.

Immunisation could create superbugs

FEAR of breeding a strain of highly resistant cholera has decided the Department of Health not to launch a massive immunisation campaign against the epidemic in the Eastern Transvaal — even though there are thousands of potential carriers of the disease.

Dr John Hoyland, regional Director of Health for KaNgwane — the Swazi homeland in the Eastern Transvaal where most Lowveld cases have occurred — and Dr Johan van Rensburg, regional Director of Health for Natal, confirmed to the Sunday Express this week that no mass immunisation programme had been ordered.

It may mean that people who contract cholera might have more violent attacks than if they had been immunised, but this is in line with the most up-to-date and scientifically approved way of handling cholera epidemics, since experts now believe that mass immunisation does not halt the geographic spread of cholera and could encourage the spread of a highly resistant strain.

Professor Margaret Isaacson, head of the department of tropical pathology at the SA Institute for Medical Research in Johannesburg and an international expert on epidemic diseases, confirmed this to the Sunday Express.

"In the Lowveld, immunisation is being applied in highly selected cases of direct contact with cholera but, from a public health point of view, mass immunisation does not prevent the geographic spread of cholera," she said.

However, immunisation does help individuals because it usually means a less severe attack of cholera."

• Dr John Hoyland, regional Director of Health.

An African country, "which shall remain nameless" ignored warnings and carried out a mass anti-cholera immunisation campaign, she continued, and "it is now having to deal with a highly resistant strain of cholera".

Other doctors told the Sunday Express that every contact of a confirmed cholera case was a potential carrier.

Since 298 cases had been been confirmed by midweek — and it was generally reckoned there were 20 contacts for every confirmed case of cholera — this could mean that about 5 600 people had probably become carriers since the Lowveld outbreak started.

Moreover, the Director-General for Health, Social Welfare and Pensions, Dr Johan de Beer, has also expressed fears that the disease could be spread further by carriers from Mozambique, where there were 4 000 cases last year.

Dr Hoyland said: "There are probably people walking around who are infected with cholera, but the department has decided that the most effective way of dealing with the outbreak is by providing clean-water supplies and starting a campaign for personal hygiene."

The Sunday Express also found that.

- Farmers in the cholera area are installing chlorination plants to purify water for domestic and agricultural use at a cost of up to R3 000 apiece.
- Local officials of the Department of Health warned the Malelane Farmers' Association that the outbreak was serious, and frequently visited farmers to check that they and their workers were taking precautions. However, they refused to talk to the Sunday Express, referring every inquiry to their head office in Pretoria.
- The Transvaal Sugar Corporation, suppliers of a lot of the sugar sold in the Transvaal, is not chlorinating irrigation water — although the water is drawn from the cholera-infected Crocodile River.

Since cholera was first reported from the Lowveld in the first week of last month there had been 298 confirmed cases, 80% of whom had fully recovered and were out of hospital while there had been four deaths, Dr Howard Botha of the Department of Health told the Sunday Express.

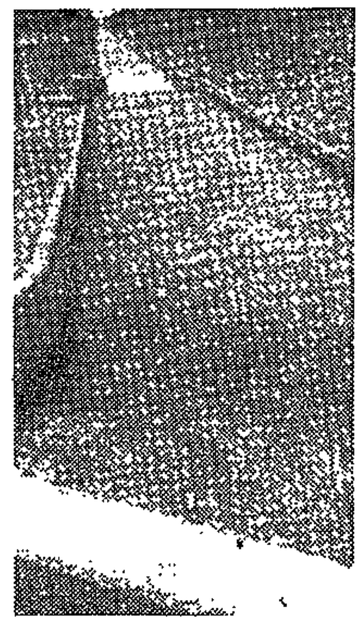
Up to this week all the cases have been among Blacks and most have been reported from the Matsulu area of KaNgwane, which adjoins the Kruger National Park north of Kaapmuiden.

However, the first White cholera victim was reported this week — Sister Caroline Steward, a laboratory assistant at the Nelspruit Medical Research Institute.

Dr Hoyland said the Department of Health had decided that "improving the environment" was a more effective way of dealing with the epidemic than undertaking a mass immunisation campaign.

This was being done by providing pure-water supplies and by undertaking a massive hygiene education campaign

Dr Van Rensburg said the threat of cholera had been detected "in good time" in the Pongola area and that, although there had been one death, it was hoped to contain the disease.



• The deadly canal between Malelane and Crocodile Poort.

CURRICULUM VITAE

Klaas van der Poel

Has a degree in Operations Research from Tilburg, Holland. He has been with Shell International for 10 years and worked for that company as an international consultant in several countries around the world. His experience includes the design and development of systems for financial management, manufacturing control and production optimisation.

He has taught courses in Management Information Systems and Operations Research at the Business Schools of the Universities of Cape Town and Stellenbosch.
He is recognised as a member of the consultants group of the Computer Society of South Africa and specialises in requirement definition and design of industrial systems.

Cholera epidemic on decline

THE cholera epidemic in the north-eastern Transvaal is declining, according to a statement by the Department of Health, Welfare and Pensions issued in Pretoria.

Less than 10% of the total number of cholera cases reported are still regarded as patients, according to the department.

During the past week, a total of 16 cases was reported. So far, four deaths in the north-eastern Transvaal have been attributed to cholera, but the epidemic appears to be waning.

According to the report, the situation in the Pongola area is now being reviewed. Tests on a patient who died were indicative of cholera, and action has been taken.

The department said there was no reason why tour groups and other travellers should not visit the north-eastern Transvaal, provided they use only treated water. — Sapa.

Cholera: massive drive is launched

STAR 17/11/80

89

Medical Correspondent

Nine Eikenhof people are in hospital with cholera but health authorities do not expect any drastic spread of the disease near Johannesburg.

Dr Howard Botha, a spokesman for the Department of Health, said the number of cholera-carriers in the area had risen from 10 to 17 at the weekend.

The strain of cholera in the Eikenhof area is said to be rarely fatal, especially if treated early. Carriers are infected but not affected and do not feel ill.

Health authorities have launched a massive hygiene programme in the area and are distributing 200 000 pamphlets in four languages.

A similar drive proved effective in the Eastern Transvaal Lowveld where the infection has been halted.

Dr Botha said cholera-carriers in Eikenhof were being treated with antibiotics. Immunisation had been limited to people who came into direct contact with cholera cases.

Authorities have said the chances of the outbreak developing into explosive proportions were unlikely.

Professor M Isaacson, professor of tropical pathology at the SA Institute for Medical Research, said: "We do not expect an unmanageable epidemic.

"However we do expect a further geographical spread of the disease. Cases should crop up here and there."

Officials are still trying to trace the source.

Eikenhof cholera puts 9 in hospital

By SUE ROBERTSON

NINE people are now in hospital as a result of the cholera outbreak in the market gardens of Eikenhof, a few kilometres south of Johannesburg.

The Chief Director of Health Promotion, Dr Howard Botha, confirmed yesterday that the patients, all from market garden smallholdings at Eikenhof, were admitted to the Baragwanath and Consolidated Main Reef isolation hospitals.

The number of cholera carriers from the area rose this weekend by seven to a total of 17.

Dr Botha said all carriers and contacts were being treated with antibiotics and that farm labourers in the area had been immunised with cholera vaccines.

"The vaccine does not make much difference to the spread of the disease, but it does give the individual protection.

"If one looks at the path taken by the cholera outbreak in the Eastern Transvaal, we do expect a few more cases. But with the treatment we are giving, the chances of the infection spreading to other areas are less and less," he said.

Department of Health officials were still trying to locate the source of the outbreak.

Initial tests on irrigation canals on the plots proved negative but, he said, latest tests indicated they could yet prove to be the source.

"The investigation will take a couple of days though. It is rather difficult to locate the source."

An intensive programme looking into the hygiene defects in the area would be stepped up from today.

"If department officials find unhygienic conditions, we will consider taking steps against certain people," he said — and confirmed he meant prosecution.

"Cholera," he said, "usually comes from two things — contaminated water and bad sanitation."

Mr J de Souza, owner of one of the cholera-hit market-garden plots, said yesterday the outbreak had nothing to do with him.

"I rent out the property — it is up to the tenants to see to it," he said.

He confirmed there were no properly sanitary toilets for the labourers on the plot. Pits were used.

He said it was impossible to build septic tanks on certain areas of the plot because the soil was too moist.

"If I dig one metre the water comes up, and when it rains it overflows."

He said he recently evicted about 35 labourers on the property who ignored his warnings to "clean up".

When the Rand Daily Mail visited the market garden yesterday, young children were playing metres away from the pit toilets, which swarmed with flies, and near suspect irrigation canals.

It was here a woman, suspected of being a cholera victim, died last weekend.

Oblivious to the unsanitary conditions in which they live, the children smiled for the photographer, absently swatting at the fat flies that settled on them.

● The Department of Health had received no figures for the intake of Eastern Transvaal cholera patients at the weekend. A spokesman said, however, that the situation seemed to be "under control".

Living where cholera lurks ... in front of a fly-infested pit toilet near their living quarters, little Albert, Kalyeta and Constance are oblivious of the danger. With them are Mrs Elder Molapo and her son, Johannes, and Mr Richard Moyepi, a labourer. A cholera suspect on the plot died

Picture: RAYMOND PRESTON

Society of Sou
design of indust

Flies and filth where they fear 'die siekte

STAR 18/11/80

89

Mrs Flora Msebenze and her mother Agnes outside the cottage in which her father fell ill with cholera and where everyone is scared of "die siekte."

By Iain Macdonald

People out Eikenhof way are afraid of "die siekte" — the killer cholera which has put nine people in hospital so far — and against which they take pills, wash their hands and "gaan koop die Doom by die shop" to keep down the flies.

The health inspectors at the site are understandably wary of talking to the Press, and one of them told The Star yesterday that it was "a political issue" and refused to give his name.

White farmers are more blasé than their black labourers, and one of them said he was told the cholera came from "a carrier and not from the river."

"Look, man, we've never had this kind of thing before. None of my labourers is sick, but the chap on the piece of land next to mine — his are sick.

"They've tested the river and it's okay.

"As for me, if I get the symptoms, I'll go to the doctor. I'm not really scared about it."

Down at the scene of the sickness, past a graveyard bearing names like Delport, Smit and Maree, there was a different feeling.

Thousands of flies swarmed inside and outside the dark labourers' cottages. A kitten shared floorspace with a worried-looking woman and a brood of free-ranging chickens.

HUSBAND ILL

She waved a brown paper packet containing pills, and told us that her husband was in hospital with cholera. A few metres away flowed a sluggish stream, possibly a tiny tributory of the Klip River, in which she said her husband had washed his shirts.

"Now I wash by the pump, and gaan koop Doom by die shop for the flies," she said.

"The children also wash their hands," she said, pointing to a group playing on the bank of the stream.

"We're all bang vir die siekte," she said.

And so is the rest of Johannesburg.

Top health officials in talks to halt cholera

STAR 18/11/80 (819)

Medical Correspondent

Top-level health officials from several neighbouring black states are meeting in Pretoria today to discuss steps to halt the spread of cholera.

Their arrival was announced by Dr Howard Botha of the Department of Health.

The officials are from Qwa Qwa, Ciskei, Gazankulu, Kangwane, Transkei Venda, kwaZulu, Lebowa, Bophuthatswana, State Health, the Peri-Urban authorities and the Johannesburg City Health Department.

Lesotho and Swaziland officials will possibly join the group.

Dr Botha said 4 Eikenhof people were being treated in hospital for cholera and five had been allowed to go home. There were three suspect cholera cases in Baragwanath Hospital.

A white man, also from the Eikenhof area, south of Johannesburg, was suspected of having the disease. Results of tests are still incomplete.

In total, there were now 17 cholera carriers in Eikenhof. These people were infected but not affected, and did not feel ill.

SPREADING

Meanwhile in the Eastern Transvaal Lowveld the cholera outbreak has spread.

A patient has been admitted to the Tintswalo Hospital in Eikenhoek and another to the Masana Hospital in Bosbokrand. The latest outbreak is some distance from the original outbreak between Nelspruit and Malelane.

Dr Botha said a total of 331 cases had been reported in the Lowveld.

● See pages 10 and 11.

Cholera scare may hit veld school programme

STAR 18/11/80 (89)

By Carolyn Dempster

Johannesburg parents are reluctant to send their children to veld schools in the Lowveld because of the cholera epidemic in the area.

During the year hundreds of primary and senior school students visit veld schools all over the Transvaal for leadership courses and to learn veldcraft.

Three of the 10 Transvaal schools are in the Barberton, Nelspruit districts — the heart of the cholera outbreak area.

Since last month, 271 cholera cases have been reported and experts from the Department of Health have traced the spread of the disease to the Witwatersrand area, where a black child from Eikenhof died on Sunday.

Although parents have no reason to be unduly worried — because the trips have been cut short by exams — the problem could become serious next year, said Mr Jack Ballard, secretary of the Transvaal Teachers' Association.

The programme for the 1981 veld school visits has already been distributed by the Transvaal Education Department but might have to be changed if the cholera epidemic is not curbed or if parents refuse en masse to send their children to the Lowveld schools.

Mr Laurence Starfield, chairman of the Association of Governing Bodies (representing about 30 000 parents) said parents were very concerned but were waiting to see what would happen in the next couple of months.

Professor J H Jooste, director of the Transvaal Education Department, said steps were already being taken at the veld schools to ensure that pupils would not be exposed to the cholera bacteria.

Precautions, taken in conjunction with the medical officer of health for the area include: the purification of existing water supplies, inspection of sewage facilities and telling pupils from city centres about the measures necessary to prevent the spread of the disease.

In addition to the cholera threat, there is the risk of typhoid infection. A group of 12 Soweto school-children who toured the Lowveld had to be hospitalised for typhoid on their return home.

White farmer latest cholera suspect

18/4/80

Staff Reporters

AN EIKENHOF farmer is the latest cholera suspect.

Mr D McCleod is the first white in the Johannesburg area suspected of having cholera. He was taken to the Johannesburg Hospital yesterday and immediately transferred to the Rietfontein Hospital.

A spokesman at Rietfontein confirmed that cholera tests were being conducted and described Mr McCleod's condition as satisfactory.

However he pointed out that Mr McCleod had not been to his farm for 10 days.

Yesterday teams of officials from the Health Department and the Peri-Urban Board moved in on the disease-stricken vegetable-farming district south of Johannesburg in a campaign to combat the disease that has put 12 people in hospital in the past week.

Four of nine confirmed cholera patients from Eikenhof, who were admitted to Reef hospitals last week, are still being treated.

None of the three suspected cases at Baragwanath hospital were seriously ill, a spokesman for the Department of Health said in Pretoria.

He said there were no new admissions yesterday.

The Chief Director of Health Promotion, Dr Howard Botha, said yesterday that an irrigation canal from which positive cholera swabs had been taken was being treated with chlorine to halt contamination.

In a statement yesterday the Department of Health said the following steps were being implemented in Eikenhof:

- Limited immunisation against cholera.
- Treatment of all immediate contacts and carriers with antibiotics.
- The addition of chlorine to certain irrigation points in areas where cholera has been positively reported.
- The pointing out of all irregularities and establishment of relevant action by employees and others to rectify these situations.
- Health education by means of local visits by Health Officers and the distribution of pamphlets.

"The campaign is taking all steps to prevent a spread of cholera," Dr Botha said.

Meanwhile, the cholera outbreak in the eastern Transvaal took a new turn this weekend when two confirmed patients from "outside the cholera outbreak's epicentre" were admitted to the Acornhoek Hospital, near the Kruger National Park's Orpen Gate, and Masan Hospital at Bushbuckridge, near Sabi.

Dr Botha said another four confirmed cases from the original area were also treated at the weekend.

This brings the number of patients treated for confirmed cholera in the Eastern Transvaal to 331.

Drive in Soweto to combat cholera

STAR 19/11/80 (89)

Medical Correspondent

A massive anti-cholera educational drive has been launched in Soweto and neighbouring areas, Dr Howard Botha, of the Department of Health, disclosed today.

The announcement came as officials began investigating the possibility of a cholera case following the death of a young girl near Meyerton.

The girl died early this morning before she could be taken to hospital after suddenly falling ill yesterday afternoon.

The child's mother, Mrs A Reynders of Plot 159, Boltonwold, became concerned when her daughter returned from school with an upset stomach and vomiting violently.

When the child was no better this morning, an ambulance was called, but the girl was certified dead on arrival at Vereeniging Hospital.

Dr Botha said 200 000 pamphlets in four languages were being distributed. The pamphlets warned of the dangers of cholera and told how to prevent the disease.

"This is a precautionary measure."

He added that four Eikenhof people were being treated in hospital for the disease and five had been allowed to go home. There were six suspect cases and 17 carriers

To Page 3, Col 9

Pamphlet drive to combat cholera

STAR 19/11/80 (89)

From page 1

in the area south of Johannesburg.

A white man from Eikenhof who was sent to Rietfontein hospital did not have the disease.

Meanwhile in the Eastern Transvaal the number of cholera cases had risen to 341. Few of the people felt very ill.

Yesterday in Pretoria the Governments of South Africa and independent and national states agreed on a joint plan of action to control the spread of cholera reports Sapa.

A spokesman for the Department of Health said the plan included uniform action for the treatment of patients and control of the disease.

Because people moved from one area to another it was not impossible that cholera might spread, so the authorities in all areas had been briefed and consulted.

10 more cholera cases confirmed

NM 19/11/80 (89)

Mercury Correspondent

JOHANNESBURG—The total number of patients treated for confirmed cholera in the Eastern Transvaal has risen to 341 after several suspected cases admitted to hospitals at the weekend proved positive

This is 10 more than the figure reported yesterday.

Other suspected cases were still under observation, said Dr Howard Botha of the Department of Health.

However, he said there were no further confirmed cases on the Witwatersrand.

There are still three suspected cases in Baragwanath Hospital

Tests on a farmer from Eikenhof, the disease-stricken, vegetable-farming district south of Johannesburg, who was admitted to the Rietfontein Hospital with suspected cholera two days ago proved negative

'The number of confirmed cases from Eikenhof still stands at nine, though most of the patients have been discharged. And there are still only 17 carriers (people who are infected with the disease but not affected),' he said.

Dr Botha confirmed that most of the Eastern Transvaal patients had recovered after three or four days' treatment.

Yesterday health officials from the homelands and several neighbouring black States met in Pretoria to devise a co-ordinated plan to halt the disease.

Dr Botha said the department had decided to give assistance to the States — Venda, Bophuthatswana and Transkei — and Gazankulu, Kangwane, Lebowa, Qwa Qwa and KwaZulu especially with laboratory diagnoses and the department's epidemological expertise

The whole discussion hinged on a co-ordinated approach to dealing with other possible outbreaks of cholera

The questions of travellers crossing borders and the movement of fruit and vegetables out of contaminated areas were also discussed, Dr Botha said.

'It was decided there would be no real benefit to restrict vegetables and fruit being brought out of cholera areas as they do not seem to be important vehicles of transmission.'

Both the Eastern Transvaal and Eikenhof are important vegetable- and or fruit-producing areas.

Dr Botha said a full statement on the meeting would be issued today by the Department of Health.

Another 10 cholera cases are confirmed

By SUE ROBERTSON

THE number of patients treated for confirmed cholera in the Eastern Transvaal has risen to 341 — 10 more than yesterday — after several suspected cases admitted to hospitals at the weekend were proved to be positive.

Other suspected cases were still under observation, Dr Howard Botha of the Department of Health said yesterday.

However there were no further cases of confirmed cholera on the Witwatersrand, he added.

There are still three suspected cholera cases in Baragwanath Hospital.

Tests conducted on an Eikenhof farmer, who was admitted to the Rietfontein Hospital with suspected cholera two days ago, proved to be negative.

"The number of confirmed cases from Eikenhof still stands at nine though most of the patients have been discharged from hospital. And there are still only 17 carriers (people who are infected with the disease but not affected)," he said.

Dr Botha confirmed that most of the Eastern Transvaal patients had recovered after three or four days of treatment

Yesterday health officials from several black states met in Pretoria to devise a co-ordinated plan to halt a further spread of the disease.

Dr Botha said the department had decided to give assistance to Venda, BophuthaTswana, Transkei, Gazankulu, Kangwane, Lebowa, Qwa Qwa and KwaZulu with laboratory diagnoses and the department's epidemological expertise

The talks hinged on a co-ordinated approach to dealing with anv future outbreaks of cholera.

The questions of travellers crossing borders and the movement of fruit and vegetables out of contaminated areas were also discussed, Dr Botha said.

"It was decided there would be no real benefit to restrict vegetables and fruit being brought out of cholera areas as they do not seem to be important vehicles of transmission," he said after the meeting.

Both the Eastern Transvaal and Elkenhof are important vegetable and fruit producing areas

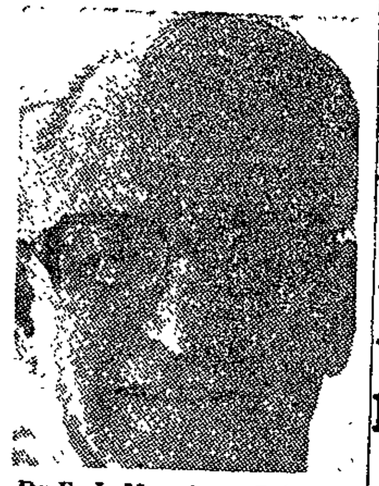
Dr Botha said a full statement on the meeting would be issued today.

Viljoen names 60 for council committees

Mr Schalk van der Merwe — Committee for Economic Affairs.

Mr Punt Janson — Community Relations.

Dr Denis Worrall — Constitutional Committee.



Dr E. J. Marais — Science Committee.

PRETORIA — The State President, Mr Marais Viljoen, has approved the appointment of the 60 members who will serve on the five standing committees of the President's Council which is to hold its first joint and official session in Cape Town on February 3, next year.

According to a statement by the office of the Prime Minister, the members were appointed according to their fields of interest, background and academic qualifications.

Except for the constitutional committee which comprises 16 members, 15 members will serve on each of the remaining four committees. Some members of the President's Council will serve on more than one of the standing committees.

The grouping is as follows — Committee for Economic Affairs: Dr Schalk van der Merwe (chairman), Mr W. S. Africa, Mr J. P. Cronje, Mr W. C. Dempsey, Mr D. M. Grewar, Mr J. M. Henning, Mr B. Landau, Mrs H. M. Lessing, Dr L. P. McCrystal, Adv D. A. Neser, Mr J. A. J. Pickard, Comdt L. F. Poorter, Mr M. Rajab, Mr R. C. Webb and Mr K. F. Winchiu.

Planning committee: Mr A. J. Raubenheimer (chairman), Mr S. Abram-Mayet, Mr D. M. Grewar, Mr F. Herman, Mr T. N. J. Hickman, Mr A. A. S. le Fleur, Mrs H. M. Lessing, Mr P. S. Marais, Dr L. P. McCrystal, Prof F. J. Potgieter, Mr P. J. V. Pretorius, Mr P. T. Sanders, Mr R. F. J. Teichmann, Mr N. F. Treurnicht and Mr Hendrik van Zyl.

Committee for Community Relations: Mr Punt Janson (chairman), Ds C. J. April, Prof A. R. C. de Crespigny, Prof C. Hanekom, Mr T. N. J. Hickman, Mr I. Kathrada, Mrs A. J. Koch, Mr D. A. Neser, Dr F. J. L. Quint, Mrs E. M. Rose, Mr W. M. Sutton, Mr N. F. Treurnicht, Mr M. J. van Lingen, Mr R. C. Webb and Maj-Gen N. N. Webster.

Constitutional Committee: Dr D. J. Worrall (chairman), Mr J. D. du P. Basson, Mr T. J. Booyens, Prof A. R. C. de Crespigny, Mr A. G. de Witt, Mr L. V. du Preez, Mr F. Herman, Mr J. L. Horak, Mr D. G. Janse van Rensburg, Mrs A. J. Koch, Mr L. S. Leon, Prof C. F. Nieuwoudt, Mr T. Poovalingham, Prof H. J. Strauss, Mr W. M. Sutton and Mr A. M. van Schoor.

Science Committee: Dr E. J. Marais (chairman), Mr A. Adams, Mr W. C. Dempsey, Prof C. Hanekom, Mr J. A. Meiring, Mr S. H. Mentor, Dr G. Mohamed, Mr J. Penn, Dr F. J. L. Quint, Prof M. Reed, Prof H. J. Strauss, Mr R. F. J. Teichmann, Dr P. J. van B. Viljoen, Prof W. A. van Niekerk and Dr D. M. Wessels. — SAPA.

Cholera: water being checked

DD 20/11/80 (89)

EAST LONDON — The local Department of Health is now monitoring not only the harbour but certain main sewerage drains here as well, following the outbreak of cholera in areas of the Transvaal, said the Regional Director of Health Services in the Eastern Cape, Dr J. D. Krynauw.

"In no circumstances should people use unpurified water. This applies particularly to those who use rivers or pools for their water supply. Drinking water must be boiled and even after washing clothes these people must wash their hands.

"Otherwise they could contaminate food they're preparing should the water have carried the infection.

"I can't stress strongly enough the warning not to eat shellfish taken from the sea near any sewage outflow points. Currents travel for long distances and shellfish are strong potential carriers of cholera, typhoid and infectious hepatitus

"A pitfall in preventing cholera spreading once it strikes is that some people are asymptomatic, which means if they are infected they don't exhibit symptoms and there's no way of detecting the disease in them," Dr Krynauw said. — DDR

Girl dies, p 13.

Shooting: Israelis rebuked

JERUSALEM — Palestinian demonstrators yesterday threw rocks at Israeli cars and soldiers in Arab Jerusalem while Israeli liberals rebuked the army for shooting and wounding 10 Palestinians in clashes on Tuesday.

Dozens of Palestinians blocked an Israeli car and tried to overturn it, but troops arrived and rescued its occupants, braving a hail of rocks thrown by the demonstrators, police said. No casualties were reported.

The incident occurred near Neve Yaaqov, a Jewish housing project built on land in the Arab sector of Jerusalem.

Three members of the Israeli parliament demanded an inquiry of the shootings that left 10 students with bullet wounds in their legs.

Mr Mordechai Wirshubsky of Shai, a centre party, said "there has been serious erosion in the observance of standing orders on opening fire."

Mr Haya Grossman of the leftist Mapam faction said the firing orders were "irregular". — SAPA-AP.

The Commissioner-General of the Ciskei, Mr J. J. Engelbrecht, holds a week-old Shetland pony foal he bred on his farm, Blacklands, near King. Mr Engelbrecht, who used to ride horses regularly when he was younger but now plays tennis and walks for exercise, keeps Shetland ponies for his grandchildren to ride.

Congress man not guilty of Freedom Charter charge

DURBAN — A Verulam attorney and president of the Natal Indian Congress, Mr George Sewpersadh, was acquitted by Mr J. J. Britz in the Durban Magistrate's Court yesterday of charges of reproducing and distributing the "Freedom Charter".

He pleaded not guilty to the two counts of contravening the publications Act.

The state alleged that the "Freedom Charter," which was adopted at the Congress of the People at Kliptown in 1955, had been declared undesirable by the Publications Board.

Mr Sewpersadh was alleged to have made 200 copies and to have distributed them at an anti-South African Indian Council meeting on October 14 last year.

Giving judgment, Mr Britz said he was satisfied that the document was the same "Freedom Charter" which had been declared undesirable.

Mr Sewpersadh had admitted making the copies. He had intended distributing them at a meeting of the Natal Indian Congress held to persuade people not to vote in elections for the Indian council.

He said the Congress meeting was disrupted and he did not succeed in distributing the copies.

Mr Britz said that despite the ruling of the publications committee, a reasonable man reading the "freedom charter" might not think it should be banned.

Mr Sewpersadh had claimed that he had no guilty intention.

He claimed that he was not aware that the document had been declared undesirable. — SAPA.

St Andrews 3rd

EAST LONDON — A post matric team from St. Andrews College, Grahamstown, has taken third place in the 1980 Jse investment game, the Johannesburg Stock Exchange announced yesterday.

Their prize was R200 plus R50 for their school.

A standard 10 team from Selborne College took seventh place.

The winners were the standard 9C class of the Jeppe Girls High School, Kensington, Johannesburg.

Starting the year with an imaginary R10 000, the girls more than doubled the value of their portfolio to R21 757. This brings them first prize of R800 plus R200 for their school.

Second was another standard nine class — from Lyttleton Manor High School, Verwoerdburg.

The class from Lyttleton Manor recorded a final portfolio of R20 000 and the post matric class from St Andrews College R19 506. The Selborne team's portfolio was R18 418. — SAPA.

Pope warns young people

MUNICH — The Pope marked the close of his five-day visit to West Germany yesterday with a warning to young people of the dangers of terrorism, sectarianism and the misuse of drugs and alcohol.

The pontiff spoke during an open air Mass which he celebrated in a square in Munich where 13 people died at the "Oktoberfest" beer festival seven weeks ago in the worst [illegible]

"In many parts of the world, near and far, there are acts of the rawest kind of violence and sanguinary terror. Even here, where we are celebrating the Eucharist, we must commemorate . . . the victims who were suddenly killed on the edge of this large square by an explosive charge.

"It is hard to understand what man is capable of doing in the confusion of his mind and heart," he

last of seven towns on his route.

The Polish pontiff's visit has produced significant moves to bridge differences between Catholics and the Evangelical (Luther) Church.

An agreement was reached in Mainz on Sunday in the first meeting between a Pope and Protestant leaders on [illegible]ll, to form

spontaneous enthusiasm of the Pope's previous seven foreign tours, which have included trips to Brazil, Africa and France, his visit was considered by both West German and Vatican churchmen as a success.

The Frankfurter Allegemeine newspaper said the Pope's visit was a special symbol for West Germans, going beyond confessional barriers.

Jailing of sisters leads to row

LONDON — The jailing of two sisters for three years for killing their bullying, drunkard father has aroused widespread controversy in Britain and urgent moves are being made to free them.

The sisters were jail[illegible]

of manslaughter was accepted by the prosecution.

Passing sentence the judge said he bore in mind their suffering, but the least sentence he could impose for [illegible] three years in jail.

[illegible] ir

Supreme Court motions

UMTATA — Motions to be heard in the Supreme Court here tomorrow before the Honourable Mr Justice Myburgh are:

UNOPPOSED MOTIONS:

Admission as Advocate: Joseph Mzwakhe Miso.

Summary judgments: Standard Credit Corporation Ltd vs G. P. Madikizela; Columbit (Pty) Ltd vs Mr Kama, trading as Bongalethu Wholesalers.

Default judgments: New Home

Condonation re late noting of appeal: M. Dumani and another vs The State.

Edictal Citation: Nomonde Molly Mini vs Marine Trade Insurance Company Ltd:

Rule 43 — application: N. N. P. vs T. T. Mpetukana.

Restitution Orders. — Divorce: N. vs W. V. Ngaba; J. Z. vs W. N. Mkwini; N. vs S. Mkwala; B. vs L. Makinana; B. vs D. Mfolozi; P. P. vs D. N. Mah[illegible] A. D. vs S.

Cholera: more cases, but under control

(89)
STAR
20/11/80

The eight-year-old Meyerton girl, Helena Reynders, who died yesterday did not have cholera and neither did the 14 suspected cases, who were admitted to the Vereeniging Hospital yesterday, a spokesman for the hospital said today.

Dr J D van Rooy, superintendent of Vereeniging Hospital, said tests had shown that little Helena died of bacillary dysentery.

The 14 admitted yesterday, including 10 children, had mild dysentery.

"There is no need to panic. The situation is under control," he said.

He said they would be allowed home tomorrow.

However, a total of more than 350 cases of cholera have been reported. There have been only four deaths. People have been infected by the disease but not affected, said health authorities. Very few have felt severely ill.

In the Eastern Lowveld the number of cholera cases has risen to 348.

Four people from a market garden near Eikenhof, south of Johannesburg, are being treated for cholera in hospital and there are a further six suspected cases.

A spokesman for the Department of Health in Pretoria said the number of carriers in that area now stood at 26.

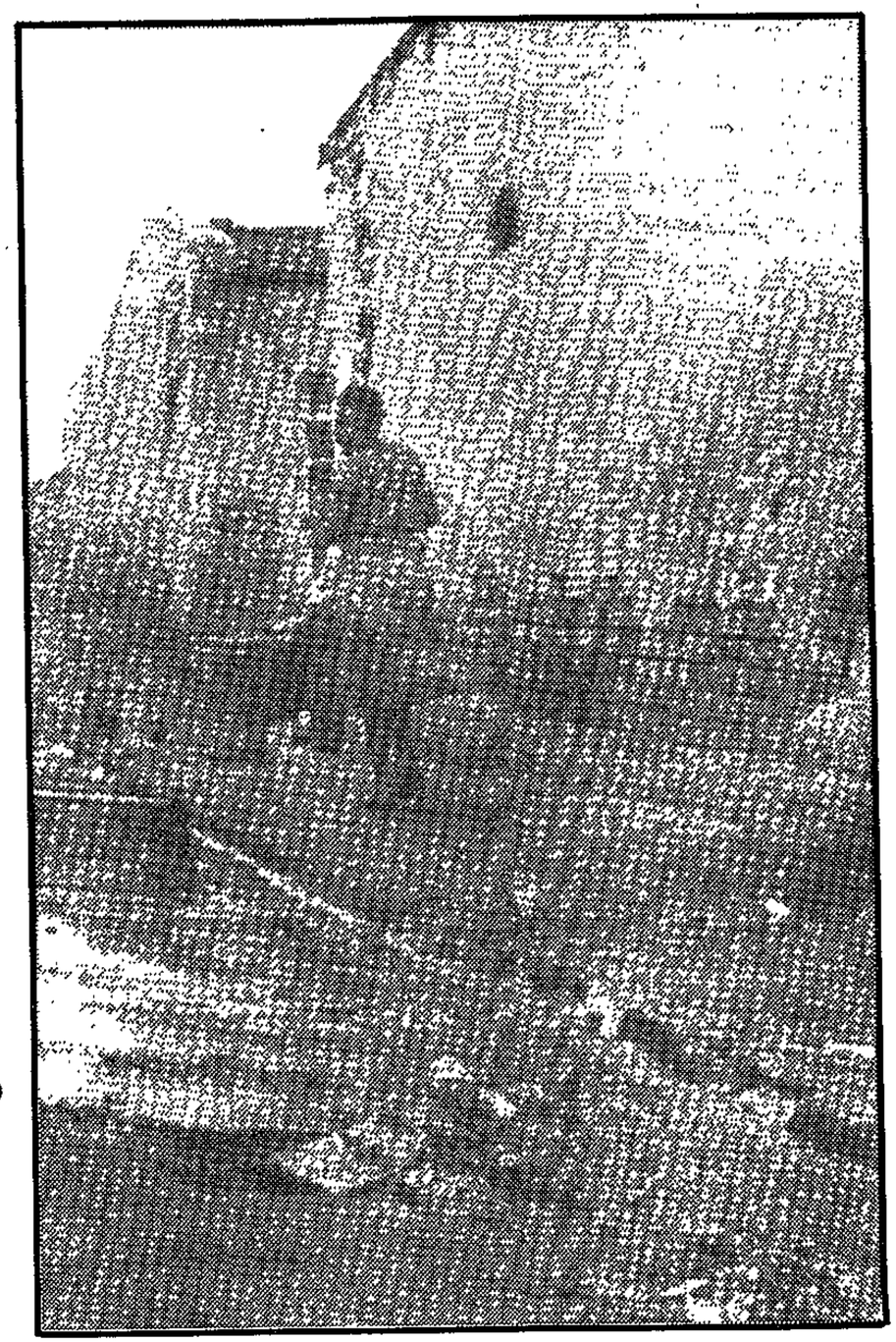
He added: "We do expect a geographic spread of the disease. Cases will crop up here and there but the outbreaks will not reach unmanageable proportions."

● South African Airways announced today that it had been informed by the French authorities that all passengers for Paris must have had an anti-cholera injection at least six days before departure.

JANET RYAN

The outbreak of cholera in the eastern Transvaal and now in Eikenhof near Johannesburg has alarmed the public and has highlighted the importance of a preventive medicine programme to provide an umbrella health care system for South Africa's entire population.

Cholera: getting to the roots of disease



IT GOES without saying: South Africa desperately needs a system of preventive medicine. Rabies, typhoid and cholera have become real threats to health, having all cropped up in the course of the year.

A healthy body can better resist invading organisms. But bad sanitation, extreme poverty, ignorance and inadequate nutrition are factors that pave the way for the spread of communicable diseases.

Dr Howard Botha, chief director of health promotion in the Department of Health, Welfare and Pensions in Pretoria, said the current cholera outbreaks were caused by the organism vibrio cholerae.

"Man is what we call the host specific as far as this organism is concerned."

He said contaminated water also provided the organism with the right kind of place in which to live and multiply.

Transmission of the disease can take place through unwashed, contaminated leafy vegetables and raw fruits. Washing vegetables and fruit with treated (piped) water is a simple method of helping to contain this disease.

With the holidays coming on, people moving about the country, especially campers, should make a point of not drinking water unless it is either boiled or treated.

Officials think there is a link between the incidence of cholera in the Lowveld and at Eikenhof. Dr Botha said the disease could easily be spread from area to area by carriers who may not be clinically ill and show no signs or symptoms of the illness. But they can be responsible for its spread by excreting in streams and canals. The danger of travellers carrying cholera was illustrated last year when France and The Netherlands reported a number of imported cases.

Cholera was introduced comparatively recently into Southern Africa. El Tor, the strain affecting us, was introduced in about 1970. Luckily, it is not as virulent as the clinical picture we have of cholera nor as great a killer as the cholera which is rife in certain Eastern countries.

Concerted control measures have been implemented and an education programme has been launched by health authorities in the affected areas.

Recently, too, Dr L A P A Munnik, Minister of Health, Welfare and Pensions, announced details of a national health plan which, he said, was a whole new concept in the country's health services. In essence, it is the taking of health care to the people.

Community health centres will be established across the country, including rural areas, and will emphasise preventive health care, incorporating health and nutritive education, active immunisation where applicable, family planning, and the control of TB and venereal disease.

The announcement of the new plan has been enthusiastically received by the medical profession.

Dr John Gear, professor of Community Health at Wits University, said: "An example where immunisation will have particular impact is in the control of measles (also a killer disease, but less emotive than cholera or typhoid). Unfortunately, nationwide protection against this disease has not been achieved."

He feels that if social medicine is supported and encouraged by the State and given the right educational and financial circumstances, "people are largely capable of taking care of their own needs".

State-funded care systems can remove the effects, but the problem lies with the causes.

He said the aims of a national health plan should be much deeper than simply to demonstrate a capacity to deal with threatened epidemics.

Each centre must be geared to meet the health needs of the community it serves. Rather than impose decisions on a populace, there should be co-operative planning with the people of the community who have the experience to go right to the heart of their problems.

There should also be on-going monitoring to evaluate the efficiency of each centre. The national health plan should also extend to the homelands.

Long-term solutions to better overall health (defined by the World Health Organisation as being physical, social and mental well-being) must be concerned with socio-economic and political conditions.

These include eliminating factors such as overcrowding and malnutrition, the provision of potable water supplies, decent educational standards, adequate housing and better salaries and the control of human excreta.

Dr Howard Botha agreed that the long-term solution lies in promoting healthy lifestyles.

"A number of these things, though, are not the responsibility of the Health Department in the true sense. It's a multitude of tasks — other departments too must help to create these facilities.

"The private sector also has a responsibility in bringing these very basic requirements within the reach of people in all areas — including those living in rural areas," he said.

Clash of rulings over injections for cholera

89

STAR 21/11/80

By Sheryl Raine

Hundreds of travellers queued for hours at the Johannesburg State Health Department today for cholera inoculations which they may not need.

Others were told they did not need cholera injections despite new decisions which could mean trouble at the airport.

Health departments, travel agents and consular representatives are still issuing contradictory instructions despite a new directive from the World Health Organisation (WHO).

WHO have stated that South African visitors to France do not have to be immunised against cholera but countries including Italy, Swaziland, Mautirius, Madagascar, Malawi, Iran and Albania demand certificates.

Nevertheless, Johannesburg officials today told travellers that visitors to Italy did not need cholera injections and those travelling to France did.

DISCOURAGED

Travel agents acting on the advice of South African Airways that South Africa had been declared a cholera area, have instructed all international passengers to have cholera inoculations.

Passengers who telephoned the health department were told not to bother and doctors at the department viewed growing queues and discouraged travellers who were not going to stipulated foreign countries from having the injection.

Health regulations state that initial immunisation against cholera becomes valid six days after the injection and lasts for six months.

The injection costs R3 if done by the State. People travelling locally to cholera areas should consult their doctors.

Cholera: the hush-hush disease

STAR 22/11/80

89

By Bob Kennaugh
Medical Correspondent

Cholera, the world's worst diarrhoea, is the "hush-hush" disease of our time — as it often bears the stigma of dirt and ignorance says an official of the World Health Organisation.

The disease, has claimed more lives over the centuries than bubonic plague. It has occurred in Africa, Asia, Europe and North America.

And now it is on the move again in South Africa. More than 340 people have been infected with the rarely-fatal El Tor strain in the Eastern Transvaal Lowveld. Four people have died.

There have been cholera "scares" in the Pongola area of Zululand and near Meyerton in the Transvaal, but tests ruled out the possibility that the disease claimed the lives of an elderly black man and an 8-year-old girl, Helena Reynders.

Several people from Eikenhof, south of Johannesburg, are being treated for the disease and there are a number of suspected cases and carriers who are infected but not affected by the disease.

Dr Howard Botha, of the Department of Health said a further geographic spread of cholera could be expected and cases 'could crop up here and there". But there would not be an epidemic of unmanageable proportions, he said.

Dr Botha said cholera could be "imported" and that health authorities believed the present South African outbreak could have been caused by the spread of the disease from across the Mozambique border.

SANITATION

Cholera is spread by contamination of water supplies with infected human faeces. And is perpetuated by crowding and poor sanitation.

To prevent cholera the Department of Health offers the advice to:

- Use only boiled, clean or treated water.
- Wash your hands before handling food.
- Wash raw food with clean or treated water.
- Use a proper toilet or trench toilet far from wells, rivers and streams.

Cholera vaccine is no more than 50 to 60 percent effective and that for a few months only. (In South Africa only those who have had direct contacts with cholera sufferers have been immunised.)

Cholera blitz in Pretoria

Own Correspondent

A pamphlet blitz was launched in Pretoria's townships yesterday after the first confirmed case of cholera in the area.

The campaign by the Department of Health aims at informing people about the dangers of cholera and what should be done to prevent it.

A health department spokesman said thousands of pamphlets and health brochures would be distributed as a result of a confirmed case of cholera in the Ga-Rankuwa Hospital in Bophuthatswana on Thursday.

Ga-Rankuwa is about 20 km from Pretoria.

Mr Joe Tshabalala, Mayor of Atteridgeville, said: "Now that a cholera case has been reported right on Pretoria's doorstep, I think the townships of Mamelodi and Atteridgeville should prepare themselves for battle.

"For many years the townships have been struggling to have the congestion caused by housing shortages removed. The present situation of which people live in congested conditions is a breeding ground for diseases such as cholera."

Health authorities in Mabopane held urgent, high-level talks yesterday to discuss means of curbing cholera in Bophuthatswana's Odi district. An announcement is expected later.

Anti-cholera campaign around Odi

STAR 24/11/80 89

Own Correspondent

A campaign has been launched by the Bophuthatswana Health Department to curb the spread of cholera in the Odi district, it is reported in Pretoria.

People should not panic as health inspectors were working round the clock to curb the spread of the infection. Things seemed to be under control, said Dr George Monnakgotla, director of the Garankuwa Regional Health Authority.

He said that anybody showing cholera symptoms should be taken to the nearest clinic because "the earlier the disease is treated, the better."

Health inspectors are visiting all wells in the area including Winterveldt and Hebron to chlorinate and check drinking water. Pamphlets have been distributed informing people about the dangers of the infection and how to prevent its spread.

A mobile clinic has been opened in Nooitgedacht to help in emergency cases and tankers from the Bophuthatswana Government are being used to supply residents with chlorinated water. A warning has been issued to people not to drink water from rivers or pits.

Meanwhile, the Nooitgedacht man who was admitted to the Garankuwa hospital recently with cholera, has been discharged. Tests on members of his family proved negative.

Expert's simple measures in fight against cholera

STAR 24/11/80 (89)

By Clyde Johnson
Lowveld Bureau

WHILE RIVER — Because of man's mobility people could now be spreading cholera throughout the Witwatersrand, the chief director of health promotions, Dr Howard Botha, said in White River.

It was, he said, impossible to predict where the next outbreak would be but, just as rapidly as it breaks out, just so quickly can it disappear.

Dr Botha was speaking at a dinner of officials of the directorate of the KaNgwane Department of Education at the weekend.

Cholera was a new problem to the public of South Africa but it did not come as a complete surprise.

"If we think logically it must have come from neighbouring Mozambique where in 1979 they have a serious outbreak," he said.

About 225 cases were being reported daily and Dr Botha appealed to teachers to incorporate health-education in daily teaching.

Mass inoculation was not the answer to stopping the spread or cholera. He said that very simple measures should be applied. These include:

- Safe disposal of sewerage.
- Boiling of all drinking water.
- Washing hands before the preparation of food and before meals;
- Safeguarding food from flies and other insects.

Star 26/11/80 89

Germiston drive against cholera

East Rand Bureau

A second East Rand child has been admitted to hospital with cholera and Germiston health authorities have launched an immunisation campaign in the township of Katlehong.

Seven-year-old Nkosiyentombi Mathonisi of the Monaheng section, was admitted to Natalspruit hospital yesterday afternoon after Germiston health officials discobered that she had all the symptoms of the disease. Doctors confirmed that she was suffering from cholera after carrying out tests.

"Her condition is satisfactory and we don't see any problems," said the superintendent of the hospital, Dr A F Chemaly. The disease had been diagnosed early and the girl had an "excellent chance" of recovery.

She is the second Katlehong child to contract cholera. Five-year-old Joseph Mashila died last Friday, two days after being admitted to Natalspruit hospital.

Five other Katlehong people are being treated for cholera. They are carriers and, although they are infected, they are not affected by the disease.

The number of confirmed cholera cases in South Africa has risen to 409 with seven fatalities. Twenty people are being treated for the disease on the Witwatersrand, reports the medical correspondent of The Star.

Dr Howard Botha of the Department of Health said today about half of the 409 infected people did not have cholera symptoms.

Dr Botha added: "At this time of the year diarrhoea and food poisoning are rife. While we welcome the early diagnosis of enteritis patients should not load health services."

Cholera, he said was an acute infection of the gastrointestinal tract caused by a small comma-shaped bacterium. "The bacterium finds its natural breeding ground in the human bowel and is excreted in the faeces."

No cholera jab, 'so no flight'

Star 26/11/80 (89)

By Richard Paris,
Air Correspondent

Four passengers were turned away from an SAA jet bound for Mauritius this morning because they had not had cholera inoculations.

According to a spokesman for the airline, South African Airways had received new instructions relating to cholera inoculation requirements yesterday and claimed it was not permitted to fly anyone to Mauritius, Swaziland, Taiwan, Mozambique or Zambia who was not in possession of an inoculation certificate that was between six days and six months old.

However, the four passengers would be permitted to fly to Mauritius tomorrow, provided they sign indemnity forms exonerating SAA in case they contracted the disease while on the island.

Passengers blamed tour operators for not keeping them informed of what exactly was required and SAA for not permitting them to fly this morning after signing the indemnity form at the airport.

Anti-cholera action plan moves into top gear

STAR 27/11/86 89

Health authorities have intensified their action plan against cholera, which has so far infected 423 South Africans.

The number of confirmed cases on the Rand has risen to 39.

In Katlehong on the East Rand more than 500 people have been immunised in the wake of the death last week of five-year-old Joseph Mashila.

Five other carriers are receiving antibiotic treatment.

Doctors and nurses in the childrens wards at Natalspruit Hospital have been inoculated.

A spokesman for the Department of Health said about 200 confirmed cases did not have cholera symptoms.

The plan of action being applied across the country is:

- Active treatment of patients and contacts.
- Immunisation on a restricted scale.
- Investigations to trace sources of contamination and steps to supply safe drinking water and proper sanitation.
- A countrywide information and education programme in several languages to properly inform the public about the disease.

To prevent cholera boiled or treated water only should be used, hands should be washed before handling food and raw food should be washed with clean or treated water.

GENERAL NEWS

Cholera: eight deaths, 47 new cases

STAR 28/11/80

89

By Bob Kennaugh, Medical Correspondent

Cholera has claimed its eighth victim in a persistent outbreak that has infected at least 470 people in South Africa.

The Star's Lowveld Bureau reports that the latest victim was a 75-year-old man who was dead on arrival at Masana Hospital. He was badly dehydrated.

Within hours yesterday 47 new cholera cases were confirmed in the Eastern Transvaal Lowveld bringing the total number of cases for the area to 423 and the national figure to at least 470.

A spokesman for the Department of Health said about half the confirmed cases did not have cholera symptoms.

Dr J J Crous, medical adviser to the Lebowa Government, said cholera had infected two other people in Bushbuckridge and there was another confirmed case in Sekhukhuneland.

Dr Crous is to visit Sekhukhuneland today to investigate the confirmed case there.

LOCALISED

A spokesman for the Department of Health said the latest Eastern Transvaal outbreak was localised and there is no need for panic. "It is not exploding into a major hazard," he said.

The number of confirmed cases on the Rand stands at 39.

Johnnesburg's only vaccination centre in De Villiers Street is being inundated with 800 to 1 200 travellers a day needing inoculations.

A spokesman for the Department of Health said yesterday: "Up until recently one vaccination centre in the city has been adequate. Whether more centres will be opened will depend on how long the cholera outbreaks last."

A Randburg scientist told The Star that he had waited in queues for three hours on successive days and had not been able to be vaccinated. "The situation is unacceptable. There should be more decentralised vaccination centres," he said.

VACCINATION HOURS

The vaccination centre is open from 8.30 am to 12.30 pm and from 1.30 pm to 3.30 pm on week days. There is no service at weekends.

"People have not had to wait for longer than an hour," said a spokesman. "We have sufficient staff and vaccine to deal with the situation."

Only people travelling to overseas countries and southern African states which demanded vaccination certificates needed to be vaccinated.

A spokesman for the department in Pretoria said vaccinations could be done only at centres approved by the World Health Organisation.

CURRICULUM VIT/

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10 deaths as cholera cases increase

STAR
29/11/80
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There are 502 confirmed cases of cholera in the country, of which 462 have been identified in the Eastern Transvaal/Lowveld area and 40 in the Witwatersrand region.

The death toll to date is 10. One from the Rand and nine from the major centre of the disease.

Eighty more cases, mainly from the Louws Creek region have been confirmed in the past two days, according to the Department of Health, Welfare and Pensions.

A statement issued by the department said:

"During the past two days, one new case of cholera has been confirmed on the Witwatersrand and 79 new cases have been confirmed from a reasonably localised area in the Louw's Creek region.

The department wanted to emphasise that most of the confirmed cases of cholera on the Witwatersrand and in the Eastern Transvaal were not clinically ill. Some would not even know they were harbouring the germ.

THE PROOF

"The proof of this lies in the fact that only ten patients, of whom eight were men and two women, died of the disease. Among those reported as cases, only a few needed hospital treatment. Slightly more women were affected," the statement said.

"The misunderstanding about the number of patients probably arose as a result of the practice of reporting all people who have cholera as cases. This policy is in line with international practice with regards to the notification of cholera.

"Because water and man are the only sources of infection, the action plan against cholera has now taken the form of a people - and - water - stop - cholera plan.

Inoculation confusion

By Richard Paris

Attempts to sort out worldwide confusion over requirements for cholera inoculations for travellers have failed.

In response to the growing number of inquiries from travellers The Star asked the Association of South African Travel Agents (ASATA), to clarify cholera inoculation requirements.

From ASATA's parent body in Brussels yesterday came a reply that no global clarifications could be obtained.

However, the most up-to-date survey of countries often visited by South Africans revealed the following:

- South Africans visiting the Far East from Singapore to Japan, including the Indian subcontinent, require cholera inoculations as do visitors to the islands of the Indian Ocean, and Zambia, Malawi and Mozambique.
- Inoculations became compulsory for visitors to Belgium this week but are not required anywhere else in Western Europe. They are recommended for Italy, Greece, Germany, the Netherlands and Spain.
- Inoculations are not required for North or South America, except in the Amazon region of Brazil, but are strongly recommended for Latin America.
- They are not required, but recommended, for Australia and New Zealand.

550 cases as cholera claims its 12th death

89
STAR

Medical Correspondent

A four-year-old Eastern Transvaal girl is South Africa's 12th cholera victim. There are now 550 confirmed cases — 505 of them in the lowveld.

A spokesman for the Department of Health in Pretoria said eight or nine new cases were reported daily in the past two months.

Most occurred in two clearly defined areas in the Eastern Transvaal and one could rightly speak of an epidemic, the spokesman added.

Chances were minimal that the infection would spread to built-up areas with purified water supplies and adequate sanitation.

But in Pretoria 40 people a day are being inoculated.

The spokesman said there was no need for concern because most of the confirmed cases did not have cholera symptoms while others showed slight symptoms only and did not have to be admitted to hospital.

He said person-to-person tansmission of the disease played almost no role in contrast with other communicable diseases.

The Department of Health considered the outbreak in a serious light because:

- Cholera was a strange disease which killed and "deprived people of their joy of life."
- The disease taxed the time and services of the available but restricted number of health personnel.
- Cholera was a dramatic pointer to defects in environmental health which could also lead to diseases such as gastro-enteritis, dysentery and hepatitis.

Cholera can be prevented if people practise good personal hygiene, drink boiled or purified water only and asstire that toilet facilities are adequate.

The Department of Health advises: Use boiled or treated water only, wash your hands before handling food, use a proper toilet or trench toilet far from wells, rivers and streams, and add three drops of a bleaching agent to a litre of water from doubtful sources.

Travellers' confused over jabs

Air Correspondent

Travellers are being turned away from vaccination centres on the Witwatersrand and in Pretoria for cholera jabs unless they are bound for countries which, according to the World Health Organisation, absolutely requires them.

A spokesman for the Department of Health in Pretoria, Dr Howard Botha, told The Star district surgeons were finding it difficult to keep up to date with information about cholera inoculation requirements because the list changed from day to day.

But travel agents have been urging their clients to have the jab regardless of their foreign destination, resulting in numerous complaints from travellers who were being refused the injection because it was not compulsory — even if recommended — by the WHO.

In future an updated list will be published every week.

Cholera can be prevented with good care

STAR 1/12/80

89

By Bob Kennaugh
Medical Correspondent

Cholera, which recently infected more than 400 South Africans and caused seven deaths, can be prevented.

The short answer is: To prevent an outbreak you should practise good personal hygiene, drink boiled or purified water only and assure that toilet facilities are adequate

What is cholera and how can it be recognised? It is an acute infection of the gastrointestinal tract caused by a small, comma-shaped bacterium. This bacterium finds its natural breeding ground in the human bowel, and is excreted in the faeces.

The disease is spread by contamination of water supplies with infected human faeces. Cholera is perpetuated by crowding and poor sanitation.

SYMPTOM

Dr Peter Wingate, author of The Penguin Medical Encyclopaedia, says: "Cholera, more than any other serious illness, is a disease of one symptom. If the losses of water, alkali and potassium are made good then complete recovery is the rule. Antibiotics hasten recovery but they are of secondary importance; it is by maintaining the chemical balance of the body fluids that lives are saved."

To prevent the disease the Department of Health advises:

- Use only boiled or treated water.
- Wash your hands before handling food.
- Use a proper toilet or trench toilet far from wells, rivers and streams.
- Add three drops of a bleaching agent to a litre of water from doubtful sources.

Dr Howard Botha, Chief Director, Health Promotion, Department of Health, said cholera was a new problem for South Africa and also the national states.

He added: "The habits and especially the mobility of moden man favour the spread of the disease. Experts have said cholera goes with man, albeit unpredictably and mysteriously. The pilgrim, the nomad, the migrant labourer and the air traveller will take cholera bacteria through the most rigorously applied defences. This is the reason why imported cases were reported last yeat in countries with a very high standard of hygiene and sanitation such as France and Holland."

Last year the disease was reported in 18 African countries infecting almost 19 000 patients. Mozambique, allegedly unaffected since 1977, last year had outbreaks which involved about 4 000 people.

Dr Botha continued: "The presence of cholera in Africa can be easily explained. A World Health Organisation report in 1976 showed that 77 percent of urban populations in Africa had access to piped water supplies.

RURAL

"However in rural areas, 78 percent of the population was without an adequate water supply. Studies in Africa showed that mothers often used as much as 27 percent of their daily energy in fetching water."

Other effective steps against cholera included safe disposal of sewage and safeguarding food from flies and other insects. Rural water supplies could not be safeguarded unless people themselves learnt how to use them or knew how to school their children in using water supplies.

Cholera spreads, claims 11th victim

Medical Correspondent

Cholera is still spreading. The number of confirmed cases has risen to 546 and there have been 11 deaths.

In Eastern Transvaal the figure is up to 505, including 10 deaths there.

The latest victim is Mr Phiri David (41) of Louw's Creek, who died in the Barberton Hospital.

Dr Howard Botha of the Department of Health said today four new cases had been reported on the Rand in the past week. Of the 143 new cases in the Eastern Transvaal, 80 had been admitted to hospital.

He added that about half the national total of 546 patients had been ill and that a relatively small percentage had been admitted to hospital.

The latest outbreak had been localised to Louw's Creek and Matsulu Township in Kangwane. State and local health authorities were intensifying investigations into why the infection had spread.

He said water samples were being taken. Every effort was being made to trace direct contacts of victims.

"Cholera is unpredicatable. The latest outbreak has come as a surprise, but we are taking all steps possible to halt the spread," he said.

Cholera: 25 new cases confirmed

Medical Correspondent

A total of 25 more confirmed cholera cases has been reported in the Eastern Transvaal Lowveld and the Rand bringing the national total to 575 with 12 fatalities.

Dr Howard Botha of the Department of Health said today 24 of the cases had been reported in the Louw's Creek and Matsulu Township in Kangwane and a further case had been identified in the Eikenhof area, south of Johannesburg.

Yesterday people representing 70 welfare, health and medical organisations met with officials of the Department of Health in Pretoria to discuss ways of educating people about cholera and its prevention.

Teams of health officials are making a thorough investigation of affected areas in the Eastern Transvaal to try to find out why cholera has flared up in localised areas over the past 10 days.

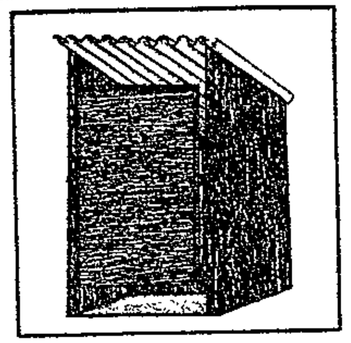
"We hope to have a detailed report by tomorrow or Saturday morning. We are taking routine steps to halt the spread."

He added: "Holiday-makers should not be switched off the Eastern Transvaal. If they used purified or boiled water, wash their hands before handling food, wash food they buy on the roads and use proper toilet facilities, they have nothing to worry about."

The department said in a statement that people wanting to travel to countries which required immunisation against cholera would be immunised by the department only after they had produced proof of valid travelling documents.

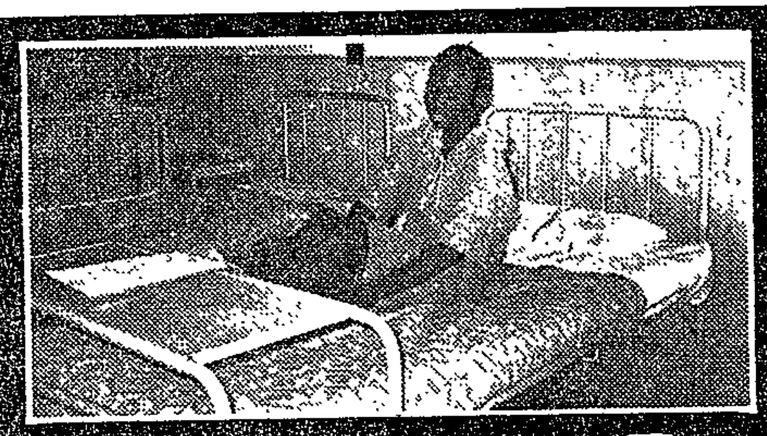
"Why are white people not dying of cholera?" — James Ndlovu, whose brother is thought to have died from the disease

● The illustrations on the right are from a pamphlet produced by the State Health Department, stressing the need for hygiene in eradicating cholera.



VIMBELA ICHOLERA

The killer that's here to stay



Cholera has already claimed 12 lives — and still the disease spreads

By CHRIS VICK

CHOLERA, which has already claimed the lives of at least 12 South Africans, is here to stay.

In less than two months, cholera has affected more than 500 people in the Eastern Transvaal and has spread to the Eikenhof area near Johannesburg.

And, according to the men in the field, there's no stopping the killer disease.

Dr John Hoyland, Regional Director of Health Services in the Kangwane Homeland, is the man who has been most involved with the anti-cholera campaign.

"I don't think we'll ever get rid of it," he told the **Sunday Tribune** this week.

"We have endless problems with water supplies and hygiene, all of which makes it very difficult to get rid of a disease like cholera."

I don't think we'll ever get rid of it. We have endless problems with water supplies and hygiene, all of which makes it very difficult to get rid of a disease like cholera. We have problems trying to teach the people basic hygiene. — DR JOHN HOYLAND, Director of Health Services in the Kangwane Homeland

Cholera was unknown in this country until October this year, when the first case was reported near Malalane, some 60 kilometres east of Nelspruit.

It spread quickly, flourishing among the poorly-developed bush areas bordering the Kruger National Park.

In this environment, nearby rivers were both communal bath and drinking place, and taps were unheard of. However, as soon as the first traces of cholera were picked up, the Health Department officials moved in with pamphlets and pills with travelling doctors making regular stops at most of the settlements in the affected area.

Farmers in the area, who saw their labour force scythed by the disease, had endless praise for the Health Department officials when contacted by the **Sunday Tribune** this week.

Great job

One cane farmer, who refused to be named because he was "not a Government supporter", felt the State Health people were doing a magnificent job — but thought they were bashing their heads against a brick wall.

Several others in the area felt the same — no matter what you tell the tribal people, no matter what you give them in aid, they still do what they themselves think is best.

"These boys just do their own thing," the farmer said.

"We build them toilets . . . then they go and squat in the bush. They say they don't want to sit where another man has sat.

"We put in piped water that has been treated — what do they do? It's too much bother to go all the way there, so they drink from the river. It's an endless battle."

Dr Hoyland said he had heard similar complaints from farmers in the area, but felt they were being "rather simplistic".

"Our problems are on a much larger scale than that," he said. "The area itself is undeveloped, and the inhabitants are rural people. We do have problems with the water supply, and we have problems trying to teach the people basic hygiene.

"But it goes much further," he said.

"The disease goes hand-in-hand with developing countries which are trying to improve their health services," Dr Hoyland said, referring to cholera as a type of growing pain prevalent in developing countries.

"Therefore I think it will be a very long time before we can stamp out cholera."

The superintendent of the Themba Hospital in Kobokweni, near Nelspruit, Dr Boet Scholtz, agrees with Dr Hoyland.

"We seem to have outbreaks in cycles, and the cycles will probably continue indefinitely. I can't see us getting rid of cholera — it'll be with us for the next 50 years at least."

He felt the main problem was the lack of development in the area, including the minimal extent to which the tribal people were being educated. There are vast areas of bush where tribes live in isolation, and the authorities have had endless problems trying to effectively bring across bring across the message of personal hygiene effectively.

The **Sunday Tribune** questioned several townsfolk from Kanyamazane, Nelspruit's black township, to gauge their feelings about the response from the authorities.

James Ndlovu, an upholstery worker in Nelspruit, believes his brother died of cholera — although there has been no official proof of this.

He found it hard to understand why only blacks were dying from the disease.

"Why don't the white people die?" he asked "it is only our people who are affected."

He felt Nelspruit's weather modification system was to blame — as did several other people spoken to.

"When that aeroplane goes up and spreads stuff in the sky to make it rain, the clouds go away," Mr Ndlovu said.

Another woman, Elizabeth Ngoza, said the planes which were sent up with chemicals to bring rain and disperse hail were "interfering with nature."

"Not so long ago, the fish in the Crocodile River died. Now it's us," said Miss Ngoza, a shop assistant.

But the battle against cholera goes on regardless.

Water tanks are brought in to provide treated water — even though some of the people are too lazy to use it.

Health teams still visit the tribal areas dishing out pills — even though the people don't fully understand why they're taking them.

And the Health Department still dishes out pamphlets in the three major black languages, with accompanying illustrations even though the people don't realise the impact of the disease they are trying to prevent.

It's going to be a long, hard battle.

raining investment has -

IN THE HEAT OF A WARD, WAITING TO LIVE OR DIE

By CHRIS VICK

IT was hot and sticky inside the cholera ward at Themba Hospital.

As 14-year-old Fanne Mhlanga lay back on his bed, a baby in another ward cried in the distance. His body weakened by the killer disease, Fanne could do little more than nod when the medical staff asked him how he felt.

The youngster is one of the lucky ones — he made it to the hospital in time. At least 10 others in the area didn't and their names were added to the growing list of South Africa's cholera fatalities.

Over by the window, two more "suspects" stared longingly out of the window at the goings-on in Kabokweni, a happy little town in the heart of the Eastern Transvaal lowveld.

They too were visibly weak and their dehydrated bodies — with drips in their arms — bore witness to the terrible death that can follow infection.

Fanne was virtually reaty to go home when the SUNDAY TRIBUNE visited Themba Mission Hospital this week after a five-day course of antibiotics.

The window-watchers had a long wait however — clinical tests were awaited to show whether they had the killer disease.

Themba Hospital, nestled in the mountains only 30 kilometres from Nelspruit, has born the brunt of the recent cholera outbreaks in the area.

Like wildfire

Serving an area of largely undeveloped tribal land, Themba's biggest problem until recently was thyphoid — a disease which shows symptoms remarkably similar to cholera.

But then suddenly, unexpectedly, cholera struck and the State Health Department was moved in.

The disease breeds like wildfire in an "unhygienic environment," a tag which sits well on most of the affected area.

Poor water supplies are a way of life for the 250 000 people living in the Ka Ngwane homeland, a thin belt of land south and west of the Kruger National Park.

More than half the population live in isolated villages, where sanitation is unheard of. Their water supply is usually a muddy river, and a hole in the ground serves as a toilet.

Tiny one-room clinics are dotted around the bush and are the only contact the tribal dwellers have with so-called civilisation.

Apart from screaming babies, all was quiet when the SUNDAY TRIBUNE visitet Themba this week. Only three cholera patients were being treated at the hospital, despite there being more than 500 confirmed cases in the Eastern Transvaal.

Tests are done and samples sent away to be clincially observed. "Usually, by the time the results are known, the person has recovered anyway," says Dr Boet Scholtz, the hospital superintendent.

"But it's better to be safe than sorry — we rather treat them and wait for the tests than waste time."

Less than a quarter of the cases require hospitalisation, according to Dr Scholtz — most people need only a three-day course of tablets to put them back on their feet.

However, it is the ones who aren't caught in time who really feel the brunt of the killer disease. Within hours a strong man can be reduced to skin and bone as he dehydrates, wasting away until his system collapses.

Hints on preventing the spread of cholera

By SUE ROBERTSON

CHOLERA has tightened its grip on the Eastern Transvaal with the sudden surge of fatalities — now 10 — and daily reports of increasing numbers of patients infected with the disease.

No less frightening is the apparently contained outbreak in the Eikenhof-East Rand area, where a child died recently and more than 40 cases of the disease were diagnosed.

Questions being asked now are whether the dreaded disease will infiltrate urban living and whether the public is able to prevent cholera's frightening course from gathering momentum outside those disease-stricken areas.

According to the Health Department, the chances of cholera spreading into built-up areas are minimal. In areas with normal sanitation and water supplies, there is little cause to fear contamination.

This does not mean, however, that the public can afford to become complacent about cholera.

It is transmitted, "99% of the time", through contaminated water. An infected person who excretes into a drinking-water supply, like a dam or river, infects the water with the cholera organism. Anyone else who drinks the water then becomes infected

Dr Howard Botha, Health Department spokesman on the cholera epidemic, urged the public to give extra attention to household cleaning and personal hygiene in an effort to halt the uneccessary spread of the disease.

"The essence of protective measures against cholera lies in personal hygiene," he said. He gave the following hints to the public:

- Hands should always be washed after going to the toilet and before preparing food. Housewives should also urge personal hygiene in domestic servants.
- All fruit and vegetables, whatever their origin, should be washed with treated or tap water before eating, not only as a precaution against cholera but against other enteric diseases which can be also transmitted.

Most experts agree, however, that the chances of transmitting diseases through fruit and vegetables are relatively small. An infected person may contaminate fruit and vegetables if he handles them. Dr Botha stressed that ordinary tap water was adequate for washing.

- Fruit that is peeled before eating, like watermelon and bananas, should also be washed. If the cholera organism is present on the fruit's peel, it may be transmitted to a person's hands and back on to the fruit.
- Cholera does not have a penetration ability, so it is not possible for root vegetables (like carrots) or fruit and vegetables grown close to the ground (like watermelon or lettuce) to become infected in this way.

They should, nevertheless, be washed in purified water as a safeguard against other enteric diseases, like amoebic dysentry or enteritis

- Do not "freshen-up" fruit and vegetables with untreated water; but, again, tap or treated water is all right.
- The World Health Organisation has come out with recommendations against cholera immunisation as the vaccine is only 40% to 60% effective. Personal hygiene, said Dr Botha, is a more effective way of combating cholera.

He also issued the following hints to holidaymakers:

- Cholera inoculations are not necessary if one intends holidaying in the Republic. However, people who plan to visit foreign countries should check to see if vaccines are required in those countries.

A South African Airways spokesman suggested, however, that it was advisable for all foreign travellers to be inoculated, as a precautionary measure, at least six days before departing.

- In rural areas, where there is no proper sanitation, people are advised to boil or add a chlorine solution to drinking water. Household bleaches with chlorine (like Jik or Javel) can be used in a dilution of 1% — three drops of bleach to a litre of water. However, as bleaches are poisonous in their concentrated form, they must be used carefully.
- Water that is used as a mix for alcholic drinks must also be treated in this way.
- In game parks like the Kruger National Park, water is already treated and there are excellent sanitary facilities, so the above precautions need not be observed.
- Do not drink from streams or rivers. Even though the water may be clear and running, bacteria and germs may still be harboured
- People camping in the veld, where there are no sanitation facilities, should dig deepish holes for toilets in an area away from any water sources (rivers, dams and the like) and away from cooking areas. They should be filled in after use.

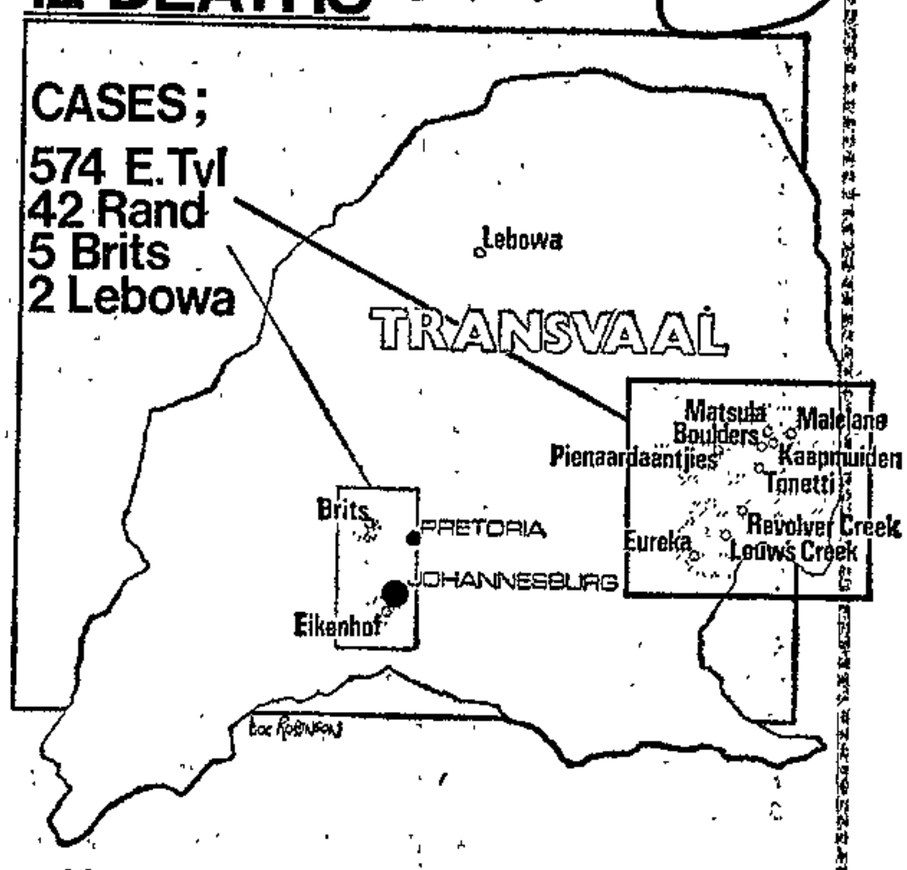
Although the cholera strain being experienced in South Africa — the El Tor strain — is relatively "mild", it should not be treated lightly.

However, Dr Botha said the number of severely ill patients was small and that between 50% and 75% of patients infected with the disease showed only slight symptoms, if any.

Cholera no longer a dreaded pestilence

12 DEATHS

STAR 9/12/89



This map shows the spread of cholera in the Eastern Transvaal lowveld and the Southern Transvaal. The number of confirmed cases in South Africa has risen to 623. There are 574 cases in the Eastern Transvaal, 42 on the Rand, five in Brits and two in Lebowa.

Medical Correspondent

The cholera epidemic which has infected more than 600 people in South Africa and has killed 12 has been misunderstood.

Cholera is not the dreaded pestilence it used to be. Today it responds well to treatment, lasts a few days only and causes few people to become severely ill.

The first cases were reported in the Shongwe Hospital in Kangwane on October 2 and soon spread outside the original cholera area between Nelspruit and Malelane.

The source of the outbreak was traced to an infected irrigation canal from which infected people obtained their drinking water.

Despite immediate prevention measures taken by the Department of Health the infection spread further to the Crocodile River and the Crocodilepoort-Malelane canal.

At this stage the outbreak officially became an epidemic, that is, a disease attacking many people in any region at the same time.

RARELY FATAL

Authorities identified the cholera as being of the El Tor strain, a type which is rarely fatal but which is highly infectious in unhygienic conditions. Only about 25 percent of the people infected by the strain develop cholera symptoms.

Cholera has been a notifiable disease since 1965. Thus, to comply with the requirements of the World Health Organisation, every confirmed case of the disease has to be reported by the Department of Health in South Africa.

Dr Howard Botha, chief director of health promotion of the Department of Health, outlined the effective steps taken against the disease:

● Disposing of sewage, boiling all drinking water, washing hands before preparation of food and before meals and safeguarding food from flies and other insects.

● People should learn how to use water supplies and keep them clean.

● Mass immunisation is not the answer to stopping the spread of cholera and it offers very limited protection to the individual.

● The next step is to identify the contacts of a cholera patient.

● "Because cholera is chiefly contracted from infected drinking water it is obvious that careful attention must be paid to the water people are using for drinking and other household purposes," said Dr Botha.

● Part of the action plan is to supply people with safe or treated water. An alternative is to use certain tablets or other well-known chlorine-containing fluids to treat the water for household use.

The best weapon against cholera is health education and the practice of good personal hygiene.

FLARE UP

In the past two months cholera has broken out in widely separated places — Eikenhof, south of Johannesburg, Brits, Swaziland, Gazankulu, Lebowa, Bophuthatswana, Matsulu Township in Kangwane and many other places in the Eastern Transvaal lowveld, including Malelane, Louw's Creek, Bushbuckridge and elsewhere.

What caused the infection to spread and why did it suddenly flare up in the Louw's Creek area despite aggressive prevention measures by the authorities?

Cholera can be spread by travellers who carry the cholera bacteria in their intestines for a short period and infect others in the places they are visiting.

Dr Botha said: "The habits and especially the mobility of modern man favour the spread of the disease. Experts have said that cholera goes with man, albeit unpredictably and mysteriously. The pilgrim, the nomad, the migrant labour and the air traveller will take cholera bacteria through the most rigorously applied defences."

GENERAL NEWS

Cholera toll has risen to 623

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STAR

Medical Correspondent

A further 20 cholera cases have been reported, bringing the total in South Africa to 623, a spokesman for the Department of Health said today.

Ten new cases were identified in the Kaap River area. There are five confirmed cases in Brits and five other new cases in the Eastern Transvaal lowveld.

In the Eastern Transvaal there are now 574 confirmed cases. There are 42 on the Rand and two in Lebowa.

Health authorities were actively treating patients and their contacts.

In Swaziland, Parliament was recalled today to discuss urgent steps to combat cholera following the first reported case of the disease in the country's history last week.

Government sources said Members of Parliament would discuss the allocation of R170 000 towards cholera prevention.

The money is expected to be spent on vehicles for cholera prevention teams and on building more public toilets in places where crowds gather.

Swazi officials are worried the kingdom's most important ceremony, which takes place later this month, might spark a fresh outbreak of the disease.

More toilets are being provided at the traditional homestead of King Sobhuza II where thousands are expected to gather for the annual "Incwala" or "first fruits" ceremony.

● See Page 31.

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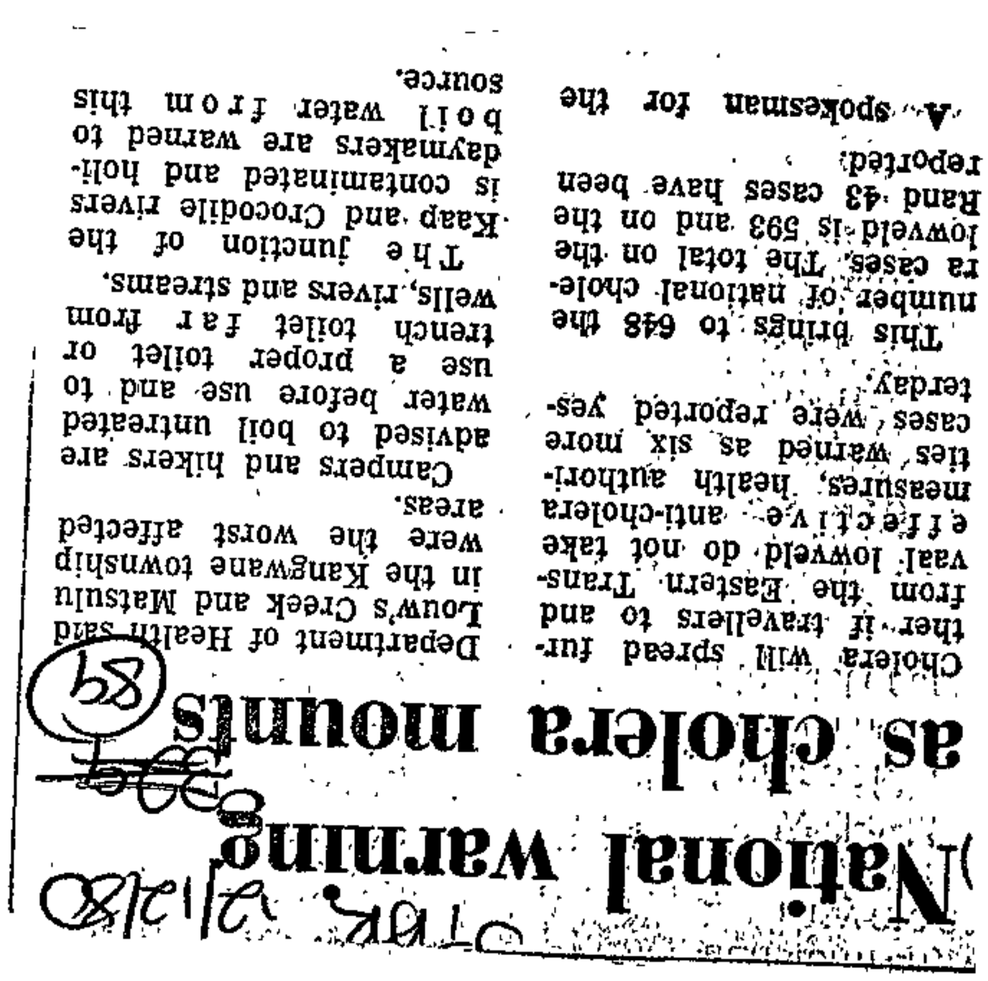

National warning as cholera mounts

Cholera will spread further if travellers to and from the Eastern Transvaal lowveld do not take effective anti-cholera measures, health authorities warned as six more cases were reported yesterday.

This brings to 648 the number of national cholera cases. The total on the lowveld is 593 and on the Rand 43 cases have been reported.

A spokesman for the Department of Health said Louw's Creek and Matsulu in the Kangwane township were the worst affected areas.

Campers and hikers are advised to boil untreated water before use and to use a proper toilet or trench toilet far from wells, rivers and streams.

The junction of the Kaap and Crocodile rivers is contaminated and holidaymakers are warned to boil water from this source.

PARENTS WARNED OF NEW CHILDHOOD DISEASE

PE TOWN has become the South African focus of a mysterious and sometimes al childhood disease with spot and fever symptoms similar to measles, and for which there is no known cure.

A top paediatrician warned doctors and parents this week to look out for Kawasaki disease, which has killed two children in this country.

It has no known cause and attacks children of rich and poor.

Professor Maurice Kibel, Professor of Child Health at the University of Cape Town, said that since being described in Japan in 1967, more than 12 000 cases had occurred there, and reports had come from many countries, including America, Greece and Canada.

It had been unknown in Africa until about two years ago, when cases began appearing in South Africa. Ten cases had been reported, mostly in the Cape Peninsula.

The disease occurred most often in babies and children under five.

RECOVERY

'It can be mistaken for scarlet fever, measles or some similar viral infec- react

to hospital immediately, as it could cause serious heart complications.

They would have to stay in hospital for two or three weeks during the acute stage.

During this stage, a victim could die of heart failure. But even when a child seemed well again, the disease could kill or cause incapacitating anginal pain.

'Deaths from coronary thrombosis or rupture of the coronary vessels have been recorded up to four years later.'

SYMPTOMS

The disease often caused fevers lasting up to two weeks, a rash and marked reddening of the tongue and inside of the mouth.

Symptoms included cracked lips, peeling skin at the tips of fingers and very swollen hands and feet.

In a paper soon to be published Professor Kibel says a bewildering variety of complications could occur.

He said in an interview that it could also produce symptoms of meningitis.

Some evidence suggested that aspirin might help to prevent coronary involvement, he said.

— by a doctor who is not familiar with it, and most practitioners in this country are not.

'We have had cases among both whites and coloured children.'

Professor Kibel emphasised that while Kawasaki disease could be fatal, most children came through it unscathed.

Children suspected of having it should be taken

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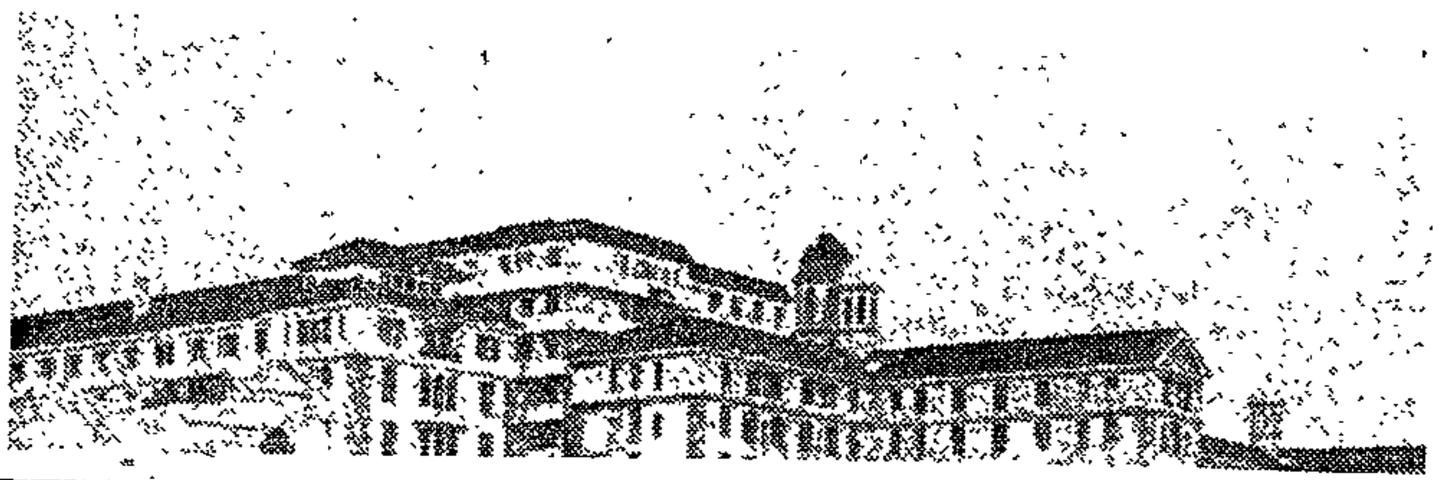
WHERE THERE'S PAIN... NEW HOPE



By JOHN FENSHAM

GROOTE SCHUUR Hospital, following an international trend, has established a Pain Clinic for the treatment of chronic pain — which is now seen by doctors as a disease in itself and no longer just a symptom.

The clinic is a multi-disciplinary treatment and research centre including neurologists, neuro-surgeons, orthopaedic specialists, anaesthetists and an acupuncturist, who will work towards a 'wholistic' understanding of chronic pain and its treatment.

"Chronic, intractable pain can no longer be seen as just a symptom of an untraceable or untreatable condition. It must be seen as a disease itself, in many cases, and pain clinics have exploded on to the medical scene overseas in recent years because doctors have recognised this need and are responding to it,' the doctor who organised Groote Schuur's

to give him wine with his lunch.

'If a patient says he is feeling bad, that his pain is troubling him, the doctor will adopt an unsympathetic attitude and walk on, ignoring the patient.'

These techniques have not yet been applied in South Africa, but the staff at the Groote Schuur clinic hopes to achieve a wider understanding of the psychological influences and cultural interpretations of pain by including clinical psychologists and social workers on the team.

BACKGROUND

They will analyse family background and associations, stress factors, and the patient's mental make-

GREAT NEED

Another doctor, who is head of a clinic established two years ago at Tygerberg Hospital confirmed that there was 'a great and pressing need' for clinics.

'Pain is a whole area of medicine that has been under-researched, and our understanding of it is still largely empirical. The commonest form is low backache, and after exhaustive tests on patients many reveal no condition that we can treat. We can only try to alleviate the pain.'

SIX MONTHS

One of the most baffling aspects of chronic pain is that in some cases treatment will lead to successful results within the first six months. In the following six months, however a 'regression to original pain levels' often recurs.

'In many cases this chronic pain is psychosomatic in origin, possibly the result of psychosocial tensions and anxiety. In the US one clinic has achieved very interesting results by 'conditioning' patients out of their pain,' according to the Groote Schuur doctor.

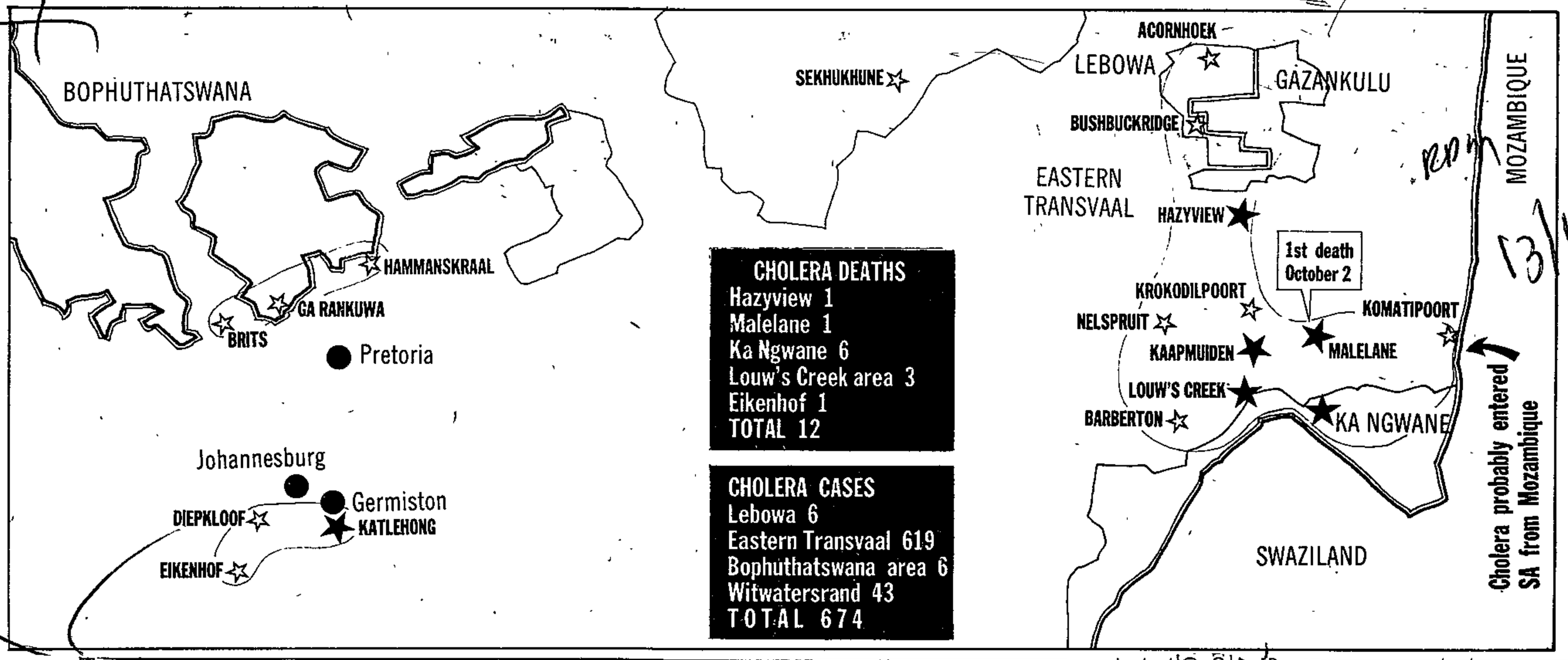
HIS ROUNDS

'A doctor making his rounds in the morning will praise and reward a patient who admits feeling well — he will, for example, instruct the nurse

'We are aware of European and American research into pain treatment and we use the most highly developed techniques available. Sometimes these don't work, however, hence our inclusion of a medical acupuncturist on the team. We are prepared to go to endless trouble to achieve relief for our patients,' the doctor said.

EVERY DAY

The head of the Tygerberg clinic said: 'My clinic started about two years ago treating inoperable cancer patients, but our commonest complaint is low backache. With our population local clinics should be doing about five nerve-blocks every day. In fact the figure is vastly below this — not because people don't need treatment, but because they don't know where to get it.'



More cholera victims

Staff Reporter

THE cholera epidemic continues to escalate. The confirmation of 26 more cases in the disease-stricken Eastern Transvaal yesterday raised the number in the area to 619.

This brings the total of positively identified cases in South Africa to 674 in two years.

A spokesman for the Department of Health said three of the cases confirmed yesterday came from Gazankulu. The others were from infected areas on the Crocodile and Kaap rivers between Barberton and Malelane.

On Monday the department will hand out 250 000 anti-cholera pamphlets to petrol stations in the northern and Eastern Transvaal.

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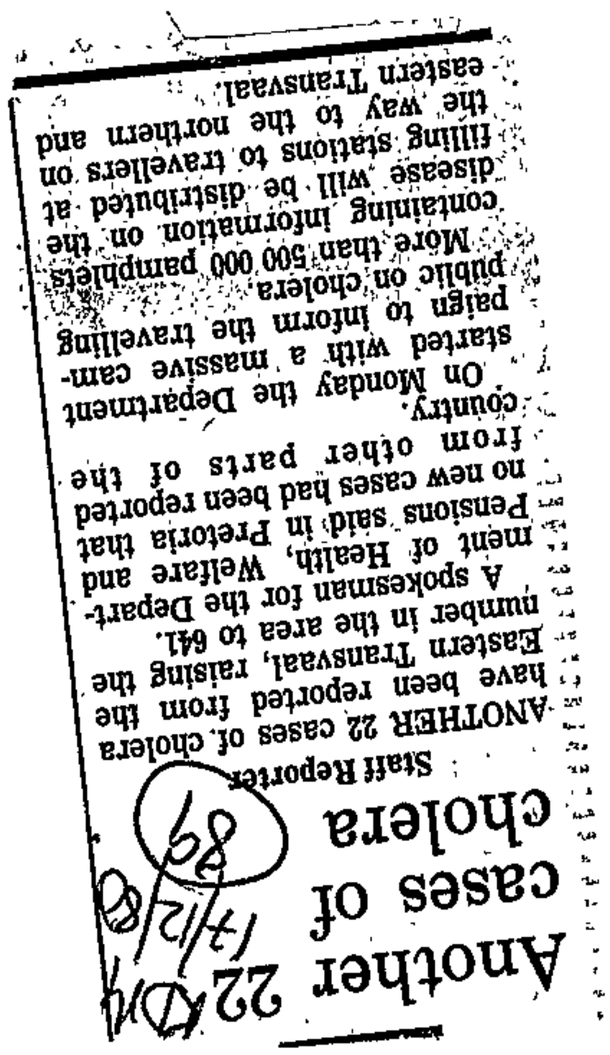
TABLE 4: (continued)

(c) Employment as a proportion of men 16-64 and of women 15-59, 1960 and 1970

1 9 6 0	Males 15-64	Females 15 - 59	% Males employed	% Females employed
Metropolitan	1 156 589	664 236	90,3	40,6
Urban	529 725	216 337	73,5	56,8
Rural	979 729	857 237	91,7	23,1
Homelands	960 477	1 341 361	85,2	16,8
TOTAL	3 626 520	3 079 171	86,9	26,6
1 9 7 0				
Metropolitan	1 414 076	779 871	78,4	56,4
Urban	678 759	319 404	80,7	57,4
Rural	1 099 242	867 145	70,9	51,4
Homelands	1 306 230	2 005 924	72,6	14,5
TOTAL	4 498 307	3 972 344	75,2	34,2



Another 22 cases of cholera

Staff Reporter

ANOTHER 22 cases of cholera have been reported from the Eastern Transvaal, raising the number in the area to 641.

A spokesman for the Department of Health, Welfare and Pensions said in Pretoria that no new cases had been reported from other parts of the country.

On Monday the Department started with a massive campaign to inform the travelling public on cholera.

More than 500 000 pamphlets containing information on the disease will be distributed at filling stations to travellers on the way to the northern and eastern Transvaal.

14/12/89

at 32,4% at the 5% level of significance. (This argument should be regarded as order of magnitude, since the CPS uses a stratified sample, not a simple random sample and the standard error of an estimate of a proportion will be different from that calculated here.)

If the 'statistical illusion' and constant activity rate view is accepted, then it is clear that the economy has been very far from absorbing the increase in the African labour force over the period February 1978 to November 1979, a period of low but increasing growth. What the effect of expected higher growth in 1980 and 1981 will be, remains to be seen.

IS SOUTH AFRICAN UNEMPLOYMENT 'TECHNOLOGICAL' OR'POLITICAL' ?

Two competing theories of South African unemployment can now be stated:

I. Capital intensification proceeds autonomously in South Africa as it does in many other peripheral countries. In other words, techniques of pro… the relative availabilitie… rica but are imported with… talist economies where high ca… te. Rapid capital inter… employment in its train and th… ls. With South Africa's his… legislation, labour direc… for such controls to tak… nt into remote areas; if s… lace, the unemployed wou… r the seditious and so threa… ued existence of

Typhoid breaks out in Durban

DURBAN. — A case of typhoid has been reported in Durban and a round-the-clock search is being carried out by the City Health Department to try to pinpoint the exact source of the disease.

Doctors have confirmed that a prominent Durban North businessman, admitted to hospital last week with a high fever, has typhoid.

Dr Colin Mackenzie, Durban's Medical Officer of Health, said they were trying to locate any contacts he may have had during the incubation period.

The man is in an isolation block in a Durban hospital, where he is receiving barrier-nursing.

Meanwhile the chairman of the Durban and district branch of the SPCA, Mrs Una Whitehorn, has warned that the arrival of up-country holiday-makers in Natal will almost certainly increase the spread of the killer dog disease, Parvo virus.

Urging dog owners to have their dogs inoculated now, she said that the disease should be considered just as serious as rabies.

Parvo virus is similar in effect to infectious feline enteritis which has reached epidemic proportions in the Transvaal. Symptoms are watery eyes and nose, vomiting and enteritis.

In puppies and older dogs, the disease is invariably fatal.

Because of its similarity to feline enteritis, the inoculation for cats was proving equally effective for dogs. And vets now have ample supplies of inoculation serum. — Sapa.

DH 19/12/80 (89)

teachers are being forced to play the part of parents. This is partly possible up to standard 5, because the class teacher takes his pupils for all their subjects and so spends a lot of time with them. But the year children reach the age where they are changing from youngsters to adults (about 13 or 14) they move to a high school. There, they are not known by the teachers and they have a different teacher for every subject. Boys, especially, when they become teenagers, look for somebody to model on. They want to learn how to become men. But all at once they have lost their 'parent-like' teacher, lost the status of being the oldest kids in the school and are now the youngest. They need to act like 'men' and there's nobody at home or at school to teach them how to do that.

So their 'heroes' are usually drawn from TV, the bioscope or from tough gangsters in their area. Teachers in Elsies say standard 6 and 7 children are always the most difficult - and often these classes get the newest and most inexperienced high school teachers. The dropout rate in these classes is very high. In many ways this dropout rate helps the State , because someone with only standard 5 is never likely to become more than a low paid labourer. And he won't have the education to ask the rich difficult questions about why he's paid so little.

Unemployment

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Cholera epidemic claims 13th victim

A GIRL of 17 months has died of cholera in the Eastern Transvaal — 13th victim of the epidemic in South Africa.

She is Maggie Palwani, of Matsulu Township at Kangwane.

Dr N du Plessis, a spokesman for the Department of Health, said yesterday that she died on the way to hospital on December 8.

Twelve of the cholera deaths have been in the Eastern Transvaal Lowveld, and one at Kaltehong, near Germiston.

The girl lived in one of the worst hit areas, described as the epicentre of the epidemic.

The worst region is the drainage area of the congested Kaap and Crocodile rivers.

Dr Du Plessis said a second case had been confirmed at Tembisa, on the East Rand.

There have been 20 further cases reported in the Eastern Transvaal, bringing the national total to 729.

Dr Du Plessis pointed out that cholera was unlikely to spread in well-controlled urban areas with adequate quantities of purified water and sewage disposal facilities.

Travellers to the Eastern Transvaal are advised to drink only boiled or purified water.

— Sapa.

RDM 20/12/80

89

RDM 20/12/80

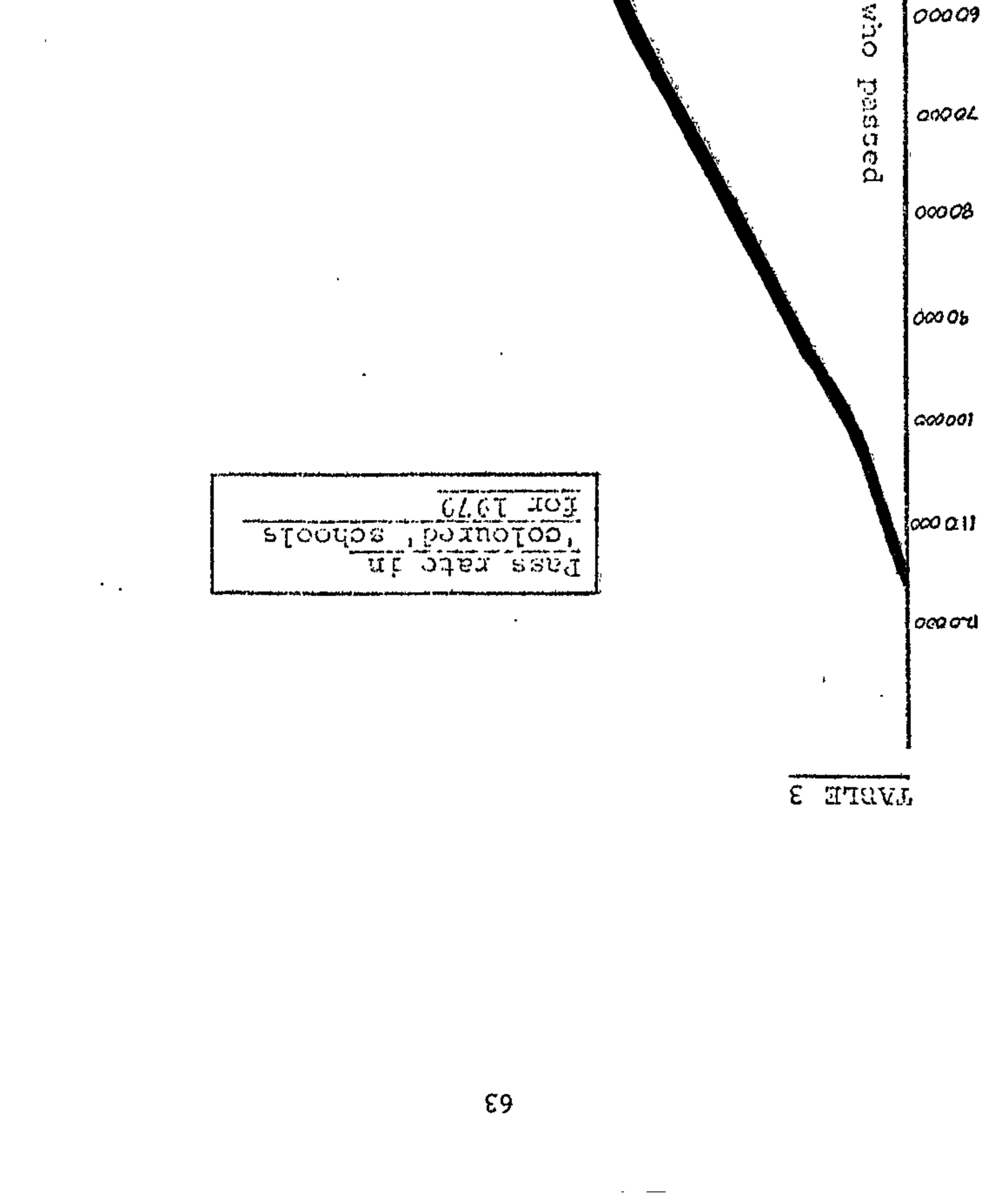
Another rabies case in Natal

DURBAN. — One more rabies case, the second in Natal this month, was confirmed yesterday.

Both cases this month have been rabid dogs, one from the Hluhluwe district in Zululand, the other from Amanzimtoti.

A spokesman for State health said yesterday the rabies epidemic had made a dramatic downturn in the past few months and they were confident it was under control.

He said there would probably still be a few isolated cases. Although most people had had their animals inoculated there were the few who had not, he said. — Sapa.



Pass rate in 'coloured' schools for 1979

TABLE 3

the employers needed labour to work for them. But in the extended family, one worker supported many people. Family members helped each other and worked for the family community, and so the income from one wage-earner was spread to many people. These people had no need to seek work in factories. Labour was 'locked up' within the extended family.

So the Government passed the Group Areas Acts. The Acts were planned for several reasons. One was to stop the move to the cities by 'coloured' people from farms and villages. There were 'homeland' areas for Africans but not for 'coloureds' and 'Asians'. Africans were prevented from coming to live in Cape Town by Pass Laws. But Group Areas made 'little homelands' near the cities for 'coloured' people and 'Asians'. Housing was to be strictly controlled in these new areas, and it was hoped that this would stop country people coming to town. But it did not, as the first chapter in this book shows.

Another thing Group Areas did was to make labour in the cities easier to'get.' These Acts 'set free' the 'locked up' labour of the extended family groups - free for the employers to use, that is . They did this by pulling down houses rented or owned by workers and pushing them out to housing estates built by the Councils.

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RDM 20/12/80 (89)

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RDM 20/12/80 (89)

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He said there would probably still be a few isolated cases. Although most people had had their animals inoculated there were the few who had not, he said. — Sapa.

46 more cholera cases up total to 780

RDM 23/12/80 89

By SUE ROBERTSON

FORTY-six further cholera cases, confirmed in the past three days, have brought the total number of cases in South Africa to 780.

All the latest cases come from the disease-stricken Eastern Transvaal, where a 13th victim died recently.

She was 17-month old Magi Palwani, who died in transit to the Themba Mission Hospital near Nelspruit on December 8, the deputy director of Health, Dr J Gilliland, said yesterday.

Although seasonal travelling had contributed to the latest spate of cholera cases, Dr Gilliland said that the disease had not spread to new areas.

"At the moment it is well contained, and as long as people take precautions — maintaining personal hygiene and watching water supplies — there should be no problems for holidaymakers.

"The problem with this particular strain (El Tor) is that in 75% of the cases, people secrete the vibrio for four to five days without knowing they have it, and thereby spread cholera. Although we do not think it will become endemic in South Africa, no-one knows how long it will take to clear the country of cholera.

"Even rigid sanitary conditions do not stop the disease from spreading, because of the movement of carriers," Dr Gilliland said.

The breakdown of the latest cholera figures are as follows:

Gazankulu — three cases from a farm near the KaNgwane area;

Kaap-Muiden, Malelane district — nine cases, three of which came from Louw's Creek;

KaNgwane — 34 cases from farms at Matsulu (three cases), Mgbodi (five), Middelplaas (three), Bosfontein (16), Pienaar and other isolated areas.

The total number of cases in the Eastern Transvaal now stands at 723.

The number of cases in Lebowa rose to seven with the confirmation recently of another cholera patient, but the numbers of cases in the Witwatersrand (45), and Brits (five) remain unchanged.

DEAL SALES (PTY) LIMITED - BALANCE SHEET (continued)

The company is in arrear with the [illegible] payable to preference shareholders for the period 1 July 1979 to 31 D[illegible]

2. Investments	No.	Market Value	Directors' Valuation
Listed			
Scuppa Limited	[illegible]	375	
Unlisted			
Duppa (Pty) Limited	[illegible]		900

3. Stock

Stock amounting to R22 000 c[illegible] valued at the lower of first in first out cost or net realisable value

Cholera deaths rise to 14

By SUE ROBERTSON

THE number of cholera deaths has risen to 14 with the confirmation of another death in the Eastern Transvaal recently, and the number of cholera cases has risen to 787 with the confirmation of seven more patients.

Mr Lemon Maseko, 50, died at his home in the infected Louw's Creek area on December 16, according to the Deputy Director-General of Health, Dr J Gilliland.

Louw's Creek, on the Kaap River, near Barberton, has suffered heavily since the cholera epidemic broke out in the Lowveld in October.

Two further cholera cases were confirmed in the Southern Transvaal area.

Health officials are investigating cholera in the Kromdraai area, south of Standerton, after a confirmed cholera patient was admitted to the Leratong Hospital yesterday. A second unconfirmed patient was also admitted.

An infected person from Magalieskraal, near Brits, was admitted to the Garankuwa Hospital, but Dr Gilliland said it seemed likely the patient had contracted the disease in the Eastern Transvaal. He did not envisage an outbreak in the area.

Confirmed cholera cases in the Southern Transvaal-Witwatersrand area now total 47, with one death.

Five more cholera cases were diagnosed in the Eastern Transvaal bringing to 728 the number of Lowveld cases.

● Dr Gilliland stressed there was no need for holiday-makers to stay away from the Eastern Transvaal, as the outbreak had been contained in the area.

POLITICAL comment in this issue by David Hazelhurst, Bernard Wessels, Martin Schneider, Dewsbille by John Leask, Brandlhee[illegible]

PDH 24/12/84

89

GENERAL NEWS

More cases of cholera

Medical Correspondent

The number of cholera cases has risen to at least 787, a spokesman for the Department of Health said today.

Over Christmas seven new cases were reported — three in the Eastern Transvaal lowveld, two in Gazankulu, one near Krugersdorp and another in Bophuthatswana.

Latest figures are not yet available.

More suspected cases have been reported in Lebowa but the Department of Health is awaiting details.

A spokesman warned that holiday-makers returning from the lowveld should continue to observe cholera precautions. They should use only boiled or treated water, wash their hands before handling food and use proper toilet facilities.

He added that very few of the 787 confirmed cholera cases were still ill. Few had been admitted to hospital and most did not have cholera symptoms.

"The total has historical significance only," he said.

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It is under certain conditions possible to continue with a second and third year in the approved subject (see paragraph below on Optional extra courses).

Provided there are no lecture timetable changes in 1981, a first-year B.Com. student will be able to take any one of the courses listed below as an approved course. Details of the courses will be found in the various Faculty prospectuses. It should be noted that certain of these courses have specific entrance requirements which are higher than those for the B.Com. and that the class size of certain of the courses is restricted. Acceptance to an approved course is, therefore, subject to meeting the entrance requirements for that course and subject to space.

Faculty of Arts : Cultural History of Western Europe, Economic History I, French Intensive, German I, Greek and Roman Literature and Philosophy, Hebrew I, History I, Italian Intensive, Political Science I, Religious Studies I.

Faculty of Science : Geography I, Chemistry I.

Faculty of Social Science : Sociology (General), Sociology (Industrial), Psychology I, Social Work I.

A number of other courses will also be approved, provided that they fit in with the student's lecture timetable.

The only approved course offered in the Commerce Faculty is the combination of the two Business Science semester courses Structure and Environment of Business and Management of Human Resources.

Economic History I

This is prescribed for curriculum 4, as Economic History I is required for Honours in Economics. However, Economic History I may also be taken concurrently with the honours study, and another approved course may be substituted.

Optional Extra Courses

A student may take up to four full courses in any year. Some second-year and all third-year curricula thus leave room for the inclusion of an additional course or half-course.
In addition to this, students who attained certain standards

75 more cases of cholera

Medical Correspondent

Farmworkers in some parts of the Eastern Transvaal lowveld are not treating unpurified water from canals and this has probably caused an upsurge of 75 cases of cholera in the area over the Christmas period.

Two further cases have been reported in the Southern Transvaal — one in Kromdraai and the other on Soutpansdrif farm in the Brits area. Authorities believe the infection could have been "imported" by carriers infected in cholera areas.

A spokesman for the Department of Health said the spread of the disease was being halted.

The latest Eastern Transvaal cases were reported in the Kaap-Malelane and Matsulu township areas.

The number of confirmed cases in South Africa has risen to 864.

77 more cholera cases in SA: toll now 864

RDM
30/12/80
89

By ALISON GILLWALD

SEVENTY-SEVEN more cholera cases, confirmed over the Christmas period, have brought the total in South Africa to 864.

A spokesman for the Department of Health in Pretoria said yesterday that all but two of the cases, reported since December 23, occurred in the disease-stricken eastern Transvaal.

They were mainly from the Cape-Malelane area and Matsulu, where the 14th victim, Mr Lemon Maseko, 50, died at his home in the infected Louw's Creek area on December 16.

Another two cases were reported from the Southern Transvaal, one from Kromdraai and the other from Soutpansdrif farm in the Brits area.

No further deaths have been reported, he said.

Health officials began investigating the Kromdraai area, south of Standerton, after a confirmed cholera patient was admitted to Leratong Hospital on December 23.

Confirmed cases in the Southern Transvaal now total 47, with one death.

The Deputy Director-General of Health, Dr J Gilliland, has stressed that there is no need for holidaymakers to stay away from the Eastern Transvaal, as the outbreak there has been contained.

But the Health Department has urged travellers to the Eastern Transvaal to take strict hygiene precautions to combat the spread of cholera.

To enter Swaziland, valid cholera vaccination certificates issued at least six days previously are required.

The Swazi Government has urged visitors not to take water, green vegetables, fruit or meat into Swaziland.

HEALTH AND DISEASE —

MISCELLANEOUS

2/1/81 — 31/12/81

GENERAL NEWS

Tension threat to urban blacks

Medical Correspondent

About four million people in South Africa, many of them blacks, are suffering from high blood pressure, says Professor Y K Seedat of Natal University's medical school.

In the latest edition of the SA Medical Journal Professor Seedat, head of the department of medicine at the university, writes that high blood pressure is one of the main causes of strokes and heart and kidney failure in people of black descent.

The prevalence of hypertension in the adult population of Durban is highest among the urban Zulu (25 percent), intermediate in whites (22.8 percent) and lowest in Indians (10 percent).

It was more common in females than in males in Zulus and Indians, unlike whites.

Another finding is that the prevalence of hypertension in rural blacks is low at 10 percent.

Professor Seedat adds: "High blood pressure in black patients admitted to hospital behaves in an explosive manner, death occurring frequently from cerebral haemorrhage, uraemia or congestive heart failure."

Uraemia is a condition of high blood urea, muscle weakness and increasing drowsiness—kidney function is impaired.

The professor points out that hypertension is usually a disorder of people who are obese and whose lifestyle is characterised by a high salt intake and a great deal of stress.

Professor Seedat concludes it is essential that intervention trials for the detection and treatment of hypertension for all racial groups in cities be started.

Hospital, licence fees may rise

Provincial Reporter

CAPE residents will face increases in both hospital fees and motor licence fees early in 1981, in a year which is likely to demand more 'belt-tightening' than last year.

Without referring to inevitable tax increases, the Administrator, Mr Gene Louw, said in his New Year message that '1981 will undoubtedly be another difficult year for the Cape Province, financially and otherwise.

POSTPONEMENT

'The decision not to increase hospital and motor licence fees now is basically a postponement of something that will happen — it is just a matter of when,' Mr Louw said in an interview in October.

The Administrator has repeatedly drawn attention to the Cape's special needs — not only is it larger in area than the rest of the Republic, but it has not shared in the economic upswing.

In his New Year statement the Minister of Finance, Senator Owen Horwood, gave no hint of recognising the Cape's precarious position.

1980 was a bad year for the Cape. Without the mining bonanza and industrial growth of the other provinces, it was an unsettling year of socio-political unrest.

The Provincial Administration, too, has felt the pinch in enormously increased transport costs due to the size of the Cape, the consequences of severe drought, the sharply rising costs of medicines and hospitals, and growing backlogs in school maintenance and construction.

In his New Year message, Mr Louw touched on some of these subjects: 'In certain ways 1980 was a difficult and in some respects even a disturbing year,' Mr Louw said.

'But it was definitely not a year of stagnation. The total estimated expenditure for the financial year is a record R908 753 000.

'Much was therefore achieved.'

He said: 'Undoubtedly, 1981 will be another difficult year for the province, financially and otherwise, but difficulties bring out the best in man.'

ALARMING

Mr Louw warned that building costs were 'escalating at an alarming rate,' but said he hoped the Adminstration would be able to honour its building obligations.

Some of the achievements were the National Health Year and National Heart Effort, reduced school hostel fees and grants to local authorities with their own electricity generating plants in drought-stricken areas, and 'important achievements' in nature and enviromental conservation.

Mr Louw, on behalf of his family and himself, wished all people of the Cape 'a peaceful, prosperous and rewarding 1981.'

GENERAL NEWS

1 000 cholera cases: only 15 still in hospital

Medical Correspondent

Almost 1 000 South Africans have had cholera — but more than 900 are back at work. And only 15 patients remain in hospital.

The Deputy Director General of the Department of Health, Dr James Gilliland, told The Star's Pretoria correspondent today that the last was heartening.

Three-quarters of the reported cases were the "contact" type: they had been picked up through laboratory tests only, showed no symptoms and the people were not ill. "Most of them, in fact, do not require treatment," he said.

Forty-six new cases had been reported since January 2, bringing the national total to 991, of which 919 were in the Eastern Transvaal lowveld.

He emphasised that the figure of almost 1 000 was "meaningless," and "of historical interest only" in the light of the high proportion of cases cured.

Dr Gilliland noted that personal hygiene was the most important factor in fighting cholera.

Was cholera endemic to the Eastern Transvaal lowveld? "It has not yet reached this stage. But the outbreak in the Louw's Creek-Matsulu area could be regarded as a temporary epidemic," he said.

The World Health Organisation had reported that Gabon and Sudan were the new African countries on the 1979 cholera list. In Africa, reported cases dropped from 23 317 in 1978 to 18 996 in 1979.

Doctors say health in Soweto is improving

Medical Correspondent

The incidence of malnutrition, rickets, gastro-enteritis and other preventable diseases in Soweto children is dropping, say two leading paediatricians.

Writing in the SA Medical Journal, Professor H Stein and Dr E U Rosen of the Department of Paediatrics at Wits University and Baragwanath pointed out that although the child population of Soweto has a high disease and mortality rate there are indications that conditions have improved over the years.

Infections such as gastro-enteritis, pneumonia, tuberculosis and measles and its complications are still prevalent and the incidence of malnutrition is high, they state.

The Infant Mortality rate in Soweto has markedly improved since 1956.

In 1956, when the population of Soweto was 300 000, a total of 1 400 severely malnourished children were admitted to Baragwanath Hospital.

In the 20 years since then Soweto's population has increased four or five fold, but, in 1978, 1 104 patients were admitted to the paediatric wards with overt malnutrition.

Children admitted with tuberculosis numbered 209 in 1956 and 158 last year, rheumatic fever dropping from 56 cases in 1956 to 48 in 1978.

Almost 27 percent of all admissions and 17,9 percent of all deaths were caused by pneumonia, the doctors stated.

Cholera death toll climbs to 17

By SUE ROBERTSON

MORE than 1 000 cases of cholera have been reported in South Africa during the three months-long epidemic that has claimed 17 lives.

Forty-six cases were reported at the weekend and a further 13 were confirmed yesterday, bringing the national total to 1 004.

And three more deaths over the Christmas and New Year periods have raised the number of deaths to 17.

The latest cholera victim died at the Natalspruit Hospital, near Germiston. He was Mr Christian Cayno, 55, of the Far East Rand who died on Friday.

According to Dr Howard Botha of the Department of Health, Mr Cayno was a late admission to the hospital and had probably travelled to the disease-stricken Eastern Transvaal recently.

"There is no reason for concern in the Johannesburg area, though," Dr Botha said, referring to the death.

Two adult men died during the Christmas season in the Eastern Transvaal lowveld at Kromdraai and Godwani.

According to Dr Botha, the breakdown of cholera figures in the Transvaal, where the disease has been contained, is as follows:

Eastern Transvaal — 919 cases, including 14 deaths.

Witwatersrand — 53, including 3 deaths.

Brits Area — 12 cases.

Lebowa — seven cases.

Dr Botha stressed, however, that "a fair proportion" of the cases were symptomless carriers — people infected with the disease but not affected.

He also added that the latest cases had come from the original epicentres in the Lowveld, especially from Matsulu township and from Louw's Creek, near Barberton.

"We are still following the same cholera programme and are now investigating the possibility of helping all people in infected areas to chlorinate drinking water supplies.

"The increase in cases is following the same pattern as before and we expect this to go on until we reach a situation where all drinking water is treated or protected and sanitation has become a reality," he said.

RDM 10/1/81

10 new cholera cases reported

87

By SUE DENNY

ONLY 10 new cholera cases were reported yesterday, compared with three deaths and 125 cases reported on Thursday, according to Dr Howard Botha, Chief Director of Health Promotion

All the cases reported yesterday were from KaNgwane and the Lowveld

Dr Botha said: "The number of cases is more satisfactory. I just hope it continues this way."

He said that according to the Medical Officer of Health for Vanderbijlpark, Dr Hannes Schoeman, the condition of the patient admitted to Sebokeng Hospital two days ago was "fine"

The condition of the person admitted to the General Hospital in Johannesburg was not known

The National Institute for Tropical Diseases is to meet for a one day conference in Tzaneen on Tuesday to discuss the cholera epidemic. Officials of the Department of Health will attend.

Meanwhile, Sapa reports that only two confirmed cases of cholera have occurred in BophuthaTswana so far

The Director of Health Services, Dr E S Theron, said in Mmabatho yesterday both cases — one from Nooitgedacht, near Garankuwa, and one from Stinkwater, near Hammanskraal — had been treated and discharged.

He said a conference of health inspectors would be held in Mmabatho on Monday to mobilise widespread public support for an anti-cholera campaign

The conference will be opened by the Minister of Health and Social Welfare, Dr P K Mokhobo.

FINE ART & ARCHITECTURE

ARCHITECTURE

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

Sixth Year

P F Dunckley

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

P A Rappoport

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

Miss C Tredgold

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

D H Pryce Lewis

General J B M Hertzog Priz
For the best final year st

S A Read

Osbourn Prize
For the best work in four year.

D H Pryce Lewis

Dr Howard Botha, chief director of health promotion of the Department of Health said few of those

ago to 1 111.

The 73-year-old man was admitted to the Voortrekker Hospital in Kroonstad.

Dr M P J van Rensburg, regional director of the Department of Health, said the patient was in a satisfactory condition. His name has not been released.

Health authorities are investigating reports that two people have died of cholera in the Kromdraai-Riettbntein - Nooitgedacht area near Johannesburg.

Another 20 cases have been reported in the East-ern Transvaal lowveld, bringing the national total since the start of the outbreak three months

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Outbreaks could occur when a carrier "imported" it from an affected area to one where water sup-

Tbere was a possibility he had visited the Eastern Transvaal lowveld where cholera has reached

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from remote areas in the kingdom and are disgruntled because they contend the Government should have informed them of its decision before they left their villages.

● The Star's Africa News Service reports hundreds of Swazis have been turned away from Mbabane's hospital because of a Government decision not to institute a mass immunisation programme against the cholera outbreak in Swaziland. Many came from remote areas in the kingdom and are disgrun-

"But there could be further outbreaks in rural areas," he said.

Free State health authorities have launched an intensive campaign against the disease.

"Most of the water in the province is purified and the disease is unlikely to spread to metropolitan areas.

Dr Botha said all direct contacts of the Free State cholera case had been immunised and were being treated with antibiotics.

"Most of the water in the province is purified

epidemic proportions in some areas.

State health officials traced the Free State outbreak through a Sebokeng man who had been on holiday in Edenville and returned with the disease.

plies and sanitation were sub-standard.

Outbreaks could occur when a carrier "imported" it from an affected area to one where water supplies and sanitation were below standard.

affected were seriously ill and most were back at work.

Health authorities said today the spread of the disease to another province was not unexpected.

There was a possibility

Now cholera spreads to the Free State

6/11/81 Star p 7

Cholera fear after four die on farms near Jo'burg

13/1/21

89

By SUE DENNY

FOUR people have died — two believed to have been victims of cholera — on farms in the Kromdraai, Rietfontein and Nooitgedacht areas, near Johannesburg

But Dr Howard Botha, Chief Director of Health Promotion, said in Pretoria the Department of Health had not heard of the deaths. "Until this afternoon we have not had any information on this," he said.

Mr Martin "Sticks" Bulte, 32, a Kromdraai farm labourer, told the Rand Daily Mail yesterday that his mother, Mrs Francina Bulte, 69, his uncle, Mr Jan Jateon, 70, and his aunt's four-month-old daughter, Martha Mbologh, all from farms in the area, had died last week.

"Doctors came to the farm and told me to boil all my drinking water. They also gave me tablets to put in the water. The doctors spoke to everyone on the farm and also gave them pills," Mr Bulte said.

The farm manager, Mr J Drysdale, said Department of Health officials had visited the farm two weeks ago. He said the officials had done tests on water from the Crocodile River, which runs through the farm, and on water on the property.

"The Department has not, however, informed us whether the water is infected. The cause of death on the death certificates of two of the dead was cholera. The workers were warned by the officials to boil their water before drinking it, and to take adequate hygiene precautions," Mr Drysdale said.

Mrs Pam Willcox, of Honeydew, said a former employee, Mrs Maria Shema, 60, of Nooitgedacht, died of gastro enteritis two weeks ago. "I believe she was not tested for cholera".

"Mrs Shema lived in a wood and iron shack with about 20 other people on a smallholding. Swill from a pig sty runs about 30m past the house and there is no tap, so workers drink untreated water.

"When I visited the farm for Mrs Shema's funeral, two children, who had been hospitalised for cholera, arrived at the shack with their mother. The mother had been told that she would have to wait two weeks for confirmation of cholera tests in Pretoria.

"I also know of several farms in this area where swill actually runs into the Crocodile River", Mrs Willcox said.

Meanwhile, Sapa reports that 20 confirmed cases of cholera were reported yesterday.

It quoted the Department of Health as saying one case was reported from Edenville, near Kroonstad, but that most of the cases were from KaNgwane in the Lowveld.

© Picture Page 2

SCIENCE THIS WEEK

BILL FAILL

Common sense on cholera

NM 15/1/81

89

CHOLERA is a very nasty disease that can kill its victims — from dehydration and shock — in a matter of hours.

The Department of Health is clearly very concerned about it and has issued extensive guidelines relating to its control. For nervous travellers, private enterprise also has a role to play, but more about that later.

First of all, what about immunisation? According to the Department — as I read the guidelines — this is not such a good idea. The vaccine provides only 50 to 60 percent protection when given under the most favourable circumstances. It does not prevent transmission of the organism nor eliminate the carrier state.

Use of the vaccine gives a false sense of security to those who receive it and may thus encourage the consumption of unsafe water and food.

Notwithstanding these negative remarks, says the Department, vaccine should not be denied to those who ask for it. It should also be remembered that for international travel, vaccination is still an entry requirement in some countries.

Symptoms

One of the problems is that, strange as it may seem, a person can have cholera and pass the infection on while only showing mild, or even no symptoms at all himself.

This is the case in the El Tor infection, which is at present causing a problem, particularly in the Eastern Transvaal. For every severe and obvious case, there can be up to 100 people carrying El Tor, but showing no indications of it.

There is no mistaking a severe cholera case, however. The patient developing it notices first a slight fulness in the abdomen along with loss of appetite. Hands and feet become cold and there may be vomiting. Soon after this the patient begins to pass a large number of liquid stools, first brown and then almost clear — rice water stools, as they are called.

In severe cases up to 24 litres of fluid can be lost in a day, with death occurring quite quickly. If shock and dehydration do not kill, the disease will clear up of its own accord, although the antibiotic tetracycline is normally given.

Pure water

The Department of Health has plenty of detailed advice about how an outbreak of cholera should be tackled, but I had holiday-makers, perhaps campers or caravanners, more in mind. Then the basic advice becomes to ensure that water supplies are pure and that all raw vegetables and fruit are properly washed in treated water.

It is possible to treat water chemically by chlorinating it, but this is rather an elaborate job for the traveller. So this is where private enterprise comes into the picture.

There are at least two filters on the market which can be fitted to the delivery end of a water supply system. One is being marketed in Durban and costs about R100, the other from Johannesburg comes in a range of prices starting at about R35.

Both, it is claimed, will remove any cholera contamination from the water supply and will produce crystal clear water — odourless and chemically and bacteriologically purer than is available from most household taps — from the most contaminated sources.

In one case water was drawn off a slurry of raw sewage. After passage through the filter it was found to be perfectly drinkable and 100 percent safe.

So this might be just the thing for people visiting a cholera area — or for those who are just nervous about their health in general.

Cholera crosses border to Natal

NM 14/1/81 (89)

Pietermaritzburg Bureau

CHOLERA, rampant in the Eastern Transvaal where it has claimed the lives of at least 12 people in the latest epidemic, has crossed the border to Natal.

Three Bergville people have been admitted to the Ladysmith Provincial Hospital with the disease during the past fortnight. Of these, it has been established that Mr M Madadane is suffering from cholera.

He was admitted to an isolation ward with two women from his kraal, Miss F Mazibuku and Miss D Mazibuku. Although it has not yet been confirmed that the Mazibukus are suffering from cholera, both were dehydrated, suffering from diahorrea and vomiting, all symptoms of the disease

All three are now in a 'satisfactory' condition, according to the Medical Superintendent, Dr J Fitzgerald.

'They were immediately admitted to an isolation ward and all staff dealing with them were isolated and immunised against cholera,' he said.

The disease is far more dangerous than the highly contagious typhoid which broke out in Durban last month, said Dr Fitzgerald.

He said it was contracted by drinking infected water, and warned that all drinking water, especially taken from rivers, should be boiled.

It is believed that the three Bergville people might have contracted it from a friend visiting from the Transvaal.

A Sapa report says the Department of Health in Pretoria yesterday confirmed that another 32 cholera cases had been reported since Monday

No further deaths were reported.

Cholera could spread to the Cape—warning

SPAR 89 16/1/81

By Bob Kennaugh,
Medical Correspondent

Health officials said yesterday it was not impossible that cholera could spread to the Cape.

But the authorities there were on the alert and could immediately handle the situation.

Twenty-five more cholera cases have been reported in the Transvaal and Free State bringing the national total to 1 198.

Dr Howard Botha, a spokesman for the Department of Health, said there were 13 new cases in Kagwane, Eastern Transvaal, six in the Free State, five in the Northern Transvaal and one at Brits.

The spread of the disease had been contained in Bergville, Natal, where there had been three cases.

He said few of the 1 198 who had had cholera were in hospital.

Health authorities were intensifying prevention measures.

"It is not impossible that cholera could spread to the Cape.

"Health authorities are on the alert and will be able to deal with the situation," he said.

Cholera carriers could import the disease to rural areas where drinking water and sanitation facilities were below standard.

Of the 30 new cases, 17 were reported in Kangwane, 12 in the north-eastern Transvaal and one in the Brits area.

No further deaths had been reported.

Dr Botha said there had been scattered outbreaks in the north-eastern Transvaal.

He said few of the 1 173 people who contracted cholera since the outbreak three months ago were still in hospital.

To prevent cholera he advised people to use boiled or treated water only, and wash their hands before handling food.

PROBLEM AREAS IN TRADE UNION MOVEMENT IN SOUTH AFRICA

* TOO MANY UNIONS AND CONFEDERATIONS FOR RELATIVELY SMALL INDUSTRIALISED POPULATION.

* CONFLICTING OBJECTIVES OF WHITE AND NON-WHITE UNIONS.

* LACK OF DETENTE BETWEEN VARIOUS UNIONS.

* LACK OF TRAINING AMONG UNION OFFICIALS AND MEMBERS AND AS A RESULT, LACK OF EFFECTIVENESS AMONG UNION LEADERS.

* POLITICAL INFLUENCES.

* STORMY PAST HISTORY OF UNIONS IN SOUTH AFRICA.

* RESTRICTIVE LEGISLATION IN THE PAST.

* WIN, LOSE RELATIONSHIP WITH MANAGEMENT WHICH RESULTS IN MISTRUST AND SUSPICION BETWEEN LABOUR AND MANAGEMENT.

(89)

Leprosy in SA at 40-year low

Leprosy in South Africa is at its lowest in 40 years and is steadily decreasing, says the Department of Health.

Figures show most patients are treated in the southern Transvaal.

There were 15-million lepers in the world, according to World Health Organisation figures, and South Africa had no more than a couple of hundred, a spokesman said.

The incidence was coming down steadily in South Africa and there were no dramatic increases likely, he said.

Another doctor said that at a rough estimate there were about 0,5 percent of lepers to every 100 000 South Africans.

"That makes me want to bring it almost to zero, but that is fairly difficult to do.

"Dreaded because of its Biblical connotations, although leprosy is infectious, it is not that highly contagious.

"It has a long incubation period and is a slow-moving disease, similar to tuberculosis.

Cholera toll rises

A 39-year-old woman from Plenaar in the Kangwane area of the eastern Transvaal has died of cholera, bringing the total number of deaths in South Africa at present to 20, according to the Department of Health.

Since Thursday, eight more cases have been reported, two in Kangwane, three in the northern Transvaal and three in the southern Transvaal.

For the week ending yesterday, 113 new cases were reported, of which 73 were hospitalised, 26 were treated in a clinic and 14 in other places such as at work or at home.

A spokesman for the Department of Health said this indicated it was still not necessary to admit all patients with cholera symptoms to hospital.

Now cholera poses big threat to rural Natal

HUNDREDS of thousands of people living in Natal are in grave danger now that the killer disease cholera has crossed the border from the Transvaal.

The hopelessly overcrowded conditions in the province's rural areas, where water supplies are poor or non-existent, make cholera a very real threat. In addition, these areas are home to Transvaal migrant workers who could have brought the disease home with them during the recent holidays.

Despite assurances by the Department of Health advised Pretoria that the spread of the disease was being halted, three Bergville people have been admitted to the Ladysmith Provincial Hospital with the disease during the past fortnight. Until now it has been contained in the Eastern Transvaal where to date 1 092 cases have been reported and 17 people have died.

This week KwaZulu's Department of Health advised hospitals in the rural areas to immunise health workers who were instructed to go out to the people and warn them of the dangers of the disease.

Hospital staff were also told how to handle specimens. But they feel unequal to the task and fear there is little they can do to prevent the spread of the disease.

By INGRID STEWART

The Nkandla hospital has already sent a health team into the surrounding area to talk to the people about cholera and its prevention. But a spokesman, Dr Doris Bekker, said it would be impossible to reach all of the 100 000 people served by the hospital. Some of them live more than 100 kilometres from the hospital and are reached by a mobile clinic once a month.

The hospital feared there would be an outbreak of the disease during the Christmas holidays when thousands of migrant workers returned home from the Transvaal. Sanitation in the area is bad and water points have all but dried up as a result of the drought.

"If there is an outbreak, it is going to be very bad," Dr Bekker said. "The people are in a bad state [illegible] tients suffering with enteritis. We have talked to people about he symptoms and dangers of cholera and have a special stock of medicine. But we cannot reach everybody."

The Tugela Ferry area is another likely target for the disease. According to Mr Neil Alcock, director of the Church Agricultural Projects at Msinga, streams and old pools are shared by cattle, donkeys, goats and people. The Tugela River, water supply to hundreds of thousands of people, is heavily polluted with sewage and with pollution from Colenso and Estcourt.

He said there were no protected water supplies outside the villages and no water was being boiled because there was no fuel available and no hygiene teaching. These factors made the area vulnerable to an outbreak of any disease.

The Church of Scotland hospital at Tugela Ferry is so short-staffed that nobody is available to go out to warn people about cholera.

"Yes, we are very worried that somebody working in Johannesburg has brought the disease home with him," a spokesman for the hospital said. "But there is nothing we can do about it. There are 160 000 people living here and the water supply is poor."

Ceza Hospital also has a critical staff shortage — three army doctors serve a community of 2 000 people — and the personnel officer, Mr Wilberforce Ndebele, doesn't think the hospital will be able to spare anyone to carry out the Department of Health's instructions.

Nquto's Charles Johnson Memorial Hospital is trying to get cholera vaccine at the moment to immunise health workers in readiness for an outbreak of the disease in their area where 150 000 people live.

But, said medical superintendent Dr William Foster, the vaccine itself was not the answer and was of little value. What was needed was a drastic improvement in public health measures and an improvement of the water supply.

"Water is a chronic problem in the rural districts where the majority of people get their supplies from streams," Dr Foster said.

Nondweni, an area where between 20 000 and 30 000 people have been resettled, has had intermittent breakdowns in the water supply.

"The answers are long-term. We need decent sanitation and a proper water supply. But we are years away from this. You can't suddenly provide these services when cholera breaks out. You can't supply a tap like you do in a township. But this is what is needed to stop cholera."

He described the outbreak of cholera as a disaster.

KwaZulu's Minister of Health, Dr Denis Madide, says hospitals in the rural areas "have every reason to be concerned" about an outbreak of cholera.

"The fact that we have these problems does not mean a failure on our part. We are doing our best but have a long way to go."

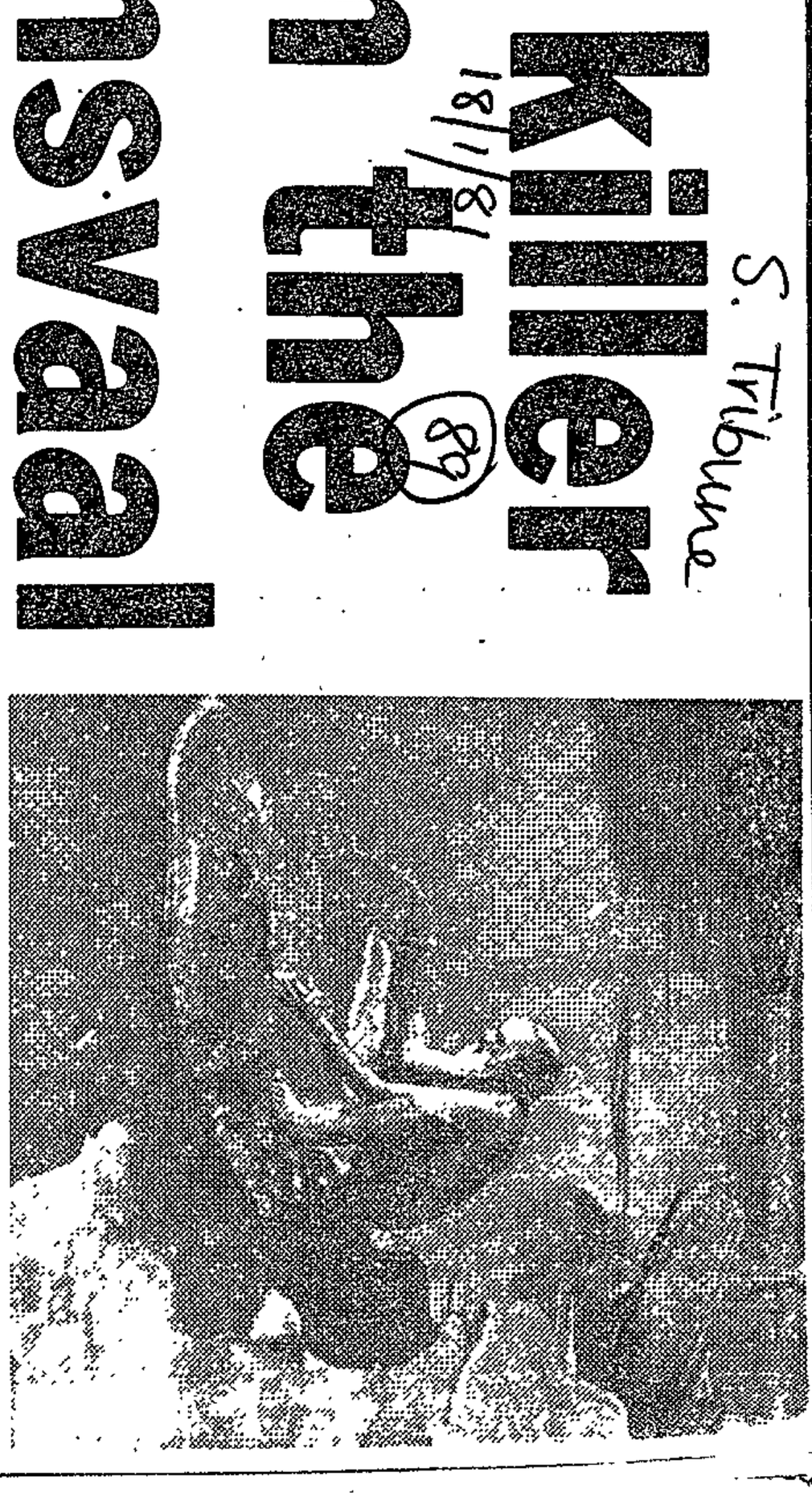
The threat to rural Natal

The killer that is spreading

Tuberculosis

TB

S. Tribune 18/1/81



The badly polluted Tugela River is the water supply of hundreds of thousands of people including Mr Neil Alcock (above), director of Church Agricultural Projects at Msinga. The water is one of the factors making the area vulnerable to cholera

possible through health education to prevent the spread of the disease, resources and time were limited.

"The situation in South Africa today is the same as the situation in Europe during the last century. In the last century Europe suffered all the infectious diseases, and a great many people died from diseases like smallpox and TB which are now preventable.

"It's a matter of time. You can only improve conditions by improving public health, not through heart transplants.

"The fact that we have these problems does not mean a failure on our part. We are doing our best but have a long way to go."

A blueprint to combat cholera

89 Sim 19/1/81

Medical Correspondent

A "blueprint" to combat cholera was drawn up in South Africa seven years ago when it was realised that the disease had taken a firm hold in Africa south of the Sahara and would inevitably spread further south.

"Bacteria", newsletter of the SA Institute for Medical Research, says the institute's "blueprint" has been largely responsible for the early detection of the present outbreak in the Transvaal, Orange Free State and Natal, and the prompt steps that have been taken by the health authorities to contain it.

Professor Margaretha Isaacson, head of the department of epidemiology and now head of the department of tropical pathology, at the Institute, introduced a cholera surveillance programme designed specifically for South African conditions.

The newsletter says the programme's objective was the early detection of invasion by cholera and led to the establishment of a national cholera surveillance centre at the Institute with the collaboration of the Department of Health.

The need for an acceleration of anti-cholera activities becomes clear when world figures for the incidence of cholera are considered.

In 1979 more than 50 000 cases were notified to the World Health Organisation (WHO) and no fewer than 19 000 of these occurred in Africa.

Three African countries, Mozambique, Tanzania and Zaire, together reported 12 183 cases. "All of our neighbours to the north, including Angola, Malawi, Zambia and Zimbabwe have had major cholera problems on and off during the past 10 years," says the newsletter. "Seen in that perspective it is no surprise that South Africa has now become affected," says the newsletter.

The activities of the surveillance centre include a regional reference laboratory service, the collection and analysis of epidemiological information, and a consultative service covering treatment, prevention and control.

A major function of the cholera reference centre is the training of medical technologists, not only in the laboratory diagnosis of cholera and in cholera surveillance methods, but also in handling the highly infectious material from cholera patients, without danger to themselves.

Six years ago the surveillance methods of the centre were put to the test when the first cholera outbreak occurred on the gold mines in the Klerksdorp area. Since then there have been isolated outbreaks of the disease, but the spread of infection has been prevented.

With the recent resurgence of cholera in Africa the SAIMR centre has stepped up its laboratory surveillance.

"Then came Saturday, October 4, last year when professor Isaacson was telephoned by the Shongwe Hospital in the Eastern Transvaal," says the newsletter. "A technologist had cultured a specimen from a patient who was believed to be suffering from cholera. The culture was rushed to Johannesburg and early next morning Professor Isaacson confirmed it as vibrio cholera, the organism responsible for cholera."

The Department of Health was notified and emergency measures were taken to curb the outbreak. The State sent an epidemiological team to the area to try to find the source of the infection, while the Institute's Nelspruit laboratory took on much of the diagnostic work as well as examination of a wide range of water samples which might harbour the infection.

The next cholera-infected area was Elkenhof, south of Johannesburg, where investigations showed that numerous carriers either had no cholera symptoms or were mildly ill only, yet could transmit the disease. Since then cholera has reached epidemic proportions in the Matsulu Kangwane area in the Eastern Transvaal and has broken out in Bergville, Natal, and near Kroonstad in the Orange Free State. The SAIMR newsletter, "Bacteria", says the cholera centre has other functions. It keeps a constant look-out for the emergence of antibiotic-resistant strains of cholera bacteria. This has occurred elsewhere in Africa, largely as a result of the injudicious use of certain antibiotics as a preventive drug.

Professor Isaacson, a famed epidemiologist, says the only long-term solution to the cholera problem is to provide sanitation and clean water supplies for all. And this will have further health spin-offs — a drop in the incidence of typhoid infections, hepatitis, gastroenteritis, bilharzia and other water-borne diseases which are health problems in South Africa and the rest of the African continent.

FINE ART & ARCHITECTURE

ARCHITECTURE

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

Sixth Year

P F Dunckley

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

P A Rappoport

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

Miss C Tredgold

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

D H Pryce Lewis

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

S A Read

Osbourn Prize
For the best work in fourth year.

D H Pryce Lewis

John Perry Prize
For the best work in third year.

R A van Rosenveld.

FOR IMMEDIATE RELEASE

89

MEDIA RELEASE

Since yesterday and until 12h00 today, a further 19 reports of cholera have been confirmed in the republic of South Africa.

Fifteen of these occurred in the Northern Transvaal and four in Kangwane.

One further death has been reported from Kangwane.

A team of experts from a few Government Departments is carrying out an investigation in the areas where cholera is continually occurring.

ISSUED BY THE DEPARTMENT OF FOREIGN AFFAIRS AND INFORMATION AT REQUEST OF THE DEPARTMENT OF HEALTH, WELFARE AND PENSIONS

PRETORIA

21 JANUARY 1981

Another 21 cases of cholera

Another 21 cholera cases have been reported in South Africa, including two each in Tembisa, on the East Rand and in Ldenville in the Free State, reports the Department of Health.

This brings the National total since the last of the outbreak last October to 1 953.

A spokesman said most people had recovered and few were in hospital.

Nine further cases were confirmed in the Northern Transvaal and eight in Ivongwane, Eastern Transvaal — one of the worst hit areas.

The spokesman said the department maintained its policy that mass immunisation against the disease was not a realistic possibility because cholera carriers spread bacteria when immunised.

Cholera claims 22nd victim

A 30-year-old woman from Kangwana in the Eastern Transvaal, is the 22nd victim of the cholera outbreak.

A Department of Health spokesman said 19 more cases had been reported — 15 in the Northern Transvaal and four in Kangwane — bringing the national total to 1 284.

Most of the victims had recovered and few were in hospital, he said.

No further cases had been reported in the Free State or Natal, and the Northern Transvaal outbreak was confined to the Bergersfort area.

The spokesman said that Government experts were carrying out an investigation in the areas in which cholera was recurring.

(89) 24/1/81

Killer bread panic spreads in Zululand

24/1/81
WM 89 24

By Simon Hammerton

TWO people died and 23 others were admitted to hospital after eating suspected poisoned bread sold in the Richards Bay and Empangeni areas.

A dock worker at Richards Bay suffered a convulsion while working on a ship, fell into the bay and drowned before he could be reached. A second dock worker went into convulsions and died before he could be taken to hospital.

Twenty people were admitted to Ngwelezane Hospital near Empangeni suffering from convulsions and doctors treated others at home.

Panic spread through the Zululand area yesterday when it was discovered that 2 400 loaves of brown bread — possibly containing highly dangerous poison — had been sold on Thursday.

Shops were inundated with telephone calls and residents flocked to major stores to return bread.

Tests on the samples of bread, which sold out at Zululand outlets, are being carried out by International Consulting Laboratories in Durban.

The first indication of the suspected bread poisoning appeared on Thursday morning when a Richards Bay Bakery driver complained he was feeling ill.

At 1 p m on Thursday a worker on a paint deck on a ship at Richards Bay suddenly had a convulsion and drowned after falling into the sea.

Soon afterwards another worker showed similar symptoms and died before he could be taken to hospital.

Convulsions

The medical superintendent of Ngwelezane Hospital, Dr M Girdwood, said that 23 people had been admitted on Thursday night suffering from convulsions, apparently caused by a chemical poison which attacked the central nervous system.

All recovered during the night and some were discharged yesterday.

Doctors in the Zululand area reported that they had treated a number of people for diarrhoea, possibly caused by a mild form of poisoning.

The manager of Richards Bay Bakery, the company which baked the suspect bread, Mr Cliff Webb, said: 'We immediately contacted local radio stations to warn Zululand residents once we suspected that the batch of 2 400 loaves might contain poison.'

It is suspected that the bread was contaminated by flour which was transported by train from the Sasko company in Durban to Richards Bay.

Railways Police are investigating the possibility that the truck used to carry the 270 bags of flour may have previously carried poison and that the flour may have been contaminated in transit.

The owner of Enselni Transport, which carried the flour from the Railways depot to the bakery, said that their trucks were used only for the transportation of foodstuffs and clothing.

A spokesman for Sasko — Richards Bay Bakery is part of that group — said it was certain the poisoning was caused by their bread.

'One of our bakers smelled the flour early on Thursday and suggested it might be contaminated. We informed the public,' he said.

Staff of the Empangeni War Memorial Hospital are on standby but by late yesterday no suspected poisoning victims had been admitted.

25/1/81 (89)

Rare heart disease

S. Times 25/1/81 (89)

Tragic

At this stage they cannot guarantee that offspring will be free from infection, but they said that the examinations will help them in their research.

Professor de Villiers, who conducts his research at the Institute for Pathology at the University of Pretoria, said the situation was "critical and tragic".

"People don't realise they have the disease, then get married and their children have it," he said.

He said that sufferers would not know if they had the disease, but that the first visible symptoms was a swelling of the achilles tendon.

Twelve years of research indicate that the disease originated in the Bo-Moot region, situated between the Witwatersberg and the Magaliesberg where a lot of intermarriage occurred. Descendants are now scattered over the country.

Prof de Villiers said a recent piggy-back heart-transplant patient at Groote Schuur hospital was a descendant of the Bo-Moot's Janetjie.

These hereditary disease carriers comprise two types — heterozygots and homozygots.

Homozygots, the more serious of the two, occur when both parents suffer from the disease. Heterozygots occur when a single parent is the carrier.

The children of homozygots are all born with the disease, while heterozygot off-spring have a 50 percent chance of not contracting it.

Prof de Villiers said the highest occurrence of the disease in the world is among Afrikaans South Africans.

best design work.

J G Kirkman

Average figure

In Britain there are only 20 homozygots, but in the Transvaal there are 40 under observation.

The average figure for whites is that of one in 500, but in a recent survey on the Rand, the South African figure seems closer to one in 100.

Among those on Prof de Villiers's long list of hereditary disease-carriers are many well-known personalities.

He said that this caused a research problem, as those in prominent positions did not want to be seen as carrying an illness which might affect their promotion and insurance prospects.

The professors said that very little could be done for the sufferers until their attitudes changed and they came forward to be examined.

A method of detecting the disease in unborn babies is being tested in America.

Prof de Villiers said that if it was accepted in South Africa and a test showed a positive result, he felt the baby should be aborted.

Research is being done in collaboration with the Department of Health.

BUTL

Book Prizes
For the best student in each

Doctors try to find carriers in Afrikaans families

By PETER MALHERBE

A COUNTRYWIDE search has been launched for the descendants of President Paul Kruger and Voortrekker leader Andries Potgieter because they are believed to be the carriers of a serious heart disease.

Two pathologists at the University of Pretoria, Professor Piet Prinsloo and Professor Louis de Villiers, have asked the descendants to step forward and be examined for the disease, caused by a faulty gene.

They believe that the first carrier of the disease was Mrs Janetjie Levina Francina Potgieter — who was a member of President Kruger's family and married a relative of Andries Potgieter.

After bearing 10 children she died at the age of 50 and the disease — familal hyper-cholestrol emia — has been carried down through the family.

Now the professors want people who believe they are descendants of this 19th century Kruger-Potgieter family to be examined and treated.

The disease causes coronary thrombosis and results in a short life-span.

B de Jong

Fourth Year

R W Kohne

George Strachan Prize
For the best final year student of the degree course.

R W Kohne

LTA Prize
For the best student obtaining

spread

FINE ART & ARCHITECTURE

ARCHITECTURE

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

Sixth Year

P F Dunckley

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

P A Rappoport

Molly Gehl Memorial Prize
For the best student in :-

Sixth Year

P F Dunckley

Cholera made worse by poor living — UN

By ALLISON GILLWALD

CHOLERA reflected the tie-up between infection, malnutrition and overpopulation and was aggravated by poverty, an unhealthy environment and inadequate health services, according to an article in the World Health Organisation magazine

The article, in World Health, focused on strategies against priority diseases, and said communicable diseases such as cholera demonstrated the relationship between health and socio-economic development.

There were still real threats of local and universal outbreaks of influenza, cholera, Lassa, Marburg and Ebola virus diseases and Yellow Fever, the article warned.

"An inadequate surveillance, neglect in applying proper preventive measures and man-made disturbances of the ecological conditions may well lead to epidemics," it said.

In the coming decades, a close watch would have to be kept on several emerging problems, in particular those associated with rapid urbanisation, the expansion of travel and population movement, and the increasing trade in human and animal foods within and between countries, all of which increased the risk of introduction or reintroduction of disease.

The WHO programme on communicable diseases focused on those diseases that commanded priority attention.

Within this programme was the programme for diarrhoeal disease control which, in developing countries, caused nearly a third of the young deaths, and which resulted in several million deaths each year in Africa

"Diarrhoea is by far the major single killer and is also responsible for retarding the growth and development of those who survive, because of the associated malnutrition and the vicious circle it sets up."

Significant advances had been made in immunology, vaccines and drug developments, it said.

"But a note of caution is indicated, because while vaccines are undoubtedly highly cost-effective tools of public health action and lend themselves to further improvement, administering them to whole communities or groups at risk poses big problems."

No immediate dramatic results should be looked for, since control of communicable diseases such as cholera could not go ahead of the provision of primary health care services, or the improvement of nutrition, environmental conditions and socio-economic levels, it said.

Bread dumped in poison panic

(89)

Mercury Reporter

THOUSANDS of loaves have been dumped or returned to shops in Empangeni and Richards Bay after the discovery last week that 2 400 loaves of brown bread, possibly containing poison, had been sold on Thursday.

Dr M Girdwood, superintendent of Ngwelezane Hospital at Empangeni, appealed to people in the area not to panic because the situation was under control.

'The public is overreacting. The whole thing is getting out of hand,' he said. 'People are attributing all sorts of symptoms to poisoned bread.

'We have had more than 65 people in hospital for observation, many with stomach cramps or headaches, but everyone has to be examined just the same.

Two people have died and 36 others have been admitted to hospital with suspected food poisoning.

It was believed that flour was contaminated while being transported to Richards Bay Bakery from the Sasko company in Durban.

Richards Bay Bakery bread sales have dropped dramatically, with people either baking their own or buying from other outlets.

The area manager for Sasko, Mr Rob Bradbury, said the Richards Bay Bakery had suffered a substantial loss in trade.

'There has been a lot of consumer resistance, and quite big cuts in our orders from our retailers,' he said.

A spokesman for the State Health Department in Durban, which is monitoring the situation, said that most of the hospital patients had been discharged.

'The bread is being analysed in Durban and results are expected to be released soon,' he said.

S A Read

D H Pryce Lewis

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

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

P A Rapoport

Molly Goh1 Memorial Prize
For the best woman student
in third year.

Miss C Tredgold

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

FINE ART & ARCHITECTURE

ARCHITECTURE

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

Sixth Year

P F Dunckley

89

FOR IMMEDIATE RELEASE

MEDIA RELEASE

The previous weekend, since 12h00 on Friday and until 12h00 today, 57 more reports of cholera have been confirmed in the Republic of Southern Africa.

The reports have been made as follows:

Kangwane	32
Northern Transvaal	22
Southern Transvaal	2
Orange Free State	1

No further deaths have been reported.

The department would like to reassure tourists and campers in identified cholera areas and assure them that provided they drink only treated water; wash vegetables and fruit with treated water and persistantly maintain a high standard of personal hygiene, they are not in danger of contracting cholera.

ISSUED BY THE DEPARTMENT OF FOREIGN AFFAIRS AND INFORMATION

AT REQUEST OF THE DEPARTMENT OF HEALTH, WELFARE AND PENSIONS

PRETORIA

26 JANUARY 1981

FINE ART & ARCHITECTURE

ARCHITECTURE

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

Sixth Year

P F Dunckley

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

P A Rappoport

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

Miss C Tredgold

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

Incidence of cholera cases is spreading

By SUE DENNY

TWO cholera victims from Germiston and Leslie were among three confirmed cases reported in the Southern Transvaal at the weekend.

The disease has also spread to the Northern Transvaal and Free State, according to a Department of Health spokesman, Dr Howard Botha, chief director of health promotion, said of the 57 confirmed cases reported since Friday, three were from the Southern Transvaal, 21 from the Northern Transvaal towns of Badplaas, Sabie and Schagen, one from Kroonstad in the Free State, and 32 were from KaNgwane in the Lowveld.

Altogether 1 372 people have contracted the disease and 23 have died since the epidemic was first reported in the Eastern Transvaal about four months ago.

Dr Botha said the Middelburg steelworker who died on Thursday was an isolated case and no further victims had been reported from that area.

As part of its health educa-

tion plan, the Department of Health has distributed three-million pamphlets on the disease throughout the country.

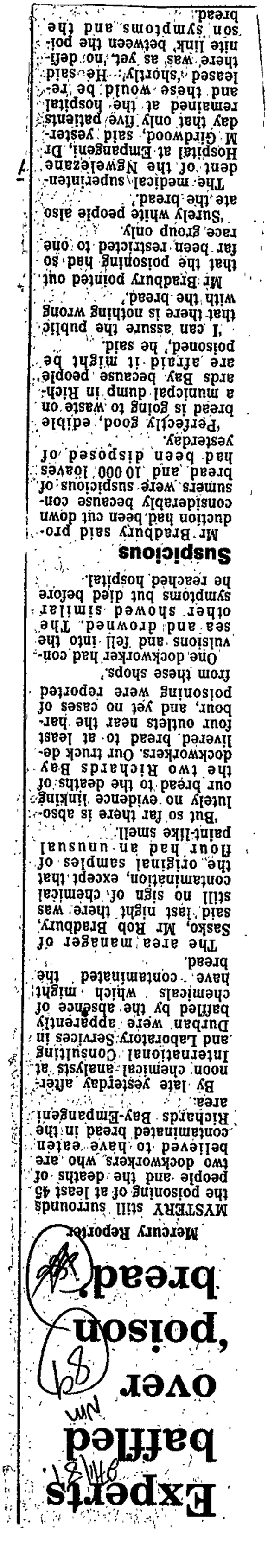
During the next few days, ethnic radio stations will broadcast educational programmes on the disease.

"When cholera is reported in a new area, our officials immunise the local populace, treat contacts, and see to their water and sanitation," Dr Botha said.

"Health inspectors called out to suspected areas or outbreaks, take the necessary measures with the help of farmers' unions and agricultural societies, who help to educate their workers," Dr Botha said.

Most cholera cases have been reported on farms.

Dr Botha, asked whether farmers had been prosecuted for unhealthy conditions on their properties, said: "If workers on a farm are found to be living in unhealthy conditions, the farmer is told to rectify the problem. So far, they have reacted positively."



Experts baffled over 'poison bread'

Mercury Reporter

MYSTERY still surrounds the poisoning of at least 45 people and the deaths of two dockworkers who are believed to have eaten contaminated bread in the Richards Bay-Empangeni area.

By late yesterday afternoon chemical analysts at International Consulting and Laboratory Services in Durban were apparently baffled by the absence of chemicals which might have contaminated the bread.

The area manager of Sasko, Mr Rob Bradbury, said last night there was still no sign of chemical contamination, except that the original samples of flour had an unusual paint-like smell.

'But so far there is absolutely no evidence linking our bread to the deaths of the two Richards Bay dockworkers. Our truck delivered bread to at least four outlets near the harbour, and yet no cases of poisoning were reported from these shops.'

One dockworker had convulsions and fell into the sea and drowned. The other showed similar symptoms but died before he reached hospital.

Suspicious

Mr Bradbury said production had been cut down considerably because consumers were suspicious of bread and 10 000 loaves had been disposed of yesterday.

'Perfectly good, edible bread is going to waste on a municipal dump in Richards Bay because people are afraid it might be poisoned,' he said.

'I can assure the public that there is nothing wrong with the bread.'

Mr Bradbury pointed out that the poisoning had so far been restricted to one race group only.

'Surely white people also ate the bread.'

The medical superintendent of the Ngwelezane Hospital at Empangeni, Dr M Girdwood, said yesterday that only five patients remained at the hospital and these would be released 'shortly'. He said there was as yet 'no definite link' between the poison symptoms and the bread.

FINE ART & ARCHITECTURE

Cape Provincial Institute of Architects' Prize

For the best student in :-

Sixth Year

P F Dunckley

Helen Gardner Travel Prize

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

P A Rappoport

Molly Gohl Memorial Prize

For the best woman student in third year.

Miss C Tredgold

Davenport Prize

For the best student in the Faculty of Architecture.

D H Pryce Lewis

General J B M Hertzog Prize

For the best final year student.

S A Read

Osbourn Prize

For the best work in fourth year.

D H Pryce Lewis

John Perry Prize

For the best work in third year.

R A van Rosenveld.

89

FOR IMMEDIATE RELEASE

PRESS RELEASE

Since yesterday and until 12h00 today, eight more reports of cholera have been confirmed in the Republic of Southern Africa.

Of these cases four occurred in Northern Transvaal, three in Southern Transvaal and one in Kangwane.

No further deaths have been reported.

ISSUED BY THE DEPARTMENT OF FOREIGN AFFAIR AND INFORMATION AT THE REQUEST OF THE DEPARTMENT OF HEALTH, WELFARE AND PENSIONS

PRETORIA

29 JANUARY 1981

3 more people contract cholera

RDM
30/1/81
(89)

By SUE DENNY

THREE people were admitted to hospital yesterday after a cholera outbreak on a farm near Brits, a spokesman for the Department of Health confirmed in Pretoria.

Dr Howard Botha said the victims were all from Sanddrift Farm in the Brits district.

Of the five other cases reported yesterday, two were from Komatipoort, two from Pietersburg and one in KaNgwane.

Twelve cases were reported on Wednesday.

Since the epidemic began in October last year, 1 398 people have contracted the disease and 23 people have died.

Sapa reports that a health education campaign has been launched in Botswana to avert the spread of cholera to that country from South Africa.

A spokesman for the Botswana Department of Health said the campaign was prompted by reports of increasing numbers of cholera victims in South Africa.

The spokesman said he was pessimistic about the possibility of averting the spread of the disease between the two countries because of the movement of people.

ARCHITECTURE
(Continued)

Mrs. Thornton White Prize
For the best work in first year.

Miss M F J Sandilands

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

J G Kirkman

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

M R I Ness

BUILDING

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

First Year

J A L Chapman

Second Year

C S Jones

Third Year

B de Jong

Fourth Year

R W Kohne

George Strachan Prize
For the best final year student of the degree course.

R W Kohne

LTA Prize
For the best student obtaining a first class pass for a dissertation in Building Management.

S F Richardson

Cholera: 8 more cases

PRETORIA. — Since Wednesday, eight more reports of cholera have been confirmed, according to the latest press release of the Department of Health, Welfare and Pensions.

Of these, four occurred in Northern Transvaal, three in Southern Transvaal and one in Kangwane. No further deaths have been reported.

According to reports more than 1 300 cases have occured in recent months. — Sapa.

FINE ART & ARCHITECTURE

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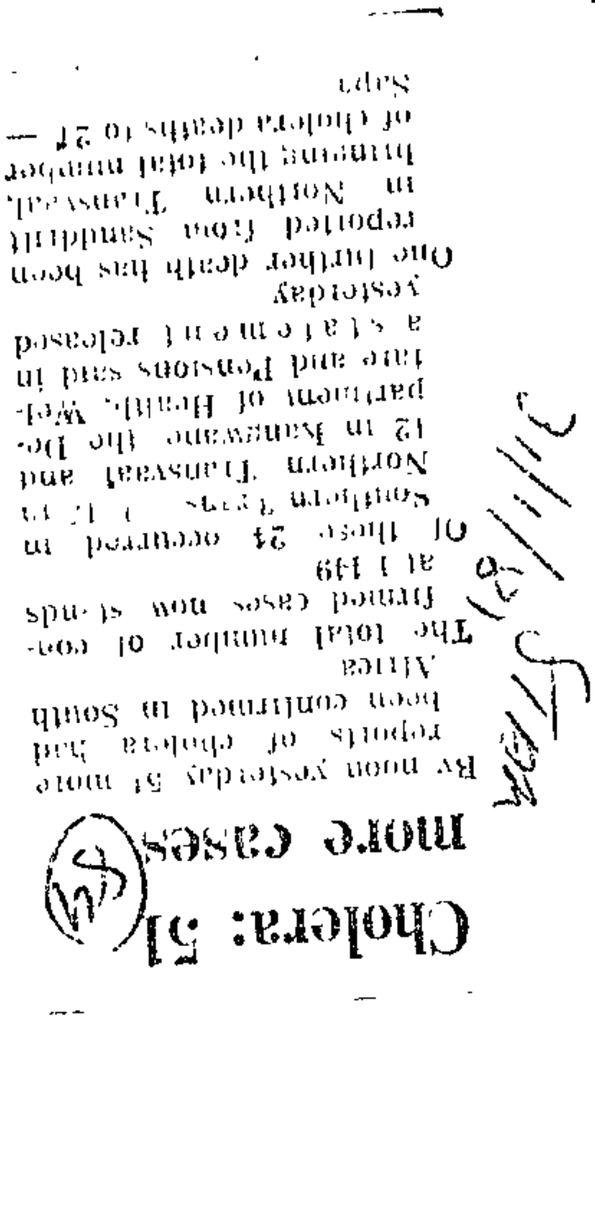
Cholera: 51 more cases

By noon yesterday 51 more reports of cholera had been confirmed in South Africa.

The total number of confirmed cases now stands at 149.

Of these 24 occurred in Southern Transvaal and Northern Transvaal, bringing the total number of cholera deaths to 27 — One further death has been reported from Sandhill in Northern Transvaal.

Yesterday

A statement released a statement by the Public Health Department and Pensions said in late and Pensions said in part

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Kohne

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News blackout on Zululand 'poison bread' mystery

3/2(1)
NM
(39)

No information on substance while Railways Police investigate incident

Mercury Reporter

ALTHOUGH Durban analysts have issued an official statement concerning the mystery substance contaminating bread that allegedly poisoned 45 Zululand people, the information will be exclusively for the use of the Railways Police who are investigating the incident.

No statements regarding the poison will be issued to the Press or anyone else.

According to the legal adviser to the area manager of the Sasko Milling Company, Mr Rob Bradbury, the findings of analysts at the International Consulting and Laboratory Services in Durban, who had worked round the clock to find the cause of the contamination, would be kept top secret so that police investigations were not hampered.

'There probably will be an inquest into the deaths of the two people who died allegedly from poisoning,' legal adviser Ken Cohen said in Durban yesterday. 'If there is an inquest the case will be sub judice and civil action will be taken.

'We are not trying to hide any secrets, we are only handling the case in a legal way. Thus we do not wish to furnish any information that will hamper police investigations.'

Mr Bradbury said in Empangeni yesterday there was no evidence linking the deaths of two dockworkers in Richards Bay to the contaminated bread. He said the results of the postmortems would also be handled by the police only.

Dr M Girdwood, superintendent of Ngwelezane Hospital at Empangeni, confirmed yesterday the last of the patients admitted with poisoning had been discharged.

FACULTY OF ENGINEERING

Corporation Medals

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

Second Year (Bronze Medal)

Miss G C Littlewort

Third Year (Silver Medal)

Miss N C Davidson

Fourth Year (Gold Medal)

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

CHEMICAL

FACULTY OF ENGINEERING

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Miss N C Davidson

Fourth Year (Gold Medal)

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

Professor George Menzies Prize
Awarded on results of final examinations to the best male student in Land Surveying or Civil Engineering.

J H Rens

Sammy Sacks Memorial Prize
Awarded to the student with the best classwork in Engineering Drawing.

L Menegaldo

CHEMICAL

A E & C I Prize
For the first year student the highest average

Natal fears new wave of rabies (19)

DURBAN. — State veterinary authorities in Natal fear another outbreak of rabies.

It was confirmed yesterday that a dog which died at Phoenix six days ago was rabid.

The State Vet in Durban, Dr Matt Eckron, said health officials were trying to find the owner in case he had come into contact with the dog's saliva.

Dr Eckron said pet-owners were being apathetic about having their dogs vaccinated.

There had been poor turnouts at two free vaccination clinics last week at New Germany and Umdloti. — Sapa.

RDM
5/2/81

Cholera outbreak claims 62

89

MMABATHO — Sixty-two cases of cholera had been discovered within two weeks of the outbreak of the disease in BophuthaTswana, Dr E S Theron, director of health services, said in Mmabatho yesterday.

"About 30 of the cases have been hospitalised in the Jubilee Mission Hospital near Hammanskraal and Garankuwa Hospital, in BophuthaTswana

"The rest of the cases are confirmed cholera carriers and are receiving medical treatment at their various areas," Dr Theron said.

The affected areas are the Odi and Moretele districts. — Sapa.

'Bacteria infection under control'

NM
Waterton (89)
5/2/81

Doctors say klebsiella not a new phenomenon

Mercury Reporter

THE klebsiella bacteria infection at two Durban hospitals is not a new phenomenon and is under control, senior hospital spokesmen said yesterday.

The head of microbiology at King Edward VIII Hospital, Prof Roy Robins-Browne, emphasised that klebsiella usually affected people who were already severely ill.

He said the klebsiella strain had first appeared in August last year and since then they had had 60 to 70 cases. Two of those had been typhoid patients, but they were successfully treated.

He added that reports which stated that medical staff were reluctant to use the concentrated antibiotic treatment because it contributed to the creation of super-resistant bacteria were misleading.

'This would be exaggerating the seriousness of the infection. Resistant bacteria are common in hospitals and have been ever since antibiotics were first used,' Prof Robins-Browne said.

The chief medical superintendent of King Edward, Dr Priscilla Truter, said it was wrong to view a single resistant strain of bacteria in isolation. During last year they had problems with three other bacteria.

'Multi-resistance has become not only a national but international hazard — mainly from the indiscriminate use of antibiotics,' she said.

'Where there is overcrowding of patients such as at King Edward it is more likely to spread.'

Dr Margaret Barlow, the medical superintendent of Addington Hospital, said the klebsiella infection was 'totally under control'.

A ward was closed in the hospital after nine patients had been affected by the bacteria.

J H Rens

Professor George Menzies Prize
Awarded on results of final
examinations to the best male
student in Land Surveying or
Civil Engineering.

Miss N C Davidson

Fourth Year (Gold Medal)

P M Salmon
T J Cummíng
D P Weeks
J H Rens
B F McClelland

Miss G C Littlewort

Third Year (Silver Medal)

Second Year (Bronze Medal)

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

FACULTY OF ENGINEERING

FACULTY OF ENGINEERING

Corporation Medals
For the best studer
of the 2nd, 3rd and

Second Year (Br

Miss G C Little

Third Year (Sil

Miss N C Davids

Fourth Year (G

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

Professor George
Awarded on resul
examinations to
student in Land
Civil Engineerir

J H Rens

Sammy Sacks Mem
Awarded to the
best classwork
Drawing.

L Menegaldo

CHEMICAL

A E & C I Priz
For the first
obtaining the
mark.

G L Cragg

Israeli clue to cure for SA scourge

RDM 9/2/89

(89)

Own Correspondent

CAPE TOWN. — South African medical scientists, including Professor Chris Barnard, may have come back from Israel with a clue to a cure for bilharzia.

The scientists have recently returned from a group visit to Israeli research establishments and paved the way for further exchange of information and personnel.

The visit, which led to a swop of information on recent research in the field of immunology, may also bear fruit for bilharzia sufferers.

Israeli scientists working on a possible vaccine for the disease have achieved success in tests on laboratory mice.

"All facilities at the Weizmann Institute were thrown open to us," says Dr P D R van Heerden, vice-president of the SA Medical Research Council and leader of the five-man delegation.

Speaking at a Press conference on his return from Israel, Dr Van Heerden said the two-day research conference in Tel Aviv was the second in terms of an agreement between the MRC and the Israeli National Council for Research and Development.

The delegation included Prof B Brain, director of the Natal Institute for Immunology, Durban; Professor Chris Barnard, the heart transplant pioneer and professor of surgical science at the University of Cape Town; Dr J R Joubert, department of medicine at the University of Stellenbosch; Professor J A Myburgh, head of the department of surgery and director of the MRC's transplantation unit at the University of the Witwatersrand; and Professor A R Rabson, director of the MRC's human cellular research unit at the school of pathology, SA Institute for Medical Research and the University of the Witwatersrand.

South African achievements in the field of clinical immunology, particularly in the treatment of organ rejection, infection and parasitic diseases brought comment from Israeli researchers.

"We, in turn, were impressed by the level of their basic laboratory research in the field which is of world standard," Dr Van Heerden said.

Successful work on a bilharzia vaccine attracted South African interest and will be followed up by the MRC's Durban-based Research Institute Diseases in Tropical Environments.

A third congress with South Africa as the host country is planned for early next year.

The MRC funds 12 "man-months" of medical research by South African scientists in Israel each year.

Dr Van Heerden said that this could be allocated in various ways but could mean at least six scientists working in Israel for two months each The funding was done on an exchange basis.

(89) 60 11/2/81

Typhoid probe at Lady Grey

EAST LONDON — A typhoid outbreak in the Lady Grey district is being investigated by the Department of Health.

There are four proven cases of the disease in the district and 18 other possible cases of typhoid.

A suspected typhoid carrier is at present undergoing tests.

The Regional Director of Health in Port Elizabeth, Dr J. D. Krynauw, said yesterday that a senior member of his department had been sent to the area.

"We are still waiting for his report, so I cannot give much detail," Dr Krynauw said.

Typhoid is an acute and highly infectious disease caused by bacteria and transmitted by contaminated food or water and characterised by red rashes, high fever, bronchitis and intestinal haemorrhaging.

Dr Krynauw said there were numerous possible reasons why typhoid broke out at Lady Grey, and added there was little chance the disease would spread.

"Typhoid is usually localised. It needs a carrier and unhygenic conditions to spread."

He said that although a suspected carrier was being tested, it was possible there was more than one carrier and he urged everyone in the area to observe normal hygienic practice.

"There are no indications that the drinking water is contaminated, but it would be wise to boil water before drinking," he said.— DDR

FACULTY OF ENGINEERING

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

Second Year (Bronze Medal)
Miss G C Littlewort

Third Year (Silver Medal)
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Professor George Menzies Prize
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Cragg

89

Poisoning of flour in railway truck

*27. Mr P. A. MYBURGH asked the Minister of Transport Affairs:

(1) Whether he has given instructions for an investigation to be made into the causes of the poisoning of flour in a railway truck in Northern Natal; if so, when will such investigation be completed;

(2) whether any steps have been taken to prevent similar occurrences in the future; if so, what steps?

The MINISTER OF TRANSPORT AFFAIRS:

(1) No; however, the South African Railways is already busy with an investigation.

(2) Yes; extant instructions which amply provide for the procedure to be followed in instances of this nature have been reiterated.

Questions standing over from Friday, 6 February 1981

Stop smoking and cut cancer deaths by quarter: expert

Argus 18/2/81 (89)

Argus Correspondent

JOHANNESBURG. — The death rate from cancer among South Africa's whites could be cut by up to a quarter if smoking were to be eliminated, a world-renowned cancer expert said in Johannesburg.

Sir Richard Doll, formerly Regius Professor of Medicine at Oxford University and honorary consultant at the Radcliffe Infirmary, Oxford, delivered the first Oettle Memorial Lecture on avoidable cancer — 'Attribution of risk'.

The late Dr Alfred Oettle was a cancer research fellow of the National Cancer Association at the SA Institute for Medical Research who formed a unit whose name and work became known and admired internationally.

MAJOR CAUSE

Sir Richard, who is an active cancer researcher in Britian, said tobacco smoking was one of the major causes of cancer.

Lung cancer was 10 times greater in middle-aged cigarette smokers than in lifelong non-smokers. Eliminating smoking would also reduce the incidence of cancers of the mouth, larynx, gullet, bladder, kidneys and pancreas.

'That so many types of cancer should be produced by smoking was not at first suspected, but it is not surprising when it is borne in mind that cigarette smoke contains a variety of mutagens and carcinogens (cancer causing agents), he said.

INCREASED

'Some of these are absorbed into the bloodstream and appear in increased concentration in the urine.'

The incidence of fatal cancer in Britain and the United States would be reduced by about 30 percent if smoking were eliminated.

Sir Richard said a study by the American Cancer Society had shown that overweight was associated with an increased risk of developing several types of cancer, including cancer of the gall bladder, large bowel and body of the womb.

DIET'S ROLE

Research completed within the next 10 years might prove that diet had a material effect on the incidence of cancer of the stomach and large bowel, breast and pancreas.

'At a guess, diet may provide the means for reducing cancer death rates by a third,' he said.

Sir Richard is in South Africa at the invitation of the South African Institute for Medical Research and the National Cancer Association.

No. R. 325 20 Februarie 1981

JAARGELDE BETAALBAAR DEUR BOUREKENAARS. — KENNISGEWING KRAGTENS ARTIKEL 7 (6) VAN DIE WET OP BOUREKENAARS, 1970 (WET 36 VAN 1970)

Ek, Stephanus Francois Kotzé, Minister van Gemeenskapsontwikkeling en Owerheidshulpdienste, maak hierby bekend dat die Suid-Afrikaanse Raad vir Bourekenaars die *jaargeld* voorgeskryf in paragraaf 2.2 (i) en (ii) van die Bylae van Goewermentskennisgewing R. 321 van 5 Maart 1971, soos gewysig by Goewermentskennisgewings R. 2295 van 6 Desember 1974 en R. 950 van 12 Mei 1978, kragtens artikel 7 (1) (g) van die Wet op Bourekenaars, 1970 (Wet 36 van 1970), met ingang van 1 Maart 1981 onderskeidelik tot R40 en R80 verhoog het, en dat ek die verhoging kragtens artikel 7 (6) van gemelde Wet goedgekeur het.

S. F. KOTZÉ, Minister van Gemeenskapsontwikkeling en Owerheidshulpdienste.

No. R. 325 20 February 1981

ANNUAL FEES PAYABLE BY QUANTITY SURVEYORS.—NOTICE IN TERMS OF SECTION 7 (6) OF THE QUANTITY SURVEYORS' ACT, 1970 (ACT 36 OF 1970)

I, Stephanus Francois Kotzé, Minister of Community Development and State Auxiliary Services, hereby make known that the South African Council for Quantity Surveyors has, in terms of section 7 (1) (g) of the Quantity Surveyors' Act, 1970 (Act 36 of 1970), increased the *annual fee* prescribed in paragraphs 2.2 (i) and (ii) of the Schedule to Government Notice R. 321, dated 5 March 1971, as amended by Government Notices R. 2295 dated 6 December 1974 and R. 950 dated 12 May 1978, to R40 and R80 respectively, with effect from 1 March 1981 and that I have approved the increase in terms of section 7 (6) of the aforementioned Act.

S. F. KOTZÉ, Minister of Community Development and State Auxiliary Services.

DEPARTEMENT VAN GESONDHEID, WELSYN EN PENSIOENE

No. R. 293 20 Februarie 1981

VOORGESTELDE WYSIGING VAN REGULASIES.—WET OP GEVAARHOUDENDE STOWWE, 1973 (WET 15 VAN 1973)

Hierby word vir algemene inligting kragtens artikel 29 (1) van die Wet op Gevaarhoudende Stowwe, 1973 (Wet 15 van 1973), gelees met artikel 29 (9) (a) van genoemde Wet, bekendgemaak dat die Minister van Gesondheid, Welsyn en Pensioene voornemens is om die regulasies afgekondig by Goewermentskennisgewing R. 453 van 25 Maart 1977 te wysig—

1. deur regulasie 4 (1) deur die volgende te vervang:

"4. (1) 'n Lisensie verleen magtiging tot die verskaffing of aanhou vir verskaffing van Groep I- gevaarhoudende stowwe of 'n bepaalde kategorie van sodanige stowwe of sekere gespesifiseerde Groep I-gevaarhoudende stowwe, en verkope vind plaas slegs by die adres wat in die lisensie genoem word, by welke adres sodanige lisensie opvallend vertoon moet word, en onder beheer van die persoon wat daarin genoem word of onder beheer van 'n persoon skriftelik daartoe gemagtig deur die lisensiehouer, en indien die lisensiehouer te sterwe kom of op enige ander wyse ophou om sake te doen, word die prosedure gevolg soos uiteengesit in regulasie 2 en kan daar voortgegaan word om handel te dryf in Groep I gevaarhoudende stowwe tot tyd en wyl 'n nuwe lisensie uitgereik word maar in ieder geval nie langer as een maand nie.";

2. deur regulasie 4 (3) deur die volgende te vervang:

"4. (3) 'n Lisensiehouer moet alle Groep I- gevaarhoudende stowwe wat in sy besit of onder sy beheer is, onder behoorlike sorg en toesig hou, heeltemal afsonderlik van voedingsmiddels of drank en wel in 'n kamer, 'n kas of 'n afgeskermde plek waarin slegs Groep I- gevaarhoudende stowwe gehou mag word, en wat te alle tye, uitgesonderd wanneer voorrade bygevoeg of uitgehaal word, behoorlik geslut is.";

DEPARTMENT OF HEALTH, WELFARE AND PENSIONS

No. R. 293 20 February 1981

PROPOSED AMENDMENT OF REGULATIONS.—HAZARDOUS SUBSTANCES ACT, 1973 (ACT 15 OF 1973)

It is hereby notified for general information, in terms of section 29 (1) of the Hazardous Substances Act, 1973 (Act 15 of 1973), read with section 29 (9) (a) of the said Act that the Minister of Health, Welfare and Pensions intends to amend the regulations published under Government Notice R. 453, dated 25 March 1977—

1. by the substitution of the following for regulation 4 (1):

"4. (1) A licence shall authorise the supply or keeping for supply of Group I hazardous substances or a particular category of such substances or certain specified Group I hazardous substances, and any sale shall take place only at the address mentioned in the licence, at which address such licence shall be conspicuously displayed, and under the control of the person mentioned therein or under the control of a person authorised thereto in writing by the licensee, and if the licensee dies or stops carrying on business in any other way, the procedure set out in regulation 2 shall be followed, and business in Group I hazardous substances shall be carried on until such time as a new licence is issued, but in any event for not longer than one month.";

2. by the substitution of the following for regulation 4 (3):

"4. (3) A licensee shall keep all Group I hazardous substances in his possession or charge under proper care and control, entirely separate from articles of food or drink and in a room, cupboard or enclosure in which only Group I hazardous substances may be kept, and which shall be kept securely locked at all times, except when stocks are added or removed.";

Malaria

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

(1) (a) How many cases of malaria were reported in the Republic in the last 12 months for which figures are available and (b) how does this figure compare with that for the previous period of 12 months;

(2) what amount was spent on malaria control measures during this period?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(1) (a) 1 January—31 December 1980: 3 021. (Since there is an unavoidable delay in the notification process, the figure is incomplete.

(b) 2 022

(2) Amount spent on malaria control measures during the 1979-'80 financial year: R1 062 398 and during the period 1 April 1980 to 23 January 1981: R1 137 526. The estimated expenditure for the whole 1980-'81 financial year: R1 411 000.

There IS now an answer to leprosy

Since Biblical times the mere mention of leprosy has created fear and social opprobrium. Yet only 6 per cent of those who come in contact with the disease are susceptible when in continuous contact. And leprosy, with modern methods, can be cured and patients returned to normal life. VAL PAUQUET reports on the inspiring work being done at Westfort, 12 km from Pretoria, which is southern Africa's only leprosarium. Photos by Frank Black.

Sister Alphonsa in her workshop ready to take a class of patients, many of whom speak different languages. She helps them learn handicrafts which will enable them to earn a living.

Nestling in the Western foothills 12 km from Pretoria, is Westfort — southern Africa's only leprosarium.

It was from here that the British held the city during the Anglo Boer War. Today, peace and tranquillity pervade the koppies surrounding the institution which houses 220 leprosy patients and 400 psychiatric cases.

Few Pretorians know of Westfort and, because of the vast ignorance and superstition surrounding the disease, one might assume that the health authorities would be happy to leave it at that.

This is by no means the case. Indeed, it is the heartfelt wish of the medical team which runs the institution that 1981 — which has been declared "The International Year of the Disabled" — be a year in which the public's ignorance about leprosy should be dispelled once and for all.

Much of the in-built dread of the scourge originates in the Bible where "lepers," compelled to carry bells announcing their presence, were considered unclean and banished to isolated colonies.

Hygiene

According to leprologists, it is thought that the disease was unknown during Old Testament times and the collective name of "tsarath" did not necessarily refer to leprosy alone, but to all skin diseases.

"Moses, being the wise man that he was, made very strict rules about hygiene and anyone with a skin disease was sent outside the Israelitic camp until cured. It was only during the time of Christ that leprosy appeared." says Westfort specialist Dr S H Kock.

Helping to fuel the fear surrounding leprosy, Hollywood has cashed in on the scene by making it the theme of many an epic in which once beautiful heroines succumb to the disease and are bereft of noses, ears, fingers — destined to drag around putrifying limbs for the rest of their days.

In Africa, some tribes in Nigeria and Zambia (where leprosy is a ground for divorce) bury lepers alive, while the Bushmen refer to it as "the disease that makes you afraid".

Civilisation has done little to dispel the myths. Only six years ago, a religious sect infiltrated Westfort and caused an uproar by telling patients that the disease is a result of sin.

Many people still believe that flocks of birds flying over the hospital subsequently lose their wings!

Is it any wonder that rehabilitation, so necessary for the ex-leprosy patient, is not only difficult but often impossible?

Nerves

The fact is that due to the advance of medical science, leprosy today is completely curable and not nearly as contagious as generally believed.

One of the biggest misconceptions is that leprosy is a skin disease.

"It is not. It is primarily a disease of the peripheral nerves," says Westfort specialist Dr F Imkamp. She explains that the leprosy bacillus, on penetrating the body, goes straight to the Schwan cells in a nerve.

If the patient is susceptible and has no immunity, the cells multiply. If nothing is done the bacillus continues to spread and eventually affects all the nerves, hence the anaesthesia of the hands and feet of the victim.

The drug Rifampicin is used in the treatment, which aims at killing off the bacilli. So it is imperative that the disease be caught in the early stages.

The most crippling type of leprosy is found in patients who have a little immunity. The body is constantly attempting to kill the bacilli.

Because of insufficient immunity, constant damage is caused to the nerves which have been

Logo for "The International Year of the Disabled."

destroyed by this defence mechanism.

Tablets

The patient who has no immunity will eventually develop complete anaesthesia of the hands and feet, which will gradually become neuropathic because the bones will gradually atrophy.

"If the patient is intelligent we can teach him how to cope with anaesthetised limbs," says Dr Imkamp.

To get the message across, the staff demonstrate the effect of a hot pot being lifted by hand and then, with much exaggeration, dropping the object.

Some patients react by roaring with laughter and answering: "Of course you'll burn yourself — you don't have leprosy!"

When cured, patients return home. Those with no — or little — immunity must take tablets for the rest of their lives.

There are about 15 million leprosy victims all over the world, of whom it is estimated that 25 percent receive medication.

In South Africa, the Government assumes all financial responsibility for leprosy. Paid employment is available for all patients who are able and wish to work, while those unable to work are given an allowance.

Relatives of patients are provided with free transport, food and accommodation while visiting the institution. Children born to lepromatous mothers were at one time removed and cared for in a creche. Today they nurse and look after their own babies.

Westfort staff say that what people fear and are repulsed by are the deformaties in the leper caused by nerve damage.

"Yes, this is so. People use the contagious nature of the disease as an excuse," said Dr Kock.

It is here that the public needs to be enlightened.

Unfounded

"Only 6 percent of mankind is susceptible to the disease when continuously in contact with contagious patients," says Dr Imkamp.

This means, for example, that where 100 healthy women marry 100 contagious lepromatous males who are not treated, six women will eventually develop clinical leprosy.

So much, then, for the unfounded fears on how contagious leprosy is. Yet the task of convincing the public and eradicating the stigma attached to the disease is not easy.

People who have had the disease need not be a socio-economic burden on society. With suitable rehabilitation, during which they are taught to earn a living, their integration into their former lives should pose no problem.

Convinced of this is 70-year-old Sister Alphonsa. For the past five years she has motored across town every day to Westfort, where it has been her aim to minister to the social and spiritual needs of the patients.

By teaching them an extensive variety of handwork which they sell, this former mathematics teacher from Germany helps many to regain their self-confidence and, above all, their self-respect.

Out of what could be a hopeless situation, emerge purposeful breadwinners. Her dedication is rewarded by a special bond which exists with her patients, and she proudly shows off their work and talks with great affection of her pupils past and present.

Mr Cletus Fanyana Chabanga is a loved and respected member of this close-knit community. He has spent 52 of his 66 years at Westfort and today, a convert to Catholicism, is known as resident catechist, translator, advisor and social welfare worker.

The love and warmth — natural extensions of his inner peace — are a great comfort, especially to new patients.

Blind he may be but he has a special ability to sense needs and is always available. For his role at Westfort, he received the Bene Merenti Award from Pope Paul VI.

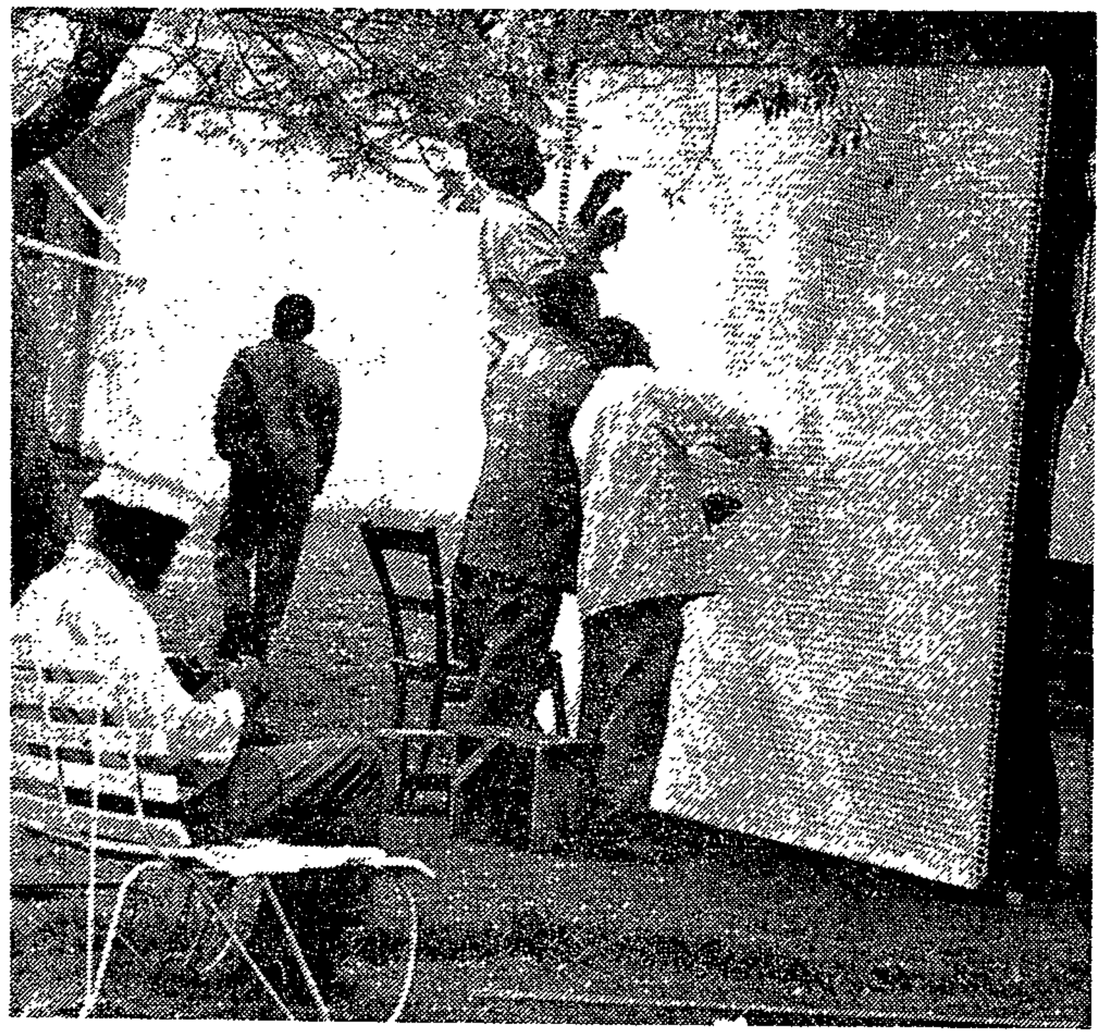
Another pupil, "Wasty" has returned to the Transkei where he earns his living using his deformed hands to make garments on his knitting machine. It was Sister Alphonsa who years ago introduced him to his first machine.

There are many others who today are breadwinners because of a craft they have learned in the small room with its rows of wooden benches.

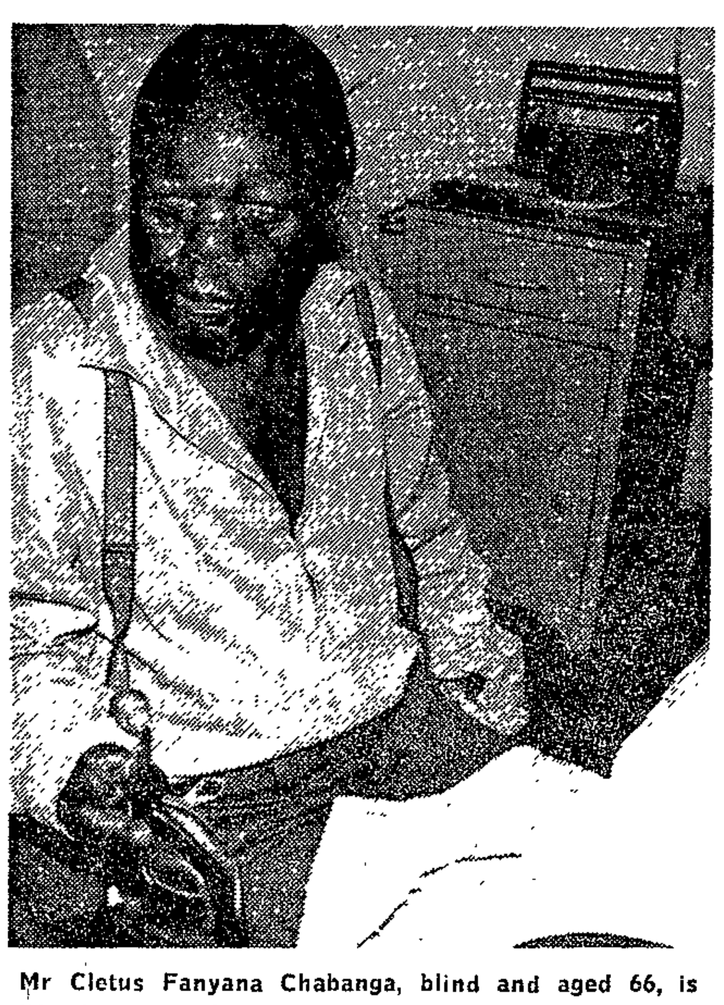
In spite of the work being done, more people are needed to help. Posts for occupational therapists have remained vacant for years.

With more help rehabilitation could become a reality for the many who are not reached and, through learning a skill, they could regain their independence.

What better time than 1981 — "The International Year of the Disabled" — for rededication to this task?



A group of Westfort patients weaves a bedspread, as part of training in skills for integration into economic life. It will take four days of hard work to complete the bedspread.



Mr Cletus Fanyana Chabanga, blind and aged 66, is Westfort's resident catechist, translator, adviser and social worker. "I have no arms, legs and cannot see. But God has given me ears and a mouth. I must use them for Him," he says.

42 more cases of cholera

(89 STM 21/2/89)

A further 42 reports of cholera had been confirmed in South Africa this week, the Department of Health reported yesterday in Pretoria.

Of these 24 occurred in Kangwane, 13 in Northern Transvaal and five in Southern Transvaal.

No further deaths have been reported.

"It is planned in future to release only a weekly report on cholera, but exceptions will be made in case of dramatic change," the Department said. — Sapa.

Cholera traces found in two Durban sewers

NM 24/2/81 (89)

Science Correspondent

CHOLERA organisms have been found in two Durban sewers by workers of the City Health Department.

The areas served by the sewers are Umlazi, Glebelands, Lamontville and most of Chatsworth.

Officials of the department are now trying to trace the source of the cholera by working back up the sewerage system and placing Moore swabs used to detect the organisms at junctions. In this way they hope to pinpoint the carriers.

At worst there could be several cases in each area. At best there could be one symptomless carrier who has travelled from one area to the other and made use of toilet facilities in both, said Dr Colin Mackenzie, Durban's Medical Officer of Health, yesterday.

We have been on the look-out for cholera, using Moore swabs placed in the more important sewers, since October 1979.

'Every now and again organisms which we thought were cholera turned up but on testing this turned out not to be the case. This time there is no doubt.'

Dr Mackenzie explained that for every obvious case of cholera, there were between 50 and 100 people carrying the disease without showing any symptoms.

'Throughout South Africa, there are up to 80 000 such people, so there is need for constant vigilance.'

Dr Mackenzie said that, apart from trying to trace sources, health education teams were very active and that all Durban sewer workers had been immunised.

'My next move is going to be to place swabs at the sea outfalls of the various sewage works.

'The cholera vibrio can survive for between 10 and 40 days in the sea and although I am sure that the dilution will ensure complete safety for bathers, we need to know if the vibrio is going out to sea.

'It could become concentrated in the filter feeders — mussels and oysters — which pass great volumes of water through their systems.'

If a lot of cases of cholera turn up, Dr Mackenzie's next move would be to step up the chlorine content of Durban's water supply.

Cholera

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

(a) How many (i) cases of cholera were reported, and (ii) deaths from cholera were recorded, in the Republic during the latest period of 12 months for which figures are available and (b) in respect of what dates are the figures given?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(a) (i) 2 089.

(ii) 32.

(b)

Date Week ending—	Cases	Deaths
5 October 1980	9	2
12 October 1980	50	2
19 October 1980	74	0
26 October 1980	124	0
2 November 1980	28	0
9 November 1980	29	1
16 November 1980	59	1
23 November 1980	95	2
30 November 1980	117	5
7 December 1980	52	0
14 December 1980	58	0
21 December 1980	100	1
28 December 1980	161	1
4 January 1981	210	2
11 January 1981	187	5
18 January 1981	380	3
25 January 1981	201	3
1 February 1981 (incomplete)	118 (incomplete)	4
Date unknown	37	0
Total	2 089	32

Claim against Railways over flour

NM 27/2/81 (15) 89

Mercury Reporter

SASKO has laid a claim against South African Railways for an undisclosed amount after the Richards Bay bread poisoning scare in which it was thought that two people died after eating poisoned bread last month

In a statement released earlier Sasko claimed that the Railways truck which had transported flour from Durban to Richards Bay last month had carried drums of highly poisonous insecticide

Durban analysts found that a consignment of poison, known as Thiodan 35, had been damaged in transit and spillages had occurred

At least 30 people became seriously ill after eating bread baked by the Richards Bay Bakery with contaminated flour, the statement said

Mr K Cohen, Sasko's legal representative, told the Mercury yesterday that a claim had been made against the Railways in terms of Section 60 of the Railways Administration Act.

A spokesman for the Railways in Durban confirmed they had received a claim from Sasko.

'We are still investigating the matter and are awaiting a report from our laboratories,' the spokesman said yesterday

CHOLERA FM 27/2/81

Spreading blight

"Keeping cholera a secret is the worst thing a country can do" — *Joseph Hanlon, writing in the October edition of New African.*

Last week, two more people in South Africa died of cholera, bringing the death toll to 27 and the number of reported cases to 1 592 since the outbreak of the epidemic last year.

With the exception of two white laboratory workers, all the victims have been blacks, most of whom were living under squalid conditions in or near "homeland" resettlement areas.

Although the disease is primarily related to inadequate water supplies and sewerage removal, increasing evidence is pointing to other, political-related factors. According to Anthony Zwi in the latest issue of *Work in Progress* (WIP) "Cholera cannot be viewed merely as a tropical disease, but must be seen within the context of a web of migrant labour, forced resettlements, overcrowding and poor community facilities."

KaNgwane, a small Swazi "homeland" bordering on Mozambique and Swaziland has been subjected to large-scale population relocations and subsequent population pressures. These have already been a major factor in the spread of disease.

KaNgwane Chief Minister E J Mabuza says "KaNgwane has absorbed 150 000 people in the last few years. Some resettlement areas have no amenities, no running water, no sewerage system, no schools and no clinics. Many of the people have no jobs. Some people have to drink dirty water."

WIP argues that the epidemic could have been avoided. "The Department of Health was warned months ago by one of its own officials that epidemics were a grave danger in the squatter settlements of KaNgwane. In addition, plans were made over seven years ago by the South African Institute for Medical Research (SAIMR) for a possible cholera outbreak and the State acknowledged that conditions in certain areas of SA were so poor as to facilitate the spread of cholera. Yet nothing was done about it."

According to an *FM* source, research stations situated in the affected areas were using the wrong chemical base and consequently recorded negative cholera results. This was not discovered until months after the outbreak had reached epidemic proportions.

A spokesman for the Department of Health says, however, that this allegation is wrong. He says the department changed the culture base it was using and it "took a few weeks to get this information back to the laboratories in the rural areas."

The *FM* was unable to obtain independent information from the World Health Organisation (WHO) as it relies entirely on governments for its data.

WIP can suggest that publicity is the most important weapon against cholera — to persuade victims to visit the hospital or healthpost and to improve hygiene and sanitation to break the infection link.

Mozambique reduced its cholera rate from a 13% death rate out of a total of 4 564 cases in 1979, to a 3,4% death rate out of a total of 1 212 in 1980. This was largely due to the massive publicity campaign launched by the Mozambican government. As large portions of the population cannot read, part of this entailed the organisation of public meetings in rural areas.

The most important messages relayed through the media and at meetings concerned hygiene and sanitation.

The SA Department of Health did in fact launch a programme of public education last year when over 500 000 pamphlets, in various languages, were distributed through garages along routes to the northern and eastern Transvaal.

However WIP claims that the pamphlets were inadequately distributed, and proved ineffective because they were not in local languages in certain cases.

The disease has still not been contained in SA and is continuing to spread. Recently schooling stopped when eight primary and secondary schools in Lebowa were closed because of the threat. The fact that 35 new cases have been reported this year indicates that adequate water supplies and sewerage disposal are still not available to large portions of the black rural population.

-54-

Miscellaneous

15. THE S.A. NATIONAL COUNCIL FOR MENTAL HEALTH: ITS STRUCTURE FUNCTIONS.
S.A. National Council for Mental Health.

16. A SURVEY OF MENTAL HEALTH FACILITIES IN THE REPUBLIC OF SOUTH AFRICA.
Department of Health. (1977)

17. ANNUAL STATISTICAL RETURNS (TO THE DEPARTMENT OF HEALTH) FOR 1976 FOR THE FOLLOWING HOSPITALS:

Alexandria
Brewelskloof
Elizabeth Donkin
[illegible]
Neseinde
Oranje
Fort Napier
[illegible]

18.

19.

CT (89)
28/2/81

Cholera warning

Staff Reporter

FARMERS in the Stellenbosch Divisional Council area have been warned by the council's Medical Officer of Health to guard against a cholera epidemic by ensuring that their farm labour has safe water supplies and adequate toilet facilities.

The warning is contained in a circular sent to all farmers which points out that cholera "has become a reality in our land" and is slowly spreading southwards.

"Man is the only host and the usual mode of transmission is contaminated water. Once introduced, the disease spreads rapidly under unsanitary conditions which allow water to be contaminated with human excreta."

To safeguard against this, it was imperative that everyone had ready access to safe water and properly constructed toilets.

The circular added: "In the national interest we request that you become actively involved in the health education of your labour force and thereby improve the standard of their personal hygiene and also that of their environment."

HAPPENINGS

Photograph by John Yeld

SABC-TV's Carole Charlewood highlighted the problems of adopting abandoned or maltreated children in a recent Spectrum programme. Whereas some cities have no special facilities for such children while their futures are decided, Cape Town has the Lady Buxton Emergency Home and it is badly in need of funds.

The home, in Newlands, can accommodate 36 children between birth and six years of age all free of charge if necessary. Occasionally a child spends the whole of the first six years of its life in the home if the natural parents will not agree to adoption or fostering, if race classification complicates the issue or of course if suitable adoptive or foster parents are not available.

Once the child reaches school-going age he or she graduates to an ordinary children's home. In a situation in which every case history is tragic, its the race classification children whose prospects are most confused.

The process of classifying them in a different group from the mother — because of a slant of the eyes or a tone of the skin — is a long, hesitant process which both prolongs the wait for adoption and limits the choice of adoptive parents for a particular child.

Some children return to the home again and again when parents prove incapable of either caring for their children or letting them go. The law is so protective of the family unit that it permits parents who neglect or abuse their children to retain control over their futures as long as there is the slightest chance of improvement.

Thus the staff of the Lady Buxton Home learn to love and let go — over and over again. There is a staff member to every two children and the quality of the care is as excellent as it is expensive.

The home depends wholly on charity and on a small income from other facilities — a day care centre for babies of three months and older, and a play group.

● One of the main fund-raising events of the year is the annual fete, to be held in the grounds on Saturday March 7, between 8.30 am and 1.0 pm. Get there early — it's usually sold out by noon.

MARCH 4: The Child Welfare Society (WO 255) will be holding a fashion show by Ms D'Orr at the Space Odessey, corner Durham and Victoria Roads, Salt River. The time is 7.30 pm for 8 pm. Drinks and snacks will be served. Tickets are R10 each and available from Mrs van Wyk, telephone 71-7130.

HEALTH

2/3/81

89

JUST as we learn of the risk of a very nasty affliction called toxic shock syndrome from the use of tampons, an innovation — the super-absorbent tampon — is appearing on the market.

It was super-absorbency, specifically, that was associated with TSS — a particularly unpleasant condition apparently caused by the staphylococcus aureus bacterium multiplying in the vagina and producing toxins which are re-absorbed into the bloodstream. The symptoms are high fever, diarrhoea, rash, vomiting and peeling skin.

So far the disease has been diagnosed only in Central America, where about 40 deaths have been recorded. With 20 to 25 cases being reported to the Federal Centre for Disease Control in Atlanta, Georgia, every week, the American College of Obstetritions advised women to stop using extra-absorbent tampons until more research had been done. At the time of reporting that development, no super-absorbent tampons were being marketed in this country.

According to Mrs Jan Geere, marketing manager for Tampax in this country, the disease was closely linked with a specific make of tampon in the United States, Rely, which was made of a cellulose material. After Rely was eventually withdrawn from the market last year the incidence of TSS dropped dramatically, by as much as 80 percent.

There is no chemical action in the new tampons — absorbency is increased simply by increasing the density of the fibre. The danger, says Mrs Geere, is not so much the makeup of the product, but the tendency to leave one tampon in place for too long.

'Because they're so absorbent, we have to teach women not to leave them in for 12 hours just because they know they'll cope with the flow for 12 hours. The vagina is not sterile — it's full of bacteria, and all it needs is something like that to trigger off an infection.

'Provided women use this tampon — and others — intelligently, there should be no risk. Obviously it would be stupid to use our Super-Plus all the time. It says on the box that they're to be used for days of very heavy flow only. You might need Regular for the light days, then Super for a few days and Super-Plus for one day of the cycle.

'They mustn't think they can use two now for a long period instead of six of the less absorbent ones and so cut corners. There's an economic temptation to do that. In fact some women won't ever need Super-Plus.

'We have never heard of a case of TSS in South Africa — gynaecologists here had never heard of it until they read about it. It's been confined almost entirely to Central America for some reason, but we're on the watch the whole time.'

Though the manufacturers do not say so on their instruction leaflets, the maximum time a tampon should be left in place is five hours and in fact the more often they can be changed the better.

ROZ FLETCHER

(ii) Milk.

Most of the workers (89%) were given, free, a daily milk ration. On some farms the farmer took the 'top' off the milk before handing it out to workers, on others workers were given full milk and on a few farms workers were given some skim and some full milk daily. The table below shows the distribution of workers according to milk ration (skim plus full milk) in litres a week.

TABLE 11

Distribution of workers according to milk received, litres a week.

Milk, litres a week	Number of workers	Cumulative %
0 - 2,50	15	12,00
2,51 - 5,00	10	20,00
5,01 - 7,50	33	46,40
7,51 - 10,00	18	60,80
10,01 -		78,40
12,51 -		78,40
15,01 -		78,40
17,51 -		78,40
20,01 -		78,40
22,51 -		78,40
> 25		100,00

week

The

who could take

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ive workers

receive

e not been included.

'No cause for alarm' over polio

3/3/81 (89)

Mercury Reporter

THERE were five suspected polio cases reported to the Durban City Health Department in the past 10 days, but there was no need for alarm because this was the trend for this time of year, Durban's Deputy Medical Officer of Health, Dr M Richter, said yesterday.

She added that the five cases were from Umbumbulu, Umzinto and Umlazi. The first was reported on February 22 and the latest at the weekend.

The cases would only be confirmed in about three weeks. All the cases, she added, were black children aged five and under.

The last confirmed polio case in Durban was in 1977, Dr Richter said.

"There is no cause for alarm and if there were any suspect cases in Durban I would be one of the first to hear," she said.

The recent suspects were all children who were from rural areas and had not been immunised at clinics, said Dr Richter.

She said two polio cases were confirmed last month from Illovo and Clermont, but these people were suspect cases from last year. Last year there were 57 confirmed cases of polio in Natal, excluding the Durban area, while in 1979 and 1978 there were 31 and 19 confirmed cases respectively. Again Durban was not affected.

In 1977 there were nine confirmed cases — one from Durban — and in 1976 a total of 74 confirmed cases.

In 1975 there were 224 confirmed cases throughout Natal and 20 of those were from the Durban area, Dr Richter said.

GENE

Cholera: 45 more cases

The Department of Health announced in Pretoria yesterday that 45 more cases of cholera had been confirmed in the country since February 26.

This brings the total number of confirmed cases to 1 756.

The department said that of the 45 cases, 24 occurred in Kangwane, Eastern Transvaal, 20 in Northern Transvaal, and one in Southern Transvaal.

No more deaths had been reported.

The disease has so far claimed the lives of 27 people. — Sapa.

SOWETAN 9/3/81.

45 cholera cases

THE Department of Health announced in Pretoria at the weekend that 45 more cases of cholera had been confirmed in the country since February 26.

This brings the total number of confirmed cases to 1 756. The Department said that of the 45 cases, 24 occurred in KaNgwane, Eastern Transvaal, 20 in Northern Transvaal and one in Southern Transvaal.

No further deaths had been reported.

The disease has so far claimed the lives of 27 people. — Sapa.

Benoni cholera scare over

By MZIKAYISE EDOM

THE FIRST cholera case in Daveyton, Benoni, discovered two weeks back by health authorities, has been successfully treated.

This was announced yesterday by the medical officer for Benoni, Dr Desmond Gordon-Smith, who said people should not panic. Dr Gordon-Smith said the disease was brought to Daveyton by a 45-year-old woman, on a visit from Sekhukhuniland, north of Pietersburg, which is heavily infected by cholera.

He added that the woman was accompanied by her three children, two daughters and a son, when she arrived in Daveyton on February 26. She was already ill when she arrived.

He said the woman's children were also examined and two were found to be affected. She said that only one was treated and the other had already returned to Pietersburg.

Tests were also done on all occupants in the house they were staying in and none was found to be affected.

The Department of Health announced in Pretoria at the weekend that a total of 1 756 cholera cases have been confirmed.

GENERAL NEWS

Masa calls for strong measures against smoking

Star 13/3/8, 89

By Bob Kennaugh
Medical Correspondent

Scientific evidence linking smoking and some serious diseases was beyond question and urgent steps should be taken against smoking in South Africa, says the Medical Association of South Africa (Masa).

Masa stated: "There can no longer be any equivocation about the ill effects — medical and social — resulting from cigarette smoking."

Various forms of cancer, heart disease and chronic respiratory disease could be directly related to tobacco consumption.

The association, the representative body of the medical profession said: "We believe that attempts by interested parties within the tobacco industry to dilute this scientific evidence are not in the interests of the public and place a heavy responsibility on the parties concerned.

"Only a concerted and wholehearted effort will break the hold which smoking has on a large section of the South African population. This is important if we are to prevent future generations from exposure to the same risks."

Masa called for:

- A total ban on all forms of advertising or display of cigarettes.
- Warnings on cigarette packets should inform the public that smoking damages the health. The maximum permitted nicotine and tar yields permitted by law should be noted on the containers.
- The discontinuation of allowing tax relief on any form of tobacco.
- Strictly enforced bans on the scale of cigarettes to minors.

Doctors and other health professionals should assist and encourage education campaigns promoted by the Department of Health.

Cholera fighters seek funds

RDM 23/3/81

2859 89

Staff Reporter

STATE departments involved in controlling the cholera epidemic have made representations to the State Treasury for financial assistance.

Dr Howard Botha, spokesman for the Department of Health, said yesterday that until now its services regarding cholera had been incorporated into other health services and it had not been possible to estimate how much the disease had cost the country.

The Department of Health and other departments involved in the cholera epidemic — including the Department of Co-operation and Development and departments working on the periphery, such as Water Affairs — had approached the Treasury for a specific sum to be set aside for the cholera fight.

Dr Botha was unable to say what the sum would be but confirmed that some money had already been received.

Nearly 2 000 people have been treated for cholera and 27 have died since the epidemic broke out five months ago.

However, according to Department of Health figures, the incidence of cholera is on the decline.

Last week there were 14 notifications of the disease — a sizeable decrease since cholera hit its peak a few months ago with daily notifications averaging between 10 and 20.

Said Dr Botha: "It would be difficult for me to say which of the department's services have had the beneficial effect of bringing down the number of cholera patients. But I would be hesitant to say the disease is on its way out."

Dr Botha said that long range projects — such as water installation and water improvement projects — had been stepped up and that these were the "capital involving projects".

(89 RDM 27/3/81

Another 15 cholera victims

ANOTHER 15 cases of cholera have been confirmed in South Africa since March 19, the Department of Health, Social Welfare and Pensions reports.

Of these, eight cases have been reported in Kangwane, five in Northern Transvaal and two in Southern Transvaal.

The department says no deaths have been reported recently.

The total number of cholera cases reported in the present outbreak is now 1 822, of which 27 have been fatal. — Sapa.

ported may not reflect actual causality since other independent forces may be simultaneously influencing both variables in the same way. As is the case with many other statistical analyses, the model must be expanded to control for such other factors. We know from previous inter-SMSA income distribution studies that the most important additional factors that should be introduced into our model are: (1) the industrial and occupational structure of the SMSA's; (2) the region in which the SMSA's are located; (3) the average income of the SMSA's; and (4) the proportion of the SMSA population that is black. These factors were introduced into the model by the technique of multiple regression analysis. Separate equations were estimated with the Gini index and the top 1 percent share as measures of white inequality.

All the equations showed strikingly uniform statistical results: racism as we have measured it was a significantly disequalizing force on the white income distribution, even when other factors were held constant. A 1 percent increase in the ratio of black to white median incomes (that is, a 1 percent decrease in racism) was associated with a .2 percent decrease in white inequality, as measured by the Gini coefficient. The corresponding effect on top 1 percent share of white income was two and a half times as large, indicating that most of the inequality among whites generated by racism was associated with increased income for the richest 1 percent of white families. Further statistical investigation reveals that increases in the racism variable had an insignificant effect on the share received by the poorest whites and resulted in a decrease in the income share of the whites in the middle income brackets.[10] This is true even when the Southern SMSA's are excluded.

Within our model, we can specify a number of mechanisms that further explain the statistical finding that racism increases inequality among whites. We shall consider two mechanisms here: (1) total wages of white labor are reduced by racial antagonisms, in part because union growth and labor militancy are inhibited; (2) the supply of public services, especially in education, available to low- and middle-income whites is reduced as a result of racial antagonisms.

Wages of white labor are lessened by racism because the fear of a cheaper and underemployed black labor supply in the area is invoked by employers when labor presents its wage demands. Racial antagonisms on the shop floor deflect attention from labor grievances related to working conditions, permitting employers to cut costs. Racial divisions among labor prevent the development of united worker organizations both within the workplace and in the labor movement as a whole. As a result, union strength and union militancy will be less the greater the extent of racism. A historical example of this process is the already mentioned use of racial and ethnic divisions to destroy the solidarity of the 1919 steel strikers. By contrast, during the 1890s, black-white class solidarity greatly aided mine-workers in building militant unions among workers in Alabama, West Virginia, and other coalfield areas.[11]

The above argument and examples contradict the common belief that an exclusionary racial policy will strengthen rather than weaken the bargaining power of unions. Racial exclusion increases bargaining power only when entry into an occupation or industry can be effectively limited. Industrial-type unions are much less able to restrict entry than craft unions or organizations such as the American Medical Association. This is not to deny that much of organized labor is egregiously racist or that some skilled craft workers benefit from racism.[12] But it is important to distinguish actual discriminatory practice from the objective economic self-interest of most union members.

[10]A more rigorous presentation of these and other variables and the statistical results in available in Michael Reich, "Racial Discrimination and the White Income Distribution" (Unpublished Ph.D. diss., Harvard University, 1973).

[11]See footnote 7 above.

[12]See, for example, H. Hill, "The Racial Practices of Organized Labor: the Contemporary Record," in *The Negro and the American Labor Movement*, ed. J. Jacobson (New York: Anchor, 1968).

The second mechanism we shall consider concerns the allocation of expenditures for public services. The most important of these services is education. Racial antagonisms dilute both the desire and the ability of poor white parents to improve educational opportunities for their children. Antagonisms between blacks and poor whites drive wedges between the two groups and reduc ability to join in a united political mo pressing for improved and more equal tion. Moreover, many poor whites re that however inferior their own school schools are even worse. This provid degree of satisfaction and identificati the status quo, reducing the desire whites to press politically for better sch their neighborhoods. Ghettos tend located near poor white neighborhood often than near rich white neighbor racism thus reduces the potential ta: of school districts containing poor Also, pressure by teachers' groups prove all poor schools is reduced by antagonisms between predominantly teaching staffs and black children parents.[13]

The statistical validity of the above anisms can be tested in a causal mode effect of racism on unionism is test estimating an equation in which th centage of the SMSA labor force unionized is the dependent variable, racism and the structural variables (s the SMSA industrial structure) as the pendent variables. The schooling mech is tested by estimating a similar equat which the dependent variable is inec in years of schooling completed among white males aged 25 to 29.

[13]In a similar fashion, racial antagonisms reduce the political pressure on governmental agencies to provide other public services that would have a pro-poor distributional impact. The two principal items in this category are public health services and welfare payments in the Aid to Families with Dependent Children program.

Once again, the results of this statistical test strongly confirm the hypothesis of our model. The racism variable is statistically significant in all the equations and has the predicted sign: a greater degree of racism results in lower unionization rates and greater degree of schooling inequality among whites. This empirical evidence again suggests that racism is in the economic interests of capitalists and other rich whites and against the economic interests of poor white

Typhoid crackdown

EAST LONDON — A total of 32 cases of suspected typhoid had been treated at the Lady Grey Hospital since the disease was noticed in the area in February, the medical superintendent of the hospital, Dr N. F. Ballantyne, said yesterday.

Dr Ballantyne said 10 patients were still in hospital but were not seriously ill.

He believed they had "buckled up" the cause of the disease which was traced to water from a contaminated stream.

The regional director of health services in the Eastern Cape, Dr D. J. Krynauw, said the typhoid probe in the area was continuing.

"Several people have been treated but only three cases have been proved to have contracted the disease," he said.

The germ had been isolated and the decision to send staff to check the area again had been taken because this was the first major outbreak of the disease in the area.

"We also want to check if recommendations made during our first investigation in February have been carried out."

He said he was keeping constant contact with the state laboratory in East London to see if there was a need to intensify research for any possible carriers in the area. — DDR.

day of alienating labor, the tired husband can compensate by oppressing his wife. Furthermore, not being at the bottom of the heap is some solace for an unsatisfying life; this argument was successfully used by the Southern oligarchy against poor whites allied with blacks in the interracial Populist movement of the late nineteenth century.

Thus, racism is likely to take firm root in

The core of the homeland health service in the past was the mission hospital - financed by church societies, the funds were collected overseas privately or donated by the mining companies. From the 1950's, the State Health Department began subsidising infectious patients whilst the provincial authorities subsidised non-infectious patients at a fixed rate per day. From the late 1960's, the State assisted far more - it paid for capital expenditure as well.

The State has progressively been buying mission property and paying the missions out. Policy has been to take over all mission property by mid-1973 but in 1976 mission hospitals were still being taken over in Kwazulu. By the end of 1977, 71 mission hospitals had been taken over. (I)

It is current Government policy that the health function be taken over by the various homeland authorities. At the end of 1976, 6 homelands (including Transkei and Bophutatswana) had taken over their health services, although health staff in the employ of the Department of Health are seconded to the Department of Plural Relations and the Department for allocation to these homeland governments (340 at the end of 1976, excluding 76 in Transkei). (2)

1.3 Provincial Health Expenditure

Provincial administrations are largely responsible for the curative (as opposed to preventitive) aspects of the health care system in South Africa. For example, in 1974 provincial administrations provided 47% of all hospital beds in the country. Table 1 shows the subsidies paid by the Treasury to the provincial authorities of the four provinces in two budget years. The actual subsidy paid is based largely upon factors such as the population of the province, whether or not the province experiences a large influx of visitors during holiday seasons, the number of specialist services offered by teaching hospitals in the province and the current economic situation. The subsidy is also weighted according to the racial composition of the provincial hospital beds in the province, since the refund per patient per day is lower for Coloured, Asian and African patients than for Whites.

. / ..

Such that the refund for Blacks is about half that for Whites. This has been an area of disagreement between the provincial authorities and the Treasury, since the former regard this as inadequate compensation for services provided to non-White patients. Once expenditure in a base year has been calculated on this basis, an escalation factor based on increases in costs is included. In general, hospital fee increases are not used to cover increases in costs. Hospital fee [illegible]s are not used to cover increase[illegible]re increased in 1976 and in 1967 [illegible]

Actual Provincial expenditure d[illegible] subsidy since a block grant is [illegible] provincial services. It is th[illegible] Executive Committee to allocate [illegible] In 1977 the Cape Province spent [illegible] services and public health which [illegible] appropriation. (3)

In addition to subsidies, the hos[illegible] approximately 10% of its expendit[illegible] All private donations and bequest[illegible] through Hospital Boards, of which [illegible] provincial hospital. In 1976/7[illegible] Boards in the Cape Province was R[illegible] channelled to staff amenities rath[illegible] expenses. (4)

Within the subsidy paid are alloca[illegible] aided" hospitals. These are sma[illegible] mostly in country towns. In 197[illegible] there were 129 such hospitals in the Cape Province as opposed to 83 provincial hospitals. (5) They are obliged to cover at least 10% of their costs from their own revenue sources whilst the balance is subsidised.

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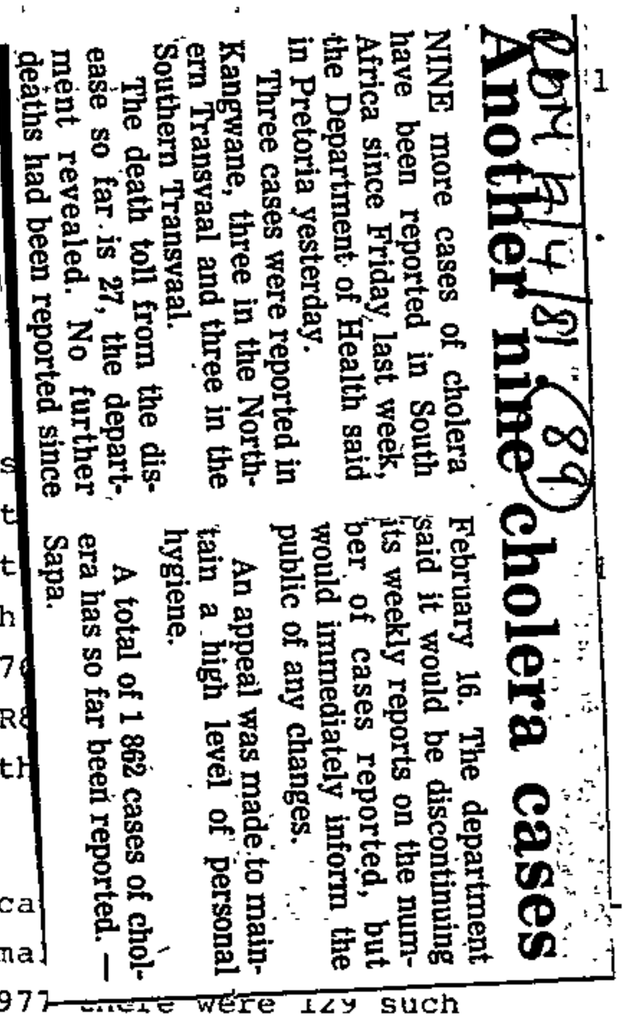

4/8/89

Another nine cholera cases

NINE more cases of cholera have been reported in South Africa since Friday, last week, the Department of Health said in Pretoria yesterday.

Three cases were reported in Kangwane, three in the Northern Transvaal and three in the Southern Transvaal.

The death toll from the disease so far is 27, the department revealed. No further deaths had been reported since February 16. The department said it would be discontinuing its weekly reports on the number of cases reported, but would immediately inform the public of any changes.

An appeal was made to maintain a high level of personal hygiene.

A total of 1 862 cases of cholera has so far been reported. — Sapa.

LEAD POISONING: MOH CALLS FOR TESTS

Argus 25/4/81

Report to health committee soon

By KEVIN JACOBS

CAPE TOWN'S health chief is likely to call soon for selective blood testing to help determine whether airborne lead poisoning in the city could become a long-term health hazard.

Lead in car exhaust fumes has been identified as a dangerous environmental poisoner in large cities in the United States, the Soviet Union, Western Europe and Britain.

The extent of blame on vehicle exhausts is a continuing argument among scientists, environmentalists and petrol companies internationally.

But federal regulations have been enforced to limit lead content in US petrol, and the British Parliament has been asked to consider ordering a lower lead content.

BRAIN DAMAGE

The British move was initiated recently in the wake of growing evidence from researchers that fuel-based lead emissions were responsible for permanent brain damage in children.

In South Africa, a senior offical of the Automobile Association has endorsed efforts elsewhere in the world to ban or reduce the content of liquid lead in petrol.

Technical services executive Mr F Bothma said that 'from a health point of view, lead in petrol is undesirable.'

UCT scientist Professor Dick Dutkiewicz — co-director of a comprehensive, five-year study of air pollution in Cape Town — notes a wordl-wide argument over the extent of airborne pollutants to lead content in human bodies.

'We have looked at the question of lead (as an airborne pollutant),' he said, 'and we are not particularly perturbed by it.

'What we have suggested in our report is an analysis of blood-lead levels in children, just to satisfy ourselves.'

The city's MoH, Dr Reg Coogan, says 'the general conclusion is that in Cape Town we have the precursors for high lead levels. With the increase in the number of cars, there are spots in the city where we have high lead levels.'

'HOT SPOTS'

Basing a report on the findings by Professor Dutkiewicz and Professor Richard Fuggle, Dr Coogan will probably recommend more detailed investigation of the problem of lead pollution in the city, most likely in the form of blood testing in the vicinity of identified 'hot spots.'

The Dutkiewicz-Fuggle report stressed that airborne lead pollution in Cape Town was within 'safe' levels accepted internationally.

Research some years ago by Professor Roy Siegfried, director of UCT's Fitzpatrick Institute of Ornithology, showed that pigeons caught in central Cape Town had eight to 10 times more lead in their bones than birds captured in a rural area near Stellenbosch.

ESTABLISHED

His study ascribed the effects to the higher rate of lead pollution from car exhausts in the city.

Mr Bothma said: 'It has been firmly established that lead is harmful to health. We should not wait for contamination to increase before we do something about it.'

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Dr Coogan reports to the City Council's health committee on the issue on May 4.

But oil companies and car manufacturers point out that producing and using lead-free petrol would require far more crude oil for the refining process and perhaps prohibitively costly modifications in engines.

Argus 6/5/81 (89)

Cholera

MMABATHO — Thirty-nine more cases of cholera had been discovered in Bophuthatswana's Moretele region north of Pretoria, bringing the total to 80, the assistant director of Health Services, Dr P K Mokhethi, said. — Sapa.

'More heart attacks face blacks in future'

Argus 21/5/81 p 39

Medical Reporter

AN 'epidemic' of heart attacks was likely among black people in the future, Professor L H Opie of the University of Cape Town's department of cardiac medicine said last night.

Delivering his inaugural lecture, Professor Opie said three risk factors increased the incidence of heart attacks.

These were high blood cholesterol, high blood pressure and smoking.

At present black people had comparatively low incidence of heart disease because of low cholesterol levels, but these levels would change as improved economic circumstances allowed them to eat more Western-type food, said Professor Opie.

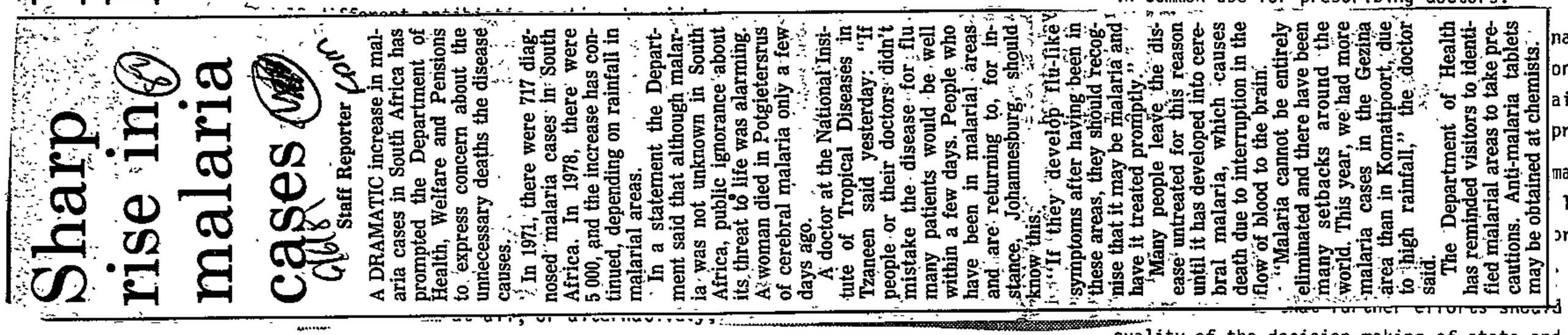
This, combined with their high incidence of high blood pressure and the fact that more urban blacks had started to smoke, would cause a rise in heart attacks among blacks.

Quoting an Oxford study which found that between a third and half of all cigarette smokers would die because of their habit, Professor Opie called for an end to the 'inroads' the tobacco industry had made into the population.

He also pointed out that exercise and training could help to prevent sudden death.

(ii) The practice of polypharmacy in South Africa is rife, and it is alarmingly wasteful (21,22). This refers to the simultaneous use of numerous medicines, often in an irrational manner. Used in this way, medicines frequently cancel out the effects of each other, or alternatively they may combine to produce significant adverse effects, sometimes leading to increased morbidity and prolonged hospitalisation.

(iii) Numerous medicines with equivalent pharmacological action are available on the South African market. For example, it is estimated that 19 different β-blocking drugs exist in South Africa today. The result is that numerous therapeutically equivalent medicines are included in the coding lists of the various hospitals' services. Until recently there were 17 different aminoglycoside preparations for topical application to



Sharp rise in malaria cases

Staff Reporter

A DRAMATIC increase in malaria cases in South Africa has prompted the Department of Health, Welfare and Pensions to express concern about the unnecessary deaths the disease causes.

In 1971, there were 717 diagnosed malaria cases in South Africa. In 1978, there were 5 000, and the increase has continued, depending on rainfall in malarial areas.

In a statement the Department said that although malaria was not unknown in South Africa, public ignorance about its threat to life was alarming.

A woman died in Potgietersrus of cerebral malaria only a few days ago.

A doctor at the National Institute of Tropical Diseases in Tzaneen said yesterday: "If people or their doctors didn't mistake the disease for flu many patients would be well within a few days. People who have been in malarial areas and are returning to, for instance, Johannesburg, should know this.

"If they develop flu-like symptoms after having been in these areas, they should recognise that it may be malaria and have it treated promptly."

Many people leave the disease untreated for this reason until it has developed into cerebral malaria, which causes death due to interruption in the flow of blood to the brain.

"Malaria cannot be entirely eliminated and there have been many setbacks around the world. This year, we had more malaria cases in the Gezina area than in Komatipoort, due to high rainfall," the doctor said.

The Department of Health has reminded visitors to identified malarial areas to take precautions. Anti-malaria tablets may be obtained at chemists.

benefit equally from a cheaper medicine than the one prescribed. (This latter statement makes the assumption that the cheaper medicine compares favourably with its more expensive chemical equivalent. It is the function of Medicines Control Council to ensure that all registered medicines are sound and acceptable with respect to the quality of their production and formulation, efficacy and their safety. It is mandatory that ongoing quality control of medicines should be practised in South Africa. All State and provincial hospitals' authorities have their own pharmaceutical quality control laboratories.)

(vi) The requirements of blacks in South Africa for medicines have not been defined in any meaningful fashion (17).

(vii) There are too few opinion leaders in pharmacology in South Africa, to whom others can turn for balanced and realistic advice concerning drugs and therapeutics, based on experience and an adequate basic training in pharmacology.

POSSIBLE AVENUES FOR IMPROVEMENT

Such multifacetted problems as I have defined do not lend themselves readily to simple solutions. Nevertheless, if the problem of spiralling pharmaceutical costs is to be approached at all, certain avenues of approach suggest themselves. These include the following:

(i) The provision of ongoing education programmes for general practitioners and hospital doctors, and other systems including the regular provision of up-to-date data sheets concerning all medicines in common use for prescribing doctors.

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maceutical industry with
local production. At the
prevent disincentives for

be made to improve the quality of the decision-making of state and provincial pharmaceutical coding committees. It appears anomalous that hospitals' coding committees operate independently in all four provinces of the country, and independently of National and Defence Force coding committees.

(v) It is desirable that formalised and appropriately supported attempts should be made to establish units whose objectives are to improve the quality of therapeutic practice. Such units would aim to describe existing therapeutic practice in the country; to define the nature of therapeutic practice in relationship with the state of health and of disease in the community, and with the risks of disease; to identify new areas where original action is required and feasible, and to encourage and assess the results of research programmes, or pharmacological and clinical information schemes. Such projects have made a promising start in Italy (24).

and newer homes built by the Local Authority, which had four rooms and running water.

The new 'coloured' settlement called Santaville on the outskirts of Graaff-Reinet appeared to be of the more modern type. Farm labourers' housing showed a good deal of variation but most were between 2 - 4 rooms with no running water. However the size of the houses on the farms usually varied in parallel with the size of the family while this would not appear to be so in the towns.

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Malaria on the increase.

Department of Health concerned about 'unnecessary' deaths

Mercury Correspondent

JOHANNESBURG—A dramatic increase in the incidence of malaria has prompted the Department of Health, Welfare and Pensions to express concern about the unnecessary deaths the disease causes in South Africa.

In a statement released in Johannesburg the department stated that even though malaria is not unknown here public awareness of the seriousness of the disease is most alarming.

A woman died in Potgietersrust of cerebral malaria only a few days ago, and this is a most alarming feature, a spokesman of the National Institute of Tropical Diseases said in Tzaneen yesterday.

"If people or their doctors didn't mistake the disease for flu a great many patients would be well again within a few days. People who have been in malarial areas and are returning to, for instance, Johannesburg, should be aware of this.

"If they develop flu-like symptoms after having been in these areas, they should recognise the fact that it might be malaria and have it treated promptly," the doctor said.

Many people leave the disease untreated for this reason until it has developed into cerebral malaria, which causes death due to the flow of blood to the brain being interrupted.

The Department of Health reminds the public to take the necessary precautions when visiting identified malaria areas. Anti-malaria tablets were available at all chemists and it was important that precautionary treatment be followed before, during and up to four weeks after visiting a malarial area.

In 1971 there were 717 diagnosed malaria cases in South Africa. In 1978 more than 5 000 cases were diagnosed, and the increase continues, depending on the amount of rainfall in malarial areas.

It serves the Magisterial District as well as Aberdeen, Jansenville, Pearston and Murraysberg.

Poison fears from chemical pla

NM 16/6/81

Mercury Reporter

ANGRY Pinetown residents near a chemical factory feared their lives might be endangered and they claim the authorities have been slow to react to complaints.

Mr Mike Gwynn, chairman of the Ward 2 Ratepayers' Association, said: 'It is a scandalous situation. Beside the unpleasant odours we have to live with, we have learned that the factory is handling methyl chloride which would have fatal consequences if any large quantity were released into the atmosphere.

'What upsets me is that their employees use spacesuits for protection and a special escape exit from the grounds, but if ever there was a serious leak 1 000 children at the Gelofte school, which is within spitting distance of the factory, would be affected.'

Mr Gwynn intended appealing to the Pinetown MP and MPs to investigate the situation.

A spokesman for Addington Hospital poison centre confirmed that methyl choride became dangerous if the concentra-

P.T.O.

tion in the air were higher than 100 parts to 1 000 000.

The symptoms of methyl chloride poisoning were nausea, vomiting, falling blood pressure, coma and congestion of the heart and lungs. It could also cause blurred vision, numbness, fainting and bronchial spasms.

Health

The factory was in an area zoned for light industry and Mr Gwynn claimed: 'This is quite wrong. The minute a factory emits smoke, noise or smells it belongs in a heavy industrial area.'

Mrs E Crookes, who lives behind the factory, fears for the health of her nine-month-old baby.

She said: 'I get terrible hayfever and sometimes the smell from the factory is so dreadful that we can't open our windows for fresh air.

'And you should see our plants; they become covered in soot.

'We went to the health department last year, but nothing has been done. Now we have appealed to the mayor for help.'

Mrs D Payne, who lives next door to Mrs Crookes, has been corresponding with borough officials for six years about what she believes is a serious health hazard caused by the factory.

She and her husband were busy compiling a chart to indicate the worst times of the day.

Appointed

Mr R Hunn, Chemical Services's managing director, referred the Mercury to the company's attorney in Johannesburg.

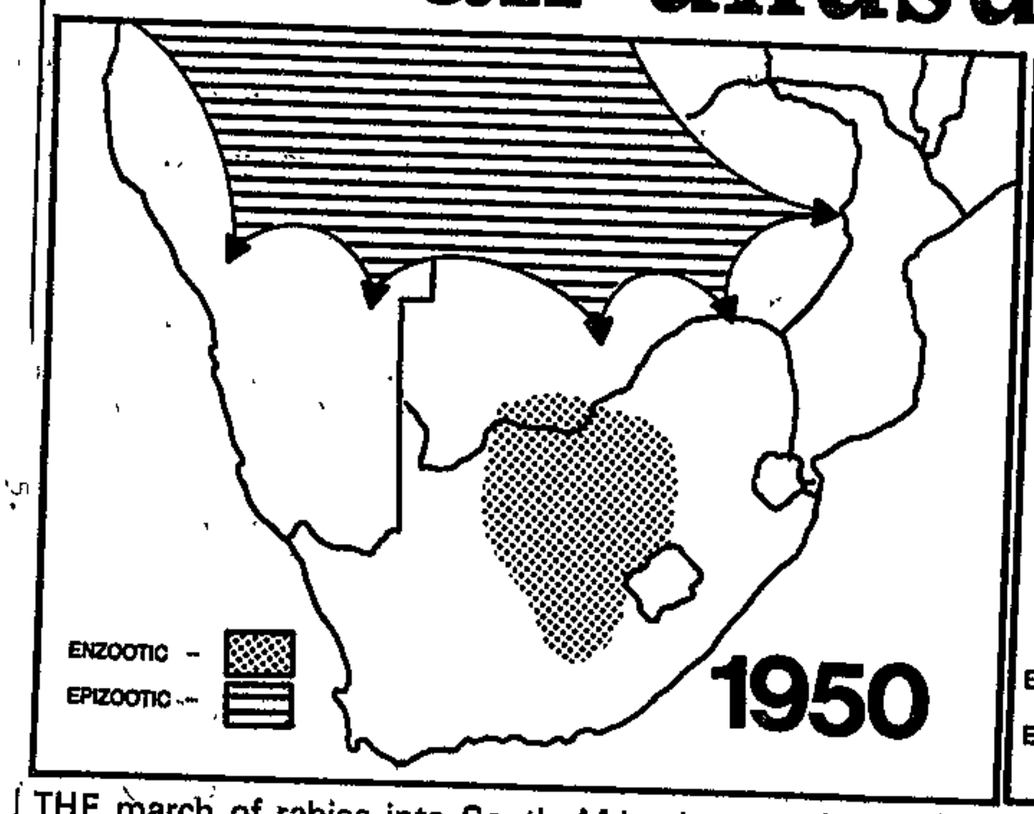
The attorney said he knew nothing about the chemical aspects of the plant, and that he had been appointed to process the factory's licence application.

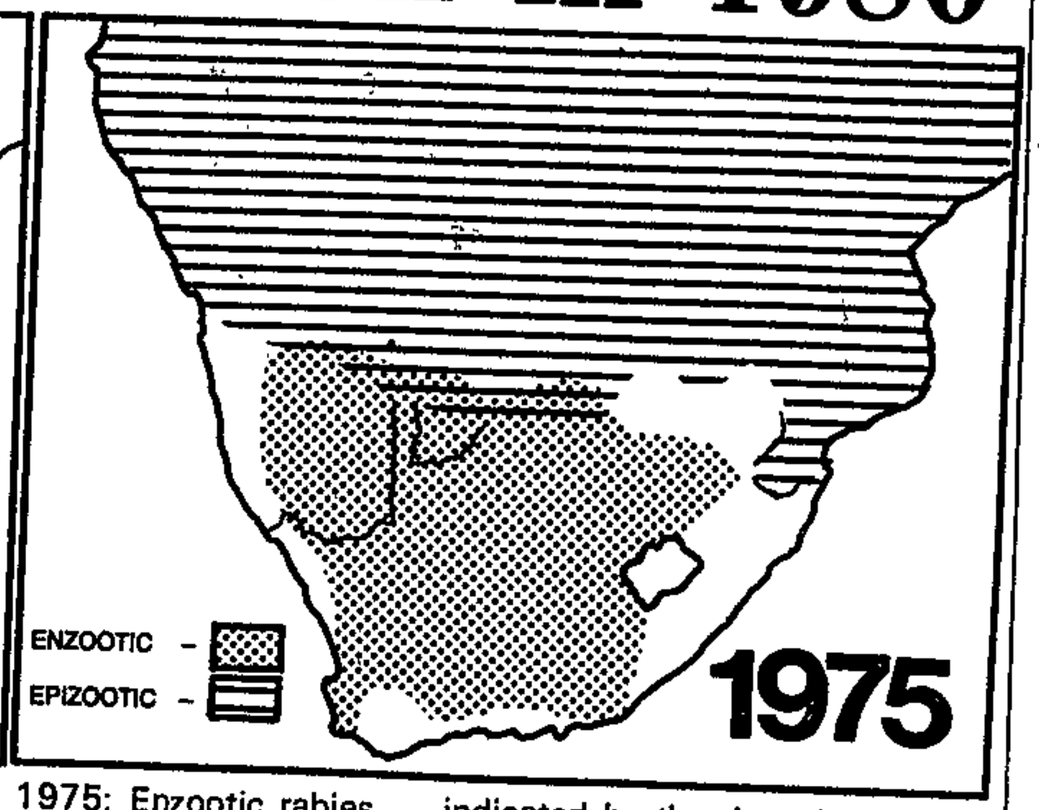
He said the factory had applied for a licence in terms of a new category called 'offensive trade'.

The Town Engineer, the deputy Town Clerk and the Mayor emphasised that the factory personnel were making every effort to co-operate with health and licensing requirements.

But Mr Gwynn said: 'I don't care what stringent precautions they take Who is to say that nothing will ever go wrong? I believe we have a right to live in a residential area without fear of poisoning.'

Cholera, rabies, influenza took an unusual toll in 1980





THE march of rabies into South Africa between 1950 and 1975: Enzootic rabies — indicated by the dotted areas on both maps — is where rabies occurs only occasionally among animals in the region indicated. This is detected all over South Africa and can easily be controlled even though this form has spread dramatically since 1950. Epizootic rabies — indicated with horizontal stripes — is always prevalent and makes the area dangerous to animal and man because of the epidemic nature of the disease. Epizootic rabies now overtakes the "occasional" one at South Africa's northern borders. A similar map for 1980 — not included in the 1980 Annual Report — would have indicated that epizootic rabies has invaded the Natal area, because of the rabies outbreak causing 16 deaths among people thus far.

MAPS: Courtesy of the Department of Health, Pensions and Welfare.

By ADA STULJT

THE 1980 annual report from the Department of Health, Welfare and Pensions has revealed that cholera, rabies, influenza and malaria have taken an unusual financial and physical toll of the South African population.

RABIES:

This disease reached "alarming proportions" last year. The total number of confirmed rabid animals reached proportions never encountered before in animals, the report states.

"What was previously a disease limited to the rural areas has now spread to the greater metropolitan areas in and around Durban.

"Due to the population density of humans and their favourite pet, the dog, the danger to humans increased and deaths resulted."

In 1980, a total of 142 confirmed animal cases resulted in 405 people being treated.

With one exception, these cases — all from KwaZulu — were admitted to King Edward VIII Hospital.

Two people had been attacked by bats and, for the first time, rabies has been positively identified in bats.

Government laboratories examined 273 units last year.

CHOLERA:

On October 2, 1980, Dr Alan Mitchell, Medical Superintendent of Shongwe Hospital, KaNgwane, diagnosed the first case of cholera in a local inhabitant of the area between Nelspruit and Malelane in the Eastern Transvaal Lowveld.

The incubation period of the disease varies between a few hours to five days. The source of the infection pointed strongly to an irrigation canal fed by the Crocodile River.

By December 31 there had been 884 positive laboratory findings of patients with vibrio cholera.

So far, 16 deaths are known to have occurred due to cholera.

The report states that, as the number of cases mounted, a co-ordinated plan aimed at ensuring safe drinking water and effective sewerage disposal evolved.

The rabies and influenza epidemics put a heavy load on the laboratories, and the Institute for Virology played an important role in diagnosing cases and obtaining information needed to handle these problems.

In 1980 42 468 examinations were performed at Government laboratories.

INFLUENZA:

An unexpected outbreak of influenza occurred countrywide in the winter of 1980.

According to the annual report, the outbreak was due to a sudden change in the influenza strain, so that the prevention vaccine for this season could not be prepared in time.

MALARIA:

Government laboratories examined 99 886 units for malaria in 1980.

In 1978 an extensive malaria control programme was put into operation, when monthly malaria cases reached more than 3 000. This was brought under control.

In 1979, figures for malaria never climbed above 350 cases, but in 1980 monthly malaria figures climbed back to the 2 000 mark, so the incidence of malaria is on the increase again.

DISTANCE TRAVELLED TO FAMILY

	16 - 39km	40km+	Total
	39	10	176
	58	5	110
	13	-	210
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	48	12	198
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	3	0	185
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Gish and G. Walker,

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ie's River) to 5.4 kms

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EXPERTS WARN: LABORATORY COLLAPSE MEANS DISEASE INCREASE

Outcry as State halts free cancer tests for women

THE collapse of State Health Department routine testing services for cervical cancer in Durban this week has been slammed by cancer prevention authorities.

The experts have warned of the financial consequences of not diagnosing cervical cancer in the early stages, and of a sudden rise in the incidence of the disease, one of the most common forms of cancer among women.

The State-run laboratory in Durban, which handled about 5 000 pap smears a month, stopped testing this week because of massive backlog resulting from a critical manpower shortage, and a cut-back in funding.

Dr Gwen Gregerson, deputy director of health in Natal, said it was hoped the service would be in operation again within the next few weeks.

Meanwhile, a doctor involved in research into cervical cancer, but who may not be named for professional reasons, said routine testing was the only way to prevent the disease.

By CONNAL VICKERS and MICHAEL CADMAN

Cancer of the cervix, which attacks passageways in the womb area, is the most common form of cancer among black women, affecting 23 out of every 1 000.

It is second only to breast cancer among white women, affecting 6 out of every 1 000.

The doctor said South Africa had one of the highest rates of cervical cancer in the world.

And he compared the costs involved in treating cervical cancer at an early stage to the expense of treating an incurable patient.

"If a routine pap smear is done and the disease diagnosed at an early stage, the patient can be cured for about R100.

"Many incurable patients require surgery at a cost of between R20 000 and R25 000."

He said that by the stage of the disease being diagnosed because a woman had realised there was something wrong, over 60% of cases were incurable.

The shortage of staff at the Durban laboratory has been blamed on the poor salaries paid to laboratory personnel.

Cytotechnologists, with five years training, are paid about R520 a month, while cytotechnicians, with two years training, receive about R320 a month.

Dr Gregerson said the laboratory would try to clear the backlog of smears while they were closed down.

She said one reason for the backlog was that private doctors had made use of the free services. They have now been asked to use private laboratories, and leave the free services open to the poor, and those without medical aid.

She also said the laboratory services would be streamlined during the temporary shutdown so that it could cope more efficiently with the thousands of tests received every month.

Dr Fred Clarke, MEC in charge of hospital services in Natal, said the virtual collapse of routine screening services by the Department of Health in Durban would result in an increased incidence of undetected cervical cancer.

"By the time it is visible at an internal examination, the cancer is usually in an advanced stage and the 100% guarantee of recovery as in early detection is not possible."

He said pathological services in Natal were taken over by the State from the province last year.

"Until then, Natal had one of the best services in South Africa."

> **'Routine tests are the only answer'**

The National Cancer Association of South Africa has a laboratory in Durban where almost 6 000 pap smears are tested each month.

Specimens come from family planning clinics in various parts of the country and South West Africa.

And the association is presently helping the Durban municipal health department by testing 600-700 of their slides a month.

National secretary, Mr John Delport, said he doubted whether they would be able to take over the extra 5 000 a month left by the State laboratory.

"In any case it is the responsibility of the State to run this type of service. We are not given a State subsidy and have to rely on donations from the public.

"We have set up training courses for cytotechnologists and cytotechnicians, who are now able to do these tests.

"Pathologists used to be the only ones allowed to do the testing but as there are not many pathologists in the country, the training courses have helped to alleviate the manpower shortage.

"Up to 90% of the tests are proved negative. Only doubtful and positive cases have to be checked by pathologists," he said.

Dr Colin Mckenzie, Medical Officer of Health in Durban, said the council had launched a scheme for pap smears in 1961 and patients of private practitioners could be examined free of charge.

He said the service was withdrawn two months ago because medical aid schemes now paid for the tests.

The regional director of laboratory services in Natal, Dr Justin Hill, confirmed this week that all pap tests at State-run clinics had been stopped.

"We just do not have the staff to cope. We have a backlog of four months' work and only do pap tests when requested by doctors."

He said private pathologists were still doing tests.

"Obviously, this caters only for the small number of people who can afford to pay".

Council's negligence leads to plague fear

Mrs Lucy Sibeko had to pay R20,97 to have her flooded toilet fixed. It has not yet been done.

RESIDENTS of Dube Extension, Soweto, have fears that there may be an epidemic in their township because most of their toilets have not been working for almost a year.

The situation has become so bad according to some of them that they have been forced to use the nearby veld to relieve themselves.

The local community councillor, Mr Frans Kodi, has blamed the local township manager of being negligent.

Mr Kodi told **SOWETAN** that at a Council budget meeting in April it was agreed that the matter be tackled as top priority. A plumber from the Orlando West township manager's office had been instructed to visit the 105 houses in Dube Extension and note all the houses which needed their toilets to be fixed.

"It looks as if that was never done. All these township managers know is how to raid our people for rent arrears and how to evict them from their homes," said an angry Mr Kodi.

Mrs Julia Mavimbela, Mr Nathaniel Mashabane and Mr John Gambu, members of the township's residents' committee, took reporters on a conducted tour of the township and pointed out the toilets which have become a symbol of fear for the residents.

They could not supply **SOWETAN** with exact numbers of affected houses, but it became clear that a sizeable number of their 105-house township was affected.

Mr Nathaniel Mashabane, residents' committee member, shows a blocked drain next to a malfunctioning toilet at Soweto's Dube Extension township.

Elderly and sickly Mrs Lucy Sibeko said that as a result of her flooded toilet she had approached the township manager's office to report the matter. She was asked to pay R20,97 to have it fixed.

"They haven't fixed it yet. How do we relieve ourselves?" asked Mrs Sibeko. "We have resorted to using a nearby veld, next to the Naledi railway line," she said.

But this "primitive" way of using the veld had grave dangers for the residents, according to Mr Mashabane. Said Mr Gambu: "At night it is out-of-bounds for our people. That place is a haven for rapists and murderers".

Adding her voice, Mrs Mavimbela retorted: "And don't forget that in the very same veld a decomposed body of a man was found. Just goes to show how dangerous the place is. And all this is caused by faulty toilets and administrative negligence".

Star 1/7/89 (89)

Fast action contains cholera on Reef

East Rand Bureau

Germiston's health authorities are worried about overcrowding in the black township of Kathlehong.

In her annual report Germiston's Medical Officer of Health, Dr Cora Erasmus, said the rapid population growth and overcrowding was causing "grave concern," particularly since cholera had appeared in the township last November.

Joseph Mashila (5) had died and six other people had contracted the disease, said Dr Erasmus.

Rapid action by a "cholera combat team" had resulted in the outbreak being confined to a small area of the township.

"Due to the mobility of the black population more cases of this disease will occur in the township and elsewhere in the city while it continues to be prevalent in other parts of the country," she said.

Another disease in the towns' [illegible] tuberculosis.

During the past year, 403 cases had been diagnosed, bringing to 3 723 the number of cases in Kathlehong.

"The picture of tuberculosis among our black population remains a gloomy one despite improved economic conditions and improving educational qualifications," said Dr Erasmus.

One of the main obstacles preventing a reduction in the prevalence of the disease was the continuous infiltration into the Germiston area of people with TB.

"Even when diagnosed and referred back for treatment to their places of origin they continue to live in the township or city, untreated and in hiding from the health staff, adding to the pool of infection," said Dr Erasmus.

[illegible] and 3rd major courses.

P A Rappoport

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

Miss C Tredgold

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

D H Pryce Lewis

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

S A Read

Osbourn Prize
For the best work in fourth year.

D H Pryce Lewis

John Perry Prize
For the best work in third year.

R A van Rosenveld.

cannot be removed costlessly. The fact that an institution is imposed on the market implies costs beyond those experienced in an ideal market.

The existence of an institution such as the control board proposed leads also to the costs for society that result from rent-seeking.(7) The regulations acquired by the industry may be operated primarily for its benefit. The incentive for graft and corruption may generate significant costs.(8)

However, these costs may be reduced by ensuring that the controls are exercised in full view of the rest of the industry and the medical profession. For the controls do not include quantitative restrictions such as licensing, which encourage rent-seeking behaviour. They are based on price/quality, more open to assessment by parties not represented on the central board.(9) These factors should enable the costs of the board to be kept within its benefits.

The basic role of the board will therefore be to correct the distortions that arise from the demand side of the market: effective signals will be generated from the market demand that enable supply to be called forth.

This type of co-ordination is what is needed in the market, for it has shown that the supply side of the industry is currently effective and that the types of proposal that attempt to regulate supply (i.e. Nationalisation or direct controls) would generate major distortions and inefficiencies. The centralised board is merely a device for ensuring the clear voicing of the demand side of the market. And this would allow a more efficient combination of supply and demand forces to service the drug market.

(9.4) CONCLUDING COMMENTS:

The analysis of this paper has shown that there are flaws in the flow of information in the drug market which impose costs on the allocation of resources. However, no market is ever provided with perfect information. Given the amount of information that can be obtained economically, the problem

is to devise a system that will allocate resources effectively.

It has also been concluded that the marketing board will not be without its costs. The question which needs answering is whether the costs of the board [illegible] benefits. This questio[illegible] for it is not possible [illegible] system is best.

The paper provides so[illegible] relatively unconstraine[illegible] the alternative propose[illegible]

Independent research [illegible] be encouraged in order [illegible] the workings of the dru[illegible]

However, it is hoped [illegible] will serve as an input [illegible] view of the economist is [illegible] regarding the pharmaceut[illegible] reserved for the medical

DURBAN — Rabies is spreading to new areas of Natal, but according to statistics released by the state veterinarian, Dr M. Ekron, thousands fewer have bothered to have their animals inoculated against the disease this year.

With two new cases confirmed near Eshowe this month, a spokesman for the Department of Health here said it seemed impossible to jolt the public into full awareness of the severity of the situation.

He said cases of rabies in dogs and cattle had been reported near Dundee this year for the first time. "Rabies appears to be spreading west. There have been seven cases in the Dundee area this year."

Confirming the generally apathetic attitude of the public, Dr Ekron, said that only 16 322 cats and dogs were inoculated in last month's mass campaign compared with 21 273 in the previous year.

He said people who had their animals inoculated last year in August seemed to think that they had to wait a whole year before having them inoculated again. As had been pointed out before, this was not the case. Now animal-owners would have to take their pets to private vets.

He said two new cases in calves had been confirmed in the Nkwaleni valley near Eshowe this month. — SAPA.

Rabies Spreads in Natal

Warning as Natal hit by new outbreaks of rabies

By ISOBEL SHEPHERD-SMITH

THE horrific killer virus rabies which has killed three people so far in Natal this year has erupted again.

Immunisation teams are working round the clock but they are battling superstition, fear, complacency and ignorance.

Intense faction fighting has kept people away because they fear attacks from rivals while their animals are being vaccinated.

In Dundee people are being prosecuted for not inoculating their dogs and cats.

So far this year 208 000 dogs and cats have been vaccinated by the State veterinary Department alone.

Seventy people have been treated for rabies and 31 cases have been positively diagnosed in animals.

There is no pattern to the scare and the virus has broken out in new territory.

Problem

"This is a new problem," the medical superintendent of the hospital in which the three blacks died, said.

Dr J P McCutcheon, of the Church of Scotland Hospital at Tugela Ferry in Northern Natal, said they had never had rabies in that area.

"We are now following up every dog bite."

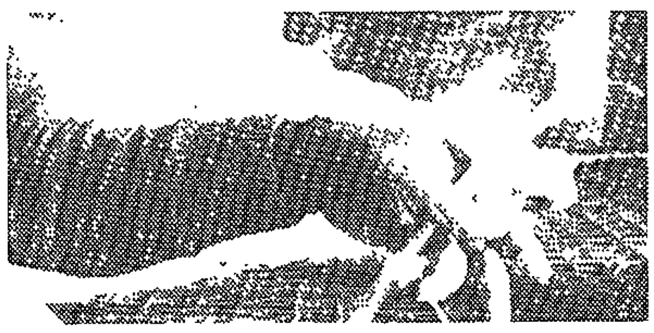
A senior medical officer from the State Health Department in Durban said complacency was a big worry.

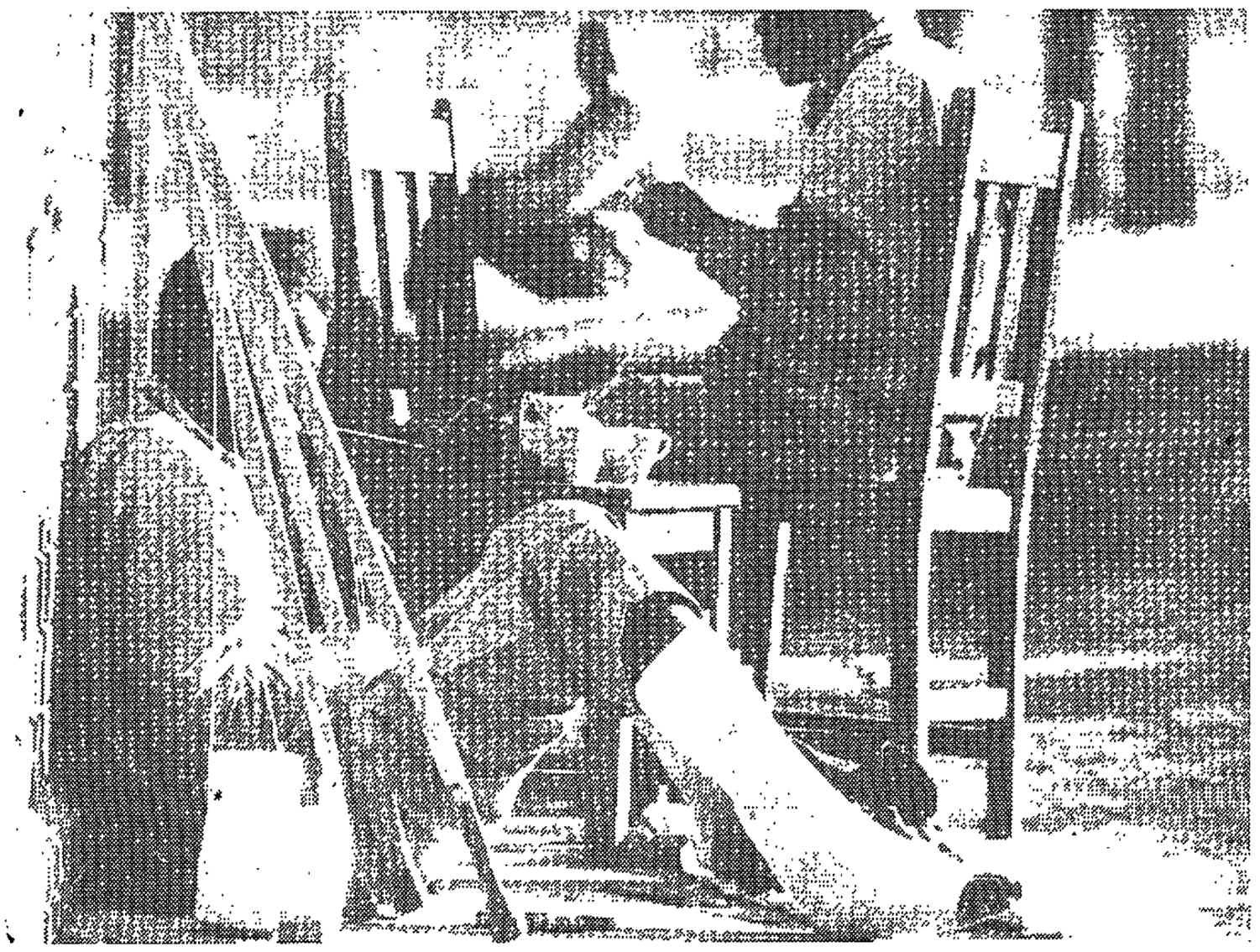
"If there's no rabies people get slack. If people own domestic animals they must have them inoculated."

"The disease used to spread as far as the diseased dog could walk," regional representative of State Veterinary Services Dr Peter Posthumus said.

"But with buses and taxis it travels at 90km/h."

This is the hand of a leper





S. Express 19/7/81

89

The word leper has brought fear and loathing into the minds of people through the centuries. NIGEL WRENCH visits this country's only leprosarium and finds that most supersitions about leprosy are totally wrong. DENIS FARRELL took the pictures.

THE entrance is up a lane of tall trees filtering the sunlight on to the road.

Then there's an entire little community ahead and on each side.

Neat red-roofed buildings, some fenced-in sections, a few church spires poking above those trees.

Hardly the classic picture of a "leper colony", this place just outside Pretoria.

It's certainly not the bibilical dirty pit full of screaming, legless, armless unclean beings.

The Westfort Hospital — not, as we're corrected by a secretary, an institution — may be almost 100 years old but it has its principles firmly in the 20th century.

"The great challange today is to accept the deformities of leprosy as the deformities of a cripple, not as those of a leprosy sufferer."

Westfort leprologist Dr Susanna Kok has wide experience of leprosy; 17 years at the hospital preceded by many years in Nigeria.

She says the hospital — capacity 1 200 patients — now houses a mere 170. Most will stay for between six weeks and two months before returning home. Others have been there for up to 30 years, bearing the terrible deformities that leprosy can bring.

But before venturing further into this hospital, a brief pause. What is this disease called leprosy, that has terrified generations, caused untold superstitions?

Firstly it's the *least* infectious disease in the world, according to medical authorities.

Essentially it's caused by a germ that directly attacks the nerves, the only microbacterium that does so. The traditional view of leprosy, as a disease of the limbs, causing them to fall off, is mistaken, says Dr Kok.

If the patient has normal or high resistance to the germ, then it will be destroyed completely — a type of leprosy called tuberculoid leprosy. But in destroying the germ, nerves are also destroyed, leading to loss of sensation in certain limbs.

It's this that leads to those deformities: a loss of sensation means that reflexes may be lost in, for example, the fingers, so that a hand put on a burning hot plate will have no sensation of burning.

There's a patient at Westfort whose deformities horribly illustrate this. He's a farmworker from De Aar, a little man whose smile lights up the hospital ward.

He had leprosy for an unbelievable 10 years, 10 years of losing finger after finger, until his disease was diagnosed and he was sent to Westfort.

Now, two months later, he no longer has leprosy, and will soon return home.

The deformities, no hands, remain.

Today's drugs could possibly have prevented those deformities if his leprosy had been treated in time.

For, says Susanna Kok, this type of case is the exception, and it is the exceptions who stay longer at Westfort.

The second type of leprosy occurs in patients with no immunity. This is called lepromatus leprosy and manifests itself in skin disorders. The face may swell, patches may appear on the skin.

□ □ □

It's this type which is infectious — but even then to only 6% of people. It's also this leprosy which is too often ignored for too long, meaning that patients are admitted to the hospital with deformed and helplessly swollen faces, that may take several years of treatment to return to normal.

Ironically, it is the tuberculoid patients — those who may have lost limbs — that are traditionally shunned and outcast by society, people who could actually infect no one.

Westfort's ancestory are the true South African leper colonies — the first was in the Eastern Cape deep in a valley, the second on Robben Island — and Westfort's seclusion on hills outside Pretoria tell of an earlier age of rampant superstition of the disease.

The Leper Law of 1894, repealed just four years ago, decreed that anybody with leprosy had to go to Westfort, and was often, says Susanna Kok, escorted there as if under arrest.

"But among less sophisticated people," she says, "there is none of the superstition that surrounds Western views of it. Leprosy is viewed as a terrible disease, but not necessarily one that condemned the sufferer as in Western societies."

Today's leprosy sufferer is usually sent to Westfort for diagnosis, and treatment for about six weeks. In cases where there are deformities, surgery and rehabilitation is necessary.

The hospital's occupational therapy wing deals with this aspect. But it's not, as Dr Kok stresses, an aspect that's unique to leprosy.

This leads to a hope that one day Westfort could be almost redundant, that leprosy sufferers could be treated and rehabilitated in conventional hospitals and nursing homes.

A walk through the buildings of the hospital set in the trees far from the bustle of the city is a humbling experience, but one that does show much hope.

The hope is in the parts of the hospital that have been converted to psychiatric use, and amongst the leprosy patients ready to leave. A hope that tells of advances of treatment.

For the rest, those few terribly deformed tell a story of suffering.

The two main wards house patients who need intensive treatment. But because of the nature of the disease, many are basking outside when we visit, another is crocheting a beautiful yellow bedspread. Few patients need to be bed-ridden.

A group of men are working full time on two carpets — their production rate is one every two days, and there's a ready market for their handiwork.

Dr Kok has an obvious love for every patient, frequent chats interrupt our walk. Many of the people have deformities, but few are in despair.

Some of these people are re-admissions, patients who had complications or who stopped their treatment and had to return. Most are from the rural areas, and medical people testify to the difficulty of keeping a check on them.

Dr Reuben Sher, of the South African Institute of Medical Research and Wits University's Department of Immunology says: "When treatment stops, the disease may take up to 10 years to manifest itself again, because of its chronicity."

He says it's partly the difficulty in recognising the disease that may lead to false optimism of its being conquered in South Africa.

"Generally, with the Bantustans, the hope that we may cure leprosy in South Africa may be premature. Where medical services are not optimum, it is possible that diseases such as leprosy may be prevalent but unnoticed."

Part of his department's research is into leprosy: finding out what really causes it, whether genetic factors are involved, why some people contract lepromatus leprosy, while others have the tuberculoid variety.

□ □ □

Our look at the hospital takes us to the fenced "sections" where patients live in small bungalows prior to returning home. These people may still have swollen faces, and other skin deformities, but there are few limb deformities.

The fences are legacies of the old superstitious era. So why do they remain?

Dr Kok says the patients prefer the security, but there's no chance to ask them.

Inside the sections — they used to be called compounds — we visit a man who keeps nine cats, his family has moved since he came to Westfort many years ago, and he's due to be transferred to a home, he needs no more hospitalisation.

We also go past a school — now only 14 children attend the classes up to Std 5, among them a young boy who's soon due to leave. He's just 15 and due to treatment he'll lead a normal life.

Our "tour" is over. Dr Kok remarks that she discourages "charity" tours of Westfort now. "People think it's like a zoo," she says bitingly.

Westfort hospital is far from that. It's a place staffed by people fighting preconceptions about leprosy as much as the disease itself.

FINE ART & ARCHITECTURE

ARCHITECTURE

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

Sixth Year

P F Dunckley

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

P A Rappoport

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

Miss C Tredgold

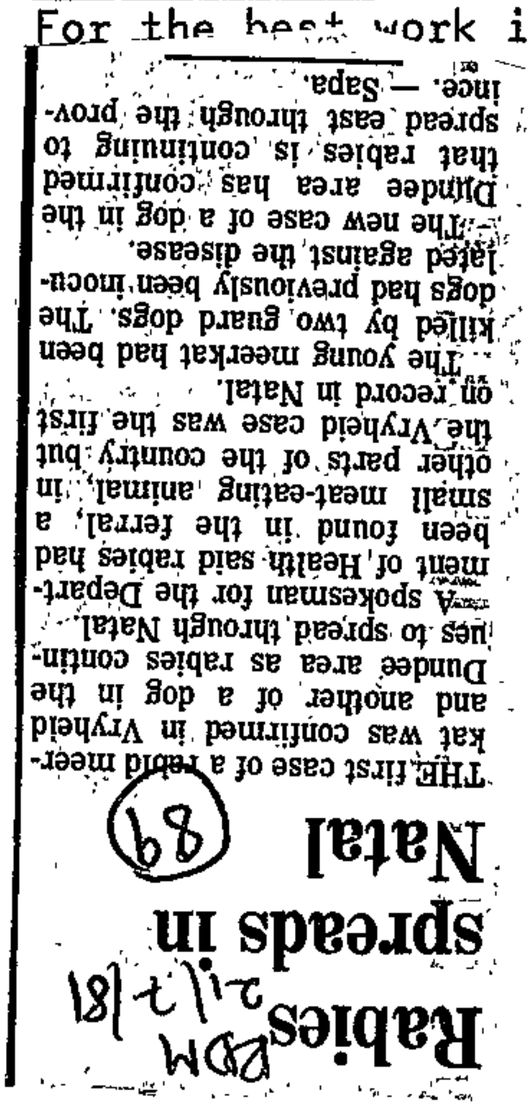
David Haddon Prize
For the best student of Architecture (or Quantity Surveying) in the subject of Professional Practice.

D H Pryce Lewis

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

S A Read

Osbourn Prize
For the best work in fourth



Rabies spreads in Natal

THE first case of a rabid meerkat was confirmed in Vryheid and another of a dog in the Dundee area as rabies continues to spread through Natal.

A spokesman for the Department of Health said rabies had been found in the ferral, a small meat-eating animal, in other parts of the country but the Vryheid case was the first on record in Natal.

The young meerkat had been killed by two guard dogs. The dogs had previously been inoculated against the disease.

The new case of a dog in the Dundee area has confirmed that rabies is continuing to spread east through the province. — Sapa.

Incidence of rabies is lower countrywide

Star 22/7/81 (89)

Own Correspondent

The number of positive cases of rabies in South Africa has dropped this year.

Dr Abraham van Heerden of the Department of Agriculture's Veterinary Services Division in Pretoria said 74 positive cases of rabies were reported between January and April this year, compared to 108 cases in the same period last year.

In the Transvaal and parts of the Free State there was a drop of one third in cases reported between April 1 1980 and March 1 this year compared with the corresponding period last year.

He said the area could be divided into three regions — northern and eastern Transvaal; western Transvaal and Northern Free State; and Southern Transvaal and north eastern Free State. Only one of these regions, the northern and eastern Transvaal, had experienced an increase in the number of rabies cases reported.

This region had 12 positive cases between April 1, 1980 and March 1 this year, compared with seven cases in the previous year.

In Natal, where there have been reports of a new rabies scare, the number of positive cases dropped from 21 to 13 in this period.

Dr van Heerden added no cases of rabies had been reported near Pretoria or Johannesburg. The only affected urban area in the Transvaal was Heidelberg which had a confirmed case of a rabid mongoose fairly recently.

"We don't expect any problems when holiday-makers return from Natal. The Province is a rabies controlled area and people are not allowed to take animals into and out of it without a permit."

FINE ART

Mrs M van Niekerk

Michaelis Prize
For best composition.

R D Morrison

David Marais Memorial Prize
For a most promising and worthy first or second year student.

R W Kohne

Sonny Cohen Prize
For the most promising and needy student in Fine Art.

H R Proud

Simon Gerson Prize
For a most promising Fine Art student (shared)

M D H Wells

A McL Kennedy

BUILDING
(Continued)

Chas. McCarthy & Sons Building Prize
Awarded to the final year student obtaining the best combined marks in Building Construction III & IV.

M Yeats

The Murray & Stewart Building Management Prize
Awarded to the final year student wishing to proceed to postgraduate study who is judged to have produced the best overall results in the final year of Building.

Medical Aid Schemes

Table 3 shows that a racial bias exists, in terms of which medical aid schemes tend to cover predominantly whites. This stems from the skilled-worker bias of the medical aid schemes (as will be shown from membership criteria), and the fact that whites hold predominantly skilled positions. The contributions for medical aid schemes are also too high for lower-paid workers. It is however the parties to the industrial council agreements who decide on contributions rates and so forth. The parties are the registered trade unions and the employer organization. For the most part, medical aid schemes exist in industries in which the trade union is still organised on a craft union basis. These industries include: Building, Printing, Electrical undertakings, Engineeering Trades, Iron, Steel, Metallurgical industry, motor industry, hairdressing and Furniture. (See Appendix C - list of Trade Unions who are parties to medical aid and medical benefit agreements.) 8I% of white workers are covered, whereas Africans have virtually no medical aid coverage. (See Table 3). The high exclusion rate of Africans and relatively high exclusion rate of Coloureds and Indian workers could be related to the workers not employed in skilled positions.

Ten of the sixteen medical aid schemes at present existing were established after 1963 and only one existed before 1957.

All the schemes cover dependants to differing degrees, and make provisions for pensioners and widows to continue being members. The scnemes pay for doctors' accounts and medicine, medical, surgical, specialist and hospital and nursing home treatment and services are also paid for. There is free choice of doctors, no doctors being appointed for consultation by the management committee. A preferential tariff is, however, laid down by the management committee of the fund.

Warning of typhoid, cholera

Johannesburg was heading for a typhoid or cholera epidemic Mr Alan Gadd, MPC and city councillor for Yeoville, warned last night.

A vehement crusader against dumping of litter on open stands, where rats and other disease-carrying animals could breed, Mr Gadd was speaking on a motion urging new approaches to the litter problem.

Some stands in Yeoville, sites of demolished houses now strewn with rubble, were in a "filthy, sickening mess," he said.

A solution would be to insist a demolisher build a high fence around a stand, subject to the approval of the city council, before a demolition permit was granted, he added.

Replying to the debate, Major Danie Opperman, chairman of the health and environment committee, said fences would not help. People would throw rubbish over and against the fences.

"We must teach and punish people," Major Opperman added.

Mr Max Neppe, PFP councillor for Berea, who sponsored the litter motion, criticised the management committee for failing to reverse the public's litter-prone habits.

This could be done using patience, motivation and education.

TABL

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SPLITTING BOARD TOILET AND SENT TO WORK COLONY

S. Times 1/5/81

A COMMISSIONER of the Department of Co-operation and Development ruled that a man who could not work because he suffered from epilepsy was "idle" and sent him to a work colony.

This was disclosed in evidence in the Rand Supreme Court by Professor Wiechers.

Professor Wiechers said the epileptic was a Mr Dube, 24, who lived with his mother in Lamontville, Durban.

Mr Dube was supported by welfare funds, but he was not a registered work-seeker, and the court had found that although he had not worked for several years he did in fact want to find employment.

Problem

However, Professor Wiechers said, "the problem is that he is an epileptic and suffers from attacks from time to time, and the doctor who examined him confirmed this, and confirmed that he must continuously receive medication"

"He was found by the commissioner to be an 'idle' person and was ordered to go to a work colony."

Professor Wiechers then quoted the commissioner as telling Mr Dube: "Unless you manage to prove otherwise, I formally declare you to be an idle person.

"Nobody is required to prove that you have matched the definition. You must prove that you do not.

Detention

"Once you are officially idle all sorts of things can be done to you. Your removal to a host of places and your detention in a variety of institutions can be ordered.

"You can be banned for ever from returning to the area where you were found, or from anywhere else for that matter, although you may have lived there all your life.

"Whatever right to remain outside a special Bantu area you gained by birth, lawful residence or erstwhile employment is automatically lost.

"Perhaps you have never broken the law in your life or harmed anybody or made a nuisance of yourself by your activities or the lack of them. To complete our example, let us take that to be. It makes no difference."

more will be available to spend on amenities. This amounts to a penalty being placed on a community which drinks little; a peculiar form of regional taxation dependent on local drinking patterns.[16]

The criminalisation of domestic production of beer and the links between beer consumption and the repressive system of township finance have created resistance to the beer monopolies. In 1962 in Cape Town, for instance, the residents of Langa rejected the proposed building of beer halls and liquor outlets in a referendum, by 11 167 votes to 2 916 (Liquor : the background, 1976 : p. 131). Nevertheless in 1966 the Cape Town City Council raised loans to build a beer brewery with a daily output of 10 000 gallons.

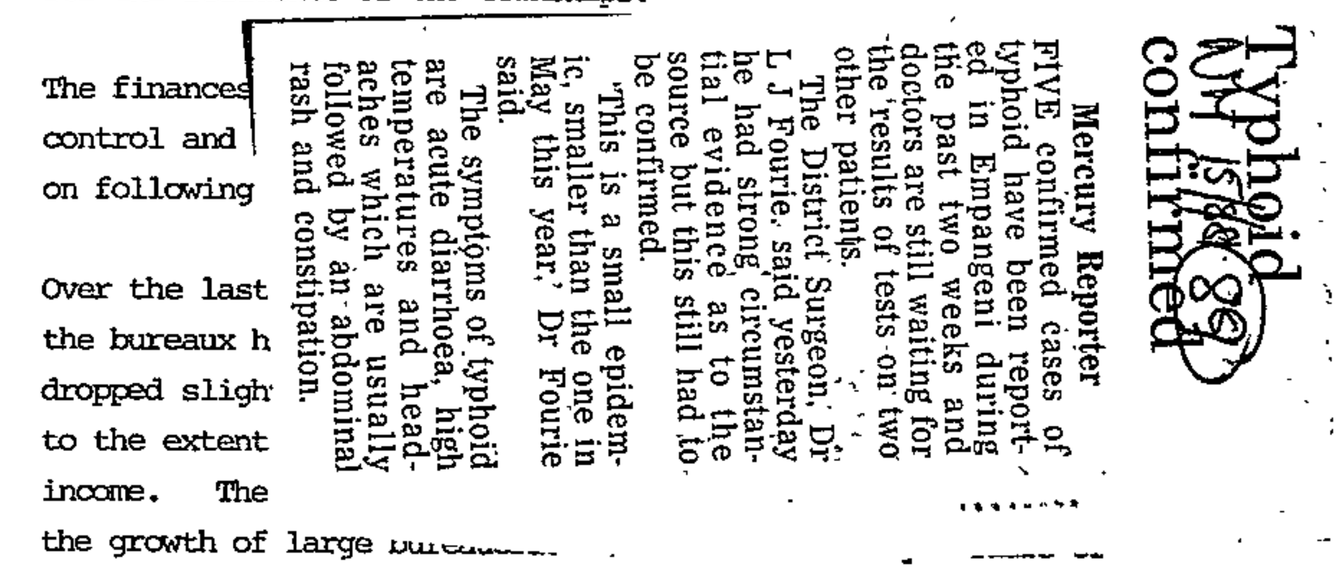
In 1961 following the legalisation of the sale of liquor to Africans, the consumption base of location finance was further strengthened by the establishment of liquor outlets in Langa, Nyanga and Guguletu. Initially 80% of the profits were tied to homeland development, forcing residents into the subsidisation of areas in which many of them had never lived or were likely to live. This policy was reversed as the boards began requiring further sources of revenue.

To augment sources of revenue BAABs and their predecessors attempted to create conditions under which mass consumption of beer and liquor could take place. Halls for the consumption of beer and liquor have been established as virtually the only recreational facilities in the townships, artificially raising levels of consumption, and substituting consumption for recreation. 'For the satisfactory working of a beer hall the most important consideration is the efficient serving of beer in such a manner that the customers are speedily served through a foolproof system under complete surveillance and control. The provision of queue races leading the customers from the entrance past the cash boxes to the disposal point prevents the possibility of

16. Michael Savage, 1977.

Further, each time income for a sector falls below expenditure, services will deteriorate proportionately. For example when beer profits fell below expenditure after 1976, general income remained the only source of funds to balance the beer sector, thus reducing the amount available for expenditure on services. At the same time the costs of services themselves are rising (see graph for services expenditure).

Expenditure itself is determined a priori by the nature and functions of BAABs, these functions being labour control and allocation and the provision of accommodation to facilitate such forms of control. The extent to which income derived directly from workers' pay packets is used to facilitate their own control and repression is a politically important question for the residents of the townships.



Typhoid NOT 1st case confirmed

Mercury Reporter

FIVE confirmed cases of typhoid have been reported in Empangeni during the past two weeks and doctors are still waiting for the results of tests on two other patients.

The District Surgeon, Dr L J Fourie, said yesterday he had strong circumstantial evidence as to the source but this still had to be confirmed.

'This is a small epidemic, smaller than the one in May this year,' Dr Fourie said.

The symptoms of typhoid are acute diarrhoea, high temperatures and headaches which are usually followed by an abdominal rash and constipation.

The finances
control and
on following

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the growth of large bureaux
areas in which labour is accommodated, as have other forms of control over the black population.

The wages of the officials of BAAB (of whom many at the top are white) constituted 15% of total expenditure in 1975-6. However this constituted 34% of general expenditure.[1] As we have seen general expenditure is based on maintenance and the provision of services. A total of 1 270 employees (of whom 207 were white) earned R2 833,716 in salaries. (Hansard 18.4.78 Col. 637-8). The chairman and board members earn high salaries. Board members'

1. Wages as a proportion of expenditure increase in 1977 and 1978.

Diphtheria scare unjustified – MOH

Municipal Reporter

A diphtheria epidemic was impossible and there was no need for parents to rush to local doctors, Johannesburg's medical officer of health, Dr Baldwyn Richards, said today.

A carrier of the potentially fatal disease was discovered at a local school and his department had to find out how many children at the school were immunised, Dr Richards said.

Worried parents had been taking children to general practitioners for tests, he said.

"There is no diphtheria epidemic and it is impossible because of the high immunisation status of the population," he said.

The infected child had not even been admitted to hospital.

If the normal immunisation programme for a child had not been followed by parents, they could go to the health department's clinic or go to a doctor, he said.

● Dr Richards refused to give the name of the infected child or the school he attended.

Typhoid: another pupil in hospital

ROM (89) 27/8/81

By ADA STUIJT

ANOTHER suspected case of typhoid fever has been identified in the Johannesburg area. This brings to four the number of boys at a Rosettenville school hospitalised with the disease this week.

The Progressive Federal Party councillor for Yeoville, Mr Alan Gadd, who recently called for a massive clean-up of dirty city lots to prevent typhoid fever outbreaks, reacted with shock to the news.

"I call on the council to take immediate action to ensure that this typhoid fever outbreak is brought under control," he said.

Johannesburg's Medical Officer of Health, Dr Baldwyn Richard, said yesterday: "One more pupil from St Martin's private school in Rosettenville has been hospitalised at Rietfontein Hospital with a suspected case of typhoid fever, although our tests have not yet positively identified it as such."

Dr Richard rejected the possibility of a typhoid fever epidemic in Johannesburg's residential areas.

"With the city's safe water supplies, controlled milk sources and inspected food facilities, a typhoid fever epidemic is not very likely here," he said.

"But we are checking for a possible connection at the most obvious common source.

Homelands

"The boys, all from the same Rosettenville school (St Martin's), may have been infected by any of their domestic workers or gardeners returning from a homelands holiday, where water supplies are less controlled than in South Africa," he said.

Dr Richard also considered the chance very remote that the outbreak of the disease at Westonaria's Kloof mine four weeks ago — when 65 miners were treated at the mine hospital for typhoid fever — had any connection with the four schoolboys.

"The likelihood of all four schoolboys being infected from one source as far away as Westonaria — which is about 30km away from Rosettenville — is highly unlikely," he said.

One of the schoolboys, 17-year-old Graham Plank — who became ill two weeks ago while on a holiday in Scotland with his Rosettenville parents — is in satisfactory condition at Glasgow's Ruchil Hospital, according to a hospital spokesman.

One of the other boys has already been discharged and the other two at Rietfontein Hospital are in satisfactory condition. Their names are not known.

"The one boy's condition is such that he will probably be discharged soon. We discharged another boy yesterday," the head of Rietfontein Hospital's isolation ward, Dr B Muller, said yesterday.

The headmaster of St Martin's private school, Mr O Whigmore, is on holiday in England and could not be reached for comment, according to the school's secretary.

Typhoid fever is characterised by red rashes, high fever, bronchitis and intestinal haemorrhaging.

MR ALAN GADD
Clean-up call

In 1979, 3 784 cases of the dreaded disease were reported throughout the country. Forty-four deaths resulted. This represented a substantial increase from the 1978 total of 2 843. The figures do not include the homelands.

In January, a typhoid scare broke out in Durban, and a month later several cases were reported in Lady Grey and East London.

Dr James Gilliland, Deputy-Director for the Department of Health, said yesterday that between January and June this year, 864 cases were reported in South Africa, and 881 in the homelands.

Treatment

The treatment for the disease was much easier since the introduction of "some very excellent anti-biotics", Dr Gilliland said.

The disease is seasonal, usually occurring after rains, as it was a water-spread bacterial illness.

It has an incubation period which varies from 5 days to 3 weeks.

● Typhoid is a disease which any doctor, by law, must report to the Department of Health, Welfare and Pensions when it has been positively identified.

Diphtheria scare: No danger, says medic

City Editor

A DIPHTHERIA scare started to spread in Johannesburg this week after a primary school pupil was found to be a "carrier" of the disease.

But the city's Medical Officer of Health, Dr Baldwyn Richard, stressed yesterday there was no danger of an epidemic developing.

"There is no question of an epidemic. It is not possible because of the high immunisation status of the community."

Dr Richard declined to divulge the pupil's school, where he said the scare had developed and then "spilt over" into the community.

He said the normal immunisation routine was three injections at six-weekly intervals up to the age of three months, a booster at the age of 18 months, and another booster when the child started primary school.

Any child whose parents had followed this routine was safe, he said. Those who had followed even part of the routine were also comparatively immune.

Teacher may be 4th typhoid victim

Star 27/8/81 (89)

Johannesburg's fourth suspected case of typhoid fever, a master at St Martin's School in Rosettenville, is in a "satisfactory" condition at Rietfontein Hospital.

A spokesman said the teacher had undergone tests and results would be known in a few days.

Two young pupils at the school had been treated for the disease and discharged from hospital.

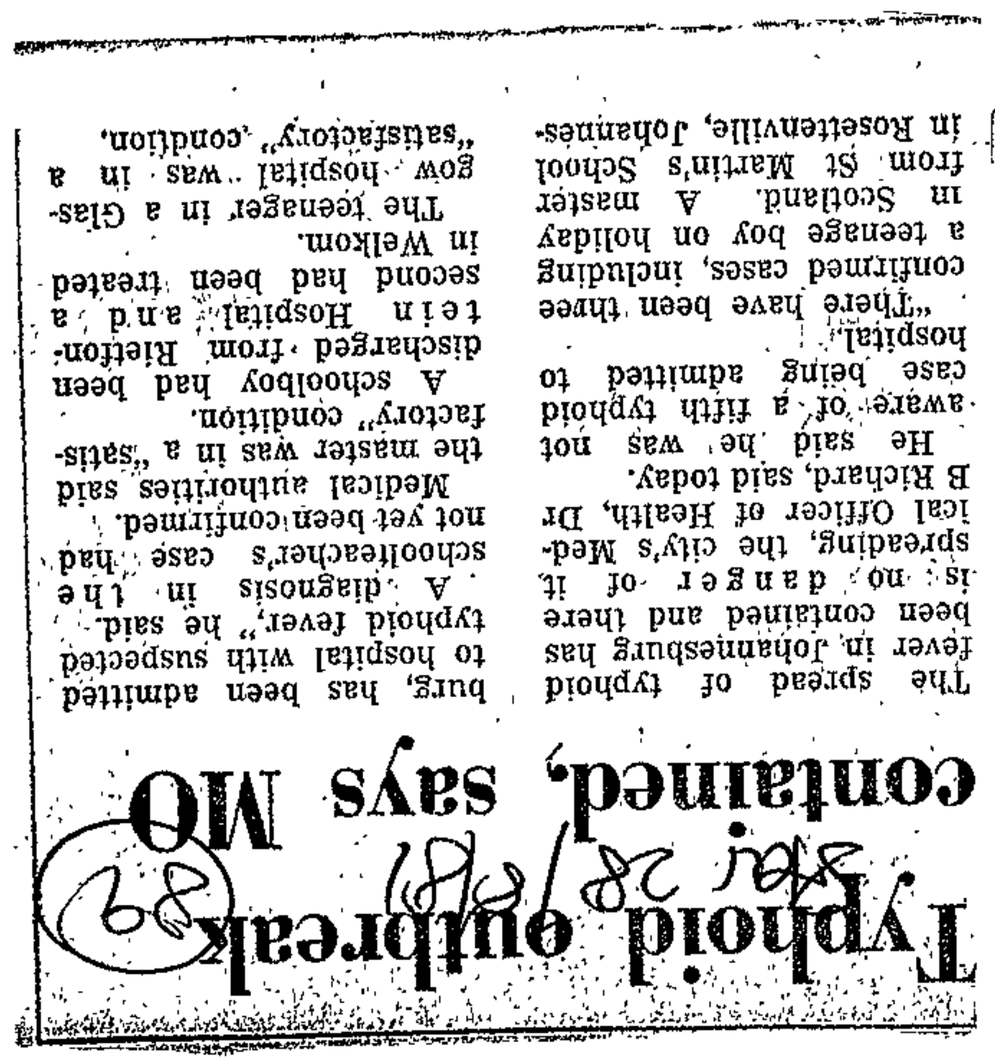
Another Rosettenville schoolboy, Graham Plank (17) who fell ill while on holiday in Scotland, is reported to be in a "satisfacto—" condition in a Glasgow hospital.

Johannesburg's Medical Officer of Health, Dr. B Richard, rejected the possibility of a typhoid fever epidemic in the city.

He said the city had chlorinated water supplies, pasteurised milk and controlled food facilities. Health inspectors made constant checks at restaurants, eating places and food factories.

Steps had been taken to warn parents of pupils at St Martin's School that their children might have been exposed to typhoid fever.

not be hit by the section as it was then worded. The 1959 amendments were intended inter alia to bring such transactions within the net of the section and based on the decision in Smith's case (supra) the amendment has achieved this result.



Typhoid outbreak contained, says MO

The spread of typhoid fever in Johannesburg has been contained and there is no danger of it spreading, the city's Medical Officer of Health, Dr B Richard, said today.

He said he was not aware of a fifth typhoid case being admitted to hospital.

"There have been three confirmed cases, including a teenage boy on holiday in Scotland. A master from St Martin's School in Rosettenville, Johannesburg, has been admitted to hospital with suspected typhoid fever," he said.

A diagnosis in the schoolteacher's case had not yet been confirmed.

Medical authorities said the master was in a "satisfactory" condition.

A schoolboy had been discharged from Rietfontein Hospital and a second had been treated in Welkom.

The teenager in a Glasgow hospital was in a "satisfactory" condition.

Campaign launched to prevent cholera

By ADA STUIJT

A CAMPAIGN to prevent cholera has been launched in all black secondary schools in South Africa — including those in Transkei, BophuthaTswana and Venda — by the Department of Health, Welfare and Pensions.

According to a department spokesman, ignorance and lack of personal hygiene are the most important factors leading to cholera, a water-borne disease whose epicentre in SA is in northern Natal.

"It is impossible to supply everyone with piped water and sewage disposal immediately, and the 'Stop Cholera Campaign' was launched to make people more aware of their personal role in combating disease," she said.

Last year, a total of 1 179 people were registered as having been infected with cholera in South Africa, according to the Department of Health report for 1980 which was tabled in Parliament two weeks ago.

The information package, which is in Afrikaans and English only, is being distributed among all black secondary schools this month.

In all about a million booklets, leaflets and posters depicting the most important measures in combating cholera, and about 300 slide programmes, will be distributed.

The literature will not be distributed to white schools.

Virus strikes at City school

ET 26/9/81

89

Staff Reporter

FOUR children have been diagnosed in the past three weeks as suffering from encephalitis in an outbreak at a southern suburbs school.

Twenty-three other children and two parents have reported ill with mild symptoms. The school is closed for the spring holidays and will reopen on October 16.

Dr Alec Chaimowitz, the City's acting medical officer of health, said yesterday that encephalitis was a viral disease which tended to occur more often in winter and early spring. The disease was not notifiable, which meant there were few records, but on information available the present figures were not unusually high.

Tests were being conducted by the University of Cape Town's Department of Virology.

Cholera kills four

By NORMAN NGALE

FOUR people died and eighty have been admitted at Jubilee Hospital near Hammanskraal this week in the worst outbreak of cholera since the first outbreak of the epidemic a year ago.

Dr G Malan, superintendent of the hospital, described the outbreak as the worst and said he did not know what the end would be as the "whole thing is snowballing".

He expressed fears that the number could still swell making it difficult for the hospital which is already overcrowded by about 200 patients.

The outbreak since Saturday is in the Moretele district of BophutaTswana which includes Mathibestad, Mákapanstad, Suurman, Dihibidung and several other villages north of Pretoria.

Dr Malan said Apies River, the source of water supply in the area, was highly poluted with the disease and he strongly warned villagers to stop drawing water from there.

Nearly a hundred water tanks from which several tankers will draw water to serve the villagers are being distributed throughout the villagers, according to Dr Malan.

He said the homeland government had sent any army detachment to the area to help various health officers and nurses to chlorinate the water drawn from pits and the rivers.

The Department of Health in BophuthaTswana had, he said, decided to put lime into the thousands of pit toilets in a desperate bid to contain the epidemic.

Health education was also given to villagers by teams of officials and soldiers who go from house to house and visit tribal courts to address the public on cholera.

Early this year the hospital treated an average of 40 cases a week as compared to a record 80 cases within three days this week.

See Page 2

ETAN, Friday, October 2, 1981

Patients told of cholera precautions

IN ALL the wards of the Jubilee Hospital near Hammanskraal, posters written in several languages warning patients on precautions to take to prevent cholera attacks were displayed.

The posters warned people to use only boiled chlorine treated water, wash hands with clean water before handling food.

They are warned to wash raw food with chlorine treated water, not to use open veld to releave themselves but to use toilets or places far from rivers, streams and wells.

In female wards dealing with cholera victims, those suffering from other ailments were discharged so as to make room for the inflow of cholera patients.

Dr A M Raphala who took the **SOWETAN** team around said in one ward which had only 35 beds, about 75 patients were treated yesterday.

He said the hospital could not cope as a result of space and the acute shortage of qualified nursing staff and that the hospital had requested for reinforcement from other hospitals.

Dr Raphala said women and children were worse affected for they were the people who used much of the polluted water as men in the area were migrant labourers in cities.

Cholera: four dead 100 in hospital

Sta 2/10/81

89

By Pamela Kleinot

The cholera outbreak in the Moretele district, 35 km from Pretoria has reached epidemic proportions claiming four lives, and more than 100 people have been admitted to hospital.

Dr G Malan, superintendent of Jubilee Hospital near Hammanskraal, said today there was no doubt there was a real edpidemic in the district which would "surely spread with the movement of people."

"We have a tremendous crisis on our hands," he said." "The hospital has called in 15 to 20 nurses from other hospitals to cope with the sitution."

Dr Malan could not give exact fiures but said that by yesterday more than 100 sufferers had been admitted to the hospital in a week. Three were dead on arrival and one died in hospital.

"We had a similar epidemic last summer but it was not as virulent and widespread as this one.

"Although we kept a high level of surveillance during the winter with 40 chlorination points along the Aapies River, cholera broke out again with the hot weather."

Dr Malan said a health team was serving all over Bopthathatswana, educating the people and supplying them with clear water, assisted by the army.

Apart from the nursing reinforcements at the hospital another 12 health educators, health inspectors and other officials were helping them.

100 confirmed cholera cases near Pretoria

MORE than 100 confirmed cases of cholera have been reported at Moretele, 35km from Pretoria, since the weekend, medical authorities said yesterday.

The cases were being treated at the Jubilee Hospital in Temba near Hammanskraal.

The hospital's medical superintendent, Dr Gerald Malan, said 12 cases were admitted yesterday and 80 at the weekend.

"We are waging an all-out war against the disease and our health teams from various regions in the country have gathered in the Moretele district to help in the campaign," he said.

The team had been joined by members of the BophuthaTswana Defence Force who were helping with the purification of water in the district, he said.

Most of the cases had been from Mathibestad where residents obtained their water from the polluted Apies River.

Other areas where the disease has been reported are Dikubung, Schuurman and Makapanstad.

All patients admitted at the weekend were improving and 15 had been discharged, Dr Malan said. He warned people to take precautionary measures before using water. — Sapa.

Cholera now an 'epidemic'

Argus 2/10/81

89

Argus Correspondent

PRETORIA. — South African and Boputhatswana health authorities meet at the Jubilee Hospital near Hammanskraal today to discuss the new cholera outbreak near Pretoria, which has claimed four lives.

Ten new confirmed cholera cases have been reported at the Jubilee Hospital. Dr Gerald Malan, the hospital's medical superintendent said the outbreak was now a major epidemic.

FOUR DEAD

Four people have died and 92 people treated at the hospital.

Most of the cases were from Mathibestad near Hammanskraal where the residents are getting their water from the polluted Apies River.

Other affected areas are Schuurman, Makapanstad and Dikubung.

A spokesman for the Department of Health said today that Pretoria was not a dangerous spot for cholera.

'We have a clean water supply and chances of the disease spreading to the city are slim' he said.

By CHARLENE BELTRAMO

Govt acts to curb disease outbreak

TIME FOR CHOLERA, TYPHOID EPIDEMICS IN RURAL AREAS AFTER THE RAINS

HEALTH officials nationwide are gearing themselves up for a possible recurrence of last year's cholera and typhoid epidemics.

They are also preparing for the annual summer increases in diseases such as malaria, bilharzia, infectious hepatitis, tickbite fever and, in certain areas, bubonic plague.

During the recent six-month cholera epidemic 4 000 people were infected and about one in every hundred victims died.

But many cases were not reported, a spokesman for the Department of Health said.

"Three out of four cases would have had no symptoms, and therefore would not have gone for medical help, but would still be carriers for a short while.

"Only two out of every 100 infected people get seriously ill."

A person can have cholera (or typhoid), but if it is mild no symptoms are evident and no medication is necessary, but he will be a carrier for a while.

Cholera can be carried for about 10 days, but a person can carry typhoid indefinitely, without ever showing any symptoms.

The spokesman said cholera was still endemic in South Africa and that there was a danger of an epidemic in certain areas after the summer rains — any time from October.

Last October an epidemic began in the poverty-stricken homeland of kaNgwane.

Professor Margaret Isaacson, head of the departments of Tropical Pathology and Epidemiology at the South African Institute for Medical Research, said 36 817 cases of cholera were reported to world health authorities last year.

The South African strains of malaria do not recur — but if you don't recover they are killers.

Prof Isaacson, who is an advisor to the United Nations World Health Organisation, said the figure probably only reflected 10% of the true incidence of cholera worldwide.

Africa reported 17 675 cases, 19 108 were in Asia and only 34 cases were reported from the rest of the world.

She said that, endemically, cholera tended to be prevalent in developing countries where there was no clean water supply and no separate sewage removal.

Another medical spokesman affiliated to the University of the Witwatersrand said the recurrence of cholera and typhoid was inevitable in homeland areas such as kaNgwane.

"Water supplies are bad, there is little clean treated water and the homeland authorities do not seem to have the money to rectify the situation.

"The problems of typhoid and cholera (both water-borne diseases) are made worse by officials in the area who cut off fresh water supplies if people are late

Department of Health statistics show that 12,7 people per 100 000 of the South African population get malaria each year.

However, Prof Isaacson said the statistics for this, and all other diseases, should be evaluated in the context of population at risk.

"In South Africa only about a million people will be at risk from malaria."

Infectious hepatitis is so common in South Africa, according to Prof Isaacson, that a study by the National Institute for Virology showed that in South Africa — as in other developing countries — most Black people had infectious hepatitis before adulthood.

Two out of three Whites had infectious hepatitis before their 21st birthdays.

Prof Isaacson said that, if contracted in childhood, infectious hepatitis usually produced no symptoms and built up antibodies against the more serious viral hepatitis.

Bubonic plague still occurs in certain areas of southern Africa.

● Prof Maragret Isaacson ... warnings of disease

The Government is chlorinating water supplies in certain rural areas to prevent cholera recurring

At present Government departments are chlorinating water supplies in certain areas, including Winterveld, a squatter area near Pretoria, to prevent a recurrence of cholera.

Similar emergency measures have been taken in Inanda, a large squatter area near Durban, to prevent a recurrence of typhoid caused there last year by overcrowding and latrines that overflowed during the summer rains.

Last year 17 out of every 100 000 South Africans were diagnosed as having typhoid — a figure higher than that for other notifiable diseases such as malaria, bilharzia, cholera, hepatitis or bubonic plague.

According to the Department of Health the peak time for typhoid cases is January to May, after the rains.

It primarily occurs, like cholera, in the Northern Transvaal and parts of Natal.

Acccording to the department, three million people in South Africa are infected with bilharzia.

But in Africa, malaria is of particular concern as the strain is more virulent than elsewhere.

Prof Isaacson said malaria found here did not recur, "but if you don't get better, it kills you".

Cholera nets another 33

SOWETAN 5/11/81 89

ANOTHER 33 victims of cholera have been admitted to Jubilee Hospital, Hammanskraal, since Thursday.

By MONK NKOMO

Dr G Malan, medical superintendent at the hospital, said this brought the total number admitted since last Saturday to a record 133 patients — the majority being from Mathibestad.

He said 80 patients were currently being treated after about 50 patients had been discharged from the still crowded hospital, whose patients exceed the bed number by 30 percent since the outbreak.

So far the outbreak has claimed four lives.

"The incidents have dropped from the average 20 to 30 patients daily during the first three days to between 8 and 12 patients now," Dr Malan said.

He said a decrease in the number admitted since Thursday was due to the pamphlet blitz launched by the local health authorities informing people about the dangers of cholera.

Local private doctors, he said, were also crowded with patients suffering from the disease.

Dr Malan said the Bophuthatswana Defence Force was busy chlorinating all sources of water supplies and putting lime into the pit toilets. He urged people to drink chlorinated water or get their water from water tanks supplied by the authorities.

Causes of cholera

DEATH could occur within 24 hours for a cholera victim due to the loss of 25 to 30 litres of fluid in "loose watery stools", causing severe dehydration, said Dr G Malan, medical superintendent of Jubilee Hospital, Hammanskraal.

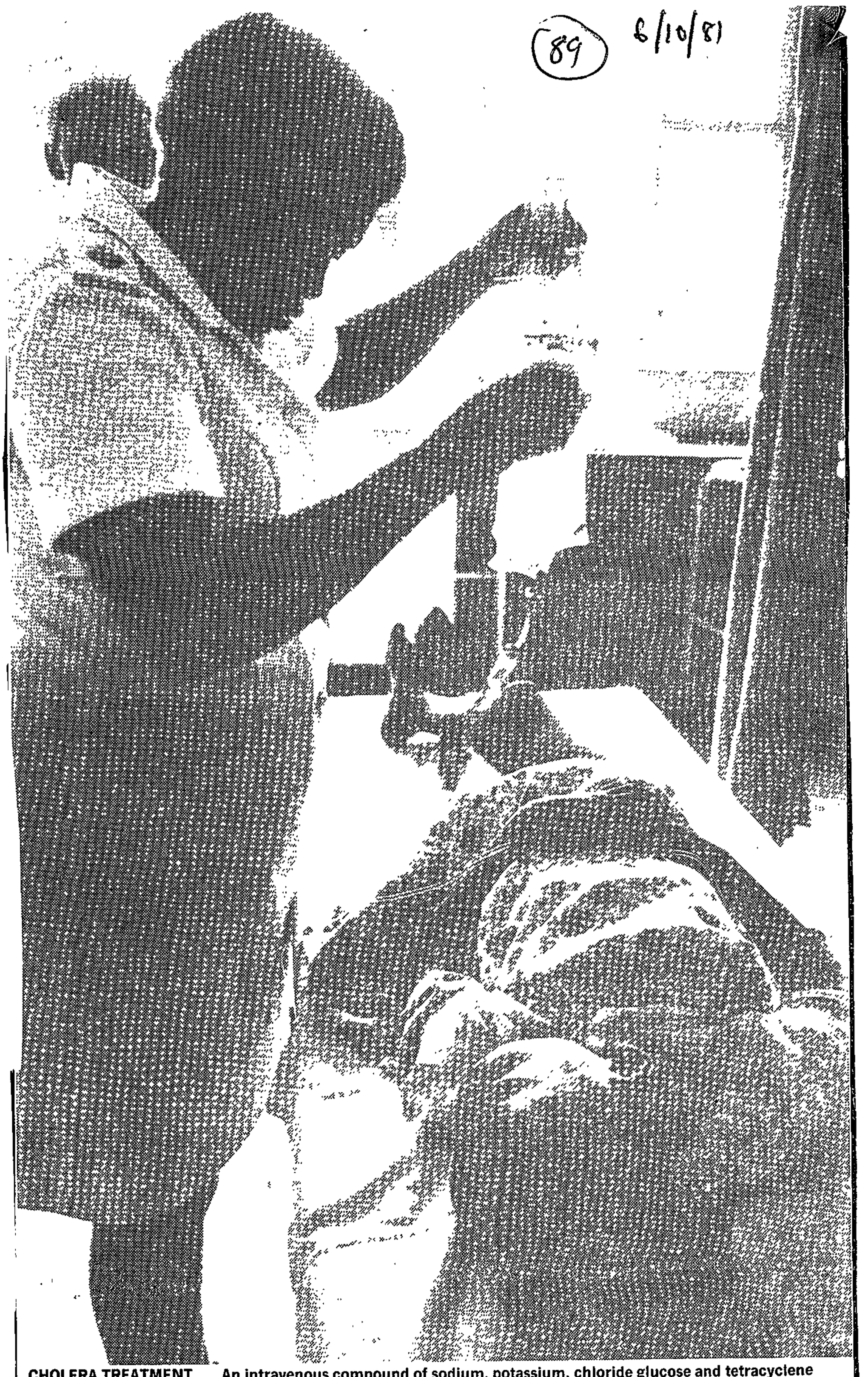
He said yesterday that the victim's skin became wrinkled, his eyes sunken, his tongue white and dry and his breathing fast and laboured. The patient also experienced problems in urinating.

Cholera, he said, was caused by a germ called vibrio cholerae which was taken by mouth usually in unboiled and untreated water. "It stays in the digestive tract where it produces a toxin which causes acute inflammation."

Diarrhoea and sometimes stomach cramps, nausea and slight vomiting were some of the symptoms of the disease, he said. Rehydration fluids and tetracycline were effective in the treatment of cholera.

He added: "Cholera is transmitted by human faeces which contaminated the water supply or food, mostly when carriers do not wash their hands after going to the toilet. Insects like flies can also spread the disease into foods."

89 6/10/81



CHOLERA TREATMENT . . . An intravenous compound of sodium, potassium, chloride glucose and tetracyclene can quickly cure cholera. Untreated patients can die within 12 hours because of extreme dehydration.

Picture: PIERRE OOSTHUYSEN

Health authorities wage war on cholera epidemic

89 109 RDM 6.10.81

By ADA STUIJT

BOPHUTHATSWANA health authorities are battling to subdue the cholera epidemic which has already claimed four lives and put 200 in hospital during the past two weeks in the Moretele District, 45km North of Pretoria.

Sixty more cases were confirmed in the area yesterday.

Cholera is a deadly sub-tropical, water-borne disease which can kill a patient within 12 hours after the first attack, according to health authorities.

Immunisation against cholera, although available, is effective for only three to six months because the vaccine has a short life.

Undetected cases

Cholera can spread very rapidly, according to Dr Gerald Malan, medical superintendent of the Jubilee Hospital in Temba, where more than 100 patients are being treated.

He said patients were being admitted at the rate of 20 to 30 a day. Extra accommodation had been arranged at the hospital and additional medical staff had been brought in.

But killer disease spreads

"Many cholera patients don't know they have the disease. Only two to five percent of those infected have clinical evidence that they are sick. In other words, there are 95% sub-clinical undetected cases out there — excreting cholera organisms.

"Once those organisms get into a favourable environment, in a river or a well, they multiply rapidly.

"There is no doubt about the Apies River being the main source of the infection There are also a few infected wells."

There is no intermediate host except human excreta.

"Patients apparently do not only get infected when ingesting choleric water but even hand contact with this water seems to transmit the disease," warned Dr Malan.

Education

But at the weekend thousands could be seen in the infected Apies River, women washing clothes, children swimming and all of them fetching water for domestic use.

Many of those questioned knew the "water makes them sick" — but many didn't realise it could also kill them.

The method being used by BophuthaTswana authorities to combat the epidemic is a widespread health education programme with six health teams combing the district.

100 treated as cholera hits epidemic proportions

Star 6/10/87

Own Correspondent

Sixty new cases of cholera have been confirmed in the Moretele area near Pretoria as units of the Bophuthatswana army launched a huge drive to chlorinate the polluted Apies River.

The cases are being treated at Jubilee Hospital in Temba near Hammanskraal.

The hospital's medical superintendent, Dr Gerald Malan, said that in all more than 100 cholera patients were being treated at the hospital.

They were from Bosplaas, Lefatlhane and Mathibestad.

"The disease is now reaching epidemic proportions and the patients are coming in in large numbers.

PROBLEMS

"We are admitting 20 to 30 patients a day and this is causing some problems."

He said extra accommodation has been provided at the hospital and more medical workers have been brought in.

Special nursing round the clock was being done.

The cholera outbreak in the area has claimed four lives.

4 more die of cholera

By NORMAN NGALE

FOUR more lives have been claimed by cholera at Jubilee Hospital, north of Pretoria, bringing the official death toll since the outbreak last week to eight.

It is feared that far more people in the Hammanskraal area could die from the disease, which local hospital authorities say has reached epidemic proportions.

The spokesman for Jubilee Hospital told **SOWETAN** that there were more than 100 patients in the hospital wards suffering from cholera — nine of them being admitted yesterday.

He said it was believed hundreds of other people who had minor attacks did not visit the hospital for treatment.

There had been a funeral at Bosplaas over the weekend, and most people who attended it were infected by the disease, he said.

SOWETAN 6/10/81

FULL BLAST

Health officers, doctors, nurses and the Bophuthatswana Army were working at full blast since last week trying to contain the disease by chlorinating the Apies River, believed to be the major source of the disease.

Large water tanks have been put at strategic points throughout the sprawling villages in the Moretele area to supply fresh water, while lime is being poured into pit toilets.

The spokesman said the South African Defence Force had allocated two army doctors to the hospital. More than 12 nurses from Bophelong and George Stegman hospitals in the homeland arrived over the weekend to help them.

He said the situation was still "very critical" and he did not know how long the hospital would cope with continued admissions.

In a bid to offset the nursing shortage at the hospital, an appeal is being made to qualified nurses who were interested in posts to apply at the hospital.

Bophuthatswana nurses' salary structure had been revised to equal that of white nurses in South Africa, he said.

Malaria a threat

Staff Reporter

MALARIA is still a health threat for visitors to the north and eastern Transvaal, Swaziland, northern Natal and the Upington-Kakamas districts, according to a new booklet issued by the Department of Health.

The bilingual publication, available free, says seasonal outbreaks occur in the areas mentioned and malaria remains endemic in the northern districts of SWA/Namibia, most of Mozambique, the northern parts of Botswana and the lowveld of Zimbabwe.

The booklet includes illustrations of the infective species of mosquito, a description of symptoms and outline of treatment. It is obtainable from the Director-General, Department of Health, Welfare and Pensions (Liaison Services), Private Bag X63, Pretoria 0001.

HEALTH

Typhoid reaches epidemic levels

5706 8/10/87 (89)

By Pamela Kleinot

Typhoid fever, a major bacterial infection in the tropics, reaches epidemic proportions in certain areas of South Africa where almost 4 000 cases are reported annually.

The highest incidence of the disease is found among blacks with 80 percent of all cases reported in Natal and the Transvaal according to an article in the "SA Medical Journal."

The report calls for stern control measures to reduce the incidence of typhoid. These should take the form of basic hygiene education, vaccinations and the introduction of clean water supplies.

Cholera epidemic on wane — doctor

The cholera epidemic in Bophuthatswana has passed its peak and patients at the Jubilee Hospital there are "sitting in rows waiting to be discharged," according to its Secretary for Health, Dr H Robertson.

Dr Robertson said that at a village near Hammanskraal a sewerage pump had broken down and leaked sewerage into the Apies River.

"The sewerage was being pumped from South Africa into the Babelegi industrial system in Bophuthatswana. It has been tested and found to contain no traces of cholera.

"The Peri-Urban Board is repairing the pump and there is no problem with the Apies River water as regards cholera," he said.

However, health authorities are still encuoraging people not to use it for washing and drinking.

The superintendent of the Jubilee Hospital, Dr Gerald Malan, has urged local residents to chlorinate their water or get their supplies from water tanks supplied by the authorities.

"We know some people are still getting their water from the Apies River and we are appealing to them to boil or chlorinate it before they use it," he said.

KDM 12 10 81

New cholera outbreak is being investigated

By SAM MASEKO

A NEW outbreak of cholera is being investigated in the two Moretele districts of Swartdam and Gammutla, the superintendent of Jubilee Hospital in Hammanskraal, Dr G Malan, said yesterday.

Dr Malan said a team of medical staff from his hospital would check on the new new outbreak of the epidemic in the two areas today.

No patients had yet been admitted to his hospital from the two areas, where people were using water from the wells and dams, he said.

The epidemic has already claimed four lives since its outbreak three weeks ago They were inhabitants of the infested areas of Makapnastad, Mathibestad, Lefathleng and Majaneng, where people use water from the Apies River.

Dr Malan said there had been a marked decrease in the disease in the past week.

He said three cholera patients were admitted to the hospital on Saturday, about 57 were still being treated, and about 35 were discharged in the course of the week.

THE ENEMY IN FOCUS . . . Dr R J Pitchford of the CSIR Bilharzia Field Research Unit in Nelspruit, with a batch of bilharzia parasites under his microscope

Picture: PIERRE OOSTHUYSEN

89
19/10/81

Bilharzia expert's clean water appeal

RDM 19.10.81 (89)

By ADA STUIJT

A BILHARZIA researcher based in Nelspruit charges that at least 2-million rural blacks — mostly children — harbour the parasites, and says the Government should divert spending on big rural hospitals to provide clean, treated water supplies.

Dr R J Pitchford told the Mail in an interview: "The money would be better spent on creating safe water supplies for the entire rural, mostly black, population — clean, safe water would eradicate most of the reasons for those big hospitals.

"Generally speaking, almost the entire rural population in infected areas over the age of five years has or has had both human forms of the disease."

When the parasite enters a human host, it may cause inflammation of any area of the skin, acute liver inflammation, and even more serious illness when the central nervous system or lungs are involved.

The characteristic feature of bilharzia is blood in the urine, which appears 10 to 12 weeks after exposure.

Vicious circle

The number of heavily-infected people increases because the parasite creates a vicious cycle.

It infects a human host from infested water, returns to water through human excreta, where the snail host is found for breeding purposes — and from there goes back to the water and then to a human host.

Dr Pitchford, who has researched bilharzia at his small research station in Nelspruit since 1954, commented: "Controlling bilharzia is purely a question of creating clean water supplies for all those people living in the infected areas.

"I realise that it would be extremely expensive,

Vast project is needed to beat feared parasite

but once the Government mounted such a long-range, massive programme, all those big, expensive hospitals will be far less necessary. Most rural health problems stem from a lack of clean, treated water.

"In the long run, it would be much cheaper . . ."

Cholera outbreak

Water-borne infections, such as bilharzia, cholera and malaria, are on the increase in South Africa.

The most recent cholera outbreak — in Temba, Bophuthatswana — highlighted the need for rural blacks to have access to alternative, clean water supplies.

The Rand Daily Mail pinpointed the serious shortage of treated water in Temba last month when four people died and hundreds were hospitalised.

Hundreds of thousands of people continue using the infected water of the Apies River in the area because no other water source is available to them.

The widely held belief that bilharzia is only found in rivers flowing east into the Indian Ocean — and is absent from the rivers flowing west into the Atlantic Ocean — is fallacious, according to Dr Pitchford.

"The infection may be contracted in tributaries of the Vaal flowing past places such as Potchefstroom, Klerksdorp and Schweizer-Reineke.

"The Vaal River catchment is thus not free of infection. However, up to the present the Orange River Valley has remained free of bilharzia."

Mistakes over cholera caused by ignorance

Post 20/10/81 (89)

Post Reporter

THE recent history of cholera in Africa was riddled with errors of judgment mainly due to ignorance, panic and overreaction, a leading pathologist, Prof. Margaretha Isaacson, told the Institute of Public Health's 80th anniversary health congress in Port Elizabeth today.

Prof Isaacson, who heads the Department of Tropical Pathology in the School of Pathology at the University of the Witwatersrand, delivered a paper on "Cholera lessons to be learnt from the African experience".

She said cholera could best be controlled and prevented by providing drinkable water supplies, ensuring safe human waste disposal and through a programme of health education to improve personal and environmental hygiene.

The urgent need for safe water supplies was internationally recognised and led to the launching of the International Drinking Water Supply and Sanitation Decade from 1981 to 1990.

The goal of the previous decade, that of smallpox eradication, was achieved in less than the allocated time.

The goal of the Water Decade might be a harder nut to crack.

Responsiblity for the provision of clean water, sanitary sewage disposal and health education lay with the appropriate Government authorities.

But this did not absolve private individuals from the moral obligation to improve environmental hygiene in areas under their control.

A major share of the responsibility in the control and prevention of waterborne infections lay with the consumers themselves.

Doctors are winning cholera war

RDM 20 10 81 85

Mail Reporter

BOPHUTHATSWANA health authorities reported yesterday that only eight suspected cholera cases have been admitted to Jubilee Mission Hospital in Temba, Moretele District, since last Friday and that the epidemic was on the wane.

"The situation has improved a great deal," Dr R Malan, superintendent of the hospital, said yesterday.

"We now have only 34 suspected cholera cases still being treated in the wards.

"The publicity campaign has shown definite results, with the population getting a steady stream of publicity at schools, from health clinics and through newspapers. Most people no longer use untreated water from the Apies River.

"Also, between 80 and 90 purification points have now been set up in the area, with chlorine powder and liquids dispensed free of charge to everyone.

"Of course, the ideal situation would be if pure, treated alternative water supplies were available to all, instead of the present situation. It's so basic, really, that if you use pure water, you can prevent cholera.

Positive

"So far, out of the 115 admitted cases which showed clinical evidence of cholera, laboratory results have confirmed at least 50% positive identification of the infection," Dr Malan said.

"Sometimes, we receive the lab results long after the patients have already been treated and gone home, therefore we treat everyone with suspected cholera as if they have it," he said.

Three weeks ago, the sub-tropical, water-borne infection claimed four lives.

An untreated patient can die of dehydration within 12 hours after the first attack occurs, and such an epidemic spreads very rapidly in areas where water supplies are not chlorinated — as is the case in this district.

RDM 21-10-81 (89)

'Control of water is key to control of cholera'

DR R J Pitchford, head of the SA Medical Research Council's bilharzia field, argued in an interview, published in the Mail this week, that the Government should fight the disease not by building big rural hospitals, but by providing clean water supplies.

Now, ADA STUIJT reports the views of an expert in tropical diseases, Professor Margaretha Isaacson, on another water-borne infection — cholera.

PROFESSOR Margaretha Isaacson — head of the department of tropical pathology at the University of the Witwatersrand — pointed to three cholera danger points in her plea yesterday for clean, treated water supplies in the fight against water-borne diseases.

Painting a grim picture of cholera's continuing move southwards, she says that as early as nine years ago local health authorities anticipated major cholera epidemics among the rural population because they did not have clean water supplies.

Speaking during the internationally-proclaimed "Water Decade", she says South Africa had 859 notified cases in 1980 and more than 1 300 in 1981 — a figure which did not, however, include outbreaks health authorities are fighting in Temba, BophuthaTswana, where four people died and hundreds were admitted to hospital for emergency treatment only two weeks ago.

Africa, she concludes, accounts for almost half the world's incidence of cholera.

"The goal of the previous decade — smallpox eradication — was achieved in less than the allocated time," she says.

"The goal of the 'Water Decade' may be a harder nut to crack."

Addressing the 80th congress of the Institute of Public Health in Port Elizabeth yesterday, she pin-pointed three areas of cholera incursion:

● Mine labour from Malawi, Mozambique and other points north:

"The inexorable southward advance of cholera in Africa was a clear indication that its entry into South Africa was merely a matter of time," she said.

"While our medical profession is internationally credited with its expertise in treating infectious diseases, the thought of cholera, rare as hen's teeth, caused great concern to clinicians and health administrators alike," said Professor Isaacson.

She says that in 1972, the SA Institute for Medical Research started preventative measures among mine workers because cholera was approaching Malawi and Mozambique — two major sources of migrant labour for the SA mining industry.

Since the first outbreak — which provided health authorities with extremely valuable methods for combating cholera — the mines have been repeatedly invaded by cholera, but no mine epidemics have since been noted, she says.

● Rural water supplies.

"It was recognized as early as 1974 that, should cholera find its way into our rural populations, major epidemic and endemic cholera would be a predictable consequence."

Professor Isaacson explains that cholera is generally spread by travellers, that it is "a relatively rare disease, but a very common infection.

"By this is meant that the great majority of cholera-infected people feel well and continue their daily activities. They are not suspected of being infected and for one to two weeks are in a position to contaminate human waste deposits.

"Whenever it rains, human excreta scattered in the bush may be washed downhill into a water source and spread downstream to the next human habitation."

● Squatters and poorly-paid people living in "clean-water" peri-urban and semi-rural areas.

"These people often live in incredible squalor and the status of some of them as 'illegals' is sometimes exploited by their employers, who provide minimal wages and living conditions.

"The introduction of a cholera carrier into such a socially deprived community often results in a geographically limited outbreak."

This kind of outbreak is easily contained, she says — but could be completely avoided if the basic socio-economic defects are remedied.

Professor Isaacson concludes that cholera can easily be controlled — by breaking the man-water-man cycle.

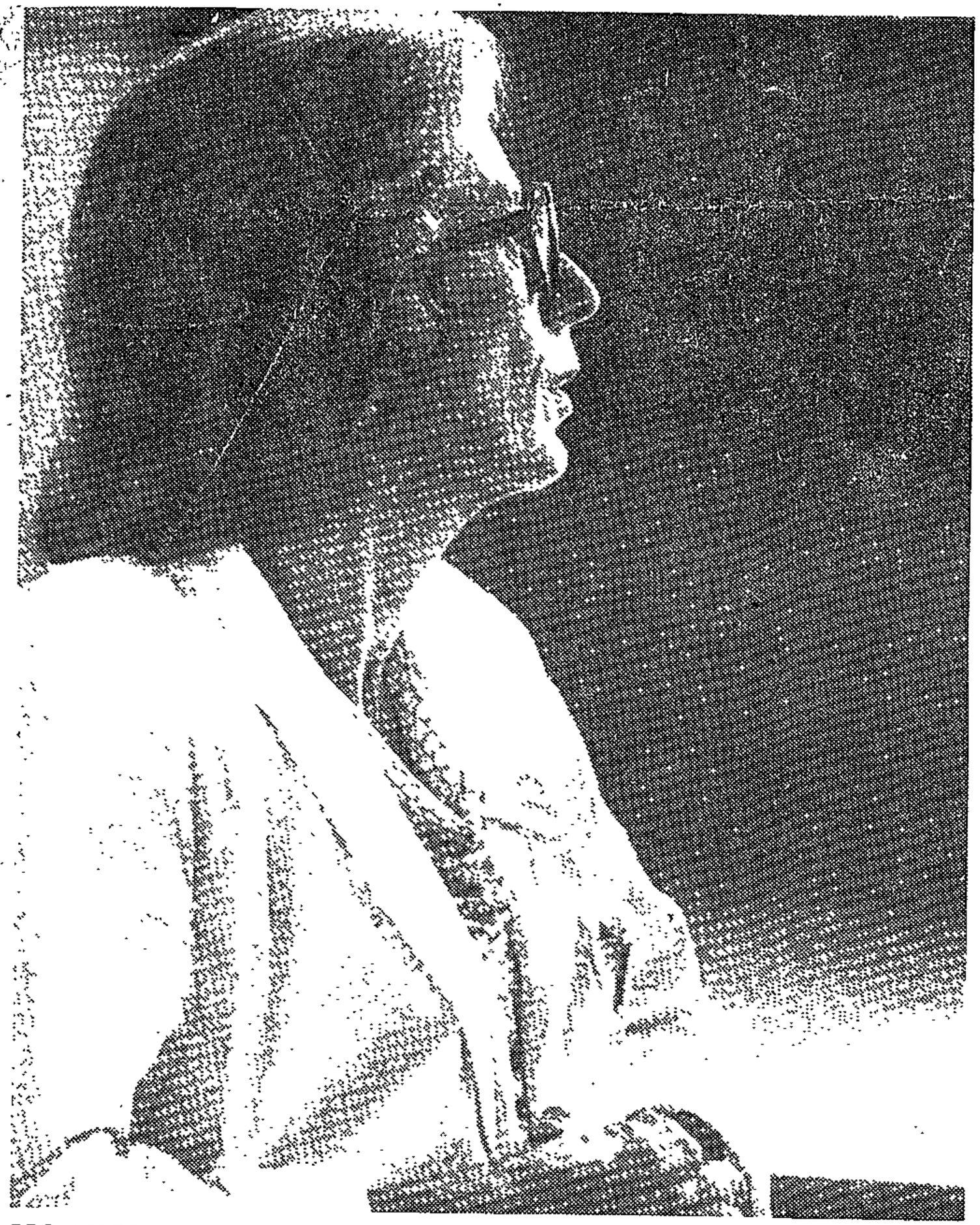
This is achieved by:

● Providing

supplies

● Ensuring safe human waste disposal

● Establishing health education to improve personal and environmental hygiene.



PROF MARGARETHA ISAACSON . . . argues that cholera can be contained if the aims of the internationally-proclaimed "Water Decade" are implemented

Some still don't know of cholera problem

89

SOWETAN 16/11/81

A PAIR of thin, scarred donkeys stand knee-deep in the stream, waiting for their young charges to fill the 44 gallon drum they draw.

The children's lives depend on this water — there is none other in their village of Mathabiestad in Moretele 1, a block of Bophuthatswana about 50 km north of Pretoria.

But the green river in which they splash, collecting drinking water, is infected with cholera for the length of its meandering course through Moretele 1.

These children have never heard of cholera. They know nothing of boiling water or of the purification tablets being handed out by the health authorities.

They drink straight from the river as they have done since they were born or resettled in the area, blissfully unaware of the cholera organisms floating in the water.

Neither do they know it is the International Drinking Water Supply and Sanitation Decade, declared by the United Nations last year in an effort to improve the health of people in developing areas.

A cholera epidemic broke out in Moretele at the end of September and claimed four lives within a week. Extra staff were called in to help nurse the cholera victims pouring into the Jubilee Mission Hospital near Hammanskraal.

At the peak of the epidemic between 20 and 30 cases were being admitted each day. Then, just before last week's heatwave, the figure dropped to between three and five cases a day, raising hopes that the epidemic had been beaten.

"We're hoping it will drop further," Dr Gerald Malan, Jubilee Hospital's medical superintendent, said soon before the heatwave. "But cholera is a queer organism. It can appear dormant and then just break out."

The drop in the number of cases proved to be the lull before the storm. Thirty-three cases were admitted last weekend during the heatwave and doctors fear the situation will get worse when the summer rains come.

Dr Malan ascribed the temporary drop in admissions at the beginning of this month to a vigorous education campaign being waged by the health authorities.

Six health teams are distributing posters and pamphlets throughtout Moretele's 62 villages. They also give riverside talks on the hazards and address schoolchildren and tribal heads.

There are 100 distribution points providing chlorine tablets to purify water.

"But there is still a lot of ignorance. Some people don't even know there is a cholera problem.

"The health education programme is continuing. We're also concerned about preventing other water-borne diseases such as typhoid," Dr Malan said.

He fears summer because the bacteria grow faster in high temperatures and humidity.

The summer rains also helped spread the disease, washing infected faeces into rivers and dams. The change in the water table can also contaminate wells sited close to pit latrines.

The contaminated water can infect people when it is drunk or used to prepare food, if raw vegetables and fruit are washed in it, and even through hand contact with the water.

But as many as 75 percent of the people infected with cholera can feel completely well, says an article in a recent edition of "Critical Health," a journal issued by medical students at the University of the Witwatersrand.

These carriers excrete cholera organisms and infect other people, who carry it from area to area.

This was how last year's cholera epidemic spread from Kangwane, a heavily-resettled homeland area in the eastern Transvaal.

"Critical Health" rejects the idea that cholera is a tropical disease. It says the disease was spread to Africa along the trade routes by colonists, "leaving hundreds of thousands dead."

Epidemics which claimed thousands of lives during the period of urbanisation and industrialisation in Europe disappeared when living conditions improved.

But conditions in Moretele are ripe for the spread of the disease.

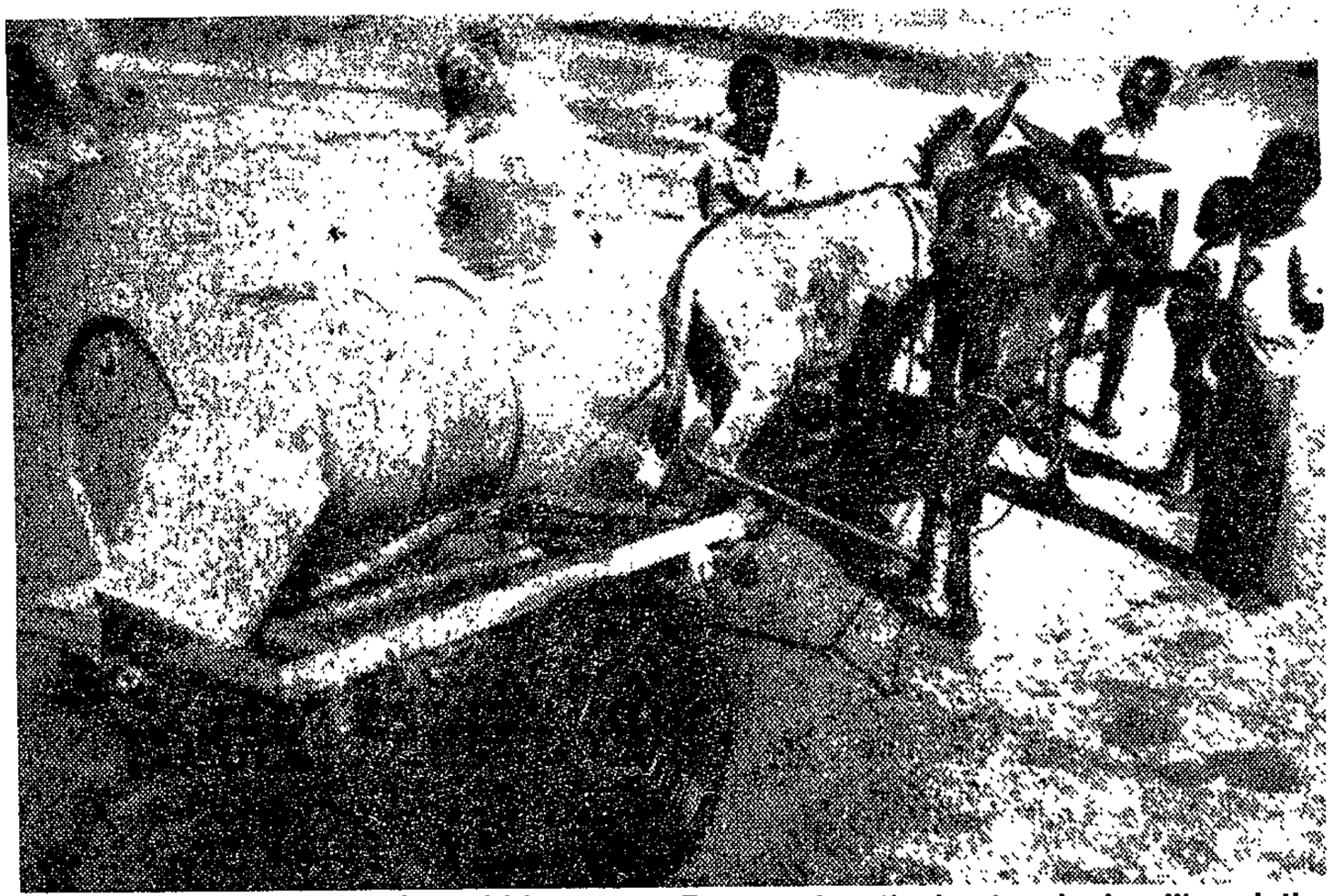
The people depend on rivers, dams and the occasional privately owned borehole for water. Some dig wells, but often these run dry in the winter months. And when the rains come they can be contaminated if they are too near a pit latrine, the only form of sanitation available.

Overcrowding and underdevelopment is apparent in Moretele which is now home to thousands of people who were resettled before adequate sanitation and water supplies were laid on.

Where clean tap water has been provided, as in Temba and around the industrial area of Babelegi, there have been no outbreaks of cholera.

"You can break the cycle if you can provide clean water," said Dr Malan.

He said that Bophuthatswana authorities were investigating plans for a widespread reticulated water scheme.



FILLING UP . . . with cholera-ridden water. Doctors fear the heat and rain will push the number of victims higher.

SOWETAN 17/11/87

Law steps in to stop cholera

89

THE BophuthaTswana Government is likely to pass an Act to make it unlawful for villagers to draw water from the cholera-polluted Apies River in the Moretele district near Hammanskraal.

By NORMAN NGALE

Dr George Malan, superintendent of Jubilee Hospital revealed this when he gave the weekend figures of those admitted at the hospital following cholera infection.

Dr Malan expressed disappointment when he told **The SOWETAN** that the admissions had doubled those of last week bringing the total of those treated for cholera at the hospital to more than 300 since the latest out-break.

Fifty cases were admitted to the wards within a week, twenty of them brought to the hospital over the weekend.

Dr Malan said the Bophuthatswana Health Department was due to call an urgent meeting to consider new strategies of combating the disease.

MEETING

Among other measures to be assessed at this meeting would be to explore possibilities of promulgating the act and how to step up health education in the area.

The cholera germ, Dr Malan said, had now spread further north.

He said it was clear that health education would have to be reinforced in the Moretele area in a campaign to bring cholera under control.

Since the latest outbreak on September 25, health officers aided by the Bophuthatswana Army and nurses were brought to the area to help chlorinate water taken from the river and supply fresh water.

The hospital reported four official deaths resulting from the disease.

Doctors save hundreds from killer cholera

KJ 4 23/11/81 89

THANKS to three conscientious young SA Defence Force doctors, hundreds of lives have been saved during a deadly cholera outbreak in KwaZulu.

On November 3 SA Medical Service doctor Lieutenant Wyndham Robartes — a recent Wits University Medical School graduate serving his military service at Mosvold Mission Hospital in Northern KwaZulu — found cholera during routine testing of the Ingwavuma river water, which flows from Swaziland's mountain region

Dr Robartes said. "We had expected cholera to invade this region sooner or later from Mozambique and checked for it every day However, we were not informed of Swaziland having such problems and it was quite a surprise to find cholera there."

The Ingwavumu river — swollen from recent rains — joins the Usuthu and Pongola Rivers' marshy delta in a 6 400km² region populated by 25 000.

Open pits

"Health authorities had long predicted that when cholera hit this region, a high death toll would result because every family relied on the river for all their water needs and used the veld or open pits to relieve themselves," Dr Robartes explained

Dr George Hallort, his supervisor, immediately warned the KwaZulu health authorities and 10 health teams from Natal were rushed to the danger area.

KwaZulu health authorities asked the SA Medical Service to help out in the emergency and within days, the tiny 153-bed Mosvold Mission Hospital looked like a military camp, with army tents set up for the hundreds of dehydrated cholera patients

For 10, help came too late. "Two patients had already collapsed when they were carried in and we could not save them. The other eight were dead on arrival," Dr Robartes said.

One of the dead, a 17-year-old mother, had just given birth to a baby girl when she collapsed. The baby's life was saved by Dr Hallort and the dedicated nurses.

Yesterday, Dr Hallort and sister Joyce M'Batha, 26, smiled down happily at the tiny bundle, complacently sucking her thumb.

No more deaths have been recorded.

With staff working round the clock at the hospital, the third doctor, Dr Ian McClure was posted to the northernmost Ndumo clinic, where he helped health teams set up emergency hospital facilities in army tents.

PURIFIED, SAFE WATER . . . Army tankers fill up at special chlorification points, manned round the clock by national servicemen, to help fight the cholera epidemic raging in KwaZulu.

ANOTHER LIFE SAVED . . . KwaZulu nurse Mrs Joyce M'Batha and South African Medical Service doctor Captain George Hallort battled around the clock to save the life of this newborn baby girl. Pictures: PIERRE OOSTHUYSEN

ADA STUIJT reports

KwaZulu health teams travelled over muddy, rocky mountain roads to find cholera carriers. "Once a carrier was found, the entire family would be treated with tetracycline," Dr Robardes said.

Many cholera patients could be identified only after rectal smears had been examined. People could harbour and spread the disease without showing any clinical signs, he explained.

Five chlorination points were set up, manned round the clock by two national servicemen. From these points, five army water tankers dispensed purified water to inhabitants.

For an 18-year-old rifleman, Mr Tiaan Olivier of Klerksdorp, his army stint took an unexpected turn, driving a 10 000-litre water tanker. "I really feel that I am doing something worthwhile" he said, chatting in Zulu to women and children crowding round his tanker.

But he was in a hurry to be off "There are hundreds of people all along the road and I can't keep them waiting — they need me," he said as he roared off.

On November 25, the KwaZulu health authorities and army officials will hold an emergency meeting to discuss setting up a more permanent water purification system for the region.

A health department spokesman expressed the fear that unless the population was provided with easily available, chlorinated water, the epidemic might take on even more dramatic proportions when travellers, carrying the disease, moved south.

At the weekend, army tents at the hospital and clinic were only half-filled. The flood of patients had been reduced to a trickle of five a day.

ST 29/11/87

Cholera epidemic: MoH blames Govt

ple live in "disgraceful conditions".

Dr Bhorat said the town's health authorities had repeatedly warned the Government of the possibility of an epidemic.

"What else do you expect within a population forced to live without water, sanitation and lights?" said Dr Bhorat.

"We have a thick file as evidence of our deep concern in Stanger in an issue that was taken up a long time ago," he said.

"We have been pleading with the State to look into the shocking conditions at Chaweno, and it's certainly tragic that the State had to wait until the epidemic had actually broken out.

Following the outbreak, an emergency meeting was held at Stanger on Friday between State medical authorities, the borough and medical personnel from Stanger Hospital.

Dr Bhorat said a special ward had been set up at the hospital and the State had approved the appointment of three doctors and a team of 15 helpers to help fight the epidemic.

At Cradock, in the eastern Cape, an epidemic of meningitis — a potential killer — has been contained by the quick action of the local medical authorities.

There were at least eight confirmed cases — six children and two teachers from a local school.

Meningitis infects the membranes covering the brain and can cause permanent brain damage or even death.

Slum conditions blamed as cholera wave kills six

RDM 2/12/81 (1st) 89

Mail Reporter

SIX people have died of cholera in the Choweni township near Stanger, Natal, where at least 30 000 people live in slums without sanitation or clean water facilities.

And Stanger health authorities have traced a Zulu family from Ingwavuma — an epidemic cholera area where the death toll is already 10 — as the carriers of the infection.

Dr Rowena Docrat, Stanger hospital superintendent, said yesterday those who died had been sickly or aged. But she blamed the slum conditions in Choweni township, 3km outside Stanger, for the cholera wave.

The Stanger Medical Officer of Health, Dr E C Bhorat, told the Rand Daily Mail yesterday the crisis "may take on dangerous proportions".

Since November 18, when the first Stanger cholera death occurred, 35 people have been admitted to a special cholera ward set up at Stanger Hospital.

The borough health authorities have appointed three doctors to head a 15-member health team to combat the outbreak.

Warning

Dr Bhorat said: "Four years ago, a local committee of citizens, which I headed, warned health authorities about the incredibly filthy conditions in Choweni.

"These blacks live in the most appalling conditions in the veld, without any sanitation whatsoever, and only a few water taps provided by the Stanger municipality.

"We also approached locally based big companies, because we felt they were equally responsible for the thousands of blacks they employ.

"We asked the companies what was being done about housing their black employees, but we never received an answer.

"These factory managements feel they provide enough health care by operating tiny clinics on weekdays for their employees.

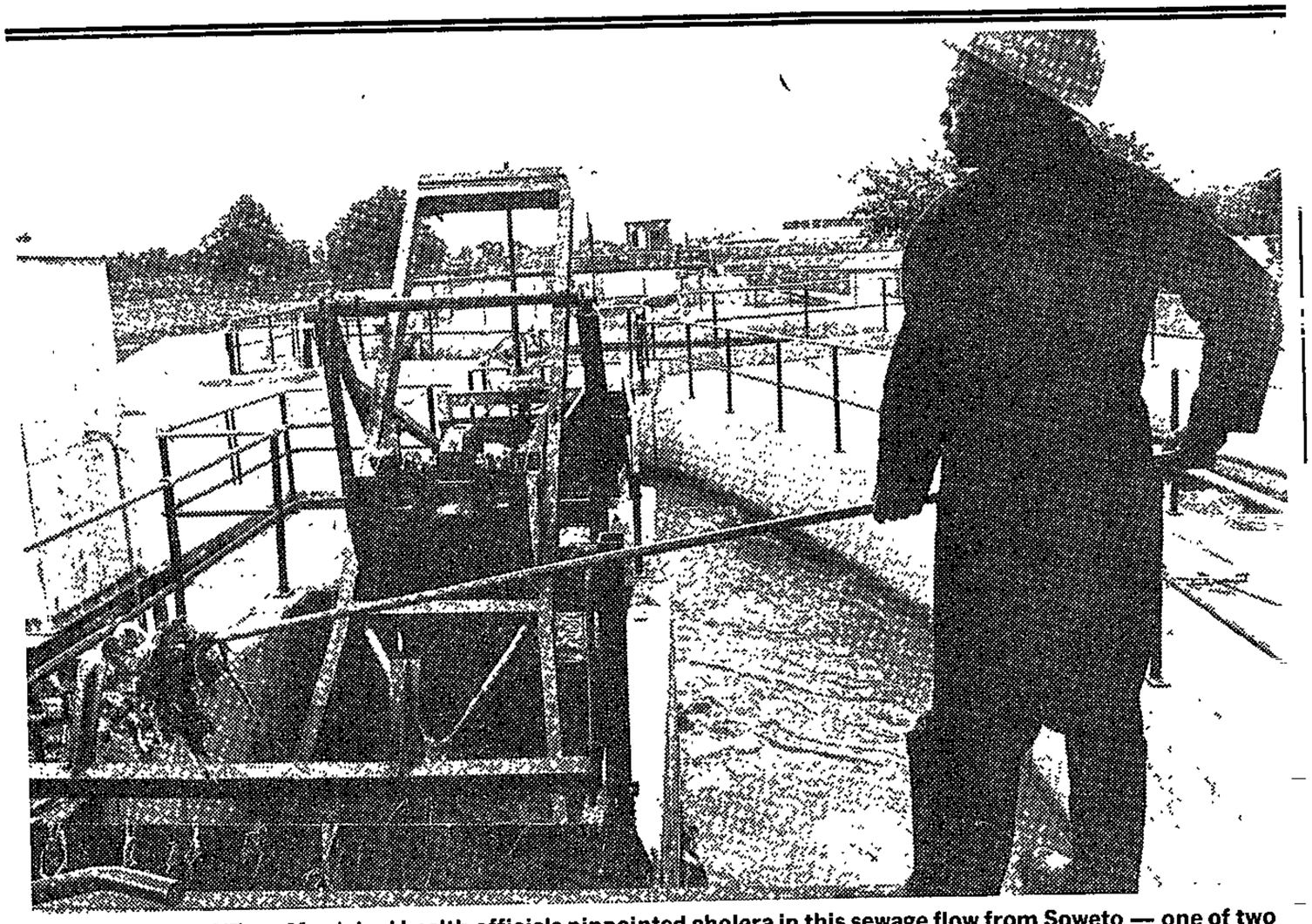
"But they have never done anything about the underlying cause of employees' ill-health. Now they call us to complain about this cholera epidemic," he said.

Dr Bhorat warned householders employing domestics who live at Choweni to take care about food hygiene and sanitation.

"It is entirely possible this epidemic will take hold even in areas where municipal water is available," he said.

Dr Bhorat called on industry and the Government to try to eradicate the sources of cholera, instead of pouring millions of rands into quelling outbreaks.

"What is needed desperately is piped, clean water and proper sanitation facilities for all of Stanger's black areas, including Choweni."



DANGER CURRENT . . . Municipal health officials pinpointed cholera in this sewage flow from Soweto — one of two spots in the Johannesburg area where the dangerous microbe has been positively identified in the past two months

Picture: PIERRE OOSTHUYZEN

Move to halt sect meeting in the area

Cholera victims fill hospitals

Natal Mercury 22/12/81

89

107

Mercury Reporter

WARDS at Stanger Hospital were overflowing yesterday after 33 more cholera victims were admitted at the weekend.

In view of the rising numbers of cholera patients the Natal and KwaZulu Health Departments have plans to act against the 19 000-strong Shembe sect who will be led by the Rev Londa Shembe on a holy pilgrimage from Inanda to take part in a two-week rural gathering near the cholera-stricken Ndwedwe district.

It is feared pilgrims will spread the disease even further through the country unless they take extreme precaution with sanitation and water.

A spokesman from the State Health Department in Durban said yesterday an official was being sent to the Inanda area to try to dissuade the sect going on the journey.

The spokesman said the Shembe pilgrims would not only be warned against the dangers of cholera but would also be told, if they insisted on following their plans, how to avoid the disease by boiling water and practising personal hygiene.

A large number of Shembe followers live in the Inchaweni district where the rural gatherings will be held.

Cholera is rife in the area where the disease has claimed the lives of at least seven people.

A spokesman for the KwaZulu Health Department, who did not wish to be named, said yesterday the danger of the disease spreading was great, and that 'some sort of action would have to be taken to alleviate the problem'.

A doctor at Stanger Hospital confirmed the number of cholera victims had soared over the weekend, with 18 admissions on Saturday and 15 on Sunday.

She said the total number of patients being treated for the disease in the hospital was 35, while 18 had been discharged and sent home at the weekend.

She added cholera victims suffered from massive dehydration and chronic diarrohea, and had to be treated with drips to try to replace body fluids.

Meanwhile, the hospital is also desperately trying to cope with an influx of typhoid patients — a disease described by a hospital spokesman as 'far more dangerous than cholera' and which has reached epidemic proportions in the Stanger district for several years in succession.

The spokesman said typhoid was caused by the same conditions as cholera.

The two diseases were very similar, except typhoid attacked the bloodstream and patients required more complex treatment than cholera victims.

'At least 25 typhoid patients are being treated in Stanger Hospital at present,' she said. 'We can only hope the number does not increase as rapidly as with cholera.'

Tablets

A spokesman for the State Health Department in Durban warned people going into the Stanger area or Northern Natal to carry chlorine tablets to dilute in water if fresh, uncontaminated water was not available.

He said the danger of coming into contact with the disease should always be considered.

Valuable information has also been issued by the manufacturers of a sterilising fluid to help curb the outbreak of cholera.

A spokesman for the company said yesterday that a totally effective method of ensuring that water used for drinking, cooking or washing was rendered sterile and infection-free was with the use of the sterilising fluid.

Available

The fluid, Milton, used to sterilise babies' bottles, is readily available from supermarkets and chemists.

The spokesman said water could be sterilised by adding 2 ml (40 drops) of the fluid a litre of water, and allowing it to stand for 30 minutes before using.

'This treatment has been fully approved by the health authorities and has been proved an effective water treatment during cholera outbreaks in the past.

'Washing hands in the solution following a visit to the toilet is also an important precaution during a cholera outbreak. It really does make sense to take every step one can to stop this disease spreading,' said Tim Laundy, technical research manager for the company.

More cholera

89
Sowetan 22/12/89

JUBILEE HOSPITAL near Hammanskraal is bracing itself for a major outbreak of cholera during the following festive weekends.

The disease which had troubled the Moretele district of BophuthaTswana for the past three months could reach worse heights as more migrant workers will be back home for Christmas holidays.

Since the first major breakout of cholera around the area more than 300 villagers have undergone treatment while six have died as a result of dehydration caused by cholera.

(89) 23/12/81 Sowetan

More cholera cases

THREE confirmed and 12 unconfirmed cases of cholera have been reported in the Odi and Moretele districts by BophuthaTswana health authorities.

The three cases are being treated at the Ga-Rankuwa Hospital where six more cases are being investigated, all from the Winterveld area.

Six other suspected cases of cholera were admitted to the Jubilee Hospital in Temba near Hammanskraal yesterday. This brings the total number of unconfirmed cholera cases there to 14.

"The disease has not been eradicated and we are doing all we can to curb it," said Dr Gerald Malan, Jubilee Hospital's medical superintendent.

He said they were continuing with their health education programme.

"Our health team is busy educating people on how to prevent cholera. They are also chlorinating water and they are warning people not to drink untreated water."

He said they foresaw problems during the festive weekend with the influx of people coming to the Moretele area for their holidays.

"We will go all out to educate them and make them aware of the dangers of drinking untreated water," said Dr Malan. — Sapa.

Cholera now in KwaZulu

Natal Mercury 24/12/81 (89) ~~107~~

Mercury Reporter

CHOLERA has spread to KwaZulu, reaching epidemic proportions west of Stanger in the Mapumulo area where an average of 55 people a day are being treated.

A spokesman for the State Health Department in Durban said Mapumulo had become 'the epicentre of the disease'.

He said thousands of people were drawing water from the Umboti River which was highly contaminated, and health officials had been sent into the area where they would distribute chlorine tablets and issue warnings to people to boil all water before using it.

He said the Mapumulo school was to be converted into a clinic as a back-up to the Mapumulo Hospital which was already overflowing with victims suffering the effects of the disease.

The spokesman said that while the situation south of Stanger now was under control, cholera patients from the Mapumulo district would be treated either in the Stanger Hospital, the Mapumulo Hospital or the school clinic.

He said close contact was being kept with the KwaZulu Health Department which was fully aware of the rapidly spreading disease.

Influx

The secretary of the KwaZulu Health Department, Dr M Gumede, was not available for comment late yesterday afternoon, but a spokesman said plans to alleviate the water problem 'were being made'.

A doctor at the Stanger Hospital said the number of patients in the cholera wards remained at 22 yesterday, but an influx of people from Mapumulo was expected.

Meanwhile, a spokesman for the SABC in Durban said broadcasts would be made over the Zulu radio service, Radio Port Natal and the regional news to warn people of the dangers of the disease and to appeal to them to use fresh water and practise hygiene.

'The situation is frightening,' the spokesman said. 'We will do all we can to help.'

Army called in to help man cholera clinic

Natal Mercury 25/12/81.
89
~~107~~

Mercury Reporter

THE Army has been called in to help treat cholera patients in an emergency clinic set up in Mapumulo west of Stanger.

The director for hospital services, Dr Johan Vorster, said yesterday Stanger Hospital needed every doctor on its staff to treat the patients admitted to the hospital.

'We could not spare any doctors to man the clinic we had set up in a Mapumulo school so the army was called in,' Dr Vorster said.

He said more than 200 people had been treated at the clinic so far and at least 22 were being treated in Stanger Hospital.

Deaths

At Eshowe Hospital only one confirmed cholera case had been admitted.

There have been eight confirmed cholera deaths in Stanger so far but health officials believe the toll may have been greater.

'These are only the reported cases. We don't know how many deaths there may have been in the rural areas which were not reported,' a spokesman for State Health said yesterday.

He said health officials were dispensing chlorine tablets to the local population in Mapumulo to purify the drinking water and warning people to boil all water.

Spread

An intensive health education programme had been launched and health officials were monitoring water supplies.

Authorities fear the disease will spread drastically when thousands of Shembe worshippers converge at Ndwedwe in the affected area on their annual pilgrimage.

The Kwazulu Water Development Fund drillers

THE three accused in the Cajee murder trial will spend Christmas and New Year in prison following a refusal by the Attorney General of Natal to withdraw

(89) Star 28/12/81

Cholera hits 70 more in kwaZulu

Pretoria Bureau

Seventy more cases of cholera were reported on Christmas Day as the epidemic continues to sweep through kwaZulu.

The deputy director-general of health services, Dr James Gilliland, said in Pretoria that the incidence of the disease had been receding until the latest outbreak.

A total of 533 cases have been confirmed in Natal and kwaZulu.

Dr Gilliland said there was no danger of the disease getting out of hand, and an emergency clinic had been set up at Mapumulo near Stanger.

It is manned by doctors from the kwaZulu Department of Health, Welfare and Pensions and the South African Defence Force's Civilian Affairs Programme.

They are dispensing chlorine tablets to local people and holiday makers, and have appealed to anyone using the polluted Ingwavuma River to purify the water and observe normal personal hygiene.

The river's source is in Swaziland, and it flows through kwaZulu into Mozambique, where a substantial number of cholera cases have been reported.

Dr Gilliland said only 20 percent of the people with the cholera germ were ill — the rest were "healthy carriers."

The concerted action against the disease had been a success until the latest outbreak. There have been no new cases reported in the northern parts of kwaZulu, where the cholera appeared originally.

'Watch out' warning as cholera hits Durban

Natal Mercury 28/12/81 (89)

Mercury Reporter

CHOLERA has appeared in two Durban townships and the city's deputy Medical Officer of Health, Dr N Becker, warned city employers yesterday to keep a close watch on thousands of workers returning from the infested Ndwedwe and Mapumulo areas.

Two cholera patients from Umlazi and Kwa Mashu were admitted to King Edward VIII Hospital over the Christmas period.

They were the first from the Durban area to be diagnosed to be suffering from cholera.

About 70 daily suspected cholera cases are admitted for treatment at the local hospital for the Mapumulo district in KwaZulu, where a special clinic at the local school has been set up to treat them.

Sufferers

The official figures for this latest epidemic in Stanger are 248 confirmed cholera patients treated and eight deaths.

Eleven people suffering from cholera were admitted to the Stanger Hospital on Christmas Day, bringing to 30 the number of patients being treated at present for the disease in that hospital.

Dr Becker appealed to those Durban employers who hired blacks to watch the health of their employees carefully.

'Hundreds of workers visiting the infected areas will be returning to work shortly and the disease can be transferred from one person to another through food and water — but only in extreme cases,' he said.

'People working in the food trades should be especially watched for symptoms of cholera which are severe diarrhoea and dehydration.'

Dr J van Rensburg, regional director of State Health in Durban, said there was 'no immediate danger' of the disease spreading inside the city.

Fresh water supplies and provisions for sanitation would prevent the disease, which has reached epidemic proportions in the Mapumulo and Ndwedwe areas, spreading to Durban.

He warned that the real danger could lie with the 'import cases' when people went home from Durban to the infected areas, some of which are only 50 km from the city.

Dr van Rensburg urged Durban employers to discourage their employees from travelling into those danger areas.

Rare cases

'Cholera is a water-born disease and is therefore contagious through drinking water,' he said. 'In very rare cases it is transferred from person to person, but the possibility of it reaching epidemic proportions in urban areas is not at all great.'

A doctor at the Stanger Hospital said the wards were overflowing with 30 cholera victims — 11 of them admitted on Christmas Day.

'There appeared to have been a lull at one stage, but the epidemic is now raging more than ever,' she said.

Dr E C Bhorat, Stanger Medical Officer of Health, last month blamed the epidemic on the 'incredibly filthy living conditions' of factory workers living in the shanty town near Stanger — and he warned that the crisis 'may take on dangerous proportions.'

According to official Government figures issued by the Department of Health, Welfare and Pensions, nationwide confirmed cholera cases rose to 1 000 since August.

Many deaths

Twenty-five people died of the disease so far this year in southern Africa, including the homelands, reports a Mercury correspondent.

Twelve cholera deaths were recorded in northern Natal's Ingwavuma area and four people died in the epidemic in Bophuthatswana's Temba district.

Lebowa had one death officially recorded. And cholera is now threatening the rural areas of the Western Cape, although no official figures are available yet.

Cholera knows no national boundaries. It caused five deaths in Swaziland last month.

People entering the Stanger of Northern Natal areas have been warned by the State Health Department to carry chlorine tablets to dilute in water if fresh, uncontaminated water was not available.

And during a cholera outbreak washing hands following a visit to the toilet was also listed as an important precaution.

Valuable information has also been issued by the manufacturers of a sterilising fluid to help curb the outbreak of cholera.

The fluid — Milton — used to sterilise babies' bottles, is readily available from supermarkets and chemists.

'Help us' plea in cholera battle

Natal Mercury 29/12/81 89

SOME of the women and children who arrived at the Lloyds school clinic in Glenville yesterday wait to be examined .

Mercury Reporter

THE State Health Department is handling one of the biggest and most dangerous epidemics it has ever had to contend with.

Cholera has filled the Stanger Hospital with more than 75 patients in three days and killed nine people since the outbreak.

The matron of the tiny hospital, Mrs J Fradd, yesterday appealed to State Health officials in Durban to provide relief after another ward had to be opened in an attempt to cope with another 30 cholera victims admitted over the three-day Christmas holiday.

'The wards are overflowing,' said Mrs Fradd after it had been confirmed that at least 256 people had been treated for the killer disease at the hospital in the past month.

Meanwhile, four confirmed cases of cholera have been transferred from Durban's King Edward VIII Hospital to Clairwood Hospital.

A Clairwood Hospital spokesman last night refused to issue any further details and would not say where the patients had come from.

But the regional director of State Health, Dr J van Rensburg, said the danger of the disease spreading in the city's urban area was 'non-existent' because of reticulated water services.

Voluntarily

At present 24 health care teams from the department are staffing 680 'cholera points' in the danger areas of the Umboti River Valley, Mapamulo, Stanger and Ndwedwe where hospitals have opened their doors to accommodate patients and where every available school has been turned into a clinic.

The teams, working voluntarily — some in mobile units — in the rural areas of northern and southern Natal, as well as the Natal Midlands, treat an average 200 patients a day, dealing out thousands of bottles of chlorine and educating the people in hygiene.

Yesterday I accompanied the chief nursing officer of State Health, Mrs Denise Wilson, on a 260 km trip through the infected areas where it became apparent the cholera outbreak was now worse than ever.

'We can never hope to be able to save everyone from the disease,' said Mrs Wilson.

'The most we can do is bring our services to the people so that we can evoke their interest.'

She warned the epidemic had not yet reached its peak, and said it was expected to reach a turning point 'only in the autumn when the rains came to flush out the contaminated rivers'.

She said local storekeepers had been given chlorine to hand out to people when they bought their supplies, and pharmacists and army doctors had been called in to assist the State Health teams in manning the clinics.

'It was only a matter of time before the outbreak occurred,' added Mrs Wilson.

Problem

'Migrant workers from Swaziland and Mozambique have added to the problem, and the lack of fresh water and sanitation is obvious.'

But, according to Mrs Wilson, the problem cannot be beaten by the Department of Co-operation and Development alone.

'The whole thing can only be solved by the farmers themselves who desperately need to provide tankers and sanitation for their labourers,' she said.

'Until now, people on many farms have lived in filthy conditions, and we can only stress that farmers must realise their responsibilities to curb the disease.'

(89) ROM 28/12/87

RAND DAILY MAIL, Monday,

Durban threatened as killer cholera sweeps southward

Mail Reporter

THE Army has been called in to help treat cholera victims near Stanger and the holiday city of Durban is now threatened by the killer disease, which is spreading southwards through Natal.

So far there have been eight recorded deaths in the Stanger outbreak but health officials believe the death toll may be greater.

A spokesman for the Department of Health said: "These are only the reported cases We don't know how many unreported deaths there may have been in the rural areas."

Durban's health officer, Dr N Becker, said yesterday there was a "great possibility" of the city's workers spreading the highly infectious disease as they returned from cholera-hit areas.

"Many of the city's workers will be returning from infected areas after Christmas," he said.

"Employers whose workers have just returned from cholera areas should watch the situation carefully. If they suffer from severe diarrhoea and dehydration, they should be referred to hospital."

Every day, about 70 suspected cholera cases are admitted to an emergency clinic set up in Mapumulo, west of Stanger. So far 248 patients with confirmed cholera have been treated.

The director for hospital services, Dr Johan Vorster, said yesterday Stanger Hospital needed every doctor on its staff to treat patients admitted to the hospital.

Chlorine

"We could not spare any doctors to man the clinic we set up in a Mapumulo school, so the army was called in," Dr Vorster said.

At Eshowe Hospital only one confirmed cholera case has been admitted.

An intensive health education programme has been launched and health officials are monitoring water supplies. Health officials are dispersing chlorine tablets in Mapumulo and warning people to boil all water, Dr Vorster said.

Authorities fear the disease will spread drastically when thousands of Shembe worshippers converge at Ndwedwe, in the affected area, on their annual pilgrimage.

Dr E C Bhorat, the Stanger health officer, last month blamed the "incredibly filthy living conditions" of factory workers inhabiting the nearby shanty town for the cholera epidemic and he warned that the crisis "may take on dangerous proportions".

Statistics

According to official Government figures, there have been 1 000 confirmed cholera cases in Southern Africa since August and 25 deaths from the disease this year.

In Northern Natal's Ingwavuma area, 12 deaths were recorded. Four people died in Bophuthatswana's Temba district. There was one officially recorded death in Lebowa.

Last month five people died of cholera in Swaziland. In southern Mozambique health authorities are still battling to contain the disease, which invaded the area via northern KwaZulu's Ingwavuma River.

Government officials confirmed they were in touch with health authorities in both Swaziland and Mozambique to keep a close watch on the spread of the dreaded disease.

Cholera is now threatening the rural areas of the Western Cape, although no official figures are yet available.

Dr Howard Botha, of the Department of Health in Pretoria, warned campers visiting rural areas to drink only chlorinated or boiled water and not to eat raw fruit or vegetables washed in untreated water.

Carriers

One reason why the cholera strain — which invaded South Africa for the first time in 1980 — spread so rapidly is because at least 75 percent of carriers show no signs of having the disease.

A ray of hope for the inhabitants of Kwazulu is that KwaZulu Water Development Fund drillers have struck water at two points in the cholera-hit centre of Ingwavuma, Sapa reports from Durban.

The fund and KwaZulu health authorities pinpointed Ingwavuma as the area most in need of clean water supplies.

More than a dozen people have died and hundreds have contracted the water-borne disease in the region.

The two new boreholes are the first of nine the South African Sugar Association-sponsored fund is to sink in this remote region on the Swaziland-Mozambique border.

A Sasa official said: "We appeal to people to contribute to the fund so we can push ahead with many new boreholes in the new year." — Sapa.

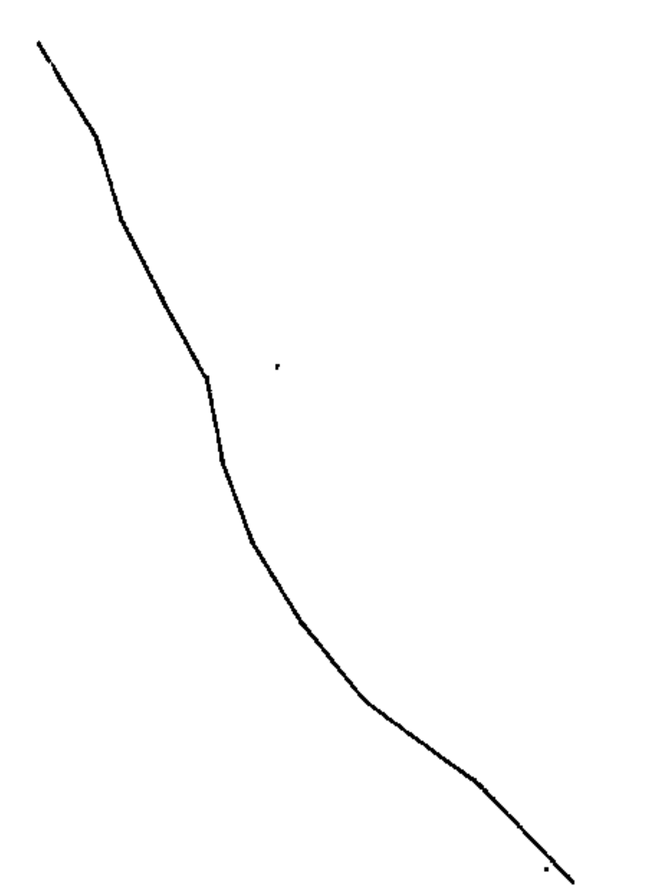
IV. SURVEY OF FACILITIES 1916-1976.

In 1923, 7 626 persons (i.e. I in I 000) were known to be mentally disordered. (5) By 1976, there were more than 38 000 of such people, i.e. I per 670 population.

At the turn of the century, eight mental hospitals were in operation. More than 20 state hospitals, and more than 20

(Graph I: See pg.6a)

GRAPH 1
NUMBER OF KNOWN MENTALLY DISORDERED PERSONS IN SOUTH AFRICA (x 10³) 1923 - 1976



5. The category of "KNOWN MENTALLY DISORDERED" is taken from the successive annual reports of respective commissioners for mental hygiene. This category was dropped after 1970. The figure for 1976 corresponds to the number of patients who were known to be receiving treatment at category I institutions. It does not take into account the number of mentally disordered persons not requiring hospital admission or special care, and is therefore a gross under-estimation.

RDM
28/12/81

(89)

(X89)

Mail Reporter

Angler finds new clue to tribal disease

A PRETORIA surgeon, fond of fishing in Northern Natal, may have shed new light on the cause of a crippling joint disease found among a tribe near Mseleni Mission.

The Pretoria orthopaedic surgeon, Dr D B Mackenzie, reported that the fish in Lake Sibaya — the tribe's main water source — have stunted growth, the same affliction suffered by the tribe.

Doctors studying the disease are now looking for a connection between the stunted fish and other discoveries

Dr J F Fincham and Dr S J van Rensburg earlier found a total lack of manganese, very little magnesium and much calcium in the lake's water.

They also discovered that major intestinal parasitic diseases, usually transmitted by water, also took a heavy toll among the tribe.

Dr Mackenzie noticed the lake's stunted fish while travelling to his favourite fishing haunt — Kosi Bay in Northern Natal — and reported it in the SA Medical Journal published on December 12.

Dr Mackenzie — interested because he worked as a registrar on the first study done of the joint disease in Pretoria — noted that the Mseleni joint disease seemed to show up only in one specific region near Lake Sibaya.

The angling enthusiast asked his colleagues whether it could be coincidence that the fish in this lake were very small and stunted and that the afflicted tribal members used the same water source.

"Travelling through Tongoland — from Josini up to Kosi Bay — I was always interested to see how localised the joint disease was," he wrote.

"It apparently is found only in the immediate environs of Mseleni Mission on the western banks of Lake Sibaya."

Deficiency

Dr Mackenzie went on: "My angling activities have been based mainly in the Kosi Bay region but I have fished off the coast southwards from Kosi mouth to Mabibi.

"And while fishing in that particular region once I was told by local people that the freshwater fish of Lake Sibaya were all of a uniform, very stunted size.

"Apparently these fish are only a few centimetres in length and this strange phenomenon might be due to a trace element deficiency," he wrote.

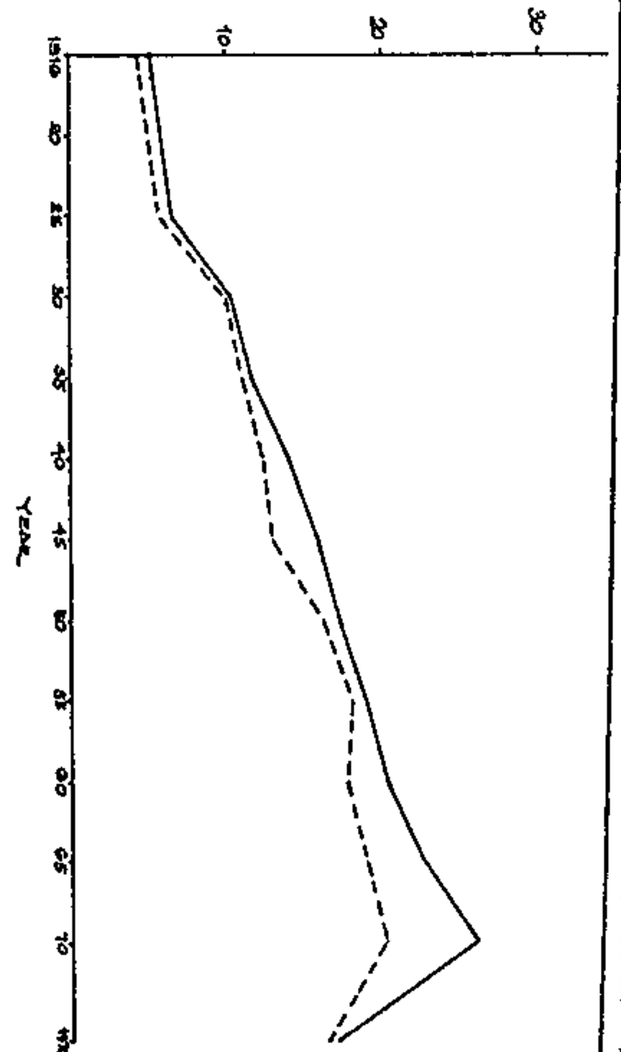
Dr Van Rensburg and Dr Fincham, both researchers of the disease, confirmed that the tribal members living in the vicinity of Mseleni obtained their water either from the lake or from holes in the sandy flats that drain into the lake

"Analysis of the water samples taken from the holes failed to reveal the presence of manganese, the concentration of magnesium was low and that of calcium significantly higher than in the control samples," they wrote.

Malnutrition

They also reported that they found the major intestinal diseases caused by parasites among people in northern KwaZulu were worst exactly where the Mseleni joint disease was found

"It is now known to occur sporadically from just north of Tshongwe in the eastern lowlands of KwaZulu right up to the border with Mozambique," the doctors wrote



7/...

Holidays bring a flare-up of cholera

(89)

Star 29/12/81

By Pamela Kleinot

While three medical experts believe the cholera epidemic now raging in the northern and eastern parts of the country may spread, a spokesman for the Department of Health says the epidemic might ebb.

These conflicting opinions follow a flare-up of the killer disease, mainly in Natal where hundreds of cholera cases have been reported since Christmas Day.

At least 18 patients were admitted to Jubilee Hospital, in Temba, near Hammanskraal, at the weekend, bringing the total number of cholera sufferers in the ward to 28.

Dr James Gilliland, Deputy Director-General of health services, said the upsurge in the number of cholera cases was due to the holiday movement of travellers from infected areas.

He said the main concentration was in the north of Natal where 67 cases had been reported in kwaZulu and 127 in the Mapumulo area, west of Stanger, where an emergency clinic had been set up.

The clinic is said to be admitting 70 suspected cholera cases a day but Dr Gilliland said there was no danger of the disease getting out of hand as chlorine tablets were being dispensed to local people and holidaymakers.

Dr E C Bhorat, the Stanger health officer, said his area was rife with cholera and hospital wards had swelled since the holidays. He said many patients were also being treated in outpatient clinics.

"There has already been an increase in the disease which is spreading to the north of Stanger. It will definitely get worse with the influx of travellers from rural areas and I reckon cholera will soon be in Durban," he said.

A spokesman from Stanger Hospital said 19 more people had been admitted on Sunday, bringing the total number of cholera cases in the ward to 47.

Four cases have also been admitted to King Edward Hospital, Durban, but these were "imported cases," Dr Gilliland said.

Dr Gerald Malan, superintendent of Jubilee Hospital, said cholera would spread with the influx of visitors.

"I think the last weekend has shown an increase and it could get worse but there are facilities to keep it under control," he said

Dr Malan said the hosp had treated between 500 and 600 cases this summer.

"Cholera has now become endemic — an illness we will have to cope with in years to come," he said.

Official: no cholera cases in Transkei

(87) V. Daily Dispatch 29/12/81

UMTATA — There had been no cases of cholera reported in Transkei despite the fact that people from affected areas had either visited or passed through the country during the festive season, the Deputy Secretary of Health, Dr R. F. Ingle said here yesterday.

Dr Ingle said the priority of his department was to achieve early identification and confirmation of any cholera case in Transkei and then begin an information service by health workers to avoid cholera panic.

The department has conducted health education meetings throughout the country since last year. At present, the programme is directed at schoolchildren, with the help of the Department of Education.

There was a standby hospital team which would be rushed to any area where cholera might break out and provisions were being made for chlorination of emergency water supplies, Dr Ingle said.

"The communities most at risk are those that lack clean water and sanitation. Unfortunately it takes threats like this to awaken us all to the need to change these things."

He hoped that simple measures like the protection of water sources and construction of adequate toilets would become the focus of more concern now.

"We sincerely hope to avoid extensive outbreaks so that we can be granted more time to create a healthier environment in future."

Dr Ingle said it was not possible to screen travellers on Transkeian borders because vaccination certificates were not required at the border posts. He added that vaccine was not part of the cholera control scheme.

Meanwhile our Durban correspondent reports that the cholera epidemic had caused another four deaths — one at Durban's Clairwood Hospital and three at the Eshowe Provincial Hospital.

A severely dehydrated man who was carried into Clairwood Hospital from the Molweni District in the Valley of a Thousand Hills died shortly after admission, a hospital spokesman said yesterday.

Ten people suspected of suffering from the disease were admitted to the Eshowe Provincial Hospital during the night, where 45 suspected cases are now being treated. Fifteen patients are being treated at Clairwood Hospital.

Dr James Gilliland, the Deputy Director of Health, flew to Durban from Pretoria yesterday to supervise the battle against the disease, which has so far killed 10 people in the area.

Stanger Hospital's chief medical superintendent, Dr R. Docrat, confirmed that 338 cholera victims had been treated at the hospital since the start of the epidemic last month, and that the wards were overflowing with 79 patients.

And Stanger's officer of health, Dr E. C. Bhorat, warned that until slum conditions were cleaned up and chlorinated water provided, the epidemic could only get worse.

Durban's King Edward VIII Hospital had treated five confirmed cholera cases since December 19, its superintendent, Dr Priscilla Truter, said.

"And yesterday six suspected cholera patients were treated here," she said.

Dr Muriel Richter, Durban's deputy medical officer of health, said there was "no threat to the people of Durban and immunisation against cholera was not necessary."

She also warned people to rinse raw fruit and vegetables in a solution of 5 ml (one teaspoon) of chlorine to 25 litres of water, and to boil all drinking water if the source was uncertain.

According to a Department of Health spokesman, immunisation against cholera was highly unlikely to stop the epidemic from spreading, as "healthy cholera carriers" could still spread the disease, even though inoculated.

Meanwhile only one case of cholera has been reported in the Pietermaritzburg area in the last month, and health officials believe there is no imminent danger of an outbreak there.

Between August and December 21, the following confirmed cholera cases were reported: Lebowa 283; KwaZulu, 580; Natal, 216; QwaQwa, 1; Southern Transvaal, 82; Northern Transvaal, 41; and Bophuthatswana, 226.

A total of 31 people have died of cholera so far this year. — DDR.

Cholera spreading like 'wildfire'

N. MERCURY 30/12/81 89 ~~107~~

Mercury Reporter

THE New Year will see an outbreak of cholera in the townships and shanty towns surrounding Durban, and all the city's hospitals will have to open their doors to victims from the rural areas.

This warning came yesterday from Stanger's Medical Officer of Health, Dr E Bhorat, who said the disease was 'spreading like wildfire'.

He was reacting to the news that Durban's Clairwood Hospital had admitted 11 cholera patients to an isolation ward — four of whom had come from Umlazi and Kwa Mashu and the rest from Ndwedwe and Stanger.

A Clairwood Hospital spokesman confirmed the number of patients had risen from four on Monday and that all are people who have been transferred from King Edward VIII Hospital which does not have provisions for isolation.

Dr Bhorat said although cholera would not run rife in the city itself because of reticulated water services and sanitation, it was only natural it would spread in the areas closely surrounding Durban where such services were unheard of.

'Many people and migrant workers returning from the cholera-stricken areas of Stanger, Mapumulo and Ndwedwe — which are not far from Durban — will require treatment,' said Dr Bhorat. 'If they do not practice hygiene immediately on return, or use chlorine in their water resources, they will pass the disease to others through that water.

'Squatters and shanty towns are the obvious places to suffer and, before the New Year is out, cholera will break out dangerously close to Durban.'

A Mercury survey among

■ TURN TO PAGE 2

Radio Zulu health tips

Mercury Reporter

WARNINGS about cholera are being broadcast twice a week over Radio Zulu in 'health spots' on Monday mornings and Thursday nights.

The regional director of State Health, Dr J van Rensburg, said yesterday he did not think daily programmes should be broadcast 'at this stage'.

If cholera reaches Durban ...

■ FROM PAGE 1

Durban's hospitals showed King Edward VIII had no facilities or isolation wards to cope with the predicted influx of patients, while Clairwood would act as the main back-up to a cholera outbreak.

A spokesman for Addington Hospital said they would be prepared for the treatment of cholera victims 'if the event arose'.

Meanwhile, the tiny Stanger Hospital is trying to cope with 55 cholera patients in serious conditions in isolation wards.

A spokesman confirmed there had been about 300 admissions over the festive season, but many of these had been treated and discharged or referred to the clinics in the Glenville and Mapumulo districts less than 30 km from Stanger.

THE Department of Health yesterday urged people in the affected areas to maintain 'a high level of personal hygiene' and holidaymakers to use chlorine tablets or purification solvent before going to areas where pure water was not available.

Fresh fruit and vegetables should be rinsed in a solution of one teaspoon of chlorine to 25 / of water. Water from untreated sources should be boiled.

The chief nursing officer of State Health in Durban, Mrs D Wilson, said yesterday the number of patients reporting to the Stanger Hospital had 'decreased slightly' as a result of the State Health clinics set up in the affected areas.

At present 24 health-care teams from the department are staffing 680 'cholera points' in the danger areas where all available schools have been turned into clinics and where an average of 200 people report for treatment daily.

now consider rumours that Kenya was in-

89

Sow

30/1/86

1 400 CASES OF CHOLERA

MORE than 1 400 cholera cases were reported in South Africa and BophuthaTswana in the current outbreak that began in August, the Department of Health said yesterday.

The department said 275 fresh cases, confirmed in laboratory tests, were reported in the past nine days alone.

Twenty-eight known cholera cases since August were fatal, but no cholera deaths had been reported in the past four days.

People in the affected areas are urged to maintain "a high level of personal hygiene" and holidaymakers to use chlorine tablets or purification solvent before visiting areas where pure water is not available.

The department said fresh fruit and vegetables should be rinsed in a solution of five ml (one teaspoon) of chlorine per 25 litres of water. Water from untreated sources should be boiled for drinking.—Sapa.

Cholera toll: four more suspects die in Natal

(89)

Star 30/12/8

Three people in Eshowe and one in Durban have died from suspected cholera since yesterday.

A Department of Health spokesman in Pretoria said today that another 10 people suspected of having the disease were admitted to the Eshowe Provincial Hospital during the night. The hospital is now treating 45 suspected cases.

Since the latest outbreak began in August, 1 429 cases have been traced in South Africa and Bophuthatswana.

The man who died in Durban at Clairwood Hospital came from the Molweni District in the Valley of a Thousand Hills. He was admitted on Monday.

Dr Muriel Richter, Durban's deputy medical officer of health, said today: "There is no threat to the people of Durban."

But she said there was an outside chance that cholera could be passed on in food.

"We are running crash programmes for people handling food."

The Department of Health warns people to maintain a high level of personal hygiene.

People should:

- Rinse raw fruit and vegetables in a solution of 5 ml (1 teaspoon) of chlorine to 25 litres of water.
- Boil all drinking water if the source is uncertain.
- Keep camping sites as clean as possible.
- Report all cases of diarrhoea to the nearest clinic, hospital or doctor.

Distribution of cholera cases since August:

Lebowa	283
kwaZulu	580
Natal	216
QwaQwa	1
Southern Transvaal	82
Northern Transvaal	41
Total in South Africa	1 203
Bophuthatswana	226

— Pretoria Bureau and Correspondents.

(89)

Daily Dispatch 30/12/81

No cholera in Ciskei — Maku

KING WILLIAM'S TOWN — Ciskei was still free from cholera, the Minster of Health and Welfare, Dr B. R. Maku, said in an interview.

However, water tests were being carried out. Dr Maku said his department was alert to the possibility of the epidemic in Natal and other areas spreading to the Ciskei.

"We are monitoring its presence in our rivers. We do test water in our rivers but have not found anything."

Dr Maku said cholera was mainly a tropical disease prevalent in hot countries. Cholera was prevalent in the Eastern Transvaal and Natal.

His department was aware that a large number of Ciskeians working in the Eastern Transvaal and a few in Natal might have returned home for the festive season but was not afraid of them spreading the disease.

Nobody was being prevented from coming to the Ciskei from the affected areas but there should be no panic, Dr Maku said.

His department was well equipped and had the resources to meet any spread of the disease to the Ciskei.

Meanwhile his department was taking effective measures by encouraging people to wash their hands before meals.

Dr Maku said the washing of hands before meals might look minor but meant a great deal.

Sapa reports from Pretoria more than 1 400 cholera cases had been reported in South Africa and Bophuthatswana since the current outbreak began last August.

A message, from the Department of Health, Welfare and Pensions, said 275 fresh cases, confirmed in laboratory tests, were reported in the past nine days alone.

Since August, 28 known cholera cases had proved to be fatal, the department said. It added that early treatment was effective and that no cholera deaths had been reported in the past four days.

The message urged people in the affected areas to maintain "a high level of personal hygiene" and holidaymakers to use chlorine tablets or a purification solvent when visiting areas in which pure water was not available.

It said fresh fruit and vegetables should be rinsed in a solution of five ml (one teaspoon) of chlorine per 25 litres of water. Water from untreated sources should be boiled for drinking. — SAPA.

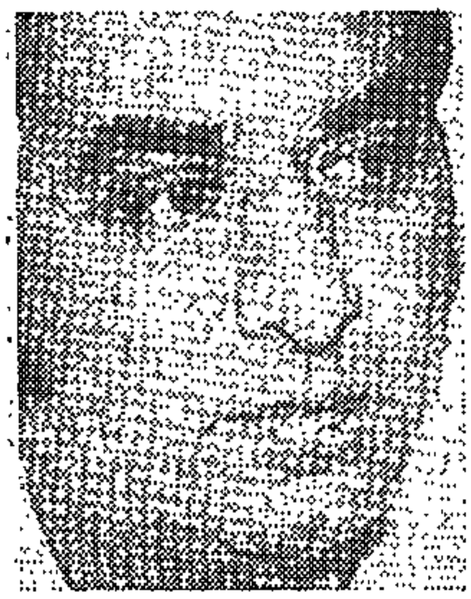
Top official flies in as Natal cholera toll rises

RDM 31/12/81 89

By ADA STUIJT

DOCTOR James Gilliland, the Deputy Director of Health, yesterday flew from Pretoria to supervise the battle against the cholera epidemic raging in Natal's shanty towns and rural areas.

And Stanger's Officer of Health yesterday warned that the epidemic would grow until slum conditions were cleaned up and chlorinated water provided.



DR E C BHORAT
"Slums are to blame"

Four people died of cholera yesterday. Three patients died at Eshowe Hospital, while in Durban a severely dehydrated man from the Molweni District (the Valley of a Thousand Hills) died shortly after admission to Clairwood Hospital.

Since the outbreak of cholera in August, 31 people have died and 1 425 have been treated for the disease.

Between August and December 21, the following confirmed cholera cases were reported to the Department of Health:

Lebowa 283, KwaZulu 580, Natal 216, QwaQwa 1, Southern Transvaal 82, Northern Transvaal 41, Bophuthatswana 226.

Since December 21, there have been 275 new cases in the Stanger and Durban areas.

The 1 400-bed Clairwood isolation hospital now has 18 cholera patients.

Ten suspected cases were admitted to the Eshowe Provincial Hospital on Tuesday night. The hospital is treating 45 suspected cases.

Clinics

At Stanger Hospital, 80km north of Durban, nine people have died of cholera and 338 victims have been treated.

Health authorities have set up two emergency cholera clinics in outlying areas near Stanger.

Dr E C Bhorat, Stanger's Officer of Health, said yesterday the epidemic was getting worse.

Stanger hospital was overcrowded with about 70 cholera patients in the wards.

"It's hard to see how this epidemic can be stopped," he said. "Slum conditions cause cholera."

He said thousands of people were living in shanty towns without clean tap water, proper toilets, or the means to maintain personal hygiene.

Dr Bhorat said the situation in Cholweni township, where the Stanger outbreak originated, had now stabilised, with people "pretty well instructed on hygiene" and army tankers providing chlorinated water.

But cholera epidemics had a habit of popping up again elsewhere.

"The latest outbreak is in the Glendale area, which is in a completely different region. "People live in horrifying conditions," he said.

King Edward VIII hospital in Durban has treated five confirmed cholera cases since December 19, according to its superintendent, Dr Priscilla Truter.

Yesterday the hospital treated six suspected cases. "We don't admit these cases here — they are sent on to Clairwood Hospital," she said.

Durban cholera cases came mostly from the Kwawatamashu and Ndwedwe townships.

Dr Truter said some people had arrived at the hospital in a severely dehydrated condition. However, others recovered quickly once they had been put on a drip.

Anxiety

The Regional Director of Health in Durban, Dr Johan van Rensburg, said the epidemic was causing health authorities great anxiety.

Health teams were working overtime dispensing chlorine for water purification and teaching personal hygiene.

Dr Van Rensburg, Dr Gilliland and the commander of the Natal Medical Command, Colonel Colin Horwood, will tour Stanger and the surrounding infected areas, according to a spokesman for the Department of Health.

However, there was "no threat to the people of Durban and immunisation is not necessary", Dr Muriel Richter, Durban's deputy Officer of Health, told Sapa yesterday.

She said her department was running a hygiene course for food handlers, because cholera could be

The people who never knew it was Christmas

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Mercury 31/12/81

By PENNY WILSON

THE tiny Umpumulo Mission Hospital nestling in the valley just 40 km from Stanger looks peaceful enough at a distance.

But the sight is misleading.

Cholera has swept like a whirlwind into the Mapumulo area bringing people to the hospital in their thousands and forcing the recruitment of more nurses from as far afield as Durban's King Edward VIII Hospital.

Umpumulo hospital staff spent Christmas without even knowing it — they were too busy saving lives and warding off the killer disease to take even an hour off for festive celebrations.

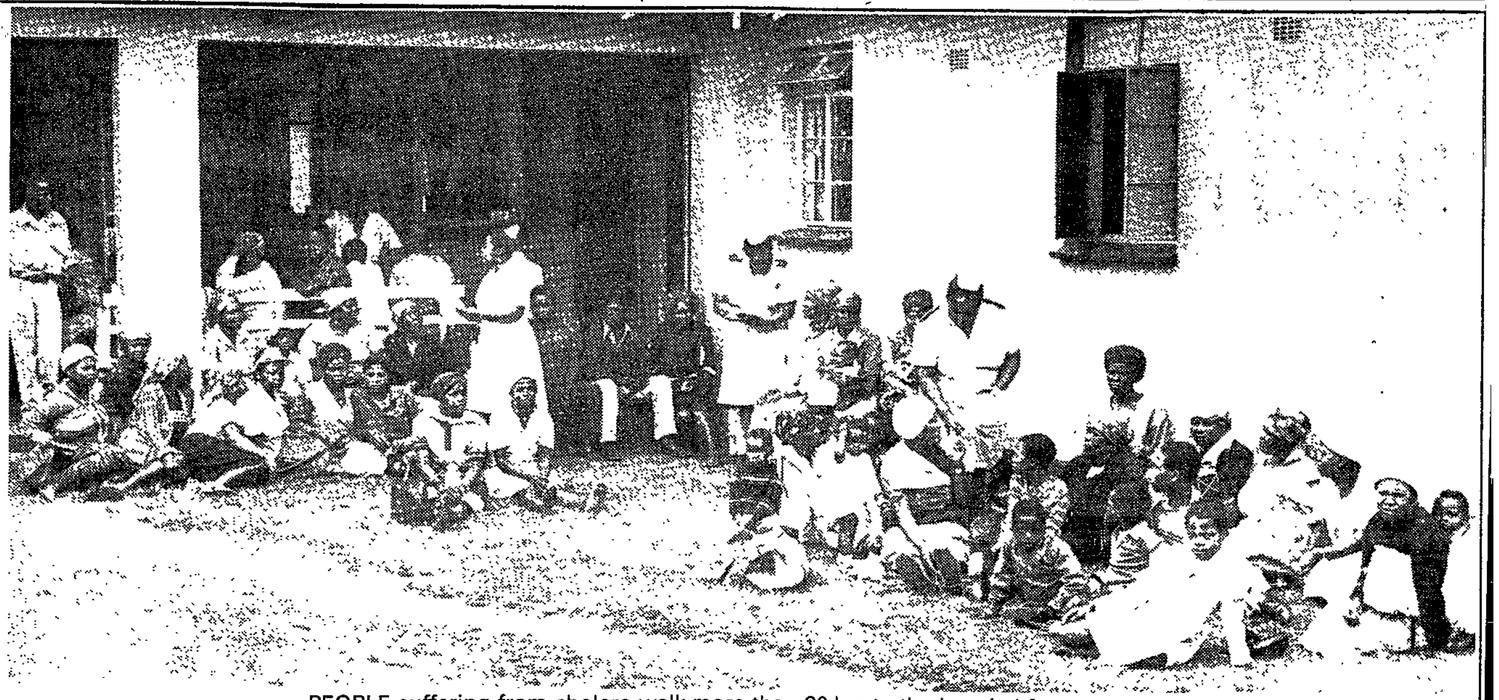
'I hope the New Year will bring better days,' said one staff nurse recruited from King Edward VIII.

'I had to leave my family in Kwa Mashu and haven't seen them for nearly a month.'

Three mission ambulances are constantly on call to collect patients from the surrounding areas, each picking up as many as 12 patients a day.

Cholera struck the community on December 11 when three cases were admitted and, according to the hospital's matron, Mrs D Xakaza, 'the staff are run off their feet'.

'The hospital is only equipped to take a total of 125 patients,' said Mrs Xakaza. 'Since the epidemic hit us, we have admitted 588 patients, 47 of these positive cholera cases.



PEOPLE suffering from cholera walk more than 30 km to the hospital for treatment.

'We were desperately short of equipment, staff, blankets, beds and, above all, food to feed all these patients.

'Sufferers who have been carried for long distances by family and friends — some people walk as far as 30 km to this hospital — need to be assured of being fed and treated at the end of their journey, and in the beginning we just didn't have the facilities.'

She said two TB wards had to be evacuated to provide isolation for cholera patients and makeshift beds and mattresses were used until the KwaZulu Health Department was able to supply the basic necessities.

With a present total of 166 patients, which is well over the full quota of the hospital, most of the activity centres on the two isolation wards where masked and gloved nurses work day and night easing their patients' agony.

According to Mrs Xakaza, the hospital does not even have proper laundering facilities for washing the sheets from the isolation wards which have to be changed 'at least six times a day'.

'The pressures on the hospital maids are enormous and a couple of locals have been called in to help.'

Mrs Xakaza is modest about the work she does.

'It has been difficult and will remain so until the disease dies down,' she said. 'I work from 7 a m to 7 p m and am constantly on the telephone to Ulundi with problems about the shortages of food and equipment.

'The KwaZulu Health Department has been wonderful and has done its best to help us.'

Four medical teams, 21 sisters, staff nurses and maids have been recruited from Mbumbulu, Umlazi, Kwa Mashu and Ntunjambili in an attempt to ease the workload. And they all agreed they had 'never worked harder'.

'It's valuable work so I don't mind the long hours too much,' said a staff nurse from Umlazi. 'It's pitiful to see so many people suffering like this. We suffer with them.'

Meanwhile, a sister from the KwaZulu Health Department, Mrs R P Khathide, who arrived at the Umpumulo Hospital just four days before Christmas, described her working day as 'heavy going'.

'Two days before I arrived to look specifically after the cholera wards, the hospital was trying to cope with a total of 248 patients,' said Mrs Khathide. 'The numbers keep fluctuating but the days are kept more than busy because of the constant attention cholera victims need.

'We're coping, but only just. I hope the New Year brings some relief,' she added.

of private medical and dental practitioners. An indication of the relative importance of these services is given in Tables 2 and 3.

The ownership of hospitals and beds is shown in Table 2. State Hospitals and aided institutions account for almost all of the beds for infectious diseases, and the state and private sector share responsibility for the supply of beds for the treatment of mental conditions. Bed accommodation for the aged and chronically sick is provided largely by private and aided institutions, and the supply of general hospital services is shared almost equally by the private sector and provincial [illegible] for 71 per cent of the beds [illegible] per cent of [illegible]

In table 3, [illegible] table 2, emphasises the importance of the private sector in supplying health services. The private sector accounted for the employment of 59 per cent of all doctors and the majority

Table 3 Employment of Economically Active Doctors in 1972 by Sector of Employment

	All Doctors	General Practitioners	Specialists
Private Practice	4 716	3 108	1 608
Other Private Institutions	502	474	28
Total Private Employment	5 218	3 582	1 636
Government	2 889	2 167	722
	8 881	6 387	2 494

Source: Census of Health Services 1972/73, Medical Practitioners and [illegible] 02-03-01,

[illegible] e excluded.

Four more die of cholera

• FROM PAGE 1

against cholera would stop the epidemic, because 'healthy cholera carriers' could still spread the disease, even though inoculated.

Only one case of cholera had been reported in the Pietermaritzburg area this month, and health officials believed there was no imminent danger of an outbreak.

Dr J G Walker, acting medical superintendent of Edendale Hospital said yesterday: 'A man from Swaziland attending a church conference in the area was admitted to my hospital with the disease about three weeks ago.

'He has been discharged, and as we have had no comeback from the people he was in contact with, we believe the disease was contained. The carrier stage of the disease is about seven days,' Dr Walker said.

'We are on the alert, however, and ready for an emergency. With the great influx of people into and out of the area during the Christmas holiday, the risk of the disease being transported increases.

'Our greatest risk of an outbreak in the Pietermaritzburg area lies in the high-density rural areas on the perimeter of the city, where many people live with no effective sewerage, water and sanitation systems,' he said.

The SABC is broadcasting 'health spots' twice a week over Radio Zulu on Thursday nights at 8.30 and Monday mornings at 8.30, warning people of the disease and appealing to them to take precautions.

Between August and December 21, the following confirmed cholera cases were reported to the Department of Health:

Lebowa 283; KwaZulu 580; Natal 216; QwaQwa 1; south Transvaal 82; north Transvaal 41; and Bophuthatswana 226.

A total of 31 people have died of cholera so far this year, including the latest four victims in Natal.

Cholera claims four more as officials tour stricken areas

Mercury Reporter

THE cholera epidemic has claimed another four lives — one at Durban's Clairwood Hospital and three at the Eshowe Provincial Hospital.

A severely dehydrated man, who was carried into Clairwood Hospital from the Mobeni district in the Valley of a Thousand Hills, died shortly after admission, a hospital spokesman said yesterday.

Ten people suspected of having the disease were admitted to the Eshowe Provincial Hospital during the night where 45 suspected cases are being treated.

Fifteen patients are being treated in Clairwood Hospital.

Meanwhile, Dr James Gilliland, the Deputy Director of Health, yesterday flew from Pretoria to supervise the battle against the disease which has so far killed 10 people.

Dr Gilliland flew into Durban to tour the cholera-stricken areas with Natal Medical Command's commander, Col Colin Horwood, and the regional director of State Health, Dr Johan van Rensburg.

According to a Health Department spokesman in Pretoria, Dr Gilliland would 'tour Stanger and the surrounding infected areas.'

Stanger Hospital's chief medical superintendent, Dr R Dorcat, confirmed 338 cholera victims had been treated at the hospital since the start of the epidemic last month, and the wards were overflowing with 79 patients.

Dr Jan's King Edward VIII Hospital has treated five confirmed cholera cases since December 19, according to its superintendent, Dr Priscilla Truter.

'And yesterday six high-suspect cholera patients were treated here,' she said. 'We don't admit these suspected cholera patients, however — they are rehydrated here and then transported to Clairwood Hospital.

• TURN TO PAGE 2

'We have had some pretty ill people in our hospital, admitted in dehydrated conditions,' Dr Truter added. 'However, others who came here for treatment could have recovered without necessarily needing hospitalisation once they had been put on a rehydration drip.'

According to a Department of Health spokesman, it was highly unlikely that immunisation