

HEALTH + DISEASE

MISCELLANEOUS DISEASES

2 JAN. 1982 — 31 MARCH 1982

Holidaying pet-owners get rabies warning

Star

2/1/82

DURBAN — Transvaalers who take their pets with them to Durban on holiday could take the dreaded rabies disease back to their province when they return home.

Durban's state veterinarian, Mr Matt Ekron, has warned holiday-makers to check the vaccination certificates of their animals.

"Preventive shots for rabies are not compulsory in the Transvaal," he said, "so veterinarians often give dogs anti-distemper and parvo virus shots only.

"Many owners don't check and think their dogs have rabies immunity as well."

Others deliberately ignored the rules restricting animal movements.

If infected cats and dogs were taken into cities such as Johannesburg and Pretoria, rabies could spread rapidly and endanger hundreds of lives.

"People do not realise they are playing with fire," said Dr Ekron.

"Animals brought into Natal should be inoculated at least 30 days before they arrive and at this stage, if they are done here, must remain in Natal for 30 days before leaving."

"There are always stray dogs around and pet owners would not necessarily notice if their animals had been bitten by one."

Rabies was found in dog in Durban in 1961 and later cases have been reported in Eshowe and Vryheid.

Natal ⁸⁹ cholera checked ^{3/1/82}

Tribune Reporter

MEDICAL authorities believe they are winning the battle against cholera and there is little chance of it gripping Durban.

But they warned: Any relaxation in the fight against the disease and it could flare again.

At Stanger, the worst hit area, two State Health Department clinics have treated 30 suspected cases in the past three days — as opposed to 200 last week.

"There has been a terrific reduction in the number of cases treated and it seems to be under control," a spokesman said yesterday.

Only 24 patients are being treated for the disease at Stanger Provincial Hospital where the wards were overflowing with cholera victims at the beginning of the week.

"We have had eight deaths at the hospital since the outbreak but in the past three days

we have had only 11 admissions," a hospital spokesman said.

And at Clairwood Hospital, which will be used as the main back-up centre if the disease breaks out in Durban, 17 patients have been treated since December 30.

Five of the patients being treated at the hospital, where a man died this week, are from the outlying Durban townships at Umlazi, Phoenix and KwaMashu.

"Many of these cases have to be confirmed as having cholera but we cannot take chances," a hospital spokesman said.

Meanwhile, an isolated cholera case has been reported in central Durban.

A young black woman staying at a Grey Street hostel was admitted to King Edward Hospital suffering from severe diarrhoea.

The disease of underdevelopment . . . it has occurred in areas that have become impoverished by the development of the powerful South African economy

89 (89) Sunday Tribune 3/1/82

CHOLERA is stalking parts of Natal — this week there was a death in Durban itself. What is the disease? What is its history? What causes it? These issues were examined earlier this year by Critical Health, a journal which analyses socio/medical issues in southern Africa. On this page today are excerpts from Critical Health's examination. Above all, the journal concludes, cholera is a disease of political and economic under-development.

CHOLERA - WHY WE ARE

CHOLERA is a disease of underdevelopment—it has occurred in areas that have become impoverished in the process of the development of the powerful South African economy.

The poor conditions found in rural areas today were not present when the colonists arrived. Rather, they have resulted from the "progressive" underdevelopment which has resulted from the interaction of an indigenous economy . . . and an intruding colonial cash economy, backed in the final instance by the guns of the settlers."

Blacks in rural areas were progressively driven off their land and forced on to a meagre 10 percent of the land. These peasant farmers who were able to meet their needs and in fact to produce food surpluses for sale, were deprived of their economic power, by political acts.

Large numbers of the able-bodied population were forced into the cities to work on the mines: this was achieved by compelling rural blacks to pay cash taxes such as hut, poll, and dog taxes. The indigenous economies degenerated under the pressure of overcrowding, erosion, and the loss of healthy young men. The reserves became a reservoir from which migrant labourers were drawn when needed for the South African economy. They also became the dumping grounds for the old, the infirm, and the unemployed. Those people no longer of use to the developing economy were discarded in these rural areas. It is not surprising that so many diseases of under-development should be found in the rural areas of South Africa. The conditions created in these areas have led to the high prevalence of numerous diseases such as malnutrition, TB, a high typhoid fever. Any approach to dealing with these health problems must take into account the historical background that has caused them. The conventional proponents of community medicine, however, see poverty as inevitable and therefore concentrate on improving the conditions in which the poor subsist. Poverty is seen as the problem of the poor, from which they must be taught to escape. The answer is seen in terms of self-help projects with community involvement.



No longer a plague in the rich countries

CHOLERA is not a new disease, although it has only recently affected South Africa.

As long ago as 400 BC writers described epidemics with symptoms typical of cholera. Vasco da Gama's expedition was probably struck by cholera in 1498, and British colonial forces in India lost thousands of soldiers from the disease in the Eighteenth and Nineteenth centuries. During the colonial period, cholera spread through east Africa along the trade routes, leaving hundreds of thousands dead.

The first time cholera reached the South African coast was probably in 1890 when a ship arrived from Madras with 400 Indian labourers. Nine deaths were reported from "acute diarrhoea" and the survivors were placed in isolation where a committee of doctors found them to be suffering from cholera.

Cholera epidemics occurred in Britain in the 1830s and 1840s. In the 1850s, during the period of rapid urbanisation and industrialisation in Europe, more than 140 000 people died in France, 24 000 in Italy and 20 000 in Britain because of the disease. The last major cholera epidemic occurred in 1866-7.

The disease has thus not been limited to "tropical" countries, but has struck wherever the prevailing conditions are suitable for its spread.

Diseases such as cholera and the plague, have disappeared from the richer countries because living conditions in these countries have been substantially improved.

In 1961, a wave of cholera epidemics spread across the world. It started in Asia and spread westwards. The massive population shifts resulting from the Pakistan-Indian war in 1971 led to thousands of deaths and to further spread of the disease.

The organism spread to Africa at about this time and since then the disease has spread rapidly across the continent. Angola, Malawi, Zambia and Zimbabwe have all had major cholera problems in the last decade.

In 1974 the disease was brought to South Africa by migrant labourers and was limited to a small number of mines. The disease has now reached South Africa again — the conditions being ideal for its spread.

December, 1980 . . . the Tribune headline that told the story

Common infection, rare disease

THE cholera organism, known as *Vibrio cholerae*, only infects people.

The infection is acquired through the use of water that has been contaminated with the organism by the faeces of an infected person. The polluted water can infect people when it is drunk, when it is used to prepare food, or even if raw vegetables have been washed with it.

Direct spread from one person to another is rare. There are two main types of organism — that cause the current epidemic. It is known as the El Tor biotype. Infection with this type

of the organism may be mild, and as many as 75 percent of the people infected with the organism may feel completely well.

Those people, however, may still excrete the organism and infect others. They are thus known as "carriers" of the disease.

Of the 20 or 25 percent of the people who feel sick, only a few will become severely ill. Cholera is thus a common infection but a rare disease.

Although there have been more than 2 000 cases of the disease, the Department of Health estimates that 50 000 to 80 000 people must be infected.

A few hours to five days after swallowing the organism, the symptoms (feelings of illness) of the disease begin. This usually starts with sudden severe diarrhoea without pain or blood, and may be followed by a bout of vomiting.

The characteristic stools, initially brown, become clear with mucous and are described as "rice-water stools." The hands and feet of the infected person may become cold, and the eyes may become sunken due to the loss of salt and water. The sick person may develop muscle cramps and breathe slowly.

A tremendous amount of fluid is lost, and if not replaced rapidly, the sick person may die from dehydration. If, however, the water can be replaced, then death should not occur. It is thus very important to give these people lots of water, which should contain specific amounts of salt and sugar: one litre of water should be mixed with eight level teaspoons of sugar and one level teaspoon of salt.

Measures to control the spread of the disease are important and should be introduced rapidly. Information about the disease, how to recognise it, how to

deal with it, and how to prevent it, should be made available.

In the short term, the washing of hands and food in uncontaminated water is necessary. Water for drinking should be boiled and water supplies should be disinfected with certain chemicals. Stools and vomit should be disposed of far away from any water source, and pit latrines should be dug if not already present.

Cholera is essentially a mild disease: few people who become infected actually get seriously ill from it. Nobody should die from this disease if treated early.

the provision of basic services such as good housing and sanitation are seen to be the complete answer to health problems.

It has been well documented that the major increases in the diseases and deaths of poor people and the working classes have resulted from environmental improvements.

It must be noted, however, that these changes can result only from a commitment from the State to achieve them. In South Africa, it is important to be aware of the historical context in which illness and death have become so common, and how this impoverishment has occurred and is maintained. Only then can one begin to tackle the real causes of ill health.

Cholera has occurred in the last few months in many areas of the country. It originated, however, in the Eastern Transvaal, and this area depicts clearly the types of conditions necessary for the spread of the disease. One of the areas of Kangwane, the Swazi homeland, that has been particularly affected by cholera has been the township of Matsulu. This township is located at the southwest corner of the Kruger National Park, between the Crocodile and Nsikazi rivers.

The township is partly administered by the Kangwane authorities, and has been described as a "disaster" with houses containing 10 to 15 people packed closely

together.

There are at least 11 000 squatters near Matsulu township, some of them having been recently moved off white-owned farms throughout the Eastern Transvaal. Other squatters have been there for months.

Matsulu gets its water from reservoirs containing water piped from an irrigation canal known as the Malelane-Crocodile Poort irrigation canal. It is this particular area of the Crocodile River that was initially infected with the cholera organism and was responsible for the outbreak of the disease.

Adequate water supply and sewage disposal was not available to the people in the township. Many of the other sufferers in the early stages of the epidemic were workers on farms and mines in the area. At least one inmate at a prison farm also suffered from the disease.

In addition to the bureaucratic backwardness in providing proper water, the authorities laid the blame on individuals involved, and not on the State's inability or lack of willingness to provide these basic facilities. The Chief Director of the Eastern Transvaal Administration Board felt the blame could be shifted away from the state by saying:

"It is a matter of education — these people have been drawing water from rivers all their lives." Asked why nothing had been done to provide clean water for the squatters in Matsulu and other nearby areas, Dr John Hoyland, said: "the squatters are a problem of the Kangwane Government. I cannot speak about them."

Dr Hoyland is the regional representative of the Department of Health, and advises the Kangwane authorities on health matters. He also said that "as far as

the squatters are concerned there are other factors involved which have nothing to do with us".

The response of the State, through the Department of Health and the Department of Water Affairs, has been interesting. Plans were made seven years ago by the South African Institute of Medical Research for the possibility of a cholera outbreak in South Africa.

These plans were specifically prepared for the mining industry which recruits workers from other southern African countries in which cholera had already occurred.

More than a year ago, Department of Health officials prepared an in-depth report on how to deal with cholera. It should it spread to South Africa.

The Department of Health has adopted a "public health" approach to dealing with cholera in South Africa. The aims of early public health measures in

Europe were not primarily to improve the health status of those that suffered from preventable diseases. Similarly, colonial health services were not established primarily to serve the interests of the local people.

The department has been motivated by similar considerations in its fight against cholera. The amount of energy devoted to dealing with the epidemic was unprecedented and was in many ways out of proportion to the extent of the problem.

Clearly there were reasons for devoting attention to this disease while far more lethal disease such as tuberculosis, malnutrition, and gastroenteritis (diarrhoea and vomiting) have been left untouched by all the activity.

The major reason for all the activity on cholera thus appeared to be the image of the

disease as a "rapidly spreading fatal disease". Fear of the disease spreading to white areas has been a major factor in the massive amount of publicity.

Economic considerations, too, seem to be a major motivating factor in the whole campaign. The citizens of Nelspruit were annoyed by reports of cholera reaching epidemic proportions in the lowveld, as tourism in the area was suffering.

The town clerk accused the Department of Health of spreading panic with reports of cholera. The department responded by increasing its public statements and encouraged tourists not to avoid the Eastern Transvaal as long as they took basic precautions to avoid contracting the disease.

Another major aspect of the activities of the Department was a health education campaign. This was aimed at

shifting blame for the disease away from the State and on to individuals. People were advised to wash their hands before eating and after going to the toilet, to wash fruit and vegetables with treated tap water, to boil water before drinking, and to build pit latrines. More than 500 000 pamphlets in various languages were distributed through garages along routes to the Northern and Eastern Transvaal.

Even this, however was organised poorly. Many garage attendants were not fully informed of the purpose of the pamphlets and so they were not distributed. In addition, the languages in which they were printed were often not appropriate to the areas in which they were given out.

These pamphlets stated:

"Drinking water is the main source of cholera infection. The germs responsible for cholera are found in the stools of human beings. Because of lack of hygiene these germs get into the drinking water."

The impression given is that people are deliberately unhygienic. As with much health education, individuals are accused of ignorance, and blamed for their poor health status, while little attention is given to the social and economic

realities that lead to diseases of this nature.

In addition to a tempting to shift the blame from the state to individuals, the department has attempted to deflect the antagonism that exists against the State, to the Kangwane and other authorities.

Finally, it must be seen that even the purely administrative activities of the Department of Health in the Kangwane area, were limited by disorganisation in the health services of the region.

Cholera cannot be viewed merely as "tropical disease". It must be viewed in the context of a web of migrant labour, forced resettlement, overcrowding, poor housing and inadequate services. These factors must be seen as resulting from the historical development of apartheid in South Africa.

The solution lies neither in the provision of health services, nor merely in the development of sanitary living conditions, but in the eradication of the unequal access to wealth, resources, and political power which are present in the country.

Only when the resources which influence health are democratically controlled in a truly democratic society, will health for all be promoted.



Sister Nontata Gumede attends to a child at one of the emergency clinics

Urgent moves to halt killer disease

By G R NAIDOO

CHOLERA is "spreading like wildfire" throughout the KwaZulu areas of Mapumulo and Ndwedwe and now heading towards Durban.

Eighteen patients have been admitted to the isolation wards of Clairwood Hospital.

The patients came from nearby Inanda, Adams Mission, Umlazi, Kwa Mashu and from the Ndwedwe and Stanger districts, according to the senior medical superintendent of the hospital.

One patient from the Molweni district of the Valley of a Thousand Hills died in hospital this week.

Health inspectors have already started tracing people with whom the dead man was in contact.

The district surgeon of Stanger, Dr E C Bhorat, said this week that the annual pilgrimage of about 50 000 followers of the Rev Londa Shembe to the sacred Nhlankakazi mountain in Inanda was cancelled because of the cholera outbreak.

"It could have been a

It will hit the slums

"The disease could have reached very grave proportions if the Department of Health had not stepped in.

Officials from the Department of Health told the Rev Shembe that the pilgrimage would have to be cancelled unless sufficient chlorinated water was made available and trench latrines were provided for the pilgrims.

It was the first time in 60 years that the pilgrimage did not take place.

Dr Bhorat said Stanger hospital had more than 300 cases of cholera.

"The situation is very bad.

"In order to stop the disease from spreading and to prevent it in the future, reticulated water must be provided to the problem areas.

"Though the disease will not hit the city of Durban, it is sure to hit the slums closely surrounding the city.

"I am quite prepared to set up a meeting between the Urban Foundation, the Port Natal authorities and anyone else concerned about the welfare of the people, and to start off a fund to make it possible to supply reticulated water to the people in surrounding districts."

A spokesman for the health authorities in Durban said there were contingency plans in the event of an epidemic hitting the city.

Emergency clinic

At Glenville, health authorities have converted the Parakabad state-aided Indian school into an emergency clinic.

Sister Nontata Gumede, who has been seconded to the clinic from Tongaat health clinic, said the clinic had treated more than 400 patients since it came into operation on December 23.

"Things are pretty bad in this area. Those who are very ill are put on drips and those who are serious are removed to the Stanger hospital 30km away.

"A second clinic has already opened near Stanger and there are plans to convert a school in the Tandeni area of KwaZulu, where most of the cases come from," she said.

And the cholera epidemic sweeping through parts of Zululand claimed another three victims this week.

Three people died at the Eshowe provincial hospital, where 45 suspected cases are being treated.

Maritzburg has had its first case of cholera, but health officials believe there is no imminent danger of an outbreak.

Cholera

Spreads

its tentacles further

CHOLERA — the dreaded disease which claimed 31 lives in South Africa last year — seems to be spreading its tentacles to the Empanzeni area.

Since it was first identified in Natal in August — at Ingwavuma in the extreme northern part of the province — it has affected thousands of people living without proper sanitation or clean water supplies.

Most of last year's 31 fatalities came from Natal.

In addition, more than 1,000 cholera patients have been treated in hospitals and clinics in Natal and KwaZulu since August, according to the Department of Health.

The disease has also hit Durban's Sharn areas, and one patient died there last week. After killing nine people in the Ingwavuma area, the disease marched through Slangers and Esbora, and now seems to be approaching Empanzeni.

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... two countries over the past few weeks. — L.P.I.

By ADA STOUT

In Melmoth — a small town surrounded by wheat plantations some west of Empanzeni — a suspected cholera case was announced on December 30.

The administrator of St. Mary's Hospital in nearby KwaMagwaya, Mr. David Sudhorne, commented that a patient had been admitted from Upper Natal — between Melmoth and Empanzeni — and was being treated for cholera until the diagnosis was confirmed by the health department.

Dr. Denise Lemna, hospital medical superintendent, refused to say whether any other cholera suspects had since been admitted and referred all inquiries to the Department of Health.

During the past several weeks, the department's health teams have warned people in the Melmoth district of the dangers of cholera and the need for preventive measures — such as chlorinated or boiled water.

Hazards

Makhalabere — a slum area in the middle of Melmoth where about 800 people live without proper toilet facilities and a polluted water supply — has long been regarded as a health hazard by residents.

A resident's association called "Iso Lomuzi" under the chairmanship of a Makhalabere resident, Mr. Zachary Mkhwanazi, approached the Melmoth town clerk with requests for water supplies and sanitation.

Extra taps and temporary toilets were installed and a new black housing was planned, for which the town board made land available to the Port Natal Administration Board.

Building has not yet started because funds are awaited from the central authority in Pretoria.

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Six more ⁸⁹ suspected cholera cases

PRETORIA — Six suspected cases of cholera were admitted to the Jubilee Hospital in Temba, near Hammanskraal, at the weekend.

The hospital's medical superintendent, Dr Gerald Malan, said there were 18 suspected cases of cholera in the hospital.

"We are holding our own against the disease and we are doing everything we can to bring it under control," said Dr Malan.

He said they were still continuing with their health education programme.

The cholera outbreak in the Moretele district claimed six lives last year and more than 150 people were treated at the Jubilee Hospital. — Sapa

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Cholera stalks Natal slums

JOHANNESBURG — Cholera is continuing its vicious march through Natal's slums and shanty towns.

Since it was first identified in Natal in August — at Ingwavuma in the extreme northern part of the province — cholera has sown misery among hundreds of thousands of people living without sanitation or clean water supplies.

After killing nine people in the Ingwavuma area, the disease spread through Stanger and Eshowe, and now seems to be approaching Empangeni. It has already hit Durban's slum areas, and one person died there last week.

A total of 31 people died of the water-borne disease

in 1981 — many of them in Natal.

In Natal and KwaZulu combined, more than 1 000 cholera patients have been treated since the epidemic started according to the Department of Health.

In Melmoth — a small town 50 km west of Empangeni — a suspected cholera case was admitted on December 30.

Makhalafukwe — a slum area in the middle of Melmoth where about 800 people live without toilet facilities and share a polluted water supply — has long been regarded as a health hazard by residents, some of whom approached the Melmoth town clerk with requests for water supplies and sanitation.

Extra taps were installed and temporary toilets planned, but building has not started yet. — DDC.

89 Mercury
4/1/82 (89)

Cholera outbreak part of a world pattern

Bill Faill
Science Correspondent

THE present outbreak of cholera, which has affected hundreds of people in Natal and KwaZulu, is part of what is known as the 7th pandemic. Its arrival in this country has been anticipated by the health authorities for over a decade.

A pandemic is the name given to an outbreak of disease over a wide area, and the present one certainly merits the title.

It started to make its way across the world from the Celebes, one of the Indonesian group of islands, in 1961. The organism causing the disease, the *El Tor* vibrio, was identified in 1936 on the island of Sulawesi in the Celebes. The disease was confined to the islands until 1961, after which it began its march westwards, reaching parts of Europe and North and West Africa by 1970.

Cholera is of course no new disease. In recent times, even before the present pandemic began spreading, it was rampant in the Middle East. In 1948, Egypt lost more than 100 000 people in a cholera epidemic.

The disease belongs originally to Asia, particularly India and East Pakistan. For centuries various epidemics are known to have occurred. But it was not until 1817 that European doctors began to pay attention to it, when there was a violent outbreak in Bengal.

Rapid spread

This was followed by its rapid spread over much of India, where it is thought to have killed millions of people. This was the beginning of the 1st pandemic. By 1831, cholera had reached Britain, killing 22 000 people, after which it spread throughout North and Central America, even reaching military posts in remote frontier areas.

About every decade or so, for the next half century, further pandemics occurred, all reaching Britain. Over 100 000 people died there. Since the pandemic of 1866, however, cases in Western Europe have been few and far between, since pure water supplies and good sanitation — the surest way to prevent the disease — had by then been widely established.

Until the basic facts were known — that cholera spreads through food and water supplies which have been tainted with infected faeces — the authorities were in the dark. 'Cures' were rife and included electric shocks, the recommendation to wear flannel belts and stockings, cauterisation of the spine, the inhalation of carbolic vapour, and many others.

Although cases of cholera had turned up in the southern part of Africa in the 19th Century, the pandemics of the kind that scourged the East and also Europe were unknown here.

Brought in by ship

Outbreaks in South Africa consisted of a few cases which were inadvertently admitted into the country. In 1888 the vessel Quathlamba, carrying immigrants from Indian coastal cities, arrived at Durban with 27 cholera cases, nine having died on board. The ship was placed in quarantine in the harbour until the patients had recovered.

In 1890 the Congella came to Durban from Madras with about 400 Indians on board. Five of the passengers were ill, and as food poisoning was suspected, arrangements were made for their admission to hospital.

One patient died on the way and another on the following day. More of the immigrants fell ill and two died after violent vomiting and diarrhoea. Investigation confirmed that the disease was cholera.

Since then, no further cases of cholera occurred in South Africa until 1980, when it turned up in the Eastern transvaal, following a steady march down Africa.

But since 1970, health officials here have been concerned about the arrival of the disease, since it can spread like wildfire and kill its victims from dehydration and shock to the system in a matter of hours.

The pattern of the latest outbreak is quite clear. All the cases are occurring where contaminated water is being used for drinking and washing. There is no risk of the epidemic spreading to areas where a clean water supply is assured.

Hygiene the answer

Most health authorities do not seem to favour vaccination against the disease as a prominent control measure. The vaccine available provides only partial protection for about six months.

Use of the vaccine gives a false sense of security to those who use it and may thus encourage the consumption of unsafe water or food.

Good hygiene is the answer to cholera. By and large we have this in the urban areas here. But it will be a long, hard slog to achieve such hygiene in all rural areas and so it is likely that now cholera has arrived, it will tragically claim its victims for many years to come.

Cholera abates in Tvl (89)

- no let-up in Natal Stav 4/1/82

By Pamela Kleinot

Weekend rains have probably diluted cholera-plagued rivers in the Transvaal causing a drop in the incidents of the killer disease in the past few days, says Dr Gerald Malan, superintendent of Jubilee Hospital, Tembisa, near Hammanskraal.

Dr Malan said that only six cases had been admitted since New Year's Day, bringing the number of cholera cases in the ward to 18.

There has been a decline in the incidents

of cholera since the flare-up last weekend when 18 patients were admitted to the hospital.

Eleven cholera cases were admitted to Clairwood Hospital, Durban, on Saturday night.

This morning the hospital had 29 patients being treated for the disease which is spreading throughout Natal. Four other people were waiting to go home.

One person died from cholera in the hospital last week.

Throughout Natal at least 92 confirmed cases were reported over the weekend — but these are provision-

al figures and exclude kwaZulu where hundreds of cases have been reported.

Dr James Gilliland, deputy director-general of health services, said his department had not yet compiled figures to give the total of weekend cases.

Cholera claimed 31 lives last year and, by late last week, more than 1400 cases had been reported since the second outbreak last August.

Dr Gilliland said that, as people returned from their holidays, there would be "little flare-ups all over the show."

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Cape Times 4/1/82

Cholera continues its vicious Natal march

Own Correspondent

JOHANNESBURG. — Cholera continues its vicious epidemic march through Natal's slums and shanty towns.

Since it was first identified in Natal in August — at Ingwavuma in the extreme northern part of the province — cholera has sown misery among hundreds of thousands of blacks living without sanitation or clean water supplies.

After killing nine people in the Ingwavuma area, the disease marched through Stanger and Eshowe, and now seems to be approaching Empangeni. It has already hit Durban's slum areas, and one patient died there last week.

Thus far, 31 people have died of cholera in 1981 — many of them in Natal.

In Natal and Kwazulu combined, more than 1 000 cholera patients have been treated in hospitals and clinics since the epidemic started, according to the Department of Health.

Many thousands more have been affected by the water-borne disease. Cholera manifests itself in various forms of diarrhoea, and in acute cases untreated patients die of severe dehydration.

In Melmoth — a small town surrounded by wattle plantations, 50km west of Empangeni — a suspected cholera case was admitted on December 30.

The administrator of St Mary's Hospi-

tal in nearby KwaMagwaza, Mr David Studholme, confirmed that a patient had been admitted from Upper Nseleni — between Melmoth and Empangeni — and was being treated as if suffering from cholera until diagnosis was confirmed by the health department.

During the past weeks, the department's health teams have warned people in the Melmoth district of the dangers of cholera and the need for preventive measures — such as chlorinated or boiled water.

Makhalafukwe — a slum area in the middle of Melmoth where about 800 people live without any toilet facilities

and a polluted water supply — has long been regarded as a health hazard by residents.

The resident's association, Iso Lomuzi, approached the Melmoth town clerk with requests for water supplies and sanitation.

Extra taps were installed. Temporary toilets and new black housing was planned, for which the town board made land available to the Port Natal Administration Board, administrators for the area.

Building has not yet started because funds are awaited from the central authority in Pretoria.

'Cholera to stay' warning

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Mercury Reporter

THE Secretary for Health and Welfare for KwaZulu, Dr M V Gumede, last night issued a warning that the people of the region should not be lulled into a sense of false security as far as cholera was concerned.

Referring to the march of the water-borne disease, which has stampeded through slums and shanty towns since making its appearance in the Ingwavuma district in August last year, Dr Gumede said: 'Cholera has come to stay.'

He said South Africa needed a comprehensive water policy in order to stamp out diseases of this nature.

He pointed out that health education was not going to prove useful unless safe drinking water was provided in all areas.

Dr Gumede said the health education measures applied in affected areas had proved to be successful so far but he said he was reluctant to say that the situation was completely under control.

Warning

Although the numbers of cholera patients have dropped in the last week at both the Stanger and Mapumulo hospitals, health officials have warned that people visiting these cholera-infected areas during the cur-

rent holiday period might pass the disease on to others if they did not practise hygiene or use chlorine in their water sources.

According to figures released by the State Department of Health, thousands of cholera patients have been treated in hospitals and clinics in Natal and KwaZulu since the epidemic started.

A total of 31 people died of cholera in South Africa last year, many of them from the Natal/KwaZulu region.

Last week alone four people died — three of these at the Eshowe Provincial Hospital and one in Durban's Clairwood Hospital.

400 new cholera cases notified

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Staff Reporter

Nearly 400 more cases of cholera were notified over the weekend bringing the total number of cases since the epidemic broke out last August to close on 2 000.

Dr James Gilliland, deputy director-general of health services, said 363 "bacteriologically proven" cases had been reported since December 31.

However, his department had not yet received figures from parts of the country

such as BophuthaTswana.

The most recent cases include 295 from Natal, 38 from Lebowa, 14 from the Southern Transvaal and 16 from kwaZulu, but Dr Gilliland said he doubted the accuracy of the kwaZulu figure.

"Some of these cases may be older, but the results have only come from the laboratory now," he said.

Cholera killed at least 31 people last year and one of the worst-hit areas has been kwaZulu.

Cholera epidemic contained but not over, says director

Mercury Reporter

THE deputy director of the State Health Department, Dr James Gilliland, said yesterday that, while the cholera epidemic in Natal and KwaZulu had been contained, it was not over.

At the same time there was no reason for the public to panic about the situation.

Dr Gilliland said that the number of cholera patients visiting emergency clinics set up by his department had dropped during the past few days and admissions to hospitals such as the Stanger Provincial Hos-

pital had also declined.

He said that a special meeting had been held in Pretoria yesterday to discuss contingency plans to meet the threat posed by the return to the urban areas of blacks visiting the rural districts during the holiday period.

He emphasised that there was normally no risk of a major cholera outbreak in the cities where there was sanitation and reticulated water.

'However, we must expect an upsurge in sporadic cases when people are re-

turning from the rural areas,' Dr Gilliland added.

At Stanger Hospital 12 new patients were admitted yesterday and nine new admissions were reported at the Mapumulo hospital. Spokeswomen for both hospitals explained that newly-opened clinics in the area were taking the load off their facilities.

Three patients were admitted to Clairwood Hospital yesterday and 13 were discharged.

The medical superintendent of the hospital, Dr D G Standing, said he hoped it

would not be necessary to put contingency plans for accommodating more cholera patients into operation. The hospital can cater for 28 cholera victims and at present there are 23 patients in the ward.

The Department of Health in Pretoria said in a statement yesterday that they had been notified of 243 new cholera cases in South Africa compared with the situation a week ago. Of these, 178 were from Natal.

The department said 529 cases of cholera had been reported in KwaZulu.

Mercury 5/1/82

(89) (10/11)

They raised 200 000. Own Correspondent.

Cholera strikes again

89
SIX suspected cases of cholera were admitted to the Jubilee Hospital in Temba near Hammanskraal at the weekend.

The hospital's medical superintendent, Dr Gerald Malan, said there were 18 suspected cases of cholera in the hospital.

"We are holding our own against the disease and we are doing everything we can to bring it under control,"

Sowetan 5/1/82
said Dr Malan.

He said they were still continuing with their health education programme.

"Our health team is doing the rounds in the villages chlorinating water and seeing to it that residents do not drink untreated water," said Dr Malan.

The cholera outbreak in the Moretele district claimed six lives last

year and more than 150 people were treated at the Jubilee Hospital. — Sapa

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More cholera cases reported

PRETORIA — A further 243 cases of cholera had been notified since December 29 1981, the Department of Health said yesterday.

In a statement, the department said the additional "bacteriologically proven" cases were reported from Lebowa (34), Natal (178), Southern Transvaal (13), Northern Transvaal (9) and Gazankulu (9).

"As far as KwaZulu is concerned no new cases have been notified since our previous press release

(on December 29)," the department said.

"It must, however, be noted that there have been 529 cases of cholera to date, and not 580 as previously stated."

Six suspected cases of cholera have been admitted to the Jubilee Hospital in Temba near Hammanskraal.

The hospital's medical superintendent, Dr Gerald Malan, said there were 18 suspected cases of cholera in the hospital.

"We are holding our own against the disease and we are doing everything we

can to bring it under control," said Dr Malan.

He said they were still continuing with their health education programme.

"Our health team is doing the rounds in the villages, chlorinating water and seeing to it that residents do not drink untreated water," said Dr Malan.

The cholera outbreak in the Moretele district claimed six lives last year and more than 150 people were treated at the Jubilee hospital. — SAPA.

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Mercury 7/1/82

Dusi canoeists warned about cholera dangers

Mercury Reporter

DUSI boss Ernie Pearce was adamant yesterday that the government would have to step in to stop the Dusi Marathon next week if the cholera threat in the Umgeni River were considered serious enough.

'We are going ahead. Every one of the 829 entrants will be given a written warning at the start in Pietermaritzburg on Wednesday about the possibility of contracting cholera through drinking river water.'

'Canoeists will also be warned not to allow their children and helpers to swim in the river at overnight stops, or to wash, eat, or use utensils in the river. Officials will be on duty to see that these restrictions are observed.'

Mr Pearce's statement follows the death a few days ago of an African from the Molweni area near Hillcrest from cholera. The victim apparently contracted the dis-

ease by drinking untreated water from a stream which drains into the Umgeni River.

Mr Pearce said a doctor and nursing sisters would be on duty at both overnight stops. Anyone with diarrhoea should report to the medical tent immediately. However, one doctor had said he doubted cholera would show itself in the short three days of the Dusi.

'Canoeists have been training on the Umgeni and Umsindusi rivers for months without anyone falling ill with cholera. I would be the first to know if they had. Both the 50-miler and the non-stop Dusi relay have been held in recent weeks without problems.'

Mr Pearce said that there would be three watering points on the first day, two on the second day and two on the final day.

'Purified water for drinking and showering will be available at both overnight stops,' he added.

Hospitals admit more cholera patients

7/1/82

Mercury Reporter (200) Mozambique and Swaziland.

THE number of cholera patients at Durban's Clatterood Hospital has risen to 24 after four more suspected cases were admitted yesterday.

Pinetown's Mariannhill Hospital has admitted seven patients from the Valley of a Thousand Hills area suffering from the killer disease over the past two days.

A Department of Health and Welfare statement released in Pretoria yesterday said that the scattered cases of cholera being found in places such as Espinosa and Mariannhill did not mean the outbreak was spreading or getting out of control.

The statement said laboratories had confirmed the occurrence of 1750 cases since August in South Africa and neighbouring States and that the death rate had been limited by with the help of field teams and rural clinics to some two to three cases in every 100 notified.

The highest concentration of cases in both epidemics was in the north-eastern regions of South Africa. KwaZulu had reported 822 cases of the total in the present outbreak, including 746 in the regions bordering

Mozambique and Swaziland. Meanwhile the Umzumulo Mission Hospital in Umzumulo, about 50 km from Stanger, has been forced to borrow two nursing sisters and three staff nurses from the Ladendale Hospital to help cope with the influx of cholera cases from that area.

A spokesman for the hospital said the KwaZulu Health Department had been 'very helpful' by sending in extra beds, food and nursing equipment, and that mobile units and clinics set up by the State Health Department in Durban had intercepted many of the cases going to Umzumulo and Stanger for treatment.

Admissions

She said although the number of admissions had dropped to 10 by noon yesterday as opposed to an average of more than 20 a day, the numbers always fluctuated and were no clear indication of the epidemic dying out.

The chief nursing officer of State Health in Durban, Mrs D Wilson, warned the epidemic would be likely to end only in the autumn when the rains stopped and the contaminated rivers dried out.

Cholera: the clean

Water battle hots up

By ADA STUIJT

THE chlorination of home water supplies has become the main weapon in the health authorities' battle against cholera, which killed 31 people in 1981.

And although health spokesmen have said people may develop a natural immunity to cholera, a hospital superintendent warned that this may take five or six years to develop.

Dr Howard Botha of the Department of Health said yesterday: "Our special health education teams have found, especially in the case of the Natal epidemic, people follow closely advice on how to chlorinate their household water."

He said the department had developed a programme in which highly-skilled field teams would undertake case spotting and early treatment, and State and Provincial hospital facilities were more than adequate.

"Although we do have a scattering of cases, there is no sign at the moment that the outbreak is getting out of hand," Dr Botha said.

According to Dr H G V Kusiner, deputy director of the epidemiology unit at the department, study of the present cholera outbreak showed that communities built up a natural immunity.

Flare-up

A community stricken by cholera in 1980, for example, would not have a second outbreak this year, despite a flare-up 20km away.

But Dr Gerard Malan, medical superintendent at Jubilee Hospital in Temba, Bophuthatswana, where cholera cases are admitted daily, warned yesterday that natural immunity to cholera might take years to develop.

"Health authorities should not relax their vigilance in their fight against cholera, because it is too soon to tell whether natural immunity will take place within five to six years."

He confirmed that a natural immunity to water-borne diseases such as typhoid had been built up by the inhabitants of areas where the diseases appeared regularly.

"It's too soon to tell whether this would also be the case with cholera, because Bophuthatswana's epidemic is continuing. And this second cholera epidemic has definitely been worse than the first, in 1980," he said.

Endemic

"Perhaps once cholera becomes endemic in an area — in other words when it is permanently present — we may see a form of natural immunity among local people, but this process may take five or six years."

Today, Bophuthatswana government engineers will survey the cholera-infected areas along the Apyes River to pinpoint sites for the new pipes from the clean water plant in Temba.

Dr Malan was happy about the prospect of piped water for the afflicted community.

The water-borne gastric infection has taken on serious proportions, especially in Northern Natal and the Northern Transvaal.

To date, 1 713 cholera cases have been treated since August 1981 — almost half from Kwazulu.

This year, of 822 confirmed cases reported up to January 5, about 85 percent are from the northern region of Kwazulu, according to Dr Botha.

Another cholera epicentre is in the vicinity of Stanger, Natal, where he said there were between 350 and 400 cases.

than R5 000

~~311~~ 300 treated ~~821~~

for cholera

Northern Transvaal
Bureau 8/1/82

LEBOWAKGOMO

There have been 13 confirmed cases of cholera in central Lebowa in the last two weeks, according to a statement by the Lebowa Secretary of Health, Dr M Mphahlele.

More than 300 people were treated as a precautionary measure.

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Cholera ⁸⁹ feared ^{stan} in Durban workers ^{8/1/82}

Own Correspondent

DURBAN — The cholera epidemic which is sweeping through Natal and kwaZulu appears to have reached Durban and factory workers are being admitted to hospitals with symptoms of the waterborne disease.

Several employees from a Mobeni factory were admitted to King Edward VIII Hospital this week after the factory doctor found them suffering from what he believed to be cholera.

A spokesman at the hospital said it had not been confirmed that the patients had the disease but they were being treated for cholera until their condition had been positively diagnosed.

WARNED

Medical officers in Durban have warned factory doctor and nurses to be on the lookout for cholera symptoms among the thousands of workers who flock to the city daily from the outlying townships.

Staff who returned from inland and up-country after the Christmas and New Year holidays should also be carefully watched, the medical officers said.

Dr Colin Mackenzie, Durban's Medical Officer of Health, has called on all people to wash their hands after using a toilet and before preparing food.

All fruit and vegetables should be washed carefully under a running tap before being eaten, Dr Mackenzie added.

Cholera not epidemic — Health Dept

THE scattered cases of cholera being found in places such as Isipingo and Marianhill "does not mean that the outbreak is spreading or getting out of control," the Department of Health and Welfare said in a statement this week.

The statement said laboratories had confirmed the occurrence of 1730 cases since August in the Republic and neighbouring states. As in the 1980-1981 cholera outbreak, the most effective part of the

treatment was replacing lost body fluids. The death rate had been limited with the help of field teams and rural clinics to some two to three cases in every 100 notified.

"The highest concentration of cases in both epidemics has been in the north-eastern regions of the RSA," said the statement. Kwa Zulu had reported 822 cases of the total in the present outbreak, including 746 in the regions bordering Mozambique and Swazi-

land.

The Department noted that cholera entered the country through the agencies of infected persons or infected river waters.

The department also said that cholera, as a waterborne disease, "shows a preference for areas where piped or treated water and sanitary facilities are absent or are not utilised properly".

Among the steps taken to stamp out the outbreak had been the

initiation of close cooperation both between different authorities and national states, as well as at a local level.

The surveillance work and case-finding carried out by highly skilled field teams had assisted the

provision of early treatment. It had also given an insight into "the epidemic situation." Where there was a constant occurrence of a few cases the outbreak changed into an "endemic situation."

Continuation of the health education campaign told the local people how household water could be chlorinated cheaply and effectively. "The public at large has nothing to fear if they carry out precau-

tions that have repeatedly been spelled out. They will be kept informed of changes in the cholera situation by weekly media bulletins released at noon on Friday," said the statement. — Sapa.

STANGER Provincial Hospital yesterday battled to cope with 49 cholera patients in the overflowing isolation wards, and the chief Medical Superintendent, Dr R Docrat, said the number of cases was now 'drastically high'.

Dr Docrat said the numbers continually fluctuated but had increased 'drastically' over the past week.

'And these high numbers only apply to the hospital itself,' she said. 'The clinics set up in other areas by Durban's State Health Department are having to cope with just as many cases.'

Meanwhile, the first cases of cholera from Durban's Indian community in Chatsworth were reported from the R K Khan Hospital which admitted two small children yesterday.

According to Durban's Medical Officer of Health, Dr Colin MacKenzie, a Chatsworth family visited Mount Edgecombe last month where it is presumed their six-year-old son contracted the disease.

Another child, also from Chatsworth, was admitted to the hospital this week and Dr MacKenzie said tests on the immediate families had been run and all direct contacts had been treated with antibiotics.

Tests

A spokesman for Durban's Clairwood Hospital confirmed 30 patients were being treated in the isolation wards for cholera with 13 people being admitted over the past two days.

He said the number of cases had 'risen since last week', but no more deaths had occurred.

Pinetown's Mariannahill Hospital reported yesterday that seven cases had been discharged after treatment, leaving only one cholera patient in the ward.

Laboratory tests carried out on samples from Mr Bernard Msomi, whose death came within three days of contracting cholera, showed that he died from the same strain of the disease which is widespread in Natal.

A doctor speculated yesterday that the rapid death of Mr Msomi — a Pinetown worker in his 20s described

Mercury Reporter

by his Molweni family as being strong and fit — could indicate that a more virulent strain of the disease had surfaced. Until Mr Msomi's death, the majority of victims claimed by the disease had been elderly.

But a State Health official said Mr Msomi had caught the El Tor strain, which is more susceptible to treatment than the classical Far East strain.

All patients suffering from the disease in Natal and KwaZulu had the El Tor strain.

The success of the battle to keep cholera out of Durban rests in the hands of the public, according to Dr MacKenzie.

He said while there was no chance of the disease reaching epidemic proportions within the city, there was always the danger of sporadic cases. He and the City Engineer, Mr Don Macleod, had liaised and taken every possible precaution, but the ultimate responsibility rested with the public.

He called on people of all races to wash their hands after they had been to the toilet and before they prepared food.

And all fruit and vegetables should be washed carefully under a running tap, he advised.

Brick boom

BY THE middle of this year, the shortage of bricks in South Africa should be a thing of the past, Mr Cedric Savage, a senior executive in the industry, told Sapa in Durban yesterday.

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Cholera 'drastic' hits South Africa's second highest

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Mercury

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(89) D. Dispatch 8/1/22

Doctor warns Border to take cholera precautions

EAST LONDON — Regular water tests are being conducted throughout the Border in an attempt to keep out cholera — a disease which health authorities say poses a "very serious threat" to the area.

The regional representative of the Department of Health, Dr J D Krynauw, said yesterday his department was doing all in its power to keep out

the killer disease which has affected more than 1,750 people in and around South Africa since August.

"We must expect cholera sooner or later," Dr Krynauw told the Daily Dispatch. "It is definitely a threat to this area, and if it is already in Natal it could just as well reach here."

Health officials tested East London's harbour sewage and drinking water regularly, and the same

practice was applied in other Border towns.

"To a certain extent, forewarned is forearmed," he said. "But you can't control a disease like cholera completely. We need the full co-operation of the public to achieve that."

Dr Krynauw advised people to think carefully before using untreated water, such as that from rivers.

"Untreated water should be boiled for at least ten minutes before it can be considered safe," he said.

He also warned against eating raw vegetables, as these were usually irrigated with untreated water. "Vegetables should never be eaten raw, especially if they come from an area where cholera has broken out." — DDR

Filter plants to fight cholera

Sanitation 8/1/82

AN American engineer appointed by the Bophuthat'swana government, to survey the possibility of installing the first water filtration plant along the Apies River was yesterday at the cholera-infested district of Koro...

The move is part of the R4 million project by the Bophuthat'swana authorities in their fight against cholera, which has claimed five lives since its outbreak in September.

(89) E. Post 8/1/82

E Cape warning on cholera danger

Post Reporter

THE serious cholera outbreak in Natal could "move southwards" to become a threat in the Eastern Cape, according to the regional director of the department of Health and Welfare, Dr J D Krynauw.

He said yesterday precautionary measures against the disease had been taken and he warned people not to drink any "surface water" and to be aware of "raw" vegetables.

"Two cholera co-ordinating committees have been operating in Port Elizabeth and East London since 1973 and further monitoring points were set up when the outbreak started in the Eastern Transvaal in 1980," he said.

The first monitoring points were in areas such as dockyards, sewerage plants and sewerage outfalls but newer points were responsible for urban East London, Uitenhage and Queens-town.

Those attempting to pinpoint any outbreak of the disease and stop it from spreading include members of Dr Krynauw's staff, provincial and State hospitals, municipalities, administration board officials and laboratory services.

Dr Krynauw urged people not to drink "untreated surface water" and to drink only from taps.

"And if the tap water is lying on the ground, they are not to drink that either," he added.

Eating raw vegetables is

another way of catching the disease and Dr Krynauw said no one should eat them unless they had been "very properly" washed or had been "boiled".

- In Natal the 829 entrants in the Dusi River canoe marathon will be given written warnings at the start in Maritzburg about the possibility of contracting cholera through drinking river water.

This warning comes because of the death through cholera of a man in the Molweni area near Hillcrest a few weeks ago.

The man apparently contracted the disease by drinking untreated water from a stream which drains into the Umgeni River.

A spokesman for the race organisers said that if the cholera threat was considered "serious enough" the race would have to be called off.

A doctor would be present at both the overnight stops. Another doctor said he doubted if the disease would show itself in the Dusi's "short" three days.

- The South African and Swaziland health authorities held joint discussions in Mbabane yesterday on the spread of cholera, the Department of Foreign Affairs and Information announced in Pretoria.

It said combined efforts were considered to combat the disease, "which has no regard for international boundaries". — Sapa

Squatters'

water

Mercury 9/1/82

linked to

gold price

Mercury Reporter

THE price of gold is the key to a permanent water supply for the squatters at Inanda and Amaoti who now face a cholera threat because their water supply consists of a river and trucked-in water.

This became clear yesterday when the Mercury investigated the possibility of a reticulated water system for the squatter families.

The Department of Co-operation and Development is studying proposals to pipe water into the area, but it was learned yesterday that a final decision on the issue would depend on the department's budgetary allocation for the year.

The amount of money allocated to the department by the Minister of Finance, Mr Owen Horwood, would be directly dependent on the price of gold, senior officials of the department pointed out.

The department has advertised for proposals to supply water to the areas concerned and plans have been submitted. The areas suffered a typhoid outbreak two years ago, and are now facing a cholera threat.

Feasible

The Umgeni Water Board has sent in a plan, which would cost the department about R1 000 000.

A spokesman for the Urban Foundation said yesterday the scheme was technically feasible. The question was whether the funds would be readily available.

There also was a 'snowball effect' which followed installation of a reticulated system. Adequate drainage had to be installed, which meant that roadside culverts had to be built, which meant that roads would have to be improved.

Durban City Engineer Don Macleod said the areas concerned fell outside the city's responsibility. The city was prepared, however, to supply water to the area — as it was doing in Clermont.

89 312 300
RDM 9/1/82

Countries join forces in war on epidemic

THE cholera epidemic is sweeping swiftly across Southern Africa as health authorities fight a furious battle to contain the killer disease.

The epidemic has affected hundreds of thousands of people in South Africa, Swaziland, Mozambique and Zambia.

● In South Africa, 2 265 proven cholera cases have been treated since last August and the death count is 31.

● In Swaziland, near Mbabane, 300 people have been treated for suspected cholera. 20 have died.

● Six deaths have been confirmed in Zambia's Luapula province, near the Zaire border.

Unrecorded

It is known that there have also been cholera-related deaths in Mozambique, but figures are not available.

The official figures do not tell the full story — in the remoter areas of these countries many deaths go unrecorded.

In a bid to beat the epidem-

By ADA STUIJT

ic, the Ministers of Health of Swaziland and South Africa met on Thursday to consider ways in which the health services of both countries could be combined to fight it.

In addition, Mozambican, Swazi and South African health authorities have been "in constant telex communication" with each other in their battle against the waterborne gastric disease, a spokesman for the Department of Health said in Pretoria yesterday.

Canoeists

As preparations for next week's Dusi Canoe Marathon get underway, fears have been expressed that entrants run the risk of contracting the disease from the Umsindusi River.

But the marathon organiser, Mr Ernie Pearce, said medical precautions had been taken to prevent participants being infected, and the event would start on Wednesday as scheduled.

The Department of Health tested the river for cholera and came up with negative results yesterday.

"That doesn't mean there is no cholera in the water. It might mean that we haven't found it," said an official.

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Cholera admission figures increase

Mercury Reporter

THE killer disease, cholera, yesterday continued to rage close to Durban and a senior spokesman for the city's Clairwood Hospital said admission figures this week were much higher than last week.

The numbers have risen from the first four cases admitted on December 28 to 30 patients presently being treated in the Clairwood Hospital's isolation wards.

The spokesman said five more victims were admitted yesterday while 15 people were discharged after treatment.

According to another senior spokesman, Durban's King Edward VIII Hospital does not have the facilities or isolation wards to treat cholera patients.

The spokesman yesterday disputed reports that King Edward VIII Hospital had admitted several employees from the large Nampak factory at Mobeni who were believed to have been hit by cholera.

Isolation

'We do not have the isolation wards required to treat cholera patients here,' the spokesman said. 'We know nothing about any cholera cases from Nampak.'

Nampak's resident director, who did not wish to be named, said he was 'unaware of any suspect cholera cases'.

Meanwhile, Pinetown's Mariannahill Hospital is treating only one patient in the isolation ward.

A spokesman for Durban's State Health Department said yesterday various quantities of ordinary household bleaches containing hypochlorite could be used for purifying cholera-infected water.

He said one teaspoonful of bleaches such as Jik, Javel, Nomisol and Milton diluted with 25 / of water and left overnight would ensure 'germ-free water'.

He added that all these bleaches were available in 'practically all stores' and should be given to employees who planned to travel into cholera-infected areas.

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They came in their hundreds to the little Nthandeni Clinic

By PAT BULGER

NAKU NTULI pulled the thick woolen blanket around her six-month-old daughter and sighed . . . it had been a long tiring walk.

Six hours earlier the tiny teenage mother had set out under a burning Kwazulu sun, over hills and across rivers — rivers that carry the deadly cholera in their muddy waters.

Cholera had made Naku's journey necessary. But now, surrounded by the white-skirted nurses at Nthandeni Clinic, 40 kilometers outside Stanger, she knew the disease-ridden child in her arms would be saved.

Sacrificed

"Naku first noticed the symptoms of vomiting and diarrhoea in her daughter two days ago. Already two of her children have died and she would have walked a lot further to save this daughter," I was told through an interpreter.

The interpreter, a young nurse who sacrificed her Christmas and New Year to do battle against the disease that has claimed at least

CHOLERA: THE TRICK TO LIVE



Michael Mkhize and the saline drip that saved his life at the Mapur-mulo Clinic outside Stanger

eight lives in the settlements of Mapumulo and Grootville, said others walked a lot further to save their lives and the lives of their children.

"Many were unaware of the disease and its danger when the latest wave of cholera started late last year," he said.

"But when they learned about it and about the clinics that would save their lives they started arriving in their hundreds . . . about 40 or 50 a day," she said.

The two-building Nthandeni Clinic is used as a collection point where cholera sufferers

are given temporary relief before being transferred to the bigger and better equipped Mapumulo Clinic.

Tamed

It is separated from Mapumulo by a winding, treacherous mountain road that has

been tamed by Kwazulu Health Service ambulance drivers. It is the same with the clinics. Bare and austere, their too few beds are never empty and the old fashioned medical equipment is never idle.

"We have battled with the equipment and medical supplies that we have," said Rosaria Khatide, senior community nurse from the Kwazulu Health Department.

Fever

"For one thing there are too few beds and when we were getting

40 cases a day many of the patients had to use the floor with blankets, but now we have fewer than 10 a day."

Mrs Khatide is one of 20 nursing staff who treat patients in the hospital that was converted from a Lutheran Mission Station in 1978. More than 500

suspected cholera patients have been treated at the clinic.

"A lot of those were very serious but we have only had one death at this clinic."

Mrs Khatide said the health teams that venture into the bush to teach hygiene and dis-

SUNDAY TRIBUNE, JANUARY 10, 1982

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tribute water-purifying chlorine tablets have been very effective.

"Two months ago many of the people had never even heard about cholera but that is changing fast."

Hygiene lessons came too late for Michael Mkize.

Recovering from a severe bout of cholera 65-year-old Michael said that he had been visited by a health team and had followed their advice.

"But after two days I was in hospital. I had heard of cholera before but now I know how to keep it away," he said from his hospital bed.



Anguished mother in a lonely vigil. Mrs Lindi Lembede waits while her cholera-ridden daughter Jabu sleeps after cholera treatment

Pictures: JOHN WOODROOF

S. Express 10/1/82

89 ~~107~~

SADF, farmers join the war on cholera

By MICHAEL CADMAN

HEALTH officials in Natal and kwaZulu are working flat out in an effort to combat the cholera epidemic raging in various parts of the area.

The disease has been reported from many places in the Stanger area, the Ingwavuma district in Northern kwaZulu, the Molweni district, the Ndwedwe township near Durban and near Eshowe. Since December 21 275 cases have been reported in the Stanger-Durban area and authorities are battling to contain the disease.

Two emergency clinics have been set up, 19 000 bottles of a water-treatment solution are being distributed and health teams are working overtime dispensing chlorine for water purification and teaching personal hygiene.

Posters and pamphlets have been distributed. They warn people to:

- Use only boiled water.
- Wash raw food with clean or treated water.
- Use only properly sited toilets far from boreholes or streams.
- Wash hands before handling food.

A health official said: "The problem is that many of these people have been drinking from the same place for years. It's hard for people to change.

"Another problem is that many people do not use proper toilets and consequently the local water supply gets contaminated," he said. "Some people use toilets that are badly sited and drain into streams and boreholes. These contaminate the water."

Dr Ebrahim Borat said health officials were doing "a fine job" but said it would be difficult to halt the epidemic.

"Until these people are given proper sanitation and safe drinking water the disease will spread."

Several hospitals in Natal and kwaZulu have treated cholera victims.

At Stanger, the hardest-hit area, nine people have died and 338 victims have been treated. At Eshowe five people have died since December 21 and more than 50 cases admitted. Durban's Clairwood Hospital has treated about 18 cases with one death and King Edward VIII has treated five cholera sufferers. So far Maritzburg's Edendale Hospital has treated one cholera victim.

The epidemic has brought assistance from the Defence Force, the kwaZulu authorities, white farmers and sugar mills.

The Deputy Medical Officer of Health for Durban, Dr Muriel Richter, said there was no cholera threat to the people of Durban.

12/19/60
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Philippines: Cholera

Government: Cholera

Manila, (AP) — A cholera epidemic in the Philippines has killed 100 people and sickened thousands, health officials said today.

The epidemic, which began in the city of Manila, has spread to other parts of the country, including the provinces of Bulacan, Cavite and Laguna.

Health officials said that the disease is being spread by contaminated water and food. They urged people to drink only bottled water and to eat only fresh food.

[Dines]

Gov. Antonio M. Dines, who is in charge of the epidemic, said today that the health departments of Iloilo, Zamboanga, Davao and South Cotabato are in cooperation in their combined battle against the disease.

At least 100 people have died in a grueling battle against the epidemic.

Health officials said that the epidemic is being spread by contaminated water and food. They urged people to drink only bottled water and to eat only fresh food.

The epidemic, which began in the city of Manila, has spread to other parts of the country, including the provinces of Bulacan, Cavite and Laguna.

Health officials said that the disease is being spread by contaminated water and food. They urged people to drink only bottled water and to eat only fresh food.

A recent test of the principal river water in Manila showed no cholera bacteria, but health officials said they didn't find it.

"It doesn't mean that the water is not infected," he said.

[Continued]

Yesterday, Dr. Marius Bernard, Opposition spokesman on health matters, said if a health risk existed, the health authorities should have the courage to stop the epidemic.

He added: "My concern is more for the people who are afflicted without any choice — cholera is due to poverty. These people should have alternative clean water, proper health education and sanitary facilities."

A journey of life and death

39
11/1/82
Sweetan

NAKU NTULI pulled the thick woollen blanket around her six-month old daughter and sighed . . . it had been a long, tiring walk.

Six hours earlier the tiny teenage mother had set out under a burning KwaZulu sun, over hills and across rivers — rivers that carry the deadly cholera in their muddy waters.

Cholera had made Naku's journey necessary. But now, surrounded by the white-skirted nurses at Nthandeni Clinic 40 kilometres outside Stanger, she knew the disease-ridden child in her arms would be saved.

"Naku first noticed the symptoms of vomiting and diarrhoea in her daughter two days ago. Already two of her children have died and she would have walked a lot further to save this daughter," I was told through an interpreter.

The interpreter, a young nurse who sacrificed her Christmas and New Year to do battle against the disease that has

claimed at least eight lives in the settlements of Mapumulo and Grouville, and others walked a lot further to save their lives and the lives of their children.

"Many were unaware of the disease and its danger when the latest wave of cholera started late last year," she said.

"But when they learned about it and about the clinics that would save their lives they started arriving in their hundreds — about 40 or 50 a day," she said.

The two-building Nthandeni Clinic is used as a collection point where cholera sufferers are given temporary relief before being transferred to the bigger and better equipped Mapumulo Clinic.

It is separated from Mapumulo by a winding treacherous mountain road that has been famed by KwaZulu Health Service ambulance drivers.

It is the same with the clinics. Bare and austere, their too few beds are never empty and the old fashioned

medical equipment is never idle.

"We have battled with the equipment and medical supplies that we have" said Rosaria Khatide, senior community nurse from the KwaZulu Health Department.

"For one thing there are too few beds and when we were getting 40 cases a day many of the patients had to use the floor with blankets, but now we have fewer than 10 a day."

Mrs Khatide is one of 20 nursing staff who treat patients in the hospital that was converted from a Lutheran Mission Station in 1978.

More than 500 suspected cholera patients have been treated at the clinic.

"A lot of those were very serious but we have only had one death at this clinic."

Mrs Khatide said the health teams that venture into the bush to teach hygiene and distribute water-purifying chlorine tablets have been very effective.

"Two months ago many of the people had never even heard about cholera but that is changing fast."

Hygiene lessons came too late for Michael Mkhize.

Recovering from a severe bout of cholera 65-year-old Michael said that he had been visited by a health team and had followed their advice.

"But after two days I was in hospital. I had heard of cholera before but now I know how to keep it away," he said from his hospital bed.

Cholera spreading in rural areas

89

Star
13/1/82

By Pamela Kleinol

The cholera epidemic which broke out in kwaZulu last August is still spreading and sporadic cases are being treated in areas some distance from the epicentre.

A spokesman from the Department of Health and Welfare said the disease was spreading in rural areas where there was unpurified water and bad sanitation.

Since the start of the epidemic the disease has swept through parts of Natal, Swaziland and Bophuthatswana, killing at least 46 people.

More than 2 600 cholera cases have been confirmed in the past six months.

Swaziland's Minister of Health, Dr Samuel Hynd, believes the spread of the water-borne disease is going to worsen before winter.

"We haven't reached the peak yet," he said.

Dr Hynd said South Africa and Swaziland had formed a joint committee to fight cholera as some Swazi

rivers flow into South Africa and some South African rivers flow into Swaziland.

He said there had been a dramatic upsurge in cholera cases in Swaziland since December 30. A total of 51 cases and one death had been reported, bringing the cases since October to 373 and deaths to 19.

About 1 000 more cholera cases have been reported in South Africa in roughly the same period, bringing the total figure to more than 2 300.

Dr Howard Botha of the Department of Health and Welfare said although the disease was still spreading in some rural areas there was no danger of the disease spreading to places where there was purified water and optimal sanitation.

Most of the cases that had been notified since August had already been treated and cured — usually within three to four days.

"Only about seven percent of cases at the clinics need to be treated with intravenous fluids," he added.

Dr Botha urged people in the affected areas to buy a chlorination solution from nearby shops which was "cheap and effective."

A spokesman for Stanger Hospital yesterday said 10 more cases were admitted on Monday, bringing the total number of cholera cases in the ward to 38.

A spokesman from Jubilee Hospital in Tembā, near Hamanskraal, where two to three cases are admitted daily, said there were 15 people in the cholera ward.

Cape plans for cholera

ARGUS 15/1/82

89

Medical Reporter

THE Cape Provincial Administration has linked arms with the Divisional and City Council health services to steel the Western Cape against an outbreak of cholera.

At a meeting yesterday attended by the Director of Hospital Services Dr R L M Kotze and 27 doctors and para-medical department heads, plans were consolidated to combat cholera in the event of it breaking out here.

Dr Kotze said: 'We have decided to constitute vigilante committees to monitor possible outbreaks of cholera in Port Elizabeth, Kimberley, Cape Town and East London.'

He added that the Cape was being looked at

with a view to finding target areas where cholera might break out.

'These are rural areas where an epidemic could take the form of affecting lots of patients all of a sudden,' Dr Kotze said.

In an attempt to educate inhabitants about the dangers of cholera and how to prevent it, farmers had been asked to assist with the campaign by informing employees about the hygienic use of water.

Dr Kotze and Dr L R Tibbit, Medical Officer of Health for the Divisional Council, emphasised that there was no cause to panic. Cholera was a rural disease and would not affect the urban areas.

NATAL

The Argus Johannesburg correspondent reports that Natal's raging cholera epidemic is conti-

ning to move southwards with 46 victims admitted to Clairwood Hospital, Durban, since Tuesday, bringing the total number of patients in the special ward to 67.

Most of the patients are from black areas near Durban.

Durban's Medical Officer of Health, Dr Colin Mackenzie, said 93 confirmed cases had been admitted to the hospital since the beginning of January.

However, he said no cases had arisen from Durban itself.

Dr Mackenzie said the only danger of the disease spreading in Durban was through milk and food handlers but a very close check was being kept on these aspects.

The Director of the Regional State Health Department in Durban, Dr J van Rensburg, said the outbreak was following an expected pattern and he anticipated it moving further southwards.

Cholera in Natal is still moving south

89 ~~star~~ 15/1/82

By Pamela Kleinot

The cholera epidemic in Natal is continuing to move southwards and 46 victims have been admitted to Clairwood Hospital in Durban since Tuesday — bringing the number of patients in the special ward to 67.

A hospital spokesman said yesterday: "This is easily the highest figure we have had to cope with."

Most of the patients are from black areas near Durban.

Durban's Medical Officer of Health, Dr Colin Mackenzie, said 93 confirmed cases had been

admitted to Clairwood Hospital since January 1. There had been no case from Durban itself, he added.

The only danger of the disease spreading to Durban was through milk and food handlers, and a close check was being kept on these.

"We are trying to get people to wash their hands as often as possible, because this stops the spread," he said, adding that it was imperative for people to wash fruit and vegetables before eating them. If this was done, lettuce and raw carrots could be eaten regardless of where they were grown or handled.

"Health teams are monitoring all the main sewers, outfalls, rivers and streams in the Durban area. We have not found any traces of cholera in the Durban part of the Umgeni River," said Dr Mackenzie.

A massive health education programme has also been launched in Durban. It includes slides in Indian cinemas to show people how to avoid cholera.

Durban is now an island in a sea of cholera. To the north, confirmed cases have been found at Ndwedwe, Umbumbulu, Ulundi, Mount Edgecombe, Umtentwini, KwaMashu, Stanger and Inanda.

Cases have also been found inland at Washbank, Estcourt, Botha's Hill, Clairmont, Hillcrest, Howick and Pieterstown.

The whole of Umlazi to the south has also been affected.

The director of the Durban regional office of the Department of Health, Dr J van Rensburg, said the outbreak was following an expected pattern, and he anticipated that it would move further southwards.

There was tremendous potential for it to spread in areas where people did not have purified water facilities, including areas around Durban, he said.

Cape starts anti-cholera campaign

Cape Times 15/1/82
89

Staff Reporter

A campaign to help prevent an outbreak of cholera in the Cape Province had been launched by South African health services, Dr R L M Kotze, Director of Hospital Services for the Cape Provincial Administration, announced yesterday.

This action follows a new outbreak of the disease south of Durban this week when a confirmed cholera case was treated at the Port Shepstone Provincial Hospital. Cholera is at epidemic proportions in Natal.

Dr Kotze said that at a conference attended by 27 doctors and para-medical department heads yesterday, a decision was taken to set up vigilant committees in Cape Town and Kimberley. Vigilant committees were already in operation in Port Elizabeth and East London.

Hygiene

He said these committees would be involved in educational and hygiene programmes.

In addition, gauze swabs known as Moore's pads, which gave an early warning of the presence of the disease, had already been placed at various points in the sewerage systems throughout the province and were being checked at weekly intervals.

Dr Kotze said it was unlikely that cholera would

hit Cape Town because the municipal area was provided with piped, chlorinated water. Chlorine was deadly to the cholera bug.

Rural

The areas more likely to be hit were rural, where residents depended on streams and open canal water.

Dr Kotze said letters had been written to farmers, through their agricultural unions, asking them to ensure that their employees used chlorinated or boiled water and that they were provided with proper latrines.

Cholera first broke out in South Africa on September 30, 1980, near the Mozambique border.

Micro-organism

Since then it has appeared in every province with the exception of the Cape.

Cholera, which is transmitted by faecal contamination of water, is a micro-organism, shaped like a comma, which can cause an infected person to lose half his or her body weight within 24 hours.

If neglected, the patient could die of shock and dehydration.

However, if the disease was detected early enough, the patient could be cured within three to five days, Dr Kotze said.

Cholera: PE

Σ. Post (89) 16/1/82
man taken

off train

BLOEMFONTEIN — An ambulance, doctor and a team of nurses were standing by last night when the 7.10pm train from Ficksburg arrived at the Bloemfontein station carrying a passenger with suspected cholera.

The passenger, Mr Dladla Mqhweza, 56, of Zwide location, just outside Port Elizabeth, is said to have embarked at Vryheid in Natal.

"By the time the train got to Ficksburg, the man was feeling so ill that he is said to have got off to see a medicine man," explained Dr Martin van Rensburg, Regional Director of the Department of Health in the Free State.

"He later boarded the train again and it was then that we were advised about the case by the railway authorities.

"We got everything ready, and when the train arrived at the station the man, who was in a very bad

state and terribly dehydrated, was taken to the Pelonomi hospital.

"We then vaccinated everyone else in the coach, and all those who had come into contact with the man, against cholera. We also took down the names and addresses of all the other passengers whom he might have been in contact with on his journey," Dr Van Rensburg said.

A spokesman for the ambulance service said Mr Mqhweza was taken directly to the isolation ward at Pelonomi.

"We are still airing, fumigating and disinfecting the ambulance and staff who went out on the job," the spokesman reported last night.

The superintendent of the Pelonomi Hospital, Dr G J Viviers, said the man's illness had not yet been officially diagnosed. — Sapa

● The Department of Health says there have been 2 830 reported cases of cholera. The death toll is 44.

545 new cases reported

2011/10/18 (89)

ANOTHER 545 cases of cholera have been confirmed, bringing the total number in the present outbreak to 2839, the Department of Health and Welfare reported yesterday. The outbreak is still in progress.

The majority of cases were reported from the districts of...

In total 27 additional cases have been reported since the outbreak began in the area from the districts of...

Department field teams were still actively conducting the control of the disease in the district...

“Sky-shout”

“The public is co-operating well in all the ways possible to the ‘sky-shout’ project.”

The department reported that the ‘sky-shout’ exercise was held over a period of eight hours a day for three days over a wide area of Natal and KwaZulu.

The exercise will be repeated next week.

The department said it was especially grateful to the private sector for contributing to the uphill battle against cholera by sponsoring the ‘sky-shout’ aircraft.

This week a meeting was held in Cape Town at which a plan of action was discussed to combat the disease should it spread to the Cape Province. — Sapa

Jo'burg woman has cholera

Mall Reporter

ROM 18/1/82

A JOHANNESBURG woman who was taken to hospital last Friday is suffering from cholera.

Mrs Johanna Kekana, a domestic servant, was taken by ambulance from her place of work in Emmarentia to the General Hospital, in Johannesburg.

After initial tests were carried out, cholera was confirmed and she was transferred to the West Rand CMR Hospital where she is undergoing treatment.

Last week, Department of Health and Welfare officials in Pretoria expressed the fear that people who had travelled to their homes in the affected areas might now return as carriers of the disease.

Epidemic

Dr K Kustner of the Department said yesterday there was no reason to fear cholera breaking out on an epidemic scale in the Johannesburg area because "everyone used chlorinated water".

"You never know who has been affected until the disease strikes.

"In some cases, people simply become carriers and, after 10 days, the bacteria die and the person becomes safe."

And in their battle against the epidemic raging in the Moretele district, the Bophuthatswana government is to spend about R26-million on water purification schemes.

At least five people have died of cholera in the area and about 200 treated.

The Bophuthatswana purification projects are to be undertaken by the Homeland's Water Corporation.

Bophuthatswana's chief engineer,

Fears of 'carriers' moving into city

Mr B Badman, said the projects would cost about R26,4-million.

Mr Badman said a dam was already under construction at Tembisa and water would be drawn from reservoirs to be built at different points.

The projects will involve:

- The building of a dam and pumping station — R2 400 000;
- Purification works — R2 750 000;
- Water supply piped to rural areas — R18 800 000;
- Enlarging purification works — R2 500 000.

Other projects, such as supplying water to other than the stricken areas, would be started when funds became available, Mr Badman said.

While building on the big purification scheme was going on, small mobile reservoirs and chlorification plants would be put up soon at selected sites along the Apies River.

PE man taken off train does have cholera

SHIRLEY PRESSLY

E. Post 18/1/82

THE superintendent of Bloemfontein's Pelonomi Hospital, Dr G J Viviers, today confirmed that a Port Elizabeth man admitted on Friday had contracted cholera.

He is Mr Dladla Mqhweza, 56, of Zwide township, outside Port Elizabeth, who was taken off a train at Bloemfontein.

Dr Viviers said Mr Mqhweza's condition had improved and he was now "satisfactory".

Further tests would be conducted in about 10 days and Mr Mqhweza would be kept in hospital until the tests were negative.

The Regional Director of the Department of Health, Dr J D Krynauw, said today that there had been no reported cases of cholera in the Eastern Cape. The authorities were well-equipped to cope should cholera spread to the region.

Sewage and water supplies were constantly checked.

He warned people not to drink surface water (water from rivers, streams or any form of standing water) unless it had been boiled.

In the event of an outbreak local authorities would provide bottles of chlorine compound in solution to people to add to surface water. This was if the local authority was unable to provide a clear water supply to the people concerned.

Dr Krynauw said an outbreak could be stemmed if people boiled surface water, washed vegetables and fruit before eating, used toilets or latrines instead of open areas and washed their hands after going to the toilet.

Plans drafted to meet threat in Western Cape

mainly rural victims half his weight. A comes from the fact that severely ill patient might it is the most rapidly need up to 25 litres of fatal of all communicable fluid replacement a day. diseases. The characteristic symptoms of severe cholera are diarrhoea and dehydration.

In 24 hours the cholera organism can reduce a man weighing 50 kg to

Last week, 27 eminent medical men sat around a conference table in Cape Town to consider the threat of a cholera outbreak in the Western Cape. They drafted immediate plans for its prevention and cure.

The Director of Hospital Services, Dr R. L. M. Kotze, the noted Pretoria epidemiologist, Dr H. G. V. Kustner, the Medical Officer of Health for the Divisional Council, Dr L. R. Tibbit, and the Deputy Medical Officer of Health for the Cape Town City Council, Dr A. Chaimowitz and other heads of various departments agreed that if cholera did break out here, they would be well prepared.

What are the chances of a cholera outbreak at the moment?

Pretty good, according to the experts.

Transvaal

So far, the claws of cholera have crept into the Northern Transvaal near the Mozambique border, Gazankulu in the Eastern Transvaal, isolated parts of Johannesburg, Germiston and Krugersdorp, Bergville and Stanger in Natal, Edenville in the Free State and recent just south of Durban.

Dr Kustner, an epidemiologist with the Department of Health, Welfare and Pensions, says that since September 30, 1980 when the first cholera epidemic broke out at Nangwane the Cape has remained the only province still unaffected by cholera.

'But the Cape must be ready for it,' he said.

Dr Kustner said the vibrio cholerae entered the gut and caused a

change which led to a 'tremendous purging of the bowel.'

Cholera is a disease that affects certain rural areas only — where irrigation canals, wells or streams are used as a source of washing and drinking water.

The cholera is transmitted by faecal contamination of water. Such contamination usually occurs when more than one person uses a water source like a trough, well or canal for washing or drinking.

Cholera is non-existent in water-born or chlorinated water and for this reason South Africa's health authorities are publicly urging farmers to provide chlorinated, or piped water for their farm labourers.

Transkei

An outbreak of cholera in the Transkei or the Ciskei could signal the start of an outbreak in the Western Cape because the disease could be transmitted from these areas by migrant workers to Cape Town.

The authorities, says Dr Kustner, are waiting to see whether southern Natal and the Transkei 'can slither through' the present period preceding winter without a reported case of cholera. If they do, the Western Cape can relax a little.

Whatever the outcome, preparation and readiness for the disease is crucial.

'In the proper hands, and with proper treatment, a cholera patient can walk out of hospital in three to five days, without any lasting effects,' says Dr Kustner.

89

Roll 10/1/80

Mozambique joins hopes on mass vaccination

A UNICEF vaccination programme first set in a determined effort to contain cholera in Mozambique as that country battles a deadly epidemic.

The programme will start in the north of the country, where the epidemic is most severe. It will then spread to other parts of the country as the disease advances.

South African health authorities believe that cholera is spreading from Mozambique to the north of the country. They are therefore taking steps to prevent the disease from spreading to other parts of the country.

Not effective

South African health authorities believe that cholera is spreading from Mozambique to the north of the country. They are therefore taking steps to prevent the disease from spreading to other parts of the country.

Although vaccines do reduce the severity of the symptoms in perhaps half of those vaccinated, they do not stop the epidemic from spreading.

According to the programme, the epidemic is spreading from Mozambique to the north of the country. Health authorities are therefore taking steps to prevent the disease from spreading to other parts of the country.

South African health authorities believe that cholera is spreading from Mozambique to the north of the country. They are therefore taking steps to prevent the disease from spreading to other parts of the country.

According to the World Health Organization statistics, 1,000 people died in 1971 and 200 people in 1972. The epidemic is spreading from Mozambique to the north of the country.

South African health authorities believe that cholera is spreading from Mozambique to the north of the country. They are therefore taking steps to prevent the disease from spreading to other parts of the country.

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South African health authorities believe that cholera is spreading from Mozambique to the north of the country. They are therefore taking steps to prevent the disease from spreading to other parts of the country.

Clinics

In Maputo, a special ward has been set up in the central hospital for advanced cases. In the south of the country, several health clinics have been established to treat rural patients.

More than 20 health workers disinfected houses where cholera patients were found, and gave doses of sulfa toxine to all contacts.

And public is stressed the importance of getting people with serious diarrhoea to a health centre or hospital without delay.

South African health authorities concentrate on the source of the disease - water infected with cholera vibrios can be disinfected quickly - with chlorine.

People are taught to chlorinate their own water supplies in the home.

A R26-million water reticulation project has meanwhile been announced by Bophuthatswana authorities and private companies in Zululand are drilling boreholes in the cholera-stricken areas to provide reticulated water.

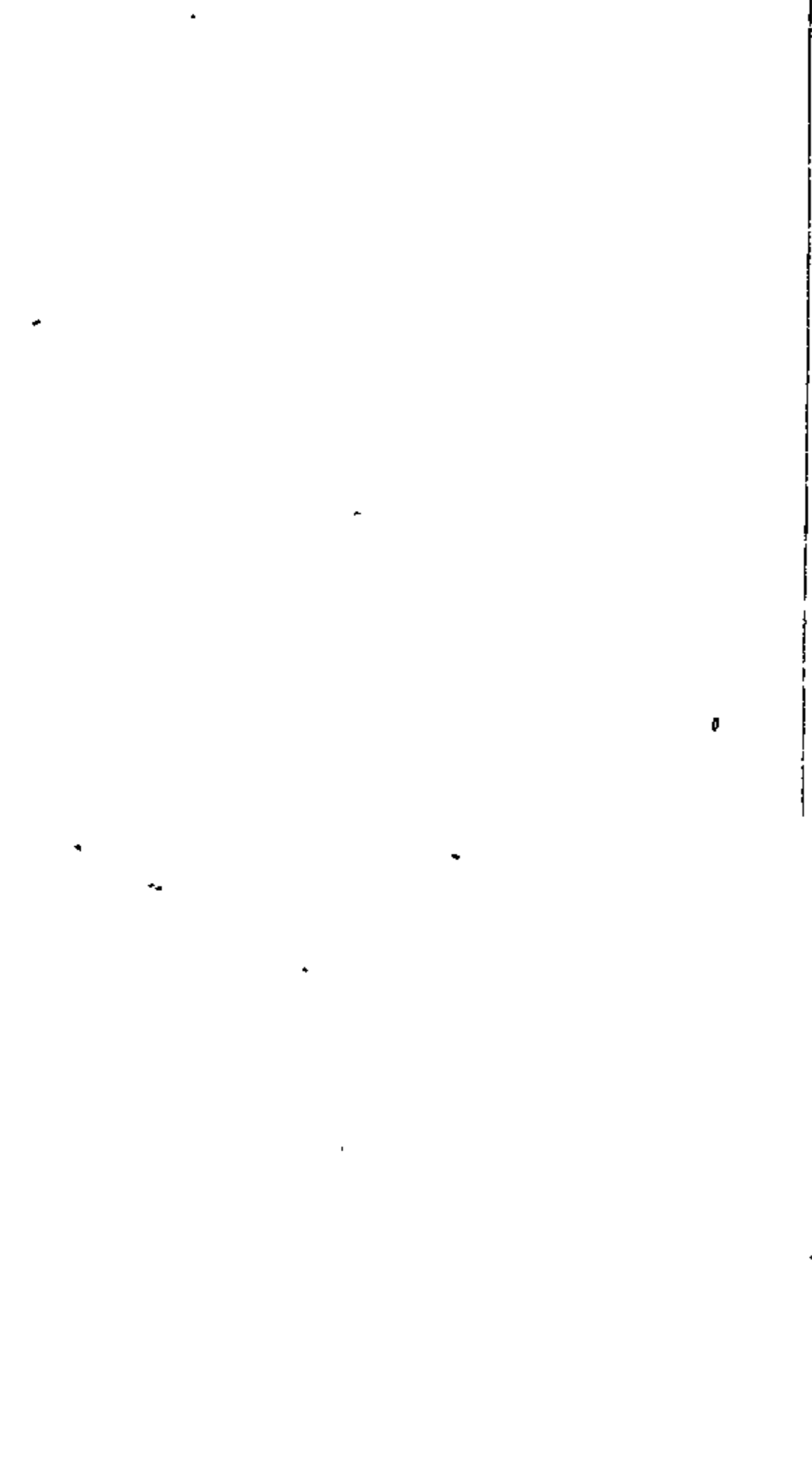
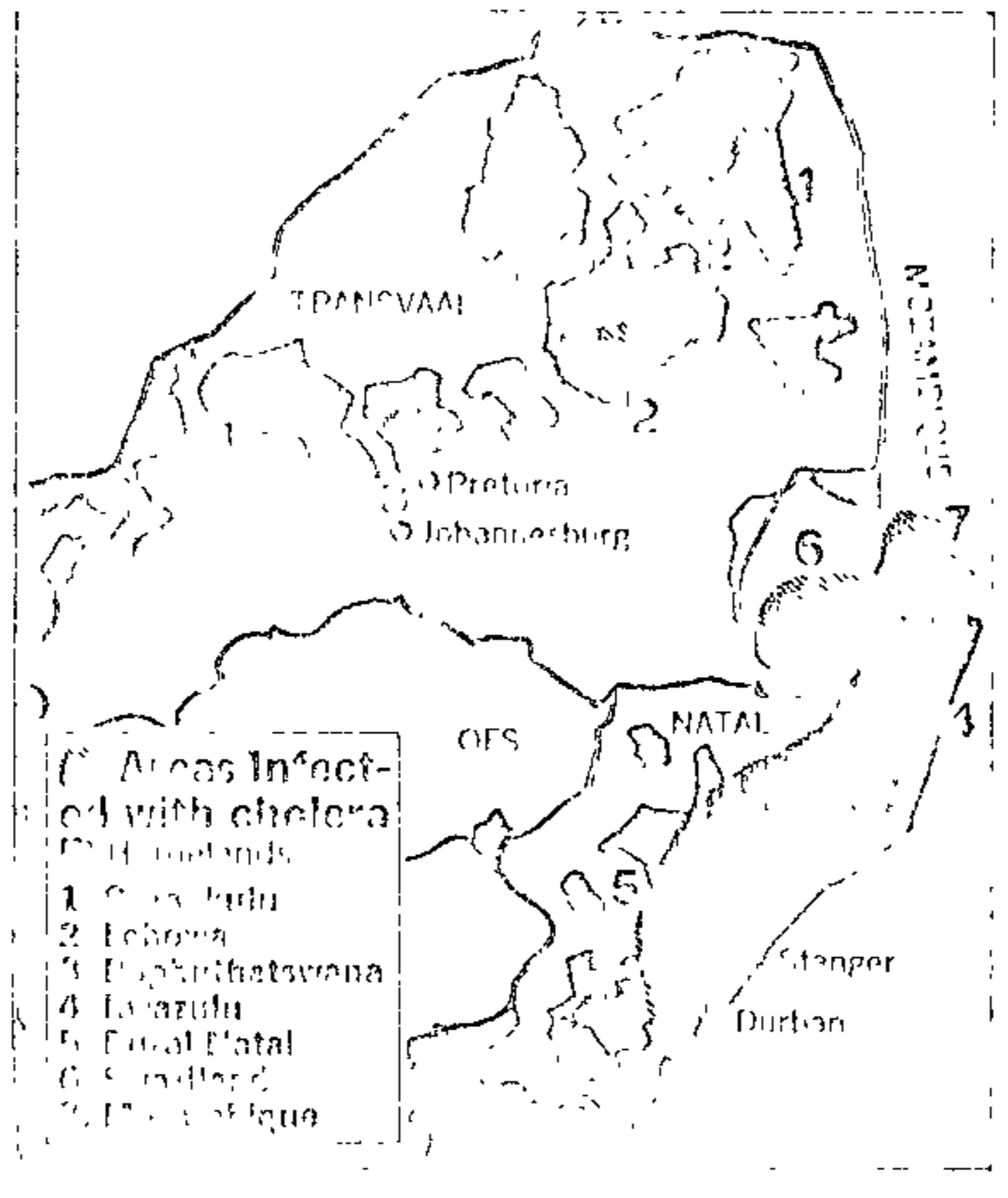
Despite these efforts cholera spread faster last year than it did in 1979 when it remained in the northern areas of Transvaal.

Durban now is surrounded by a sea of cholera-infected areas - just about all Natal shanty towns without proper sanitation are experiencing outbreaks at the moment.

In Bophuthatswana, the Tlokoetse area in the Mafikeng district has battled the disease since August 1979, as is Jheba and shanty towns in the Transvaal lowveld.

THE DRIP... A severely dehydrated cholera patient at a mission hospital near Pretoria recently.

Picture: PHOTOS COURTESY OF UNICEF



I get cholera after visit (89) to homelands

Health Reporter

CHIEF cholera patients admitted to a Johannesburg hospital last week had visited their homelands during the holidays and returned with the infection, a city health official said yesterday.

Health officials are searching for a woman ill with cholera who visited her home in Natal.

The woman had identified her home as being in the Natal homelands. She was admitted to the Hillbrow Hospital for infectious diseases last week. Her doctor later said she had a positive result for cholera. She had three negative results for typhoid.

The patient, Lutholen, was admitted to the Hillbrow Hospital on January 9 and discharged on the 14th. She had been ill for about a week. She was admitted to the Hillbrow Hospital on the 14th. She had been ill for about a week. She was admitted to the Hillbrow Hospital on the 14th. She had been ill for about a week.

Mr. Lutholen, a domestic servant from Pinetown, was taken to Hillbrow Hospital last week with cholera and is recuperating at CHRI's hospital.

Relatives

She was infected after visiting relatives in Feringfontein, Pinetown, a health official said.

City health officials said neither case had passed on the infection.

Yesterday, Hillbrow Hospital superintendent Dr. J. Bloch, confirmed that Mr. Lutholen had been discharged before health officials confirmed cholera.

"Gastro-enteritis is a summer season disease, although we are watching for cholera all the time. If we were to keep all the patients with gastro-enteritis in hospital until cholera was positively identified, we would have to keep hundreds of patients," he said.

Symptoms

Health officials yesterday urged people to watch for cholera symptoms and get suspects to health clinics or hospitals immediately.

- The most severe symptoms are
- (C) Chronic, heavy diarrhoea;
- (O) Occasional vomiting;
- (I) Listlessness, lack of interest in patient's surroundings, and
- (E) Deep-set, dull-looking eyes.

All gastro-enteritis cases should be treated as a potential cholera cases — and doctors have been asked to take samples from all suspected cases.

Mercury 19/1/82

89

Another cholera death takes Natal toll to 23

Mercury Reporter

ANOTHER cholera victim has died in Durban's Clairwood Hospital, bringing the total number of Natal deaths to 23, with 1 572 cases treated since the start of the epidemic in November.

According to Dr M Short of the State Health Department, the epidemic has now taken hold in the Inanda district where a mobile clinic has been installed with health teams to educate the people in hygiene.

Dr Short yesterday described Inanda as a 'labour pool' where conditions were 'less than perfect'.

He said many of the 41 admissions at

Clairwood Hospital, which was treating 81 patients by late yesterday afternoon, had been from the Inanda area.

Dr Short said cholera originally started in 1961, travelled south of the Sahara through Africa and hit Mozambique in 1972. It did not cross the South African borders until 1979 when it struck in the Eastern Transvaal after filtering through Swaziland.

He warned that no country had ever been able to control cholera because it was a water-borne disease carried and spread by people.

He said cholera inoculations had proved useless, and vaccine was only issued 'for international purposes' when a

country demanded that visitors be safeguarded.

'Cholera is a worldwide problem and, although it cannot be contained, it is the easiest disease in the world to treat,' he said.

Dr Short said the type of cholera — El Tor — presently raging through Natal, was not dangerous and was likely to lead to sporadic cases occurring from time to time.

'Once cholera has entered a country it will never leave,' he said. 'Occasionally it will flare up to epidemic proportions, as it has in Natal, and it will definitely spread to the Free State and Cape.'

'One comfort is that deaths usually occur at the start of an epidemic and, once people become aware of the dangers, treatment is administered in the early stages.'

He said the present death rate was very low in relation to the 'case rate', but the dangers lay with the many carriers who were not aware their moderate symptoms were those of cholera.

He said Transkei had been preparing, in collaboration with Durban's State Health Department, for the possible eruption of cholera.

'Our major priority is to save lives if we cannot prevent the disease,' Dr Short said.

Cholera set to ⁽⁸⁹⁾ invade Cape ^{RDH} _{20/1/82}

By ADA STUIJT

CHOLERA will spread to the Cape and Free State, a top health official in Natal has warned.

The disease has now reached Scottburgh, Natal, where four cholera patients were admitted last week.

And another two cholera victims have died in Durban's Clairwood Hospital, bringing the Natal death total to 24 — with almost 1 600 cases treated since the epidemic started in August 1981.

Dr M Short of the Department of Health in Durban said no country had ever been able to control cholera.

"Once cholera has entered a country it will never leave," he said.

Cholera inoculations had proved useless and vaccine was only issued "for international purposes" when a country demanded that visitors be safeguarded.

He added that it would "definitely" spread to the Cape and Free State, and the Durban State Health Department and Transkei had been preparing for the possible eruption of cholera in the homeland.

"One comfort is that deaths usually occur at the start of an epidemic," he said. When people were alerted to the dangers, treatment could be administered in the early stages of the disease.

The present death rate, he said, was low compared to the number of cases treated.

The danger was that many carriers were not aware their moderate symptoms were those of cholera.

Plea for water to fight cholera

Water

Mercury
20/1/82

89

~~107~~

Mercury Reporter

CHOLERA is ravaging Inanda and water supplies sent to the area by the Department of Co-operation and Development have proved inadequate.

According to Dr M Short, of the State Health Department in Durban, cholera was raging through the area and better water supplies were essential.

A Pietermaritzburg official warned that the lack of a water reticulation service would prolong disease in the area.

A spokesman for the Umgeni Water Board in Pietermaritzburg said yesterday that a preliminary report in June 1979 from Mr James Rivett-Carnac, a research officer for the Institute of Natural Resources, had shown that a mains water supply to the Inanda and Amaoti areas from outlying Durban districts was feasible.

The spokesman said the board had reviewed the report and, in June 1980, had submitted modified reports to the Department of Co-operation and Development, the Urban Foundation and the North Coast Regional Water Corporation with suggestions for a low-cost mains water supply to the low and medium levels of Inanda from Hazelmere Dam.

Jurisdiction

He said the Department of Co-operation and Development, which had jurisdiction over a large part of Inanda, had so far not responded to the reports.

The regional director of the Urban Foundation, Mr Alan Mountain, confirmed the organisation had conducted an internal research project on the feasibility of water supply to Inanda at a minimal cost.

He said reports had been submitted to the Department of Co-operation and Development last year.

'The Inanda water problem has kept repeating itself and, after the Urban Foundation appointed a research officer to look into the matter, a report was sent to the Government.

It contained suggestions devising an inexpensive method of bringing water to the area, Mr Mountain said.

The Chief Commissioner of Natal, Mr R. Blumrick, yesterday declined to comment.

The Department of Co-operation and Development official in charge of the Inanda project was unavailable for comment.

Meanwhile, cholera killed another victim on Monday night — the second to die in Durban's Clairwood Hospital this week bringing Natal's death roll to 24.

Another 37 patients were admitted to Clairwood on Monday and yesterday, with many coming from the Inanda area.

Transkei visitors warned of cholera

89 103 ~~D. Dispatch~~ N.M. 21/1/82

Mercury Reporter

FROM next week travellers passing through the Transkei will be given instructions at the country's borders on precautions to take against cholera.

This was disclosed yesterday by Dr Hector Livingstone, director of Medical Services in the Transkei.

He said no confirmed cases of cholera in the region had been reported to him yet but the country's medical services were geared for such an eventuality.

Dr Livingstone said his main concern, apart from the spread of the disease by travellers, was that many Transkeians were still drawing polluted water from the Umzinkulu River.

He said the Transkei Government was stockpiling galvanised water tanks containing chlorinated water for delivery to the most vulnerable areas. He pointed out that his department intended to begin this programme in advance of a possible cholera outbreak.

Dr Livingstone said health education pro-

grammes were being broadcast over Transkei Radio and teams of health workers were on the alert.

Cholera has spread as far south in Natal as Port Shepstone and yesterday there was one confirmed and a suspected case in the fever ward of the Port Shepstone Provincial Hospital.

Meanwhile the State Health Department has provided an ambulance to help the hard-pressed Sivenanga Clinic at Amaoti near Iranda to ferry cholera patients to the newly-established Ntuzama Clinic nearby.

A spokesman for the department said yesterday that the Amaoti Clinic was totally unsuitable for handling cholera patients who would in future be treated at Ntuzama where proper facilities were available.

There have been four confirmed deaths from cholera in the Durban area this week. Two died at the Kwa Mashu Polyclinic, another in the Clairwood Hospital and the fourth, a black man from Amanzimtoti, died at home after being taken ill suddenly.

Total

Meanwhile, Sapa reports that another 507 new cases of cholera had been reported in South Africa since last week, the Department of Health and Welfare said in Pretoria yesterday.

This brought the total number of cases to 3 337.

In a statement bridging the period between its announcement last week and yesterday, the department said that 274 of the new cases had originated from Natal, the majority from Stanger and nine from Scottburgh.

Most of the remainder were from KwaZulu (the area north of Empangeni) as well as Lebowa.

No new cases had been reported from Bophuthatswana. Neither Transkei nor the Cape Province had reported any cases.

Since August 1981 the death toll had risen to 46, including two deaths — both in Natal — in the previous week.

'The majority of patients can recover quickly within two to three days while receiving treatment outside hospital,' the department said. — (Sapa)

Swart slams State over water supplies

89

Newswatch 2/1/82

Meanwhile, Durban's King Edward VIII Hospital has checked 78 children suffering from cholera since Monday last week.

Children

A senior lecturer in community paediatrics at the University of Natal Medical School, Dr Walter Loening, said at least 20 of the children had come from the Amaoti and Inanda areas.

A total of 62 cholera cases have been referred from King Edward VIII Hospital to Clairwood Hospital because of a lack of isolation facilities.

'Amaoti is the worst area for cholera,' Dr Loening said. 'From a community health point of view it is disastrous to start moving people away from the area now.'

'If you start moving them, the disease will start moving with them.'

A study in 1980 showed 99 percent of the people drew water from streams, and used the surface for sewage disposal.

Clairwood Hospital had admitted 44 cholera patients in the past 24 hours, bringing the total number in the wards to 63.

Mercury Reporter

THE Natal leader of the Progressive Federal Party yesterday strongly criticised the Department of Co-operation and Development for not introducing a permanent water supply to Natal's cholera stricken areas.

Mr Ray Swart said the need for fresh water supplies to rural Natal and especially Inanda was 'known to the authorities' of the Department of Co-operation and Development.

He said the present cholera epidemic and the killer typhoid epidemic two years ago proved the authorities could no longer afford to procrastinate about installing a permanent water supply to as large an area of Natal as possible.

'The question of fresh water to areas such as Inanda has been brought to the attention of the authorities a number of times,' said Mr Swart. 'When typhoid broke out there two years ago Dr Piet Koornhof himself was approached to attack the problem.'

Yesterday the Department of Co-operation and Development official in charge of the Inanda water project in Pretoria was still unavailable for comment.

Inanda water supply

Mercury 22/1/82

STANDARD PRESS

Mercury Reporter

WHILE more than 200 cholera cases are being treated in Inanda, the Minister of Co-operation and Development, Dr Piet Koornhof, has announced that next month he will consider reports sent to him in June 1980, laying out the feasibility of establishing a permanent water supply in the stricken area.

The department's Press liaison officer, Mr J Oosthuizen, said yesterday the department had appointed research officers to compile a full report on the conditions in the greater part of Inanda.

Plans

Mr Oosthuizen said the minister was waiting to consider the department's report before he dealt with a report received in June 1980 from the Umgeni Water Board showing the feasibility of establishing a low cost mains water supply to the Inanda and Amaoti areas from Hazelmere Dam.

There are plans for development in the Inanda district, he said. But the minister must first accept the report from consultants appointed by the Department of Co-operation and Development who are researching the project.

Mr Oosthuizen could not say when the research had started, or when the project would be completed. According to State health officials, cholera is raging years after a typhoid epidemic because water and sanitation conditions are less than perfect. It has been reported that two cholera victims died at the Kwa Mashu hospital admitted 38 cholera cases yesterday. Durban's Clairwood Hospital admitted 61 cholera cases yesterday. A Pietermaritzburg official, who did not wish to be named, warned that the lack of a water-retention service in the area that 99 percent of the streams and used the disposal for sewage disposal. The Natal leader of the Progressive Party, which by Mr Ray Swart, said yesterday the Inanda and Amaoti areas should have been considered long ago. It's department, which has had access to the Umgeni Water Board's report for more than 18 months, further taking action before health officials, he said. Meanwhile, Pinetown's medical officer of health, Dr Elizabeth Standing, confirmed that a member of the Pinetown municipal staff had contracted cholera and was being treated. It was reported yesterday that he lived at the Klaarwater Hostel.

UMTATA — From next week travellers passing through the Transkei will be given instructions at the country's borders on precautions to take against cholera.

This was disclosed yesterday by Dr Hector Livingstone, Director of Medical Services in the Transkei. He said no confirmed cases of cholera in the region had been reported to him yet but the

country's medical services were geared for such eventualities.

Dr Livingstone said his main concern, apart from the spread of the disease by travellers, was the fact

that many Transkeians were still drawing polluted water from the Umzimkulu River.

He said the Transkei Government was stockpil-

Transkei geared up to combat cholera

ing galvanised water tanks containing chlorinated water for delivery to the most vulnerable areas. His department intended to begin this programme in advance of a possible

cholera outbreak.

Dr Livingstone said health education programmes were being broadcast over Transkei Radio and teams of health workers were on the alert.

Cholera has spread as far south in Natal as Port Shepstone and yesterday there was one confirmed and a suspected case in the fever ward of the Port Shepstone Provincial Hospital. — DDC.

Dr. Disputa 23/82 (89)

RDM 23/1/89

Cholera cases are ⁸⁹ still on the increase

ANOTHER 507 cases of cholera had been treated in South Africa during the past week, the Department of Health and Welfare said in Pretoria yesterday.

This brought the total number of cases throughout South Africa to 3 337.

The department said that all the new cases had been discovered in Natal and KwaZulu.

Since August last year — when the recent epidemic first struck — the death toll had risen to 46.

The department made an appeal to the public to carry out strict precautions in affected areas.

“The majority of patients can recover quickly within two to three days while receiving treatment outside hospital,” a department spokesman said. — Sapa.

Cholera alert ⁽⁸⁹⁾

By G R NAIDOO

OFFICIALS ignored a disease warning two years ago — and now the Inanda area of Natal is one of the hardest-hit cholera regions in the country.

The Department of Co-operation and Development was told in a 1979 report that outbreaks of disease, like the typhoid epidemic two years ago, need never happen again if arrangements were made to provide reticulated water.

The report, by engineer Mr James Rivett-Carnac, was commissioned by the Urban Foundation and indicated that a mains water supply to the Inanda and Amaoti areas was feasible.

Affected

The Umgeni Water Board reviewed the report and in June, 1980, submitted modified reports to the Department of Co-operation and Development, the Urban Foundation and the North Coast Regional Water Corporation, with suggestions for a low-cost mains water supply to the low and medium levels of Inanda from Hazelmere Dam in Verulam.

24/1/82
report
was
Sunday Times
shelved

The authorities shelved the report.

Today Inanda is the most seriously affected cholera area in Natal.

More than 200 cases are being treated.

Dr Johan van Rensburg, of the State Health Department in Durban, said that a big clinic at Ntuzuma was dealing very effectively with a large number of cases.

Dr van Rensburg said no indigenous cases of cholera had been reported at New Town, a resettlement area at Inanda where a site and service scheme had operated since early 1981.

The Department of Co-operation and Development moved thousands out of the nearby Amaoti and Amawotana slums and settled them in New Town.

About 3 000 sites with running water were laid out for the 14 000 people moved to the area.

State help

The Urban Foundation persuaded the authorities to give residents security of tenure and undertook to help those who applied for state housing loans.

Today, about 11 houses are being built weekly in the area and this section of Inanda had not had a single indigenous case of cholera.

The liaison officer of the Department of Co-operation and Development, Mr J Oosthuizen, said: "We have a copy of the report commissioned by the Urban Foundation."

"After the Minister, Dr Piet Koornhof, has looked at a report on the greater development of Inanda next month, he will consider the Rivett-Carnac report, which deals specifically with the supply of water to the stricken area."

Cholera: southern Africa's ^{25/1/82} common ⁸⁹ enemy ^{Star}

The Star's Africa
News Service

SALISBURY — Faced with poverty, hunger and economic crises, southern Africa is fighting another major war which seldom makes the headlines but takes a heavy toll in human lives.

And indications are that without co-operation among the different states across political and racial barriers the war cannot be won.

Cholera is their common enemy. Since it was first detected in 1970, after an absence of 40 years from the continent, the disease has spread through southern Africa, killing thousands of people.

As one of the world's six most formidable diseases, cholera usually starts in poor rural areas or in slums around the cities where canals, wells or streams are used as a source of washing and drinking water.

CONTROL

In Africa, where borders are not strictly controlled, the disease is easily transmitted from one country to another, often travelling faster than the medical teams charged with fighting it.

● Last week the Zambian authorities announced that 14 people had died and 72 others had been taken to hospital in Luapula province.

● The latest outbreak of cholera in Zaire started in 1978 when 3 000 people were reported to have died in the northern part of the country.

● In Mozambique the disease has been brought from Tanzania, where it is widespread. Since the country's independence in 1975 there have been constant reports of cholera. According to some health officials it was from Mozambique that the virus, known scientifically as *Vibrio cholerae*, travelled to South Africa.

An alarming feature of the disease was disclosed in February last year when a Mozambican Ministry of Health official, Dr Jorge Cabral, said the strain was resistant to antibiotics normally used to treat cholera.

● In poverty-stricken Tanzania cases of cholera are reported every year. In 1978 large areas of the country were affected and at least 300 people died.

DRASTIC

● From Tanzania cholera spread to neighbouring Burundi, causing 102 deaths, and to Kenya, where cholera cases were reported in Mombasa.

● Cholera is in South Africa to stay and another explosive epidemic has been predicted for next summer.

● Page 14: Cholera is here to stay.

Cholera is here to stay

Cholera is in South Africa to stay and another explosive epidemic has been predicted for next summer.

This means South Africans of all races run the risk of being affected by cholera as it tightens its grip on the country and creeps down the Natal coast infecting the seas and rivers of resort areas.

This is the view of a world-famous expert on epidemics who says the water-borne disease will spread to the Cape and the Transkei.

"People living in cities may escape it this season but will certainly get it next summer," said Professor Margaretha Isaacson, an official consultant of the World Health Organisation, who has been to several African countries to help contain outbreaks of the deadly disease.

Professor Isaacson, head of the departments of epidemiology and tropical pathology at the South Afri-

can Institute for Medical Research and the University of the Witwatersrand, said the course of an epidemic in a coastal area was different in some respects from when it occurred inland.

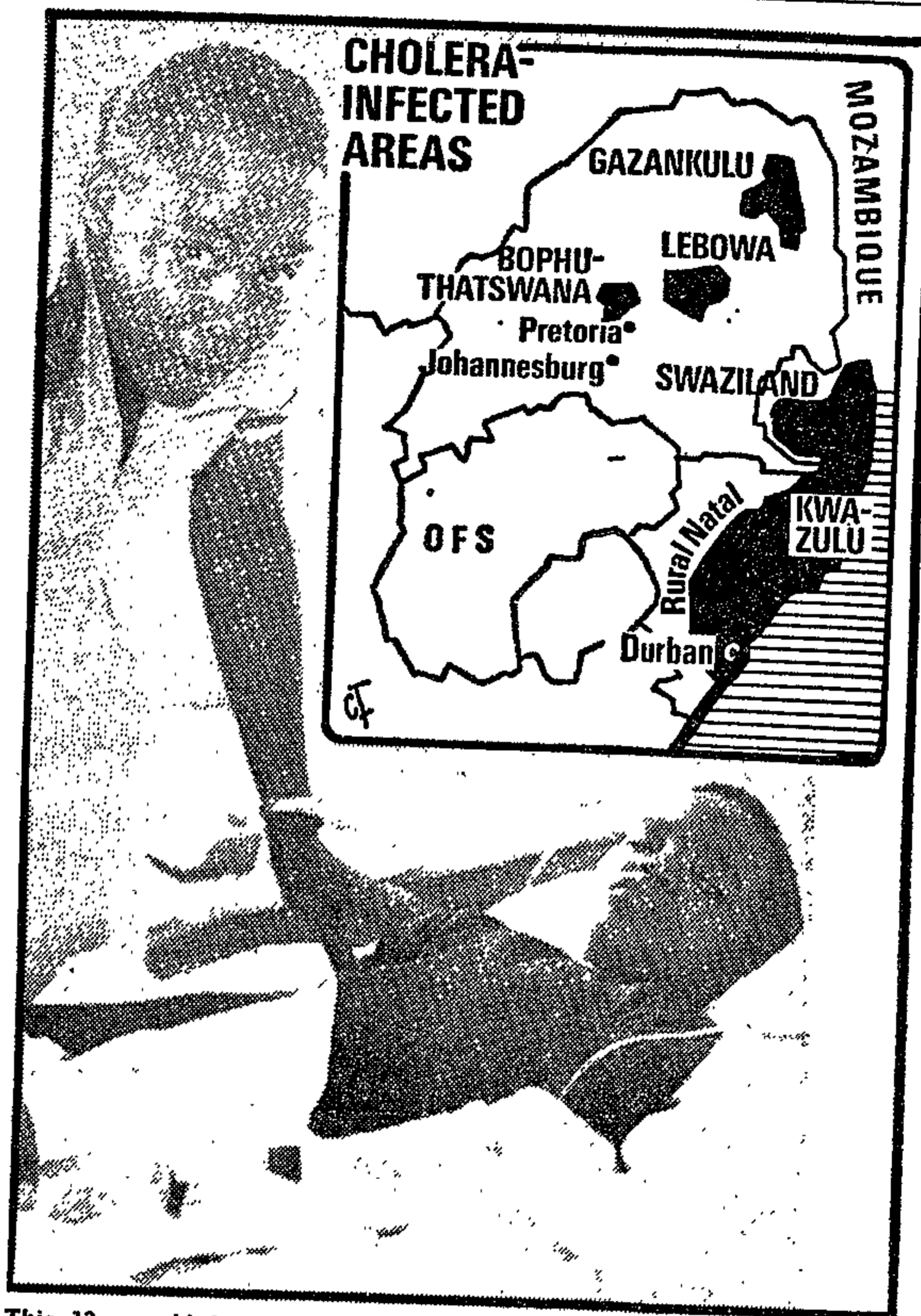
Referring to the outbreak of cholera in the Eastern Transvaal in 1979, she said people did not swim in rivers in resort areas because of bilharzia.

"But in the sea when one is at times swimming in diluted sewage the likelihood of being affected is much greater," she said, "especially because raw seafood, contaminated by the cholera bacillus, may enter the picture."

Professor Isaacson predicted that, although the incidence of cholera would decline in Natal, it would not disappear completely.

Professor Isaacson said although the focus of the cholera epidemic was in KwaZulu, there were many cases being reported in the Transvaal.

Although some of the cases were "imported" into Johannesburg and the Witwatersrand, most



This 12-year-old boy walked 5 km to the Mapumulo cholera clinic for treatment, where Sister Nontata Gumede checks his drip. Insert: The dark areas of the map show the spread of cholera in South Africa at present.

occurred epidemically in Bophuthatswana and Lebowa.

Asked if cholera could be eradicated, she said: "Theoretically it could, by pouring millions of rands into the project. It could also be done at the expense of other essential health projects."

However, in practice there was little

chance of eradicating the cholera scourge in the next few years although it would automatically, though temporarily, disappear in later years when people became immune.

Control measures at present include education, emergency purification of water and surveillance. Health teams

look for suspect cases — contacts and carriers — in affected areas.

"Although these control measures won't eradicate cholera they have greatly reduced the burden we would otherwise have had to cope with — tens of thousands of cases and many hundreds of deaths."

Cholera, a Third World disease, is now firmly entrenched in some of South Africa's black areas.

The killer disease is usually associated with people who live in abject poverty in congested and unhygienic conditions.

There is virtually no chance of eradicating this subtropical water-borne scourge which comes from contaminated water and poor sanitation.

The long-term solution of providing a clean water supply and proper human waste facilities is a far cry from present rural living conditions where people live in overcrowded mud huts with built pit toilets.

They draw their water from rivers, dams and streams, which, for most of them, have been their bathtubs, playgrounds and swimming pools. The same water source has often been used as the laundry basin, the dishwashing sink and the drinking water supply.

And when it rains, human excreta scattered in the bush or overflowing from badly sited pit latrines may be washed down-hill into the water source.

These conditions provide the ideal breeding grounds for diseases such as cholera which were virtually unknown in South Africa in epidemic form until October 1979, when the first case was reported near Malelane, 60 km east of Nelspruit. It then spread rapidly flourishing among the poorly developed bush areas

Controlling the disease seems unlikely at present

The water-borne disease cholera could theoretically be eradicated from South Africa if millions of rands were poured into the project, a health expert told PAMELA KLEINOT. This could however only be done at the expense of other vital health projects, she said. And in the meantime another explosive epidemic has been predicted for next summer.

bordering the Kruger National Park.

In the months that followed cholera spread to various parts of the country, also engulfing squatter resettlement camps where people often live in squalor, deprivation and ignorance.

Since the epidemic first struck in Eastern Transvaal Lowveld at least 80 people have died and about 7 000 cases have been notified in South Africa.

Because the disease is cyclical the incidence of cholera wanes in the winter with only sporadic cases being reported. It waits for the hot weather and summer rains to explode again.

Last August the second major epidemic erupted with the hardest hit area being the Ingwavuma district of northern Zululand. Bophuthatswana and Lebowa are also epidemic areas.

While the epidemic appears to be under control in Bophuthatswana's centralised townships it is still raging in kwaZulu where traditional family units live scattered throughout the bush, making sanitation facilities more difficult to control.

Although water tankers have been set up as a temporary measure, these appear to be inadequate and many people still rely on the infected waters of the river.

Natal has been the focal point for cholera which has

spread its tentacles southwards from the kwaZulu bush area to Stanger, Empangeni and townships and squatter areas surrounding Durban. It also spread northwards to Mapumulo.

Cholera first hit South Africa in 1974 but was confined to a few mines. The source was traced to Mozambique and is rooted in the migrant labour system. The latest emergence of the disease was most probably brought into the country by travellers from Mozambique.

Cholera, which has been eradicated by many countries in the world because of improved living conditions, was virtually absent from Africa for 40 years until 1970 when the El Tor strain spread rapidly across the continent.

The disease is easily spread by carriers who may not be clinically ill or show any symptoms of the illness, but can pass it on to others. Peak incidences are noted over holiday periods because of the movement of people.

Cholera is an acute infection of the gastro-intestinal tract which causes diarrhoea, vomiting and leg cramps followed by severe dehydration.

The El Tor cholera bacillus, which destroys the body's ability to retain fluid, is passed on through the excreta or vomit of a suf-

ferer.

However, the killer disease can be easily treated by massive fluids taken intravenously or even orally. But should the victim go untreated, he dies of irreversible shock — he in fact "dries" to death.

Professor Margaretta Isaacson, head of the department of epidemiology and tropical pathology at the South African Institute for Medical Research and the University of the Witwatersrand, said now that cholera has hit the rural areas it is here to stay for the next few years at least.

She said the only long-term solution to the problem was to provide purified water and proper sanitation for all people which could break the man-water-man cycle.

She added that this would also hit other water-borne infections including typhoid which was endemic in many parts of South Africa — 4 000 cases are treated annually.

Professor Isaacson said there were many lessons to be learnt from the mistakes in handling the cholera problem in Africa. These included mass vaccination and mass preventive drug treatment.

She said mass immunisation did not prevent the geographic spread of cholera and was therefore not practised by the South African health



Conditions like these where the same water source has been used for the laundry, for washing dishes and for bathing and drinking, provide the ideal breeding for cholera.

authorities.

Regarding mass preventive drug therapy she said tetracycline was given to hundreds of thousands of people in Tanzania in 1977 and caused a major antibiotic resistance problem which has not yet been completely eliminated. The same problem has also appeared in Mozambique.

Professor Isaacson said she fully supported the present control measures being implemented in South Africa — education, emergency purification of water and surveillance of suspect cases.

Although this would not eradicate cholera it had greatly reduced the number of cases and lowered mortality rates.

Professor Isaacson said the eradication of cholera would be a costly exercise and pointed out that the health administration could not control the outbreak at the expense of other essential obligations.

"In perspective, cholera is not South Africa's major killer — less than 100 people have died," she said.

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SOWETAN

507 more cholera cases

Sowetan 25/1/82
ANOTHER 507 new cases of cholera were notified last week, the Department of Health and Welfare said.

This brought the total number of cases to 3 337.

The department said 274 of the new cases had originated from Natal, the majority from Stanger and nine from Scottburgh. Most of the remainder were from Kwazulu - the area north of Empanjeni - as well as Lebowa.

No new cases had been reported from Bophuthatswana. Neither Transkei nor the Cape Province had notified of any cases.

Cholera (89)

on increase
Mercury 26/1/82
Mercury Reporter

CHOLERA was on the increase in areas around Durban at the weekend when 115 patients were admitted to Clairwood Hospital.

A senior spokesman for the hospital said yesterday the count had been taken until eight yesterday morning from the start of the weekend

CHOLERA

ARGUS 26/1/82 (89)

Disease of poverty, crowding

Argus Correspondent
JOHANNESBURG. — Cholera, a Third World disease, is now firmly entrenched in some of South Africa's black areas.

The killer disease is usually associated with people who live in abject poverty in congested and unhygienic conditions.

There is virtually no chance of eradicating this sub-tropical water-borne disease which comes from contaminated water and poor sanitation.

The long-term solution of providing a clean water supply and proper human waste facilities is a far cry from present rural living conditions where people live in overcrowded mud huts and use pit toilets.

These conditions provide the ideal breeding grounds for disease such as cholera which was virtually unknown in South Africa as an epidemic until October 1979 when the first case was reported near Malelane, 60 km east of Nelspruit, and spread rapidly, flourishing among the poorly developed bush areas bordering the Kruger National Park.

Since the epidemic first struck the Eastern Transvaal Lowveld at least 80 people have died and about 7 000 cases have been notified in South Africa.

Because the disease is cyclical the incidence of cholera wanes in the winter when only sporadic cases are reported. And explodes again in

the hot weather and summer rains.

Last August the second major epidemic erupted with the hardest hit area being the Ingwavuma district of northern Zululand. Bophuthatswana and Lebowa are also epidemic areas.

Natal has been a focal point for cholera having spread its tentacles southwards from the Kwazulu bush area to Empangeni, Stanger and townships and squatter areas surrounding Durban.

Cholera first hit South Africa in 1974 but was confined to a few mines. The source was traced to Mozambique and is rooted in migrant labour sites.

The disease is easily spread by carriers who may not be clinically ill nor show any symptoms of the illness.

Cholera causes diarrhoea, vomiting and leg cramps followed by severe dehydration.

However, the killer disease can be easily treated by large doses of fluids taken intravenously or even orally. But should the victim go untreated, he dies.

Professor Margaretha Isaacson, head of the department of epidemiology and tropical pathology at the South African Institute for Medical Research and the University of the Witwatersrand, said now

that cholera had hit the rural areas it was here to stay for the next few years at least.

She said the only long-term solution to the problem was to provide purified water and clean sanitation for all people which would break the man-water-man cycle.

She said this would also hit other water-borne infections including typhoid which was endemic in many parts of South Africa — 4 000 cases are treated annually.

Professor Isaacson said mass immunisation did not prevent the geographic spread of cholera and was therefore not practised by the South African health authorities.

'As in the case of typhoid, vaccination does not eliminate these diseases from communities in which the basic socio-economic defect persists.'

'In perspective, cholera is not South Africa's major killer — fewer than 100 people have died,' she said.

Measles — the biggest killer of black children in South Africa — claimed at least 11 lives a day and it was estimated that TB killed 20 people a day.

'We can't put all our eggs in the cholera basket and have kids dying of measles. No developing country can afford to neglect preventive programmes on TB and measles,' she said.

'Cape unlikely to escape infection'

Argus Correspondent

JOHANNESBURG. — Whites run the risk of being affected by cholera as it tightens its grip on South Africa and creeps down the Natal coast infecting the seas and rivers of resort areas and spreading eventually to the Transkei and Cape.

'They may escape it this season but they will certainly get it next summer,' said Professor Isaacson, who as an official consultant of the World Health Organisation has been to several African countries to help contain outbreaks of deadly diseases.

She said people did not swim in rivers in resort areas because of bilharzia. 'But in the sea when one is at times swimming in diluted sewage the likelihood of whites being affected is much greater, especially because raw seafood, contaminated by the cholera bacillus, may enter the picture.'

Professor Isaacson predicted that although the incidence of cholera would decline in Natal, it would not disappear completely.

'It will creep down the coast — slowly in winter and more quickly in summer,' she said.

Since cholera had become endemic in rural areas, which were conducive to its spread, it was in South Africa to stay and she predicted that

there would be another explosive epidemic next summer.

'We are going to have to live with it until we introduce a clean water supply for all people and ensure safe human waste disposal. We also need to educate people in rural areas,' she said.

Professor Isaacson said although the focus of the cholera epidemic was in Kwazulu there were plenty of cases being reported in the Transvaal.

Although some of the cases were 'imported' into Johannesburg and the Witwatersrand, most occurred epidemically in Bophuthatswana and Lebowa.

'There was virtually no chance of eradicating the cholera scourge in the next few years although it would automatically, though temporarily, disappear in later years when people became immune.'

Cholera eradication from Southern Africa would also need full collaboration with all the countries of Africa because the movement of travellers caused a spread of the disease which had no respect for political borders.

'Smallpox was the only disease that was eradicated because all countries collaborated through the mediation of the World Health Organisation,' she said.

Professor Isaacson said she fully endorsed the present action being taken by the South African authorities, which had saved many lives.

CHOLERA organisms have been found in three Durban sewers this month by workers of the the City Health Department.

Durban's Medical Officer of Health, Dr Colin Mackenzie, confirmed yesterday that a cholera test had proved positive in the Lamontville sewer on January 18 — but he said there was no cause for alarm.

He said on January 8, cholera organisms had been found in the central effluent works, and also in Umlazi.

Tests also proved positive in the sewers serving the Glebelands and Chatsworth areas as far back as February last year.

He said officials of the department were regularly monitoring nine disposal works, 15 sewer points and nine river points on the Umgeni, Umlaas and Umhlatuzana Rivers where no cholera had yet been found.

Dr Mackenzie said there should be no cause for alarm at the findings because it was reasonable to assume that cholera organisms would be found in the sewage surrounding cholera-ridden areas.

He was reacting to a statement by an official consultant of the World Health Organisation, Prof Margaretha Isaacson, who said whites ran the risk of being infected by cholera as it spread down the Natal coast and infected

No cause for alarm says medical officer

the seas and rivers of the resort areas.

It was reported that Prof Isaacson, an expert on epidemics, said the course of an epidemic in a coastal area was different in some respects to when it occurred further inland.

Prof Isaacson said the likelihood of whites being

affected while swimming in diluted sewage in the sea was great.

Dr Mackenzie said although he agreed with whatever Prof Isaacson had said, he felt the statement was 'too generalised'.

'Although it is true that cholera organisms survive better in salt water than in fresh water, a person would have to swallow an extremely large amount of salt water to contract the disease.

'The department has been checking all filter sea feeders such as mussels, and we have not yet found a single case of cholera.

'Effluent disposed into the sea off Durban is not dangerous because the pipeline runs 3 km off the coast. Tests have proved the effluent does not wash up on the beaches again.'

Dr Mackenzie said he wished to inform the public that Durban's bathing beaches were safe.

Meanwhile, a senior hospital spokesman for Durban's Clairwood Hospital confirmed yesterday that another cholera victim had died this week and 88 people were being treated in the isolation wards.

Mercury Reporter

(89) Mercury
27/1/82

Durban

Cholera found in

28/1/82. (89) O. Dispatch

Mystery virus strikes 140 pupils

JOHANNESBURG — More than 140 pupils from the Bekker Farm Schools, Magaliesberg, were rushed to Krugersdorp's Paardekraal Hospital yesterday after being struck down by a mystery virus

The children, aged between six and 12 years old, became ill shortly after dawn and by noon a fleet

of ambulances from Krugersdorp, the school-bus, and private cars were ferrying them to the hospital.

Two wards — closed because of the nursing shortage — had to be opened and staff are working 12-hour shifts

A spokesman for the hospital said last night that the children, both boar-

ders and day scholars, were all running high temperatures, were nauseous and had been fainting

The spokesman said tests were being run on the children

"As yet we don't know what is wrong with them but we suspect that it is some sort of gastric illness.

"At the moment there are quite a few of them who are very ill indeed but the rest are not that serious"

The schools are recognised as one of the country's premier agricultural schools where, in addition to the normal school syllabus, the children are given small plots to maintain — DDC.

Report on Inanda

~~11~~
89

Mercury
28/1/82

Mercury Reporter

A COMPREHENSIVE report on conditions in the cholera-stricken Inanda area has been completed by a firm of Durban consultants and was sent to the Department of Co-operation and Development in Pretoria this week.

This was confirmed yesterday by a spokesman for the consultants.

The Press liaison officer for the department, Mr J Oosthuizen, said yesterday it was not possible to say when the report would be made public. It would have to be scrutinised first by the Minister of Co-operation and Development, Dr Piet Koornhof.

Mr Ray Swart, Natal leader of the official Opposition, said in Cape Town yesterday that he would be raising the question of conditions at Inanda and nearby Amaoti during the coming session of Parliament.

The department has

Govt sent study on cholera-stricken area

been criticised recently for alleged tardiness in acting on a report received in June, 1980, from the Umgeni Water Board showing the feasibility of establishing a low cost mains supply to the Inanda and Amaoti areas from Hazelmere Dam near Verulam.

Meanwhile, Durban City Council has asked Dr Koornhof to stabilise the water supply to the Inanda area and so reduce the threat of cholera being carried into the city.

The Mayor, Mrs Sybil Hotz, said that while the medical officer of health and the City Engineer's Department had taken precautions to halt the spread of cholera, the city council was concerned about Inanda's water supply.

Own Correspondent

JOHANNESBURG. — The virus which laid low at least 200 people, mostly children from the tiny village of Magaliesburg on Wednesday, was identified yesterday by Krugersdorp doctors.

Most of the 180 school-children and the five student teachers admitted to Paardekraal Hospital in Krugersdorp were discharged yesterday after laboratory tests revealed that the gastric infection was caused by a water-

Transvaal virus identified: 200 affected

Cape Times 29/1/82

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borne organism called Shigella.

The hospital was put on full emergency standby after they were alerted about the situation early on Wednesday morning.

Health authorities are still puzzled by the fact that most of the stricken patients were elementary school children and only a few older people were infected with the disease.

Bekker Farm Schools — an agricultural elementary and high school complex in Magaliesburg — yesterday closed its elementary school when more than half of their 340 children, aged between 12 and 15, were rushed to hospital.

Most of the children were boarders, but at least 20 were day-school children from Magaliesburg, the school's principal, Mr C A

Holtzhausen, said.

Eight of the agricultural school's high school children and five student teachers, aged between 20 to 25, were also admitted.

And a nearby private school, Boys' Town, yesterday admitted 18 of their pupils between the ages of 15 and 19 to their own sick bay, the principal, Mr Lionel Sham, said.

The symptoms displayed

by all the Magaliesburg victims were weak limbs, high fevers, blinding headaches, nausea and eventually young patients also developed chronic diarrhoea.

Yesterday afternoon, the hospital superintendent said laboratory tests revealed that the outbreak had most probably been caused by the Shigella organism which is usually transmitted in water or

food.

"We are rather puzzled by some aspects of this outbreak, although it is similar to the outbreak at Bekker Schools in 1979, when 107 children were admitted to hospital with similar symptoms. At that time, Shigella organisms were found and they were traced to the river water," he said.

The two Magaliesburg

schools, although sharing the same water supply from the Magalies River, have their own chlorination facilities.

"Health officials are checking both water supplies now, to see if the purification procedures were correct," Dr Botha said.

Another possible source of infection was the local bakery from which both schools bought their bread and which was delivered along the same route to both institutions.

(89)

Diabetes on increase in SA

Blacks moving to cities are hardest hit

Mercury Correspondent

JOHANNESBURG—Diabetes is on the increase, the Johannesburg head of the Diabetic Clinic warned yesterday.

Prof Harry Seftel said: 'This disease of Western civilization is taking its greatest toll among the rural blacks moving to cities.'

And, he said the disease was the 'modern problem of an affluent society'.

Speaking at a Press conference in Johannesburg, Prof Seftel said the worst sufferers of diabetes were

teenagers and people in their 20s.

He announced a new preparation of insulin for the treatment of the disease which was previously available in Canada, Australia and New Zealand and recently approved by professional bodies in Britain. The preparation — U-100 — contained 100 units a millilitre, instead of 20, 40 or 80 units a millilitre.

According to Prof Seftel the medical and the pharmaceutical professions were enthusiastic about the principle of U-100 as the new insulin strength.

'But the introduction of the new format in South Africa would not be immediate or easy. It involves a lot of re-education of doctors, nurses, pharmacists and patients.'

'In America it took four years before 80 percent of the patients were using the new format,' he said.

The professor also said that international experts agreed that the acceptance of a single-strength insulin around the world could reduce the risk of dosage measuring errors.

'Presently, the many different strengths of insulin produce errors in dosage among not only patients, but also pharmacists.'

'With the new format better control would be exercised over dosages. It happens, not infrequently, that too high a dose of insulin caused the blood sugar to drop below normal. The condition known as hypoglycemia caused cerebral disturbances.'

Clarke (89) predicts further ^{Mercury} spread of ^{29/1/82} cholera in Natal

Political Reporter

NATAL could expect the cholera outbreak to worsen and to spread further afield in February, Dr Fred Clarke, MEC in charge of hospitals, warned yesterday.

He was giving details of discussions he had held in Cape Town this week with Dr L. A. P. A. Munnik, the Minister of Health.

Dr Clarke said the disease would re-appear every summer until the Government supplied piped water to rural areas where cholera was rife.

'The heat encourages the cholera bacillus and, with less rain, rivers flow less strongly and pools stagnate. The best thing we could have would be heavy rains to sweep out pools and river courses.'

He said current treatment of cholera sufferers was simply palliative. A fortune was being spent on medicine. Until the problem was solved at source, 'cholera is something we are going to have to live, and possibly die, with.'

Dr Clarke had told Dr Munnik it was expected more cholera cases would surface in southern Natal, where the first sufferers already had been admitted to hospitals.

News briefs

e. Post 29/1/82
Cholera in the Tvl (89) (167)

DURBAN — Cholera has broken out in the Pongola vicinity in the South-Eastern Transvaal near the Natal border, and six cholera patients have been admitted to the Itshe-Le-Juba Hospital, the SABC reported yesterday. Between 10 and 15 people were being admitted every day and a tent would have to be put up soon to accommodate patients. A senior health official in Kwazulu said all the rivers in the area were contaminated and that water for domestic use would have to be transported there.

MOUNT AYLIFF — A migrant worker has died from cholera in the district here — six days after returning from Durban.

Mr Tuwa Mdledle, 26, died at Mount Ayliff Hospital four days after being admitted.

This was confirmed here last night by the Deputy Secretary of Health, Dr R. F. Ingle.

He said it had been confirmed that the cholera had been contracted outside Transkei and added every precaution was being taken in the Ntonti Administrative area where the Durban dock-worker died.

Mr Mdledle, who was married with one small child, was ferried by a Durban taxi driver to his Dledlo village home after he became ill at work. He arrived in the densely populated rural area with its primitive conditions on January 22.

Now nearly 100 people have been put on preventative treatment in Dledlo and an urgent call has gone out to the taxi driver to contact medical authorities.

Dr Ingle said: "It was lucky that the patient had used private transport and was not in an advanced stage of illness at the time. But it would be better if the taxi driver could be treated.

He confirmed that the medical authorities had been informed in Durban.

Dealing with the precautions taken in the Ntonti administrative area which is 50 km from Mount Ayliff and which, together with this town on the main road from Durban, covers a population of more than 20 000, Dr Ingle said:

"We have moved teams into the area and all the water supplies have been treated with chlorinated solutions. We will move water supplies into the area if necessary.

"We have also seen to the sanitation aspect and besides soliciting the aid of the schools, we are helping the chiefs and tribal authorities will help in

Ex-Durban Transkeian dies of cholera

89
29/1/82
JAS

O. Ruyhatch

educating the people about the dangers and precautions.

Dr Ingle told of contingency plans they had drawn up which could be put into action in an emergency and of a special committee set up for the purpose which included several departments such as education and agriculture.

He said people in the area were generally aware of the death, the first cholera case in Transkei and which came 16 months after the first case was diagnosed in the Shongwe Hospital in the homeland of Kangwane.

Earlier the Minister of Health, Dr Charles Bikitsha, said from his Butterworth home that he had not been informed of the cholera incident as he had been away at meetings. He referred all inquiries to Dr Ingle.

"We have concrete plans for such an emergency and I am sure they must have been put into operation," said Dr Bikitsha who was adamant the patient must have contracted cholera outside Transkei.

"There is no endemic cholera in Transkei," he said.

The Acting Medical Superintendent at Mount Ayliff Hospital, Dr J. E. Naidas, refused to discuss the case or reveal any information except to say all people coming into the area were being checked.

Pressed for precautions taken after Mr Mdledle's

case had been confirmed and other precautions in the area, Dr Naidas referred all inquiries to the Department of Health.

The Director of Medical Services in Transkei, Dr Hector Livingstone, said last week that travellers passing through the country were given instructions at the border posts on precautions to take against cholera.

He said the government was stockpiling galvanised water tanks containing chlorinated water for delivery to most vulnerable areas.

Health education programmes were being broadcast through the media and health workers were on the alert.

Sapa reports cholera has broken out in the Pongola vicinity in the South eastern Transvaal near the Natal border, and six cholera patients have been admitted to the Itshel-Le-Juba Hospital.

Between ten and 15 people were being admitted every day and a tent would have to be put up soon to accommodate patients.

A senior health official in KwaZulu said all the rivers in the area were contaminated and that water for domestic use would have to be transported there.

In Lusaka, the death toll in a cholera outbreak in northern Luapula Province has risen to 39, Health Minister, Mr Ben Kakoma said yesterday. — DDR.

Briefing to the cholera spores

area were being checked thoroughly for symptoms of the disease. The director of Transkei Medical Services, Dr H. Livingstone, said the government was stockpiling galvanised water tankers containing chlorinated

water. "Because cholera knows no international boundaries, we are all working together," he said. Ciskeian health inspectors regularly submit hospital sewerage specimens to pathologists for cholera tests.

Some 80 beds are kept vacant in the Cecilia Makiwane Hospital in Mdantsane to handle cholera cases, "and next week we will be looking at the possibility of focalised venues where cholera victims could be treated," the spokesman said.

In East London, all possible preparations to deal with a cholera outbreak have been made, the city's Medical Officer of Health, Dr J. R. van Heerden, said last night.

"We have had meetings to plan where we will put cholera patients, what hospital beds we will use, what intravenous fluid we will need, what antibiotics we will need and that sort of thing.

"We have also been briefed by people from the State Health Department, who went to Natal to see the situation there.

"We have also increased the monitoring of the sewers in the city. "If there is any cholera outbreak here, we will be ready to handle it," he said.

In Natal, KwaZulu and Lebowa, 597 more cholera cases were reported this week, bringing the number of cholera patients since the beginning of the summer to 3941.

No one died of cholera in these areas over the past week. The death-toll so far is 46. — DDC-DDR.

UMTATA — About 20 000 people in the Mount Ayiliff area in Transkei are receiving emergency preventative treatment against cholera.

8pc coal hike from Monday

JOHANNESBURG — The price of coal goes up on Monday. Consumers will pay eight per cent more — and they have been warned to stockpile.

Mr Paul McNaughton, marketing director of a coal dealer firm, said yesterday that distributors' overhead costs had risen by 5 per cent but this would not be fully passed on to the consumer, he said. The railway tariff had also increased.

A further blow would probably be delivered in April, when the price was expected to go up a further five per cent.

Mr

This follows the death from cholera of a migrant worker, Mr Tuwa Mdledle, shortly after his return to Transkei from Durban.

Transkei's deputy secretary for health, Dr R. F. Ingle, yesterday outlined plans to halt the spread of the disease.

Transkei health officials will work in line with the State Health Department in Durban, handing out pamphlets on the need to use fresh water and practise sanitation in all areas.

Dr Ingle said clinics in the outlying areas had facilities to deal with an outbreak of cholera to relieve the influx of patients of any influx of patients.

"Now that the first case of cholera has been discovered it's evident the disease has hit the country," he said.

Dr J. E. Naidas, a spokesman for Mount Ayiliff Hospital, said all people coming into the

water for delivery to possibly vulnerable areas.

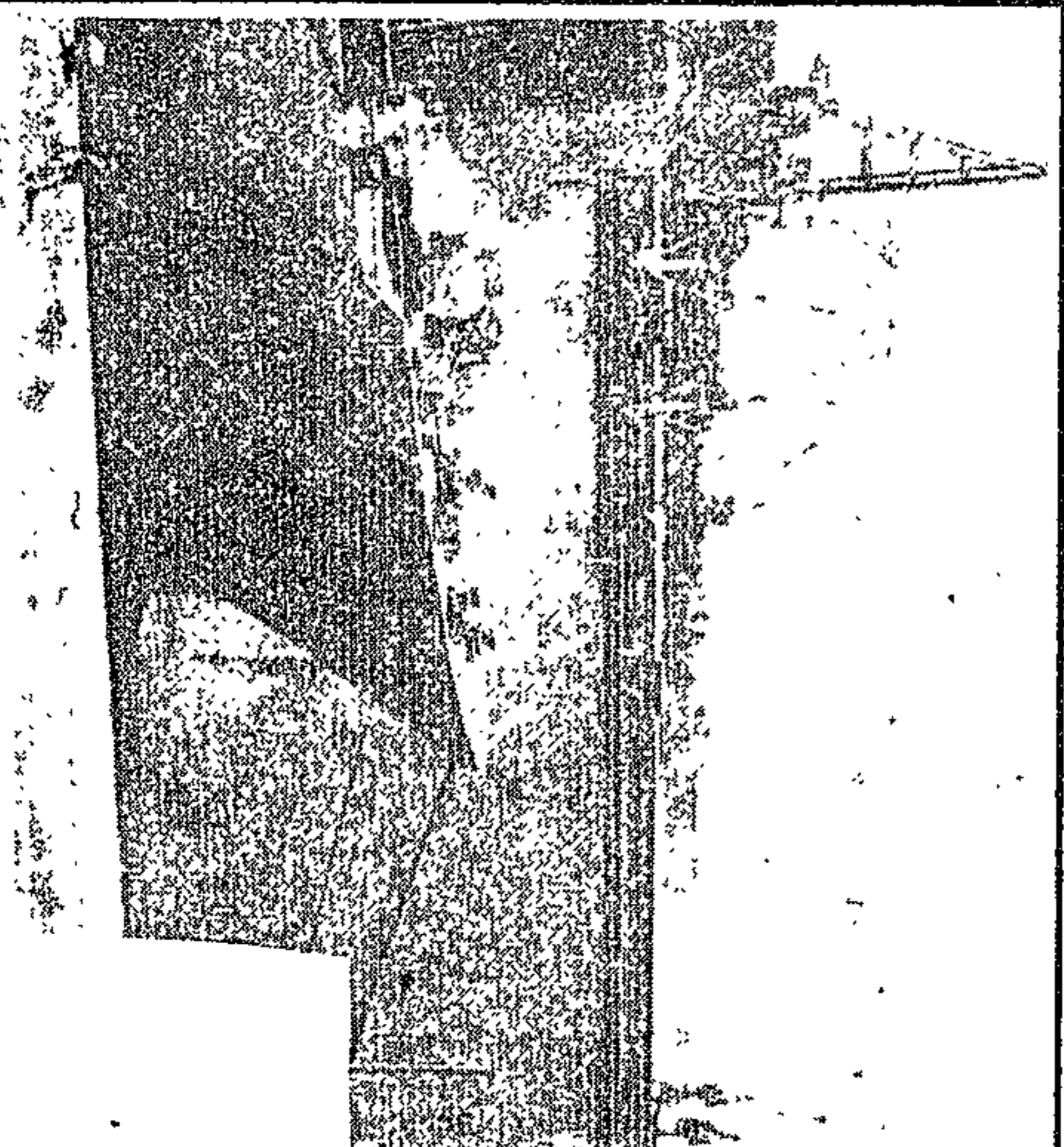
Visitors to Transkei are not required to be vaccinated against the disease, but Dr Ingle said health check points would be set up to warn and advise people of the dangers of cholera.

In Ciskei, health authorities are implementing a comprehensive programme to cope with a possible outbreak of cholera.

Commenting on the cholera death in Transkei, a Ciskeian Health Department spokesman said yesterday: "We are watching the situation there very closely.

No cholera cases have been reported in Ciskei, but the health department has intensified an ongoing, country-wide campaign to educate Ciskeians about cholera symptoms and preventative measures.

The spokesman said his department had consulted with South African author-



SEEING DOUBLE

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SUNDAY TRIBUNE, JANUARY 31, 1982

Amanzi strikes four new blows against cholera



FOUR new fresh water hydrants have been established in the Emolweni trust near Hillcrest and their presence will help to combat the continuing spread of cholera in KwaZulu.

The Amanzi (water) Crisis Committee (ACC), formed by local whites to help alleviate the heavy drought problem in May 1980, officially handed over the hydrants to the local chief Jerome Mthembu at a special ceremony on Friday, attended by about 300 locals.

ACC has also been responsible for the introduction of piped water to six of the local schools, with the help of generous donations and loans from the Duropena and the

Urban Foundation respectively.

"One hopes that these hydrants will do something to avoid cholera and diseases like typhoid and gastro enteritis," said Mr "Chaka" Hallows, chairman of the ACC, "two people have died from these already."

The Emolweni water project, started by the ACC, is a self-help project and locals will have to pay for the water themselves. "We are adamant we don't appear to be giving handouts," said Mr Hallows.

"From now on we are saved from this monster called cholera," said Mr Caspar Khanyle, chairman of the Emolweni Water and Sanitation

Committee, who now takes charge of the running of the hydrants.

The project could not have been successful without outside assistance. Duropena supplied R25,000 worth of piping for the schools, while the Urban Foundation loaned R18,000 to the ACC, who are desperately in need of more funds for future projects.

In the picture local Chief Jerome Mthembu turns on one of the four new hydrants organised by the Amanzi Crisis Committee for the Emolweni community near Hillcrest. No longer do these children have to rely on the polluted river for their water supply.

Cholera spreads to major city for first time behind bars

89 S. Ekman 2/11/82

CHOLERA has broken out in Durban Central Prison, in the heart of the city.

By Friday seven cases of the killer disease had been diagnosed and the South African Prison Service had called in the Department of Health to help contain it.

All prisoners and jail personnel have been placed under strict observation.

With South Africa in the grip of its worst cholera epidemic and experts warning that the situation will probably worsen, this latest development brings the disease into a major city for the first time.

Although the prison service told the Sunday Express they believed they had the situation under control it is understood that cholera cases in the prison rose from two on Thursday to seven on Friday.

In reply to questions from the Sunday Express the prison service said: "The South

FRESH WATER SUPPLY COULD HALT EPIDEMIC

African Prison Service confirms that seven cases of cholera have been diagnosed in Durban Central Prison.

"In co-operation with the Department of Health, who were notified immediately, every possible precautionary measure is being taken to prevent the spread of the disease and the necessary treatment is being applied.

"All prisoners and personnel are under strict observation and the prison service is satisfied that the situation is under control."

The Natal regional director of the Department of Health, Dr Johan van Rensburg, confirmed that his staff was helping treat and contain the spread of cholera.

at the prison but said he could not comment further as the matter fell under the prison service.

He said it was possible that the disease had been brought into the prison from outside, possibly by a worker, and that person-to-person transfer of the illness was possible within the close confines of a prison.

Meanwhile, as the water-borne disease strengthened its clamp on the country, the Department of Health in Pretoria imposed a blackout on comment about the epidemic.

It has instructed South Africa's expert on the subject, Professor Margaretha Isaacson, head of the De-

partment of Epidemiology and Tropical Pathology at the South African Institute for Medical Research, not to speak to the Press about cholera.

A spokesman for the Department of Health confirmed the ban and said instructions had been given that only Dr James Gilliland, deputy director-general for health, was empowered to comment on the epidemic.

Dr Gilliland was reported to have left the country on an overseas visit on Friday.

Official figures say 46 people have died of cholera since August last year. About 4 000 cases have been treated.

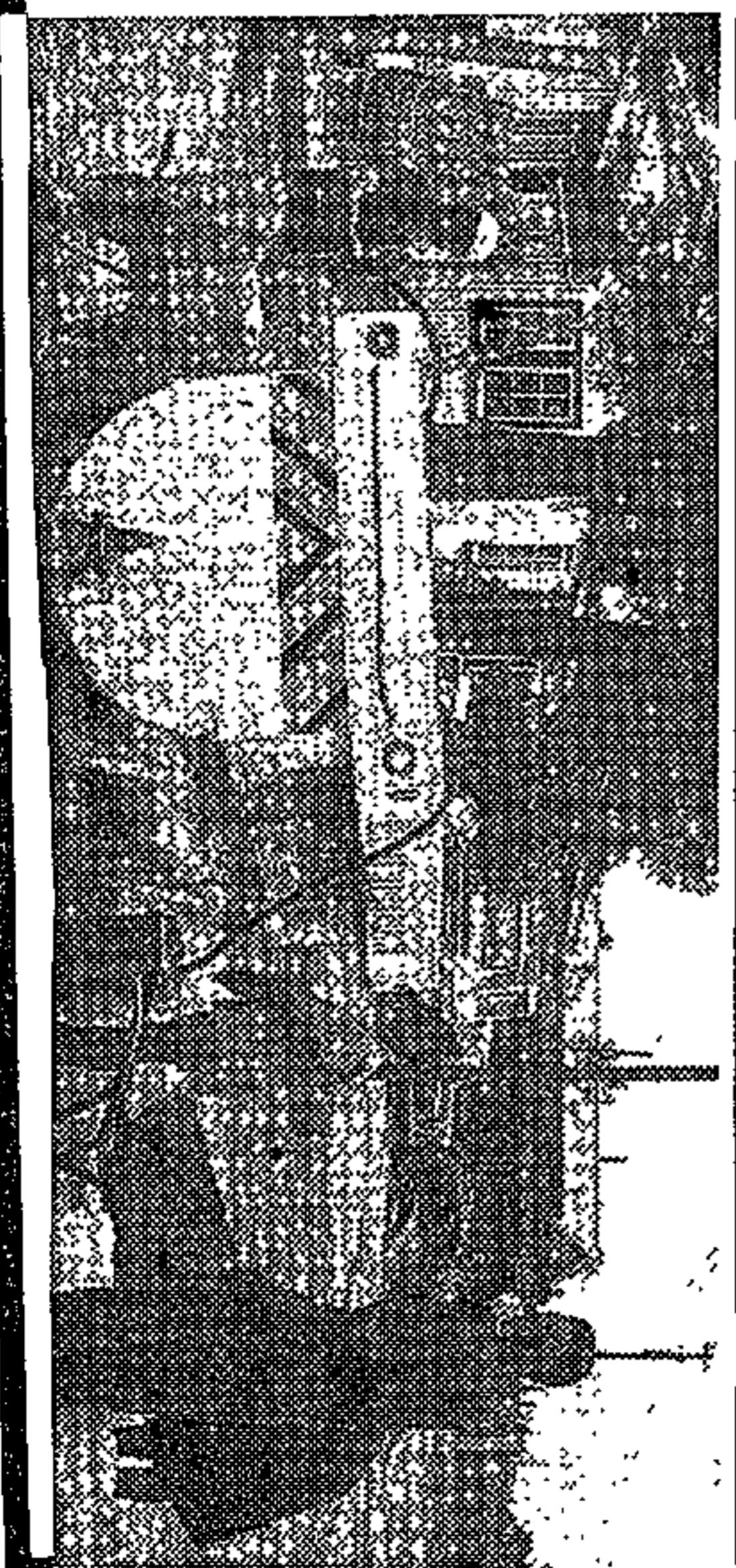
In the past week one person died at Durban's Clairwood Hospital and 204 cases have been treated there.

According to official statistics there were 313 confirmed cases of the disease in Natal, 233 in KwaZulu and 51 in Lebowa.

And in Transkei about 20 000 people in the Mount Ayliff district were receiving emergency preventive treatment against cholera after a 26-year-old man died in the Mount Ayliff hospital. The man had recently returned from Durban, where he is believed to have contracted the disease.

Confirming the death this week, the deputy Secretary for Health, Dr R Ingle, said health authorities in Durban had been informed.

Dr Ingle said it was not necessary for assistance to be sent to Durban.
 no need to pay down



31/1/82

warn people of the hazards of cholera.

Cholera, virtually eradicated in Africa 40 years ago, re-emerged on the continent in the early Seventies in the form of the El Tor strain — which is particularly difficult to contain as it has a very high carrier ratio.

Most cholera carriers are unaffected by the disease, thus making its detection more difficult.

This week experts warned that the present epidemic was likely to get worse and

that health authorities are unlikely to be able to stop it.

"We will never stop the disease unless people get a piped supply of fresh water," Dr Colin Mackenzie, Durban's Medical Officer of Health, said this week.

"Poor sanitation and a lack of clean water are perfect aids to the spread of the disease.

By DARYL BALFOUR and MICHAEL CADMAN

"We have managed to contain cholera in the Stanger area but it is spreading south," Dr Mackenzie told the Sunday Express.

"It's likely that this trend will escalate next summer," he said.

The disease is cyclical and tends to wane in winter and spread again in summer.

Dr Ebrahim Bhorat, Medical Officer of Health for Stanger, which was one of the hardest hit areas earlier this month, said the containment of the disease in his area was only a short-term policy.

"What is going to happen next summer?" Dr Bhorat asked.

"If it's not cholera it will be something else and this will carry on forever until fresh water is supplied.

"By containing the disease for one summer we are only scratching the surface of the problem.

"And it is not only in Stanger that this applies. The same principle is valid in most of the cholera areas.

"State health has helped all it can but I would like to see a round-table meeting of various departments to try to tackle the problem," Dr Bhorat said.

"People like the Department of Co-operation and Development and the Department of Community Development and State auxiliary services should sit down with the health authorities and find out what should be done.

"The Government must realise that something has to be done soon."

"Pressure should be put on the people in charge to make

the right decisions."

Dr Mackenzie told the Sunday Express the latest cholera outbreak had not been unexpected and he and other medical people had warned about the possibility of an epidemic in 1973.

"We knew that the disease was spreading down Africa so we decided to be prepared," Dr Mackenzie said.

"With the new strain of cholera that emerged, the lack of clean water and bad hygiene, the spread of the disease was to be expected."

It was reported this week that Prof Isaacson said the disease would persist for a few years.

Prof Isaacson also said that people swimming in the sea near cholera areas ran the risk of contacting the disease.

She said raw seafood could also be contaminated by the bacteria.

Although health authorities in Durban agreed with her on most matters they said that the chances of contacting cholera from the sea were "remote".

"Cholera is a dose-related disease and one would have to consume vast quantities of sea water before being infected," Dr Mackenzie told the Sunday Express.

"We take samples of shellfish on the coast regularly and as yet they have all produced negative results.

"Durban is quite safe as far as the bathing beaches are concerned.

"If someone were to swim in the mouth of the Umlaas canal he would be at risk, but that applies all year round because it is a filthy place."

Dr Mackenzie said the mouths of rivers along the South Coast might also be unsafe and warned people not to swim in them.

Prisoners hit by cholera, dysentery

89

283

D. Botha 1/2/82

DURBAN — Inmates in two major South African prisons have been hit by cholera and dysentery.

In the Central Prison here, seven cases of cholera have been diagnosed. A number of the prisoners have been transferred to Clairwood Hospital where they are being treated under police guard.

The Department of health has taken emergency measures to stop the disease from spreading.

In the Pretoria Central Prison, 212 prisoners needed treatment for dysentery in the prison hospital after being stricken with the same bacterial infection which hit 200 children in Magaliesburg last week.

The Pretoria prison epidemic was caused by the shigella bacteria, but the Director of Health for the Department of health in Pretoria, Dr Howard Botha, said yesterday it was not known how the gastric infection could have spread to the prison.

Dr Botha confirmed that the Prisons Department's regional director had informed them about the outbreak — and the Health Department had sent a team immediately to investigate and assist the

prison authorities.

Most of the 212 prisoners had recovered enough by Saturday to resume normal activities.

Dr Botha said the shigella bacteria was very virulent. People only needed a tiny intake of the organism to become extremely ill.

Dr Johan van Rensburg, the Natal regional director of the Department of Health, said yesterday that investigations were continuing to establish how cholera had been brought into the Durban prison.

"We have not been able to establish who the original carrier was. We suspect it might have been one of the food handlers, but at this stage we are unsure," he said.

Personnel from his department, working under the district surgeon, were active in the prison and all prisoners and staff had been placed under strict observation, he added.

The Prisons Service confirmed that seven cases of cholera had been diagnosed.

Over the weekend, Clairwood Hospital admitted "at least" 20 cholera patients from outlying areas. — DDC.

Prisoners infected by shigella dysentery

By ADA STUUT

2004/1/2/82

PRISONERS at Pretoria Central Prison have been stricken with dysentery caused by the same bacteria — the virulent shigella organism — which infected about 200 children in Magaliesburg last week.

The Director of Health for the Department of Health in Pretoria, Dr Howard Botha, said yesterday it was not yet known how the gastric infection could have invaded the prison.

Dr Botha said the Prisons Department's Regional Director had informed them about the outbreak — and the Health Department had

immediately sent a team to investigate and help authorities at the prison.

According to the Commissioner of Prisons, 212 prisoners needed treatment for dysentery in the prison hospital — and most had recovered enough by Saturday to resume normal activities.

Powerful

Dr Botha said the shigella bacteria was a very powerful organism.

"It is extremely difficult to determine what causes this organism to spread. I know that the Shigella organism — a bacteria, not a virus — is very virulent. People only need a tiny intake to become extremely ill — especially children.

He said the shigella bacteria entered the body through water, food, or any other means, and caused gastric outbreaks. There was no way of finding out how it entered the body, but doctors were checking all possible sources.

Investigation

"Such unexplainable outbreaks at times occur worldwide — even in the poshest holiday resorts where the strictest rules of sanitation are observed," he said.

The Health Department was still investigating the cause of last week's outbreak in two Magaliesburg schools, he said.

Last Wednesday, 20 boys at Boys' Town, a private school in Magaliesburg, were stricken with dysentery caused by the shigella organism.

Emergency

And a day before, Krugersdorp's Paardekraal Hospital was put on an emergency footing when 181 children from the Bekker Farm Schools were sent to hospital for urgent treatment after they were infected.

All the children from Magaliesburg have since recovered. Bekker Elementary School had, until this morning, been closed by the Department of Education as a precautionary measure.

Most of the sick children at Bekker Farm Schools were of primary school age.

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CHOLERA HITS 597 MORE

ANOTHER 597 cholera cases were reported in Natal, KwaZulu and Lebowa last week, bringing the number of cholera patients since the beginning of the summer to 3941. The death-toll so far is 46.

The Department of Health has again warned people living in cholera-infected areas to boil all water before using it, and to wash fruit and vegetables well before eating. - Sapa.

89 127
11

Cholera epidemic

'under control'

S. Post 1/8/82

89

DURBAN — Although 1 000 or more suspect and confirmed cholera cases were being treated in areas around Durban every week, the disease was sufficiently under control to spell the end of the epidemic, a senior State Health Department official said today

Cholera was now moving to the endemic stage, he said. "It is still with us and will remain for a long time, but it is not on the increase

"The focus has swung from the Stanger area to Inanda and Umbumbulu. But there have been no significant increases in cases, probably due to the intensive health education campaign"

The emergency re-hydration centres set up in rural areas were achieving a two-fold purpose, he said. The load was being taken from hospitals, and treatment was being brought nearer to the source of the disease. — Sapa

State bars cholera expert from speaking

RDM 1/2/82 (89)

By ADA STUIJT

AN expert on tropical and epidemic diseases, Dr Margaretha Isaacson, has been barred from discussing the cholera epidemic with the Press by the Department of Health in Pretoria.

Dr Isaacson, head of the Department of Epidemiology and Tropical Pathology at the SA Institute for Medical Research for the University of the Witwatersrand in Johannesburg, warned last week that people swimming in the sea near cholera areas ran the risk of contracting the disease.

She also issued a warning that raw seafood could be contaminated by the bacteria.

Sewage

"In the sea, when one is at times swimming in diluted sewage, the likelihood of being affected is much greater.

"And raw seafood contaminated by cholera bacillus, may enter the picture," she said.

Both comments have been labelled as "only a remote possibility" by Durban health authorities.

Dr Isaacson — world-famous for her outstanding research into the control of Marburg "green monkey" fever — yesterday refused to "speak to any reporters about anything".

Very busy

Approached for comment, Dr Howard Botha, the Department's Director of Health, yesterday said it was policy to appoint only a few official spokesmen to discuss subjects such as cholera with the Press.

"It is more uniform if the information comes only from one source. Besides, we try to protect such laboratory scientists, who are very busy with extremely important research and should not be disturbed," he said.

Dr Botha said that as of last Friday, his Department had treated 3 941 confirmed cholera cases. Forty-six people had died since August 1981.

The epicentre of the water-borne disease was still near Stanger, Natal. Black townships in Durban were also affected, he said.

The department had been called in to assist at Durban Central Prison, where seven cholera cases were being treated last week.

A number of these cases have been referred to Clairwood Hospital, where the prisoners are being treated under police guard.

Over the weekend Clairwood Hospital admitted "at least 20" cholera patients from outlying areas around Durban.

Dr Johan van Rensburg, the Natal regional director of the Department of Health, said yesterday that investigations were continuing to establish how the disease was brought into the prison.

Carrier

"We have not been able to establish who the original carrier was. We suspect that it might have been one of the food handlers, but at this stage we are unsure," he said.

Personnel from his department, working under the district surgeon, Dr B Buchan, were active in the prison and all prisoners and staff had been placed under strict observation, he said.



Dr MARGARETHA ISAACSON May not speak to the Press

Transkei has reported its first cholera death. He was Mr Tuwa Mdledle, 26, a migrant worker from Ntonti who had travelled from Durban on January 22 and died on admission to Mount Ayliff Hospital last Friday.

The Transkei Minister of Health, Dr Charles Bikitsha, said his department had set emergency plans in motion to control a possible outbreak.

They were stockpiling watertanks containing chlorinated water for emergency delivery to areas where cholera might occur, and about 20 000 people in the Mount Ayliff area were receiving preventive treatment.

The SA Prisons Service said in a statement at the weekend that every possible precaution was being taken to prevent the spread of the disease and it was "satisfied the situation is under control".

Grisly find in new flat

By DAVID CAPEL

A GRISLY sight greeted a Hillbri when he moved into his new flat on Erse Street yesterday — the body of a previous tenant was slumped in a room with a bullet in his head.

Hours earlier, Mr William Mackintosh told the new tenant, Mr Johan Bester, "with a smile on his face", that he was out of the flat on Saturday night.

Mr Bester was to take occupancy of the flat at Clairehaven Court.

He obtained a spare key from the estate agent yesterday morning and entered the flat to find Mackintosh's body in the bedroom.

"At first I thought he had passed out," Mr Bester said. "I almost stepped on the floor and it appeared he had shot himself in the head," a shocked Mr Bester said.

Fiancee

Mr Bester said he had arranged to meet his fiancée, Miss Conradie, yesterday.

"Two weeks ago, I met Mr Mackintosh the first time. He showed me around the flat and told me it would need patching in places," Mr Bester said.

"I met him again on Saturday. He was in bed smoking a pipe and when I asked he would be out of the flat, he said, with a smile on his face, that he would be out evening."

"I believe he was an amateur magician and also took an interest in veterinary surgery," he said.

Disarray

The flat was in a state of disarray yesterday. Mr Mackintosh had auctioned most of his belongings recently, including two cars.

Mr Mackintosh had told Mr Bester he was from Uganda and had lived in the flat about two years.

Two friends of Mr Mackintosh arrived yesterday a few hours after the body was discovered. The friends, who would not give their names, said Mr Mackintosh had an economics degree. He had been unemployed about six months.

It's a steal for guard dogs

Mall Correspondent

LONDON. — British burglars are the most soft-hearted in the world when it comes to animals and it's costing them a lot of loot.

Exeter University criminology lecturer, Dermot Walsh, who spent months researching the subject, found that they would rather leave empty-handed than hurt a guard dog.

He was backed up by the managing director of Securidogs in Plymouth, Mr Jim Marten-Smith: "There's no doubt burglars have great respect for dogs. We have never had a case of one of our dogs being hurt during a break-in."

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Cholera (89)
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on increase

The number of proven cholera cases in South Africa had risen to 3 941, but there had been no further deaths over the past week, the Department of Health and Welfare said in Pretoria today.

The department said most new cases were in Natal, where 313 had been reported. KwaZulu reported 233 and Lebowa 51 cases. — Sapa.

2/2/82 D. Dispatch

Cholera: tests (89) prove negative on 5 suspects

EAST LONDON — Two suspected cases of cholera in the Border area were found to be negative and three cholera suspects in Transkei have been cleared after spending three days in hospital.

The Eastern Cape regional representative of the Department of Health, Dr J. D. Krynauw, said extensive tests had been conducted after the two cases had been reported but no proof of cholera had been found.

The first suspected case was reported at Lady Grey, near the Transkei border, last weekend when a labourer came down with severe diarrhoea. Laboratory tests showed he was not suffering from cholera, but as a precaution health officials treated people who had come into contact with him Dr Krynauw said.

The second suspected case was reported to the state health department soon afterwards, from nearby Maclear, but was also found to be negative.

These reports follow the death last week of a migrant worker, Mr Tuwa Mdlele, who died from cholera in Mount Ayliff, Transkei.

Dr Krynauw pointed out that all rivers near the Transkei borders were being tested for the disease, and monitoring stations had been established in East London, King William's Town, Stutterheim and Queenstown. All administration hospitals had also been placed on alert.

Cholera has affected more than 2 000 people in South Africa since it was first reported in late 1980. Since then it has claimed the lives of 46 people,

according to the state health department.

Dr Krynauw stressed that the best way of fighting the disease was to maintain personal hygiene and avoid using or drinking untreated water.

"It can be a very sudden death in extreme cases," he said. "The main symptom is a severe watery diarrhoea which can result in dramatic loss of body fluid."

If there was an outbreak of the disease nearby, Dr Krynauw added, "watery stools should be treated with suspicion".

He pointed out that the main way to tell the difference between a conventional stomach bug and cholera was the smell of the faeces — if there was no smell, there was a strong possibility of cholera.

The clearing of three cholera suspects in Transkei was confirmed in Umtata yesterday by the Deputy Secretary of Health, Dr R. Ingle.

He said two of the unidentified suspects had been kept at the Mary Theresa Hospital in Mount Frere and the other at the Bizana Hospital.

"They have all been given a clean bill of health," said Dr Ingle who rejected a report on Saturday, which emanated from Durban, that 20 000 people in the Mount Ayliff area were being given emergency preventative treatment.

"I don't know where they got that ridiculous figure but the figure in Friday's Daily Dispatch of nearly 100 being treated was quite correct," Dr Ingle said.

He said there were definitely no other con-

firmed cases and the medical teams in all the areas were being strengthened to be available in an emergency.

"The measure of the success of our teams can be measured by the fact that there are no more confirmed cases," Dr Ingle said.

They were still assisting the local authorities in the Mount Ayliff area and he appealed to the public to bring suspects immediately to an examination centre. He also reiterated signs the public should look for.

These included abdominal discomfort, loss of appetite, effortless vomiting, coldness of the limbs, profuse loose stools like water or blood with no smell and no fever and temperature.

"These symptoms will progress quite rapidly and would not be a drawn out thing. It is essential that the person be examined as soon as possible," Dr Ingle said.

Meanwhile Sapa reports that a senior state health official said yesterday that although 1 000 or more suspected and confirmed cholera cases were being treated in areas around Durban every week, the disease was sufficiently under control to spell the end of the epidemic.

Cholera was now moving to the endemic stage, he said. "It is still with us and will remain for a long time, but it is not on the increase."

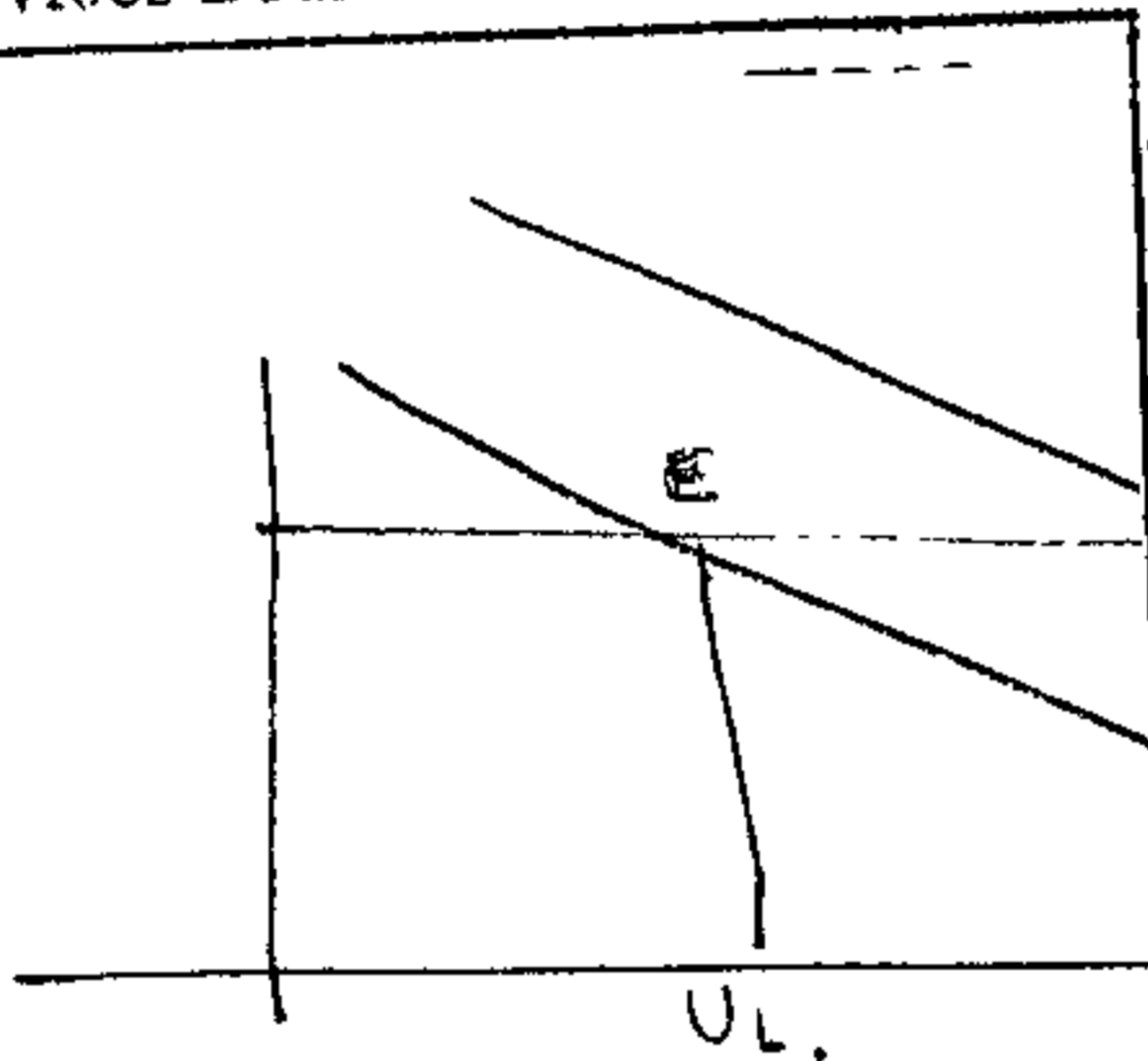
The emergency rehydration centres set up in rural areas were taking the load off hospitals and treatment was being brought nearer the source of the disease, he said. — DDR.

Cholera ⁽⁸⁹⁾ found at Hazelmere

Mercury
4/2/82

Pietermaritzburg Bureau

HAZELMERE Dam, mecca for Durban's waterski and fishing enthusiasts, is contaminated with cholera, a spokesman for the Development Services Board in Pietermaritzburg said yesterday.



The shock report was made public yesterday when the Mercury investigated a report that Midmar Dam was also being investigated for evidence of the killer disease.

Dr Ian Campbell, who headed the Hazelmere dam investigation said results of the tests had become known late last week and cholera had been positively identified at the dam.

Signs warning people about the danger of drinking the water had been erected there, he said.

Dr Campbell said it was unlikely that waterskiers could have contracted the disease during the first ski competition of the season which was held at the dam this past weekend.

Negative

He said the disease was dose related and Hazelmere was a huge stretch of water with a high dilution factor.

He confirmed that tests had been done at Midmar, but these had all been negative.

'Midmar is an extremely popular resort and with the Midmar Mile coming up next Sunday we decided not to take any chances and carried out tests at the dam.'

Dr Campbell whose daughter Jane, 14, is taking part in her second Midmar Mile, said investigations would continue after the event to make certain the dam was uncontaminated.

News that there was no cholera in Midmar came as a relief to Mr Clive Chapman president of the Seals Swimming Club and one of the organisers of the popular event.

'I've had dozens of calls from anxious parents as well as swimmers and this news is very welcome,' he said. He said at least 2 200 people had entered this year including this year's winner of the Dusi — Danny Biggs — who would be trying for his first iron man award.

Registration for papers'

Mercury
89) 5/2/82
(LA)

**Govt
views
Inanda
as a
priority**

Expense account relief

Parliamentary Correspondent

CAPE TOWN—The cherry on the top for thousands of South Africans will not become taxable until the 1983-4 tax year.

The Minister of Finance, Mr Owen Horwood, said yesterday that it had become impossible to complete the investigation into the value of benefits to be included in gross personal income by the existing February 22 deadline.

'Accordingly it will not be possible to

enact any legislation which may result from the deliberations of the responsible commission of inquiry by March, 1982.'

He said delays in completing the investigation were due to the complicated nature of the inquiry.

'Although the commission is trying to complete its work as soon as possible, it is obvious that its final report will now be submitted some time later than originally expected

Political Correspondent

CAPE TOWN—The Government was treating the cholera outbreak at Inanda as an 'emergency situation' Dr Piet Koornhof, Minister of Co-operation and Development, said yesterday in an interjection in Parliament.

He was reacting to a speech by Mr Ray Swart, Progressive Federal Party MP for Berea, in which he called for 'urgent action' to help curb the crisis.

Mr Swart had pleaded for emergency aid for the area.

Inanda, he said, already had a population of 200 000 which was expected to increase to 650 000 in 20 years.

'It is an area which cries out for planning and development, both short and long term,' said Mr Swart.

Why?

'Obviously the desperate and urgent short-term need at the moment is water and sanitation in the interests of the health of the inhabitants and the health of all the people in the greater Durban area.'

Mr Swart wanted to know why nothing had been done about a report in June 1980 showing the feasibility of establishing a low-cost water supply to Inanda Dam.

Most of the area was under the control of the Department of Co-operation and Development which had shown little awareness of the seriousness of the situation and the urgent need for something to be done.

The minister had himself spoken of tortoises in the civil service, but in this case a tortoise was as dangerous as a viper 'because delay and equivocation in providing fresh water means death and disease'.

Referring to the water scheme proposed in July 1980 Mr Swart pointed to Press reports that the minister had not yet even seen the plan.

'Is it because noone was really concerned enough

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Now Van buys a ship

Mercury Correspondent
CAPE TOWN—The last thing Johannesburg engineer Ronnie van der Merwe imagined he'd own was the former fisheries research vessel Africana II, which he bought in Table Bay Harbour this week.

The retired 'grand old lady' of South Africa's Sea Fisheries for 31 years,

passage to Durban for 12 people at R150 each for four days.

I am still looking for a first officer, a captain and a cook'

He was interrupted by two insurance salesmen, whom he told: 'This ship is a classic. You don't get teak and leather chairs on ships any more. She has been maintained regardless of cost. — bear that in

Suidoos set to clinch Atlantic race

Mercury Correspondent

CAPE TOWN—In a cliff-hanger climax to the 1982 South Atlantic Race, architect Gawie Fagan broke a two-day radio silence yesterday morning to report a position that put his veteran sloop Suidoos within 100 nautical miles of the finish-line at Punta del Este — and overall victory in the race.

The boat Suidoos had to beat, Three Spears, skippered by Dave Abromowitz, crossed the line at 4 p.m. S.A. time and on her handicap, rating the two-tonner has to give Suidoos 20 hours.

That means Suidoos, which on her noon position yesterday had been averaging 7.7 knots, has till noon today to cross the line and clinch the race.

● Race control in the 1981-82 Whitbread Round-the-World Race has put out an all-ships alert for a yacht now considered missing on the round-the-Horn leg of the race.

The aluminium sloop European University Belgium, skippered by Jean Blondiau last reported her position on January 23 when she was about

Van buys a ship

Curry Correspondent
E TOWN—The last Johannesburg engi-

Ronnie van der e imagined he'd own the former fisher-research vessel Africana II, which he bought in Table Bay Harbour last week.

The retired grand old South Africa's Sea-ries for 31 years, Africana II was out to tender in December when Mr van der was itching to get from people, especially the 'Sun City type'. He wanted a small vessel that could restore from a wreck. I flew to Cape Town after hearing of the Africana II in love with her. I dreamed I'd own

week Africana II off on her maiden voyage as a private commercial vessel — Mr van der is offering a

passage to Durban for 12 people at R150 each for four days.

I am still looking for a first officer, a captain and a cook.

He was interrupted by two insurance salesmen, whom he told: 'This ship is a classic. You don't get teak and leather chairs on ships any more. She has been maintained regardless of cost — bear that in mind when you give me a quote.'

He has no qualms about converting the vessel, which conservationists wanted preserved for posterity, into a cargo ship, called Island Trader.

'I was told that it would cost R250 000 to turn the Africana II into a refrigerated vessel. If I can arrange the finance, I will sail perishable goods from Durban to the Persian Gulf.'

In the picture: 'Van' and his ship.

thelezi report

they propose merger

Curry Reporter
A-awaited report by thelezi Commission inquiry could be released as early as next week, according to the commission chairman, Dr Schreiner.

Dr Schreiner said yesterday a decision on the date would be made by meeting today. The information in the report will be used to merge the KwaZulu into the federation.

He also advocates a system of franchising based on franchise with equal representation.

tation.

Constitutional safeguards, it is believed, will include guaranteed representation for all groups in all branches of government.

Although leading figures from the academic and business world accepted invitations to serve on the commission, there was outright rejection from the National Party.

Mr Ron Miller, Natal leader of the New Republic Party, says the NRP will not support the findings of the commission if it abandons minority rights.

manager and

city officer held

gem squad swoop

Curry Reporter
BURG—A diamond Squad bank manager officer have been arrested after they all got into illicit activities this week.

The diamond Squad yesterday arrested the three men in the arrest of a diamond and diamond merchant, in Durban on Wednesday.

officer living in Leyd Street, Rustenburg, and Mr Willem Jacobus du Plessis, manager at Stannie Bank in Rustenburg, who lives in Klopper Street, Rustenburg.

Police said that the detective arrested in Johannesburg had not appeared in court yet as his docket had been referred to the Attorney-General.

Suidooos 20 hours.

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Race control in the 1981/82 Whitbread Round-the-World Race has put out an all-ships alert for a yacht now considered missing on the round-the-Horn leg of the race.

The aluminium sloop European University Belgium, skippered by Jean Blondiau last reported her position on January 23, when she was about 1 000 nautical miles from Cape Horn.

These are the latest positions of the yachts in the South Atlantic Race still at sea:

Map Ref	Position ActH'cap
Comvessel	M12H
Alter Ego	M13G 18 20
Aquarius I	K01A 27 31
Aragon	K01I 32 30
Aurora	J16M 34 32
BMW Sensat	O17R 9 6
Cassidy	H20O 38 38
Checkers H	M04S 24 23
Guru	K02D 30 28
Hexe	M12D 17 21
Humber Exp	K03C 28 26
Italtile	M16A 13 5
Kangwi	J12T 36 35
Kitara	M01T 25 27
La Morin	M10J 21 10
My Way	M09L 23 16
Nipama	K01E 31 33
Niror	M13H 19 22
Panache	M09K 22 17
Pelican	+J18L 33 34
Robust	O16T 11 13
Rubicon	M15A 14 4
Shiraz	M13D 15 19
Smirnoff	O17Q 8 7
South Isles	C03E 37 37
Spirit CIW	J12T 35 36
Suidooos	O19N 6 1
Susan	K03B 26 29
Talisman	+K03C 29 24
Tanbot	M12D 16 16
3 Spears	O19N 7 3
Viking II	M12J 20 25
Weet Bix II	M17A 12 2
34° South	O17T 10 9

+ Latest run suspect.
† No distance made good.

Durban smokers breathe again!

Municipal Reporter
DURBAN'S puffers have had a reprieve.

February 15 is no longer D Day for the council to decide whether to permit smoking in public places or not. It probably will be March 2.

The matter was to be discussed by the City Management Committee yesterday.

But Councillor Donald Smith, who chaired the sub-committee responsible for drawing up the proposed bylaws, was unable to attend the Manco meeting and asked for deferment until Tuesday.

The proposed bylaws will forbid smoking in buses, supermarkets, theatres, halls, lifts, museums, art galleries and libraries.

of the seriousness of the situation and the urgent need for something to be done.

The minister had himself spoken of tortoises in the civil service, but in this case a tortoise was as dangerous as a viper because delay and equivocation in providing fresh water means death and disease.

Referring to the water scheme proposed in July 1980 Mr Swart pointed to Press reports that the minister had not yet even seen the plan.

'Is it because no one was really concerned enough to bother about it?' asked Mr Swart.

Little to fear over dam says MOH

Pietermaritzburg Bureau
PEOPLE who use Hazelmere Dam for recreation have very little chance of contracting cholera, according to the MOH for the Development Services Board, Dr Ian Campbell.

He said that following a report which appeared in the Mercury yesterday that cholera had been found at Hazelmere Dam near Verulam, the Parks Board had been inundated with telephone calls from concerned people who used the dam for recreation.

'People are beginning to panic,' he said. According to Dr Campbell, recent research had shown that cholera was contracted by drinking infected water.

The investigations had also shown that the disease which has claimed over 40 lives in Natal was not associated with borehole water or rain water.

Raw vegetables, locusts and Mopani worms could not spread the disease, he said.

Activities like washing clothes or bathing in a river or dam were also unlikely to result in a person contracting cholera.

'The big danger is actually drinking the stuff — you don't catch cholera if you eat it,' he said.

Dr Campbell said a person had to swallow water which had been contaminated by sewage

Jan 5/2/72 (89)

No apartheid link in cholera—Munnik

Political Staff.

THE ASSEMBLY — The Minister of Health, Welfare and Pensions, Dr L A P A Munnik, yesterday angrily accused Dr Marius Barnard (PFP, Parktown) of being part of the total onslaught against South Africa by suggesting that the current cholera epidemic in Natal was caused by the government's "apartheid" policies.

The characteristic clash between Dr Munnik and Dr Barnard, the PFP spokesman on health, came during the No-Confidence debate.

Dr Barnard said cholera was "the inevitable bitter price we have to pay for the implementation of the homeland policy, the migrant labour system, the resettlement of blacks, the breaking-up of families and criminal neglect of primary



Dr Barnard . . . blames homeland policy.

health care facilities among the disadvantaged people in the country."

He said the Department of Health had in statements tried to insist that cholera had entered South Africa from neighbouring states.

That might be so, "but they cannot say why it is spreading so quickly in South Africa, and why no whites have contracted



Dr Munnik . . . accusation of "onslaught."

the disease." It was because of National Party policies.

Replying to Dr Barnard, Dr Munnik wanted to know why he did not have anything positive to say about health in South Africa.

"Why do you not tell us about the thousands of brown and black patients you treated, with the most sophisticated equipment, when you were at Groote Schuur Hospital?" he asked.

The present government had ruled for 33 years and only during the past few months had cholera broken out in the country.

Countries such as India and Pakistan were the "homes" of cholera, yet there was no apartheid there. "And where is the apartheid in Swaziland, which also has cholera?"

Dr Munnik referred to a report sent to the World Medical Association, to which South Africa's body — the Medical Association of South Africa — was recently readmitted.

He quoted from the report, which was signed by various "guilds" of South African doctors and medical student groups.

Dr Munnik said the report quoted figures, some of which were entirely false, such as an indication that the majority of hospital beds in the country were for whites only.

"Yet three-quarters of all patients in South African hospitals are non-white," he said.

EXPRESCOPE TELLS OF THE SICKNESS OF POVERTY

Cholera forces spotlight on fresh water

FRESH WATER SUPPLY IS THE ANSWER TO VIRAL THREAT

ARLENE
GETZ
reports



CHOLERA, the dreaded disease that has marched down Africa, may be a blessing in disguise for South Africa's rural people.

It has focused attention on the lack of basic facilities in certain areas and it is hoped these will now be installed.

"The outbreak is probably a good thing. Cholera is a dramatic and emotional disease that has served to focus attention on the lack of facilities in certain areas," Professor John Gear, head of the University of the Witwatersrand's department of community medicine, told the Sunday Express yesterday.

"For the people living in the stricken areas cholera is just another disease with which they have to cope, but the disproportionate amount of attention it is commanding might help to highlight other diseases that have been around so long they've gone out of the public eye."

For every confirmed cholera case — and there were almost 3 000 on January 19 and there were almost 3 000 on January 19 — there are probably 10 people who have come down with typhoid, said Prof Gear.

Typhoid, like cholera, is a water-borne disease that causes diarrhoea, possible vomiting and high temperatures.

It is also spread in areas where a poor water supply forces people to wash infested clothes in their drinking water, but it is more serious than cholera because people continue excreting typhoid bacteria after their recovery.

It is also less dramatic than cholera, which can kill its victim within eight hours but, if treated, is cured within three days.

"At any one time every hospital in the Eastern Transvaal will be treating between five and 20 typhoid cases, and that's just the tip of the iceberg," said Prof Gear.

Between January and September last year health authorities were notified of 2 880 typhoid victims, but nobody is sure how many died from the disease.

"These poor mortality statistics are a major flaw in our health intelligence system," said Prof Gear.

The reasons for this range from the unreliable notification of the disease to the lack of diagnostic and treatment facilities in rural areas, but it is generally accepted that only about 10% of all ty-



● WHEN a container of water can be a lifesaver — children in a cholera-stricken area pictured receiving chlorinated water from SADF members. Children are particularly vulnerable to the disease is rampant. At right are nurse Mrs Joyce M'Batha and South African Medical Service doctor Captain George Hallert who battled around the clock to save this newborn baby girl.

phoid cases find their way into Government records.

This means that in the nine-month period last year almost 300 000 people had typhoid.

Add to that the scourge of tuberculosis, gastro-enteritis, malnutrition and hepatitis which kill many Black South Africans, and it is obvious that those living in the rural areas are living in disease-ridden conditions that should have been eradicated from a wealthy country many years ago.

"People don't understand that most of the rural areas of South Africa are as densely populated as the cities, but don't have the same infrastructure.

"Therefore you can't simply tell the residents that they must not defecate near their water supply. They don't have much option," said Prof Gear.

He predicted that cholera would not be eradicated from South Africa until piped water was introduced — "which I can't see happening for at least 10 years.

"Health authorities are trying to tell the people they should boil their drinking water, but they don't have any wood and paraffin is too expensive.

"They also suggest that they chlorinate

their water, but the agent that should be used is something normally used as a cleaning and bleaching agent. The people are extremely hesitant to put what they regard as a detergent into their water," he said.

Professor H M Coovadia, the University of Natal's associate professor of paediatrics and child health, shared Prof Gear's view that the cholera outbreak might have some beneficial side-effects.

"Public attention focused on the cholera epidemic may, on one level, be a good thing if it compels the privileged in South Africa — most of whom, but not all, are White — to take a good hard look at the diseases Blacks suffer, the disability they bear, and the conditions under which they are forced to live," he said.

Describing cholera as "only a different shade on the canvas of ill-health," Prof Coovadia said: "The cause of cholera is to be found not in biology, but in poverty. Inadequate and non-existent sanitation and the lack of piped clean water are the immediate causes of the spread of the disease.

"The roots of cholera lie in an unequal distribution of resources — too much for some, very little or next to nothing for

others.

"Many of us have been saying for years now that serious diseases which are preventable have been among Black South Africans all the time," said Prof Coovadia.

To some it appears that the country's hard-pressed health services are on the verge of collapse, but Prof Gear believes that the Department of Health is probably doing everything possible within its available budget and expertise.

The department's director of the division of environmental health services, Dr G Oberholster, admitted to the Sunday Express that while his department was not breaking down, they were finding it "hard going" in some areas.

"We're doing the best we can, but obviously we're affected by the staff shortages," he said.

"I would be happier if we had more health inspectors and if we had twice as many employees we could do twice as much work," said Dr Oberholster.

He said that the department's work was hampered by inadequate sewage, housing and water in the cholera-stricken areas, as well as no effective immunisation against the disease.

3 die of cholera, 41 in hospital

ARGUS 8/2/82 89

Argus Correspondent
MARITZBURG. — In the first major cholera outbreak in inland Natal three people died at the weekend, 41 confirmed cases were being treated in Edendale Hospital here and about 100 suspect cases in the Dusi Bridge and Table Mountain areas.

All the people affected rely on the Umsindusi River for drinking water. Two children and an

adult died on Friday and Saturday.

Dr James Walker, Medical Superintendent of Edendale Hospital, said that the outbreak started on Thursday when five patients were admitted. Four more were admitted on Friday and 17 on Saturday.

Since then it had been found that the disease had started hitting people upstream, closer to Table Mountain. Dusi Bridge is

between Cato Ridge and Nagle Dam.

On Saturday 75 suspected people were treated at an emergency treatment centre at Dusi Bridge clinic, and 25 were treated yesterday.

Health inspectors were advising people to drink only boiled water treated with a chlorine powder.

The treatment was mainly dehydration and oral antibiotic capsules over a period of three to five days.

Cholera kills 39 24 in Natal 9/2/82

Mail Reporter

CHOLERA killed 24 in Natal at the weekend, and at least 450 other confirmed cases were treated, medical spokesmen told the SABC yesterday.

At Scottburgh's C J Crookes Hospital, five people died after 12 were admitted at the weekend, bringing the hospital's total to 60 in the last two weeks. The medical superintendent, Dr I Haine, said most of the patients arrived in a seriously dehydrated condition.

Sapa reports that 14 people died on admission to the Ngwelezane Hospital, near Empangeni. The medical superintendent, Dr P Girdwood, said the daily admission rate had increased from 20 to 40.

Five people died in the Maritzburg area, when more than 100 people were treated at a makeshift centre in the Umzindusi area.

A further 39 were admitted to Edendale Hospital, near Maritzburg.

And a further 112 patients were admitted to Eshowe Hospital and another 39 reported at Nkonjeni, in Zululand.

Cholera

spreads

its ⁽⁸⁹⁾ shadow

Mercury 9/2/82

of death

Pietermaritzburg Bureau CHOLERA has killed at least five people at the weekend and 41 are in hospital after contracting the disease in the Table Mountain area on the outskirts of Pietermaritzburg.

And at Clairwood Hospital in Durban, 123 cholera patients are being treated — the highest number since the hospital admitted its first victim on December 12.

The Mercury learned yesterday that the deaths — two children and an adult — occurred in two areas, both points where local blacks draw their drinking water from the Umsindusi River, a few kilometres above the confluence of the Umsindusi and the Umgeni.

According to the superintendent for Edendale Hospital, Dr J Walker, the first indication of an outbreak came when people showing cholera symptoms started arriving at Edendale Hospital from the two areas.

The figure rose to 17 by Saturday and by yesterday there were at least 41 suspect cases, Dr Walker said.

The latest outbreak of the killer disease occurred only days after cholera had been found at Hazelmere Dam near Verulam. The Development Services Board and the Natal Parks Board immediately erected signs on the dam warning people not to drink the water.

The recent deaths follow a warning by Dr Fred Clarke, MEC in charge of

● TURN TO PAGE 2

Cholera death shadow

Mercury 9/2/82
● FROM PAGE 1

hospitals, that cholera could be expected to increase further afield this month.

He said he expected the disease to spread to Transkei and into the Cape, possibly as far south as Cape Town.

Dr Clarke predicted an increase in the number of people struck by the disease during February.

'Until we educate the people in the rural areas not to drink from rivers, we will have this problem every year in summer,' he added.

plans for TOWN

Post Reporter
THE Minister of Mines
and Energy Affairs, Mr
W de Klerk, will meet in
Steytlerville Town Council
tomorrow to discuss the
electrification of the town
as part of a plan to keep the
town alive.
He will be accompanied
by the Deputy Minister of
Agriculture and Fisheries,
Mr S A S Hayward, who will
hails from the Steytlerville

transport contractor, Mr W E Jager, who has supplied water for many years, says his is "a service to the community" and that he "barely covers the costs".

The other transport contractor in the town is Mr K Mapoe. His wife, who has suffered many dry summers in Steytlerville, said "I haven't got a drop of water in my house. I'm busy fixing a puncture on the tyre of my donkey cart so that I can hitch up my donkeys and fetch water," she said.

"You can only use the brackwater for washing if you're prepared to use loads of washing powder and soap," she said.

She said the standing water could cause disease. "Not everybody will boil their drinking water," she said.

She and her husband bought water at 10c a drum from the farmer and sold it for R1.50. "It might seem as if we're making a fat profit but I can assure you we're not," she said.

IT'S a daily scramble for water for coloured and black residents in the Karoo town of Steytlerville — many of whom have to buy water at R1.50 a drum from a private contractor.

The dusty dorp has a brackwater supply, suitable only for flushing toilets. It is undrinkable and can't be used for washing.

Most whites have rainwater tanks but people in the townships battle every year in the dry season.

One source of supply is standing water from quarry dams and open pools — residents roll drums several kilometres to fetch it — which constitutes a cholera threat unless it is boiled.

Another source is water sold by transport contractors who supply water from farms more than 30 kilometres away.

It sells at between R1.20 and R1.50 a drum, and a

Steytlerville residents can buy water or risk cholera

89
10/2/72
E Post
By SHIRLEY PRESSLY



Cholera on the march

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Mercury Reporter

CHOLERA is on the march and it seems inevitable that it will sweep down the South Coast and through Transkei, according to a spokesman for the State Health Department.

The department completed a routine check of the South Coast area on Monday and warned that although the disease had not reached serious proportions yet it was unlikely that it would stop spreading because of the high mobility of black rural people.

... and
it will be
around
for a
long time

There has been one fatal cholera case in the Transkei so far this year, although medical authorities reported that the victim had contracted the disease in Natal.

It also seems likely that even if the cholera outbreak is contained it will remain in Natal and KwaZulu for the next few years.

The spokesman explained that the present cholera epidemic is a variant of the classic cholera organism responsible for previous epidemics over wide areas of the world.

'This may explain why this particular epidemic has lasted longer than other epidemics — a feature of this strain is that it affects more people than is usually the case, although there are generally less fatalities.'

Symptoms

'The carrier rate for this variant of cholera is high in relation to the case rate. A person can carry the disease, transmit it and lose it from his system without showing any symptoms or being aware of it. The hospital cases we see are only the tip of the epidemic. It is therefore difficult to predict how long we will have these cholera organisms with us.'

On the positive side, the spokesman said it appeared that exposure to the disease led to a resistance being built up for further epidemics.

'There was a big outbreak of cholera in the Eastern Transvaal a few years ago and now the area is hardly affected. It seems that people can build up a resistance to cholera after being exposed to it, although these are only tentative suggestions because we have not had much experience with this particular variant of cholera.'

Cholera: drive for fresh ⁽²⁹⁾ water ~~(17)~~

ROM ^{10/2/80} Mail Reporter

MORE than 70 boreholes and hand-pumps have been provided in the various parts of KwaZulu in the wake of the cholera and typhoid epidemic.

In the Msinga area, 24 boreholes have been built. And with the aid of a fund sponsored by the South African Sugar Association, more boreholes will be established in the Tugela Valley and the Mapumulo district where 23 borehole sites have already been allocated.

Ingwavuma

Nine boreholes have been built with the aid of the fund in the cholera area of Ingwavuma in Northern KwaZulu.

The KwaZulu Water Development Fund's campaign has raised R414 000.

Recently KwaZulu's Minister of Justice Mr C J Mthetwa was host at the official handing over by a Natal caravan company of a fitted borehole and hand-pump to the people of KwaZulu.

Cholera figures soar at King Edward VIII

Mercury Reporter

CHOLERA has put 145 people in Durban's King Edward VIII Hospital since Sunday while at Botha's Hill Health Centre, less than a kilometre from Inanda, there have been seven confirmed cases in the past 17 days.

No spokesman for Clairwood Hospital was available yesterday to give latest statistics, but on Monday, 123 people were being treated there for the disease — the highest number since December 12, when the hospital admitted its first cholera patient.

A spokesman for the Botha's Hill Health Centre said the first cholera suspects were admitted there on January 25. The woman and her

two-year-old child's symptoms had since been confirmed.

On January 26, four adults were admitted for treatment and this Tuesday another adult was admitted.

At Durban's R K Khan Hospital, there had been four confirmed cases within the past month, a spokesman said.

At Edendale Hospital 19 people are being treated for cholera. A spokesman for the hospital said a further case had been admitted yesterday, while six patients were discharged.

There were 28 cases at the Msunduzi Bridge Clinic, five of which were admitted yesterday.

The clinic reported that two of the patients were on intravenous drips.

Meanwhile, the national adviser on health for the National Council of Women, Dr Khorshed Ginwala, yesterday told members that the United Nations had declared this decade one in which fresh water should be made available to all.

Discussing the problems of cholera at the council's first meeting this year in Durban, Dr Ginwala said it was up to the society to decide on a practical manner in which it could implement the United Nations' declaration.

She said some people considered it an indictment that on the one hand there had been much

progress in medical spheres when, on the other hand, there was cholera and areas which lacked water.

She said 95 c in every rand of the national health budget was spent on curative medicines while only 5 c was devoted to preventive health matters.

Provision of piped water was necessary, she said, in places where cholera, TB and typhoid developed. Many people had to walk long distances for water.

She said there was a need for the many Government departments involved in providing fresh water to get together to give rural areas this water.

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- 4 - Less than expected.
- 3 - Moderately less than expected.
- 2 - Quite a lot less than expected.
- 1 - None at all.

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- 4 - A little less than half the time.
- 3 - Not very often.
- 2 - Rarely.
- 1 - Never.

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believe you could work effectively with this group in the future?

- 4 - Less than expected.
- 3 - Moderately less than expected.
- 2 - Quite a lot less than expected.
- 1 - None at all.

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or very little.

& Johnson, Joining Together (Prentice-Hall)

Cholera case in St Johns

10/2/83
P. Diepatah

UMTATA — A cholera case has been confirmed in the Port St Johns area and three suspects are being treated in hospital.

This was confirmed last night by the Deputy Secretary of Health, Dr R. F. Ingle, who said a further 200 people in the Gomolo Administrative Area were being put on preventative treatment.

A woman from this area has been treated and discharged. Laboratory tests confirmed the case.

"We have three suspects from the same area. They are mild cases and are doing well," Dr Ingle said.

He said all the necessary precautions had been taken. — DDR.

My resignation is on his afternoon. It is sad for seven years to be given the job when you sit at your desk and

formed about what is earlier on, but you must appreciate to

On such appointment. Johnson has his return he

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with a plan which at Erasmus and found

With this Ball stormed out of the office. Erasmus went through at least seemed

Ball: "You solve it then if you know so damned much about it! I don't want anything more to do with it!"

problem. Let's go through the facts. Erasmus: "The

business. Johnson: "Gordon, let's cut out the recriminations and analyse the

all these make or break operations, it's a wonder we're still in

subsequent mess than if we had done it in a safe, logical way. With

tion that if one link breaks down it costs us far more to sort out the

office must cut down on every cent, have such a complicated opera-

with them. Instead of playing it safe and giving good service, head

then they come out with their suggestions and we have to sweat

can't agree with him. Johannesburg don't know how we operate,

Ball: "Allan Batt said to me this is how it's going to be done and I

found Ball talking excitedly: Some time later Johnson walked into Erasmus's office, where he

him our problems. phone the Tours Manager, Allan Batt, in Johannesburg and tell

is doing this right, formulate your plan, we'll discuss it, and I'll

must know is the alternatives and if you don't think Johannesburg

Johnson: "We can subcontract some Mercedes. Anyway, what we

port in to catch the flight to PE? before and what are we going to use to take these people to the air-

burg. This means that we'll have to send the cars ahead the night

cars and carry on to Durban, the Kruger Park and then Johannes-

where they will have to be met by the same couriers with the same

three. After two days in Cape Town they fly to Port Elizabeth

Cholera organisms in Natal sewers

ARGUS 12/2/82

89

Argus Correspondent

DURBAN. — Cholera organisms have been found in Durban and Kingsburgh sewers and the Amanzimtoti and Umbo-gintwini rivers over the past few weeks.

About two weeks ago, the Kingsburgh municipality sent a sample of water to the State health pathological laboratory — and it was positive.

After cholera organisms were found in the Amanzimtoti, notices went up warning that the river was unsafe for bathing and drinking.

The SABC reported that cholera organisms were found in the Umbo-gintwini river.

Seven suspected cholera cases were being treated at the Isilimela Hospital, near Port St Johns in Transkei, The Argus Bureau reports from East London.

Dr R F Ingle, Deputy Secretary for Health, said four of the cases had been admitted yesterday. Their condition was not serious.

One man had died of cholera in Transkei. The man was taken ill in Durban and died six days after arriving in Mount Ayliff.

It was an isolated case and has not been repeated, Mr Guy Pitcher, the town clerk, said today. A constant check had been kept on the water services and analyses had been carried out weekly, he said.

DELAY

Cholera organisms were found in three Durban sewers during December and January — in Lamontville, Umlazi and the central effluent works.

Medical authorities insisted there was no cause for alarm, but they had delayed releasing the information so as not to cause panic.

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Write an analysis of the following case, stating what
sales manager, consider the best course

89 Mercury 12/2/82

Cholera hospital 'absolute bedlam'

Mercury Reporter

CLAIRWOOD Hospital in Durban had admitted 1391 patients with confirmed cholera between December 12 and 7 a m yesterday, at which time a further 87 people carrying the disease had arrived for treatment, a spokesman told the Mercury.

She said staff took 'head counts' at 7 a m each morning and at that time yesterday, 41 people were still in the hospital for treatment for the disease.

'The place is absolute bedlam,' the spokesman added.

By Sunday, 1190 cholera patients had been admitted to Clairwood since December, followed by a further 55 on Monday, 55 on Tuesday and 50 on Wednesday.

By Monday, there were 123 patients still receiving treatment in the hospital — the highest number since December 12.

Patients are discharged at the rate of about 60 a day — they usually only require a day in hospital for treatment — but there have been a few more severe cases where some have been admitted for a maximum of three days,' the spokesman said.

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King Edward VIII

At King Edward VIII Hospital yesterday, a further 25 patients were diagnosed with the disease, bringing to 170 the number of cholera cases dealt with there since Sunday.

Another cholera patient was treated at Edendale Hospital yesterday.

The Medical Superintendent, Dr J Walker, said the patient's symptoms had not yet been confirmed. He came from Sweetwaters, an area from which the hospital has not yet received a cholera case.

He added that two emergency centres set up by the hospital in the Table Mountain and Umsindusi areas, on the outskirts of Pietermaritzburg, were handling between six and 10 cholera patients a day.

Staw 13/2/82
Cholera found in Natal sewers

Own Correspondent

DURBAN — Cholera organisms have been found over the past few weeks in Durban and Kingsburgh sewers and the Amanzimtoti and Umbogintwini rivers.

All local authorities in the cholera-stricken areas of Natal are keeping a sharp watch for the disease.

About two weeks ago the Kingsburgh

Municipality sent a sample of water to the Department of Health pathological laboratory. It was positive.

Cholera organisms were found in three Durban sewers during December and January.

Medical authorities say there is no cause for alarm, but they delayed releasing the information because they did not

want to cause panic

Cholera organisms have also been found in the Amanzimtoti River, a town official said.

Notices in English, Zulu and Afrikaans warning residents that the river is unsafe for bathing and drinking have gone out, and signs are being put up along the bank.

MANAGER

Yours faithfully

Economists would probably partly ascribe the acceleration in the inflation rate of the past to insufficient financial discipline. Experience shows that the reduction of inflation through the use of monetary and fiscal restrictions alone is a slow process, but is nevertheless a way of curbing this malady to some extent. Regrettably due to the high cost of money we have now found it necessary to increase the interest rates on Student Loans from 5.5% to 7% p.a. with effect from the 24 February 1981 in respect of all new loans and increases. In the present climate of high interest rates the rate quoted remains a favourable concession to students.

STUDENT LOANS

Dear Student and Parent

A B C BANK

1.4.1

Analyse the purpose(s) of the following letters. Comment on the appropriateness of the style for the audience.

1.4 Examples of Letters

Stu 13/2/82 (109) (89)

17 cholera deaths this week

Political Staff

CAPE TOWN — The total number of confirmed cholera cases since the start of the epidemic in August 1981, including those in Bophuthatswana, was 5 205.

But most of these patients had already been treated successfully, said the Minister of Health, Dr Munnik yesterday.

In the past week 17 more cholera deaths were reported. Deaths to date are 63.

"All possible steps are being

taken to reach all people in the worst hit areas and they are specifically told how to chlorinate their own household water and how to assist suspect cases to reach treatment centres as quickly as possible," said Dr Munnik.

There was "excellent co-operation" between the Departments of Health of the Republic and kwaZulu, the Natal Provincial Administration and the local authorities, who were all doing their best to contain the disease.

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3.8 Read the following passage carefully and answer the questions that follow. Your answers for each section should be in essay style, i.e. in continuous prose, not point form.

1. AND
There are two types of plastics.
Thermoplastics are plastics.
Thermosets are plastics.
2. AND/WHEREAS/AND
Thermoplastics will soften when heated.
Thermoplastics will harden when cooled.
Thermosets set on heating.
Thermosets will not remelt.
3. FROM/TO
Plastics are used to make a great variety of products.
Plastics are used to make textiles.
Plastics are used to make engineering components.
4. SUCH AS
Plastics are available in many forms.
Plastics are available in the form of sheets, tubes, rods, moulding powders and resins.
5. TO
Various methods are used.
These methods convert raw plastic into finished products.
6. Compression moulding is a common method.
Compression moulding is used for shaping thermosets.

Example

3.7.3 Join the following groups of sentences to make six longer sentences, using the connecting words printed at the beginning of each group (except group 6). You may omit words and make whatever changes you think are necessary in the word order and punctuation of the sentences.

CHOLERA THREAT MOVES TO DURBAN

(89)

Sunday Tribune
14/2/82

PLUSH holiday resorts on the Natal North and South coasts and certain parts of Durban are facing a cholera threat.

While organisms of the killer disease were found this week in Amanzimtoti, Umbogintwini, and in two more sewers in Durban and Kingsburgh, Amanzimtoti town clerk Dave Ongley warned that the local beach could become contaminated. The Department of

Health is to set up emergency treatment centres along the South Coast in an effort to contain the spread of the disease.

Dr Johan van Rensburg, regional director of health in Natal, said yesterday he feared cholera has now become a big threat in Natal.

"The disease is moving southwards from northern Natal where most rivers have been contaminated."

Dr van Rensburg said although the chances of sea bathers contracting the disease were slim, its presence should not be ignored.

"A bather would have to swallow a large concentration of contaminated water before he contracts the disease. But it is possible."

He said his department was treating the new outbreaks in Amanzimtoti and Umbogintwini rivers seriously, but could do

nothing as it was out of their jurisdiction.

"The beaches and rivers are controlled by their local authorities. We leave everything to them," he said.

Mr Ongley said yesterday that signs had been erected on the banks of the affected rivers in English, Afrikaans and Zulu warning people of the dangers of swimming and using the water for drinking.

"The danger is greater in the rivers, but if bathers are nervous about swimming in the sea then I'd advise them to keep out of the area where the river mouth meets the sea."

Dr Colin Mackenzie, Durban's medical officer of health, said teams from his department were doing routine tests along the Durban coastline.

"We have been concentrating on examining filter feeding shellfish like mussels.

They are a good barometer as to whether there is a cholera threat along our coastline.

"So far we have found no traces of the disease in these areas."

He said that particular attention was being given to the Umlaas River as this could be a possible threat and checks were being carried out on Durban's three effluent outlets: at Lamontville, Umlazi and the central effluent works.

er (Prentice-Hall)

* Source: J

9. To what extent do you believe you could work effectively with this group in the future?
- 9 - A great deal.
8 - Quite a lot.
7 - A little more than moderately.
6 - Moderately.
5 - Neither
4 - Less than expected.
3 - Moderately less than expected.
2 - Quite a lot less than expected.
1 - Never.
8. When members had differences of opinion, to what extent were all sides carefully listened to and the conflict directly faced and resolved?
- 9 - Always.
8 - Almost always.
7 - Usually.
6 - A little more than half the time.
5 - Half the time.
4 - A little less than half the time.
3 - Not very often.
2 - Rarely.
1 - Never.
7. How much influence did you have on the group's decision?
- 9 - A great deal.
8 - Quite a lot.
7 - A little more than moderately.
6 - Moderately.
5 - Neither very much nor very little.
4 - Less than expected.
3 - Moderately less than expected.
2 - Quite a lot less than expected.
1 - None at all.

Cholera
tailing 89
off in
Mercury
Nkanyezi

Mercury Reporter
CHOLERA cases are on the decrease in the Table Mountain area outside Pietermaritzburg, according to the medical superintendent of Edenvale Hospital.

Dr J Walker said yesterday there had been only seven cases at Nkanyezi since Sunday, where an emergency clinic had been set up in a school.

'None of those needed intravenous treatment. The Duzi clinic has been fairly busy with 23 patients yesterday of which only four needed to be on drips.

'It looks as if it is tailing off at the Nkanyezi area anyway,' Dr Walker said.

No figures were available for cholera admissions to provincial hospitals.

The Director of Hospitals, Dr Johan Vorster, said yesterday: 'We have forbidden hospitals to give out figures because of conflicting reports. However, there is so much confusion about the exact number of cholera patients that we at head office won't be able to supply figures for about a week until we've sorted things out.'

UCT

66 64 62 60 58 56 54 52 50 48 46 44 42 40 38 36 34 32 30 28 26 24 22 20 18 16 14 12 10 8 6 4 2

Seven ¹⁰² ³⁹ cholera cases ^{17/2/82} proved

UMTATA — Seven suspected cholera cases in the Isilimela Hospital in the Port St Johns area have been confirmed.

The Director of Medical Services in Transkei, Dr Hector Livingstone, said yesterday tests had proved positive on the seven people admitted from the Gomolo administrative area last week.

He also confirmed that several suspected cases were being checked in the Ngqeleni area.

"These cases show symptoms of severe diarrhoea which is common in Transkei this time of the year but we are taking no chances", Dr Livingstone said.

He said the cases at Isilimela — where a confirmed case was treated and discharged last week — were not serious.

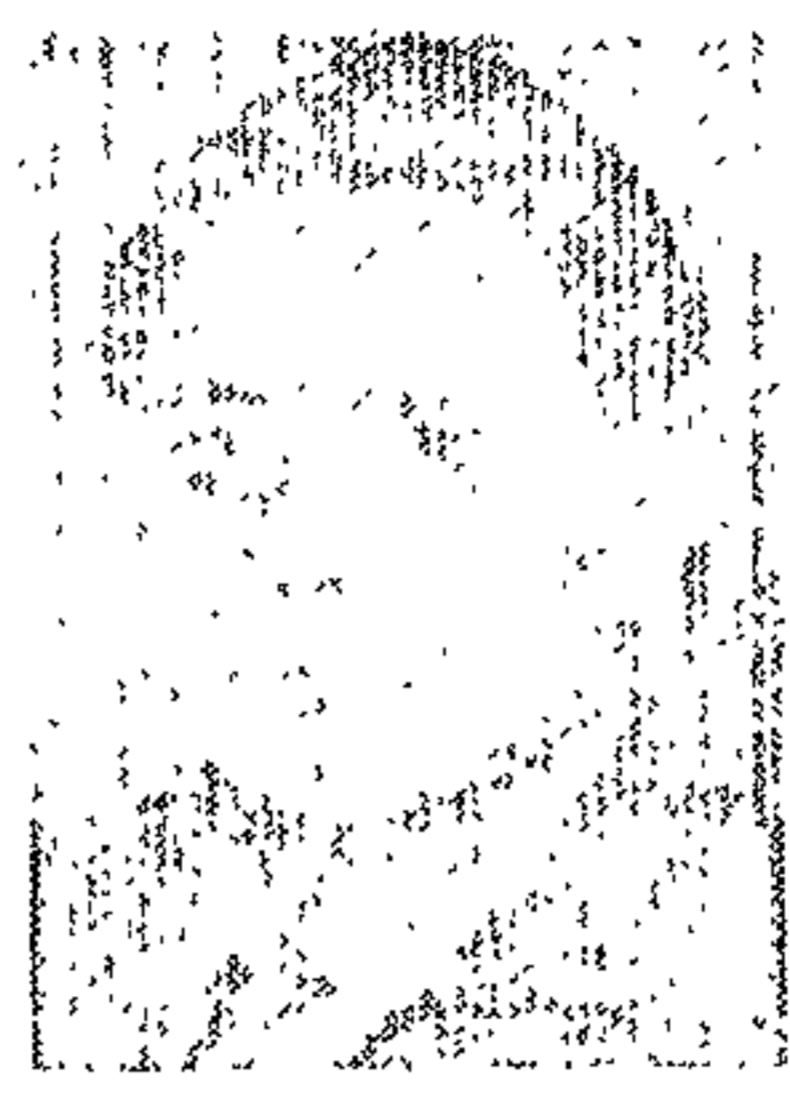
"We have our teams there and water and chlorination is still being sent into the area. Springs are also being treated and teams of nurses are giving health education lectures.

"The people are responding well and the schools and institutions have been a great help."

Asked what precautions were being taken regarding people coming into the country in view of the fact that the only cholera death in Transkei resulted from the victim having picked up the disease outside the country, Dr Livingstone said: "We have teams of nurses meeting people who are coming in and warning them about the dangers."

"A carrier can actually move about for four weeks before showing any symptoms. Such a person coming into the country may merely deposit the germ."

"But we are trying our best and if the rainy season ends soon, our battle will be won and we should not have any problems again until towards the end of the year." — DDR.



Full truth

CAPE TOWN — The Minister of Justice, Mr Kobie Coetsee, promised last night that the public would learn the full truth about the death in detention of Dr Neil Aggett.

Referring to allegations by Mrs Helen Suzman in Parliament

yesterday (picture) would pour most compellingly being up amongst pathologist state and

"All the will definit

Aggett raises

THE ASSEMBLY — Allegations of detained trade unionist, Dr Neil Aggett, maltreated before his death in detention provoked a Parliamentary storm yesterday

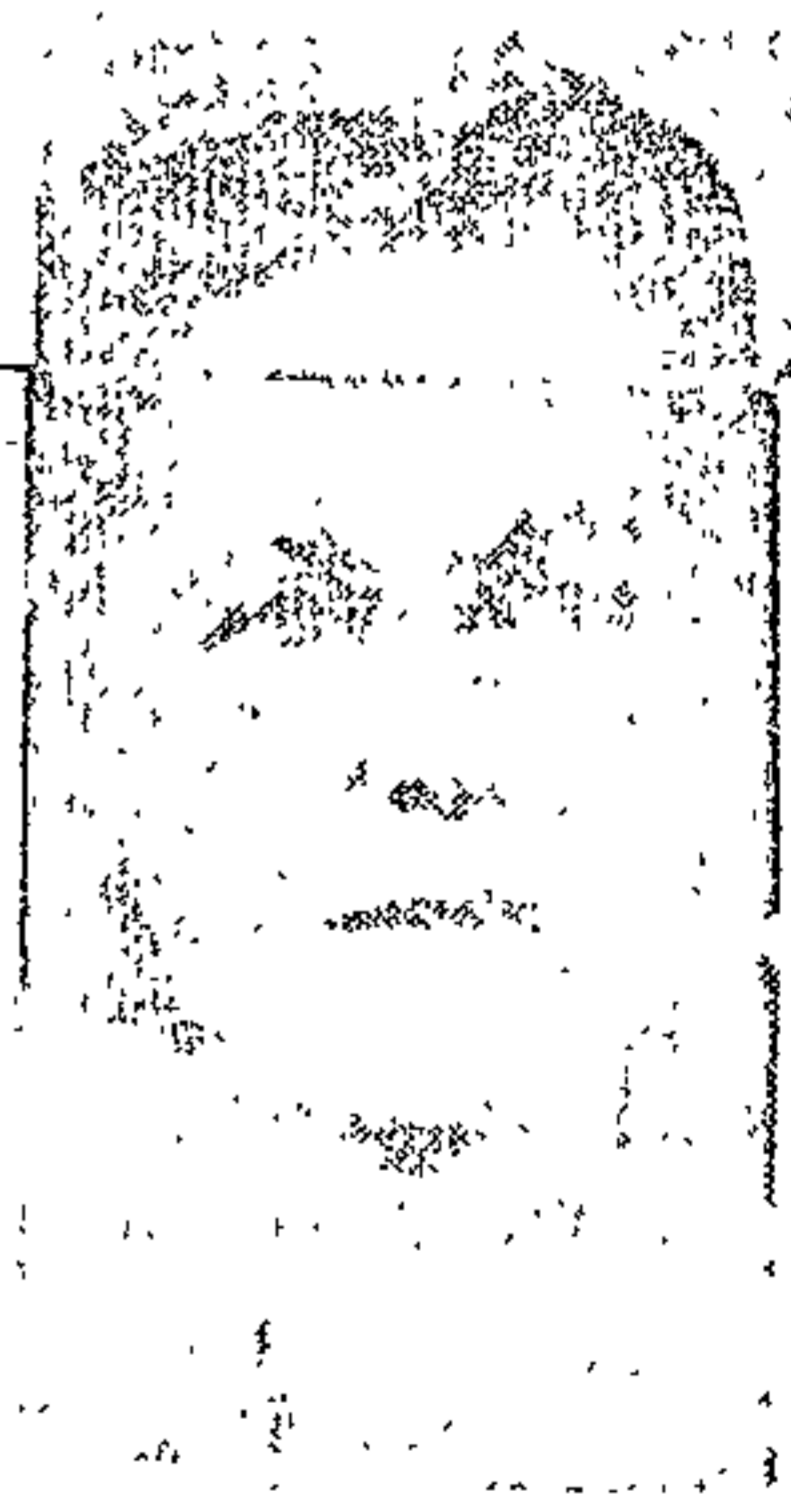
The claim by Mrs Helen Suzman (PIP Houghton) led to angry exchanges, ministerial rebuttals and counter-allegations that her evidence was both fabricated and designed to harm South Africa abroad.

The Minister of Police, Mr Louis le Grange, flatly denied that Dr Aggett had been assaulted before he was found hanging in his cell on February 5.

There were also strong government protests, subsequently backed up by the Speaker, that she had flouted the sub-judice rule by making allegations about Dr Aggett's treatment before the pending inquest.

Mrs Suzman raised the issue during yesterday's special parliamentary debate on the Rabie Commission's report on security legislation and preventive detention.

The Prime Minister, Mr P. W. Botha, announced at the outset of the debate that the government would not



MRS SUZMAN

new Department of Law and Order.

Mr Botha also accepted the commission's major recommendations on revising security legislation, including the provisions on detention without trial and the new definitions of sabotage, subversion and terrorism.

led for the Section 6 of the Censorship Act, un Aggett was brought on disgrace.

"Whatever the merits of the and whatever the merits of the Act killed her, she said.

Mr Le Grange protested that man had flouted justice, ruled him guilty, and as a result of the allegations from the Parliament.

The Speaker, Mr Johannes du Toit, said that Mrs Suzman's allegations contravened the sub-judice rule.

Mr Le Grange answered the question, Mr Le Grange criticised the Mrs Suzman's allegations, challenging her to "bring her light" and "looked at" the situation.

"Give me

Cholera hits Transkei

1914
CANTATA
cholera in the Port St. Johns
district of Transkei were con-
firmed this week

Dr. H. Livingstone, the
Transkei Director of Medi-
cines, advised that people were
admitted to the Pathology
Hospital from Graham's Port
St. Johns, and were treated
and discharged. Cape

11

All Natal's rivers polluted by cholera

89
Star 19/2/82

DURBAN — All surface water in Natal should be regarded as cholera-infected, a senior State health official warned as another major South Coast resort — Scottburgh — was forced to ban bathing in the river there.

He said each of the province's 70 or more rivers was a possible carrier. "It is up to the local authorities to have the water tested."

The warning came as the Minister of Health, Dr Lapa Munnik, flew in for an emergency helicopter tour of the cholera-stricken regions.

The Town Clerk of Scottburgh, Mr Gordon Collocot, said cholera organisms had been found in the Umpambinyoni River which flows into the sea at the popular resort.

Last week nearby Amanzimtoti banned lagoon and river bathing when tests showed cholera pollution. The health officials said: "The cholera is following the normal pattern and is spreading south through the province. All water as far down as Hibberdene is now regarded as dangerous."

Mr Collocot said signs warning the public that the river area was banned for bathing would be posted prominently.

"The State health department told us all rivers from the north to the south of Natal are regarded as dangerous. There is no question that there is cholera in them."

F.H. Glendinning, Engineering (Oxford)

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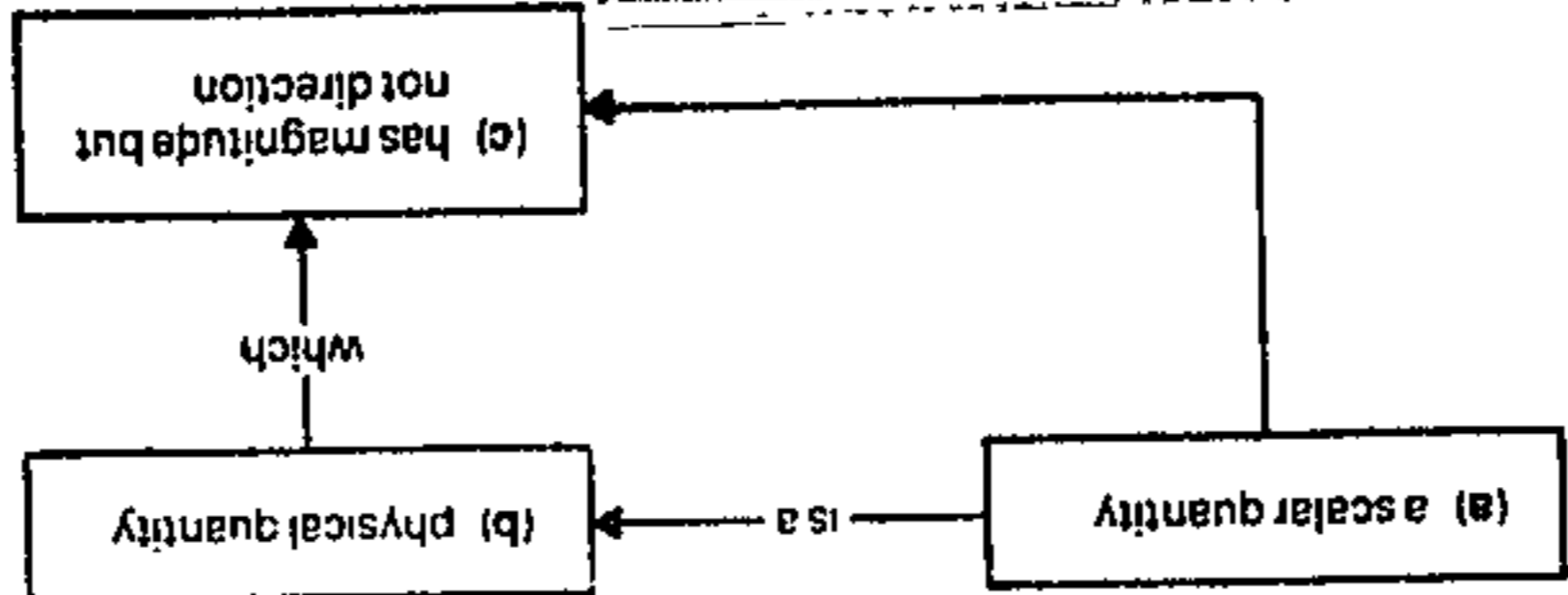
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4.1.2 Making Further Definitions, study the following diagram:

Joint effort contains cholera

Stat 19/2/82 (89)

Political Staff

DURBAN — A mammoth effort by the combined health services of the South African and kwaZulu governments is containing the cholera epidemic sweeping through rural Natal, says the Minister of Health, Dr Lapa Munnik.

But 171 people have died in about four months, and more will die because they cannot get the drugs and health services being offered, says his oppo-

site number in the kwaZulu government, Dr Dennis Madide.

At a Press conference which followed a helicopter tour of some cholera stricken areas by the two Ministers yesterday, Dr Munnik and Dr Madide gave their impressions of the epidemic.

Dr Munnik said that although 5 205 cases of the disease — of which 63 had died — had been confirmed by laboratory tests, more than 18 000 cases had been treated without

positive confirmation of the presence of cholera.

He added that scientific studies suggested that once an area had been exposed to cholera, it was unlikely to return for three or four years.

Emphasis had been placed on health education, with vehicles and aircraft equipped with loudspeakers telling people how to sterilise water with bleach and about the importance of personal hygiene.

Dr Madide said that

unless the problem was attacked by a concentrated effort towards rural development, there would always be people who could not get help in time.

"We may have the resources — the drips, the antibiotics and so on — but if everybody does not have access to them they can still die," he said. What was needed was an improvement in the quality of life in rural areas.

Dire cholera warning on Natal rivers

89

19/2/82 RNM

WHILE Natalians have been warned to regard all surface water in the province as cholera infested, the disease has claimed another victim — in Transkei.

The warning in Natal was issued by a senior State health official yesterday after another major South Coast resort, Scottburgh, was forced to ban bathing in the river there.

And, the official said, he did not think the disease could be wiped out, even with health education and immunity — though these would slow down the epidemic.

The official said each of Natal's 70 or more rivers was a possible carrier.

"It is up to the local authorities to have the water tested," he said.

The warning came hours before the Minister of Health, Dr L A P A Munnik, flew in yesterday for an emergency helicopter tour of the cholera-stricken areas.

The Town Clerk of Scottburgh, Mr Gordon Collocot, said cholera organisms had been found in the Umpambinyoni River, which flows into the sea at the popular resort.

Last week nearby Amanzimtoti banned lagoon and river bathing when tests showed the presence of cholera organisms.

"The cholera is following the normal pattern and is spreading south through the province," the health official said.

"At this stage all water as far down as Hibberdene is regarded as dangerous."

Mr Collocot said warning signs warning the public that the river area was banned for bathing were posted prominently yesterday.

"The river is mostly a trickle unless there are heavy rains, and is not really used for swimming or fishing. But a lot of kids paddle there," Mr Collocot said.

"The State Health Department told us all rivers from the north to the south of Natal are regarded as dangerous.

There is no question that there is cholera in them."

The health official warned that every lagoon, lake, dam and river should be regarded with grave suspicion.

"The epidemic will eventually settle, but we predict we will have a steady flow of cases for years to come," he said.

"Following the experience of the Transvaal epidemic, it appears that health education and possible immunity will cause a slowdown, but I cannot see our wiping it out."

Meanwhile the disease has claimed another victim — this time in Transkei.

Dr H Livingstone, Transkei's Director of Medical Services, announced yesterday that a person who had not reported to hospital had died of cholera in the Ngqeleni district. — Sapa.

UOST

Munnik satisfied with anti-cholera methods

Post Correspondent

DURBAN — After a day tour of the cholera-stricken areas of Natal by helicopter yesterday, the Minister of Health, Dr L A P A Munnik, said he was satisfied that everything possible was being done to combat the disease.

He was impressed with the co-operation between the Department of Health and the Kwazulu authorities.

Although they were doing all in their power to combat and contain the epidemic, it was up to individuals to pay as much atten-

tion as possible to hygiene procedures, he said.

There were still people in the remote rural areas of Natal who seemed to be unaware of the dangers of drinking and cooking with contaminated water, in spite of a massive campaign to explain the dangers.

The Kwazulu Minister of Health, Dr F Madidi, appealed at the same Press conference for better purification facilities in rural areas.

He pointed out that people often had to walk between 20km and 25km to

collect water in polluted streams and rivers. After these exhausting walks they were obviously thirsty and drank the water without thinking.

Dr Munnik said about 190 cases had been treated by the Health Department and various local authorities last month. He was satisfied that the back-up service was "excellent".

He was accompanied on the tour, which took in areas near Maritzburg, parts of Kwazulu and the north and south coasts, by Dr Johan van Rensburg, the State Health chief in Natal.

Dear Sir,
 Because your company's services to both individuals and millions of people in many places;
 This hope, as you know it yourself, means living without fear.
 Come what, accident or death, one knows that his property or normal life as it nothing has happened.
 is anybody else: millions of
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Dear Sir

(c)

Dear Sir,
 If you think I can qualify for your position, I'd be grateful if you gave me an interview.
 I suppose it's only fair to tell you you'd better call me before the end of this week since I am considering several very fine job offers and I would want to compare yours with the others before I reach my decision.
 Trusting you will grant me an interview at your convenience, I shall await your call.
 I remain,
 Yours truly,

(b)

18 000 get ⁸⁹ treatment ^{20/2/82} for cholera

Mail Reporter ^{20/2/82}

ABOUT 18 000 people have been treated for cholera, the Minister of Health, Dr L A P A Munnik announced yesterday.

He said in a statement that in some cases, cholera had been bacteriologically proven. In others, symptoms exhibited by patients led to their being provisionally treated as cholera cases.

He said the number of bacteriologically proven cholera cases in the Republic and the national states was 5 698. Since August last year, the death toll had risen to 68.

UJET

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● THE INVISIBLE KILLER THAT IS BLASTED FROM

Deadly lead poison found in Cape children

By INGRID
STEWART

A GROUP of Cape Town researchers have discovered that a number of Cape Town children have absorbed high quantities of lead into their systems.

Samples taken from some of the 220 children used in the research show lead levels in excess of the internationally acceptable minimum.

As the research is in the preliminary stages and will be published in the South African Medical Journal, the researchers were reluctant to give many more details.

They are unable, at this point, to pin the above-average intake of lead among these children to any particular source.

They are also unable to link the high rate of mental retardation among Cape Town's coloured children to the lead factor. They concede that it could be possible.

But, said Dr Neil White of the Health Care Trust, who is involved in the research, there is a strong indication from their

2/2/82

UK official's shock warning

By GARNER THOMSON

LONDON: A top British health official has expressed grave concern about the danger of petrol lead to children, and of its growing impact on the lives and health of adults.

The warnings came in a confidential internal letter written by Sir Henry Yellowless, chief medical officer at the Department of Health. They include the fear that lead in petrol may contribute to about 27 percent of total blood lead in adults from all sources (including food) and as much as 40 percent in children.

The gravity of the situation was brought home forcibly to Britons when The Times published the letter, sparking a row which now has all the ingredients of a major health and political scandal — with repercussions almost everywhere in the industrial world.

Lead is one of the few metals not required by the human body in trace form.

Its effect on the central nervous system is cumulative and ravaging. It is also inescapable.

In a country like Britain, which has reduced the amount of lead in petrol to 0.40 g a litre, between 7500 and 10000 tons are blasted into the air from car exhausts, each year.

Lead is put into petrol in the form of tetraethyl lead, a compound so poisonous and volatile that more than 100 American scientists involved in its early development became ill,

board of science to press the Government for a more immediate attack on environmental lead.

A spokesman said this week: "On the basis of past scientific evidence, the board believes that lead taken into the human body is a serious public health hazard. The board believes that all sources of lead pollution should be eliminated wherever possible."

But the phrase "wherever possible" has proved the get-out for the Government and the petrol companies so far.

Just this week, Mrs Thatcher responded to vicious Opposition attacks by saying that the present generation of cars were unable to function on lead-free petrol and that Britain could not act on eliminating petrol lead out of concert with its EEC partners.

This is only half the picture on both counts.

First, Germany has gone ahead regardless with lead-free requirements, bringing itself in line with other ecologically sensitive countries like the United States, Sweden, Australia and Japan.

Second, lead-free petrol could be produced in Britain — and in many other countries — immediately, but since lead boosts the octane-rating of fuel, it would mean the only petrol available would be two-star 92 octane.

The cost of a total changeover would admittedly be high — but there is reason to doubt whether it would be as high as the Government supposes.

Cont. next page

21/2/82

study of the 220 children to cause concern and for further research.

In November 1980, the Department of Environmental Studies at the University of Cape Town submitted a five-volume report to the Cape Town City Council on the air content of the greater Cape Town area. Then they recommended that a medical survey be done to find out whether the body levels of lead are within the acceptable limits.

This recommendation was made on the basis of air surveys done around the Mother City's city hall. In a two-hour period they discovered 22 micrograms of lead per cubic metre of air. Over a 24-hour period they found 9.6 micrograms of lead per cubic metre of a :

This came very close to internationally accepted minimums the same time period. Both the United States and West Germany set a standard of 10 micrograms for a 20 hour period.

More disturbing however, are the results of a survey conducted by the CSIR's Atmospheric Sciences Division at about the same time. Their tests showed a yearly average around the Cape Town City Hall of 2.5 micrograms of lead per cubic metre of air — half a microgram more than the yearly average considered safe by the Department of Health's air pollution inspectors.

Dr Bruce Wells of the Atmospheric Sciences Division admitted that the Cape Town figures were cause for concern.

"We would like to go back and measure more generally in other sites to establish whether the city hall site was peculiar. We'd like to take a closer look for a start. But, like all civil service departments, there is a shortage of manpower," he said.

Martin Lloyd, chief air pollution officer with the Department of

insane or died.

It affects human life in a variety of ways — symptoms of lead poisoning are severe abdominal cramps, weakness, anaemia, black dots in the red corpuscles, brain damage, paralysis, collapse and even death.

It can also cause sterility and still-birth and a wide range of foetal abnormalities such as hydrocephalus and spina bifida.

In young children it can cause low IQ, hyperactivity and aggressive behaviour and Dr Robert Stephens, of Birmingham University's department of chemistry, believes that as many as 20 percent of the under-13s in his city's inner areas alone have already suffered a lead-induced disturbance of the central nervous system.

The British Medical Association considers the situation so grave that it has ordered its



The Times letter which sparked the international lead-in-petrol controversy

Health, was also concerned and said the site would have to be re-investigated.

"It could be a problem with the monitoring. This is only one site in the city and can not apply to Cape Town in general," he said.

The lead levels in other centres were lower than Cape Town, according to the CSIR's 1977/78 survey.

● Around the Durban City Hall there was a yearly average of 0.71 micrograms of lead per cubic metre of air.

● Port Elizabeth's City Hall area showed 1.6 micrograms of lead per cubic metre of air.

● Around Pretoria's municipal buildings the air was contaminated with 1.26 micrograms of lead per cubic metre of air.

● Johannesburg's City Hall area showed 0.91 micrograms of lead

per cubic metre of air.

Lead levels were being monitored all the time, we were assured by both the CSIR and the Department of Health and even the National Association for Clean Air was satisfied that the measurements so far had not indicated any real health hazard.

Said Dr Johan Basson, vice-president of the association: "According to our information, the lead levels are not so high that there is any reason for undue concern. Obviously we try to get the levels as low as possible."

Like other countries, the major source of lead in our atmosphere is petrol. But unlike most other Western countries the amount of lead allowed in petrol is not governed by legislation.

Instead the South African Bureau of Standards has set an

But, ironically, money and not good health may prove the final spur to a Government change of heart.

The European motor industry is already under heavy pressure from the Japanese who have readily adapted to the challenges and are now major producers of lead-free petrol cars.

According to Mr Stanley Johnson, Conservative Euro MP for Wight and Hampshire East, if Britain doesn't rally almost immediately, Japan will have a virtual monopoly of these new-generation cars.

Health and environmental campaigners here believe Mrs Thatcher will be obliged to take a stand, either for or against lead in petrol, within the next few weeks.

The turning point has come with Mr Johnson's motion calling on the EEC to introduce anti-lead legislation from January 1, 1985. Mr Johnson is claiming strong Conservative support for the Europarlament motion, and Labour Euro MPs have offered their support.

This means that the only question now remaining is how many Conservative MPs will vote against Mr Johnson.

And this in turn, say environmental campaigners, will depend on Mrs Thatcher's instructions to her Euro MPs.

Mr Des Wilson, chairman of the campaign for lead-free air which has been masterminding the Euro initiative, said yesterday: "The Prime Minister must either instruct her Euro MPs to oppose the motion, in which case her defence, which is that the EEC opposes lead-free petrol, is likely to collapse. Or she has to persuade them to support it — in which case the government will have effectively decided to support the concept of lead-free petrol."

upper limit of .836 grams per litre — double the amount that the law allows in Britain at present and more than five times that government plans for 1985.

However, according to Dr Wells, this has been reduced to between 0.3 grams and 0.5 grams per litre on the Witwatersrand because alcohol from the Sasol project is substituted for lead. On the coast, where higher octane fuel is used, the average is about 0.6 grams per litre.

He said that if alcohol was added to petrol more frequently, instead of lead, we could reach a level of 0.2 or 0.15 grams per litre. At present this was not possible on the coast because of the high cost of transporting the alcohol from its Sasol source.

The reduction of lead

in our petrol is also unlikely because of the general petrol shortage in the country, we were told.

Mr Lloyd told the Sunday Tribune that if the lead additive was abolished we would have to import five percent more crued oil to make up for it. Dr Wells pointed out that one ton of lead added at the rate of 0.4 grams per litre saves 1 200 barrels of oil. The value of the oil is 55 times the value of the lead, he said.

"If you add lead to petrol you can use high compression engines more efficiently," he said.

"However, we were again reassured by Mr Lloyd, that at present the levels are 'acceptable'."

"But if there is any unusual or sudden change, we will reconsider the whole issue."

2/12/82

SUNDAY TRIBUNE, FEBRUARY

POVERTY TO BLAME FOR CHOLERA

KwaZulu minister says the causes are destitution and underdevelopment

GRINDING black poverty has again been blamed for the cholera epidemic.

KwaZulu Health Minister Dr Dennis Madide diagnosed the causes as destitution, chronic underdevelopment and poor communications in the bush.

"It seems to be a black man's disease," he told Republic Health Minister, Dr Lapa Munnik, during a Durban Press conference this week.

"It only affects black people because of the impoverished conditions under which they are forced to live.

"If you go to the rural areas you see basic, absolute poverty which you only expect to find in Zaïre.

"And you get this by the side of posh, affluent Johannesburg."

The two ministers had just finished a whistle-stop tour of Natal cholera clinics.

An article in the Sunday Tribune last month headlined "Cholera — symptom of apartheid" also named political and economic underdevelopment as the cause of the killer disease.

And Dr Marius Barnard, Parktown PFP MP, said in Parliament that the epidemic was the "inevitable bitter price" of:

- The homeland policy.
- The migrant labour system.
- The resettlement of blacks.
- The breaking up of families.
- The "criminal" neglect of primary health facilities.

In Parliament Dr Munnik slammed the Sunday Tribune article as "dirty" and accused Dr Barnard of being part of the "total onslaught" against South Africa.

By Nigel Adlam

Dr Madide asked at the Durban Press conference: "How many whites are known to have died of cholera in South Africa?"

He was told three—two laboratory technicians working on cholera research and a Northern Transvaal child. But the child's death was actually put down to a pancreas disease, although cholera organisms were found in his stools.

Dr Madide said rural blacks had no good roads, ambulances, telephones, sanitation or health facilities.

"People are bound to die before they can reach help," he said.

He called for a massive, multi-million rand rural development programme.

"People are living at the very basic level of existence and their quality of life can only be improved by a huge injection of money," added Dr Madide.

And he warned: "Today it's cholera — tomorrow it'll be typhoid."

He said the average white — and even Republic Cabinet Ministers — had no concept of the poverty among blacks in rural districts.

"The ministers should go to the average black's home and see for themselves," challenged Dr Madide.

More than 9 000 suspected cholera victims have now been counted in Natal and KwaZulu since the epidemic broke out in November.

Sixty-three have died. Cholera is a "poor man's" disease carried by water.

Dr Munnik said that South Africa was committed to the World Health Organisation ideal of providing piped water for everyone by the year 2 000.

He again denied that apartheid was the cause of cholera.

He said South Africa spends R800 million a year on health — and three-quarters of it goes to blacks.

"We must get away from this idea that it's caused by a political system," said the minister.

He added that it was costing about R13 to treat each patient.

Meanwhile, doctors have launched an offbeat health education bid to beat cholera — reach for the bleach.

One teaspoon of ordinary household bleach will purify 20-25 litres of water. The water should be left for 12 hours after treatment.

"The bleach purifies the water by chlorinating it," said a State Health Department spokesman.

"The water only has a very slight taste and isn't unpleasant. After being left standing for 12 hours even the smell has often gone."

"Cholera will be around for a long time so purifying water must become a way of life for those who draw their supplies straight from rivers or springs," he warned.

• Injections against cholera are next to useless, Dr Munnik said in Durban this week. They give only 20 percent immunity. "They're a false protection," he said.

CHOLERA - SYMPTOMISED SEAPARTHEID

CHOLERA is stilling in Natal — this was there was news in Durban this week. What is the cause? What is the reason? What causes it? These issues were explored earlier this week by British Health's journal with analysis of medical reports from southern Africa. On this page the issues are explored from British Health's examination. Above all the journal concludes, cholera is a disease of political and economic underdevelopment.

Minister Munnik No longer a plague in the rich countries

The Tribune headline that raised Minister Munnik's ire

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Eye service

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Sowetan
22/2/82

The SAB Sight Savers service, formed last year to combat blindness among the rural people of southern Africa, is to offer its eye-disease prevention services in Venda and Lebowa.

The chairman of the SAB Community Trust, Mr Frank Moodie, has announced that Sight Savers' fully-staffed and equipped mobile eye unit is to make regular

visits to hospitals in Venda and Lebowa.

Since its inception in June last year, the service has treated 650 patients and performed 60 eye operations.

It visits hospitals every two months to give treatment to people suffering from eye diseases.

"The very painful eye disease, trachoma, is most prevalent in the areas the unit visits, and statistics show that up to 40 per cent people older than 40 years are affected. By visiting hospitals, the unit can identify many cases of the disease far earlier than was previously the case and so prevent the blindness it causes," says Mr Sarel van der Walt, head of the Bureau for the Prevention of Blindness.

Third cholera death

89

D. Dipatch 23/2/82

UMTATA — Cholera has claimed a third life in Transkei and the killer disease has spread to new areas as the battle to contain it continues.

Ms Unomasihlalisane Siyomo, 25, died in the Wilo administrative area of Mqanduli. The area is about 35 km from here and has a population of about 15 000. Health teams have been sent to the area.

The Deputy Secretary of Health, Dr.R. F. Ingle, confirmed the death.

He also revealed that there were two suspect cases in new areas — Flagstaff and Butterworth. — DDR.

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89

Fuel: lead specification *Hansa d* Q. 61.184
5/1/2/82

Mr. D. J. N. MALCOMESS asked the Minister of Mineral and Energy Affairs:

- (1) What is the lead specification laid

down with regard to fuel by the South African Bureau of Standards as referred to in his reply to Question No. 3 on 27 February 1981;

- (2) what is the estimated extent of pollution caused by such fuel?

The MINISTER OF CO-OPERATION AND DEVELOPMENT (for the Minister of Mineral and Energy Affairs).

- (1) A maximum of 0,836 gram per litre for all grades of petrol.
- (2) Lead pollution caused by the use of fuel varies in relation to traffic density and the amount of lead added to fuel. The extent of lead pollution caused by fuel even with regard to the highest levels of traffic density presently experienced, is considered to be harmless

Mr. D. J. N. MALCOMESS: Mr. Speaker, arising out of the reply given by the hon. the Minister, and noting the presence of the hon. the Minister of Health and Welfare, is the hon. the Minister aware of the fact that a report was recently published in Britain in which it was stated that this type of lead pollution could cause damage to unborn children?

Drastic action urged

on cholera in Natal

89

Mercury

24/2/82

Mercury Reporter

THE Director of Hospital Services, Dr J Vorster, said yesterday that 'something drastic' needed to be done to end the cholera epidemic which has spread down the length of Natal as far south as Port Shepstone.

'Just to accept that cholera is here to stay is not good enough. The epidemic is not getting any better than it was two months ago and the number of patients in our hospitals is still rising.'

But State Health officials said yesterday they were doing all they could to deal with the epidemic in the short and medium terms.

'Of course the only way to deal with it completely efficiently is to have a piped water supply which is a long-term project involving many Government departments,' a spokesman for the department said.

Meanwhile, in northern Zululand three people have died from cholera this month and the number of patients in the

Number of patients rising

Ubombo Hospital has increased threefold since last month.

In the Provincial Council yesterday Dr Fred Clarke, MEC in charge of hospitals, warned that South Africa could expect further outbreaks of ill health to follow serious disease such as rabies, cholera and typhoid because of the breakdown in health services in many surrounding countries.

Patients from States which Natal had no legal obligation to treat were flooding provincial hospitals and straining facilities.

Dr Clarke said the cholera position in Natal was very frightening. An estimated 12 000 cholera patients had been treated in Natal provincial hospitals since the epidemic began.

They remained in hospital for between one and three days at a cost of R30 a patient a day. The cost of treatment so far was R360 000.

The Province was negotiating with the Government for compensation for the treatment of cholera patients.

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Argus 24/2/82
Transkei fights to contain cholera

Argus Correspondent
 EAST LONDON. — The Transkei Government has launched an inter-departmental campaign to try to contain the cholera outbreak there.
 Three people have died from the disease and of the 64 suspected cases, 39 have been proved positive and four still have to be checked.
 Dr Charles Bikitsha, Minister of Health, said today the police, the social services, magistrates and the departments of works and energy and transport were working to contain the killer disease.
 Check points were being manned throughout the territory and people were being informed of the dangers of the disease and precautions to take.
 Suspected cases were examined, Dr Bikitsha said.
 The authorities had anticipated an outbreak of the disease long before the first cases had been identified and precautions had been taken.
 Dr Bikitsha said chlorinated water was being supplied to affected areas and people were also given tablets to chlorinate their own water supplies.

Continued/.....

Keeping 'healing water' healthy

By ADA STUIJT
 THE "healing water" which a Transkei faith healer sells to thousands of pilgrims in Mount Frere is now chlorinated to prevent the spread of cholera.
 The faith healer, known as Ma Radebele, sells spring water from her house to busloads of pilgrims from all over South Africa. The Deputy Secretary for Health in Transkei, Dr Ronald Ingle, said: "All the water which is carried to and from the spring from where she operates is chlorinated."
 "This situation is watched very closely because it is obviously a dan-

gerous practice with cholera in the area," he said.
 Health authorities started chlorinating the water after cholera spread to Port St John's and the Mount Ayliff area, where three deaths have been recorded so far and 48 suspected cases have been treated.
 Dr Ingle said: "Of those 48 cases, 28 were confirmed cholera cases, 12 were negative and eight are still under investigation."
 "The Transkei authorities had ample time to prepare for the cholera epi-

demic, because it marched steadily southwards from Natal.
 "The first recorded death was in January, when a labourer carried it from Zululand and died at Mount Ayliff hospital," he said.
 In the battle to contain the epidemic, Transkei health authorities have introduced roadblocks.
 "Health check-points on main national roads, to see where travellers have come from, have been set up. People are checked on whether they are well. They are instructed about cholera and how to combat it," he said.

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Farmer, 80, tells Of fight for life

Dr. Ingole's water
Healing water to be treated

LMATA — As Transkei's number of cholera cases continued to rise yesterday a new precautionary measure emerged in the country — chlorination of the water brought by thousands of pilgrims to the renowned faith healer at Cancele, Maradebe.

This was confirmed last night by the Deputy Secretary of Health, Dr R. F. Ingole, who said, "All the water being taken to the area and the local sources there are chlorinated."

Cancele rose to fame last year when people started flocking to faith healer Maradebe, reputed to have super healing powers through the salt she sprinkled on water the pilgrims brought to her.

Bus loads of people

EAST LONDON — An 80-year old farmer drove off two intruders after being beaten unconscious three times, the regional court was told yesterday.

The farmer, Mr Herbert John Daniel, said the men had run screaming from the farmhouse in the Mount Coke area.

He was giving evidence against Mr Tshaka Mathumbu and Mr Sigadiva Sifama. They are also alleged to have robbed an elderly Kidds Beach farming couple, to have slambokked the wife and to have knocked out a Greenfields butcher.

They pleaded not guilty before Mr S. van Zyl to one count of house-breaking with intent to rob, two counts of robbery, and one count of attempted murder.

Mr Daniel said he had been farming near the Mount Coke Road for the past 50 years. On November 19 last year there had been a knock at his door and a person had said he had come to fetch bread left behind by one of his labourers.

As he attempted to hit them with the gun's butt it struck the door frame.

"I have never heard any human being scream the way they did that night. One of them screamed that the dead thing had come alive," Mr Daniel said.

Both men fled.

Mr Daniel said he had a broken jaw and a broken collarbone.

Mrs Nora Gibson, 73, of Springvale Farm, Kidd's Beach, said she and her husband, Mr Thomas Gibson, 79, were alone in the house on November 8.

She was locking the house when two men grabbed her.

She was manhandled, slambokked and her hands were tied. Her husband's hands were



By **BENITO PHILLIPS**



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Outbreak of encephalitis hits children ^{29/2/82} ¹⁰⁴ 89

A GROWING number of children are being hit by an outbreak of encephalitis in Port Elizabeth and neighbouring areas.

Several adults — among them a top Eastern Province rugby player and an SABC radio announcer — have been hit by the disease.

About 10 percent of children at the Cotswold Primary School in Port Elizabeth are ill in bed and several have

had to be treated in hospital

Vaughan Williams, 10, and his announcer father Mr Roy Williams of the SABC's English service in Port Elizabeth, are being treated for encephalitis in the Provincial Hospital.

Mr L van Rooyen, principal of the Cotswold Primary school, said though encephalitis had not yet reached an epidemic stage at the school, there was growing concern since 10 percent of

pupils had already contracted it. Isolated cases had been reported at the end of last year.

Mr Van Rooyen said "Several children in Vaughan Williams' class have become ill and his teacher was also ill for a few days after she contracted the disease. We sometimes have five or six children reporting sick in a day, but then we have a few days' respite before the next outbreak is reported" — Sapa

THURSDAY, 25 FEBRUARY 1982

†Indicates translated version.

For written reply:

89 Hansard A.61.204 —
Cholera 206
25/2/82

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

- (1) How many (a) cases of and (b) deaths from cholera were reported in respect of each race group in each province for each month from March 1981 to the latest specified month for which figures are available;
- (2) what steps are being taken to combat the spread of this disease?

The MINISTER OF HEALTH AND WELFARE:

89) Hansard Cholera Q. Col. 208-209
25/2/52
146. Dr. M. S. BARNARD asked the
Minister of Health and Welfare:

- (1) What (a) was the cost to the State per case of cholera in respect of (i) hospitalization and (ii) treatment and (b) is the estimated cost of the current out-

25/2/82 D. Dispatch
Brain disease in PE area spreads 89

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PORT ELIZABETH — A growing number of children in the city and neighbouring areas are being hit by an outbreak of encephalitis.

Several adults — among them a top Eastern Province rugby player and an SABC radio announcer — have been hit by the disease, which results in inflammation of the brain.

About 10 per cent of children at the Cotswold Primary School are ill and several have had to be treated in hospital.

Vaughan Williams, 10, and his father announcer Roy Williams, of the English service of the SABC here, are being treated in hospital.

Mr L. van Rooyen, principal of the school, said though encephalitis had not yet reached an epidemic stage at the school, there was growing concern that 10 per cent of the children had

already contracted the disease.

Isolated cases had been reported at the end of 1981.

"It looks as if the disease is contagious. Several children in Vaughan Williams' class have become ill and his teacher was also ill for a few days. We sometimes have five or six children reporting sick in a day, but then we have a few days' respite before the next outbreak is reported," Mr Van Rooyen said.

Inquiries at other schools show that the outbreak is not widespread, but there have been several reports of nursery school children contracting the disease.

Mr Andre Victor of Uitenhage, an Eastern Province and Old Collegians rugby player, had a slight case of encephalitis last week but has now recovered. — SAPA.

Nine in PE hospital with meningitis or encephalitis

SEVEN children and two adults are being treated in the Port Elizabeth Provincial Hospital for viral encephalitis and meningitis.

Dr B Harvey, senior medical superintendent at Provincial Hospital, said the outbreak "seemed to be under control".

In the past three weeks 16 children and five adults had been in hospital for viral encephalitis or meningitis. The average period spent in hospital was five to six days.

The children admitted came from suburbs throughout the city and from Despatch and Uitenhage. There did not appear to be any particular pattern, nor were the victims

confined to any particular areas.

Mr L van Rooyen, principal of the Cotswold Primary School, said that last week about 8% to 10% of his pupils were down with encephalitis.

He said two parents of pupils at his school had also contracted encephalitis. Vaughan Williams, 10, a Standard 3 pupil at the school, is the son of SABC announcer Roy Williams. Both father and son were admitted to the Provincial Hospital at the weekend.

Mr Van Rooyen said Vaughan's class teacher was being treated at home for the virus.

Mr Van Rooyen said that the parents of children who

complained of neck pains, headaches and "rubbery legs" were immediately contacted. As many six children had reported sick in a day.

He said attendance percentages at the school would be known at the end of the week, but he estimated that 2% to 3% of his pupils were still off with the virus.

Inquiries at other schools show that the outbreak of encephalitis is not widespread, but there have been several reports of nursery school children contracting the disease.

Mr Andre Victor, of Uitenhage, an Eastern Province and Old Collegians rugby player, had a slight attack of encephalitis last week, but has recovered.

For this reason a partnership income statement would have been prepared up to the date of death of the partner so as to show the balance on his capital account. The proceeds from the life insurance policy as income in this income statement and NOT credited direct to the partner's personal accounts.

the life policy would be reflected on the partnership statement as an asset at its surrender value of R240.

Table with columns for 'Receipt of proceeds', 'Closing entry', 'From Life Policy', 'Income Statement', 'Accrual of proceeds receivable', 'From Life Policy', 'Policy', 'Policy', 'Statement', 'Policy', 'Policy', and 'Year 01'.

as an Asset - Cont'd:

Cape Times 25/2/82

20 000 SA 89

cholera cases

JOHANNESBURG. — There had been over 20 000 cholera cases in South-Africa, and in Natal the disease was still spreading, Dr James Gilliland, the deputy director general of the Department of Health, said yesterday.

Dr Gilliland was speaking at the launch of a health education programme. The programme will distribute educational material through Johannesburg municipal health centres, clinics and schools.

The project will be expanded to other municipal areas later in the year. — Sapa

Continued/.....

300

300

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(1) Premiums Treated as Business Expense

01, Jan 1: Insurance Expense

Bank

being payment of premium

Dec 31:

Income Statement

Insurance Expense

being closing entry

Years 02 and 03 - same as 01

04, Jan 1: Insurance Expense

Bank

Jan 2:

Debtor (Insurance Company)

Income from Life Policy

being accrual of proceeds receivable

Jan 2:

Income from Life Policy

Income Statement

being closing entry

Jan 2:

Income Statement

Insurance Expense

being closing entry

Jan 31:

Bank

Debtor (Insurance Company)

being receipt

(2)

Premiums Treated as an A

01, Jan 1: Life Policy

Bank

Dec 31:

Income Statement

Life Policy

(Surrender value)

therefore no

SOLUTION TO: GL5

Continued/.....

300	01, Jan 1: Insurance Expense	Bank	being payment of premium
300	Dec 31: Income Statement	Insurance Expense	being closing entry
300	04, Jan 1: Insurance Expense	Bank	
24 000	Jan 2: Debtor (Insurance Company)	Income from Life Policy	being accrual of proceeds receivable
24 000	Jan 2: Income from Life Policy	Income Statement	
24 000	Jan 2: Debtor (Insurance Company)	Income from Life Policy	being closing entry
300	Jan 2: Insurance Expense	Insuranc	being clos
24 000	Jan 31: Bank	Debtor (being receiv
300	01, Jan 1: Life Policy	Bank	
300	Dec 31: Income State	Life Policy	(Surrender va
300	Dec 31: Income State	Life Policy	therefore no

National ...
Zietsman, yesterday re-

D. Dispatch
Cholera cases increase
26/2/82
89
1024

UMTATA — Transkei's cholera toll has risen to 40 confirmed cases and there are nine suspects. This was confirmed yesterday by the Deputy Secretary for Health, Dr. R. F. Ingle.

There are 18 confirmed cases in the Isilimela Hospital in the Port St Johns area and one suspect. There are 16 confirmed cases at the Canzibi Hospital at Ngqeleni with five suspects.

There are four confirmed cases at the St. Elizabeth Hospital in Lusikisiki with three suspects. — DDR.

(Issued)

(2) Premiums Treated as an Asset - Cont'd:

Year 02 - same as year 01

03, Jan 1: Life Policy		04, Jan 1: Life Policy	
300	Bank	300	Bank
Income Statement	Dec 31:	Life Policy	Dec 31:
60		60	
Policy written down to surrender value (See Note 1 below)			
03, Jan 1: Life Policy		04, Jan 1: Life Policy	
300	Bank	300	Bank
Jan 2: Debtor (Ins)		Jan 2: Debtor (Ins)	
Life Policy	Income from	Life Policy	Income from
Income from	Jan 2:	Income from	Jan 2:
being accrued		being accrued	
Jan 2: Income from		Jan 2: Income from	
Income Sta	being closing	Income Sta	being closing
Bank	Jan 31:	Bank	Jan 31:
Debtor		Debtor	
being received		being received	
Note 1:		Note 1:	
At the end of year 03, the balance sheet as a non-current asset		At the end of year 03, the balance sheet as a non-current asset	
The death of a partner automatically draws up for the period to be drawn up for the period to ascertain the correct balance to the partners' capital account.		The death of a partner automatically draws up for the period to be drawn up for the period to ascertain the correct balance to the partners' capital account.	
Note 2:		Note 2:	
The death of a partner automatically draws up for the period to be drawn up for the period to ascertain the correct balance to the partners' capital account.		The death of a partner automatically draws up for the period to be drawn up for the period to ascertain the correct balance to the partners' capital account.	

Aid for cholera shackland

Mercury Reporter
 INDIANS and whites in Stanger have rallied to provide water tanks for the cholera-stricken black shackland of Inchaweni, near the town, Dr Ebrahim Bhorat, Stanger's Medical Officer of Health, said yesterday.
 He said more than 20 tanks had been given already and another 10 would be handed over next week.
 Besides tanks, various organisations -- including the Rotary and Lions Club of Stanger -- have promised to support moves by the Groutville Relief Committee to curb cholera from spreading into Stanger, Dr Bhorat said.
 Water, supplied by the C G Smith Sugar Company at a low cost, and ferried to Inchaweni by tankers of the Department of Co-operation and Development, would be paid for by the Stanger Medical and Dental Guild, he said.
 However, Dr Bhorat said that although all every effort was being made to help the shackdwellers, it was the responsibility of the Government to resolve the cholera problem on a long-term basis.

the partnership as legal and his income statement would have death of the partner so as to account. The proceeds from the life statement and NOT credited direct

reflected on the partnership under value of R240.

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23 460
540

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60

300

Doctors claiming cholera cover-up

27/7/82
Weekend Argus Correspondent 89

DURBAN — The official figure for suspected cholera victims treated in Natal is more than 10,000 but in a startling turn today top medical men said the total was probably several times higher.

The MEC in charge of hospital services for Natal, Dr. Fred Clarke and Dr. A. Moosa, head of the paediatrics department at the medical school at the University of Natal, Durban, said the State Health Department had played down the extremely serious situation.

Dr. Clarke said more than 12,000 victims had been admitted to the hospitals under his control.

For heaven's sake, when things go wrong, why don't they say they are going wrong instead of covering up?

This is just in my hospitals, but with all the other medical bodies — including Kwazulu — I estimate that the number of patients admitted could be five times the amount we have recorded.

Who collected these figures anyway? Somebody can't count. Every single day my hospitals phone through new figures.

It is extremely serious, getting worse and not in control.

Dr. Moosa said the official figures were a total underestimation of the true situation.

Last week, Dr. James Gilliland, Deputy Director-General of the Department of Health, disclosed that there had been more than 20,000 confirmed cholera cases in South Africa.

Cholera in Natal 'out of control'

89

Staw 27/2/82
Own Correspondent

DURBAN — The official figure for suspected cholera victims treated in Natal is more than 10 000. But in a startling turn today top medical men said the total was probably several times higher.

The MEC in charge of hospital services for Natal, Dr Fred. Clarke, and Dr A Moosa, head of the pediatrics department at the medical school at the University of Natal, Durban, said the State Health Department had played down "the extremely serious situation."

Dr Clarke said more than 12 000 victims had been admitted to hospitals under his control.

"For heaven's sake, when things go wrong why don't they say so instead of covering up?" asked Dr Clarke.

"I estimate that the number of patients admitted could be five times that recorded."

"Who collected these figures, anyway? Somebody cannot count. Every day my hospitals phone through new figures. The situation is extremely serious, getting worse and not in control," he said.

Dr Moosa said the official figures were a "total underestimation of the true situation."

CONFIRMED

"I think Dr Clarke has made a fair deduction about the situation. It could very well be true when you take into consideration all the rural clinics."

"The Health Department is inclined to record confirmed cases but most victims are never confirmed in laboratory tests," he said.

Last week Dr James Gilliland, Deputy Director General of the Department of Health, disclosed that there had been more than 20 000 confirmed cholera cases in South Africa.

Only two to five of every 100 people carrying a certain type of cholera showed classical clinical symptoms, he said. Most victims did not even know they had the disease.

(2) Premiums Treated as an Asset - Cont'd:

Year 02 - same as year 01	
300	03, Jan 1: Life Policy Bank
60	Dec 31: Income Statement Life Policy Policy written down to surrender value (See Note 1 below)
300	04, Jan 1: Life Policy Bank
540	Jan 2: Debtor (Insurance Company) Life Policy Income from Life Policy being accrual of proceeds receivable
23 460	Jan 2: Income from Life Policy Income Statement being closing entry
24 000	Jan 31: Bank Debtor being receipt of
24 000	Note 1: At the end of year 03, the life balance sheet as a non-current asset
	Note 2: The death of a partner automatic accounting entries. For this to be drawn up for the period up to ascertain the correct balance on policy would be shown as income to the partners' capital accounts
24 000	He said there were four confirmed cases and three suspects in the district of Port St John's, four confirmed cases in the Ngqeleni area, a further two confirmed cases in the Flagstaff area and four further suspected cases in the district of Lusikisiki.
	Dr Ingle said a South African Defence Force helicopter had arrived at the Transkei Defence Force base at Port St John's yesterday to give access to affected areas of Ngqeleni and Lusikisiki. This was to help the prevention programmes, he said. — DDR.
	UMTATA — There had been 10 more confirmed cholera cases in Transkei during the last three days, the Deputy Secretary of Health, Dr R. F. Ingle, said here yesterday.
	Ten more cholera cases ^{27/2/87 Daily Dispatch} ⁽⁸⁹⁾
	were alerted. — DDR.

partnership as legal and income statement would have h of the partner so as to . The proceeds from the life ment and NOT credited direct

lected on the partnership or value of R240.

Action
 Mercury (89)
 to
 2/2/82
 counter
 rabies

(2) Premiums Treated as an As

Year 02 - same as year 01

03, Jan 1: Life Policy
 Bank

Dec 31: Income Statemer
 Life Policy
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04, Jan 1: Life Policy
 Bank

Jan 2: Debtor (Insur;
 Life Policy
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Jan 2: Income from Li
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 being closing

Jan 31: Bank
 Debtor
 being receipt a)

African Affairs Reporter
FEARS that there had been an outbreak of rabies in Durban's townships were allayed yesterday by Mr H M S Ferreira, KwaZulu's Secretary for the Department of Agriculture and Forestry.

Some township residents were alarmed when they learned of the launching of an inoculation campaign against rabies from Monday.

Mr Ferreira said it was the policy of his department to inoculate dogs in KwaZulu every 12 months.

He asked residents to bring their animals to the inoculation centres even if they had been inoculated last year.

Inoculation will be carried out as follows:

Section A and B in Umlazi: Superintendent's office, March 1, from 8 a m and 4 p m;

Section D and E: March 2, Superintendent's office, from 8 a m to 4 p m.

Section F and H: March 3, Superintendent's office, from 8 a m to 4 p m.

Arrangements for other centres will be announced later.

300	300
60	60
300	300
24 000	540
	23 460
23 460	23 460
24 000	24 000

Note 1:

At the end of year 03, the life policy would be reflected on the partnership balance sheet as a non-current asset at its surrender value of R240.

Note 2:

The death of a partner automatically dissolves the partnership as legal and accounting entities. For this reason a partnership income statement would have to be drawn up for the period up to the date of death of the partner so as to ascertain the correct balance on his capital account. The proceeds from the life policy would be shown as income in this income statement and NOT credited direct to the partners' capital accounts.

AS the cholera epidemic spreads, Duurban's Medical Officer for Health, Dr Colin Mackenzie, has warned the public not to eat uncooked oysters or mussels collected locally.

DANGER!



By Tony Swift and Pat Bulger

Dr Colin Mackenzie

Cholera found in Durban Shellfish

S. Fikwe 28/2/82

cholera organisms.

The checks would continue and people should never again eat local uncooked oysters or mussels until an announcement was made that the danger was over.

Cholera organisms are killed instantly at boiling point, within five minutes at 80 degrees C and within 30 minutes at 56 degrees C.

Durban's Town Clerk, Mr Gordon Haygarth, said the municipality was still unable to impose a ban on the gathering of bi-valves.

Enabling legislation had been passed but the municipality was awaiting draft regulations before drawing up new bylaws.

Instead the municipality was issuing a public warning.

Official estimates of the number of suspected cholera victims in Natal was 12,000 have been called "unrealistic" by the MEC in charge of hospital services, Dr Fred Clarke.

"I estimate that the nearer 60,000," Dr Clarke said.

"It's obvious we are going to have to live with it until there is an education programme and fresh water in affected areas."

He said in an interview that mussels gathered in a routine check last week contained cholera organisms.

He emphasised that there was no cause for alarm or for people to give up eating shellfish, providing they cooked them thoroughly.

However, fresh oysters should not be eaten.

A campaign to warn hotels, suppliers and fisherman began yesterday.

Parks Board patrols also told people on North Coast beaches yesterday that if they had licences to gather bi-valves they should take mussels but be sure to cook them and

they should not gather oysters.

Most hotels contacted yesterday said they got the bulk of their supplies from the Transkei.

Dr Mackenzie emphasised that there was no way of contracting cholera from the sea, other than by eating uncooked oysters.

Dr Mackenzie said they may be tempted to take oysters off the rocks for their own consumption.

Dr Mackenzie emphasised that there was no way of contracting cholera from the sea, other than by eating uncooked oysters.

They filter huge quantities of water, retaining the organisms, which can then become concentrated enough to cause infection.

Cholera organisms thrive in sea water, surviving up to 47 days, but they were too diluted in the sea to

Weekly checks on bi-valves had been introduced after it became clear that rivers hitting Natal's beaches were contaminated by

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ACCOUNTING A

Continued/.....

Cholera victims total 89 may be 50 000

S Times 28/2/82
By TICKS CHETTY

PROMINENT medical men estimate that the number of suspected cholera victims treated in Natal is five times higher than the official figure of 10 000.

Dr. Fred Clarke, MEC in charge of hospital services in Natal, and Professor Allie Moosa, head of the department of paediatrics at the University of Natal medical school, say the figure of 10 000 is a gross under-estimation of the true position — and that the epidemic is showing no signs of abating.

Dr Clarke said 12 000 victims had been admitted to hospitals under his control.

But this figure was for Natal provincial hospitals only.

If one took into account people treated by other medical authorities, including those in KwaZulu, the number of patients treated could be five times as high he said.

"The way the State goes about counting the cholera cases is all wrong.

"They take into account only those cases which are confirmed in lab tests.

Rate

"They don't consider those patients who are treated for the disease but from whom specimens are not sent to the laboratory for tests," Dr Clarke said.

Professor Moosa agreed, adding that the epidemic was showing no signs of abating.

"People are still coming in for treatment at the same rate as when the epidemic broke," he said.

"All we are now managing to do is keep the death rate down.

"This problem will remain with us as long as there is no proper sanitation and a proper water supply, especially in the rural areas."

A spokesman for the State Health Department in Natal said the department's figures were realistic recorded cases and that it obtained its figures from hospitals.

Dr James Gilliland, deputy director-general of the Department of Health, said last week that there had been more than 20 000 confirmed cholera cases in South Africa.

Mercury 1/3/82 89

Cholera: call for ban on shellfish collecting

Mercury Reporter

DURBAN health officials have called for a complete ban on the collecting of oysters and mussels in the Durban area, some of which are contaminated with cholera organisms, and have warned the public not to eat any uncooked shellfish.

And in Umhlanga the local authority has stopped all gathering and distribution of oysters along their coastline until further notice.

In Tongaat the Beach Hotel, which sells oysters, has stopped all sales until the results of cholera tests are known.

Durban's Medical Officer of Health, Dr Colin

MacKenzie, said yesterday shellfish from the Umgeni River mouth to the Umlaas canal had been tested and found to be highly polluted with cholera.

He said he had been fighting for years to have a ban imposed on the collecting of mussels and oysters in the Durban area because of pollution of the rivers, but to no avail.

Crayfish

He started a campaign at the weekend to warn all hotels, shellfish suppliers and fishermen of the new cholera scare which applied to all bi-valves as well as to crayfish.

Explaining why crayfish

were included, Dr MacKenzie said they were 'the cockroaches of the sea' and were likely to pick up broken bits of mussel which could be contaminated with cholera.

'Crayfish when served in a restaurant are often only lightly grilled,' he said. 'We are trying to encourage people to cook them well.'

However, Dr MacKenzie said cholera contamination of shellfish did not mean people had to stop eating them altogether.

'But they must cook them thoroughly. They should also handle them carefully during preparation so that other food

such as salad is not contaminated,' he said.

He emphasised that although cholera organisms were present in the sea there was no way one could get cholera from swimming.

'Cholera brought down by rivers exists in extremely dilute quantities in the sea. However, oysters and mussels are filter feeders which live on bacteria. They filter up to 10 litres of sea water an hour, retaining millions of bacteria in the process. In this way, cholera organisms become concentrated in the shellfish and one little oyster becomes a bagful of cholera,' Dr MacKenzie said.

Cape Times 2/3/87 (89)

Cholera warning on shellfish

Own Correspondent

DURBAN. — Durban health officials have called for a ban on the collecting of oysters and mussels in the Durban area because they are contaminated with cholera organisms and have warned the public not to eat any uncooked shellfish.

Durban's Medical Officer of Health, Dr Colin MacKenzie, said at the weekend that shellfish from the Umgeni River mouth to the Umlaas canal had been tested and found

to be highly polluted with cholera.

He started a campaign at the weekend to warn all hotels, shellfish suppliers and fishermen of the new cholera scare which applied to all bi-valves as well as to crayfish.

All river mouths the length of Natal should be monitored for shellfish contamination, Dr MacKenzie said.

Dr MacKenzie said cholera contamination of shellfish did not mean people had to stop eating them altogether.

"But they must cook them thoroughly. They should also handle them carefully during preparation so that other food, like salad, is not contaminated in the process," he said.

He emphasized that although cholera organisms were present in the sea there was no way one could get cholera from swimming.

"Cholera brought down by rivers exists in extremely diluted quantities in the sea. However oysters and mussels are filter feeders which live on bac-

teria. They filter up to 10 litres of sea water an hour, retaining millions of bacteria in the process. In this way cholera organisms become concentrated in the shellfish and one little oyster becomes a bagful of cholera," Dr MacKenzie said.

Dr MacKenzie said he had been fighting for years to have a ban imposed on the collecting of mussels and oysters in the Durban area because of pollution of the rivers, but to no avail.

UJCT

2/3/82 D. Dispatches

Doctor: shellfish caught in East London safe ⁽⁸⁹⁾

EAST LONDON — Both the local and Transkei medical authorities said there was no cause for alarm in their areas following reports from Durban that oysters and mussels were contaminated with cholera.

The Medical Officer of Health in East London, Dr J. R. van Heerden, said shellfish caught on a commercial scale in the area were safe.

He warned individuals who caught shellfish that it would be unwise to eat them raw. There had been no positive reports of cholera in this area, Dr Van Heerden said.

"We have been monitoring sewers for a long time without any positive results. At the moment we have no problem and as such there is

no cause for alarm," he said.

Transkei's Secretary for Health, Dr R. F. Ingle, said no tests had been made on any oysters or mussels caught.

He said Transkei was not affected and there was no cause for concern. He was waiting for further details before deciding what monitoring action to take. —
DDR

UOCT

Cholera expected in EL

*D. Dispatch (89)
3/3/82*

CAPE TOWN — Cholera is expected to spread to East London and Port Elizabeth soon, the Minister of Health, Dr L. Munnik said here last night.

In an interview with the SABC he said: "We are expecting it (cholera) to move to East London and later to Port Elizabeth."

A cabinet committee had been established to

co-ordinate various aspects of controlling the disease and had already decided on a publicity campaign in the East London area to pre-empt an outbreak of the killer disease.

He announced details of a co-ordinated campaign in Natal and along the eastern seaboard to eradicate cholera.

Local authorities, the provincial authorities,

the army, and other bodies would help in the cabinet committee's new campaign. Since August last year there have been 83 deaths from cholera.

Of the 20 000 suspected cases, 5 000 had proved to be cholera and the area involved extended from Mozambique to 100 km south of Durban.

The new campaign would be aimed at preventing the rapid spread

of the disease. A massive publicity campaign was planned throughout Natal and down to East London to educate and help people overcome the ravages of cholera.

Steps included were the treatment of water, providing fresh water supplies in some stricken communities and sanitation improvements. — SAPA.

Duncan Village warning, page 7.

O. Dispatch (242) (89)
Duncan Village
3/3/82
cholera threat

EAST LODDON — The Medical Officer of Health, Dr J. R. van Heerden, has warned that if cholera reaches certain sections of Duncan Village it will be extremely difficult to control.

Dr Van Heerden said the high concentration of people in Ndende Street with poor sanitation conditions was an undesirable situation.

"People are living cheek by jowl and the toilet facilities are few and far between."

He did not know what the risk of direct infection was. "Cholera is a waterborne infection and this is why it is prevalent in the rural areas where people get their water from rivers.

"Here there is one good thing — there is a pure water supply. But with slop pails being

emptied in the street there is a chance that the cholera might find its way into stormwater channels and rivers."

Dr Van Heerden said precautions were being taken by increasing the number of water points and the number of toilets available.

"In the end it is extremely undesirable to get cholera in a squatter camp." — DDR

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Dr Charles Bikitsha gets a certain amount of quiet satisfaction when he hears about white fears of epidemics like cholera spreading from black areas.

"I cannot help feeling that the sins of neglect and sheer downright stupidity policy is what whites are reaping today with this cholera business."

"And to think now they are shifting the blame to blacks. I mean when you have neglected people for so long, when you take people and dump them in resettlement camps with rudimentary sanitation, don't you create fertile soil for the eruption of such epidemics?"

"Cholera is a water-borne disease. A thirsty man will drink any water, and in these resettlement camps the people drink water with the animal. What else do you expect?"

"The main question we must ask about cholera today is: Would it have spread if blacks had the same facilities as whites?"

"I say no. And this was amply proved in the north-eastern Transvaal where it all started before it spread to Zululand and down to Natal and Transkei. That north-eastern area in Transvaal had the infrastructure to nip it in the bud. This is what we do not have here which shows you the magnitude of our task."

But the bitterness spawned by past deeds is compounded when medical-man-turned-politician who has just been made a chief recently, talks about apartheid in medicine today.

"The South African

Cholera — penalty of white

bureaucracy has three grades of hospitals: white, coloured and black. Have you ever heard of anything as stupid as that? And then the patient-nurse ratio differs even in these three grades."

Talk, however, on the medical upliftment for the people in his land mellows the minister as he proudly speaks of the sterling job his department is doing in containing the epidemic which has already claimed three Transkeian lives and lurks as a potential killer in the numerous rivers, streams and springs throughout the country.

"I see this thing as a blessing in disguise. Now suddenly the focus is on rural development and our first priorities are properly borne water and sanitation."

"I have told my department these must be our priorities — not the glamorous priorities set by the western world, the World Health Organisation and the UN with the year of this and the year of that. We must identify our own needs and see to them first."

Dr Bikitsha questions also whether other glamorous westernised medical concepts which are expensive and out of the reach of the people, are really necessary and feels there is a wealth of information to be had from the Third World whose prevention and care are rooted in the bundus or rural areas.



Transkei's Minister of Health, Dr Charles Bikitsha — whites today are reaping the sins of neglect and sheer downright stupid policy (toward black housing and health).

"The best post-graduate schools in tropical areas today are not in places like Britain and America. They are in India. I look at the rural areas — where I myself grew up — and see a

89
neglect
of blacks

in such rudimentary conditions?"

"As a medical student I learnt that straight after a birth you wash the child and wrap it up and that its weight is supposed to come down. There is no such thing in Birmingham I learnt later you can wrap the baby straight into a swathing layette and his weight goes up and there's nothing wrong with that."

Dr Bikitsha says he has long seen merit in simple medical concepts which are not costly and that he would gladly give half his budget to the Department of Agriculture to provide the people with a good meal a day.

"Nutrition and housing are the next priorities of my department and here again we must not go willy nilly for western so-called civilised concepts, but rather concepts which suit our land."

"I do feel Transkei can be self-sufficient in food, but that our land tenure system is wrong. All men desire to own their land and when a man owns his land, he will ensure that it is more produc-

Transkei's Minister of Health, Dr Charles Bikitsha, gets bitter when he discusses cholera in his country because he says it is born out of the past years of white neglect of the blacks' basic medical needs. But the 66-year-old medical practitioner who spent 30 years in Britain before returning to his native country, feels the killer epidemic may yet be a blessing in disguise. Here he is interviewed by M.A.T. THEW MOONEY A. Daily Dispatch man in Imtata.

tive. I think our country should encourage this, help them along with mechanisation and things like that, and we will be able to feed ourselves."

Dr Bikitsha has strong feelings also about development in Transkei and in the Third World in general.

"Development in the Third World is largely geared to the needs of the western world. Argentine produces the most beautiful steaks — but not for their own plates because the Argentinians themselves cannot afford it."

"Transkei is becoming industrialised, but we still import food. We

housing shortage experienced in most countries today.

"When Adam and Eve were kicked out of the Garden they became squatters and built their own shelter. A shelter to suit their own needs. So you see squatting must be an old thing."

"But they bulldoze them in Cape Town. Is that not a silly thing to do?"

In the UK and in Jamaica you set land on which you can afford to build. If they say you build an A-schedule house there, you build that A-schedule house. If you cannot afford that, you look at an area that suits your pocket.

"But housing is different in the western world and I say here at home we must look at a system that suits our needs. I saw the finest of houses in Malawi with raffia mats for walls that were rolled up in the day. It suited their purpose."

"Here I see our huts as perfect places to live in — they are cool in summer and warm in winter. What I would like to see done is improvements to ventilation. Windows are not sufficient — there has to be a chimney incorporated somehow or other."

"I think our different departments should get together and design a hut that will incorporate these requirements and we will solve some of our problems. People can live according to their means."

Will this not lower health standards? "Why will it? Are you saying the entire rural population of Transkei is unhealthy?"

Dr Bikitsha has some

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FROLICKING in the Umbogintwini River ... alongside the Amanzimtoti sewage farm's 'activated sludge'.

89
Mercury 3/3/82
**Sewage 'solids' in
the Umbogintwini**

Mercury Reporter

SOLID sewage deposits were seen floating in the mouth of the cholera-infested Umbogintwini River yesterday — a weekend spot frequented by Indian families.

Yesterday a Mercury reporter went to the river mouth and found that solid 'foreign objects' — believed to be faeces from the Amanzimtoti sewage farm — were floating in the lagoon.

It was not possible to see into the water in the centre of the lagoon because of thickened deposits.

In spite of this — and a report last week warning that cholera organisms had been found in the river — Indian children were frolicking in the water and families were enjoying the beach near the lagoon's edge.

The Amanzimtoti Town Clerk, Mr D P Ongley, said he knew about the problem and that the 'solids' in the lagoon were an overflow from the sewage works.

'Activated sludge from the works overflows into the river because the sewage works cannot handle the volume of sewage — but we've begun rectifying it,' Mr Ongley said.

He said extensions to the sewage works were already underway, but would not be complete before September 1983.

Mr Ongley added the R2 500 000 extensions had been underway for some time, but it would take time for the effects to be seen.

'I expect the problem to sort itself out within the next six months,' he said.

The Medical Officer of Health for Isipingo, Dr R Jeena, said he felt there should be signs or fences erected around the lagoon, warning of the dangers of swimming in the river.

He said he did not know if the river fell under their jurisdiction but he would, nevertheless, put the matter to the Isipingo Town Board today.

Now cholera ^{3/3/82} (89) _{ROOM} spreads to the Natal midlands

Mail Correspondent

CHOLERA has hit the Natal midlands for the first time since the outbreak of the killer disease in August.

It was reported yesterday that there were 24 confirmed cholera patients at Estcourt Hospital and two at Ladysmith Hospital.

The regional director of State Health, Dr Johan van Rensburg, said yesterday the disease had been spreading only southwards so far. Ladysmith was the furthest inland it had penetrated.

"We will have to close down some of our relief centres in areas where cholera is diminishing and move them to the newly infected areas," Dr Van Rensburg said.

The disease is still rife in northern Zululand.

Dr Neville Wilson, medical superintendent of the Ubombo Hospital, said yesterday 11 of the present 12 patients came from the Pongola River area.

In Pretoria, State Health officials are "looking into" the call by Durban's MOH, Dr Colin MacKenzie, for a total ban on the collecting of shell-

fish from the Umgeni River to Umlaas Canal because of cholera contamination.

A health spokesman in Pretoria said yesterday they had drawn up a set of draft regulations for the banning and were working on them.

He said the Health Act of 1977 made provision for such emergencies and if necessary the Minister could overrule the required three-month period before the banning became law.

Yesterday Dr MacKenzie issued warnings to all people who supplied, distributed or prepared shellfish that all shellfish should be thoroughly cooked to kill the cholera organisms. This included all bi-valves and crayfish.

Dr Harold Champion, research officer at the KDC fisheries at Gingindlovu, said it was unlikely that prawns would carry cholera because they were deep-sea organisms.

Although it was possible that sub-adult prawns which lived in estuaries might carry cholera organisms, these were not commercially exploited, he said.

89 143
53 confirmed
D. Dispatch 4/3/82
Transkei cases

UMTATA — There have been another three confirmed cholera cases in Transkei in the last five days, bringing the total number of confirmed cases to 53.

This was confirmed by the Deputy Secretary of Health, Dr R. F. Ingle, who also revealed that there were three new suspected cases.

Two of the confirmed cases are in the St Elizabeth hospital in Lusikisiki and the other at Zitulele hospital in Mqanduli.

Two suspected cases were at the Holy Cross hospital in Flagstaff and

the other at Umzimkulu.

The worst affected areas where the majority of cases came from — Port St Johns and Ngqeleni — had no new cases.

Dr Ingle said this was a credit to the combat measures of the field workers and hospitals.

He said the helicopter based at Port St Johns to take teams into the inaccessible areas and Ngqeleni and Lusikisiki had been withdrawn but all the other measures to stem the spread were still in operation. —
DDR.

UJET

(49)
Daily Dispatch
**Border
ready
to fight
cholera**
4/3/82

EAST LONDON — The Eastern Cape and Border are prepared for an expected cholera outbreak, the regional director of health, Dr J. D. Krynauw, said yesterday.

He said cholera coordinating committees had been in existence in Port Elizabeth and East London since 1973 to monitor the harbours.

Dr Krynauw said since the outbreak of the disease in the Eastern Transvaal, monitoring had been stepped up.

"We have been monitoring the sewage and water supplies for more than a year," he said. —
DDR

Full report, page 11.

UOST

Cholera battle intensifies

89
Mercury
4/3/82

Mercury Reporter
CHOLERA-STRICKEN areas may get boreholes or piped water within weeks as part of the State Health Department's newly launched campaign to stamp out the disease in Natal.

The department yesterday founded a high-level inter-departmental committee of senior officials from the Departments of Water Affairs and Co-operation and Development to deal with the cholera epidemic which has spread down the length of Natal and lately into the Midlands.

The committee's main objectives are to get fresh water supplies to stricken areas and to areas at risk, and to step up their information campaign.

Dr Howard Botha, the department's chief director of health promotions,

said from Pretoria yesterday that there was an urgent need to reach all people in cholera areas with fresh water as soon as possible.

'We have already moved in water tankers and hope to have permanent boreholes or piped water to bad areas within weeks,' he said

Warning

The committee is making an educational film on prevention of the disease and will distribute copies throughout Natal. Mobile units will screen the film to rural populations.

Short announcements are being broadcast on various radio stations warning people about cholera and advising them on what precautions they should take.

A number of sub-committees would move into

the field to carry out the committee's main plans, Dr Botha said.

He was unable to estimate the cost of the campaign.

Meanwhile, cholera cases continued to increase yesterday in the Midlands, which was hit by the disease for the first time on Tuesday. At Estcourt Hospital yesterday 69 people were treated and 25 admitted. Two were admitted at Ladysmith Hospital.

Yesterday at Stanger Hospital 30 people, six of whom were admitted, were treated; at Clairwood Hospital 73 were treated, 32 of whom were admitted; at G J Crookes Hospital 32 were treated, 14 of whom were admitted; and at Port Shepstone Provincial Hospital five were treated and two admitted.

Railway

89

worker

En. post 4/3/82

dies of

malaria

DURBAN — A man has died of malaria in the Pongola Hospital, according to a hospital spokesman.

He was identified as Mr James Allen, 39, of Gollel.

He was rushed to hospital from Swaziland where he was working on the railway line, but died at the weekend.

A hospital spokesman said malaria cases were common in the area every summer, but State health officials in Durban have said people travelling north of Mtubatuba should guard against the disease. — Sapa

Hundreds of water tankers called up

Own Correspondent

MARITZBURG — Hundreds of water tankers are to be used in Natal's battle against cholera, says the province's MEC in charge of hospital services, Dr Fred Clarke.

Local authorities throughout the province have been asked how many tankers they can add to the Provincial Administration's fleet to take clean

water to Natal's cholera-stricken rural areas.

Dr Clarke said the tanker scheme would be mobilised just long enough to break the advance of the killer disease which had led to the contamination of practically all Natal's rivers.

Expressing "considerable concern" because the epidemic, which has claimed nearly 200 lives according to one source,

was not yet tapering off, Dr Clarke said he intended to seek an interview with the Minister of Health, Dr Munnik, in Cape Town.

As well as asking for financial assistance for the tanker scheme from the Ministry, he plans to propose the formation of a special cholera team to co-ordinate the various educational, preventive and curative measures being taken.

Cholera: doctors accuse health men of cover-up

4/3/82 Star 89

By Pamela Kleinot
The controversy surrounding South Africa's cholera epidemic surfaced again recently when top medical men accused the Department of Health of covering up "the extremely serious situation."

Dr Fred Clarke, MEC in charge of hospital services for Natal, has disputed official estimates that the number of suspected cholera victims in Natal was 12 000.

Describing this figure as "unrealistic" he said 60 000 was a more likely estimate. He said more than 12 000 victims had been admitted to hospitals under his control.

"For heaven's sake, when things go wrong why don't they say so instead of covering up?" asked Dr Clarke.

Dr A Moosa, head of the Department of Pediatrics at the University of Natal, agreed that official figures were a "total underestimation of the true situation" saying that Dr Clarke's summing up

could very well be true if rural clinics are taken into consideration.

Other factors indicating the Department of Health has underplayed the situation are:

● When cholera first struck the eastern Transvaal lowveld in October 1979 the de-

partment said there was no need for alarm as the situation was under control. The disease then spread like wildfire in various parts of the country, flourishing in poorly developed bush areas, engulfing squatter resettlement camps and has today become firm-

ly entrenched in some of the country's rural areas.

● Late last year while three medical experts predicted the cholera epidemic would spread, a spokesman for the Department of Health said he thought it would ebb. Less than

2 000 cases had been confirmed at that stage but a further 4 000 cases have been reported in the past two months.

● Recently health authorities declared the epidemic nearly over although more than 1 000 suspected cases were being treated in areas around Durban each week.

● Early this year the Department of Health issued a clamp-down on figures after a spokesman was asked to explain a discrepancy in figures over the New Year weekend. On January 4 the spokesman told The Star that 363 bacteriologically proven cases were reported that weekend, but added that not all the figures had been received by the department for the weekend.

A few hours later the department said through Sapa that 243 cases had been notified that weekend — a decrease of 120 cases. The department then said figures would be released only once a week — until then they had been giving them daily.

Seafood is infected

Seafood is now contaminated by the cholera bacteria — as predicted by The Star a month ago.

But when Professor Margaretha Isaacson, a world-famous expert on epidemics, warned that people ran the risk of contracting cholera by eating raw seafood, Durban health authorities said this was "only a remote possibility."

They said samples of shellfish on the coast were regularly taken and had until then produced negative results.

Professor Isaacson's prediction became a reality this week when Durban health officials called for a complete ban on the collecting of oysters and mussels in the Durban area because some were contaminated with cholera organisms.

They warned people not to eat uncooked shellfish after discovering that shellfish from the Umgeni

River mouth to the Umlaas canal were carrying the cholera bacteria.

The story on cholera published in The Star at the end of January detailing Professor Isaacson's views on the water-borne disease caused a stir at the Department of Health in Pretoria which banned comment on the epidemic.

But before Professor Isaacson was asked not to talk to the Press on the subject, she told The Star cholera was in South Africa to stay and predicted there would be another explosive epidemic next summer.

Professor Isaacson, head of the departments of epidemiology and tropical pathology at the University of the Witwatersrand and the South African Institute for Medical Research, predicted that cholera would spread to the Cape and Transkei — another prediction which became a reality.

Border, East Cape geared for cholera

89

Daily Dispatch
4/3/82

EAST LONDON — The Eastern Cape and Border are geared up to combat an expected outbreak of cholera in the area, according to the regional director of the Department of Health, Dr J. D. Krynauw.

But a Rhodes University economist, Mr Andre Roux has warned that crowded rural areas in Ciskei were at great risk especially where sanitation was poor.

This follows a statement by the Minister of Health, Dr L. Munnik, that cholera is expected to spread to East London and Port Elizabeth soon. Dr Munnik announced details of a massive campaign to eradicate the killer disease which has claimed 83 lives since August last year.

Dr Krynauw said a cholera co-ordinating committee had been set up in Port Elizabeth and East London in 1973 to monitor the harbours because of ships arriving from cholera-hit Mozambique.

He said since the outbreak of the disease in the Eastern Transvaal measures had been stepped up. "We have been monitoring the sewage and water supplies for more than a year," he said.

Dr Krynauw said this had been extended to inland towns such as Grahamstown, Stutterheim and Queenstown. "Since the cholera moved to Natal all hospitals have been monitored actively in collaboration with the local authorities.

"We have given guidance on preventing and controlling the disease so that people are geared up to combat an outbreak."

Dr Krynauw said the

department had been identifying areas where, because of the lack of a reticulated water supply, there was a greater risk of an outbreak.

"We have been involved in health education in these areas to make people aware of cholera. We are trying to teach people not to drink untreated surface water supplies.

"Drinking water must be either boiled or self-chlorinated with substances such as Jik."

Dr Krynauw said he was aware of the conditions in Ndende Street in Duncan Village where, according to the East London Medical Officer of Health, Dr J. R. van Heerden, a high concentration of people were living with very few toilets.

"This problem is being inspected and discussed and more taps and toilets are being erected."

Dr Krynauw said the biggest problem was getting the co-operation of the community. "If the community does not conform or abide by the instructions then we clearly have a big problem."

Mr Roux, an authority on resettlement, said resettlement camps in particular were in danger of being hit by the disease because of overcrowding and poor sanitation.

He took Elukaniwenyi near Keiskammahoek as an example, and said 3 000 people were packed along one hillside using the same pit latrines they had been using since 1977 and 1978.

"At Kammaskraal near Peddie 1 000 people draw water from a dam downhill from houses," he said. "Seepage from the latrine goes into the

drinking water whenever it rains.

"One cholera case there and the whole community is threatened. In fact all rural people are in danger because they drink from untreated rivers and dams.

Mr Roux said no amount of health education would get everyone to boil water.

"If cholera gets into the Ciskei it will hit these people. 83 per cent of whom are already malnourished and ripe for death.

"The existing clinical services are abysmal. Only massive emergency relief could save these people at this stage."

Mrs Priscilla Hall of the Black Sash Advice Office in Grahamstown pointed to the deadly outbreaks of gastroenteritis and typhoid at the Thornhill camp in 1977 and 1978 as an indication of what could happen if cholera, a far more serious disease, got to Ciskei.

The Daily Dispatch was unable to contact any spokesmen from the Ciskei Ministry of Health for comment yesterday but Dr Krynauw said he had been working in close conjunction with the Ciskei authorities in their areas. — DDR.

Massive campaign to halt the march of cholera

Star 5/2/87

89

Political Staff
CAPE TOWN — With fears that the cholera epidemic in Natal could sweep through to the Eastern Cape and towards Cape Town, the Department of Health has launched a massive campaign to contain the disease.

Initially attention was focused on tackling the disease in areas where it has already claimed 83 lives. But the campaign has now been widened to cover the whole country.

Numerous Government departments, including the Department of Health and the De-

fence Force are co-operating in the effort.

Yesterday Minister of Health Dr L A P A Munnik said the disease was still spreading and it would be some time before the result of the campaign became evident.

The incidence of cholera in northern Natal and in the eastern Transvaal was decreasing but there was a definite southward movement of the disease, with confirmed cases in Transkei.

The main thrust of the campaign is to educate people on hygiene and preventive

measures to be taken.

Every black pupil had been given educative pamphlets which, it was hoped, would be passed on to adults, Dr Munnik said.

Similar pamphlets were being issued to all coloured and Indian pupils.

Advice was given frequently on black radio stations. Similar information would soon be disseminated by means of television.

In areas where the disease was already prevalent every effort was being made to supply clean water, parti-

cularly in squatter camps, Dr Munnik explained.

Temporary reservoirs were being erected and the Department of Agriculture was sinking boreholes to obtain germ-free underground water.

Dr Munnik said the difference in incidence figures given by his department and those supplied by the Natal Provincial Administration arose as the department took only proven cases into account.

The following article was adapted from one originally written by Carol Vogt of the University of Waterloo's Department of Computing Services, and published in their October 1979 Newsletter, subsequently modified by the Editor CCS news, C.S.I.R., and published in their January 1982 Bulletin.
 It is a pertinent time of year to remind users that the consulting desk environment, comprising liaison officers, and systems programmers, can be extremely hectic, since numerous queries are handled each week. In order to help users get the assistance they require, there are a few things that should be borne in mind. Some members of our staff know more about certain packages and languages than others, but not everyone knows something about everything or even everything about one thing. Users are in all likelihood working with only one language or one package on one system at any one particular point in time, while a typical hour in the working life of the members of staff available for consultation at our Computer Centre, could consist of a FORTRAN problem, followed by a tape conversion problem, interrupted by a user seeking information regarding currently available plotting routines, followed by an SPSS problem, the phone ringing, someone wanting a handout, and so on, and so on.
 When approaching a consultant to discuss a problem, a user can help to solve it more quickly by following these guidelines:
 1) Have the listings and output ready to show to the person you are consulting. If all the people who come for help every week would spend one minute hunting for their listings, that would amount to avoiding many wasted minutes a day and a number of wasted hours per week.
 2) Start out by making it quite clear what system is being used.

GETTING HELP FROM THE CONSULTANTS: SOME GUIDELINES

Many 'have doubts' ⁽⁸⁹⁾ on shellfish

Mercury 5/3/82

Two typhoid cases in Stanger

Mercury Reporter

TWO people from Stanger Prison are being treated for typhoid at Stanger Hospital. Dr Johan Vorster, Director of Hospital Services, said yesterday.

Dr Vorster said the patients were not being nursed in isolation because soon after treatment they were no longer regarded as infectious.

'But they are getting barrier nursing as a precaution,' he explained, adding 'There is no cause for alarm.'

Dr Vorster said representatives from the Provincial Hospital Services, State Health and Kwa-Zulu Health Departments would meet next week to discuss solutions to the cholera problem in Natal.

Mercury Reporter

MANY people were thinking twice about ordering shellfish at Durban restaurants after city health officials warned of cholera contamination in crayfish, oysters and mussels, a Mercury survey showed yesterday.

Most restaurateurs interviewed said many customers wanted to know where shellfish came from before ordering, but after having been assured the fish had been caught in deep waters or had been imported, they were happier.

Most agreed that shellfish sales had not suffered much.

The Mercury reported on Monday that Durban health officials had called for a complete ban on the collecting of oysters and mussels in the Durban area after some had been found to be contaminated with cholera.

Durban's Medical Officer of Health, Dr Colin Mackenzie, said crayfish were 'the cockroaches of the sea' and were likely to pick up broken bits of mussel which could be

contaminated with cholera.

'Crayfish when served in a restaurant are often only lightly grilled,' he said, 'and we are trying to encourage people to cook them well'.

A spokesman for Allen's Prawn said that as soon as customers entered the restaurant they asked where shellfish on the menu came from.

'They have no need to worry — oysters are off our menu, our prawns come from Australia and our crayfish is cooked in accordance with requirements laid down by the City Health Department'.

Deep-fried

'Crayfish was deep-fried then grilled before serving, mussels and oysters were not on sale at the restaurant because they were not in demand and other shellfish came from deep waters in Mozambique,' he said.

Mrs Lorna Harris of the Haven restaurants said yesterday that there had been a slight customer resistance to shellfish 'but this can only be expected when the Press blows things out of proportion'.

All shellfish sold at her restaurants came from deep-water and were bought from trawling agents, she said. Mussels came from Denmark and oysters in stock, which were not in demand, were harvested from the Natal coastline before the last harvest in which cholera contamination was found.

Isipingo warns of river danger

Mercury Reporter

THE Town Clerk of Isipingo, Mr Ramalingam Reddy, yesterday warned the public of the danger of swimming at Isipingo beach after official confirmation of cholera in the Isipingo and Umbogintwini Rivers.

He said samples of water from both rivers taken by Isipingo's senior health inspector and tested in the Government laboratories confirmed it contained organisms of the killer disease.

He also warned against swimming in or drinking water from both rivers. 'As the Umbogintwini River leads into Isipingo Beach, bathing at the beach also is extremely hazardous.'

'Signboards warning against swimming in the two rivers and at the beach will be erected shortly,' he said, adding that his council's health department would monitor the situation to see if it warranted a swimming ban at the beach.

Argus 5/3/82 (39)
Cholera: Rural areas neglect blamed

Provincial Staff

BY its neglect of rural areas in South Africa, the Government must accept part of the blame for the cholera epidemic in this country, Dr John Sonnenberg (PFP, Green Point) said in the Cape Provincial Council yesterday.

Dr Sonnenberg, chief Opposition spokesman on health, said the cholera epidemic would die down

if clean, treated water and safe sanitation were available.

In Western Europe cholera had been wiped out. Overcrowded reserves under National Party policy in South Africa created conditions for cholera to spread here.

Dr Sonnenberg said 10 people died of tuberculosis in South Africa each day and 45 000 new cases

discovered every year. It was estimated that only one in three cases of tuberculosis was recognised.

Yet medical services had been cut back on TB prevention and recognition, in the payment of grants for psychiatric patients, for family care clinics, for primary dental health and in the appointment of health inspectors.

It had been shown that most diseases, including TB, rheumatic fever, typhoid and cholera declined when proper social conditions were created.

"The onslaught on the health of this country is more important than the onslaught against South Africa from outside," Dr Sonnenberg said.

○ See Page 10.

Cholera hits 89 Natal Midlands

Mercury Mercury Reporter 5/3/82

CHOLERA has hit the Natal Midlands for the first time since the outbreak of the killer disease in November.

It was reported yesterday that there were 24 confirmed cholera patients at Estcourt Hospital and two at Ladysmith Hospital.

The regional director of State Health, Dr Johan van Rensburg, said yesterday that the disease had been spreading only southwards so far. Ladysmith was the furthest inland it had penetrated.

'We will have to close down some of our relief centres in areas where cholera is diminishing and move them to the newly infected areas,' Dr van Rensburg said.

Cholera is still rife in northern Zululand where the only cholera deaths occurred last month. Dr Neville Wilson, Medical Superintendent of the Ubombo Hospital, said yesterday that 11 of the present 12 patients came from the Pongola River area.

Meanwhile State Health officials in Pretoria are 'looking into' the call by Durban's MOH, Dr Colin MacKenzie, for a total ban on the collecting of shellfish from the Umgeni River to Umlaas Canal because of cholera contamination.

A spokesman for State Health said from Pretoria yesterday they had drawn up a set of draft regulations for the banning and were working on those. He said the Health Act of 1977 made provision for such emergencies and if necessary the minister could overrule the required three-month period before the banning became law during which time people could lodge protests and comments.

Yesterday Dr MacKenzie warned people who supplied, distributed or prepared shellfish that all shellfish should be thoroughly cooked to kill the cholera organisms. This included all bi-valves and crayfish.

Blacks hit by eye infection

Mercury 5/3/82 (89) (127)

African Affairs Reporter
UMLAZI doctors are treating between 50 and 60 people a day for viral conjunctivitis — a highly contagious eye infection which struck thousands of blacks in Durban in 1971.

Spokesmen for four clinics in Umlazi said doctors had been treating patients for the infection since last week and they were expecting to treat

more cases as the disease spread.

Dr M Bhika, who is in charge of the clinics at Umlazi, confirmed the outbreak of the infection and said he was awaiting statistics from the clinics.

Pupils at the Umzuvele, Zwelibanzi, Ogwini and Mbongweni schools in Umlazi and at least one teacher also have been affected.

Nurses at the clinics reported that although the infection was normally found in children, there had been an increase in the number of adults seeking treatment.

A large number of black commuters travelling on trains and buses complained to a Mercury reporter yesterday that they had 'itchy' eyes — a symptom of the infection.

An official of Kwa Mashu clinic said yesterday he was not allowed to release the number of people recently treated for conjunctivitis but confirmed that there was an outbreak.

Dr M V Gumede, the KwaZulu secretary for Health and Welfare, under whose jurisdiction Umlazi falls, was not available for comment yesterday.

MPC blames Govt over cholera

89 Post Correspondent E. Post 5/3/82

CAPE TOWN — By its neglect of rural areas in South Africa, the Government must accept part of the blame for the cholera epidemic in this country, Dr John Sonnenberg (PFP, Green Point) said in the Cape Provincial Council.

Dr Sonnenberg, chief Opposition spokesman on health, said the cholera epidemic would die down if clean, treated water and safe sanitation was available.

Dr Sonnenberg said 10 people died of

tuberculosis in South Africa each day and 45 000 new cases were discovered every year.

Yet medical services had been cut back, as had the payment of grants for psychiatric patients, for family care clinics, for primary dental health and for the appointment of health inspectors.

"The onslaught on the health of this country is more important than the onslaught against South Africa from outside," Dr Sonnenberg said.

to the pa

policy wor

The death of a partner automatically dissolves the partnership as legal and accounting entities. For this reason a partnership income statement would have to be drawn up for the period up to the date of death of the partner so as to ascertain the correct balance on his capital account. The proceeds from the life policy would

Note 2:

At the end of year 03, the life policy would be reflected on the partnership balance sheet as a non-current asset at its surrender value of R240.

Note 1:

Year 02 - same as year 01	
03, Jan 1: Life Policy	300
Bank	300
Dec 31: Income Statement	60
Life Policy	60
Policy written down to surrender value (See Note 1 below)	
04, Jan 1: Life Policy	300
Bank	300
Jan 2: Debtor (Insurance Company)	24 000
Life Policy	540
Income from Life Policy	23 460
being accrual of proceeds receivable	
Jan 2: Income from Life Policy	23 460
Income Statement	
being closing entry	
Jan 31: Bank	24 000
Debtor	
being receipt of proceeds	

(2) Premiums Treated as an Asset - Cont'd:



Duncan Village where a major cholera prevention campaign is being carried out by the East London municipal health department.

D. Dispatch 5/3/62
Preventive measures as cholera spreads (89)

EAST LONDON — A major campaign is being conducted in Duncan Village by health authorities to prevent any possible cholera outbreak.

The campaign includes the distribution of pamphlets, and broadcasts from municipal traffic department vehicles.

The East Cape Administration Board (Ecab) has also started work on building additional water taps and toilet bucket shelters for the densely populated area around Ndende Street.

The municipal health department is issuing leaflets to schools and the library in the Village to educate pupils and residents on the causes, effects and how to combat cholera.

The Medical Officer of Health, Dr J. R. van Heerden, said yesterday that the leaflets were from the national health department.

Part of the educational programme includes broadcasting messages by loudspeaker from a traffic department vehicle, he said.

"We also have a school nurse at work in the area and refuse removal has been stepped up," Dr Van Heerden said.

He believed the Ecab had put up more water taps and moves were afoot to increase the number of buckets for the removal of nightsoil.

The Chief Director of the Ecab, Mr Louis Koch, said he ordered work to start immediately on the building of structures to

house toilet buckets and the building of additional water taps for the Ndende Street area where the facilities did not satisfy the requirements laid down by the Department of Health.

He said he would check and ensure this work had been done.

Sapa reports that another 79 cholera victims were admitted to Natal provincial hospitals on Wednesday.

A spokesman for the Department of Hospital Services said in Durban that Estcourt and Weenen were the newest areas affected.

Thirty victims from squatter camps and townships around Durban were admitted to Clairwood Hospital. — DDR.

6/3/82
D. Dispatch
89

Anti-cholera measures

EAST LONDON — One out of every 20 families in the Ndende Street area of Duncan Village will have water taps from March 10, the director of the East Cape Administration Board, Mr Louis Koch said yesterday.

Mr Koch said this would bring the number of taps in the shanty area up to the required number of taps suggested by the Department of Health.

He said additional toilet buildings and another 50 toilet buckets would be available to residents from March 25.

The Ndende Street area is a densely populated shanty area which is being closely watched by health authorities for any sign of cholera.

Similar projects have been undertaken in other parts of the Eastern Cape and Border to try to control any outbreaks of the killer disease.

In Bathurst, for exam-

ple, the town council is to improve the black township's sewerage system because it was a possible health hazard.

In East London, the municipal health department has launched a cholera education programme using pamphlets and broadcasts from municipal traffic vehicles.

The medical officer of health in the city, Dr J. R. van Heerden, said the residents of the area were being told to use only treated water for cooking and washing.

"Anyone who drinks untreated water in an area where cholera is prevalent runs the risk of contracting the disease," he said. "The most important means of preventing infection is by treating all water taken from dams, rivers etc with chlorine solutions such as household bleach, or by boiling it."

Cholera could also be contracted by eating food which had been contaminated by water, flies or soiled hands.

Farmers to get tablets to fight cholera

89
Murray
6/3/62

Pietermaritzburg Bureau
LOW-PRICED packs of chlorine tablets are being made available to farmers in the Richmond area by the local agricultural society in a bid to combat cholera, the killer-disease which has claimed more than 90 lives in Natal.

The Richmond society acquired 40 000 tablets which are available in packs of 60 tablets, at 20 c a pack.

'We laud the incentive shown by the Richmond Agricultural Society, and encourage other agricultural societies to follow suit,' Mr Alwyn Bisschoff, secretary of the Natal Agricultural Union, said here yesterday.

'Although the NAU has not received any serious reports of the cholera situation in white-owned agricultural areas, we see the Richmond society's initiative as being a preventive one,' he said.

The society has asked farmers to instruct their labourers in the use of

tablets to prevent wastage as the tablets are in short supply.

One tablet is required to purify one litre of water, and farmers are urged to distribute these among their labourers.

Mr Bisschoff said he would also like to draw farmers' attention to the loans offered by the Department of Agriculture and Fisheries which are available to them for the provision of water purification or chlorination units.

'This information is publicised in an article in the February edition of the NAU magazine,' he said.

According to the article, loans of up to R600 may be approved.

Interested persons should contact Mrs Xantho, liaison officer, Financial Assistance Branch of the department at Sanlam Building, Church Street, Pietermaritzburg. Telephone (031) 56982.

SATC

Fine warning to sellers of infected shellfish

89
Mercury
6/3/82

Mercury Reporter

HEALTH inspectors would take samples of shellfish from Durban hotels and restaurants and if laboratory tests showed them to be contaminated with cholera organisms fines of up to R60 would be issued.

A spokesman for the City Health Department said yesterday the checks would begin on Monday. Inspectors had already distributed circulars to restaurants and hotels informing them of the epidemic proportions of cholera in Natal.

The circular warned that, in terms of the food bylaws, it was an offence to keep, store, sell or expose for sale any article of food which was not clean, wholesome, sound and free from any disease.

Samples

The circular brought to the attention of all those supplying, distributing or preparing shellfish for human consumption, that samples had been taken and found, on laboratory examination, to contain cholera organisms.

Durban's Medical Officer of Health, Dr Colin Mackenzie, said earlier this week that shellfish from the Umgeni River mouth to the Umlaas canal had been tested and found to be highly polluted with cholera.

He said he had been fighting for years to have a ban imposed on the collecting of mussels and oysters in the Durban area because of pollution in the rivers, but to no avail.

A City Health spokesman said yesterday that the department had written to the director general of the Department of Health in Pretoria to

authorise the ban.

He said that from Monday, restaurants and hotels would be visited by health inspectors to take specimens of shellfish for examination and to check that precautions listed in the circular were being taken.

'These visits will continue as long as we have the cholera problem.'

Commenting on a Mercury story yesterday in which many Durban restaurateurs said crayfish they sold were caught in deep waters, the spokesman said: 'Crayfish caught in very deep waters cannot be contaminated with cholera. It's those caught along the coastline that are the problem.'

A spokesman for a firm supplying most Durban hotels and restaurants with shellfish said none sold by the firm was caught inshore.

Deaths

Two people died of cholera yesterday bringing the total number of confirmed deaths to 90 since the start of the epidemic late last year, according to a State Health official in Pretoria.

The two most recent deaths, the first this month, occurred at Eshowe and Stanger hospitals.

A spokesman for State Health in Durban said yesterday the number of cholera cases had escalated in the Estcourt area and four emergency clinics had been set up.

Meanwhile at G J Crookes Hospital in Scottburgh 19 cholera patients were admitted yesterday; 14 at Clairwood Hospital; four at Stanger Hospital; three at Eshowe Hospital and two at Estcourt Hospital.

CHOLERA CLAMPDOWN

By LEW ELIAS

EVEN though positive signs of cholera were found in samples of mussels taken from the rocks at Durban, health officials have to wait for bureaucracy to run its course before they can legally stop people from collecting them.

Last week a sample of mussels taken from the South Pier area were found to contain traces of Cholera and health officials warned the public not to eat raw mussels and oysters.

Control of the gathering of oysters has been easier because the only area near Durban set aside for collectors this year is Umhlanga.

Health officials at Umhlanga, with help from the Natal Parks Board, have prohibited gathering until further notice.

The cholera warning and the bad weather have put a damper on this year's crayfish season, which opened on Monday.

Warnings

Durban's deputy medical officer of health, Dr Neville Becker, said officials would act next week on the warnings issued to restaurants.

Restaurateurs were told the health department would take samples of oysters and if they were found to contain signs of cholera the owners would be prosecuted.

Dr Becker said the health department was having legal difficulties putting a blanket ban on gathering shellfish. But by next week the ban should be through.

With one exception all the restaurants in Durban and on the South and North Coast, had removed fresh (raw) oysters from their menus and most had thrown stocks away.

But one restaurant owner said he had received 100 dozen oysters and would be selling them over the weekend as a special.

Red tape delays Durban ban on mussels

89
Tribune
7/3/82

Oysters

"Gino" of the Roma revolving restaurant said his oysters had been treated against cholera.

"They have spent three days in tanks of clean sea water with an amount of chlorine in them," he said, and was sure the oysters were not tainted.

Crayfish have been tested for cholera but the results of the tests have not been released. Dr Becker said his department was less concerned with crayfish than mussels and oysters as there was little likelihood they would be eaten raw.

"As long as the fish is cooked in water at a temperature above 80 degrees C for a minimum of five minutes the seafood is made safe," he said.

TWO Teaspoons to

By DOREEN LEVIN

BEAUTIFUL, golden-haired Yolande Hazelhurst died yesterday from an overdose of a powerful pain-killing drug. She was 3½.

She found the remains of 10ml of Valorum in a tiny 4cm bottle behind a locked cupboard door she had climbed four shelves to reach.

The key had been left in the lock. The amount Yolande drank was less than two teaspoons — but it killed her.

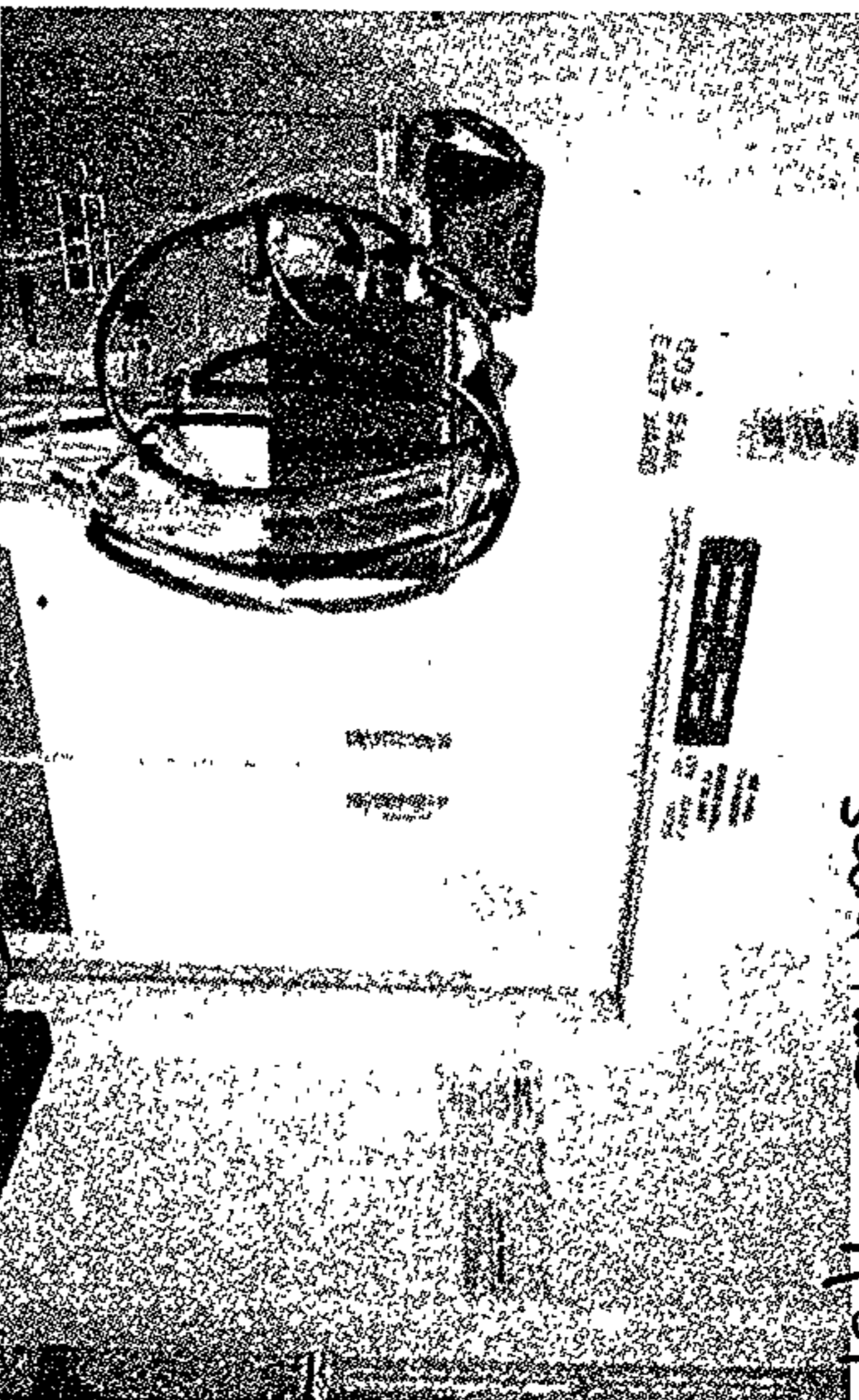
Now her heartbroken parents, John and Amelia Hazelhurst of Secunda in the Eastern Transvaal, believe their little girl's death must act as a warning.

● To doctors and pharmacists always to tell people as they hand over prescriptions to keep them safely out of children's reach, and to throw away unfinished medicine once the patient is better.

● To all, especially parents, to turn out their medicine cupboards now, and throw away all old medicine bottles and pills.

For the Hazelhurst family, their nightmare started last Sunday afternoon when they returned from a weekend with Mrs Hazelhurst's parents in the Free State.

Recalling the events, only a few minutes after being told of her death in the intensive-care unit of the H F Verwoerd Hospital in Pretoria, Mr Hazelhurst, a fitter, told me sadly:



The ward where little Yolande died

Pictures: JAMES SOULLIER

Beware the drug that

killed little Yolande

"Yolande was our eldest. Last Sunday we were unpacking the car when my wife found our small one, Patricia, who is nearly two, with a bottle of cough mixture.

Screams

"She thought both Yolande and Patricia had drunk it and she had caught the small one with the bottle we watched

her to see if there would be a reaction.

"Suddenly we heard screams. Yolande was lying across the bed vomiting. She was in a terrible state and I rushed her to the Evander Hospital."

At that stage Yolande was being treated for an overdose of cough mixture, and given a stomach washout.

But her mother was worried. If her little girl had managed to climb up four

shelves to reach the cough mixture, could she have taken anything else?

As soon as they were home again, Mrs Hazelhurst went to look at her medicine cupboard. And her worst fears were realised.

"We found the Valorum bottle. The top was off, and it was empty."

For a week John and Amelia Hazelhurst watched over their little girl lying in hospital. And they prayed, for they

knew there was only a very small chance of recovery.

The exhausted father told me quietly:

"In one sense it was the worst week of my life. But in another sense, perhaps it was the best. Because in this week I found the Lord."

"Although I had believed in Him, I didn't really know Him before."

"People have taken us to prayer meetings, and Jesus has come into my life and into my wife's life. And He has comforted us."

"Whatever the Lord does is right. But we feel that if the death of our little girl could save some other child's life and prevent other accidents, it will not have been in vain."

Friendly

"Perhaps we had to lose Yolande so that other mothers and fathers would realise how important it is to keep dangerous medicines away from children."

"There was nothing written on that bottle to say that it was harmful. Why don't doctors and pharmacists tell us when medicine is highly dangerous?"

"I suppose they are all too rushed. The world is too rushed," the sorrowing father said.

Her eyes clouded with tears, Yolande's mother told me:

"Yolande was such a friendly little girl. She was so intelligent and sure of herself. She was lovely, beautiful. She was the light in our hearts."

● A pharmacist confirmed that the only indication on a 10ml bottle of Valorum was "S7", to indicate it was listed as a Schedule 7 drug.

Warns

But this information would have been covered by another label showing the doctor's directions, which by law must be pasted on the bottle. Literature issued to doctors and druggists together with the drug warns that the drug acts on the central nervous system.

The suggested dosage was one drop for each year of a child's age, given three to four times a day.

The pharmacist, who was shocked to hear of how Yolande met her death, said he also wanted to warn people to keep tablets in airtight containers.

People usually kept their medicine cabinets in the bathroom, where the steam could damage the potency of the medicine.

tragedy

3 2 2 4 Y 1 5



S. Times 7/3/89

'Ban these shellfish' call in fight to stop cholera

By TICKS CHETTY

DURBAN health authorities have asked the Department of Health in Pretoria to authorise an immediate ban on the collecting of shellfish in the area.

Health officials decided on this move after shellfish from the Umgeni River mouth to the Umlaas canal had been tested and found to be highly contaminated with cholera.

This is the latest move in the battle to contain the cholera epidemic, which has spread to several parts of Natal.

Health inspectors have also been asked to

take samples of shellfish from Durban hotels and restaurants. If laboratory tests showed them to be contaminated with cholera organisms, fines of up to R60 would be imposed.

Durban's City Health Department has already told hotels and restaurants in circulars that checks will start tomorrow.

Dr Colin Mackenzie, Durban's Medical Officer of Health, said yesterday that the checks would continue as long as the disease posed a threat.

He said his department had been asking for years to have a ban imposed on the collecting of mussels and oysters in the Durban area because of pollution in the rivers, but the requests had not been met.

Now, due to the outbreak of cholera, it had become necessary for a ban on the collecting of shellfish.

Durban restaurateurs maintain that the crayfish they sold were caught in deep waters and, therefore, could not be contaminated.

Only those caught along the coastline were a problem, they said.

According to the State Health Department in Pretoria, two people died of cholera on Friday, bringing the total of confirmed deaths to 90 since the epidemic started last year.

Dr Mackenzie said cholera victims were being admitted to Durban's Clairwood Hospital every day.

89

Mercury 8/3/85

Four special cholera clinics open

Mercury Reporter

FOUR emergency clinics have been opened in the Estcourt and Weenen areas to cope with a sudden influx of hundreds of cholera victims struck down by the disease at the weekend.

A spokesman for Durban's State Health Department said yesterday

the situation was 'worrying', but she could not specify how many cases had been treated in the areas yesterday.

She said the clinics had been set up by State Health in the Weenen village and on the Tugela River near Weenen, as well as in the Cornfield and Thembalithle districts to cope with cases east of

Estcourt.

Meanwhile, it was reported yesterday that cholera had claimed the lives of two people at the emergency rehydration centre set up at Dusi Bridge in the Valley of a Thousand Hills.

Eshowe and Escourt hospitals have also reported two cholera

deaths.

The Eshowe provincial hospital is treating 17 cholera patients while Estcourt yesterday had 31 people under treatment in the isolation ward.

A clinic opened in the Mtukuzweni district in KwaZulu on Saturday has been treating between 40 and 50 patients a day.

89 *Hansard* Steytlerville: cholera
Q. Col. 315 8/3/82
181. Mr. D. J. N. MALCOMESS asked
the Minister of Health and Welfare:

- (1) Whether Steytlerville is a cholera danger area; if so,
- (2) whether steps are being taken in regard to the matter; if not, why not; if so, what steps?

The MINISTER OF HEALTH AND WELFARE:

- (1) No;
- (2) steps are being taken to inform all the inhabitants of Southern Africa about the dangers of cholera and how to combat this disease.

Treating cholera symptom

With the danger of cholera now upon us and other forms of gastroenteritis rife at this time of the year, it may be worthwhile to have a look at a cheap cure for diarrhoea developed by Asian and American scientists.

The danger of diarrhoea, whether caused by cholera, typhoid or any other disease, is the loss of water and salts from the body.

The first priority of treatment, which should start immediately at home, is to prevent or replace this loss. People are like plants and will "wilt" and die if they lose too much water.

Stopping the diarrhoea is not important — it will usually stop of its own accord in due course.
As soon as a person starts having loose stools

he should be given extra drinks of any clean fluid — water, fruit juice, cool drinks, tea, coffee, milk or breast milk if a baby.

Start immediately also to give drinks of "oral rehydration solution" (Orsol) to replace losses of water and salts. This solution is in essence the sugar-and-salt treatment for diarrhoea developed by the scientists. It is taken by mouth and costs only a few cents. The United Nations Children's Fund believes that it could cut child deaths caused by diarrhoea by almost 90 per cent.

Orsol can be made as follows:

- Wash your hands.
- Pour one litre of clean water into a clean pot. If you have boiled water, use it, but if not, do not delay. A large cold drink bottle or six

average cups contain 1 litre.

- Add one level teaspoon of salt (not more).
- Add eight level teaspoons of sugar (sugar helps the body to absorb the salt).

- Stir until dissolved.
- Taste. It should not be more salty than tears.

Give this in frequent small amounts from a cup or with a spoon — approximately one cup per diarrhoea stool for a child, plus one cup each time he vomits, or two cups per diarrhoea stool for an adult, or as much as the person wants. Keep it covered and do not boil. Continue until the diarrhoea is over, or until advised otherwise.

This is first aid treatment. If the diarrhoea continues or gets worse, take the person to a clinic or hospital. Clinics

in Transkei should have packets of Orsol powder which is better than the sugar-salt solution. The sister will be able to explain further what should be done.

Children lose weight if they often get diarrhoea. This can cause malnutrition. They do not need to be starved.

It is important that they be given a better-than-normal diet as soon as they want to eat, with more meals each day for at least a week afterwards to make up for lost weight.

It is particularly important that breast feeding be continued. The only food that may need to be stopped temporarily is cow's milk, but only if it makes the diarrhoea worse and only for 6-8 hours.

Do not try to give Orsol to an unconscious person.

son or someone with severe vomiting or to a baby less than one month old. Seek medical help immediately for such people.

Prevention is always better than cure. Try to prevent diarrhoea by:

- Breastfeeding babies and avoiding using a feeding bottle which is difficult to clean properly.
- Feeding children well to build up their resistance to disease.
- Using clean fresh food — keeping it covered.
- Using clean drinking water, preferably boiled.
- Using toilets and keeping them clean.
- Washing hands before preparing food and after using the toilet.

Acknowledgement: Transkei Health Department.

CANDIDATE MUST enter in the number of each question (in the order in which it has numbered); leave columns (2) and

Section A

Internal	External
(2)	(3)
14	
10½	
12	

of paper or other material into the examination room as instructed.

Do not communicate with other candidates or any person except the invigilator.

3. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book (s) are used.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

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

Cholera ⁽⁸⁹⁾ 'sooner or later' in ^{Sowetan} East Cape ^{8/3/82}

By SANDRA SMITH

CHOLERA is expected to break out in the Eastern Cape "sooner or later", the Regional Director of the Department of Health, Dr J D Krynauw, said today.

Basic standards of hygiene and a pure water supply were needed to prevent the disease which, according to the most recent figures supplied by the Department of Health, has killed 90 people since August.

The danger of the disease spreading to the Eastern Cape arose from movement between the area and Transkei, where several cases had already been reported, Dr Krynauw said.

Local authorities were in the process of pinpointing priority areas — areas where there was no pure water supply and surface water was used — and trying to establish the best procedure for keeping the disease at bay.

Local authorities were distributing pamphlets in Xhosa giving instructions on how to treat water — by boiling, treating with Jik or Javel or chlorinating.

It had been recommended that the East Cape Administration Board (Ecab) considered increasing the number of taps in certain areas.

A third alternative was the supplying of water in tankers by the authorities to areas where chlorination could be impractical.

Asked whether people living in Port Elizabeth's

shack areas were in particular danger of catching cholera, Dr Krynauw said it was not the type of housing that was important, but the nature of the water supply.

In areas such as Veeplaas and Soweto, where there were taps, people bathed in the Chatty River and a danger existed that the water was also used for drinking and cooking.

An area where a definite danger of the disease taking hold existed was the banks of the Sundays River.

The Dias Divisional Council engineer, Mr J R Kemp, said today the whole of the Dias Division — except for the municipal areas within the Division and certain local areas such as Seaview, Colleen Glen and Theescombe — was not supplied with water.

Vast numbers of people were therefore making use of surface water.

Provincial Council Civil Defence representatives had recently contacted Mr Kemp, to establish the possibility of the Dias Divisional Council providing water in tankers.

Except in the case of an emergency, the Council would be unable to provide such a service, Mr Kemp said.

He had suggested that private contractors, such as the milk co-operatives, be used for the purpose, and controlled water outlets be established.

Pamphlet issued to warn against cholera

Daily Dispatch 8/3/82

89

EAST LONDON — Xhosa pamphlets, warning people against cholera and advising them on what measures to take, are being distributed in East London.

The pamphlets state that if people are unable to use tap water they should use water which has been treated with chlorine solutions or bleach.

It is stated only boiled water should be used.

Hands should be washed carefully before handling food.

Raw food should be washed thoroughly with clean water or water to which bacteria-killing agents have been added.

The pamphlets also warn people to refrain from relieving themselves in the open veld

and to use a toilet or a place far away from streams and rivers.

A teaspoon of a wide range of bleaching agents, added to a 25-litre container of water, and left overnight to sterilise, is effective, according to the pamphlet, which is distributed by the municipal health department. — DDR

THINTELA IKHOLERA

Ukuba akunakho ukukha amanzi akho etepini, uyaxelelwa apha indlela onokwenza ngayo ukuba angabi nangozi amanzi akho

Galela isigingatha setispuni yamanzi kuyo nayiphi na kwezi



(okanye nawuphina omnye umxube weklorayini) EBAKETHINI YAMANZI

okanye itispuni yonke kwiilitha ezi 25 zamanzi

WABEKE UBUSUKU BONKE UKUWACOCA

The pamphlet which offers advice on precautions to be taken against cholera.

1. Sebenzisa kuphela amanzi abhalalwayo, acocokileyo okanye afakwe imichiza yokubulala iintsholongwane.



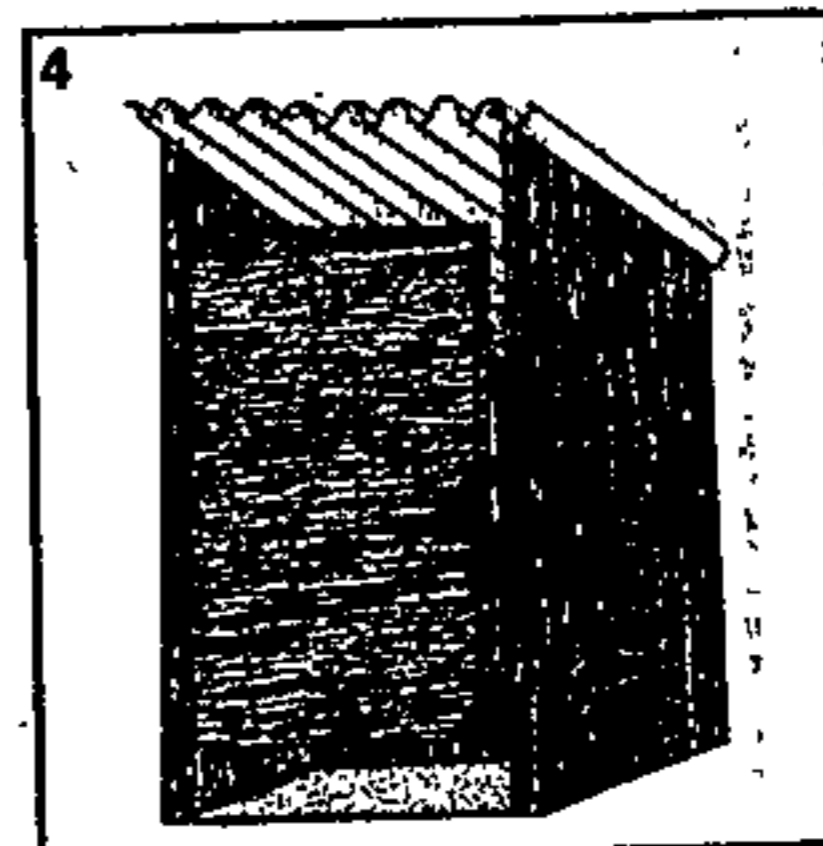
2. Hamba izandla zekho ngaphambi kokuba uphatha ukutya.



3. Hamba ukutya okukrwada ngamanzi acocokileyo okanye afakwe izibulalantsholongwane.



4. Musa ukuzithuma aphafani koko sebenzisa indlu yangasese okanye indawo efanelekileyo yokuzithuma ekude emaquleni, emlanjeni naseMfuleni.



(89) Mercury 9/3/82
**Shellfish samples
taken for testing**

Mercury Reporter

HEALTH inspectors took samples of shellfish from a number of Durban hotels and restaurants yesterday to check them for cholera contamination.

A spokesman for the City Health Department said yesterday the results of the tests would be known only on Friday. If any showed contamination, fines of up to R60 would be issued.

These spot checks would continue as long as the cholera epidemic lasted.

The Health Department has issued circulars to all those who supply, distribute and prepare shellfish for human consumption, warning them that laboratory tests had shown that shellfish from the Umgeni River to the Umlaas Canal were contaminated with cholera.

Yesterday 69 cholera cases were treated at Clairwood Hospital, 52 at G J Crookes Hospital in Scottburgh, 19 at Eshowe Hospital, 14 at Estcourt Hospital, 11 at Stanger Hospital, five at Port Shepstone and two were treated at Ladysmith.

(89)

Estcourt bid to cut cholera

Own Correspondent

DURBAN — Cholera has reached the Estcourt area. Four emergency rehydration centres have been set up and tankers are daily delivering purified water to 15 000 people.

The Director of Medical Services for the De-

partment of Health in Natal, Dr Johan van Rensburg, said today that in anticipation of an epidemic the four clinics were opened on Friday in rural areas around Estcourt where dirt roads make speedy hospital access difficult.

So far about 200 people have been treated

at the clinics and at Estcourt Hospital.

"The epidemic has not caught on yet but we are expecting an increase," Dr van Rensburg said.

He said that because of the drought many natural water sources had dried up or be-

come contaminated. A combined operation with the aid of the Estcourt municipality, provincial authorities and the Department of Co-operation and Development had made possible regular bulk tanker deliveries of purified water in the area, starting last Friday.

Response to cholera epidemic criticised

(89)
E. Post
9/3/82

Post Reporter

THE State's response to the cholera epidemic has been severely criticised in the latest edition of the South African Student Press Union publication, Saspu National.

In an article entitled, *Cholera: The words are super, so where's the action?* the State is accused of providing short-term measures to deal with the epidemic, instead of piped water supplies.

Water was brought into cholera-stricken areas by army water tankers "amid great publicity", it said.

The State seemed to recognise the lack of health facilities as a negative feature only at crisis times, hastily establishing long overdue health services and calling in the SADF to help out in the creation of clinics and medical facilities.

Chlorination points had been set up to make cholera infested water fit for human consumption and army tankers, filled with clean water, rolled in.

The blame for the epidemic was shifted on to "primitive people who don't have toilets and drink river water."

One State strategy was an emphasis on personal hygiene and the underplaying of long-term causes, and "the manipulation of facts".

The article said people were told they were ignorant and had to learn to wash their hands, boil their water, use taps and flush toilets or build pit latrines

— "a line that has little to do with the reality of life in our rural areas where fuel is expensive, wood scarce and the nearest tap often some 50km away".

Although the State seemed to have been caught unprepared by the epidemic, warnings had been coming from the medical profession since 1973 about an impending outbreak.

"The causes of cholera are directly linked to poverty and under-development rather than ignorance on the part of the victim, as the Government would like us to believe," the article said.

"As long as the social imbalances in our society remain and the authorities don't serve the majority interests, cholera, like the related diseases of tuberculosis, malnutrition and typhoid, will remain with us," it concluded.

Meanwhile, Sapa reports from Pretoria that an inter-departmental committee to establish the need for purified water supplies in cholera-stricken areas has been appointed.

The committee's most important task will be to provide affected areas as well as areas at risk with safe drinking water. Permanent water purification, boreholes and tankers will receive special attention.

During the past week, 552 new cases and eight deaths from cholera were reported. This brings the total number of deaths since August to 88.

There's no cholera in the crayfish cocktail

By ANTON HARBER

JOHANNESBURG restaurant-goers can relax — shellfish will stay on the menu, and it won't be crayfish a la cholera.

Major fish suppliers were confident yesterday that the city's fish supplies would not be affected by last week's call to ban shellfish collec-

tion off Natal because of a cholera scare.

Durban health authorities recently found shellfish contaminated with the disease that has claimed 90 lives since May last year.

They asked the Department of Health in Pretoria to ban shellfish collection in the area.

But Johannesburg fish importers said only oysters and mussels were affected by the cholera and the Durban supply could easily be replaced from other areas.

A spokesman for the large fish firm Seaworld said the company had heard nothing official about the problem and was continuing business as usual.

But there would not be a serious problem if the ban came into effect since only a small proportion of Seaworld's shellfish supplies came from Natal.

Mr Derrick Day of Irvin and Johnson said there was no chance of his company's products being contaminated — or affected by a ban, since

its fleet fished far out of Durban.

Durban's regional director of health, Dr J van Rensburg, said yesterday all necessary steps had been taken to check that restaurants were not selling contaminated shellfish.

He confirmed only oysters and mussels had been found to be contaminated.

89

Durban: raw sludge project 10/3/82

~~Hand~~ Hansard Q. Tol. 339

*21. Mr. S. A. PITMAN asked the Minister of Environment Affairs:

Whether, since the commencement of the raw sludge project in June 1981, any results have been published in terms of the monitoring of water, sediment and beaches in the Durban area as required by the Water Research Commission; if so, (a) when and (b) in what publications; if not, where are the results to be found?

†The MINISTER OF ENVIRONMENT AFFAIRS:

Yes, but on a confidential basis.

(a) October 1981.

(b) In a confidential report published by the National Institute for Water Research. The substance of the report was conveyed to the Durban City Council and the public by the Medical Officer of Health in Durban.

Further information is obtainable from the Director, National Institute for Water Research, either in Durban or Pretoria, or from the City Engineer, Durban.

X
89
Cholera cases 10/3/82
Haw-sand Q. Col. 336
16. Dr. M. S. BARNARD asked the
Minister of Health and Welfare:

- (1) (a) From what sources are the figures reflecting the number of cholera cases collated by his Department and (b) who is responsible for co-ordinating such figures;
- (2) whether steps are taken to determine the accuracy of the statistics published in regard to the number of cholera cases in each province; if so, what methods are used in this regard?

The MINISTER OF HEALTH AND WELFARE:

- (1) (a) Regional Officers of the Department of Health and Welfare, Local Authorities, Hospitals and Laboratories;
- (b) the Section: Epidemiology of the Department of Health and Welfare;
- (2) yes; by referral of rectal swabs or stool specimens, taken from suspected cholera cases to the Central Cholera Reference Laboratory of the South African Institute for Medical Research for confirmation of diagnosis.

89 Hunsand Cholera 10/3/82
Q. Col. 337-9
*20. Mr. S. A. PITMAN asked the Minister of Environment Affairs:

- (1) Whether (a) the monitoring of water, sediment and beaches in the Durban area as required by the Water Research Commission and (b) any other monitoring disclosed the existence of cholera in (i) shellfish and (ii) other marine life; if so, (aa) where and (bb) when;
- (2) whether he will make a statement on the matter?

The MINISTER OF ENVIRONMENT
AFFAIRS:

For the information of the hon. member the conditions for the discharge for the sludge disposal experiment at Durban have been laid down in a permit issued by the Department of Environment Affairs. The monitoring required by the Water Research Commission for research purposes in respect of the experiment has, since the start of the experimental project on 10 June 1981, been undertaken by the National Institute for Water Research of the CSIR. In addition the City Health Department of Durban has monitored sewage works, the sea, mussels and oysters since October 1979.

Against this background the answers to

339

WEDNESDAY, 10

the hon. member's questions are as follows:

- (1) (a) (i) and (ii) No.
(aa) and (bb) Fall away
(b) (i) Yes, in a single mussel only
(ii) No.
(aa) Approximately 400 metres south of the Southern Breakwater
(bb) 22 February 1982.
- (2) No.

89

Cholera tests on 4 patients

EAST LONDON — Four patients admitted to Cecilia Makiwane Hospital in Mdantsane on suspicion that they might have cholera symptoms did not appear to have the disease, the hospital's medical superintendent, Dr I. Harris, said yesterday.

The four patients, who were admitted yesterday morning, did not have any clinical symptoms of cholera and it was "very unlikely" that they were cholera victims, he said.

Dr Harris said the patients were running temperatures and displaying other symptoms that were not associated with cholera.

"We would have known clinically if they were cholera patients".

He said tests had been done and the results would be known today or tomorrow.

Meanwhile, the acting Minister of Health in the Ciskei, Dr J. T. Hermanus, said yesterday there were no confirmed cases of cholera in the Ciskei.

However, the Department of Health had launched an anti-cholera campaign by educating the citizens about the symptoms and prevention of the disease.

From next week he would travel through Ciskei addressing people in all the magisterial districts.

The Department of Health and Welfare had undertaken a programmed campaign to ensure that steps were taken to prevent the outbreak, and provision was being made for the treatment of patients if an outbreak did occur, Dr Hermanus said.

Health education was part of phase one of the campaign and the main theme was to bring a knowledge of the disease to the department's staff and through them to the people — DDR

10/1/84 U. Desfontaines

Wedding pictures Page 6

TOP TIPS Mo the CC
PURPLE PRIDE in 9th race at Scottsville See page 7

The race below

JOHANNESBURG — The exchange rate of the rand slipped below \$1 for the first time in history yesterday as South Africa's currency mirrored the grave economic implications facing the country in the wake of the collapse of the gold price.

And near panic reigned on the Johannesburg Stock Exchange as investors rushed to sell shares in one of South Africa's biggest companies, De Beers, following release of its latest results which showed profits halved and a halved final dividend to 25c — the first dividend cut in the company's history.

Investors on the

Johannesburg Stock Exchange continued to suffer the early consequences of the rapidly deteriorating economic outlook as share prices in most sectors continued the dramatic slide which began more than two weeks ago. De Beers, long regarded as a blue chip or very safe share, shed 117c in minutes, to close at 620c.

Gold closed at \$325.75 after being fixed at \$329.25 an ounce on the London bullion market yesterday afternoon, up from \$325.50 in the morning but down some \$30 an ounce on a week ago to levels ruling two and a half years ago, and less than half the value of the metal at the peak of the gold boom in early 1980. The mines are considered to need a price of about \$300 an ounce to break even.

A spokesman for the

Reserve Bank said the of about 20 cents was a sequence of gold price a deficit in the account of the balance of payments.

The fall in interest rates, standard Bank other major by implementation per cent per which normally ages an inflation and a strengthening the domestic

The rand out 35 per cent against the the past 18 months, against most currencies.

Exchange there was a significance in dropping below parity

Rebel Nats won

CAPE TOWN — The Rebel Nationalists — who yesterday decided not to quit the NP — are counting on the support of between 15 and 20 Nationalist MPs still inside the caucus if the controversial issue of coloured cabinet minister is forced to the vote.

This was learned from sources inside the rebel

camp yesterday and follows the first shot in the new right-wing offensive fired yesterday by the influential chairman of the Transvaalse Onderwysersvereniging, Prof Hennie Maree.

Significantly Prof Maree, known to be a strong sympathiser of the rebel Nationalist leader, Dr Andries Treurnicht, voted in favour of the Prime Minister, Mr P. W. Botha, at the crucial Transvaal Head Committee meeting.

But yesterday, he

ida, for his cabinet interpretation of 1977 constitutional

Prof Maree mixed could nullify the implementation of support for Minister "Without violation principle of determination."

Yesterday Nationalist that on an estimate members of the liamenta

Star 11/3/82
**Rehoboth
fights
diphtheria
outbreak**

The Star's Africa
News Service

WINDHOEK — Diphtheria in Rehoboth, central Namibia, has killed at least one child and five are being treated in Windhoek's Katutura Hospital.

The Department of Health has launched an inoculation drive in the region.

The disease was first diagnosed on Sunday when Gerson Schuster (6) was rushed to Windhoek. The boy died on the way.

But health authorities fear diphtheria may have broken out earlier when Katrina Swartbooi (4) died of a strange disease on a farm outside Rehoboth town.

So far only two families are known to be affected by the disease, but residents fear it may spread.

DR AFRICA

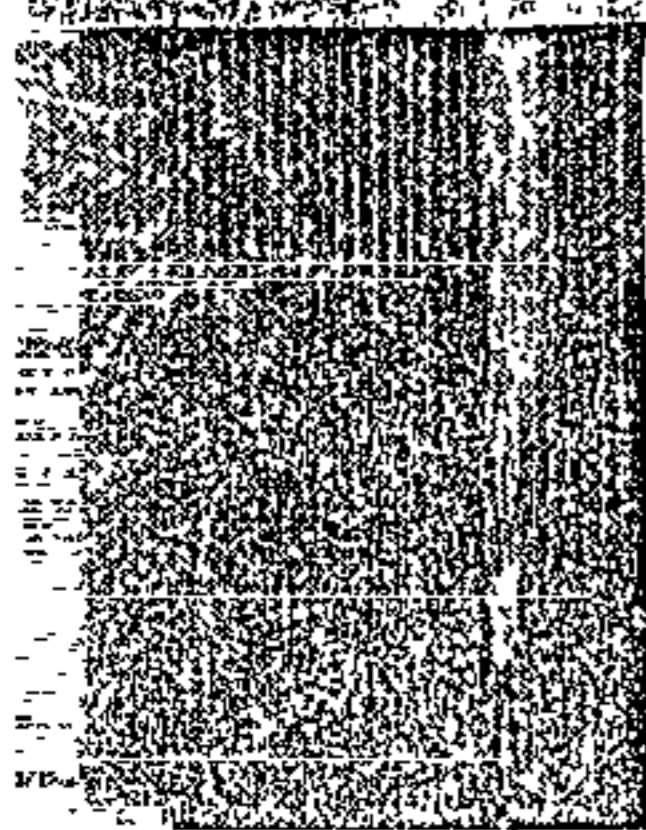
The chairman of the community services and manpower committee of Namibia's Ministerial Council, Dr Ben Africa — who first identified the outbreak on Sunday — says immediate action has been taken to combat the disease.

The five children in the Katutura Hospital are Elizabeth Schuster (12), Reynold Schuster (6), Rudolf Schuster (2), Evangeline Schuster (4) and Hanna Swartbooi (3).

Dr Africa's wife, Marjory, a trained nurse, says schoolchildren in Sub A and Std 4 are inoculated annually for diphtheria.

"But I am not so sure this system is very effective because it means children who arrive at Rehoboth after Sub A are missed out," she said.

She believed there had been a confirmed diphtheria case at Rehoboth several years ago.



...tter criticism of his wartime gov-

only our own safety the security and happiness of our homes families

That, also, we accepted as necessary, without relishing it particularly

Nobody in his sober senses does relish that sort of thing.

Possibly, some of us

avoids implicating individuals by name — would be an interesting story — but Dr V Rensburg does quote from some newspaper headlines at the time which tell their own story

"Police chief on hundreds of arrests

"Probably high treason charge against 35 men

"In the past few days 314 members of the South African police have been relieved of their duties and placed under arrest. Apart from this number there are already 17 NCOs and 18 constables against whom a charge of high treason is being investigated.

"Further, 59 railway constables are under arrest." (Vaderland, January 21, 1942).

Revolution was by silence

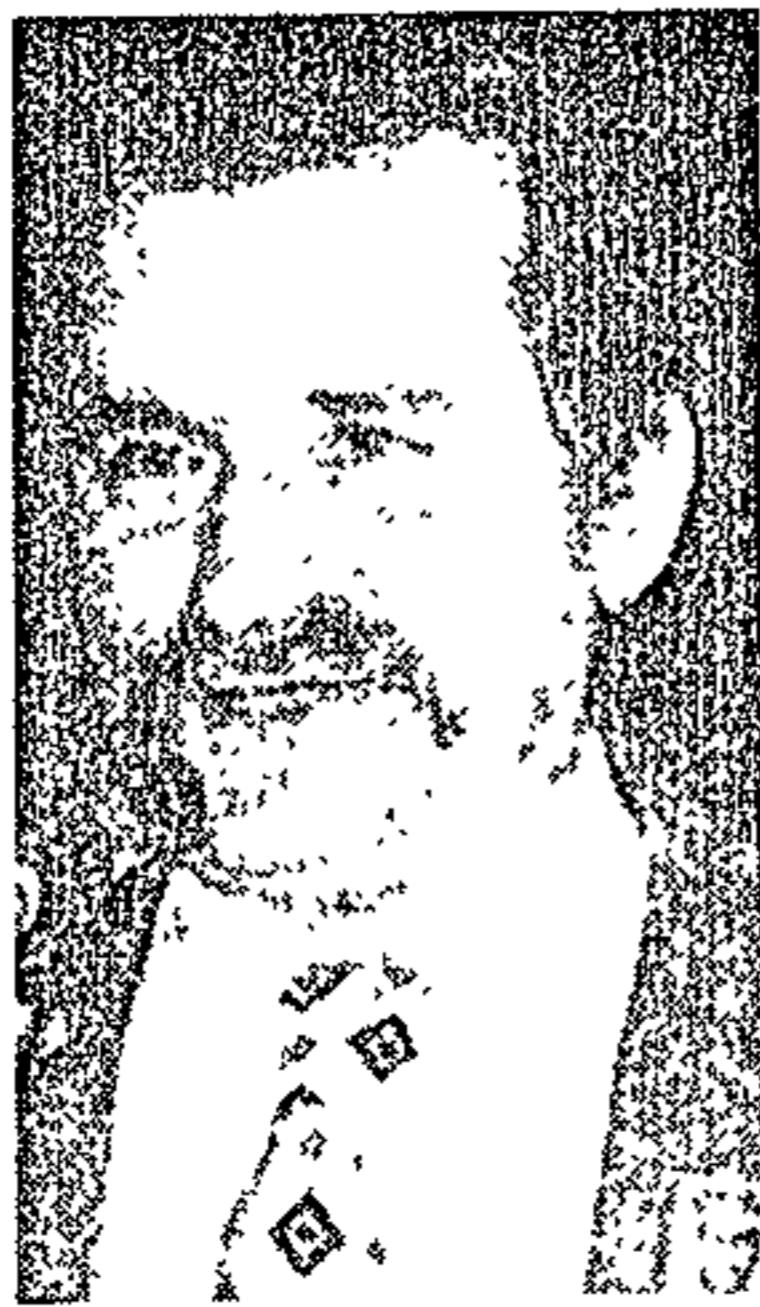
participation in its dialogue possible.

But that dependence made it possible for Polish government to monopolise the means of communication. Poland a nation in which the government could finally control what was said simply by tightening its grip on the national microphone.

In effect, General Jaruzelski applied an Information Age solution to the problem of an Information Age revolution — a solution the governments of virtually every advanced nation can now employ

In those nations here, as in Poland, the tight control of media systems is explicit, the plug-pulling is quite obviously easy. But the difficulties are scarcely easier in countries with private mass media

The US is a case in point. The American mass communications system is the most efficient on earth and also is one of the world's most centralised. A few corporate giants — chiefly American Telephone and Telegraph (AT&T), the Radio



Poland's Lech Walesa — Solidarity's strength was its access to mass communication; and General Jaruzelski pulled out the plug.

Corporation of America (RCA) and Bell — are responsible for the vast bulk of all communications.

All these companies have extensive, historic links to the Defence Department. All employ technological devices pioneered largely in military research. All are subject to a little-known law which grants the US military preemptive control over

Each colony contains thousands of organisms came from," he said — DDR

Only ingestion of bacteria sparks disease

EAST LONDON — Cholera is widely known as a killer disease which is spreading from Natal through Transkei to the Border, Ciskei and Eastern Cape.

Health authorities have said that it is only a matter of time before the disease will be here

But few people know what cholera is and how it spreads

The head of the State Pathology Laboratory near Frere Hospital, Dr M. J. Mostert, an expert on bacteriological diseases, provided some answers yesterday.

Vibrio cholera is shaped like a comma and can only be seen under a very high-powered microscope because it is so small.

The bacteria thrives in a highly alkaline medium and can live in sewage for up to two days — but in sea water it can live for 14 days or more

Only people can carry cholera and a human is the bacteria's only natural host. Animals do not carry cholera

A person can only become infected with the disease if the cholera bacteria is consumed.

Thus cholera can only be contracted if cholera-contaminated food, or more commonly cholera-

contaminated water, is consumed by a person

Symptoms of the disease are sudden vomiting and diarrhoea, with very watery stools (called rice water stools) which do not smell. There is normally no heightened temperature

The bacteria reproduces in the intestine, producing a toxin (poison). It is this poison which causes water to pour out of the body into the intestine — thus causing the vomiting and diarrhoea

It is because a cholera victim's body loses so much water quickly that cholera can kill, and can kill within a day if treatment is not given.

Cholera can be cured easily and if a victim is taken to a hospital quickly there is little danger to human life

It is possible for a person to have cholera and to carry it around without showing any symptoms.

Thus it is possible for a person carrying cholera bacteria to come from Natal or Transkei to the Eastern Cape or Ciskei, without knowing that he or she has cholera, and introduce the bacteria into the area — DDR

Man, 20, slashes wrists in court

CAPE TOWN — A prisoner awaiting trial in the magistrate's court here yesterday took a blade from his shirt pocket and began slitting his wrists, saying that if he could not speak to Mrs Helen Suzman he was prepared to die.

Mr Kevin de Allende, 20, of Valhalla Park who was appearing on a robbery and rape charge,

told the court he had been on a hunger strike to get permission to speak to Mrs Suzman

The Magistrate, Mr D Cronje, said the senior prosecutor had investigated the matter.

Mr Cronje ordered him to be examined by a district surgeon — SAPA

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D. Dispatch (89)
11/3/82
**EL sewage:
weekly test
for cholera**

EAST LONDON — Every week a small gauze pad the size of a cigarette box is pulled out of the city's sewerage system and sent to the State Health pathology laboratory.

— and is about the size of a full-stop

The colonies are grown by scraping the sewage off the pad onto a special jelly called agar which is high in nutrients and which is then incubated overnight.

The first indications that a cholera bacteria colony is growing is if the agar jelly turns green and the bacteria colonies show up as bright yellow.

Further tests and examination of the bacteria colonies under a high-powered microscope are then done to confirm if the bacteria is cholera

The head of the pathology laboratory, Dr M. J. Mostert, said cholera surveillance had been undertaken in the East London and Border area since 1972

"During the past 12 months the laboratory has been geared to meet possible increased demands on the diagnostic services in the event of a cholera outbreak in this area," he said

East London's medical officer of health, Dr J R van Heerden, said the sewers were monitored to provide a kind of "early warning" system

"If cholera bacteria are found in the sewage then we have a system of checking back from the monitoring point to isolate where the cholera came from," he said. — DDR

It is the first step in a complex monitoring and testing system to check for a microscopic bacteria, much smaller than a red blood cell, which can kill a person within a day.

Every Friday the gauze pads are dropped into the city's sewerage system at nine points — Frere hospital, the Infectious diseases hospital, Buffalo River's second creek, Amalinda the Bats Cave, Nahoon and Hood Point sewerage outfalls, Berlin and Wilsonia

Before noon the following Monday they are taken out and replaced

The removed pads are put into a special liquid food culture to keep any bacteria picked up by the absorbent pad alive

Then they are all sent to the pathology laboratory near Frere hospital where they are tested to see if any of the bacteria are vibrio cholera

The tiny organism, which under a high-powered microscope looks like a harmless little comma, is so small that colonies of the bacteria have to be "grown"

Each colony contains thousands of organisms

**Only ingestion
of bacteria
sparks disease**

EAST LONDON — Cholera is widely known as a killer disease which is spreading from Natal through Transkei to the Border, Ciskei and Eastern Cape

contaminated water, is consumed by a person

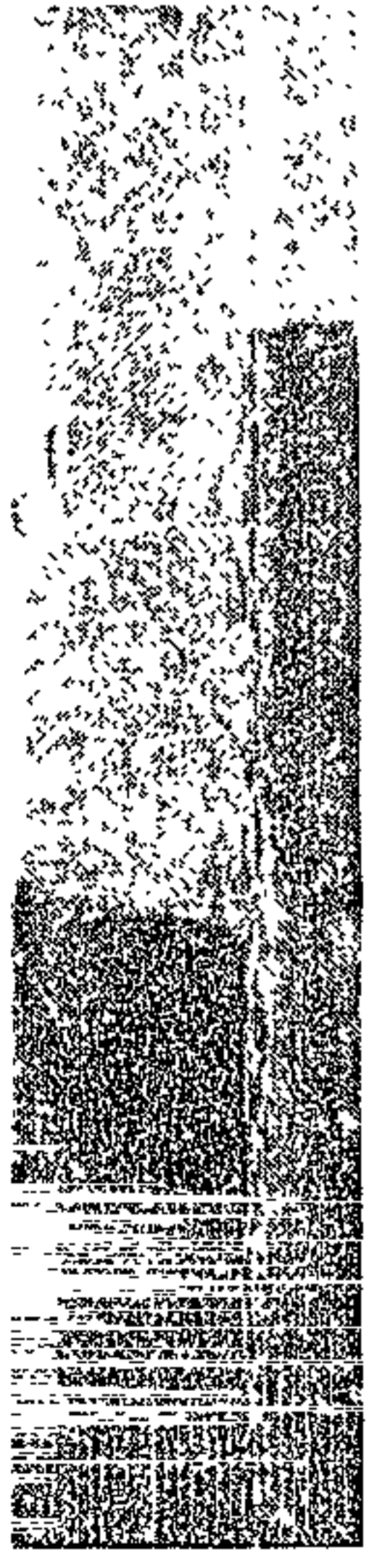
Symptoms of the disease are sudden vomiting and diarrhoea, with very watery stools (called rice water stools) which do not smell. There is normally no heightened temperature.

Health authorities have said that it is only a matter of time before the disease will be here.

But few people know

Former SAS mer Wins, at the Pine

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comforted ourselv the path seems to been mapped out fo Boer people by hist.

Much of the b avoids implicating i viduals by name — would be an interes story — but Dr V Rensburg does que from some newspaper headlines at the time which tell their own story:

"Police chief on hundreds of arrests.

"Probably high treason charge against 35 men

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"Further, 59 railway constables are under

criticism of wartime gov-

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Error ⁽⁸⁹⁾ in *D. Dispatch* 11/3/82 cholera leaflet

EAST LONDON — A potentially dangerous mistake has been made in thousands of pamphlets distributed around East London and the rest of the country offering advice on how to prevent cholera.

• One paragraph in the Xhosa pamphlet advises people to mix what could be a poisonous drink.

The paragraph, "Galela isigingatha setispuni yamanzi kuyo nayiphi na kweze," tells people to put half a teaspoon of water into any of the following.

Under the paragraph is a picture of a number of household cleaning chemicals that contain chlorine.

If taken literally, the pamphlet could encourage people to drink practically undiluted household bleach.

The regional representative of the Department of Health, Dr J. D. Krynauw, was unaware of the error when contacted by the Daily Dispatch last night, but he said he would contact the Department of Health, which issued the pamphlet, and rectify it immediately.

The city's medical officer of health, Dr J. R. van Heerden, said the mistake was discovered by the District Surgeon only after the pamphlets were distributed, and a copy was printed in the Daily Dispatch.

Dr Van Heerden said the paragraph would be blacked out.

What the pamphlet intended to mean was that a half teaspoon of any of the household chemicals pictured should be added to 25 litres of water. — DDR

have contracted the disease in Natal, Transkei health authorities are making preparations in anticipation of a major epidemic.

Since it first made its appearance, the cholera virus has been rapidly polluting rivers along the country's eastern seaboard as far south as Port St Johns. For some reason, not fully understood by the health authorities, the disease has left large areas of inland Natal untouched. It has not yet spread to the Transvaal. Says Dr Fred Clark, Natal's MEC in charge of hospitals: "The disease has been leap-frogging down the coast unusually quickly."

According to Clark, Natal's provincial hospitals have treated 12 000 cholera in-patients since the epidemic started. The average cost of treatment/patient is estimated at R30/day. So far, Clark says, the province has laid out R3.6m in its fight against cholera. Clark fears that the burden on Natal's hospital services will get even

worse once the disease takes a firm hold on the neighbouring independent states. He says patients whom Natal has no legal obligation to treat are already flooding provincial hospitals and placing a severe strain on available health facilities.

Confronted by statistics such as 171 known cholera deaths and 18 000 people treated in the four months since the disease first made its appearance, Minister of Health Iapa Munnik was quick to promise that the entire country would have reticulated water by the year 2 000.

Optimistic as the gesture may seem, the SA Sugar Association has already made a start towards a clean water campaign through its "buy-a-borehole" scheme — which has been operating in KwaZulu for the past year.

The 250 000-strong squatter communities of Amaoti and Inanda, near Durban, who're in dire need of supplies of piped water, will be heartened by the news.

CHOLERA FM 12/3/82
Leap-frogging south

(29)
The cholera outbreak in Natal is spreading. The disease, which broke out in northern KwaZulu late last year, recently claimed its first victim in the Transkei. Although the man, a migrant labourer, is believed to

Indicates translated version.

For oral reply: **105** *Howson* **12/3/82**
771 *Elukhanyweni* **12/3/82**
Q. Col. 355
1. Mr. E. K. MOORCROFT asked the Minister of Health and Welfare:

- (1) Whether (a) he has and (b) officials of his Department have received complaints regarding the water supply at Elukhanyweni; if so, what was (i) the nature of the complaints and (ii) his response thereto;
- (2) whether Elukhanyweni is a cholera danger area; if so,
- (3) whether steps are being taken in regard to the matter, if not, why not; if so, what steps?

THE MINISTER OF HEALTH AND WELFARE:

- (1) (a) and (b) No, Elukhanyweni is situated in Ciskei and does not fall within the jurisdiction of the Republic;
- (2) and (3) fall away.

98 *Howson* **Q. Col. 355-6**
12/3/82
2. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

- (1) Whether the Tower Hospital at Fort Beaufort admits uncertified patients from the Port Elizabeth region; if so, how many such patients were admitted in 1981; if not,
- (2) whether such patients requiring in-patient care were directed to other hospitals in the Port Elizabeth region in that year; if so, to which hospitals?

THE MINISTER OF HEALTH AND WELFARE:

- (1) Yes; 152;
- (2) falls away.

88 *Howson* **12/3/82**
Q. Col. 356
3. Dr. M. S. BARNARD asked the Minister of Co-operation and Development:

Whether his Department subsidized mental health services in Port Elizabeth in 1981; if so, (a) to what extent, and (b) for what purposes were subsidies allocated?

THE DEPUTY MINISTER OF DEVELOPMENT AND OF LAND AFFAIRS:

- (a) R12 953,28
- (b) In respect of salaries and administration costs for Black social workers in the employ of the Port Elizabeth Mental Health Society.

98 *Howson* **Q. Col. 356**
12/3/82
4. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

Whether his Department provides accommodation for certified patients awaiting transport to the Tower Hospital at Fort Beaufort; if not, where are such patients accommodated; if so, (a) where and (b) what type of accommodation is provided?

THE MINISTER OF HEALTH AND WELFARE:

No; Livingstone Hospital, Port Elizabeth; (a) and (b) fall away.

*5. Mr. P. A. MYBURGH (Agriculture and Fisheries)—Reply standing over.

*6. Mr. P. A. MYBURGH (Agriculture and Fisheries)—Reply standing over.

*7. Mr. P. A. MYBURGH (Agriculture and Fisheries)—Reply standing over.

*8. Mr. J. W. E. WILEY (Agriculture and Fisheries)—Reply standing over.

*9. Mr. J. W. E. WILEY (Agriculture and Fisheries)—Reply standing over.

*10. Mr. J. W. E. WILEY (Agriculture and Fisheries)—Reply standing over.

Airport tax

*11. Dr. W. D. KOTZÉ asked the Minister of Transport Affairs:†

Whether the introduction of airport tax on international flights is being considered as a source of revenue; if not, why not?

THE MINISTER OF COMMUNITY DEVELOPMENT (for the Minister of Transport Affairs):

No. The Committee for the Investigation of Airport Finances considered the introduction of airport tax as a source of revenue some years ago. Problems were encountered with this system abroad and this gave rise to some airports abolishing it once more. It was consequently decided to levy only one comprehensive amount in the form of landing fees. The administrative work involved in the collection of airport tax puts an unnecessary burden on air carriers as well as on those companies selling air tickets. A commission fee will also have to be paid to them.

Mr. H. H. SCHWARZ: Mr. Speaker, arising out of the reply given by the hon. the Minister, could he tell us whether there is any human activity in South Africa on which the Government is not intending to impose a tax?

†The MINISTER: Mr. Speaker, the hon. member for Yeoville should put that question to the Minister concerned. [Interjections.]

Mr. SPEAKER: Order!

†Mr. H. E. J. VAN RENSBURG: Where are the hon. Ministers from the Transvaal today? [Interjections.]

Mr. SPEAKER: Order!
3 *Howson* **12/3/82**
774 *Maize: export programme*
Q. Col. 358
12. Dr. W. D. KOTZÉ asked the Minister of Transport Affairs:†

- (1) Whether the South African Transport Services has in every month since 1 November 1981 transported the maximum quantity of maize according to the normal export programme; if not, (a) why not and (b) how many of the proposed number of truckloads were not railed;
- (2) whether the South African Transport Services foresees a backlog in the transportation of maize in the near future; if so, as a result of what factors?

THE MINISTER OF COMMUNITY DEVELOPMENT (for the Minister of Transport Affairs):

- (1) No.
- (a) Because the Maize Board sold less maize than originally planned.
- (b) From December 1981 to February 1982, 6 270 fewer truck loads were railed than were scheduled.

- (2) Yes. Due to the inability of the Maize Board to tender maize for transport at the tempo agreed upon.

123 *Howson* **99-year leases** **12/3/82**
Q. Col. 359
13. Mrs. H. SUZMAN asked the Minister of Co-operation and Development:

- (a) How many persons in Soweto applied for 99-year leases from the inception of the leasehold scheme to 31 December 1981 and (b) how many such applications have been granted;

THE DEPUTY MINISTER OF DEVELOPMENT AND OF LAND AFFAIRS:

- (a) 2 484
- (b) 1 225

D. Dispatch 12/3/82

Cholera leaflet withdrawn (89)

EAST LONDON — The distribution of a Xhosa pamphlet on cholera prevention has been stopped.

The pamphlet mistakenly advises the mixing of half a teaspoon of water with a bottle of household bleach.

This was confirmed yesterday by the regional director of health in the Eastern Cape, Dr J. Krynauw.

Dr Krynauw said the pamphlet was written and printed in Pretoria and translated into Xhosa by official translators.

However, a mistake in the Xhosa translation advises people to mix

half a teaspoon of water with a bottle of household bleach instead of half a teaspoon of the bleach with 25 litres of water.

Dr Krynauw said all distribution of the pamphlet had been stopped and a new pamphlet was being prepared.

"Unfortunately there is nothing we can do about the pamphlets that have already been distributed.

"I think most people will realise that the bleach should be mixed with 25 litres of water and I have not heard of anyone drinking a bottle of bleach mixed with half a teaspoon of water," he said. — DDR

Plague hits East Cape

(89)
D. Dispatch
13/3/82

PORT ELIZABETH — Bubonic plague has broken out in a settlement at Coega, about 32 km from here.

Yesterday 12 affected people were in hospital while 18 homes on the grounds of a Catholic mission in the area were placed under quarantine.

Health authorities and plague control teams from Pretoria and the North Eastern Cape, are examining Coega residents and scouring the area for rodents carrying the bubonic flea.

The regional director of health in the Eastern Cape, Dr J. D. Krynauw, said the danger existed

that the disease could spread.

He did not discount the possibility of the disease reaching Port Elizabeth.

The disease, formerly known as "black death" in the Middle Ages, has an incubation period of two to six days and can prove fatal within 24 hours if the brain or lungs are affected. — DDC.

Cholera leading to oyster ban

ROM 13/3/82 (89)

Mail Correspondent

DURBAN. — The collecting of mussels and oysters is expected to be banned along the entire Natal coast from next week because of the cholera danger.

A notice will appear in the Government Gazette on Friday enforcing the ban, after conclusive tests on filter feeders by the State Health Department.

The impending ban could not be officially confirmed by the State Health department last night.

But it was reliably learnt that the Natal Parks Board was approached yesterday concerning the ban.

Mr John Geddes-Page, director of the Parks Board, could not be reached last night.

Dr J van Rensburg, regional director of State Health in Natal, referred inquiries for official confirmation to the environmental health section in Pretoria.

The public has already been warned about eating uncooked mussels and oysters because of cholera.

The disease is entering the sea through Natal rivers, most of which run through infected areas of Natal and KwaZulu.

Milk hid rare disease

89 Cape Herald
13/3/82

A CAPE student-teacher has had to be hospitalised for almost two months after drinking infected cow's milk.

Doctors were able to feeling especially ill and teristic clinical signs and diagnose his illness as the next day visited the Malta fever only after he Stellenbosch hospital der these circumstances had been in various Cape where he was given treat- chance of being labelled hospitals for more than a ment. neurotic for quite often he seems to be in good health.

PERSISTED

Mr Vincent Parrott, a third-year physical train- ing student at Hewat Training College, told Cape Herald about his illness this week from his parents' home in Stellenbosch, where he is conva- lescing.

UNPASTEURISED

It all started in June last year when a friend brought the Parrott family some unpasteurised milk. Vincent drank the milk without boiling it and felt no ill effects for several months.

Early in January this year, however, he experi- enced pains in his joints, was feeling lethargic, had abdominal pains and star- ted running a tempera- ture.

After a mountain climb on January 8 he was

But still the pains per- sisted and a week later he was admitted to the hos- pital.

A series of blood, bone marrow and liver tests followed, which saw him transferred to the Tyger- berg hospital from Janu- ary 25 to February 23.

He later also spent a further week in the G F Jonste hospital before his discharge last week.

'I was particularly fru- strated during the long period when the doctors almost daily took samples to try to establish the cause of my illness,' he said.

'But I must say the doctors did their utmost. According to medical textbooks, Malta fever has no really charac-

This is not the first time someone in Southern Africa has become infec- ted, although pasteurisa- tion of milk has largely prevented the disease from taking on serious proportions.

For student teacher Vincent the infection has had a special significance and he will no doubt be able to draw on personal experience when he extolls the advantages of pasteurisation to his charges in the future.



MR VINCENT PARROTT, who contracted Malta fever after drinking cow's milk.

RY CANDIDATE MUST enter in mn (1) the number of each question vered (in the order in which it has 1 answered); leave columns (2) and blank.

	Internal	External
(1)	(2)	(3)
1	53	
3	46	

- Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.
- Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
- Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.

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

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

^{E. Post}
C'kei starts
campaign ⁽⁸⁹⁾
on cholera
^{13/3/82}

Weekend Post Reporter

EAST LONDON. — The Ciskeian health authorities have started an intensive campaign to counter any outbreak of cholera.

The authorities have stockpiled medical supplies and have identified emergency treatment centres.

They have also embarked on an awareness campaign.

Meetings are being held in the rural areas, and chiefs and their communities are being urged to attend.

Thousands of posters urging people to wash their hands and drink only treated water have been distributed to schools, magistrates' offices and tribal authorities.

100

EAST LONDON — It is possible, although very unlikely, for a borehole to be contaminated with cholera, the Regional Director of Health Services, Dr J. D. Krynauw, said yesterday.

Dr Krynauw advised farmers or those who used boreholes for their water supply to treat the water with chlorine if the boreholes were close to rural settlements.

"It is very unlikely that borehole water would be contaminated because cholera contaminated human excrement would have to find its way into the water," he said.

Dr Krynauw also said that septic tanks should not pose any cholera threat.

"Septic tanks are considered a safe way to dispose of sewage."

He said the greatest danger was in rural areas where communities depended on surface water for their water supplies.

9/3/82 (59) J. Diphatsho
Cholera: borehole advice to farmers

"This water can be easily contaminated with cholera and that is why in these areas we stress that water must be either boiled or treated with chlorine before it is drunk."

Meanwhile, in Pretoria an interdepartmental committee to establish the need for

purified water supplies in cholera-stricken areas has been appointed.

The committee's most important task will be to provide stricken areas as well as areas at risk with safe drinking water. Permanent water purification, boreholes and tankers will receive special attention.

In Transkei the number of confirmed cholera cases had risen to 61 since last Wednesday when the total was 53, he Deputy Secretary of Health, Dr R. F. Ingle said yesterday.

The breakdown is: 21 confirmed cases and one suspect at the Isilimela Hospital in Port St Johns; 25 confirmed cases and four suspects at Canzibim Hospital in Ngqeleni; and 12 confirmed cases at the St Elizabeth Hospital in Lusikisiki — DDR.

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13/3/82
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Killer bubonic plague in Cape

Weekend Argus
Bureau

PORT ELIZABETH. — A 32-year-old man has died of bubonic plague he contracted at a settlement camp near here.

The man who has not yet been identified, was taken to the Livingstone Hospital from the camp at Coega about 30 km from here, last Wednesday.

He died on the day he was admitted but tests confirming the cause of death were only completed late this week, said Dr. E. W. Michaels, Superintendent of the hospital.

A four-year-old boy has also contracted the disease but is reportedly out of danger.

Another 14 inhabitants of the camp have been admitted to hospital, and 18 families have been placed under quarantine.

Mercury 13/3/52 (89)

Warning on Natal shellfish

Ormande Pollok
Political Correspondent

CAPE TOWN—The Government says it may be forced to resort to 'stronger measures' to curb the consumption of cholera-infected sea foods if its appeals for care go unheeded.

Yesterday the Director General of health, Dr J de Beer, asked people not to eat mussels or oysters caught along the Natal coast, but said that crayfish, crabs, shrimps, prawns and other similar marine life collected close inshore could be eaten but only after being carefully rinsed in running water.

'It is well known that

oysters and mussels are prone to concentrate by ingestion potentially dangerous substances, and sample tests taken at different places along the Natal coast have now shown that this form of sea life is contaminated with cholera organisms.'

Dr de Beer said that the possibility existed that oysters and mussels might be sold inland, and he appealed urgently to all distributors, hotels and restaurants not to sell them to the public.

'If it should appear that this appeal and warning is not heeded, the department will unfortunately be compelled to resort to stronger measures,' he said.

Plague claims first death in East Cape

89

E. Post
13/3/82

By SANDRA SMITH

THE bubonic plague outbreak in a small black settlement at Coega is believed to have claimed its first victim.

A 32-year-old man has died and "preliminary laboratory diagnosis" indicates his death was caused by the plague, Dr J D Krynauw, Regional Director of Health in the Eastern Cape, told Weekend Post.

The man was living in the settlement which is on ground owned by the Roman Catholic Church.

Today 13 of the inhabitants were under observation at the Empilweni Hospital in New Brighton suspected of suffering from bubonic plague, the Medical Officer of Health for the Dias Divisional Council, Dr J H Meyer, reported.

Local and state health authorities, the SAR, Dias Divisional Council traffic officers and the SAP are all involved in the effort to exterminate rodents carrying the disease-spreading fleas and to isolate families where the plague has broken out.

Dr Meyer said his department was informed yesterday that 12 people suspected of having bubonic plague had been admitted to the Empilweni Hospital for infectious diseases.

The 80 or so people living in the settlement have been placed under quarantine and are being prevented from leaving the area by Dias Divisional Council traffic officers and members of the SAP.

The hospital patients have all been "de-fleaed" and residents of the settlement and their pets are in the process of being treated with insecticide, Dr Meyer said.

The area in a radius of 10km around the settlement is being treated with a gas in an effort to exterminate the fleas and their rodent hosts.

Samples of the rodents and fleas are being collected for analysis, and Dr Hardwick, the state epidemiologist, is expected to visit the region today to assess the situation.

Pupils of the local primary school attended by children in the settlement would all be examined and monitored for signs of the disease on Monday.

Dr Meyer said it was difficult to say where the plague had originated at this stage.

Some symptoms of bubonic plague were intermittent temperature rises, headaches, occasional vomiting, swollen lymph nodes and body aches. Patients could also get pneumonia.

"This is a very serious disease, with a fair mortality rate if the patient is not treated," Dr Meyer said.

However, the situation was "very much under control", he said.

The Regional Director of Health in the Eastern Cape, Dr J D Krynauw, said the disease was endemic to the area and there was a full-time team on his staff which regularly checked rodents in the area for the plague.

Cholera ⁽⁸⁹⁾
tests *D. dispatch*
negative *13/3/82*

EAST LONDON — The four suspected cholera patients at Cecilia Makiwane hospital did not have cholera.

This was confirmed in tests conducted on the four patients.

A spokesman for the hospital said yesterday that the results of the tests were negative.

"They definitely do not have cholera," the spokesman said. — DDR

Bubonic Plague outbreak claims its first victim

A 32-year-old man has died and another 13 are in hospital in a suspected outbreak of bubonic plague at Coega in the Eastern Cape.

The Medical Officer of Health for the Dias Divisional Council, Dr J H Meyer, said yesterday his department had been told that people with bubonic plague had been admitted to the Empilweni Hospital in New Brighton, a black township outside East London.

The families, who live in the Roman Catholic Church-owned Coega settlement where the plague broke out, have been placed in quarantine.

They are being prevented from leaving the area by traffic officers and the police.

All their pets are being disinfected,

Sunday Express Correspondent

Dr Meyer said.

The area within a 10km radius of the settlement is being sprayed with a gas to exterminate the fleas and their rodent hosts.

Local and State health authorities, South African Railways, Dias Divisional Council traffic officers and the South African Police are involved in the effort to prevent the plague spreading.

Samples of rodents and fleas are being collected for analysis, and a State epidemiologist is expected to visit the region to assess the situation.

Tomorrow pupils of the local primary school will be examined for

signs of the disease.

Dr Meyer said it was difficult to say exactly where the plague started.

Some symptoms of bubonic plague were intermittent temperature rises, headaches, occasional vomiting, swollen lymph nodes and aches. Patients could also get pneumonia.

"This is a serious disease with a fair mortality rate if the patient is not treated," Dr Meyer said.

All people at risk were being observed and suspected cases were being hospitalised but the situation was "under control", Dr Meyer said.

The Regional Director of Health in the Eastern Cape, Dr J D Krynauw, said the disease was endemic to the area.

14/3/82
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Future is bleak for squatters

THEY FACE REMOVAL TO A VALLEY WHERE CHOLERA IS RAMPANT

By MIKE CADMAN

MORE than 22 000 people living at the N'chowni squatter camp near Stanger face removal to other areas during the next few years, according to Stanger's medical officer of health, Dr Ebrahim Bhorat.

"I believe the Government intends moving all the people out of N'chowni.

"There has been talk of resettling the people for a long time. Some of the people have lived at N'chowni for 20 years and unless the areas they are moved to are correctly prepared I foresee several disasters."

One of the areas earmarked for occupation soon is Bulwer Farm.



• Chief Boye Gumede shows part of Bulwer Farm where the Government intends relocating hundreds of people. He fears facilities and water will be inadequate to support more people and their livestock.

One of the areas earmarked for occupation soon is Bulwer Farm, about 20km from Stanger and N'chowni.

The farm is in a hot, sparsely populated cholera-infested valley near the Tugela River. The only clean water supply comes from four boreholes in the valley.

Dr Bhorat said that unless proper roads, sanitation, electricity, schools and other amenities were provided the Government would just be shifting the problem out of sight.

"At N'chowni they are near their place of work, Stanger, and are close to clinics, doctors and the police.

"Out at Bulwer Farm there is very little in the way of basic requirements and I just can't see the sense in moving people. Here unless millions of rands are spent on providing facilities.

"By spending a far smaller amount they could rather improve conditions at N'chowni."

Chief Boye Gumede, who controls part of the Bulwer Farm area, said he had been told that at least 600 people would be moved into the valley soon.

"The government people (Department of Co-operation and Development) have told me they are bringing in people from N'chowni, Doesberg and maybe Shakaville.

"If they move all these people in we are going to be faced with overcrowding.

"Our cattle won't find enough grazing and we will not have enough space to grow our crops.

"And what will be done about transport to and from Stanger and how will people manage to pay the higher

pupils. "We have no space left. "I don't know how many people will be coming in but at the moment we certainly can't cope with any more."

The principal of the senior secondary school, Mr Simon Ngcobo, echoed his colleague's statement and said the problem was serious.

"We are desperately overcrowded and if more people come in new schools will have to be built," Mr Ngcobo said.

"I have heard that they will be building a school in the valley but whether it will materialise I do not know."

Last year it was reported that the people of Shakaville, on the fringes of Stanger, also face removal to Bulwer Farm.

This week the acting chief director for the Port Natal Administration Board, which controls the settlement, Mr G S Nieuwoldt, said the future of Shakaville was still undecided.

"Last year the Minister of Co-operation and Development, Dr Piet Koornhof, made several statements on the matter but as yet we have heard nothing further about the future of Shakaville," Mr Nieuwoldt said.

The Sunday Express put several questions to the department about the future of the N'chowni settlement, the exact number of people due to be resettled at Bulwer Farm, over what period this would occur and what facilities were to be provided.

The questions had not been answered at the time of going to press.

A spokesman for the department's public relations section in Pretoria said he had had difficulty contacting the right people about the matter.

14/3/82 S. Times (89)

PE medics battle to hold off bubonic plague threat

By BEVIS FAIRBROTHER

PORT Elizabeth medics face a tense week trying to stop an outbreak of killer bubonic plague from spreading to the city.

One person from a Roman Catholic mission at Coega, about 32km from the city, has died and another case has been confirmed. Ten suspected cases are being treated in the

Empilweni Hospital.

Another 80 people at the mission are under quarantine.

The Regional Director of Health, Dr J D Krynauw, could give no guarantee that the disease would not spread unless people co-operated.

Yesterday he made an appeal to people near the affected area to stay where they were. Dr J H Meyer, Medical Officer of Health for the Dias Divisional Council, also appealed to people to stay home.

Combing

"If people do as we ask, there should be no reason for the disease spreading at this stage," he said.

Authorities only learnt about the outbreak on Friday, and medical teams were still trying to establish how far it had spread.

Teams are systematically combing the surrounding areas.

(89) D. Dispatch
15/3/82

E Cape plague under control

PORT ELIZABETH — The outbreak of bubonic plague at Coega near here, which had led to one death and the admission to hospital of 19 people, was being successfully contained, a plague-eradication expert said yesterday.

Dr Edmund Hartwig, a state ecologist from Pretoria, said the quarantine placed on about 80 inhabitants of the plague-stricken settlement at the Catholic mission at Coega should be lifted after a week or so.

"The situation is under control," he said.

Plague control efforts would continue for two weeks or longer as health authorities examined residents and analysed rodents and fleas to ensure they were not infected.

Meanwhile, the number of Coega residents admitted to hospital since Friday suffering from possible plague

symptoms has risen from 12 to 19.

Tests have practically confirmed that three Coega residents admitted at the weekend are victims of the plague.

Two of the victims are children.

The fatality was identified yesterday as Henry Poela. He was admitted to Livingstone Hospital on March 3 suffering from what was believed to be pneumonia.

— DDC.

Sewer spews out its evil contents



A resident of Highfield Road, Mrs LENA RUITERS, holds her nose as she looks at the spillage from a sewer she says has been blocked for three days. Picture by Mike Holmes

By SHELAGH BLACKMAN

A BURST sewer spewing out its evil-smelling contents for three days at the junction of Ablett Street and Highfield Road has made the lives of the residents in the area a misery.

The matter was reported to the Evening Post by a businessman who drives along Highfield Road

He said that with the outbreak of bubonic plague in the Eastern Cape and the fear of cholera spreading southwards, it was a mystery to him why the municipality had not repaired the sewer, which burst on Fri-

day.

"What was a mild smell on Friday has become positively wicked," he said.

His words were no exaggeration. When the Evening Post arrived on the scene there was a powerful stench from the sewer. Sewage was strewn over a wide area and was being spread far afield by passing vehicles. Children were playing nearby.

Mrs Lena Ruiters, of 536 Highfield Road, has the misfortune to live a few metres away from the sewer.

"It's been terrible. We have had to keep our doors and windows closed all weekend. We can't eat."

A neighbour of hers had phoned the municipality on Saturday, she said.

A shopkeeper in Ablett Street said he noticed spill-

age from the sewer running down the street on Friday, but did not report the matter.

The Assistant City Engineer in charge of water and sewerage, Mr G C de Rome, said that the first his department heard about the blocked sewer was on Saturday at about 5pm. The report came from the city's Traffic Department.

There was a blockage

team on duty every day, including Sundays, and they were on site within 15 minutes. A man had worked until 6pm until he cleared the blockage.

Nobody phoned to say that the sewer was blocked again and the first the municipality heard of the matter again was this morning.

"I don't know why it should have blocked up again, but the team is busy working there now," Mr de Rome said.

He said that when a blockage was reported, the team was on site within 20 minutes.

Powerful stench puts residents off their food

Thunder storms would fill farmers' dams

Post Reporter

EASTERN CAPE farmers, who have had little or no rain, are hoping for thunder storms to replenish their depleted dams as the rainy season comes to an end

The regional extension officer for the Department

Figures given for the weekend from Saturday to this morning were (in millimetres) Middelburg 0.1, Umtata 5.5, Jansenville 1, Somerset East 0.3, Addo 1, East London 13, and Stutterheim 8.

The extension officer for

are drying up," Mr Du Preez said.

Mr Smart said: "The inland area are facing a critical water shortage. Indwe has been declared an emergency drought area and other areas are expected to make similar claims before

Boy killed in rescue attempt

Post Correspondent

JOHANNESBURG A 14-year-old boy hero, although stung by bees, bravely rushed to the rescue of an 11-year-old girl when they were attacked by a swarm of bees on a cliff at Krugersdorp at the week-

Boxer to pressur to come

Post Correspondent

JOHANNESBURG — Davey Moore, the WBA junior middleweight champion, is being placed under

Bubonic plague 'isolated' at PE

Own Correspondent

PORT ELIZABETH. — The outbreak of bubonic plague at Coega outside Port Elizabeth had led to one death and the hospitalization of 19 people, but was being successfully contained, a leading plague-eradication expert said yesterday.

Dr Edmund Hartwig, State ecologist from Pretoria, said the quarantine placed on about 80 inhabitants of the plague-stricken African settlement at Coega's Roman Catholic mission should be lifted after a week or so.

"We have been fortunate that only a small spot has

been affected and it seems we have been able to isolate it," Dr Hartwig said. However, health authorities would continue for several weeks to examine residents and analyse rodents and fleas to ensure they were not infected.

Meanwhile, the number of Coega residents admitted since Friday to New Brighton's Empilweni Hospital suffering from possible plague symptoms, has risen to 19.

The death was identified yesterday as Mr Henry Poela, who was admitted to Livingstone Hospital on March 3 suffering from what was believed to be pneumonia.

The hospital's superintendent, Dr P W Michaels, said the man died soon after admission. Test results received on Thursday showed he was suffering from a particularly virulent strain of bubonic plague which attacked the lungs.

Coega (89)
plague
victim
named

E. Post
15/3/82

Post Reporter

THE outbreak of bubonic plague in Coega last week claimed its first victim at the weekend, and the number of people admitted to hospital suffering from suspected plague symptoms since Friday has risen from 12 to 19.

The plague victim has been identified as Mr Henry Poela, 32. He was one of about 80 residents of the settlement in Coega, owned by the Roman Catholic Church, where the disease broke out.

The settlement has been placed under quarantine and residents are being prevented from leaving by Dias Divisional Council traffic officers and members of the police and the Defence Force to prevent the disease spreading.

Efforts are being made to exterminate rodents which carry the diseased fleas within a 10-kilometre radius of the settlement.

Pupils of the local primary school will be examined today and monitored for signs of the disease.

89) RDM 15/3/82

Bubonic plague outbreak claims two more victims

TWO more suspected cases of bubonic plague have been admitted to Empilweni Hospital, in Port Elizabeth, bringing the number of people treated for the disease to 18, the SABC reported yesterday.

The outbreak was first reported at a missionary settlement at Coega, near Port Elizabeth.

Authorities said three suspected cases were hospitalised at the weekend.

A hospital spokesman said the condition of one of the

patients was fair and the other two satisfactory. Five other suspected cases were being treated and 10 were under observation.

A Coega man died of the disease last week.

The head of health services in the area, Dr Koos Meyer, said yesterday authorities were doing everything in their power to stop the plague outbreak spreading further.

He said the settlement and its 80 residents had been

placed under quarantine and about 15 houses had been treated for fleas, the rat-borne carriers of bubonic plague.

Pets were also being treated and the surrounding countryside was being cleared of rodents.

The settlement is expected to remain under quarantine for up to 10 days. Dr Meyer said yesterday the success of efforts to contain the disease would depend on how strictly quarantine was observed. — Sapa.

More suspected

(89) Stan
15/3/82

plague victims at PE

Two more cases of suspected bubonic plague have been admitted to the Empilweni Hospital in Port Elizabeth, bringing the number of people treated for the disease to 18, the SABC reported yesterday.

The outbreak was first reported at a missionary settlement at Coega, near Port Elizabeth.

Authorities said three suspected plague patients were admitted to hospital at the weekend.

A hospital spokesman said the condition of one of the patients was fair and the other two were satisfactory. Five

other suspected cases are being treated and 10 are under observation.

A Coega man died of the disease last week.

A special epidemic committee decided in Coega yesterday to intensify the campaign against rats and fleas.

Dr Koos Meyer, MOH for the Dias Divisional Council, said the chances of the disease spreading to neighbouring areas were remote.

Dr Meyer said the settlement with its 80 residents had been placed under quarantine and about 15 houses had been

treated for fleas, the rat-borne carriers of bubonic plague.

Pets in the area are also being treated and the surrounding veld is being cleared of rodents.

The settlement is expected to remain under quarantine for seven to 10 days. — Sapa.

Pink eye ^{Mercury} spreads to rural areas

29
15/3/87

African Affairs Reporter

CONJUNCTIVITIS or 'pink eye', which has affected thousands of people, especially blacks, in the Durban area has now spread to rural areas in Natal and KwaZulu, hospital authorities have confirmed.

The epidemic which was first noted in Durban a fortnight ago, has spread as far as Nongoma in Zululand and remote areas in the Port Shepstone district where hospital authorities reported that patients affected by the disease were streaming in daily.

A spokesman at Murcheson Hospital said they were treating more than 20 patients a day.

Dr. K P Porsche, superintendent of the Benedic-

tine Mission Hospital in Nongoma, said they were treating between 10 and 12 patients a day.

The Nkandla Hospital in Northern Natal has treated more than 30 patients a day during the past two weeks, while a spokesman for Mapumulo Hospital also confirmed there had been an outbreak in the area, as did Edendale Hospital in Pietermaritzburg.

At King Edward VIII Hospital in Durban more than 450 patients have been treated since last Monday, and the Kwa Mashu Polyclinic has dealt with more than 1 000 since the onset of the epidemic.

School principals reported they had sent infected pupils to clinics for treatment.

Govt policies blamed for spread of disease

89
~~101~~
 E. Post
 16/3/82

Post Reporter

THE outbreak of cholera in South Africa underlined the dangers created by the implementation of National Party policies, says an article in Deurbraak, the PFP magazine.

Not only was the epidemic a result of bad health care but it had to be seen as a symptom of a much wider problem, including the homeland policy, resettlement and the migrant labour system, the article said.

The incidence of cholera was an indication of poor socio-economic conditions.

"It is not a tropical disease, as is sometimes claimed by Government spokesmen who are trying to deflect the responsibility for creating circumstances in which diseases such as typhoid and cholera flourish," it said.

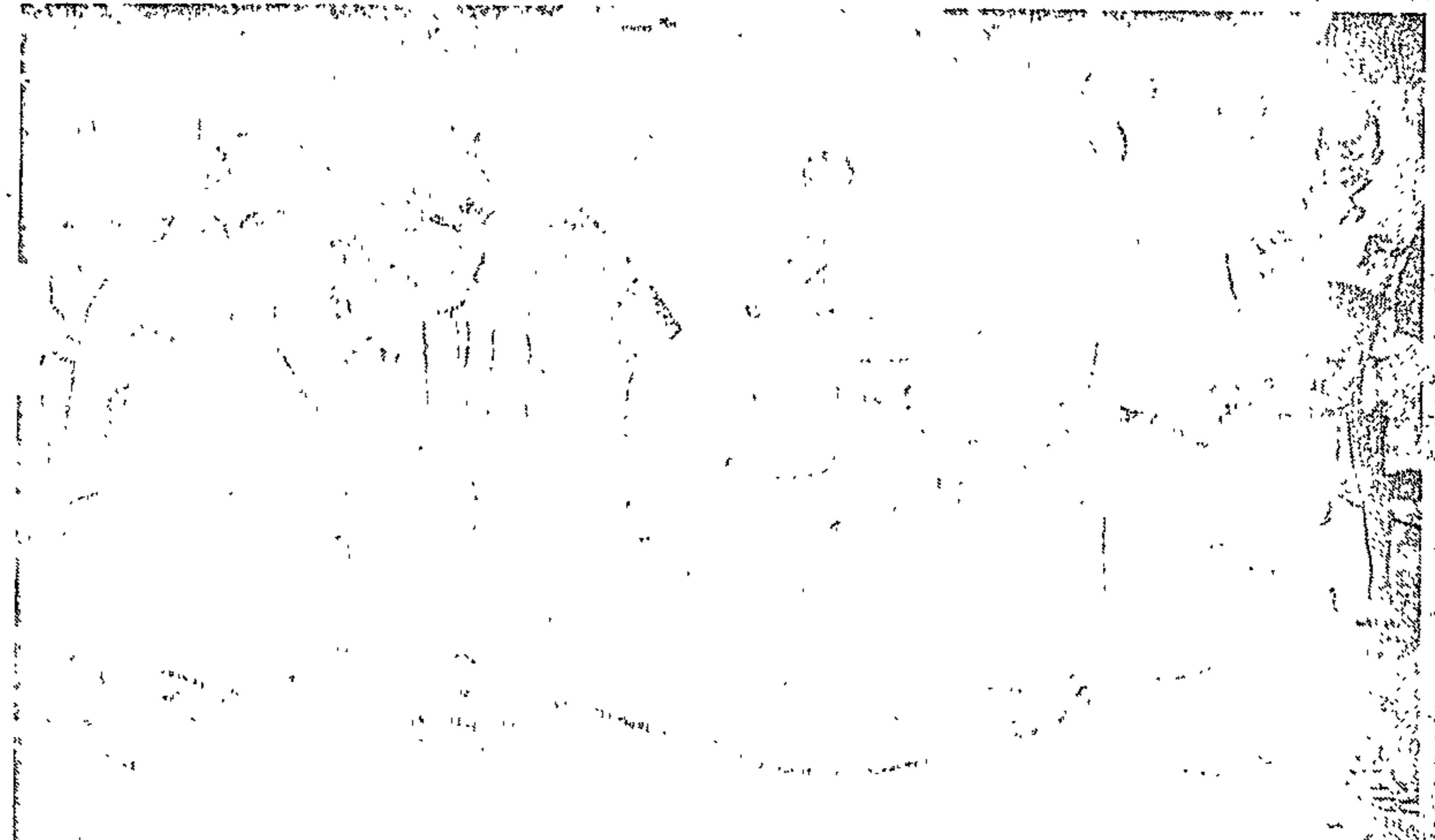
Cholera could rather be described as a disease of under-development.

The NP's homeland policy, "aimed at the creation of overcrowded reserves of black migrant labour", could only serve to increase the incidence of such diseases.

"It is interesting to note that the 'cholera receptive areas' identified by the Department of Health largely coincide with the homelands, the article said.

It was also significant that cholera was found in many resettlement areas where there was overcrowding and a lack of sanitation and of proper water supplies.

The spread of the disease from the squatter settlements of the Kangwane homeland in the Eastern Transvaal to the Durban area could be directly attributed to the migrant



Children filling their water drums from a tap in Soweto, Port Elizabeth. These are the kind of conditions — there is one tap for every 2 000 people — in which cholera can occur. Each site in Soweto has one bucket toilet, shared by about 20 people. They are emptied once a week. There are no drains, and used water must be thrown into the streets.

labour system.

"Over the Christmas period many black migrant labourers returned to their families who are living in cholera-infested areas. When they return to work they bring the cholera bug with them.

"It is clear that until we get rid of the apartheid system and its by-products, there is little chance that diseases such as cholera, typhoid and malaria can be eradicated," the article said.

The entire South African health system also needed close scrutiny. South African medicine was organised primarily to serve the needs of the white and the urban population.

However, the bulk of dis-

ease and suffering was among the black population and occurred in rural areas.

"Not enough money is spent on primary health care — instead it is spent on sophisticated health care in towns and cities," the article said.

The senior paediatrician at King Edward VIII Hospital, Durban, Dr W Kepping, was quoted as saying the quality of primary health care could be evaluated by looking at five criteria:

- The availability of clean, treated water and safe sanitation.

- The infant mortality rate

- The prevalence of preventable diseases

- The nutrition of children in particular and of the community at large.

- How important the Government rated primary health care facilities in its Budget.

"If the criteria are applied to South Africa the picture looks quite bleak," the article said.

"The fact that at least 50 000 children died of malnutrition during the winter of 1980, the fact that preventable diseases such as cholera and typhoid still occur, the lack of clean water and proper sanitation in so many parts of the country, the fact that only 2% of the expenditure on health care in South Africa is devoted to preventive

medicine — all tell the same sorry tale."

Only when the disease broke out had the Department tried to educate people about proper sanitation and the use of purified water. The Department had been poorly prepared and tried to shift the responsibility for dealing with the disease to individuals and homeland authorities.

The solution lay not in efforts to try to cure a disease such as cholera once it had occurred — it rather necessitated a drastic look at the whole fabric of our society, at the way in which people were being treated, and in a system of health care where the health of society as a whole was the prime objective.

Plague cases ⁸⁹ rise to six ^{D. Dispatch} _{16/3/82}

PORT ELIZABETH — A Coega child suffering from bubonic plague was admitted to hospital on Sunday night, bringing the number of confirmed plague cases to six, including one fatality.

Another five patients at New Brighton's Empilweni Hospital for infectious diseases are suspected of being infected while an additional nine are being watched, a spokesman said.

All are from a settlement in the grounds of a Catholic mission at Coega.

An intensive campaign by local and state health authorities aimed at isolating the settlement and eradicating the dis-

ease-carrying rodents appears to be meeting with success. No one outside the quarantined area has been affected, officials said.

Health officials said all people in the affected area suffering from swollen glands in the neck, groin and armpits should be given immediate attention. — DDC.

Patrol boats for Libya

PARIS — France has delivered to Libya the first of 10 missile-firing patrol boats ordered five years ago in a controversial 600-million-rands contract, defence officials said yesterday.

MOH to
visit
Durban

16/3/82
89
D. Dispatch

EAST LONDON — The city's medical officer of health, Dr J. R. van Heerden, will travel to Durban shortly to learn about the anti-cholera measures being taken there.

This was decided last night by the city council's action committee, the chairman of the committee, Mr Joe Yazbek, said.

Mr Yazbek said the committee had discussed a report on the measures being taken by the municipality to prevent any outbreak of cholera.

"Dr Van Heerden was very highly complimented on his realistic and comprehensive report in regard to the danger of cholera in this area." — DDR.

No rabies reported in Durban, but . . .

Mercury Reporter

THERE had been no confirmed rabies outbreak in the Durban area in the past 10 months, but unless the public inoculated their pets against the disease the problem could quickly become serious, the State Vet, Dr Matt Ekron, said yesterday.

He said there was less risk these days of animals contracting rabies, but the public should take no chances and vaccinate pets every 12 months. Puppies should be inoculated at three months — mother's immunity had little effect on that of the offspring, he explained.

'During 1980 we were treating up to 20 rabies cases a day and if the public becomes lax about vaccinations the disease which is now isolated could quickly become serious. If we do have a serious outbreak we can fight to control it, but we can't

stop it,' he added.

Durban's Medical Officer of Health, Dr Colin Mackenzie, said that in spite of there being a decrease in the occurrence of the disease there was no chance of the R40 000 animal isolation block at Durban's SPCA becoming a 'white elephant'

Problem

He said rabies might not be as serious a problem now as it was in 1980 — 'but the disease is not going to disappear — at least not in my lifetime.'

Should rabies disappear, the isolation block at Cato Manor could be used for other things, he added.

The block, completed late last year and financed by Durban Municipality, was built to save the lives of suspected rabies carriers who, during the last serious rabies outbreak, were shot or put

down. The block comprises 24 kennels to accommodate dogs for a quarantine period of 10 days.

For the next 53 days the animal would have to be kept on the owner's premises at all times. If the animal strayed and was brought back to the SPCA the owner would be prosecuted.

Meanwhile, The State Veterinary Department's anti-rabies campaign would begin on April 14 in Eshowe and from then until May 11 inoculation clinics would be run in the magisterial districts of Eshowe, Mtunzini and Lower Tugela. The clinics, offering free services, would move to the Inanda area in June and to the Camperdown, Botha's Hill and Pinetown districts in July. Durban would be serviced during August and September.

19 HIT BY PLAGUE

THE NUMBER of people admitted to a Port Elizabeth hospital since an outbreak of bubonic plague at a small village has climbed to 19.

Defence Force personnel yesterday guarded the exits to Coega village, 32 kilometres from Port Elizabeth, preventing people from going to work from the quarantined area.

Health workers, including plague control staff from Pretoria, were examining Coega residents and scouring the area for rodents carrying the bubonic flea.

The superintendent of Empilweni Hospital in New Brighton, Dr L D Bok, said 19 people from Coega had been hospitalised with sus-

pected bubonic plague since Friday.

Three cases had been clinically confirmed, another five "most likely" had the disease and the others were under observation.

The plague fatality was Mr Henry Poela, who died shortly after

being admitted to Livingstone Hospital on March 3 for suspected pneumonia.

A Coega child admitted to Livingstone Hospital suspected to be suffering from meningitis, was confirmed last week as another bubonic plague victim.

Meanwhile, a State ecologist from Pretoria, Dr Edmund Hartwig,

has said that the plague has been successfully contained. A small spot had been affected and it appeared that it had been successfully isolated, he said.

About 80 residents of a settlement at the Roman Catholic mission were under quarantine, which should be lifted after "a week or so", he said.

OWN CORRESPONDENT

Source from
16/3/82

89

(89) *Hansard* Q Col. 399
Atmospheric lead levels

17/3/82

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

- (1) Whether the atmospheric lead levels in the major cities of the Republic are monitored; if not, why not; if so, at what intervals is the monitoring conducted,
- (2) whether there is any evidence of an increase in atmospheric lead levels in any of these cities; if so, (a) what is the extent of the increase and (b) where has such evidence been found;
- (3) whether any tests have been conducted in these cities in respect of the increase in the lead levels in the blood of human beings; if not, why not, if so, with what result?

†The MINISTER OF ENVIRONMENT AFFAIRS (for the Minister of Health and Welfare):

- (1) Yes, monthly;
- (2) no;
- (3) no, in view of the reply to (2) it is not necessary.

89) Hansard Q. Col. 403-4
Funds for treatment of cholera cases
17/3/82

*9. Mr A. G. THOMPSON asked the Minister of Finance:

Whether it is the intention of the Government to make available additional funds for the Natal Provincial Administration in view of the expenditure incurred by it in the treatment of cholera cases?

†The MINISTER OF FINANCE:

No. Sufficient provision of an exceptional nature is included in the standard edition to compensate Provinces for ex-

17 MARCH 1982

404

penditure of a non repeatable nature and therefore no request was received for additional funds for the Natal Provincial Administration.

Bubonic plague nets 2 more ^{DOM 17/3/82} (8)

Mail Correspondent

PORT ELIZABETH. — A mother and child have been admitted to the Empilweni Hospital in New Brighton, Port Elizabeth, for treatment of bubonic plague, bringing to 20 the number of people either under observation or who are confirmed cases.

Besides the 20 patients, there has been one

fatality, Mr Henry Poela, 32, who died at the weekend. There has also been one recovery from the disease, which is carried by fleas on rodents.

The hospital's superintendent, Dr L H Bock, said the plague, which broke out at a Coega African settlement at the weekend, seemed to be contained although it had been "caught too late".

DON'T LOSE THIS ADVERT

Another possible plague victim

89
Star
18/2/82

The Star Bureau
PORT ELIZABETH —

Another possible victim of bubonic disease has been admitted to hospital here — the first one who is not from the immediate vicinity of the quarantined area near Coega village.

This was confirmed today by a spokesman for Empilweni Hospital in New Brighton which specialises in treatment for infectious diseases.

The latest patient is a man from a small labourers' camp at a salt pan some kilometres from the missionary settlement under quarantine, about 20 km from Port Elizabeth.

The spokesman said the man was admitted because he had felt sick. It appeared unlikely that he had bubonic plague, but no chances were being taken.

The number of patients admitted to Empilweni since Friday is 21, comprising four cases of bubonic plague, five likely cases not confirmed and 11 merely for observation because they felt ill.

The professor of tropical pathology at the South African Institute of Medical Research, Professor Margaretha Isaacson, said she did not think there was a danger of the disease spreading and there was no cause for alarm.



MEMBERS of Cape Town's pest control unit. Left to right: Mr David Adams, Mr Kenneth Williams and Mr Abubakar Samsodien.

City watches for signs of bubonic plague

ARGUS 18/3/82
89

WITH the spectre of the bubonic plague outbreak at Coega village near Port Elizabeth, Cape Town's pest control unit and health inspectors have increased their vigilance.

The city's Medical Officer of Health, Dr R J Coogan, said in an interview, however, that he did not consider a plague outbreak likely in the area.

'We have not had a plague in the city since the Boer War. On the other hand, the Coega area is one which has remained endemic for plague since that war,' he said.

Bubonic plague — a major killer in Medieval Europe was first brought to South Africa from India in fodder for British horses during the South African War.

Gerbils were infected and there were sporadic outbreaks in the Cradock, Uitenhage and Graaff-Reinet areas up to World War 1.

Cape Town was one of the first cities to establish a pest control section (at the turn of the century), which up to the early 1950s included a surveillance unit to watch a 'dassie belt' round the city at Bellville/Goodwood/Parow.

GASSING

'With increased urbanisation this surveillance unit became unnecessary,' Dr Coogan said.

Plague is transmitted to human beings by rat fleas. The rats became infected in turn by fleas from dassies.

Today Cape Town City Council's pest control unit consisted of about 30 people, whose main task was to keep rats under control and under surveil-

lance for any suspicious causes of death, Dr Coogan said.

Killing methods used were poisoning and gassing. In 1980 6 791 rodents were recorded as having been killed in such operations in the municipal area.

Many more were believed to have died, but their bodies were not recovered.

In addition, Cape Town's 70 health inspectors were trained to watch for suspicious causes of death.

'We also appeal to the public to report any such deaths among rats to the health authorities,' Dr Coogan said.

Rodents dying of unknown causes were sent to State veterinary laboratories for analysis.

The State health authorities strictly monitored all ships and ships' cargoes entering South African ports from coun-

tries where plague was prevalent.

Dr Coogan said the disease could be transmitted from one person to another only when it had reached the pneumatic ('coughing') stage.

The pest control unit, with headquarters in Klipfontein Road opposite the Red Cross Children's Hospital, also took measures against mosquitoes and cockroaches and advised the public on fighting other pests.

POISONING

Rats were poisoned and the dosages were small so as not to constitute a danger to human beings. Whole city blocks were sometimes baited.

Dead rats — in the harbour and sometimes as big as cats — were burnt.

'With the news of the plague in Port Elizabeth we have doubled our vigilance,' Dr Coogan said.

1022

Tumbling gold gives Reds the blues (279) RUM 18/3/82 (89)

THE Soviet Union is a super power in economic despair.

Hampered by a disastrous grain crop, agricultural and industrial inefficiency and the burden of imperialism, the Soviet Union is also suffering from the collapse in the gold and oil markets.

Like South Africa, Russia is a major producer of raw materials. After South Africa, it is the second largest producer of gold and platinum, and sells large quantities of diamonds, oil, manganese, chrome and iron ore.

Yet, while South Africa is self-sufficient in food, Russia's grain harvests have been shocking for three years in a row.

The United States Agricultural Department estimates Russia will be forced to import 42-million tons of maize, wheat and other grains.

Its cost is estimated at R7 000-million, and imports of sugar, potatoes, butter and other agricultural goods may raise the cost to R10 000-million.

To meet the cost of these imports, and the cost of aid to Poland and other stricken East European countries, Russia has borrowed huge amounts of cash from Western banks over the years. But over the past 12 months, bankers have become less

willing to lend.

So the Russians have had no alternative but to dump commodities such as gold on the market. They are in a Catch-22 situation, however. The sales have depressed prices, forcing them to sell even greater quantities to generate the same revenue.

Consolidated Gold Fields estimates Russia sold about 2.9-million ounces of gold in 1980. At average prices of about \$600 that year, the

worried Russia's gold sales agents to such an extent they took the unprecedented step of instructing Swiss and German banks to tell the Press they had not been selling gold.

The statements were an attempt to instill confidence in the market, but bullion dealers say it is only a matter of time before the Russians start selling gold again.

While gold, platinum, diamonds and other minerals

only to grain imports, but also to revenue from oil sales," says Mr Fells, adding that when oil exports decline, the Soviet Union becomes even more dependent on gold sales to the West.

Besides factors beyond its control, such as grain harvests and a world oil glut, there are growing signs the Soviet system is not suited to the operation of a complex modern economy. Denunciations of mismanagement

United States. Russia, however, exports R7 000-million in armaments.

"People forget that Russia probably needs to produce submarines to keep its disenfranchised populace employed. This is probably as good a reason for the arms race as anything else," comments a London banker who specialises in Soviet trade.

Russia's agricultural sector is also in a mess and production is generally far lower than America and EEC countries.

Russian imperialism is proving costly too. Russia has been propping up East European countries such as Poland and Romania and its foreign ventures are also costly.

Russia sells cheap oil to Cuba which in turn sends troops to Angola. Yet the Soviet Union must buy Cuban nickel even though it is a large producer itself. The guerrilla war in Afghanistan is also draining the Kremlin's treasury.

It is hardly surprising the Reagan Administration believes sanctions and increasing economic pressure will force the Russian bear back into its lair. Yet the big question is whether it will snap back if it is sufficiently hard pressed. History does have its precedents.

So you think the falling gold price is giving you problems? NEIL BEHRMANN reports on what's happening to the Russians.

sales generated about R1 700-million.

Bullion dealers estimate Russia sold about 8-million ounces of gold last year. Most of this was sold between September and December when the price was nearer \$400. For these 8-million ounces, Russia earned about R3 400-million — much less than the R4 800-million which it would have earned had the bullion been sold at 1980 prices.

Russia continued to sell an estimated 2-million ounces in January this year, and in recent weeks it has been blamed for the slump in the market.

These accusations have

are important export earners for Russia, they are much less significant than oil.

Russia, a large oil producer, sells mainly to East European countries.

"Oil exports account for well over half of Russia's hard currency earnings," Mr Peter Fells, a director of Consolidated Gold Fields, estimates. He adds that the decline in the price of, and demand for, oil indicates that income from oil exports slumped by 20% in the first half of 1981. Since then, revenues have probably been lower because the oil depression has deepened.

"Russia's needs for foreign exchange seem related not

and production shortfalls have become more frequent.

"Apart from the arms industry, no area of Soviet production is booming," says Mr Fells.

In the late 1960s, the Soviet economy expanded by an average of 5.7% each year, but over the past five years it has grown at a rate of less than 3%. It is estimated that growth will be less than 1.5% in 1982.

Economic sanctions against Russia will add to the problems.

Military spending now consumes 15% of the total goods and services produced. This is roughly twice the proportion spent on defence by the

Argus Bureau

PORT ELIZABETH. — Another possible sufferer of bubonic plague has been admitted to hospital here, the first one who is not from the immediate vicinity of the quarantined area near Coega village.

This was confirmed today by a spokesman for Empilweni Hospital in New Brighton, which specialises in treatment of infectious diseases.

This patient is an adult man from a small labourers' camp at a salt pan near the missionary settlement under quarantine, about 20 kilometres from Port Elizabeth.

The camp, housing about 12 people, is in the

Another suspected plague sufferer

ARGUS

~~EARLY FILES~~

18/3/82

89

10 kilometre radius area being monitored by pest control teams.

The spokesman said, however, that the man was admitted because he felt ill, but it appeared unlikely that he had bubonic plague. But no chances were being taken.

Earlier this week, spokesmen said that a baby and her mother admitted to this hospital for suspected bubonic disease were also from outside the quarantined area.

But from interviews with hospital and health spokesmen it appeared now that there was confusion and that they were actually from the quarantined area. They were in hospital before the settlement was isolated.

The number of patients admitted to Empilweni since Friday is 21, comprising four clinically confirmed cases of bubonic plague, five likely cases not con-

firmed, and 11 merely for observation because they were not well.

Of the confirmed cases, blood samples of only one had proved positive for the plague, that of a four-year-old child, who is said to be 'doing well.'

A blood sample of a man who died earlier at Livingstone after being treated for something else, also proved positive, and sparked off the extensive campaign to stamp out the disease.

[Faint, illegible handwritten notes and bleed-through from the reverse side of the page.]

Call for patience as pink eye ~~270~~ (89) hits bus drivers

Mercant
African Affairs Reporter 18/3/82

AT LEAST 50 African bus drivers of the Durban Corporation's Transport Department were absent from work yesterday because they had pink eye — conjunctivitis — which has reached epidemic proportions in Natal and Zululand.

Mr Allan Bray, deputy manager for the department, said they hoped that there would be no bus delays and everything would be done to avoid the disruption of the bus service. He appealed to commuters to be patient.

Dr W G McNeil, superintendent of Prince Mshiyeni Hospital in Umlazi, said they were treating about 150 people a day for pink eye.

In Newcastle, Mr P van der Merwe, administrative secretary for Madadeni Hospital, said they had treated about two to three cases a day. A spokesman for Ladysmith Provincial Hospital said not a single case had been reported.

In Durban more than 2 300 pink-eye cases have been treated at King Edward VIII hospital in the past two weeks, while the Kwa Mashu Polyclinic is treating more than 300 people a day.

A spokesman for Ngwelezane Hospital in Zululand said the disease was at its peak in the area. At Esikhawini near Empangeni more than 65 people were being treated daily.

Doctors suspect detainees: a bid fails

Order, were present. The chairman of the Masa council, Prof De Klerk, the vice-chairman, Prof N. S. Louw, and Prof David McKenzie, a senior member of the association, also attended.

"The possibility of consultation with a doctor chosen by the patient or the patient's family, and the possible manner in which this could be implemented, for example, by means of a panel of doctors put forward by the Masa, was not acceptable to the authorities for security reasons. However, the deputation was given the assurance that:

- A detainee may make a request at any time through the officer in charge for the attention of a doctor, apart from the routine fortnightly consultation, and the officer in charge must accede to this request

- The detainee is visited independently by three responsible people, who are not members of the establishment wherein the detainee is being held. The detainee can therefore make representations to persons other than the officer in charge with regard to his health.

- Masa was assured by the Minister of Justice that Masa could feel free to bring to his attention any problems relating to the medical care of detainees which came to its attention

- Although no agreement was finalised regarding the method by which a practitioner of a patient's choice could be asked to give assistance, Masa would continue to explore this aspect to see if it could arrive at a formula which would be acceptable to everyone concerned. — SAPA

Plague ⁸⁹ suspect cases ^{D. Dispatch 19/3/82} now 23

PORT ELIZABETH — One person has died of bubonic plague in the Coega area near here and 23 patients suspected of harbouring the disease have been admitted to hospital since the start of the outbreak last week.

Dr J. D. Krynauw, the Regional Director of Health in the Eastern Cape, confirmed this yesterday.

The dead man is Mr Henry Ponela, 32, of Coega, who was admitted to the Empilweni Hospital in New Brighton last Wednesday.

About 100 people living in the Coega region have been placed under strict quarantine.

Although bubonic plague is endemic in the region from Port Elizabeth/Uitenhage to Graaff-Reinet, no one died during the previous outbreaks in 1966 and 1974, Dr Krynauw said. — DDC.

Procter says action unlikely

CAPE TOWN — Mike Procter does not think the English cricket rebels will have to resort to legal action in their battle to convince officialdom that they have done no wrong in coming to South Africa.

The Springbok captain, whose nagging knee injury has rendered him unavailable for the second four-day Test which starts at Newlands this morning, spoke yesterday of the so-called plight of Graham Gooch and his controversial English XI.

"I honestly don't believe this matter will go to the courts. Four years ago the Kerry Packer players went to court and won their case at great expense to the Test and County Cricket Board (TCCB).

"And I don't for a mo-

ment see the situation regarding these English players being as bad as the Packer business," said a man who was heavily involved in that particular episode and who has spent the past 13 years playing county cricket for Gloucestershire.

"The question I'd like to ask is what these players have done wrong. They come to this country to coach and play provincial cricket and there's nothing said about that. As I see it, there's nothing illegal in forming a team and playing out here.

"They've just earning a livelihood... I don't believe the English cricket authorities have a leg to stand on legally."

Asked whether he believed that Western Province's Lamb would be

Woman not guilty of theft

EAST LONDON — A former floor supervisor at a clothing store, Mrs Selma Mentoor, 21, of Buffalo Flats, was found not guilty when she appeared in the magistrates court here on a charge of theft.

The State alleged that Mrs Mentoor stole clothing worth R405 from Foschini on October 30 last year.

Evidence was led that the clothing was found in two parcels on her desk by Foschini personnel. The parcels were supposed to have been part of an appro consignment for a customer but the only official appro order from the customer was for three hats.

Mrs Mentoor denied stealing the articles and said they had probably

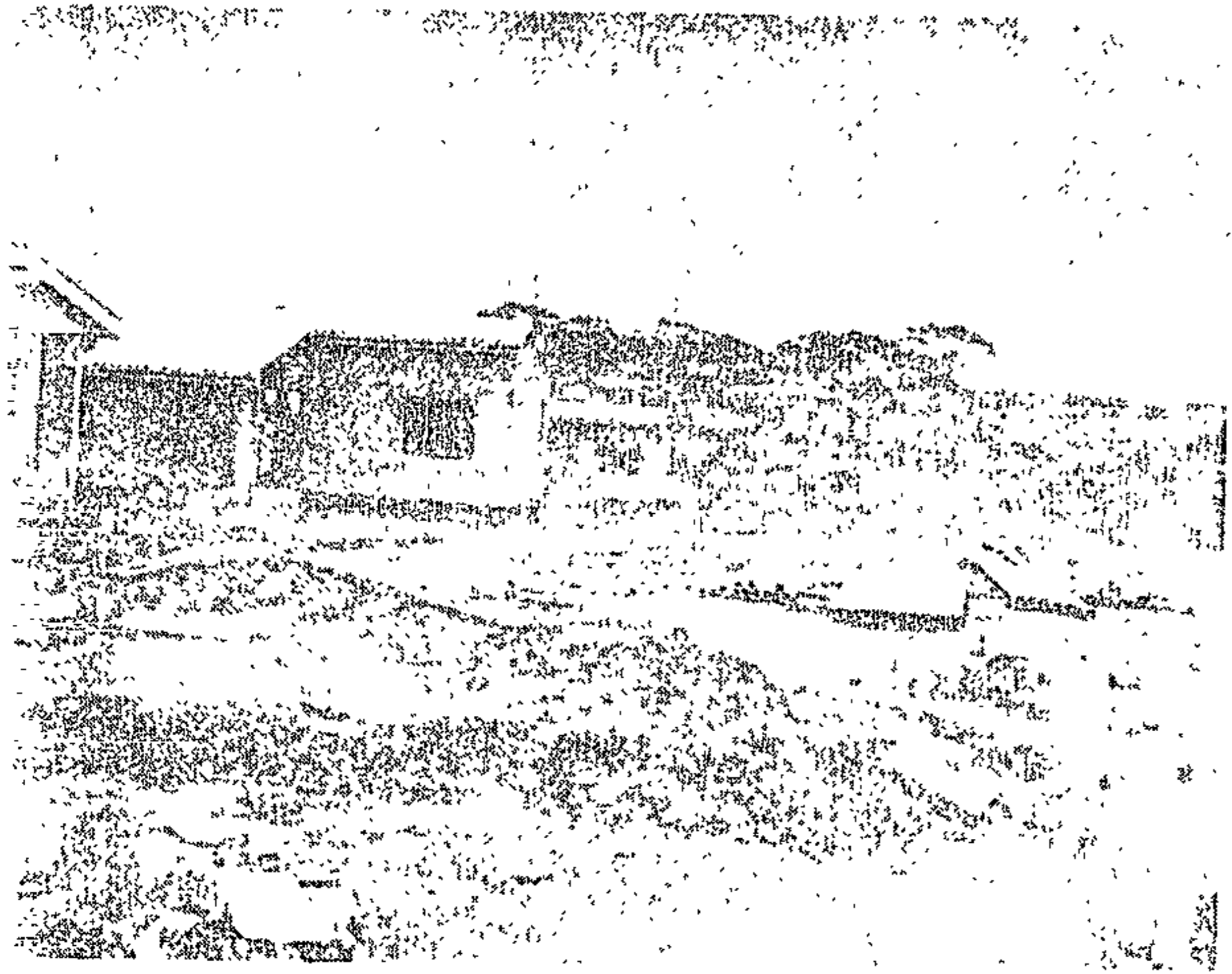
been packed accidentally by a Mrs Mavis Goliath who worked with her.

Mrs Goliath was called to give evidence by the magistrate, Mr P. Campbell, and she denied packing the articles.

In his judgment, Mr Campbell said while he had no doubt as to the truthfulness of the State witnesses, he was not impressed by Mrs Goliath's evidence.

There was however a very small possibility that Mrs Mentoor's version might be true, and she had to be given the benefit of the doubt.

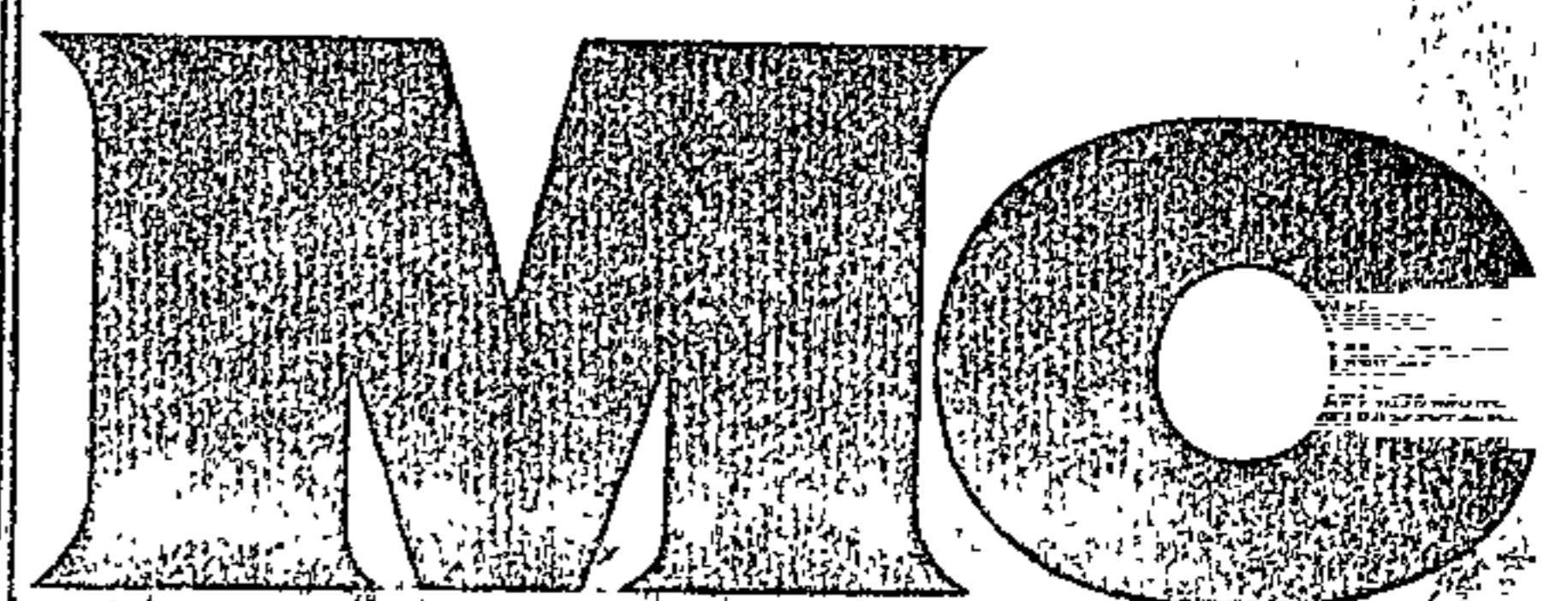
Mr Campbell said this did not mean that he believed Mrs Mentoor. He said he believed she wanted to steal the items. — DDR



Lynn 4 houses: the Housing Action Committee says these homes, North End Indians, should be given to Duncan Village residents instead. Duncan Village houses can be seen on the right.

Settlement ^{D. Dispatch 19/3/82} in

Border
and here.



Boy, 10, is 22nd⁽⁸⁹⁾ ^{S. Post} ^{19/3/82} bubonic patient

Post Reporter

A CHILD was admitted to the Empilweni Hospital for infectious diseases in New Brighton yesterday, bringing to 22 the number of patients suspected of or suffering from bubonic plague.

A hospital spokesman said today the child, a 10-year-old boy, had been admitted for observation.

The disease broke out in a settlement in Coega last week and the 80 or so residents are still under quarantine.

Results of tests which became available today show five of the patients have the disease.

Two, one of whom died at the weekend, were bacteriologically proven. The surviving patient is a child who has developed meningitis as a complication.

Three of the cases had been serologically proven to have bubonic plague. One of these is the mother of the child who has meningitis.

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Cholera ⁽⁸⁹⁾ *Mercury* now hits *11/3/82* North Natal

Mercury Reporter
CHOLERA has hit North
ern Natal for the first
time since the outbreak of
the epidemic last
November.

It was reported that the
first cholera patient from
Vryheid was treated for
the disease yesterday.

Meanwhile patients
continue to be treated at
provincial hospitals
throughout Natal.

Yesterday at Eshowe
Hospital 17 people were
treated and two admitted;
at Stanger Hospital 16
were treated and one ad-
mitted; at Clairwood Hos-
pital 14 were treated and
22 admitted; at Estcourt
Hospital 13 were treated
and five admitted; at G J
Crookes in Scottburgh 13
were treated, and 15 ad-
mitted; at Port Shepstone
Hospital six were treated
and one admitted and at
Ladysmith Hospital three
were treated and two
admitted.

... works

69 Staw
Cape oysters
19/3/82
— no cholera

Although municipal health departments have banned fresh oysters from Natal because of the cholera threat, fresh oysters from the Cape are safe to eat.

The Johannesburg Department of Health has tested Cape oysters and found them to be free of cholera.

Cholera hits N Natal

2014

89

19/3/82

Mail Correspondent

DURBAN. — Cholera has hit northern Natal for the first time since the outbreak of the epidemic.

It was reported that the first cholera patient from Vryheid was treated yesterday.

Meanwhile patients continue to be treated at provincial hospitals.

Yesterday 17 people were treated at Eshowe, 16 at Stanger, 14 at Clairwood, 13 at Estcourt, 13 at Scottburgh, six at Port Shepstone, and three at Ladysmith.

261
1001

000 + 300
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000 - 900
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$1\frac{2}{3} = \frac{1}{3}$
120
90

90
80

Feed/want.

89 2004
19/3/82

Plague threat 'always there'

Mail Correspondent

PORT ELIZABETH. —

The possibility of an outbreak of bubonic plague — which became a reality in Coega last week — was predicted nearly two years ago by a Department of Health ecologist, Dr E K Hartwig.

But in spite of increased vigilance by rodent control teams there was no sign until the first case was confirmed last Friday.

Since then one man has died and there have been three clinically and one laboratory confirmed cases of the disease. Yesterday another person was admitted to the Empilweni Hospital bringing the total number of actual and suspected cases up to 21, according to the hospital superintendent, Dr L B Bok.

Speaking from Pretoria yesterday Dr Hartwig said the plague was endemic in an area stretching from Uitenhage to the north-western Cape and including the Free State and a large section of the Transvaal. South West Africa was also a plague endemic area and a serious — and predictable — outbreak occurred in Ovambo in 1974.

The disease first spread to South Africa in the 1920's by means of infected rodents which were imported into the country and which then spread the disease to the indigenous rodents.

"One could never eradicate the disease even if one killed off all rodents because the organisms which cause it can remain alive in rodents' burrows for up to a year."

The regional representative of the Department of Health in Port Elizabeth, Dr J D Krynauw, said the department's rodent control team was based in Uitenhage and patrolled the area as far away as Graaff-Reinet.

Three new facilities for the investor ⁽⁸⁹⁾ ~~20/3/82~~ gained 94 percent. Patrick McLoughlin discusses the gold coin market.

Three new facilities — Krugerrand certificates, Krugerrand futures and silver bags — are available to investors.

The facilities were introduced by The Gold and Hard Asset Exchange in response to investor demand, says Mr Peter Schofield, director of investor services.

“Clients often asked if we could store their Krugerrands for them. Now, with the Krugerrand certificates facility, investors receive a ‘safe-keeping’ certificate as proof of ownership and we take responsibility for storing and insuring the coins.

“Investors are free to sell their coins or take possession of them at any time.”

“Krugerrand ‘futures’ contract, he explains, works on a similar principle to the futures market in the US and other major centres. Investors buy coins at today’s price to take delivery at a future date.

“Through a futures contract, investors can secure Krugerrands with a 25 percent deposit, so they can buy four times as many,” he adds.

“Trading in bags of silver coins,” says Mr Schofield, “was introduced to allow more silver on the market to ease investors demand.”

Over the past two years industrial shares have gained a mere 10 percent in all their ups and downs. Proof Krugerrands, according to Gold Coin Exchange records, have gained 94 percent. Patrick McLoughlin discusses the gold coin market.

Records topple in rush for Krugerrands

“Buy Proofs, the epitome of all the ultimate investments. Buy them till they are coming out of your ears because you are going to make a fortune.

“The Brazilians want them; the Americans want them; the Mongolians and Outer Siberians are sending a special delegation to buy every 1968 frosted Krugerrand in the country. Raise a mortgage on your house....”

No, the bit about the Mongolians and Outer Siberians, contained in a somewhat flippanant advertisement for an investment journal, is definitely wrong. But quite a few people nowadays do believe that Proofs bring the money rolling in and investors increasingly appear to be opting for Krugerrands and Proof Krugerrands as their corner-stone of their portfolios.

The leading market for Krugerrands in the country (which does not deal in Proofs) is Johannesburg. In April 1979 Krugerrands were officially listed for the first time on the JSE and trading in Krugerrand half, quarter and one-tenth of an ounce coins began in early October 1980.

In the first year of operation dealings in the coins totalled R23,3 million and in the second year R52,6 million. Last year the total value of coins traded at Diagonal Street totalled a whopping R58,3 million.

The sales figures for another leading secondary market for the coin — which sells proofs — is just as impressive.

The sales of Proofs and Krugerrands, by the South African Gold Coin Exchange more than doubled last year and chairman Eli Levine reports that the exchange this month is breaking all previous records for monthly sales of both coins.

	March 1980-March 1982	March 31 1980	March 18 1982	% change
Gold		\$490	\$316	-35.5
Krugerrands		R511,06	R389	-24
Proof Krugerrands		R826	R1 605	+94,3
1968 Frosted Proof		R6 364	R11 904	+87
Industrial shares		*511,5	*562,9	+10
Gold shares		*479,0	*430,1	-10,2
Silver		644,70p	391,65p	-39,3

Sales of Proofs at the exchange leaped 141 percent last year to reach a record R12,22 million, up from the 1980 figure of R5,07 million and sales of Krugerrands rocketed from R5,61 million in 1980 to R18,57 million in 1981 — a 231 percent increase.

This massive increase was helped along by the relaxation by the Government on the availability of Krugerrands domestically. But, as Mr Levine points out, it also reflects a massive demand that appears to exist among the South African investment public for the coins.

Mr Levine says that in 1981 the coins increased in value by 43 percent while gold fell 32 percent in the same period. Between December 1980 and December 1981 bullion fell 32,2 percent (from 589,75 dollars to 400 dollars) while Krugerrands in South Africa fell only 24,4 percent (from R608,50 to R460,50).

Last year’s 143 percent increase in total sales to R34 million reflects, he believes, a growing public confidence in Proofs, Krugerrands and other coins as a sound investment and hedge against inflation.

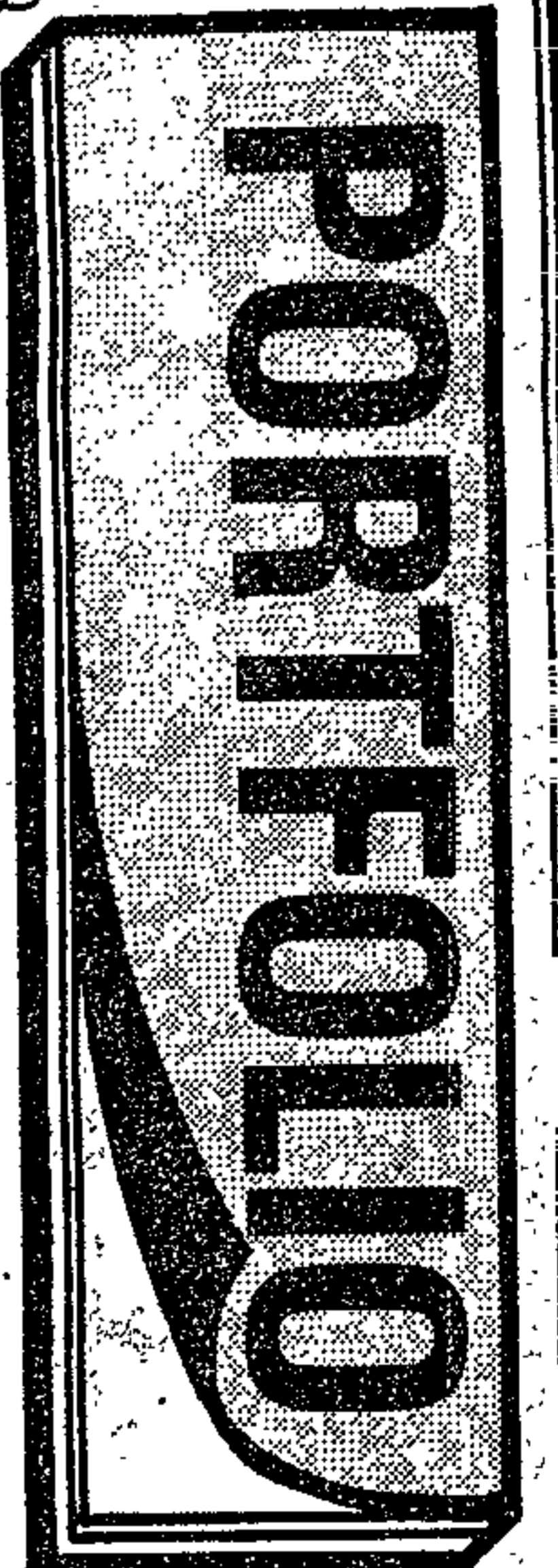
The words “hedge against inflation” are constantly mentioned when one talks to people involved in both Proofs and the Krugerrand. In the decade to March 1980, for example, SAGCE annual rates of growth statistics puts inflation at 9,95 percent.

In the same period the bullion rose 30,1 percent, industrial shares rose 34,9 percent, fixed interest was 11 percent, gold shares were up 34,9 percent. Krugerrands rose 34,1 percent, 1970 Proofs jumped 36,1 percent and a very special type of Proof — the 1968 frosted bust Proof — easily headed the list with a 69,5 percent increase.

What is the Krugerrand? The South African Krugerrand is a gold bullion coin and is legal tender in South Africa. It contains exactly one troy ounce of fine gold so the obvious correlation exists between the direction of the bullion price and that of the coin’s.

The proof is a coin manufactured by the Mint with a special finish, therefore an object of beauty and a numismatic item. It is also an object of rarity — less than one percent of all Krugerrands are proofs.

With the current slump in the gold price and the depressing scene at Diagonal Street Mr Levine counsels that the investor should withdraw from equity investing. If he is considering buying Krugerrands — don’t.



1. Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
2. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book (s) are used.

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

53%



UNIVERSITY OF CAPE TOWN
EXAMINATION ANSWER BOOK

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

89
w/c 17/6/82 20/3/82
No fear of plague spreading

Weekend Argus Bureau
PORT ELIZABETH. — Confirmed cases of bubonic plague from Koege areas near Port Elizabeth have risen from four to seven.
The bubonic victims include three children between five and 10 years old.
Three patients whose tests have proven positive had been taken to hospital for observation and had been thought unlikely to have the disease.
Health authorities say the plague is not spreading as the new cases come from people who had been in hospital for several days.
The confirmed cases are from the area under quarantine — a small, shabby settlement about 20 km from Port Elizabeth on land owned by the Roman Catholic Church.
Dr Max Goldberg, deputy superintendent of Empilwen Hospital, where all the cases are being treated, said today that only one of the confirmed patients was causing concern. This patient was 'holding his own and not in danger at the moment.'
Five more patients are suspected of having the disease and 12 are being kept for observation.
The Medical Officer of Health for Dias Divisional Council, Dr Koos Meyer, said today no sign had been found of the disease spreading. This was borne out by the fact that none of the confirmed cases was a new patient or from outside the quarantine area.
Results of tests on rates, which carry this disease, were awaited to determine the extent of spread of the plague.
Samples had been taken within a 10 km radius from the settlement after a man from there died last week from the plague.

IB
CTA
Examination Paper)
Examination Paper)

	Internal	External
(1)	(2)	(3)
8	9	
6	11	
10	9½	
5	2	
9	12½	
	53½	
Examiners' Initials		

- WARNING**
- No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
 - Candidates are not to communicate with other candidates or with any person except the invigilator.
 - No part of an answer book is to be torn out.
 - All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

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

Game ⁸⁹ guards contract cholera

Mercury
20/3/82
Mercury Reporter

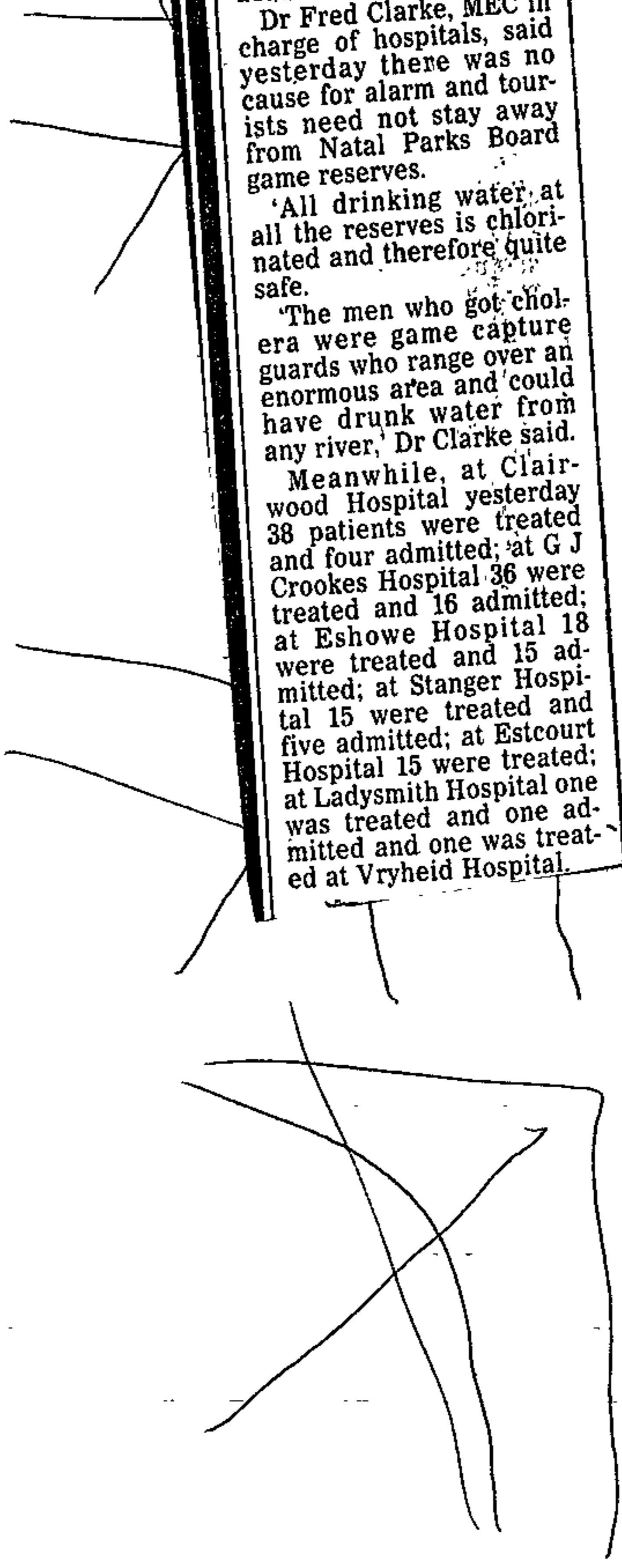
THREE game guards at Hluhluwe Game Reserve have contracted cholera, and at Stanger Hospital yesterday another cholera victim died, bringing the total number of recorded deaths to 94.

Dr Fred Clarke, MEC in charge of hospitals, said yesterday there was no cause for alarm and tourists need not stay away from Natal Parks Board game reserves.

'All drinking water at all the reserves is chlorinated and therefore quite safe.'

'The men who got cholera were game capture guards who range over an enormous area and could have drunk water from any river,' Dr Clarke said.

Meanwhile, at Clairwood Hospital yesterday 38 patients were treated and four admitted; at G J Crookes Hospital 36 were treated and 16 admitted; at Eshowe Hospital 18 were treated and 15 admitted; at Stanger Hospital 15 were treated and five admitted; at Estcourt Hospital 15 were treated; at Ladysmith Hospital one was treated and one admitted and one was treated at Vryheid Hospital.



S A's amazing cholesterol coup

Mercury Correspondent

JOHANNESBURG—A South African doctor, working from a small laboratory at Baragwanath Hospital, believes he has unlocked the secret of cholesterol — and how to fight it.

A world breakthrough in the causes of clogged arteries — a major killer in Western societies — has been made by Dr Leib Krut, who after a decade of lone, dedicated research, has found a

mysterious substance which breaks down excess cholesterol in the body.

The body makes natural cholesterol, but too much of it can cause hardening of the arteries, which leads to heart attacks — the major killer in modern Western society.

Dr Krut now has discovered that excess cholesterol is caused by modern refrigeration, and he is still researching the possibility of producing an anti-cholesterol pill.

He said dairy products and meats could be subjected to ultra-violet rays, and this would produce the necessary anti-cholesterol compound.

Dr Krut first published his findings at an international medical conference in Switzerland last October. They appear this week again — in *Ex Medico*, an international English-language medical publication.

He found his mystery compound by comparing 'old-fashioned' dairy and meat products (processed by exposing them to fresh air and sunlight) with similar products from supermarkets.

Then he ran successful tests on laboratory rats.

Beneath their skins, he inserted pure cholesterol pills next to pills containing a combination of cholesterol and the mystery compound.

Dissolved

After three weeks, the pure cholesterol pills remained. But the combination pills slowly dissolved into the rats' blood-streams.

Dr Krut said this proved to him that the compound was dissolving the cholesterol with which it had been combined.

Repeatedly, he achieved a 100 percent success rate on these tests over the years.

His findings may lead to the manufacture of an 'anti-cholesterol pill' and help people already suffering from clogged arteries and excess cholesterol.

Dr Krut has now developed an ultra-violet food processor, but he will not disclose details at this stage.

If Dr Krut's findings are accepted by the international medical profession, they could have world-wide implications for the preparation and packaging of proteins like butter, cheese, milk and meat.

Gold holds SA on knife edge

S. Tunis
2/3/82

THE gold price will have to rise to above \$500 before South Africa can confidently get back on the track of buoyant economic growth and avoid rising unemployment.

This is the harsh dilemma faced by Owen Horwood, Minister of Finance, on the eve of Wednesday's Budget.

The plummeting gold price in the past fortnight has left the economy balanced on a knife edge.

An austere Budget that could bring higher taxes for companies and individuals, higher excise duties and a new loan levy looks an inevitable consequence.

At the same time, Mr Horwood will be at pains to avoid deflating wilting confidence, a vital factor in ensuring that the economy yet achieves the 3% to 3,5% growth that some economists and leading businessmen believe is still possible this year.

The source of about 51% of South Africa's foreign-exchange earnings, the gold price sank on Monday to \$312, the lowest point since August 1979, and by Friday had recovered only slightly to \$316.

A small but growing band of leading bullion and gold-share analysts believe that the floor has been reached — particularly as gold shares reacted only mildly to Monday's low

By ANDREW McNULTY

point — and are forecasting a steady rise to above the \$400 level in coming months.

Even if the gold price stabilises and goes on to a rising trend, virtually nobody sees any compelling reasons to expect a dramatic upwards movement.

Mr Horwood is almost certain to assume in his Budget that gold will average no more than \$350 to \$370.

The average price so far this year is only \$368,50.

In its forecast for minerals earnings in 1982, the SA Minerals Bureau calculates that, on an average gold price of \$425, foreign-exchange earnings by gold would be about R8,6-million compared with R8,5-million last year, when South Africa had a huge balance-of-payments deficit of R4 000-million.

This forecast may even be optimistic because it assumes that South Africa gold production will rise by as much as 12 tons to 670 tons compared with 658 tons in 1981, based largely on expansions and new mines such as Belsa coming on stream.

If the gold price averages \$350, gold's foreign-exchange earnings would fall by at least R1 122-million.

Taxation from the gold mines — an important source of revenue for the Government — would be substantially lower, a result of the large capital expenditure programmes under way (which the taxman assists) but mainly of

the fast-sinking profitability of the gold industry.

In sharp contrast to the dramatic days of two years ago, the gold industry is in a parlous state, with 11 mines facing losses at the current gold price: Deelkraal (whose break-even point is \$351,99), Durban Deep (\$310,77), ERPM (\$414,14), Elandsrand (\$417,99), Leslie (\$319,51), Loraine (\$393,97), Marievale (\$315,74), Venters (\$369,55), WR Cons (\$551), W Areas (\$360,97) and Wit Nigel (\$478,42).

Eight of these mines — Durban Deep, ERPM, Leslie, Loraine, Stilfontein, Venters, WR Cons and Wit Nigel — are on the state assistance scheme, and the rest are also candidates, which is a further drain on the taxman's resources.

The grim climate was emphasised again this week by ERPM's announcement that the

expansion phase of the mine's R300-million capital-expenditure programme has been terminated and the modernisation phase may be curtailed in the near future.

Of all the mines that were encouraged by the high gold prices two years ago to embark on major capital programmes, ERPM was the most vulnerable because its plans were based on an assumed average gold price of \$600 during the first eight years of the programme.

With working costs of \$414,14/oz in the December quarter, ERPM is a marginal mine — most other mines' expansion plans will go ahead because they are lower-cost operations and for some the burden is eased also by conservative dividend payments in the past.

Oil glut: BAD news for SA!

S. Times 21/3/82

89

By Andrew McNulty

DESPITE the growing euphoria in industrial countries over the bear market in oil that has caused oil prices to fall for the first time since 1973, the situation promises few gains for South Africa — and much to lose.

The biggest prize that may be gained is a dampening of the inflation rate.

During the past decade oil has been a major factor in the inflation rate, which has already declined sharply in the United States.

A forecast by London analysts, Simon & Coates, finds that a 10% cut in world oil prices will result in inflation falling by 1% in OECD countries and in Japan, the UK and Germany, and by 1.25% in the US and France.

Similarly, the same fall in the oil price will result in growth rates in those countries rising by between 0.5% in US and 1% in Japan.

On both counts South Africa's gains will be diluted or non-existent.

Oil-market analysts are forecasting that the bear market could continue for two to three years. Ironically, a shadow is cast over South Africa's growth prospects for as long as the oil market remains soft.

Over the past decade the gold price —

crucial to SA's economic prosperity — has roughly followed the oil price with a time lag of six to nine months.

The inflation rate will benefit less from a lower oil price because, unlike countries such as Britain and the US, where the falling oil price has already resulted in big price cuts at the petrol pumps, the SA petrol price will still be increased, even though probably at a lower rate than if the oil price was still rising.

Although the turnabout in the oil market has set back alternative fuel programmes overseas, South Africa will almost certainly continue to pursue policies that encourage fuel conservation and diversification of energy sources — one way is to keep raising the petrol price — and still faces the need to spend many million of rands on synthetic fuel plants.

The motivation to research and construct new fuel plants has in no way been reduced — and this also appears to be the thinking in official circles as well as in leading private-sector organisations such as AECI — because the soft oil market cannot be relied on to continue.

With the exception of less than a handful of countries such as Japan, the United States and possibly Germany, the energy mix in the industrial world

has not changed materially.

Between 1974 and 1980, oil's share of the world energy market declined by only 1% to 43.6%, the gains being made not by coal, which also lost 1% of the market, but by natural gas and nuclear energy.

Saudi Arabia remains the key to the oil conundrum and is at the heart of the industrial world's vulnerability to a sudden change in the energy scenario. The country produced 43.7% of Opec's total output last year against 28% in 1976, but has already cut back production in the past six months from 10-million to 8.5-million barrels a day, and has declared its preparedness to cut back much further.

There is also the constant danger of a political upheaval in Saudi Arabia, a risk which looms more foreboding as strains between Opec members grow.

A major reason for the fact that world demand for crude oil is now at a 12-year low is the low levels of economic growth in industrial countries, far below the averages of more than 5% in the US and OECD countries from 1964 to 1973.

A resurgence of these growth rates as politicians stoke up economies would increase oil demand dramatically.

Also, in the past the oil price has never peaked and then stayed down — it has risen erratically, with sudden, severe rises following declines or periods of stability.

89 S. Express 21/3/82

A water warning on cholera

By ARLENE GETZ and MICHAEL CADMAN

HOLIDAYMAKERS planning to visit the Natal coast need not fear being caught in the cholera epidemic, the Director General of Health, Dr Johan de Beer, said.

"There are no areas in Natal we would advise people not to visit — as long as they only drink tap water.

"If this is not possible water should either be boiled or chlorinated," he said.

People living in cities away from the coastal cholera areas are, howev-

er, still at risk from the disease.

Cholera-contaminated oysters and mussels collected from certain coastal areas might be sold to inland restaurants and could infect those eating them raw, said Dr De Beer.

He appealed to distributors not to sell products from Natal and has

warned that stronger measures might be introduced if the plea is ignored.

Dr De Beer said there had been a 'decline' in the number of cholera cases last week but reports from Durban indicate that the disease is spreading through Natal and KwaZulu.

A recently formed inter-departmental committee of senior officials from the Departments of Water Affairs and Co-operation and Development is trying to fight the spread of the disease by supplying fresh water to affected areas and stepping up the information campaign.

BLACK (89)

DEATH

S. Tribune
CLAIMS

2/13/82
A LIFE

Tribune Reporter

THE bubonic plague which is gripping Coega, a little-known black shantytown near Port Elizabeth, claimed its first life this week.

And the disease, carried by rodents and transmitted to people by fleas, has landed 12 people in the Empilweni hospital. The affected area is under quarantine.

Four of the patients are from outside the quarantine area and are in hospital for observation.

The current outbreak has brought attention to the settlement of 80 shacks known as Coega RC Mission, 2.0 kilometres from the city.

Among the people in hospital are three children, aged five, six and 10.

The plague, also called the Black Death which killed thousands of people in Europe during the 14th Century, is under control, according to the regional director for health in the Eastern Cape, Dr Japie Krynauw.

Nurses isolated in fever scare

89

S. Tuis

By WILMAR UTTING

FIVE nurses are being held in quarantine in Newcastle hospital as tests continue on a young Iscor worker who it was suspected was suffering from the dreaded Marburg fever.

2/1/70

The young man, a Mr van Biljon from Zimbabwe, is still in Rietfontein hospital near Johannesburg undergoing tests, superintendent Dr Bennie Miller confirmed yesterday.

The Newcastle hospital superintendent, Dr William Briscoe, said the nurses had been held in quarantine for 10 days, since the sister who cared for Mr van Biljon felt unwell with suspicious symptoms.

All clear

She was admitted to the hospital. Her condition is presently satisfactory.

"We must keep an eye on the nurses until we get the all clear from the Institute of Virology that Mr van Biljon is definitely not carrying any of the viruses in the Marburg and Lassa fever groups.

"At present we are not 100 percent certain of this.

"Although he is over his malaria, he is still showing suspicious symptoms.

"We expect to get the final results in a few days," Dr Briscoe said.

Not really quite adequate

8

5 new ⁸⁹
D. Disputch
plague
22/3/82
patients

PORT ELIZABETH — Blood tests have established that five patients at Empilweni Hospital for infectious diseases in New Brighton are suffering from bubonic plague, a spokesman said yesterday.

Dr D. J. Goldberg said this brought the number of confirmed plague victims up from five to seven, including one death. One child was previously thought infected but this now is doubtful after hospital officials found that a mistake had been made in blood analysis.

The outbreak of the plague at Coega has so far led to 24 people being admitted to hospital.

Two patients came from outside an African settlement at Coega which was placed under quarantine after health authorities were alerted to the outbreak

One lived near Addo almost 20 kilometres away — DDC.

201
301

Argus Bureau

PORT ELIZABETH. —
No new cases of bubonic
plague had been con-
firmed here since the
weekend and the disease
in the Coega district ap-
peared to be under
control. Dr J D Krynauw,
the State's Regional
Director of Health, said

Coega plague 'under control'

Argus 22/3/82

89

Since the outbreak at
the African settlement,
the confirmed number of
plague victims has risen
to seven, including one
death.
The five patients still
suffering from the dis-
ease are believed to in-

clude three children.
Twenty-four people
have been treated in hos-
pitals since the outbreak
including two from out-
side the settlement area.
Dr Krynauw said it
was unlikely that these
two patients had the dis-

ease but all precautions
were being taken to stop
a spread of the plague.
Anti-plague teams
would continue to concen-
trate their efforts on the
quarantined settlement
and surrounding area, he
said.

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Three more ⁸⁹ for ^{E. Post} plague tests ^{22/3/82}

Post Reporter

THREE more patients were admitted to the Empilweni Hospital for infectious diseases today where people who have or are suspected of having bubonic plague are being treated.

The acting superintendent of the hospital, Dr M Goldberg, said one had been sent after asking for food in Bluewater Bay.

A domestic worker telephoned her employer, saying that the man, who looked ill, said he came from Coega.

An ambulance was sent to fetch him, and he was found to be suffering from TB, Dr Goldberg said.

Another case was sent to the hospital from the Livingstone Hospital for tests and observation.

The third case was an 11-year-old boy who lived in the settlement in Coega where the plague broke out two weeks ago, and was admitted for observation.

Laboratory tests have shown that five of the 24 patients treated in the Empilweni Hospital for infectious diseases in New Brighton have contracted bubonic plague, Dr Goldberg said.

Two of the cases had been clinically proven, but blood results would confirm or disprove the diagnoses.

The proven cases were being treated with antibiotics and the rest were under observation.

The Regional Director of Health, Dr J.D Krynauw, said today that tests on rats and fleas from the area had all proved negative.

Dr Krynauw said the disease had therefore either been "imported" by a person carrying the infected fleas, or there had been an upsurge in the rat population during the months of January and February.

One patient had reported an upsurge in the rat population during this period, and this was the explanation favoured by the health authorities.

Marburg fever ⁽⁸⁹⁾ Mercury 22/3/62 suspect in Newcastle

Pietermaritzburg Bureau
SEVEN nurses have been isolated from the rest of the staff at Newcastle hospital after coming into contact with a young Zimbabwean man who may have contracted the dreaded Marburg fever.

The man, identified as a Mr van Biljon, is still in the Rietfontein hospital undergoing tests after his removal from Newcastle by the Department of State Health, superintendent of the Newcastle Hospital, Dr William Briscoe, said yesterday.

Seven

Dr Briscoe said that Mr van Biljon had been allowed out of his isolation 'capsule' at the hospital and was said to be much better.

It was possible that he would be released from hospital shortly, he said.

However, seven nurses who had come into contact with Mr van Biljon had been quarantined purely as a precautionary measure, Dr Briscoe said.

A sister and a nurse were admitted to an isolation ward after suffering mild symptoms similar to that of Mr van Biljon, but it was possible that they were merely suffering from influenza, he said.

Although tests had been conducted on Mr van Biljon, one set had proved negative for the disease

and the other positive, Dr Briscoe said.

He had originally been admitted to Newcastle Hospital about 10 days after his arrival from Zimbabwe suffering from a high temperature and

malaria.

Several other symptoms 'that did not fit the malaria picture' were then discovered, Dr Briscoe said.

Medical experts in the Transvaal had then been consulted and the possibility of Marburg fever

had been brought up, Dr Briscoe said.

However, he would be 'most surprised' if tests made on staff were found to be positive. Most of symptoms noted at the hospital had been very mild.

Danger of plague lessens

Staw (89)
22/3/82

Own Correspondent

PORT ELIZABETH — No new cases of bubonic plague have been confirmed near here since the weekend and the disease appears to be under control, Dr J D Krynauw, the State's Regional Director of Health, said today.

Since the outbreak at

a mission settlement at Coega, the confirmed number of plague victims has risen to seven. One patient has recovered and one has died.

The five still suffering from the disease are believed to include three children.

A total of 24 people have been treated in

hospital since the outbreak, including two from outside the settlement area.

Dr Krynauw said all precautions were being taken.

Anti-plague teams would continue to concentrate their efforts on the quarantined settlement and surrounding area.

23/3/82 (89)
Rats
D. Dispatch
**free of
plague**

PORT ELIZABETH —
The bubonic plague epidemic at Coega, near here, could have been imported from another area, the Regional Director of Health in the Eastern Cape, Dr Japie Krynauw, said yesterday.

The results of blood samples taken from rats had proved negative.

No rodent or flea that had been caught had contracted bubonic plague, Dr Krynauw said.

Another person was admitted to the Empilweni Hospital in Port Elizabeth for observation because of a possibility that he may be suffering from bubonic plague. This brings to 25 the number of people from the Coega area now being treated in hospital against the disease.

A hospital spokesman said anyone in the area who showed the slightest signs of having contracted the disease was placed in isolation. There have been seven confirmed cases of the disease since it broke out at Coega earlier this month.

● No case of cholera have been reported in the Cape Province, but health authorities are preparing themselves for any outbreak of the disease. — SAPA.

24 MARCH 1982

468

The MINISTER OF HEALTH AND WELFARE:

No.

X
89 Bubonic plague 24/3/82 X
Hansard Q. Col. 468-469
*14. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

- (1) How many (a) cases of bubonic plague have been reported in respect of, and (b) persons have died of, bubonic plague in the Coega settlement camp since 1 March 1982;
- (2) whether any measures have been taken to prevent the spread of bubonic plague; if so, what measures;
- (3) whether any evidence of the spread of bubonic plague to other areas has been found; if so, what evidence?

The MINISTER OF HEALTH AND WELFARE:

- (1) (a) Five, two of whom were laboratory confirmed and three clinically diagnosed;
- (b) 1;
- (2) yes; the infected area has been effectively isolated; all contacts have been put on prophylactic treatment; the exposed population is monitored daily; the sources of infection namely rodents and their fleas in and around the infected area are being exterminated and bodies controlling strategic points i.e. the harbour, airport, railway station etc. and transport companies have been alerted to activate rodent control; surveillance of cats and dogs in the area is being carried out continuously;

WEDNESDAY, 24

469

a health education program has been launched to encourage vermin control and to stress the importance of reporting rodent and cat carcasses;

(3) no.

X
89 Shellfish: cholera 24/3/82 467-468
*1. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

- (1) Whether his Department has tested shellfish along the Natal coast for cholera; if not, why not; if so,
- (2) whether these tests proved positive; if so,
- (3) whether his Department has called for a prohibition on the collection of shellfish in this area; if not, why not?

The MINISTER OF HEALTH AND WELFARE:

(1), (2) and (3) Yes.

Shellfish: cholera

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

Whether any of the cholera cases known to date have been caused by shellfish?

89 ~~27~~ Infectious diseases 24/3/82
Harwood Q. 101. 256
*2. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

Whether measures are taken by his Department to prevent the outbreak of infectious diseases in settlement camps; if not, why not; if so, what measures?

The MINISTER OF HEALTH AND WELFARE:

Yes; full preventative, promotive and primary health care services are provided by mobile clinics or in clinics established in old dwellings on the farms concerned; routine immunization which includes the administration of BCG, Polio, Diphtheria-Tetanus, Whooping Cough and Measles vaccines, is carried out; inspection of the environment is carried out to evaluate the standard of hygiene, housing, sanitation and the water supply. If any of the aforementioned is found to be inadequate and the danger of an epidemic of either cholera or typhoid exists, measures are taken to improve the situation; health education is undertaken.

a health education program has been launched to encourage vermin control and to stress the importance of reporting rodent and cat carcasses;

(3) no.

X (89) Bubonic plague 24/3/82 X
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 the sources of infection namely rodents and their fleas in and around the infected area are being exterminated and bodies controlling strategic points i.e. the harbour, airport, railway station etc. and transport companies have been alerted to activate rodent control;
 surveillance of cats and dogs in the area is being carried out continuously;

24/3/82 (89) RDM

Marburg scare: no verdict yet

Mall Reporter

A ZIMBABWEAN who may have contracted the dreaded Marburg fever, Mr Nicky van Biljon, 18, is "resting comfortably" in Ward 14 of the Rietfontein Isolation Hospital in Johannesburg.

There have been only three recorded cases of the viral fever in South Africa since it was first isolated 15 years ago.

Mr Van Biljon is still undergoing tests, but is no longer in isolation.

It has not yet been established whether Mr Van Biljon has Marburg fever, a Rietfontein hospital spokesman said yesterday, as they are still awaiting test results from the United States.

Mr Van Biljon was allowed out of his isolation capsule at the hospital 10 days ago and was visited by his immediate family, he said.

Seven nurses at Newcastle Hospital, who came into contact with Mr Van Biljon, were put into quarantine as a precaution, according to the hospital superintendent Dr William Briscoe.

The nurses have been told to stay at home until the test results have been returned from the US, he said.

A Department of Health spokesman said the hospital regularly has a patient or two under observation, but in most cases their symptoms merely resemble Marburg fever, and they are found to have something completely different.

The Marburg fever virus was first identified in the West German town of Marburg in 1967 when seven researchers died and 32 others fell ill after handling vervet monkeys from Uganda in a laboratory.

Initial symptoms of the disease are similar to those of flu or malaria, but in later stages, usually when it is too late for treatment, the victim will have a sore throat, rash, severe internal haemorrhage and destruction of the liver tissues.

The only effective serum developed against it at the moment is blood from other patients who have recovered from it.

More tests for plague patients

89

Post Reporter

E. Post
24/3/82

THE 28 patients admitted to the Empilweni Hospital for Infectious Diseases after an outbreak of bubonic plague in the Coega district a fortnight ago, will have their blood retested on Friday.

The hospital's acting superintendent, Dr M Goldberg, said today the tests would be repeated "to see whether they were improving with a view to their possible discharge".

Dr Goldberg said the eight confirmed cases were all doing well.

The quarantine which had been imposed on the settlement was lifted yesterday. Shortly afterwards, a man who lived about four kilometres from the settlement was admitted to the hospital with enlarged glands in the groin.

Dr Goldberg said he doubted the man had the disease, but blood tests would be conducted and the patient placed under observation.

Bullion rides a 'buffalo' market

(87) Stan
24/13/82

By David Bamber
Financial
Correspondent

LONDON — Bullion's upward movement over the past few days seems to have left a trail of confusion for many London stock-brokers.

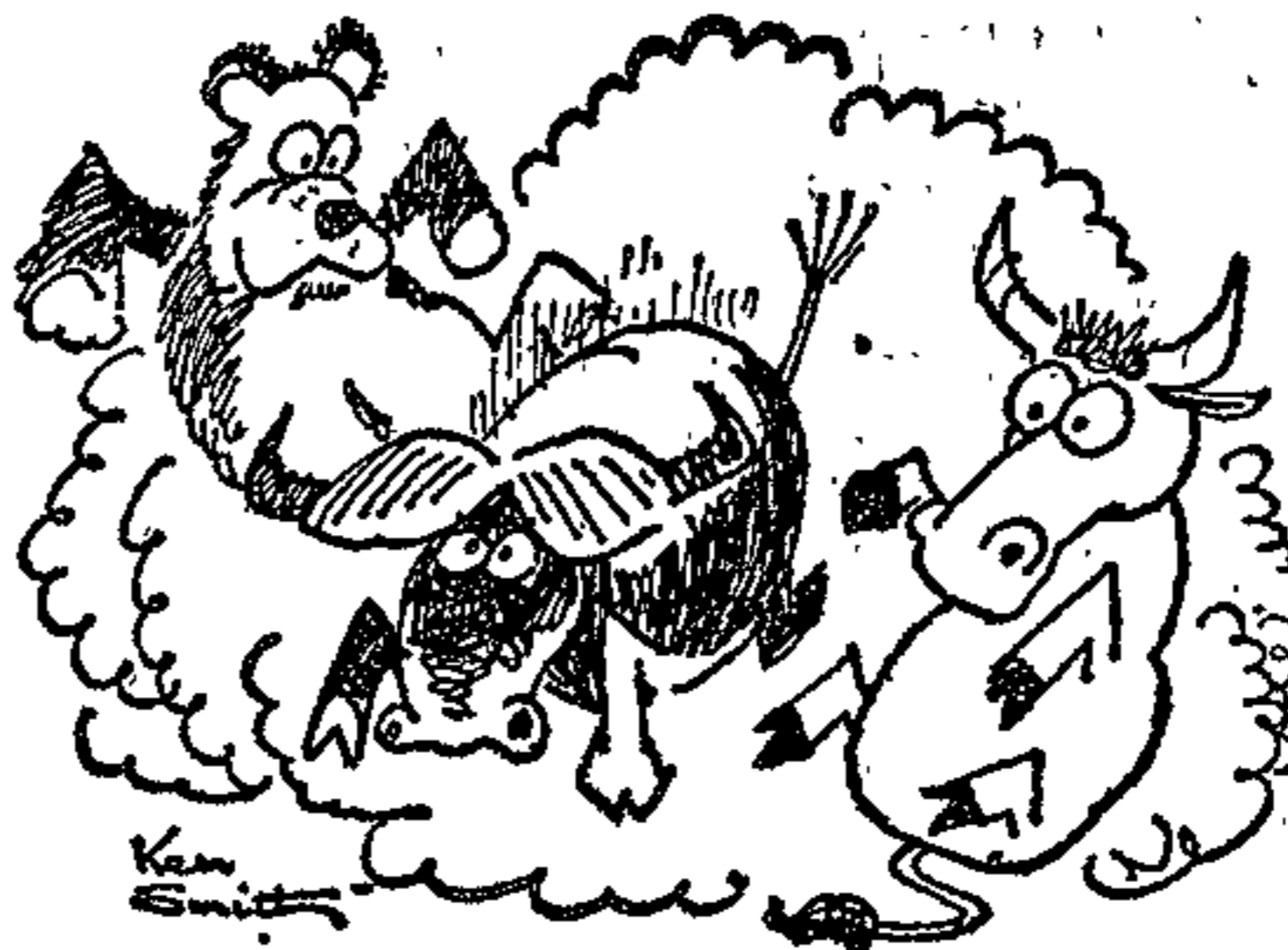
While the metal was sliding there were always the often-used factors to quote — high US interest rates, increased Soviet sales because of the poor grain crop, and dumping by Iran to cover the fall in oil prices.

For the fundamentalists however there was little to justify gold's rally other than a rumour that Russia had entered into large gold swaps with a consortium of European banks.

Oddly enough, no credence was attached to the Soviet's previous statement that they were not selling gold. So why did the market react to the latest rumours?

One dealer suggested that sentiment may have changed because "about half of London's chartists believe that a technical rally is necessary."

Perhaps the best, or most honest, feeling about the current state



of the bullion market was voiced by Carr Sebag's gold expert, Mr Bill Murfett.

He has almost discarded terms such as "bull" and "bear" for the time being and merely refers to a "buffalo" market — "something which is dangerous and you don't know which way it will move."

Mr Murfett explained that market-related news is usually twisted to suit the trend.

For instance, in a bear market, a statement by South Africa that it had reduced gold production would be read as a sign that the country realised there was too much gold on the market, whereas if it announced that production had been increased South Africa would be accused of dumping.

In a bull market the same factors would be used to urge investors to buy "while stocks last" or as proof that increased production was necessary to meet the great demand.

Mr Murfett's views were echoed by several other brokers who said that there was much uncertainty in the market.

Clearly, many of them have been tempted to take advantage of the rally in the gold price but have been nervous about its strength.

For the time being they appear to have adopted the policy of "when in doubt, leave out."

IL, Wednesday, March 24, 1982

(89) ROM 24/3/82

Danger salmon tins still on sale after warning

By ADA STUIJT

DESPITE a Government health warning over defective small tins of United States salmon, a Rand Daily Mail check yesterday found about 300 of the 213g and 220g tins on sale in 94 out of 100 Johannesburg shops.

The health authorities warned consumers off last month when a Belgian died and his wife became seriously ill with botulism poisoning after eating a tin of US salmon.

The Department of Health repeated an urgent warning yesterday: Don't touch the small tins of US salmon of

any brand.

The SA Bureau of Standards discovered the tins examined had defective seams. None contained botulinum toxins, but the Department of Health nevertheless "recalled" all the 213g and 220g tins.

The SABS told consumers to inform it at once if any of the tins were seen on store shelves.

Yesterday, the Mail check on 100 cafes and small supermarkets in the Johannesburg metropolitan area found 94 still carried US salmon in the smaller tins — a total of 343.

Most retailers said they knew nothing of the health order.

On March 18 the SABS said it be-

lieved "several thousand cans" were still in shops and home larders.

The bigger supermarkets, such as Spar, Checkers and Pick 'n Pay, did not carry US salmon, stocking Canadian and even Russian salmon.

Dr J P du Plessis, head of the SABS food inspectorate, said even though the chance of the defective tins containing botulinum toxins was remote, people should take no chances.

"They can form only if the toxin-producing organism enters the can through a crack, after the contents have been cooked and cooled — and if the aperture is then closed, creating an oxygen-free environment."

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1965 25/3/67
89

Sludge a 'source of cholera' in shellfish

Argus Correspondent

DURBAN.—Durban's controversial pumping of sludge into the sea could be a cause of cholera organisms found in shellfish along the coast.

Dr Muriel Richter, Durban's deputy medical officer of health, has confirmed that sludge could be a contributory cause of cholera organisms which have been found in shellfish samples taken from different points off Durban.

The city has sampling points from the Umgeni River mouth to the Umhlanga Canal, she said.

While most cholera organisms in shellfish probably came from rivers which were known to be polluted, the sludge experiment could also contribute to their contamination.

Ships emptying their tanks before setting out to sea and fishermen polluting beaches and rocks, particularly along the Bluff, did not help either, she said.

A further possibility, to which she did not attach much weight, was that the cholera organisms were being washed down the coast from Mozambique.

Irate anti-sludge Bluff residents blame the pipeline for the cholera.

29 Mercury
25/3/82
**Durban 'could
lay on safe water'**

Mercury Reporter

DURBAN, with its financial resources, could provide a safe bulk water supply to cholera-infected areas such as Inanda.

This point was made yesterday by Mrs Sybil Hotz, Mayor of Durban, when she spoke at the 18th annual conference of the Inyanda Chamber of Commerce at the Elangeni Hotel.

Mrs Hotz said the cholera epidemic would continue to rage until a safe water supply was available to everyone. She said the Durban City Council did not see the black areas around the city in isolation but as an integral part of the 'pulse' of greater Durban.

It was revealed in December last year that the squatter areas of Inanda and Amaoti, which were ravaged by a typhoid epidemic two years ago and are still cholera-ridden, had been excluded from the Durban City Council's plans to extend the piped water supply north of the Umgeni River.

The City Council authorised the spending of more than R11 million on the provision of water supplies to areas such as Ntuzuma, Newlands East, Newlands, Phoenix New Town and Kwa Mashu.

A spokesman for the City Engineer's Department explained that the Inanda and Amaoti areas were outside the area of jurisdiction of the Durban Corporation.

The spokesman said it would be technically feasible to include these districts within the area of supply but he had received no request to do so from the South African Development Trust Fund, the agents for the Department of Co-operation and Development.

He said informal discussions had been held with the department but there had been no formal request to extend the water supply.



THE Mayor of Durban, Mrs Sybil Hotz, is shown with Mr Patrick Gumede, president of the Inyanda Chamber of Commerce, at the 18th annual conference of the movement at the Elangeni Hotel yesterday. Mrs Hotz presented Mr Gumede with a gavel because, she said, he liked to bring his audience 'to order'.

Plague on decrease

89
Somerton
25/3/82

THE bubonic plague quarantine of just more than a week has been lifted on the mission settlement at Coega, near Port Elizabeth, although there has been a steady increase in the number of suspected cases admitted to hospital.

The Regional Director of Health Services in Port Elizabeth Dr Japie Krynauw, said the decision by a plague control committee to lift the quarantine, has been based largely on the fact that no new confirmed cases had been admitted to hospital since last Monday.

It is also believed that rodent and flea extermination operations had covered the whole area within a five kilometre radius from the settlement, except perhaps for a few densely vegetated areas.

Laboratory tests on captured rats had proven that two rats from the area had the plague, which ruled out fears that it had been brought

in from elsewhere.

The plague was endemic to the Coega-Uitenhage area and it came in cycles of about eight years, the current one having been overdue.

Rodent and flea extermination was to continue in the area for some time, and it was expected that one or two more of the people in hospital would be found to have the disease, said Dr Krynauw.

A spokesman for Empilweni Hospital in Port Elizabeth said yesterday that the admitting of another patient to hospital from about four kilometres outside the mission settlement brought the number of suspected and confirmed cases to 28.

However, only eight had been laboratory proven to have the plague, including a man who had died. The rest were not thought likely to have the disease but were in hospital for observation.

Russia uses gold as debt collateral

Own Correspondent

GENEVA — Russia has put up from 200 to 300 tons of gold as collateral against Western credit, Swiss bankers disclosed yesterday.

Gold - as - collateral loans are being provided both by Swiss commercial banks and the Bank for International Settlements (BIS) in Basel, the bankers said.

GRAIN NEEDS

Moscow needs the hard currency to purchase grain and to help its East European allies meet debt payments to the West.

"But it also seems that the Russians were having some difficulty in making gold deliveries to the market," one leading banking source said.

Recent large Soviet gold sales helped push down the price of gold on the market and Moscow obviously wanted to avoid putting even more gold on sale, pushing prices down even more.

At the BIS, spokesmen denied any know-

ledge of a credit deal with Moscow.

"But even if we did know we would be unable to either confirm or deny the report because BIS business is confidential," one spokesman said.

The BIS frequently provides credit against collateral to member central banks, especially in such countries as Italy and Portugal.

But BIS regulations also permit the institution to make similar arrangements with non-member central

banks. This would be the case with the Soviet Union.

Rumors in New York circulated on Tuesday that Moscow had put up as much as 1,000 metric tons of gold as collateral against credit from the BIS.

"This is ridiculous," a top Swiss banker stated. "Even half that amount would be exaggerated."

"The total amount of gold involved is probably around 200 tons and certainly no more than 300 tons," he said.

Plague: (89)
E. Post
32 now
25/3/82
admitted

Post Reporter

THE number of people admitted to the Empilweni Hospital for infectious diseases after an outbreak of bubonic plague in Coega has risen to 32.

The hospital's acting superintendent, Dr M Goldberg, said today a girl and man were admitted yesterday, and two men were transferred from the Livingstone Hospital today.

They had enlarged glands, a symptom of the disease, but none had come from the Coega area, he said.

It was therefore unlikely that any of them had the plague, but blood samples had been taken and they would be placed under observation.

Dr Goldberg said he would probably discharge some patients tomorrow after conducting final blood tests on them.

(89) 26/3/82
Mercury

Cholera cases on the decline

Mercury Reporter

THE number of cholera cases in Natal is decreasing and the epidemic has not expanded any further, the regional director of State Health, Dr Johan van Rensburg, said in Durban yesterday.

'The figures are definitely on the decline and there has been no new expansion of the disease,' he said.

A spokesman for Durban's Clairwood Hospital said about 50 cholera patients were being treated in the isolation wards.

The medical superintendent of the Stanger Provincial Hospital, Dr R Docrat, could not say how many patients were being treated, but said the numbers were definitely decreasing.

Pinetown's Mariannahill Hospital reported treating only two cholera victims yesterday.

Meanwhile, conjunctivitis or 'pink eye' is still rife in Natal and Durban's Clairwood Hospital reported treating 663 patients yesterday.

Stanger Hospital reported treating more than 200 patients a day while a spokesman for King Edward VIII Hospital said a total of 7 778 had been treated since March 2.

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Panic on East Rand as strange eye disease breaks out

PINK EYE, AFFECTS 200

189
Sowetan
26/3/82

members in water. As a result, we have asked the medical officer of health in Germiston, Dr Erasmus, to investigate," he said.

To avoid contracting the disease, he advised people not to be too close to those affected, to use clean towels, wash hands regularly and thoroughly as well as get early treatment.

Mr Joseph Ntombela, a shop assistant in Radebe Section, said he was worried about his swollen eyes. He said he had to change handkerchiefs now and then because his eyes remained watery.

Mr David Sibiya, his colleague, said he was surprised when he at first felt there was something wrong with his eyes. Since his childhood, he said, he has never had eye problems.

MAKOBANE

NATALSPRUIT was this week thrown into a panic with the outbreak of an eye disease which resulted in more than 200 people being treated at the local hospital.

And the superintendent of the hospital has expressed fears it may reach epidemic proportions.

The disease, commonly known as "Pink Eye" affects the membranes controlling the inner eye-lid and the eye-ball, and results in swelling of the eye and turns it red.

Since Monday, residents of the township have been streaming to Natalspruit Hospital in Germiston for treatment. First victims seemed mostly adults, but now even children are turning up at the hospital.

Dr A Chemaly, superintendent of Natalspruit, said yesterday it had not been established what caused the outbreak of the disease. He said that, from reports he received, church members of a sect in the township had gathered in the township for a service last weekend, and most of the initial victims were members of this church.

"I cannot say for sure, but this may have something to do with their method of baptising

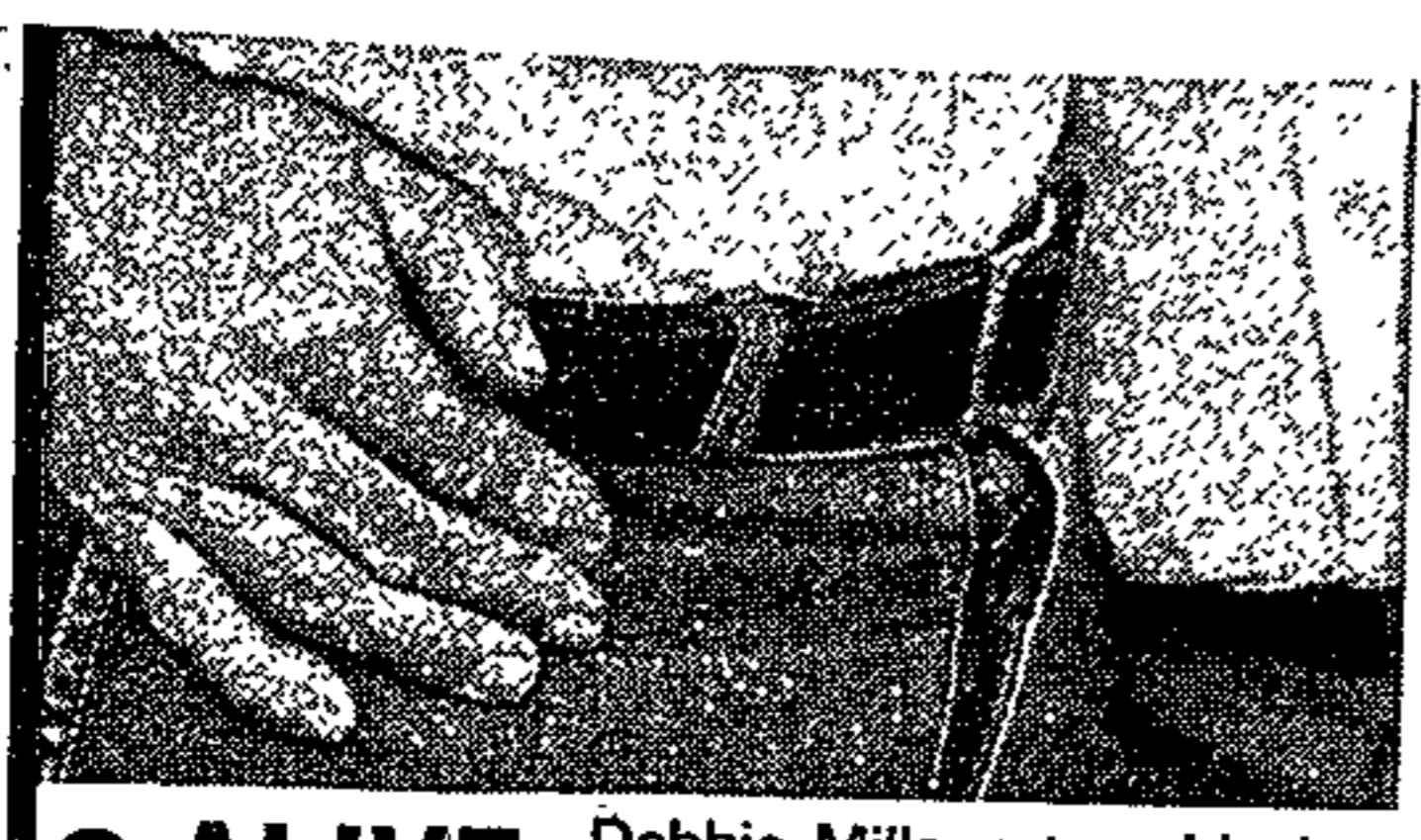


PROBLEMS: Mr David Sibiya.



TEARS: Mr Joseph Ntombela.

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● **ALIVE:** Debbie Mills gets a big hug from her father Rod.

A spokesman for the traffic department said the rider of the bike, Mr Deveroux van Zyl, 21, who was injured in the accident, had given the wrong Debbie's surname and address.

Two officers had gone to Debbie Mills' home in Philip Street, Rosettenville, and told her father and grandmother she was dead.

Her sister, brother, aunts, uncles and her mother, who lives on the Natal south coast, were all told she had been killed. Her mother rushed to obtain a special petrol permit to drive to Johannesburg.

But Debbie was at a friend's house — watching home movies.

Her brother, Desmond Mills, who knew she was supposed to be there and went to find out how she had come to leave on the back of a motorcycle, was astounded when he walked in and found her calmly watching a film.

Debbie said: "Des just stood there and stared at me. I remember telling him: 'You're late, you missed the first film.'"

"He touched me as if to make certain it was really me. He didn't really think I was alive."

When Des took Debbie home, he made her wait in the car while he went to tell

Investors take another crack at nut scheme

By DEBRA CLEVELAND

AN ALBERTON couple invested more than R11 000 in four macadamia nut plots. Five years later they were told both the sites were unproductive and that no returns should be expected for at least the next five years.

Mrs Elizabeth Corie contacted the Sunday Express after reading an article published last week about a man who earned R30 after 10 years' investment in a macadamia nut farm.

The Cories are among several unhappy investors who put money into the controversial scheme, only to be disillusioned by the results.

They have tried to sell their plots, but have been told there is no demand for them.

They bought four plots in a neighbourhood where a neighbour who was working for a neighbour also told them to invest R1 000 on each plot after five years.

Mrs Corie said: "Five years for the thousands of rands — we had invested R11 000 in instalme

Cholera scare means oyster world is not so peacefully now

Sc Ex/News 28/3/82

89

DOM 29/3/89

Health control 'is tops

HEALTH control at South Africa's ports, airports and borders was the best it could be under current circumstances, said Dr Johan de Beer, Director-General of Health and Welfare.

Speaking on the Springbok Radio programme "Top Level" last night, Dr De Beer was commenting on the fact that South Africa, particularly Natal, had recently been hit by a series of diseases, including cholera, malaria, rabies, bubonic plague, and pink eye.

He said health services in certain neighbouring states had broken down because of

civil war and other military operations.

This meant South Africa should be "acutely aware" of the dangers.

It placed an added responsibility on both the man-in-the-street and health services to guard against the contracting of diseases in neighbouring countries.

Dr De Beer said control at South African ports and airports was "fairly efficient", bearing in mind the impossible task of placing every passenger from every ship and aircraft in quarantine for tests.

He said there was no way

to control the spread of germs across a border, but officials were doing the best they could.

Although Natal might appear to be disease-ridden, he wished to emphasise these diseases were not in any way related.

Anyone could safely visit Natal provided precautionary measures were followed.
— Sapa.

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Cholera:

Taiwan

ARGUS 29/3/82

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Argus Correspondent

DURBAN. — Taiwan, one of South Africa's fastest expanding export markets, today banned certain agricultural, fishery and animal products from the Republic because of cholera.

This serious setback in a market worth R71-million in invaluable foreign exchange in 1980 follows the listing by the World Health Organisation of South Africa as an area infected by cholera.

The Republic of China immediately decided to stop the importation of certain agricultural, fishery and animal products which fill a 16-page document and include virtually every commodity except maize.

News of the ban was announced at the weekend by the Chamber of Commerce.

AGRICULTURE

South Africa supplied 42,6 percent of all Taiwan's agricultural import in 1980 in products from chickens, meat, vegetables, fruit, eggs, horse tail hair, snails, birds' feathers, eels, bait, shellfish, bloodmeal and grain, to name a few.

The main areas affected in South Africa are Natal and Kwazulu and recently cholera organisms have been found in shellfish along the coast. It has also been detected in three Natal rivers, and the deadly disease is known to have killed nearly 100 people since the outbreak of the epidemic last year.

South Africa has been making major drives to expand trade with Taiwan since the island country was dumped by the United States when it made detente moves with Communist China, and the most publicised of these was when the Prime Minister, Mr P-W Botha, visited the state. Since then there have been numerous trade missions between the two countries.

The ban is a major blow to South Africa's R175-million yearly trade with Taiwan, which was predicted to be set to double in the next few years.

Monday March 29 1982

GENERAL NEWS

500 pink eye victims alarm the East Rand

By Pamela Kleinot
The pink-eye epidemic has reached alarming proportions on the East Rand where more than 500 people have been treated at Natalspuit Hospital in the past week.

The hospital's superintendent, Dr A Chemaly, said that by Saturday the medication had run out.

Dr Chemaly said the disease is easily treated and easily spread and urged the public to

avoid being too close to those affected, use clean towels and wash hands regularly and thoroughly.

He said the cause of the outbreak was being investigated.

The disease is rife in other parts of the country including Durban where administrators and selectors for the SADF cricket tournament have also fallen victim.

In Bloemfontein two companies of No 1 Infantry Battalion at Tempel were isolated after the disease broke out last week.

"Pink eye," also known as conjunctivitis, affects the membranes controlling the inner eyelid and eyeball, resulting in a swelling of the eye which turns red.

89

Star
29/3/82

Cholera (89) Mercury 29/3/82 Hollywood-style 'sickens' doctors

Mercury Correspondent

JOHANNESBURG—Cholera Hollywood-style — as shown in Saturday night's TV-1 movie *Quarantine* — showed totally incorrect symptoms and treatment, doctors said last night.

They criticised the SABC for showing the film and said they feared the public would now be completely misinformed about cholera, which is on the rampage in South Africa's underdeveloped rural areas.

The movie plot was simple enough — a private hospital in the United States was placed under a five-day quarantine after a patient was stricken with 'a terribly infectious disease'.

In the movie, the poor afflicted 'cholera sufferer' grabbed his throat as if choking and died shortly thereafter.

The alert Hollywood doctor with the greying hair and young father image stepped back — aghast.

Wrong

'It's (gasp) cholera,' he grimly announced a few minutes later as he locked visitors, staff and patients into a five-day quarantine.

Dramatic stuff, but was it correct?

South African doctors said viewers might have got the wrong information about cholera after seeing it.

'Cholera doesn't display symptoms such as choking, and neither are quarantine or inoculations deemed necessary, as was televised in *Quarantine* on Saturday-night,' one top doctor said.

'Cholera is transmitted by dirty, unchlorinated water which is infected by faeces from a cholera patient — it's a vicious man-water-man cycle.

'People cannot get cholera by direct contact with an infected carrier — they must first ingest the cholera bacteria, usually in dirty drinking water,' another doctor, a Department of Health official, said yesterday.

'The SABC did warn viewers before the movie

was shown that the mass inoculation treatment was not used in South Africa — but they should also have warned people that none of the medical aspects in that movie were correct at all,' he said.

'The symptom of cholera is chronic diarrhoea — which causes extreme dehydration — and it takes at least a week to positively identify the disease in a lab, not a few minutes,' a hospital director in Bophuthatswana commented.

'People can, and do, die within a few days if they are not treated with antibiotics and intravenous rehydration,' he added.

SABC-TV spokesman Retief Uys commented that the SABC had no control over the content of the movie, which was made in the USA — and neither did they necessarily agree with it.

'We did warn the public that the treatment as shown in the movie was not applicable to South African conditions,' he said.

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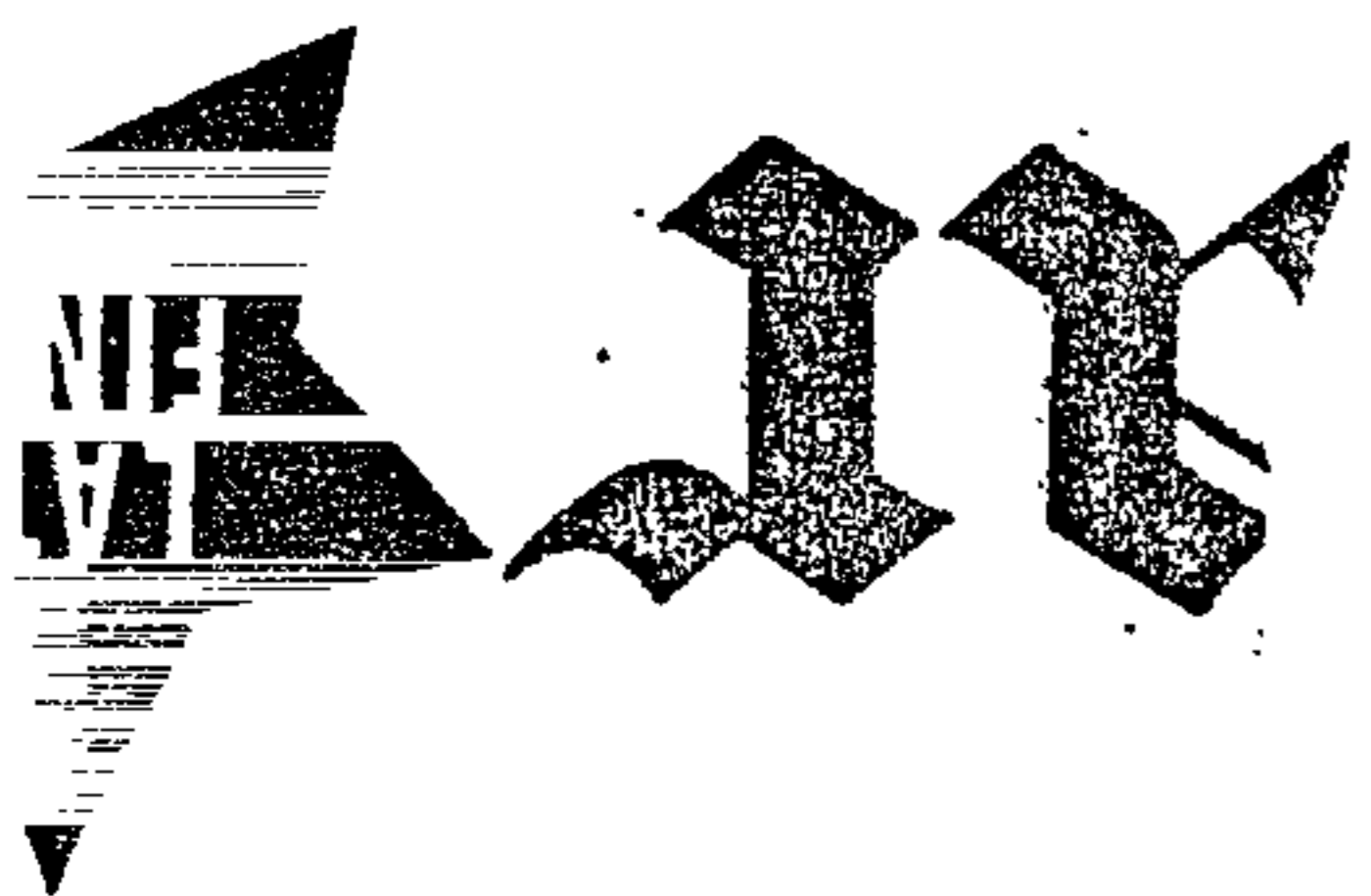
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It is not known any connections between the alleged South African News Service person to have since the regular December. Prime Minister Robert country in mid-January superiors that he was sick relative in Britain He never returned in South Africa. Mr Price left an one of Salisbury's suburbs, and a large

range of security, which was re-located locally of the News Service. Mr Price, a senior intelligence officer who was in South Africa. He never returned in South Africa. Mr Price left an one of Salisbury's suburbs, and a large

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By Terry McLean

AUCKLAND — Agreement has been reached between the rugby administrations of South Africa and New Zealand that no All Blacks will be invited to play in the international which will mark the opening of the refurbished Ellis Park.

This is the claim in a lead story in yesterday's New Zealand Times — a paper that in the same issue has permitted All Black Andy Haden to criticise the presence of five Kiwi councillors in South Africa.

"The strong word," says the Times, "is that there is an agreement there will be no country-to-country contact this year — the year of the Commonwealth Games."

"It is understood several projected club and provincial tours have been postponed."

The Times asserts that the recent visit of Kiwi chairman Ces Blazey to Cape Town "dried up any residue of hope" that selected All Blacks might travel to South Africa.

A British-born Auckland woman, Mrs Yvonne Wilcox, who has formed and become chairman of a Kiwi branch of the Freedom on Sport organisation, has telegraphed Northern Ireland's Syd Millar to ask why All Blacks haven't been included in the interna-

To Page 3, Col 6

work on the management committee with

Taiwan bans SA goods as cholera risk

29/3/82
89
3/82

Own Correspondent

DURBAN — Taiwan, one of South Africa's fastest expanding export markets, has banned certain agricultural, fishery and animal products from the Republic because of cholera.

The massive setback in a market worth R71-million in foreign exchange in 1980 comes with the listing by the World Health Organisation of South Africa as an area infected by cholera.

Taiwan decided immediately to stop the importation of certain agricultural, fishery and animal products. They fill a 16-page document and include almost every commodity except maize.

The ban was announced at the weekend by the Chamber of Commerce.

In 1980, South Africa supplied 42.6 percent of all Taiwan's agricultural imports. Chickens, meat, vegetables, fruit, eggs, horse-tail hair, snails, birds' feathers, eels, bait, shellfish, bloodmeal and grain were but a few of them.

The main areas in South Africa affected by cholera are Natal and kwaZulu. Recently organisms were found in shellfish along the coast and also in three Natal rivers.

The disease has killed nearly 100 people since last year.

South Africa has been making major drives to expand trade with Taiwan since it was dumped by the United States after its detente moves with communist China.

The most publicised of these was when the Prime Minister Mr P W Botha visited the state. There have since been numerous trade missions between the countries.

The ban is a major blow to South Africa's multimillion-rand trade with Taiwan, which was predicted to double in the next few years.

Earlier this year a deal was signed for 1 800 000 tons of South African maize to be exported there over three years. It appears that this deal is not affected by the ban.

Other major trade deals included the sale of 45 million tons of coal a year.

Tremor shakes E Rand

East Rand Bureau

A strong earth tremor shook the East Rand yesterday causing damage to several houses in the Germiston area.

The tremor, which lasted for several seconds and could be felt as far away as Johannesburg, is believed to have been caused by an earth movement at the East Rand Proprietary Mines.

Mr Henk Barnard of Joubert Street, Els-

burg, said yesterday's tremor, which started at about 5.45 pm, was probably the worst he had felt in the 23 years he had lived in Elsburg.

"It was quite a frightening experience, everything just shook," he said.

The walls of his parents' home were cracked in several places.

Another resident, Mr H Bantjes of Roslee Street, Cruywagen Park, reported that part of his house's ceiling had collapsed and windows in some of his neighbours' homes had been broken.

Other residents said that their windows and crockery shook and rattled during the shock.

Germiston's Deputy Fire Chief, Mr Corrie Olivier, described the tremor as "a very bad one."

He said there had been no reports of serious damage in the area.

Several parts of Germiston were without power after the tremor.

'Maude' back on box Thugs b

45 treated as cholera hits Dundee (89)

Mercury Mercury Reporter 30/3/82

CHOLERA has spread to Dundee where 45 people have been treated for the disease since Friday and nine have been admitted to the provincial hospital.

And at Eshowe Hospital another cholera victim died at the weekend bringing the total number of recorded deaths at provincial hospitals to 94 since late last year.

At C J Crookes in Scottburgh, 67 were treated at the weekend and 22 admitted; at Eshowe 32 were treated and 11 admitted; at Port Shepstone 22 were treated and six admitted; at Estcourt 20 were treated and at Stanger 10 were treated and four admitted.

87

Hausand Q. Col. 509

Bubonic plague

30/3/82

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

How many cases of bubonic plague were reported in each province of the Republic in 1979, 1980 and 1981, respectively?

The MINISTER OF HEALTH AND WELFARE:

None

89

Howard Cholera 30/3/82
Q. 61.507

359. Mr. A. G. THOMPSON asked the
Minister of Health and Welfare:

How many cholera cases have been
treated in Natal to date by (a) his Depart-
ment and (b) other authorities?

89
30/5/82
Secretan

Pink eye panic

THE pink-eye outbreak has reached alarming proportions on the East Rand where more than 500 people have been treated for the infection at Natalspruit Hospital in the past week.

The hospital's superintendent, Dr A Chemaly, said so many people had required treatment that by Saturday they had run out of medication.

Administrators and selectors for the South African Defence Force cricket tournament have also fallen victim of the outbreak.

In Bloemfontein, two companies of No 1 South African Infantry Battalion at Tempe have been isolated after the disease broke out last week.

"Pink eye" affects the membranes controlling the inner eye-lid and eyeball and results in swelling of the eye which turns red.

Zimbabwe (89) immigrant had Marburg fever

WOM 30/3/87
By ADA STUIJT

MARBURG fever has been identified as being the disease Mr Nicky van Biljon, an 18-year-old immigrant from Zimbabwe, had suffered from when he fell ill on February 28 shortly after his arrival.

Mr Van Biljon was admitted to Newcastle Hospital, Natal, with symptoms of malaria.

On March 3 he was transferred to the Rietfontein Isolation Hospital.

A spokesman for the Department of Health said: "We transferred him as a precautionary measure and all persons who had been in contact with him have since been tested, and we found they were not infected by the patient."

Tests, confirmed by the Reference Laboratory in Atlanta, United States, have now definitely proved that Mr Van Biljon suffered from Marburg fever.

"He emigrated from Zimbabwe shortly before he fell ill and definitely contracted the disease there," the spokesman said.

This is the fourth recorded case of the disease in South Africa.

The Marburg fever virus was first identified in the West German town of Marburg in 1967 when seven researchers died and 32 others fell ill after handling monkeys from Uganda.

Mr Van Biljon has now recovered and will be discharged from hospital shortly, said a Rietfontein hospital spokesman.

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and dead in KwaThema in what police believe

WISDOM

could not be recognised. Meanwhile a spokesman for the KwaThema police said yesterday that no arrests have been made in connection with the murder of the man who had his private parts cut off and that investigations were still continuing.

Ten in court on rail deaths

TEN men yesterday made a brief appearance in the Natalspuit Magistrate's Court in connection with the death of four men who were thrown out of a fast-moving train between Germiston and Kettleong last month.

All ten, including three youths aged 13, 15 and 17, appeared before Mr J J van Wyk on four charges of murder. They were not asked to plead and no evidence was led. The case was postponed to April 5 pending further investigations.

The seven others are: Mr Stephen Msipa (20), Mr Joseph Madau (18), Mr Israel

Seemela (21), Mr David Moloi (20), Mr Moses Manve (18), Mr Isaac Ndaba (19), and Mr Johannes Mngomezulu (18).

Their arrests followed intensive investigation by the South African Railways detectives.

Those who died after being thrown off the train for resisting muggers on the train that day were: Mr Rambeyi Ngombolo, Mr Mziwehomo Gesawani Nzo, Mr Sitatana Eric Ronyana, and Mr Sobantu Jimmy Mahhepeba. They were said to have been migrant workers.

Eye disease under control

By NKOPANE MAKOBANE THE PINK eye disease has now spread to Soweto and Johannesburg but this need not cause panic as the situation is under control.

Dr Chris van den Heever, superintendent at Baragwanath Hospital, said yesterday that several cases had been treated at St John's Hospital which is affiliated to Baragwanath.

A doctor at St John's told The SOWETAN that although the epidemic was not that serious, people should get treatment to avoid discomfort.

He said the disease was caused by a viral infection which lives for five days and then

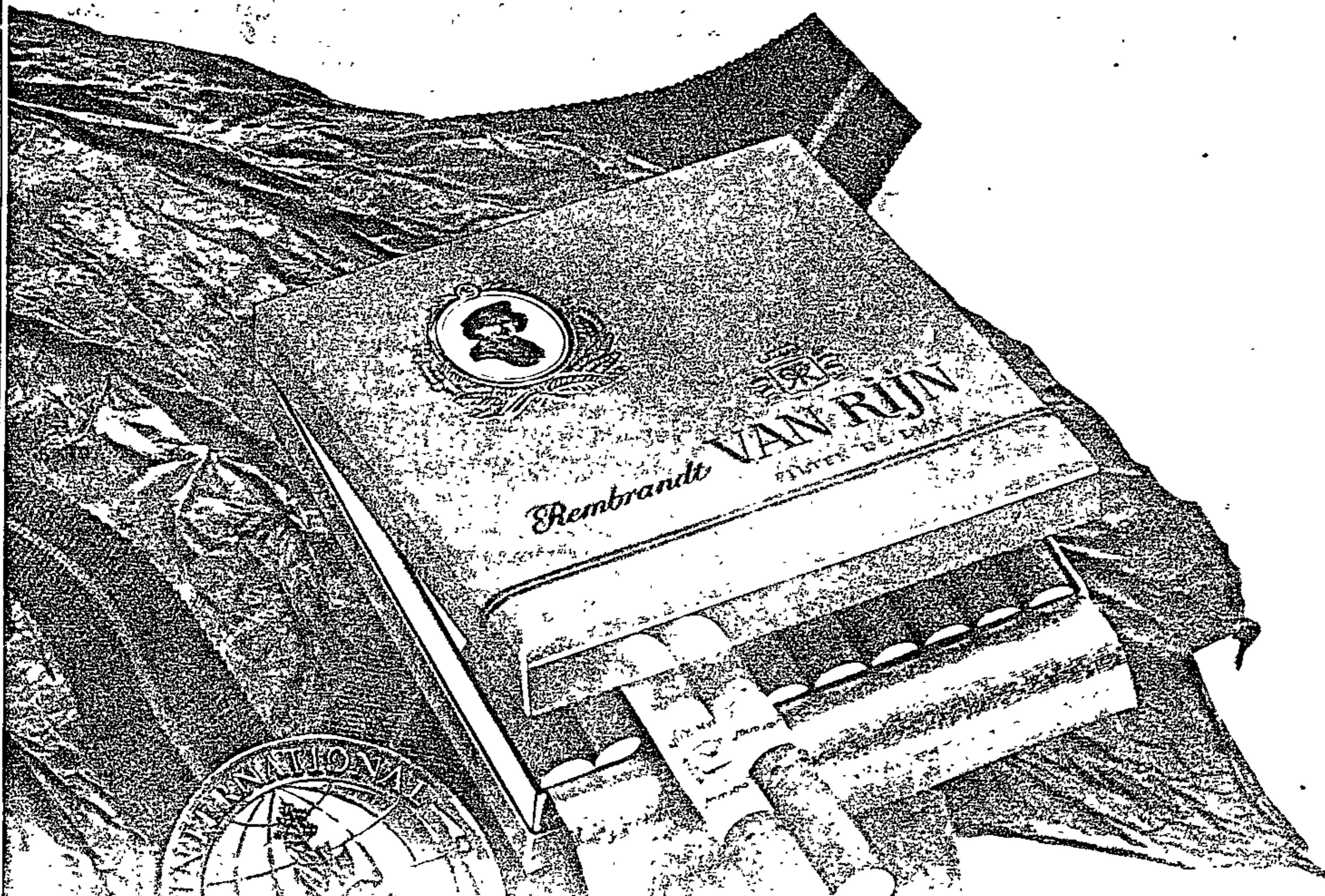
clears. He said the disease spread easily like influenza and people should avoid physical contact with those affected.

Meanwhile it has been reported that the disease which had reached alarming proportions on the East Rand is now abating.

At least 50 people have been treated on the East Rand. From Bloemfontein comes reports that two of the No 1 South African Infantry Battalion at Tempe have been isolated after the disease broke out last week.

It has also been reported that the disease is rife in other parts of the country including Durban.

Each Cigarette a Masterpiece



HEALTH

Salt—the 'latest' silent killer?

89



Salt has been branded a "killer" and a "villain" by anti-sodium activists in America.

A spate of anti-salt advertisements and a flood of low-salt and no-salt products on the supermarket shelves have made many Americans aware of the dangers of an excessive salt intake.

The average consumer eats more than 20 times more sodium than the body needs each

The average consumer may be shockingly unaware of the dangers of excessive salt intake and the amount of salt consumed a day. CAROLINE BRAUN reports.

day.

Salt, or sodium, is known to be a risk factor for hypertension, commonly known as high blood pressure.

One in four Americans suffers from hypertension, and it is a factor in half the deaths in America each year.

A recent article in Time magazine, entitled "Salt: A

new villain?", focused on the dangers of excessive sodium consumption, and the efforts of anti-sodium agitators to promote awareness of these dangers.

How serious is the hypertension problem in South Africa and to what extent is salt the villain in the disease?

Professor Harry Seftel, of the department of medi-

SODIUM CONTENT PER 100g

	Cheddar cheese	700 mg
	Skim milk cottage cheese	290 mg
	Milk	50 mg
	Minced beef	48 mg
	Beef biltong	4 300 mg
	Potato chips	359 mg
	Fried drained bacon	1 021 mg
	Tinned pilchards in tomato sauce	400 mg
	Tinned sardine in oil	510 mg
	Tinned tuna	800 mg
	Canned peas	236 mg
	Fresh cooked peas	1 mg
	Canned green beans	236 mg
	Cooked fresh green beans	4 mg
	Canned carrots	236 mg
	Cooked fresh carrots	33 mg
	Tomato sauce	1 042 mg
	Soya sauce	7 325 mg
	Coffee cake mix	613 mg
	Corn flakes	1 005 mg

because studies showed that populations which consumed large quantities of salt had a far greater frequency of high blood pressure than populations with a lower salt intake.

Furthermore, the most effective treatment for high blood pressure is to lower the patient's intake of sodium.

Hypertension in its early stages can be detected only by having one's blood pressure measured. If one experiences symptoms such as dizziness or swollen ankles, the hypertension problem is al-

called salt "devilish," because it was concealed in so many foods. "Consumers would be horrified if they knew what vast quantities of salt they were eating."

He said consumers had a right to know how much salt they were eating, and said manufacturers should be forced to state the contents and their weight on every food container.

Professor Seftel applauded the Nutri-Care dietary campaign launched last year by Pick'n Pay, which shows consumers by

31/3/82

cine at the University of the Witwatersrand, said there were no official South African statistics for hypertension, but that it was prevalent among all population groups, in people above the age of 50.

A study of death certificate data in Johannesburg by Professor Seftel and two others in 1980 found that after violence, hypertension was the commonest cause of death among adult urban blacks.

Another study in 1980 by Professor Y. K. Seedat of the University of Natal showed that in Durban, hypertension affected 25 percent of the urban Zulu population, 22,8 percent of whites, and 19 percent of Indians.

Professor Seftel said the fundamental causes of hypertension were still unknown, but factors associated with the disease were obesity, age, excessive alcohol and salt.

Salt had been proved a risk factor

ready serious illness could lead to heart failure, kidney failure or a stroke.

Sodium is essential in the diet to regulate the water balance in the body — but the body needs less than one gram of sodium a day to function effectively.

The average sodium intake is 10 g to 30 g a day, and can be even higher in countries like Japan where the main diet is fish and pickled foods.

The excess salt is secreted by the kidneys, but if these are not working efficiently, hypertension can occur.

It is almost impossible to measure one's salt intake as sodium is contained in nearly every food, often in surprisingly large quantities.

The biggest villains are convenience foods, especially pre-prepared dishes, canned meat, canned vegetables, canned fish, savoury sauces and gravies.

Animal products are higher in sodium than plant foods.

Professor Seftel

or a colour code, foods which are low in sodium, kilojoules, or cholesterol. There is also a booklet which lists about 500 products in each category, and gives the amount of sodium, kilojoules or cholesterol they contain.

A Johannesburg dietician, who may not be named, advises consumers who would like to moderate their salt intake to cut out convenience foods, tinned foods, junk foods and baked goods which contain sodium bicarbonate.

Professor Seftel's advice was not to go to the opposite extreme and try to cut out salt by eating unpalatable, unsalted food, but to try to get one's salt intake down to 5 g a day.

If you want to become a serious salt-watcher, try to get hold of a Diet Trac from America.

This is a pocket computer especially designed to keep track of your sodium, cholesterol or kilojoule intake. You tell it your nutrient goals, keep it up to date on what you are eating, and it counts every milligram of what you've consumed. It even gives a warning bleep if you are heading for an overdose.

HEALTH + DISEASE

MISCELLANEOUS

1982

APRIL — DEC.

1/4/82 Mercury

Cholera kills two more in Natal

Mercury Reporter
TWO more people died of cholera yesterday at Eshowe and Stanger hospitals, bringing the total number of recorded deaths in provincial hospitals to 96.

However, the number of cases should decrease from this month when the Inter-Departmental Cholera Committee hopes to have boreholes supplying fresh water to most of the stricken areas.

The committee was founded early last month to combat the disease. It consists of senior offi-

cial from the Departments of Water Affairs, Co-operation and Development and State Health.

Mr Leon van Rensburg, a member of the regional sub-committee, said yesterday the priority areas for boreholes were Estcourt and Ifafa on the South Coast.

Meanwhile, tankers have been supplying the areas with fresh water for the past few weeks and will continue to do so until the boreholes are completed, he said.

Each borehole will cost about R5 000.

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PINK EYE HITS 1 000 PEOPLE

MORE than 1 000 people have been treated at different hospitals since the outbreak of viral conjunctivitis — commonly known as "Pink Eye" — throughout the country.

By SELLO RABOTHATA

The outbreak is reported to have reached epidemic proportions in Durban and thousands have been treated there.

At the Infantry Battalion in Bloemfontein two companies have been placed in quarantine because of the disease.

In the Transvaal, the first cases reported were in the East Rand where more than 500 cases were treated at Natal-spruit Hospital. At least 200 people have been treated at St John's Eye hospital near Baragwanath. Superintendents

of hospitals in Sebokeng, Vereeniging, Jubilee, Hammanskraal, Ga-Rankuwa, and Benoni-Boksburg said cases treated had been no more than any other year.

Dr A Chemaly, superintendent at Natal-spruit, said initially it was thought that "pink eye" was of bacterial origin but it has since been found to be of viral origin which makes it more complicated. But the fear that it would reach epidemic proportions has abated.

Dr G Malan of Jubilee said cases treated in

his area had been mostly schoolchildren. He said with the schools closing for Easter holidays the spread would be easy to check. All the hospitals expressed satisfaction that the epidemic was now completely under control.

The disease is said to be caused by a virus called entero-virus and is spread by direct and indirect contact, the first symptoms being redness and soreness of the eyes. Victims are advised to stay at home for at least

three days to prevent it from spreading.

Doctors said pink eye can spread through towels, linen and wash rags. It can also be picked up by droplets, through a person breathing, coughing or sneezing — and it can be treated by washing eyes regularly with cotton wool, wearing dark glasses in bright light and with anti-biotics only if the eyes were infected with pus. Victims are also advised to report cases immediately.

Santa's part in East Cape anti-cholera campaign

2. Post 3/4/62 89

Weekend Post Reporter
EAST LONDON — A highly-important part in the anti-cholera campaign in the Eastern Cape is being played by Santa.

Santa, through its offices in East London and Port Elizabeth, has reached many thousands of people, telling them of the nature and symptoms of cholera.

The association's educators have addressed schools, church organisations and village meetings.

They have also been broadcasting information

about cholera from a mobile unit in the streets of East London's Duncan Village, which has been seen as a possible flashpoint.

Santa's regional manager, Mrs Bea Mannering, said this week that although tuberculosis was her association's main concern, it was always ready to help the authorities in times of emergency.

"We have been trying to educate the community at large about the symptoms and prevention of cholera," she said.

"Once people know these things they are able to take precautions.

"We have also been looking at water supplies and encouraging people to boil water before drinking it."

Mrs Mannering said her association had also played a big part in isolating the outbreak of bubonic plague near Port Elizabeth.

"We had to trace every visitor to the affected settlement at Coega and take them to the Dias Divisional Council authorities for examination."

Weekend Post
Correspondent

CRADOCK — Cholera is expected to break out in the Eastern Cape after the end of winter.

This warning was given by Mr J Hugo, Eastern Cape State Health Inspector, at the first meeting of a "preparedness committee" called to make preparations for a possible cholera outbreak.

The meeting was called by Dr George Jordaan, Medical Superintendent of the Cradock Hospital.

Dr Jordaan told Weekend Post Cradock was on a major route from the

Cholera expected in East Cape after end of winter

(89) E. Post 3/4/82

East Coast, in particular Transkei and Ciskei, to the Western Province, which meant there was a possibility that cholera would be introduced here.

This meant the town had to be prepared to cope with the disease.

The committee comprises representatives from the Midlands Divisional

Council's nursing service, the municipality, Civil Defence, the East Cape Administration Board, the WAA and farmers' associations.

Dr Jordaan said that if the Cradock Hospital had a patient confirmed as having cholera, every effort would be made to confine the disease in as small an area as possible.

Nursing units would be set up in the affected rural areas as needed.

The infection is easily controlled by antibiotics.

What needed urgent treatment was the serious dehydration it caused.

The hospital's dispensary had a supply of the required intravenous solution in readiness.

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Mind-bending gold 'conspiracy'

S. Times (89)
4/4/82

By John Spira

THE gold price will plunge to \$42.22 by the end of this year in the face of concerted United States sales aimed at bringing the communist bloc to its knees.

These controversial views are expressed by Zurich-based Paul C Martin, who, according to the mass-circulation West German newspaper, Welt am Sonntag, correctly predicted in the early 1970s gold's dramatic rise to its \$850 peak.

Mr Martin's theory is quoted at length in the March 15 edition of the German newspaper.

He comments that the Soviet Union can no longer feed its population. Although the USSR's food-production figures are clouded in secrecy, the American CIA satellite spy system has established that there is a shortfall of 60-million tons (fully a third of the total) in its food requirements.

The cost of this shortfall is \$8 000-million.

The grain which the Russians require can be bought only in the West.

Those traditional suppliers under the influence of the USSR are themselves suffering from grain shortages, with Poland — formerly the Soviet Union's second-largest supplier — a prime example.

Vietnam, once a significant supplier of rice, cannot now feed itself.

In Cuba, a country which could at least supply calories in the form of sugar, all food-stuffs have been rationed and have doubled in price during the past 12 months.

In Rumania, a vital supplier to the USSR of agricultural products, the death sentence has been imposed on anyone hoarding food supplies for more than a month.

Mr Martin adds that, while the West has the grain, the structure — or higher taxes.

● To Page 3

American gold-sale 'conspiracy'

89 S. Times
From Page 1 4/4/82

Russians are unable to pay. And for them to obtain credit is becoming increasingly difficult "in view of the bankruptcy of Poland and Rumania". Eastern bloc currency and roubles are unacceptable in the West.

Acceptable currency can be generated by Russia only if it sells more to the West than it buys.

But Russian industrial products are not wanted in the West, while the revenue generated by specialty exports

(such as caviar) is miniscule. Of the Soviet Union's raw materials, only oil, gas, uranium and gold are of significance.

The uranium market is heavily depressed, while the slump in oil and gas prices has meant that sales of petrol by the Soviet Union have fallen by 50-million tons this year compared with the same period in 1981.

Which leaves only gold.

The annual production of gold from the Siberian mines is estimated at 250 tons. Two years ago, the Russians

earned \$3 500-million in hard currency from gold sales.

"This year, receipts from gold will be scarcely a third of this figure — perhaps less."

Therefore, Mr Martin argues, it is a relatively simple matter for the US to send the Russians reeling by depressing the price to \$42,22 — the last official price at which the US Treasury was prepared to buy gold.

"A \$42,22 gold price would be the ultimate triumph for the US currency — the end to all inflation. The US dollar

would once again be as good as gold.

"Every Wednesday, Aeroflot Flight SU271 arrives in Zurich carrying Russian gold and forcing the price ever downward.

"In addition to the 250 tons of annual Russian production, there are Russian gold stocks to consider, panic sales by investors of 100 tons and sales from Opec countries which have invested their oil revenue in gold and which now need to sell to make up their losses resulting from the drop in oil

prices.

"However, what are 300 tons, 400 tons or even 500 tons? A mere trifle in comparison to what the Americans could dump on the market.

"In Fort Knox and in the vaults of the New York banks, more than 8 000 tons are stored.

"A portion of this gold will be auctioned during the spring of this year — as in the Seventies.

"This will give gold — and the Russian economy — its final downward push.

Rats each day keep the plague at bay

Caricatures of the many professions

Call the Ratsville



Samuel Tsatsawane . . . and a victim of the day.

IT'S hardly surprising that most people fold into a slow squirm when you talk about rats.

For a start, they've had a bad press.

The very word conjures up visions of old Sci-fi films which see bumbling scientists getting secret formulas wrong, lab experiments going horribly awry and slobbering, fanged rodent monsters ripping up skyscrapers and eating small children.

It's not that bad in real life, but a 15cm streak of hairy, incisor-gnashing

CHARLOTTE BAUER spends a day with the city's municipal rat catchers and narrowly avoids instantaneous death, pumpkin, porridge and cyanide traps to tell the grisly tale.

Pictures by DENIS FARRELL.

But the municipality's 80-odd pest controllers seem to possess cast-iron constitutions and will, without a grumble from the digestive system, knock-off rats all morning then sit down to demolish a lunchtime braaivleis in the veld.

More than 9 000 rats and gerbils were caught in Johannesburg last year, and as Fred Cosyn, senior professional officer at the city health department points out, that was just the official body count.

"We probably killed hundreds more, but it's

He insists the lack of applicants has nothing to do with the spine-shuddering nature of the work.

The long work records of so many of the employees prove, says Fred, the tremendous amount of job satisfaction gained by his men.

And if that makes you think bashing rats over the head and filling their burrows with deadly cyanide gives these men a sadistic kick, you are wrong.

"Someone has to do the job and when we have had a good kill of rodents we feel we have achieved something in minimising serious health risks and protecting city dwellers from diseases associated with uncontrolled rodent infiltration."

Fred recognises they have a tough job on their hands.

Rats are prolific breeders, producing six to eight litters a year with an average of six young to a litter.

"We can never eliminate them completely."

Until the mid 1940s,



rat is still repulsive enough to whip the most hardened animal lover into action — usually in the opposite direction.

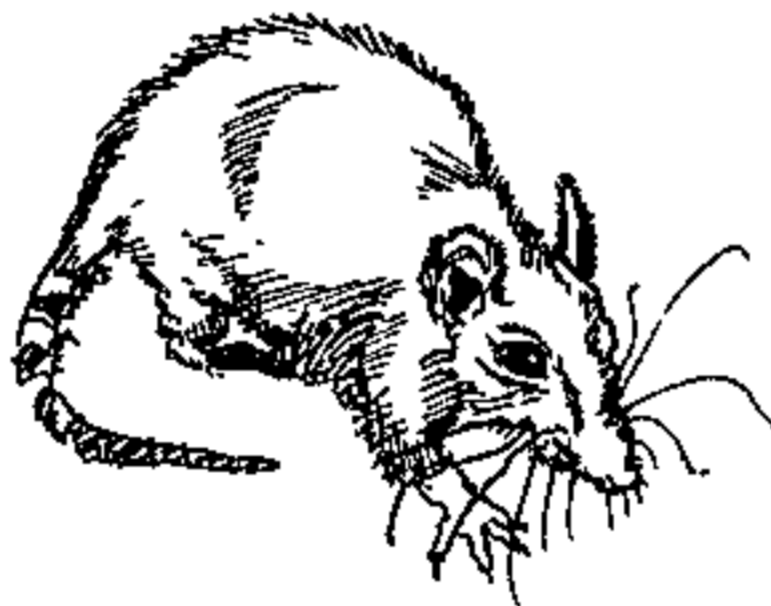
Not so squeamish are Johannesburg's municipal rat-catchers.

Boldly stalking the fields and front gardens of city rate payers, this special breed of men ac-

tually go looking for rats, gerbils and mice which make their nests in rubbish dumps, compost heaps and roofs.

These men are also responsible for controlling other pests — such as ants, cockroaches, bees and fleas, but their rat-trapping duties are, by far, the most bizarre.

They have taken on a job that the uninitiated would find distinctly unappetising.



impossible to recover all the bodies."

A selection of trapped rats and gerbils are kept alive and sent to the Medical Research laboratories to be tested for plague — although Johannesburg has been plague-free since 1950.

Every afternoon the rest of the bodies are destroyed in an incinerator at the Pest Control offices.

A daily "catch" can net as few as three or as many as 300 rodents.

The pest-control unit is a close-knit, almost family-like section of the health department which boasts employees who have received gold watches, bicycles and sewing machines for more than 25 years service.

Fred admits to a staff shortage, saying he cannot get people for the job — but says this is because of the low wages offered.



the municipality used trained fox terriers on rat-catching expeditions. They would sniff out suspicious burrows and wait for the unsuspecting rodent to scramble out. This would be the cue for the dog to issue a swift, fatal bite to the back of the startled creature's neck.

Today, the most sophisticated method used to worm out offenders is



The bogymen? No, just a member of the rat-catching team.

cyanide poison, which is pumped into underground warrens in the veld and domestic gardens in the suburbs. Death is instantaneous.

The other method is more of a Heath Robinson affair.

Mesh traps, resembling inverted waste-paper baskets are filled with pieces of pumpkin and porridge.

Bait set, the trap is left for a few days.

It does not hurt the rat, but forms an invincible prison.

Now we get to the gory bit.

When the rat-catcher collects the basket, he opens the trap door and releases the rat and before it can get away, thumps it on the back of the head with his hand.

A third method, used inside buildings, is the P3 box (P3 by the way,

stands for poison protection point).

This lethal little box contains dry bait poison mixed with mielie meal.

Unfortunately, says Fred P3s are often found by hoboes and vagrants



who chuck out the poison and chop up the boxes for firewood.

Out in the field, experienced rat-catchers with names like July, Tamatie and Meerkat, work as a team to hunt down and kill rodents.

"It's a shame we have

to kill the gerbils," said one exterminator, "they are very cute and fluffy and have lovely golden underbellies."

Golden bellies or not, they are prime candidates for plague-carrying fleas, and have to be destroyed.

One old-timer even went so far as to tame a gerbil, which, to the delight of his colleagues, he carried around in his pocket.

These men show no revulsion, or even aversion to the work they do:

"It's like being a doctor," said veteran pest controller, Nic Kruger, who, when I couldn't make the connection between the two jobs, explained: "He has to deal with all sorts of horrible sights and diseases, just like us."

He grinned: "You get used to it."

Tiny town lays the blame for disease on lack of public toilets

TYPHOID fever has struck two children in the tiny Eastern Transvaal town of Burgersfort — and worried residents are blaming the outbreak on the lack of public toilets for visitors.

So far two cases of the disease have been confirmed and two others are being investigated at the Pietersburg Hospital.

In another incident an elderly Burgersfort man contracted Malta fever, an illness which could also have been caused by contaminated milk or bad sanitation.

Now the locals are saying the sickness has come as no surprise.

A doctor in the town told Expressscope he wrote to the Department of Health 17 months ago, warning that if public facilities were not improved the area could be stricken by typhoid and cholera.

Three days later the first case of cholera was confirmed, but all the doctor has received since are letters from Pietersburg and Pretoria acknowledging receipt of his warning.

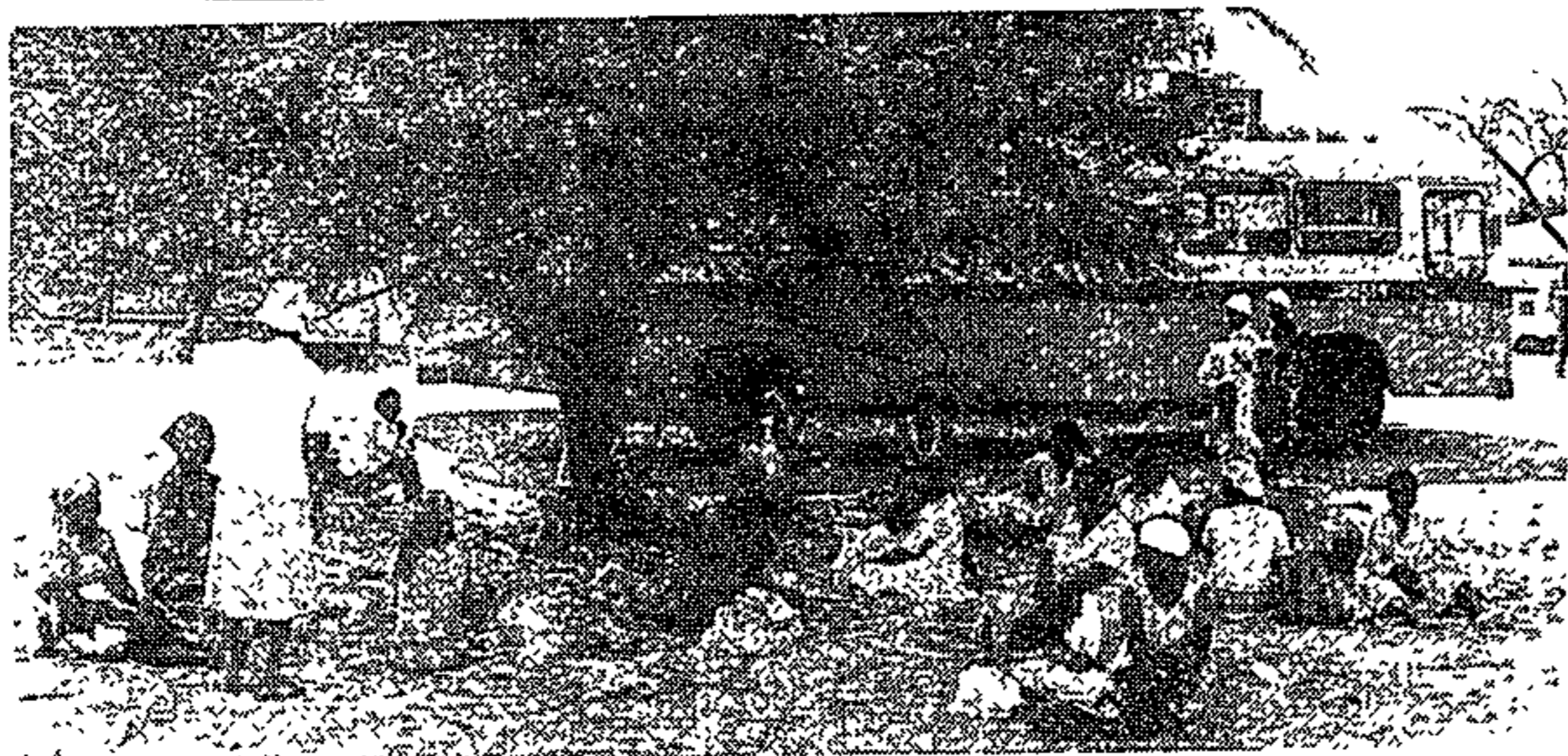
"Typhoid is endemic to this area, which means that it could become an epidemic if it is not controlled," he said.

Both the typhoid victims — 11-year-old Antoinette Kruger and eight-year-old Danie van Zyl — are now back home after their week in hospital.

According to their paediatrician their lives were not at risk, but at times their



ARLENE GETZ reports from Burgersfort — a town terrified that disease will strike again



● Burgersfort stop for Lebowa buses — but there are no toilets available.

temperatures were as high as 42°C (about 108°F). Danie lost about 5kg when he could not eat for two weeks.

He said he had no idea where the two children had picked up the disease. They did not know each other or play in the same areas.

"There must have been some contaminated water or milk," he said.

"It is not unlikely the infection could have been introduced by one carrier, who used a bush as a toilet.

A Sunday Express team

visited the hot and dusty town of Burgersfort last week.

It is sited on one of the main routes to the Kruger National Park and other northern tourist attractions, is surrounded by numerous mines — including four of the biggest chrome mines in South Africa — and is one of the towns nearest the Lebowa homeland.

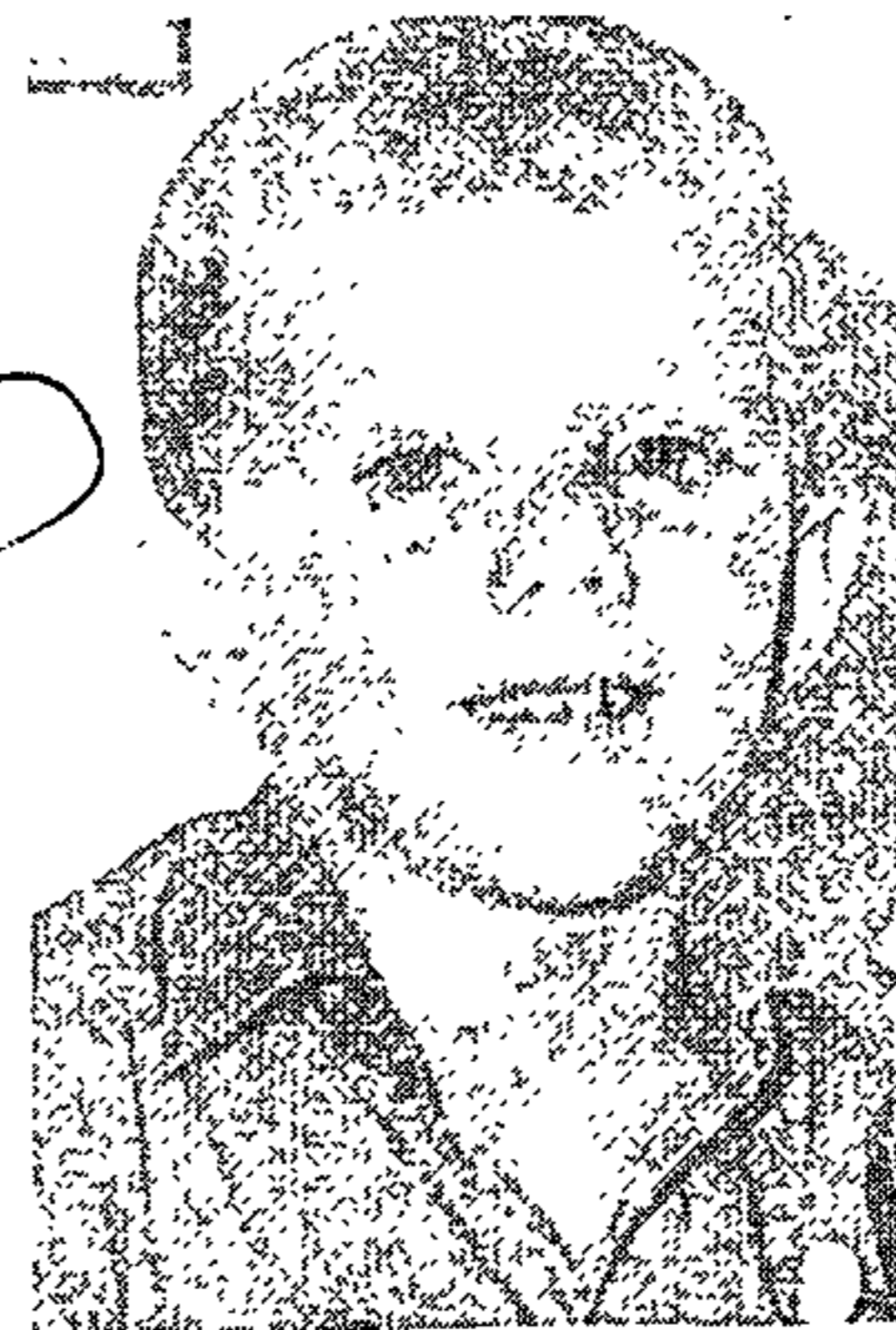
"Thousands of people come here from Lebowa to do their shopping," said a Burgersfort pharmacist.

"On Saturdays it is sometimes impossible to move around the shop because there is such a long line of people waiting to pay."

On Christmas Eve the Burgersfort police have to help control the flow of people in and out of the village stores.

"The problem is that the only public toilet, next to the bus stop, was pulled down to make way for a bank more than a year ago," said the pharmacist.

"The only other toilets are



● INFECTED: Danie van Zyl was only eight when he was struck by typhoid.



● INFECTED: Pretty Antoinette Kruger, aged 11, was another typhoid victim.

Danie beat off the killer

EIGHT-year-old Danie van Zyl had only been in the Eastern Transvaal for two months when he started feeling ill.

He had a constant headache, his eyes hurt and he was vomiting.

Every time the weather became warmer he developed a fever and his mother, Mrs Ansie van Zyl, had to bathe him in cold water and move him into their home's only air-conditioned room.

For two weeks he could not eat anything and could drink only iced water.

"He lost so much weight he looked like a skeleton," said Mrs Van Zyl.

"His eyes were sunken and black and all you could see were bones."

After about 10 days of unsuccessful treatment Mrs Van Zyl drove Danie 157km to Pietersburg Hospital.

She slept on the floor next to his bed giving him cold baths until the diagnosis was made three days later — typhoid. That night his temperature was 42°C.

Within a week Danie was well on his road to recovery and has now returned to his home in Burgersfort.

Danie is one of the two Burgersfort children struck by typhoid last month.

The other, Antoinette Kruger, 11, also spent a week in hospital after her temperature rose to 40,6°C and her pulse dropped.

The children are the latest in a long line of Eastern Transvaal typhoid victims, but their cases are unusual because both live in homes with purified running water.

Typhoid, like cholera, is a water-borne disease spread in rural areas, where a poor water supply forces people to wash infected clothes in their drinking water.

It can also be spread by an infected milk supply and in rare cases can be transmitted by flies moving from faeces to food.

It is more serious than cholera because people continue excreting the typhoid bacteria after their recovery. Between January and September last year health authorities were notified of 2 880 typhoid victims.

on railway property on the outskirts of the town.

"We have been trying to have new toilets built since then and some residents were even prepared to donate money.

"It was delayed because this type of construction has to be approved by the Pretoria-based Transvaal Board for the Development of Peri-Urban Areas and our local board has to budget for it a year in advance," he said.

"In the meanwhile, people are using the bushes as their

toilet.

Mr W L Kinnear, a Burgersfort member of the Peri-Urban Board, said he expected public toilets would be built within the next month.

"We have been looking at the matter for the past year and have been doing everything we can," he said.

"The construction has now been approved by Pretoria and we are awaiting tenders."

Dr H Nelson, the Peri-Urban Board's chief medical officer, told the Sunday Ex-

press the two typhoid cases were nothing to worry about.

"They are two isolated cases that are not going to turn into an epidemic," he said.

"It happens sometimes that a town may have a visitor who is a carrier and we have had the odd case before."

Dr Nelson said the board was trying to find the source of the infection and was monitoring the families of those affected.

Cholera ⁸⁹ suspect ^{E. Post} released ^{5/4/82}

Post Reporter.

A PATIENT admitted last week to the Empilweni Hospital for infectious diseases after showing cholera symptoms, was released from hospital a day later.

The superintendent of the hospital, Dr L H Bock, said today the patient was transferred from Livingstone Hospital to undergo tests at the Empilweni Hospital on Friday.

She was found to be suffering from a simple ailment and was discharged the next day. The patient, from Transkei, had been admitted as a precaution.

Dr Bock said there were now only seven patients in the hospital with symptoms of bubonic plague. The disease broke out in Coega last month.

Dr Bock said he was waiting for the results of blood tests before discharging these patients, and that two of them would definitely be discharged this week.

We are inviting appli-

services in the
Coast town.

Camping banned at cholera-hit river

Mercury Reporter

SWIMMING and camping near the mouth of the Umbogintwini River has been banned, Mr Harry Reddy, Town Clerk of Isipingo, said yesterday.

He said that besides the river being cholera-infected there were reports of solid sewage deposits floating in the mouth of the river.

The Umbogintwini River mouth is a popular weekend and holiday spot

frequented by Indian and Coloured families, he said, adding that sign boards had been erected warning people not to enter or swim in the river or in the sea near the mouth.

Mr Reddy said some warning posts had been destroyed by hooligans.

He warned that guards would patrol the area today and over the busy Easter weekend.

He said anyone caught camping or damaging the signs would be prosecuted.

Call to treat the causes

Pietermaritzburg Bureau

CHOLERA and typhoid were environmental diseases that would not disappear unless people learned to treat the causes and not the symptoms, according to the president of the National Environment Awareness Council, Mr J Lekgetho.

Mr Lekgetho, who was addressing 200 delegates at the international environmental education conference at Treverton College in Natal yesterday, said that community participation was necessary if changes in attitude towards the environment were to be achieved.

He told delegates, many of whom were teachers, that one of the problems among black communities was that the paternalistic role of the authorities had led to a lack of motivation among the people to do things themselves.

Quality

'Planning is too often done in isolation with little regard to consultation with the black people,' he said.

Mr Lekgetho, who was voted the young outstanding South African of 1981, said it was wrong that nature should always have to give way to so-called progress when with a little forethought trees and springs could be saved.

He said that although delegates had agreed that schoolchildren should be the target group for environmental education, it would take about 10 years before they could put what they had learned to practice.

'What about now?' Mr Lekgetho asked.

He said blacks were quickly beginning to realise the importance of looking after the environment.

Age-old killer that puzzles scientists

Plague is always ready to strike

89
Mercury
7/4/82

Science Correspondent

Plague puzzles to scientists studying the disease. We have not had great outbreaks in centuries although conditions today differ. The potential — the rats and other fleas they carry — is still there. The best guard against is the idea that the disease of the past, they say. It remains with us — the opportunity to take advantage of modern hygiene to strike again.

Plague has with access to modern health care in Durban and Port Elizabeth, the mortality to be low, this would not be the case if the proper medication was available, for the mortality rate of treatment is about 80 per cent, which usually occurs with the bubonic and its deadlier forms, pneumonic and septicaemic, the most known diseases from the Middle Ages, yet it was not until 1900 that the true facts were uncovered. As late as 1891 a professor at Cambridge came to the conclusion that the result of poorly understood fleas which attracted poisons

is in a history of the disease published and it is clear that such beliefs are currency 20 years after it was demonstrated that antibodies are a bacillus.

In Hong Kong, a Japanese bacteriologist discovered the infective organism, and four years later a Japanese scientist outlined the mode of transmission of the disease. Further research was sustained by a great plague which was sweeping across the world in which millions of people a year were dying in the disease had spread to most of the world. Although the threat passed, some estimates put the total deaths of the pandemic at 100 million.

Deadly days

The best known as the Black Death, but its history goes back much further. One of the earliest references to the disease is in the Bible, which chronicles, in Samson's story, how plague smote the Philistines in the time of the Ark of the Covenant. In 540 AD that the first detailed information emerged, in the plague of Justinian. In Constantinople it was causing 10 000

deaths a day. The graveyards soon filled up and recourse was made to the towers of the fortifications. The roofs were removed and the interiors filled with corpses, after which they were sealed up again.

The disease spread through the entire Roman Empire and once again the figure of 100 million deaths is mentioned, this time by the historian Gibbon.

Grim projectiles

The next great pandemic to sweep Europe originated in 1346 AD from the besieged town of Caffa, held by Italian merchants, on the Crimean Straits. Plague was decimating the Tartars surrounding the town and to encourage a quick surrender, they catapulted corpses across the walls.

But the siege was relieved and a shipful of Italians returned to Genoa. Within days of their arrival there, the Black Death began. In three years, the populations of England and Italy had been halved and a quarter of the entire population of Europe was dead.

For over 300 years, plague was a regular visitor to Europe, usually peaking in September of a particular year, when fleas were most rife, and always carrying off tens of thousands of victims.

In the Great Plague year of 1665, 50 000 died in London alone and as the disease spread through the rest of the country, one-fifth of the entire population of Britain perished.

It is thought that this outbreak was due to a very bad harvest which drove the rats to towns in search of food. As the animals packed closer and closer together, so the latent infection could explode.

When this happens, fleas are forced to leave their dead and dying hosts, to find their food from normally less-favoured sources such as domestic animals and man. *Pasteurella pestis*, the plague bacillus, is chiefly a parasite of rats and ironically human infections are only an accidental consequence of an outbreak among rodents.

A painful lump

A bite from a rat flea which has had its gut blocked by *Pasteurella* will inject up to 100 000 bacteria. This is frequently too many to be dealt with by man's immune system and the bacilli multiply in the nearest lymph glands, usually in the groin or the armpit, causing a high fever.

After a few days a painful lump known as a bubo develops. This is usually livid red or purplish and may swell to the size of an orange, causing intense pain before bursting and suppurating.

Another form is pneumonic plague, said to be the most deadly disease from which man suffers. This occurs when infected blood reaches the lungs, causing pneumonia. Infection is then passed on by the spraying of droplets, obviously with dire consequences in crowded living conditions.

The Black Death is the form known as septicaemic plague. The infection in such cases has spread into the bloodstream and the disease is characterised by haemorrhages under the skin, dark purple blotches of blood, hence the popular name.

Its victims were said to die in a rage of fever, frenzy and delirium in a few hours.

Fires to clear the air

Reactions to the various visits which plague made to Europe were varied. During the Great Plague the authorities promoted the burning of coal fires to clear the air. Hundreds of thousands of dogs and cats were killed but the rats were unmolested.

The people, however, blamed the comet of the previous year and with no rational explanation for the terror that haunted them, snatched at anything which offered a promise of protection.

Sapphire and amber became popular as talismans against infection and there was a great demand for tobacco, which the boys at Eton were compelled to smoke as a defence against the pestilence.

Sapphires as talismans

From time to time construction workers in the larger European centres still dig open plague pits full of skeletons, macabre evidence of the horrors of those times.

Yet just two years after the Great Plague broke out the last recorded cases of the disease in Britain — apart from a handful in Essex in 1909 — were recorded at Nottingham.

This failure of the plague to return to Europe has more to do with the fate of the rat than with the introduction of better hygiene. The rat which originally brought the plague to Europe is thought to have arrived with the first Crusaders to return. It was the black rat, *Rattus rattus*.

Brown rats to the rescue

Although only a relative handful could have come back with the Crusaders, such is their prolific breeding ability that it was not long before days of prayer were being held for protection from their ravages.

But a more mundane form of salvation was on its way in the form of the brown rat, *Rattus norvegicus*. This reached Europe in 1727, when after an earthquake a ravenous horde swarmed across the river Volga. Being much larger, brown rats are more than a match for black rats.

The decline in the incidence of the plague since the 17th Century has been attributed to the brown rat, much less implicated in carrying the disease, driving the black rat out of the cities.

In modern times, of course, scientific and unremitting warfare is carried on against rats by the health authorities. As the rats build up immunity to a particular poison, others are developed to replace it. But although man from time to time gains the initiative, there is clearly no likelihood of rats and the threat of plague becoming extinct.

Confined to veld rodents

The plague bacillus was introduced into South Africa from India in 1899 and the disease became widespread during the South African War. Between 1900 and 1905, 1694 cases were reported here, of which 947 were fatal. Improved sanitation and strict rodent control have almost eliminated the disease in towns and it is mostly confined to veld rodents, in particular the vaal veldmuis and two types of gerbille.

But there have been further outbreaks in 1914 and in 1938, as well as the current one in Port Elizabeth. These all serve as a reminder that there is no room for complacency in our attitudes to this age-old killer.



The plague doctor in the Middle Ages wore a costume that had crystal eyes and a beak filled with perfume.

Plague is

always

ready to strike

89
Hercy
7/4/82

Bill Fail, Science Correspondent

ONE of the greatest puzzles to scientists studying the plague is why we have not had great outbreaks in recent times, for although conditions today differ from past times, the potential — the rats and other rodents, and the fleas they carry — is still there.

What we must guard against is the idea that the plague is a thing of the past, they say. It remains with us only waiting for the opportunity to take advantage of a weakness in hygiene to strike again.

Although in areas with access to modern health services, such as Durban and Port Elizabeth, the death toll is likely to be low, this would not be the case in places where proper medication was not promptly available, for the mortality without treatment is about 80 percent, and death usually occurs within five days.

Bubonic plague and its deadlier varieties, pneumonic and septicaemic, is one of the best known diseases from the historical point of view, yet it was not until around 1900 that the true facts about it were discovered. As late as 1891 an anatomy professor at Cambridge, Charles Creighton, came to the conclusion that plague was the result of poorly buried corpses which attracted poisons in the soil.

He wrote this in a history of epidemics which he published and it seems incredible that such beliefs should have held currency 20 years after Koch had demonstrated that anthrax was caused by a bacillus.

However, in 1894 in Hong Kong, a Japanese bacteriologist discovered the plague bacillus, the infective organism, and four years later another Japanese scientist outlined the role of fleas in the transmission of the disease.

Interest in this research was sustained by a great pandemic of plague which was sweeping across Asia. By 1903 a million people a year were dying in India alone and the disease had spread to most other parts of the world. Although the threat passed after a year or two, some estimates put the total death toll in the pandemic at 100 million.

Back in Biblical days

Plague is of course best known as the Black Death of medieval times, but its history goes back much further than that. One of the earliest references to the disease is in the Bible, which chronicles, in Samuel and Kings, how plague smote the Philistines in 1320 BC, for stealing the Ark of the Covenant.

It was not until 540 AD that the first detailed information about it emerged, in the plague of Justinian. When this reached Byzantium it was causing 10 000

deaths a day. The graveyards soon filled up and recourse was made to the towers of the fortifications. The roofs were removed and the interiors filled with corpses, after which they were sealed up again.

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The next great pandemic to sweep Europe originated in 1346 AD from the besieged town of Caffa, held by Italian merchants, on the Crimean Straits. Plague was decimating the Tartars surrounding the town and to encourage a quick surrender, they catapulted corpses across the walls.

But the siege was relieved and a shipful of Italians returned to Genoa. Within days of their arrival there, the Black Death began. In three years, the populations of England and Italy had been halved and a quarter of the entire population of Europe was dead.

For over 300 years, plague was a regular visitor to Europe, usually peaking in September of a particular year, when fleas were most rife, and always carrying off tens of thousands of victims.

In the Great Plague year of 1665, 50 000 died in London alone and as the disease spread through the rest of the country, one-fifth of the entire population of Britain perished.

It is thought that this outbreak was due to a very bad harvest which drove the rats to towns in search of food. As the animals packed closer and closer together, so the latent infection could explode.

When this happens, fleas are forced to leave their dead and dying hosts, to find their food from normally least-favoured sources such as domestic animals and man. *Pasteurella pestis*, the plague bacillus, is chiefly a parasite of rats and ironically human infections are only an accidental consequence of an outbreak among rodents.

A painful lump

A bite from a rat flea which has had its gut blocked by *Pasteurella* will inject up to 100 000 bacteria. This is frequently too many to be dealt with by man's immune system and the bacilli multiply in the nearest lymph glands, usually in the groin or the armpit, causing a high fever.

After a few days a painful lump known as a bubo develops. This is usually livid red or purplish and may swell to the size of an orange, causing intense pain before bursting and suppurating.

Another form is pneumonic, most deadly disease from which occurs when infected blood causing pneumonia. Infection is the spraying of droplets, obviously in crowded living conditions.

The Black Death is the form of plague. The infection in some cases enters the bloodstream and the discharges of blood, hence the popular name.

Its victims were said to die in agony and delirium in a few hours.

Fires to clear the air

Reactions to the various outbreaks in Europe were varied. During the Black Death authorities promoted the burning of houses to clear the air. Hundreds of cats were killed but the rats were not touched.

The people, however, blamed the disease on the Jews, and with no rational explanation of the terror that haunted them, which offered a promise of relief.

Sapphire and amber beads were worn against infection and there was a ban on smoking tobacco, which the boys at the time used as a defence against the disease.

Sapphires as talismans

From time to time considerable numbers of larger European centres were full of skeletons, macabre evidence of those times.

Yet just two years after the last recorded cases of the plague in England apart from a handful in Essex and Nottingham.

This failure of the plague to return more to do with the fate of the introduction of better hygiene. The plague originally brought the plague to Europe have arrived with the first was the black rat, *Rattus rattus*.

Brown rats to the rescue

Although only a relative newcomer back with the Crusaders, the brown rat's ability that it was not held for protection.

But a more mundane form of plague in the form of the bubonic plague. This reached Europe in 1772, a ravenous horde of the Volga. Being much larger, it was a match for black rats.

The decline in the incidence of the 17th Century has been attributed to the rat, much less implicated in driving the black rat out of Europe.

In modern times, of course, health authorities are carrying on a particular poison, others are not. But although man from time to time, there is clearly no threat of plague becoming a major killer.

Confined to veldt

The plague bacillus was first introduced to Africa from India in 1899 and was widespread during the South African plague of 1900 and 1905, 1694 cases which 947 were fatal. Improved rodent control have almost eliminated the disease from particular the vaal veldt and gerbille.

But there have been further outbreaks in 1938, as well as the current one. These all serve as a reminder of complacency in our modern world.



The plague doctor in the Middle Ages wore a costume that had crystal eyes and a beak filled with perfume.

004
8/4/82
Pink-eye epidemic on Reef (8)

Staff Reporters

PINK-EYE — viral conjunctivitis — was reaching epidemic proportions on the Witwatersrand, health officials warned yesterday.

Johannesburg Fort's 346 prisoners were isolated yesterday and treated against the highly contagious disease. Crown Mines reported 200 of its employees had the disease. Last week 500 patients were treated at Natalapruit Hospital, near Springs.

All provincial hospitals and public health clinics contacted yesterday reported a combined total of more than 2 000 cases treated over the last three days.

Hospital spokesmen said "thousands" of cases were treated privately and so escaped notice.

The city's Medical Officer of Health, Dr Baldwin Richard, yesterday warned Rand Show visitors to avoid any physical contact — such as hand-shaking — with anyone suspected of having the disease.

He also warned against using the show's washroom towels as the disease can be passed on this way.

See other Book (2nd)

The outbreaks of cholera in southern Africa and the bubonic plague in the Eastern Cape have provoked a significant debate about the cause of these diseases.

The narrow and commonplace view is that cholera came from countries to the north of South Africa and that despite the best efforts of the various departments of health, its spread was inevitable.

In Parliament earlier this year, the Minister of Health, Dr Lapa Munnik, argued, for instance, that poor hygiene could cause cholera.

The official opposition spokesman on health, Dr Marius Barnard, argued that the National Party's policies of apartheid were the cause of cholera.

"The cholera epidemic is a frightening indication of the dangers created by the implementation of the National Party's policy," Dr Barnard said.

He continued: "Cholera, with the suffering it causes, does not only cost money, but also human lives.

"It is the inevitable bitter price we have to pay for the implementation of the homeland policy, the migrant labour system, the breaking-up of families, the resettlement of blacks and the criminal neglect of primary health-care facilities among the disadvantaged people of South Africa."

In his reply to Dr Barnard, the Minister was able to exploit an apparent contradiction in this argument: if apartheid was the cause, why was there cholera in India, Pakistan, Sri Lanka, Angola, Malawi, Zambia, Zimbabwe, Zaire and Mozambique?

Cholera: wages of poverty

"After all, Dr Barnard must admit that India is the home of cholera — from childhood one has heard about cholera in India. Where is there apartheid in that country?" he asked.

In one sense, Dr Munnik obviously has a point: cholera certainly exists in countries where the National Party is not ruling.

But it is hardly comforting, except possibly for the heat of debate, because all those countries, and the rural areas of South Africa, have something in common: poverty.

If one were to argue that cholera was a disease of poverty and inadequate facilities, particularly clean water and sewerage, the Minister would have less to dispute.

And the overcrowding of homeland rural areas, the exploitation of able-bodied men from those areas for their labour, did not just begin in 1948 when the National Party came to power.

Ever since industrialists and mine-owners used coercive measures to obtain that labour and successive governments restricted black ownership of land to just over 13 per cent of the surface area of South Africa, poverty has been the reality for the majority of South Africans.

The very nature of the industrialisation of South Africa since colonial times, which has been based on cheap labour from the rural areas, has been the fun-



The Minister of Health, Dr Lapa Munnik and the then Mayor of East London, Mrs Elisabeth Kemp, looking out over the Blind River from the end of the Eastern Beach in 1978. Could this polluted stream be a cholera hazard?

Ever since industrialists and mine-owners used coercive measures to obtain that labour and successive governments restricted black ownership of land to just over 13 per cent of the surface area of South Africa, poverty has been the reality for the majority of South Africans.

The very nature of the industrialisation of South Africa since colonial times, which has been based on cheap labour from the rural areas, has been the fun-

The very nature of the industrialisation of South Africa since colonial times, which has been based on cheap labour from the rural areas, has been the fun-

and SA's rural slums

Infection may be very mild and as many as 50 to 75 per cent of people infected may only feel slightly ill, or not ill at all, although they can create it and infect others. They can, therefore, be carriers of the disease.

Short-term measures to control the spread of the disease are important: information about cholera, how to recognise it and how to prevent it, should be made available.

In addition, the washing of hands and food in uncontaminated water is necessary. Water for drinking should be boiled and water supplies should be disinfected with certain chemicals. Stools and vomit should be disposed of far away from any water source; and pit toilets should be dug in rural areas if not already present.

Dr Anthony Zwi has pointed out that cholera infection is contracted through the use of water that has been contaminated with organisms from the faeces of an infected person.

The polluted water can infect people when it is drunk, when it is used to prepare food, or even if raw vegetables have been washed with it.

Indeed, it has been argued that because cholera is perceived to be a threat to urban areas it has had more attention in the media.

Parliamentary opposition spokesman on health, Dr Marius Barnard — cholera is the inevitable bitter price we have to pay for the implementation of the homeland policy.



"Only when the resources which influence health are democratically controlled in a truly democratic society will health for all be promoted," he said.

The elimination of diseases like cholera, it is clear, requires far more than stop-gap measures. It calls for the elimination of poverty and inequality.

by Political Correspondent BARRY STREEK

cause rural areas to be poor is the real answer.

It is significant also that far commoner causes of death and illness in the rural areas, such as TB, measles, gastro-enteritis and malnutrition, have received considerably less attention than cholera.

Indeed, it has been argued that because cholera is perceived to be a threat to urban areas it has had more attention in the media.

Parliamentary opposition spokesman on health, Dr Marius Barnard — cholera is the inevitable bitter price we have to pay for the implementation of the homeland policy.

"Only when the resources which influence health are democratically controlled in a truly democratic society will health for all be promoted," he said.

The elimination of diseases like cholera, it is clear, requires far more than stop-gap measures. It calls for the elimination of poverty and inequality.

Certainly, the provision of clean water and sewerage facilities should be pursued with determination. But that is not the answer.

Dr Zwi says that cholera cannot be viewed merely as a "tropical disease". It should be viewed in the context of the web of migrant labour, forced settlement, overcrowding, poor housing, and inadequate services.

"These factors must be seen as resulting from the historical development of capitalism and apartheid in South Africa."

He said the government could not eradicate diseases like cholera and these diseases would remain part of the South African health scene.

"To tackle them would be to tackle the South Africa state and political and economic factors which preserve the status quo and result in poor health.

"The solution to these health problems lies neither in the provision of health services, nor merely in the development of sanitary living conditions, but implies the eradication of unequal access to wealth, resources, and political power which are present in South Africa.

"Only when the resources which influence health are democratically controlled in a truly democratic society will health for all be promoted," he said.

The elimination of diseases like cholera, it is clear, requires far more than stop-gap measures. It calls for the elimination of poverty and inequality.

Cholera — is the solution in our hands?

Science by E

89

Mercury 8/4/82

ONE of the troubles about cholera is that it is a common infection but a relatively rare disease.

This means that apparently healthy carriers are almost daily transmitting the disease without either themselves or the health authorities

knowing. Through poor sanitary practices, such people infect open water sources from which others drink or use in some way.

They in turn become infected, passing this on in a vicious circle. All those involved in cholera prevention

agree that the only 'final solution' to the disease is a clean water supply and proper sewage disposal. But when one considers the money involved in doing this, it is almost like reading a book about astronomy.

Deaths

The World Bank estimates that about R300 billion will have to be spent to achieve the goals set by the U N International Drinking Water Supply and Sanitation Decade (1981-1990).

Yet cholera and closely related diseases are killing 30,000 people a day world-wide and the U N attitude is that no matter how much it may cost to provide clean water and sanitation, it is far more expensive — in terms of productivity of labour and hospitalisation of victims — to ignore the problem.

On a smaller scale, this is certainly true of South Africa and the associated national states. We do not participate in the U N's Decade programme and do not have access to major international aid, but according to government sources, nearly R72 million will be spent in the coming year on providing fresh water supplies, with another R21 million on sewerage.

At the same time a massive educational campaign has been going on for some time now,

for the official view is that the individual rather than the State is responsible for his or her health.

The educational emphasis is on cautioning people to boil or chlorinate water; to wash hands after going to the toilet and before touching food; washing food that is not due to be boiled; and using covered pit latrines.

Whatever is done, cholera is likely to be with us for a long time to come.

Advances

Prof Margaretha Isaacson, head of the SA Institute of Medical Research, says the disease is likely to make major advances again next season.

'Next in line is Transkei and the Cape. It is quite inevitable. Cholera is already on the coast where it travels easily,' she says.

The official view of the health department is that this is a distinct possibility, although neither the rate of spread nor the extent can be predicted with certainty.

So we have a real battle on our hands, now that cholera is well-rooted in South Africa. While we must spend money to correct the water supply situation, those who are at risk — the poor — can also make big contributions towards containing the spread of the disease.

J. D. ...
Less cholera risk in EL *8/4/62* **(89)**
health officer

EAST LONDON — The "immediate chance" of cholera here was "diminishing" the city's medical officer of health, Dr J. R. van Heerden, said yesterday.

Dr Van Heerden said there was still no evidence of cholera in the region and that there had been no reported cases of cholera in Transkei for two weeks.

But Dr Van Heerden warned that all precautions against the disease should still be followed and that the city health department was not relaxing its vigilance.

"We are still broadcasting messages and monitoring the sewers and so on," he said.

Dr Van Heerden said the widespread drought in the Eastern Cape re-

gion might have an effect on cholera, which was a waterborne disease.

"However, it is not clear what this effect will be."

He also said that it would be wrong to think that cholera would not spread during the winter months as the cholera bacteria was able to survive in cold water.

"Our rivers do not really get that cold in winter."

He said that the "immediate hysteria" over cholera could be subdued.

"People should be reasonably careful and must not forget that the danger of cholera coming here still exists although I would say the immediate chances of it coming are diminishing." — DDR

(89) Mercury 8/4/82

Durban shellfish ban to remain

Mercury Reporter

THE ban on gathering oysters and mussels in Durban will not be lifted because shellfish samples taken last week were found to be contaminated with cholera.

But the ban has been lifted in the Umhlanga area where no contamination has been detected since the two initial cases about six weeks ago.

Umhlanga's Medical Officer of Health, Dr Rob Rathgeber, said yesterday he was satisfied that shellfish in the area were now free of contamination.

Mr B Watson, Umhlanga's Town Clerk, said yesterday

commercial gatherers were allowed to collect 80 dozen oysters a day. He said health officials would continue sampling shellfish on a 'spasmodic' basis.

Durban's acting Medical Officer of Health, Dr M Richter, said yesterday she was unable to say how long the shellfish ban would continue.

'But we are definitely not lifting it yet. Shellfish in hotels and restaurants will still be regularly tested for cholera, irrespective of where they come from,' Dr Richter said.

The ban applies to the area between the Umgeni River mouth and the Umlaas Canal.

11/28/89
D. P. Hatch 13/4/82

Medics deny possibility of Kave claim

JOHANNESBURG — Medical experts said yesterday germ warfare with cholera vibrio germs was virtually impossible, commenting on a charge made by a former ANC member, Miss Nokonono Kave

Miss Kave said last week that Ndebele members of the ANC deliberately infected South African water supplies with cholera germs carried inside small capsules.

The purpose of this cholera germ warfare, according to Miss Kave, was to embarrass South African health authorities and "formed part of the total communist onslaught".

Miss Kave was granted political asylum by Ciskei last week after her recent testimony in front of an American Senate sub-committee investigating terrorism in Southern Africa.

During a press conference last week, upon her return from the United States, she told of the alleged germ warfare.

Medical authorities rejected this as totally impossible, however.

"The cholera vibrio germs are extremely difficult to create with cultures even from infected people and under the best of laboratory circumstances." a Bophuthatswana doctor said yesterday

"Such germ warfare could only be conducted under short-term conditions, because a cholera vibrio germ could not possibly survive longer than 24 hours unless kept inside a very sophisticated culture medium.

"Unsophisticated people would not be able to carry out missions carrying such potentially dangerous germs, unless trained thoroughly in handling these, and the germs would have to be carried inside high-powered isolation units."

A Department of Health spokesman agreed that germ warfare with cholera vibrio germs would be "a very difficult procedure".

"There is no evidence whatsoever that germ warfare caused the present cholera epidemic."

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(89)
13/4/82

Kave cholera claim: no germ of truth

By ADA STUIJT

ALLEGATIONS that the banned African National Congress are waging germ warfare by scattering capsules containing cholera germs were described as "impossible" by medical experts yesterday.

A former ANC member, Miss Nokonono Kave — who recently testified before the US Senate sub-committee on terrorism in Southern Africa — made the allegations to journalists last week on her return from the US.

Shortly after being granted political asylum in Ciskei,

Miss Kave told the Press that Ndebele members of the ANC deliberately infected South African water supplies with cholera germs in small capsules

Miss Kave is a niece of the Ciskei Prime Minister, Chief Lennox Sebe

The cholera germ warfare "formed part of the total Communist onslaught" against SA, she said.

But medical authorities rejected her claim yesterday as totally impossible.

"The cholera vibrio germs are extremely difficult to create with cultures, even from infected people and un-

der the best of laboratory circumstances," a Bophuthatswana doctor, closely involved in the fight against cholera, said yesterday.

"A cholera vibrio germ could not possibly survive longer than 24 hours unless kept inside a very sophisticated culture medium or in its own natural habitat," he said.

A Department of Health spokesman yesterday said there was "no evidence whatsoever that germ warfare caused the present cholera epidemic in KwaZulu or the Transkei".

Mr

14/11/82
DOM
89

Doctors told to report all malaria cases.

Mall Reporter

THE director-general of the Department of Health and Welfare has issued an urgent warning to all doctors to advise his department of any malaria cases immediately.

Outbreaks of malaria occur annually, usually during March, April and May, according to Dr H P Botha, who

emphasises the importance of the required notification in the latest issue of the SA Medical Journal.

"A great deal of effort is spent on ongoing malaria surveillance, with teams in the field all year round, spraying huts and finding cases. This control activity would be considerably enhanced if doctors adhered

strictly to the department's requirements," he writes.

He also says that substantial numbers of malaria cases occur outside the usual malaria areas.

"There were 59 malaria cases in the southern Transvaal in 1981, yet intervention at the place where the infection was contracted is impossible if the health authorities

are not informed of the incident."

He also warns that the department has found that patients with malaria are often treated without proof of the diagnosis.

"In view of the simplicity and low cost of such a test, an appeal is made to all concerned to perform this whenever indicated."

82
The question is asked
How in reality better

have been greatly improved and now more can be produced at full-employment of all resources (land, labour and capital).
An diagram (ii) production of commodity X has improved and is being on the whole P.P.F. manager to shift outwards. Notice, how this also leads to an increase in production of Y. In diagram (iii) the resource happens; instead of X increasing, Y does; however the result is the same and a higher P.P.F. is reached meaning a higher level of combination of goods X and Y can now be obtained.
Thus the P.P.F. is related to the concept of full-employment. If there is an employed resources and hence full-employment is unobtainable, with technical improvements, specialization allowing a greater production, and greater efficiency of resource allocation a higher level of the P.P.F. can be reached.

No rise in EL pink eye cases — doctor

89
D. Hopfner
15/4/82

EAST LONDON — The number of people treated here for the viral eye infection commonly known as "pink eye", had not escalated during the past few weeks but had been "normal", the medical superintendent at Frere Hospital, Dr R. Newbery, said yesterday.

In King William's Town, however, "more and more cases" were being treated at Grey Hospital, where Dr Newbery also serves as superintendent.

But Dr Newbery warned that the East London area was unlikely to escape the infec-

tion, which has swept through the Transvaal and Natal and has now manifested itself in Transkei.

The infection was highly contagious and if prevalent in Transkei and King William's Town, was bound to reach here, he said.

Yesterday, three people were treated for "pink eye" at Frere Hospital out-patients section.

"This is a relatively low figure when one considers that hundreds of patients are attended to daily for various ailments."

There was not much one could do to prevent the spread of the infection, although maintaining a high standard of personal hygiene would cut the risk slightly, Dr Newbery said.

There was no specific cure for "pink eye" but ointments, prescribed by doctors, made the irritation more bearable.

The infection usually lasted up to seven days and could start in one eye and spread to the other one two or three days later. The first signs of "pink eye" were "watering, irritated eyes", Dr Newbery said.

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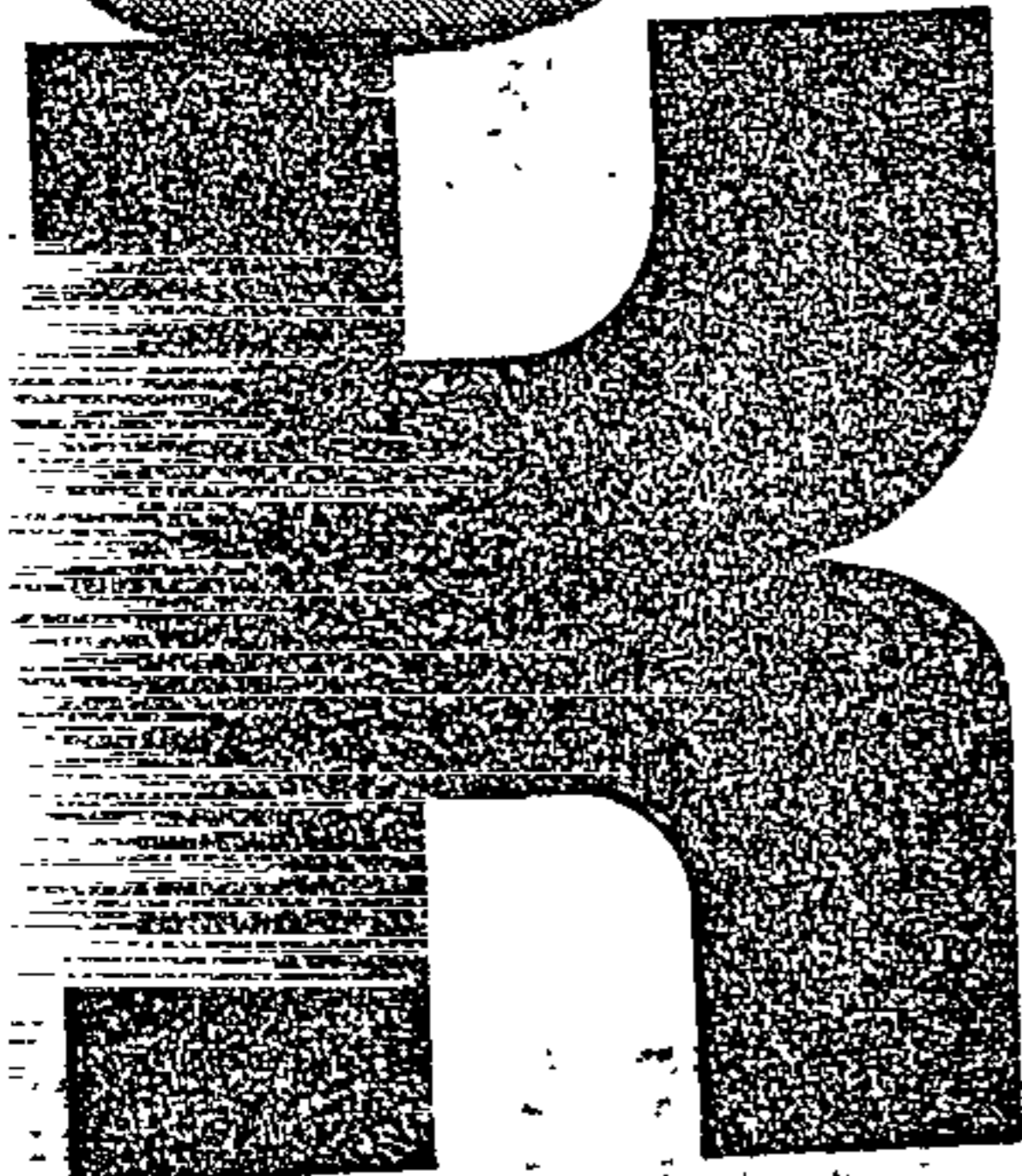
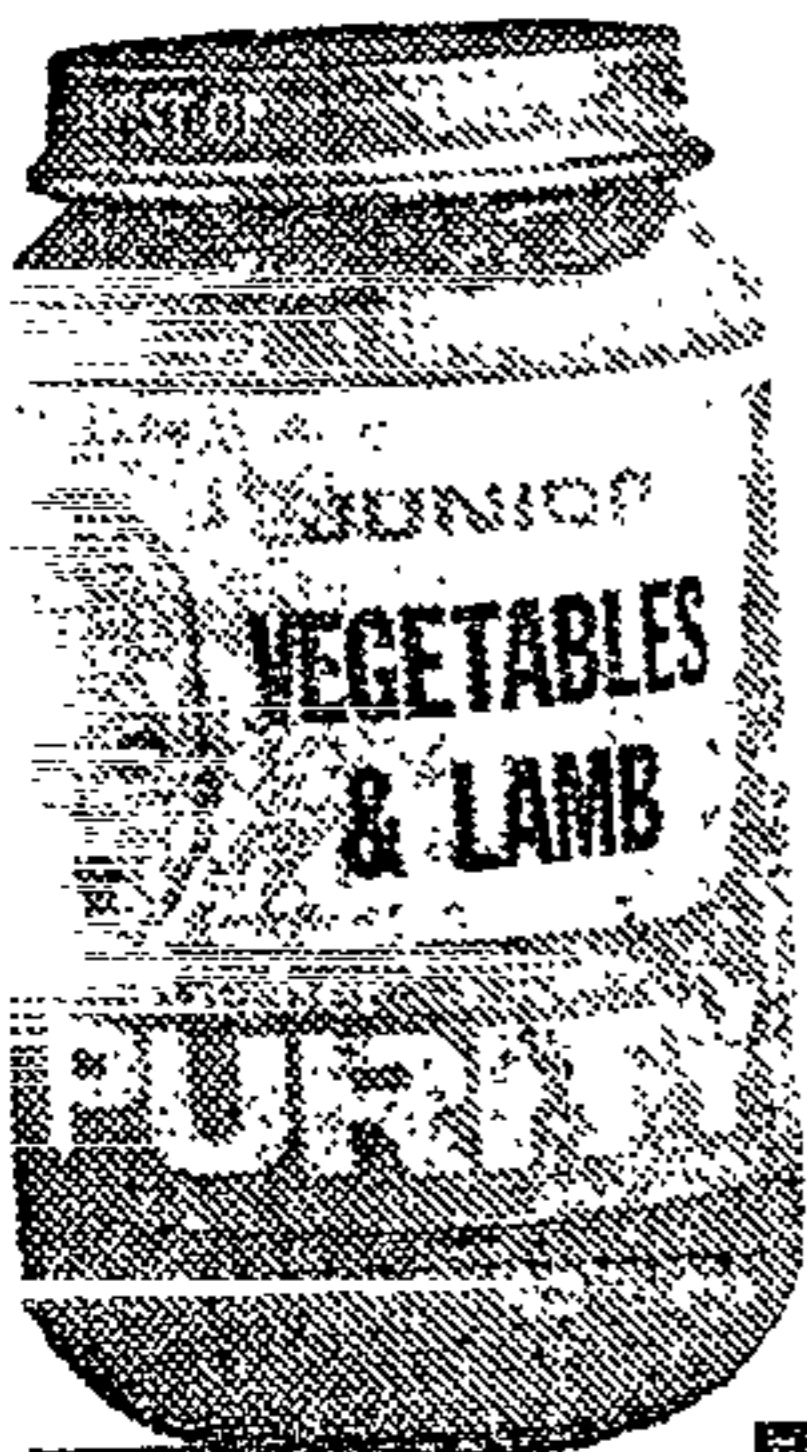
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GREY, MILLS, KAYE-EDDIE F00010

Tvl wants more time to shop

If you are a young, affluent, urbanised male Transvaaler you are likely to be heavily in favour of extended shopping hours.

According to a public opinion poll by Market Research Africa, nearly two-thirds of a nationwide sample of 1000 whites favour extended shopping hours.

The poll found the upper income bracket was more in favour than the lower bracket.

The Transvaal — which lacks flexible shopping hours — was most heavily in favour while the Cape and Natal, which have late shopping, were least in favour.

The Transvaal Provincial Administration rejected a strong lobby for flexible hours at the end of last year.

Free flu shots for the elderly

(89) show 15/11/82

The annual campaign against influenza is under way and Johannesburg's senior citizens of all races will receive free immunisation from Friday.

City health department teams will administer 18 600 doses of vaccine to pensioners over the age of 70.

Younger residents will be treated if they have no other means of obtaining a vaccination or if they suffer from chronic ailments such as bronchitis, emphysema or heart problems.

Old people who are too frail to visit the vaccination points will be visited at home if the department is notified.

Senior Deputy Medical

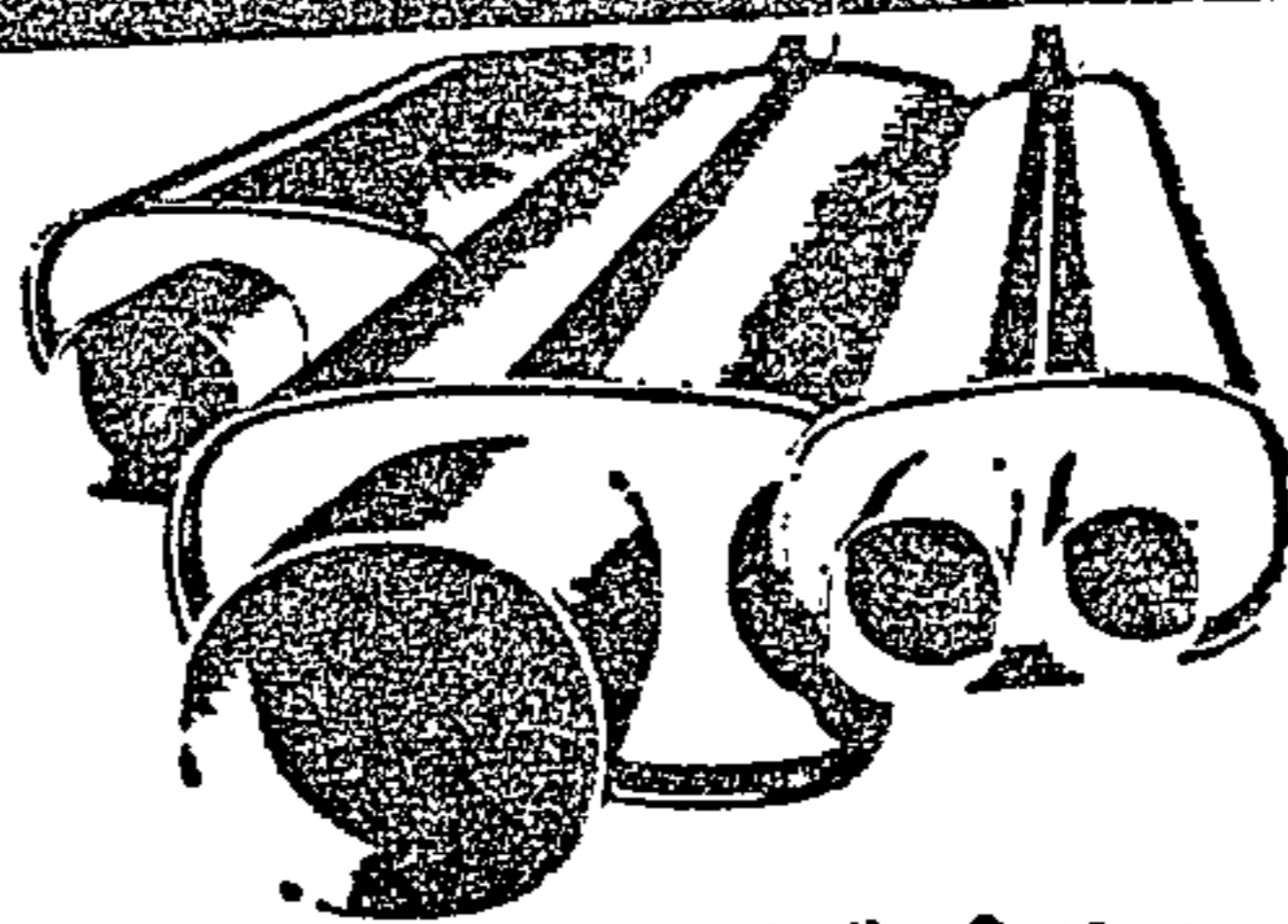
Officer of Health Dr Claude Newbury, said virologists had been approached to find out which flu strain could be expected this year and to produce an effective vaccine.

He said the antidote would have an adverse effect on those allergic to egg and urged people who were under medical supervision to consult their doctors.

Black, coloured and Asian old people will receive their injections when they call to collect their pensions. White pensioners will be immunised on specific days.

For details, contact Sister Anna Vlok at 28-1363, extension 3282.

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THURSDAY, 15 APRIL 1982

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For written reply

271 89 Hansard Q. 61.601
Health matters in Elukhanyweni
15/4/82

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

- (1) How many persons have died annually at Elukhanyweni since 1978 in the age groups (a) 0 to 5 years, (b) 6 to 20 years, (c) 21 to 40 years, (d) 41 to 60 years and (e) 60 years and over;
- (2) how many of these persons died of (a) gastro-enteritis, (b) cholera and (c) malnutrition?

The MINISTER OF HEALTH AND WELFARE:

- (1) and (2) Elukhanyweni is situated in the Ciskei and does not fall within the jurisdiction of the Republic. I am therefore unable to furnish the hon. member with any information in regard to health matters in the Ciskei.

89 C. Herald
7/4/82

'Cholera on the way' — medics

THERE is a distinct chance that cholera could break out in the Eastern Province and little can stop it from hitting the Western Province — although Cape Town's Acting Medical Officer of Health feels that the City is very well equipped for such a situation.

These views were expressed last week by Dr Dippenaar, Grahamstown Medical Officer of Health and Dr M. A. Chaimowitz, acting Medical Officer of Health for Cape Town.

A cholera committee has been formed in Grahamstown but all it has done so far was to tell people about the dangers and what they should not do.

Dr Dippenaar warned that Grahamstown hospitals could not cope if the disease hit badly and said the rural areas would be hard hit.

WORKERS

'Cholera, which is mainly transmitted in contaminated water, could be taken by river to places on the east coast — and migrant workers who were carriers could take it to Port Elizabeth or even Cape Town.

'So could students on vacation,' he said.

Dr Dippenaar warned: 'Although there is enough drinking water in the township in Grahamstown, there is not enough for other purposes.

'We plan to warn people using a loud-speaker van if cholera becomes endemic. Also people from the clinic have been visiting the

farms to talk about cholera.

Many people live unofficially in Grahamstown because they cannot get Section 10 rights here. Asked about this Dr Dippenaar said: 'If a person was brought in with cholera no questions would be asked. However, mass screenings would be very difficult and mass immunisations meaningless.

'Cholera vaccine has a success rate of only 10—20 percent and gives a false sense of security,' he said.

A spokesman for the Department of Health said samples of water were tested daily but so far no trace of the germ had been found. The last reported outbreak was in the Southern Transkei.

PREPARED

Cape Town's Acting Medical Officer of Health, Dr Chaimowitz, said that the city was very well prepared if cholera should break out here.

'If it should indeed break out it will not be to any great extent as pipe water is available almost every area. The most likely place it will

because hygiene in these areas was not as it should be.

He said that the authorities were monitoring the water and the sewers to see if cholera was present.

'Our hospitals are very well prepared to face an epidemic in the region,' he said.



**UNIVERSITY OF CAPE TOWN
EXAMINATION ANSWER BOOK**

SECTION C

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

WIR AND THIS NICKEL . . . policy of constructive engagement . . .

Cholera 'not over but under control'

49

Mercury 20/4/82

Ormande Pollok
Political Correspondent
THE cholera epidemic was not over but it was under control, Health Minister Dr L A P A Munnik, told Parliament yesterday.
The next step in the battle was to see if more money could be made available.
Replying to Mr Aubrey Thompson, New Republic Party MP for South Coast, who had said there had to

be 'radical changes' in medical spending.
Large amounts were already being spent on medical services.
Mr Thompson said that somebody had to accept responsibility for medical health, even in areas where there were no local authorities and the country would simply have to accept that squatter camps were a reality.
Somebody would have to accept responsibility

for medical services.
'We must also accept that the situation is complicated by conditions across our borders,' said Mr Thompson.
Dr Munnik said that more than R80 million had been spent in outlying areas in providing clean water in the past two years.
'I know it is not the whole answer and now we must try to make more

money available,' he said.
Later he said the department was 'not asleep' but was faced with a project for which it saw no end.
Dr Munnik was highly critical of 'squatter farmers' who charged rents for small tin shanties in areas where there were no services whatsoever.
He had flown over one in Natal, owned by an indian, where there were 400 squatters.

However, as soon as the Government took any action to move them, there was an outcry from members of the Opposition.
He said also that Dr Fred Clarke, the Natal MEC in charge of hospitals, was wrong in suggesting that there had been a 'cover up' by the Government about the number of cholera cases there had been.

The Government had obtained its figures from Dr Clarke's 'own hospitals'. Dr Clarke had made a mistake in saying that 4 000 patients had been in hospital for three days.

Subject..... Economics II
(to be copied from the heading on the Examination Paper)

Paper No..... II
(to be copied from the heading on the Examination Paper)

NOTE CAREFULLY

1. Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.
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3. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.
4. Do not write in the left hand margin.

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External

(3)

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

Munnik: Cholera under control

Cape Times 20/4/82

89

Political Staff

camps were a reality.

HOUSE OF ASSEMBLY

The cholera epidemic was not over but it was under control, Health Minister Dr Lapa Munnik, told Parliament yesterday.

The next step in the battle was to see if more money could be made available.

Replying to Mr Aubrey Thompson (NRP South Coast), who had said there had to be "radical changes" in medical spending, he said large amounts were already being spent on medical services.

Mr Thompson said that somebody had to accept responsibility for medical health, even in areas where there were no local authorities and the country would simply have to accept that squatter

Dr Munnik said that more than R80m had been spent in outlying in the provision of clean water in the past two years.

"I know it is not the whole answer and now we must try to make more money available."

He said also that Dr Fred Clarke, the Natal MEC in charge of hospitals, was wrong in suggesting that there had been a "cover up" by the government about the number of cholera cases there had been.

The government had obtained its figures from Dr Clarke's "own hospitals". Dr Clarke had made a mistake in that 4 000 patients had been in hospital for three days. He had calculated that as 12 000 patients instead of 12 000 "patient-days".

...stayed in and ... them", he said.

Pink Eye ¹⁸⁹revives

Lowetan 20/4/82

VIRAL conjunctivitis or the "Pink Eye" disease has struck at the D H Peta Secondary School in Atteridgeville where about 36 students were treated for the infection at the Kalafong Hospital on Friday morning.

Although a total of 125 students including three teachers was treated

and discharged at the hospital, Dr Ida Kapp, the hospital's medical superintendent, confirmed only 36 cases of the disease. "There was nothing wrong with the rest. Most of the students must have thought of taking a precautionary measure," said Dr Kapp.

Howard Preece



Economic Spotlight

Drowning rand a lifebelt for gold mines

Date	London gold fixing	Rand/dollar rate	Rand gold price an ounce
Jan 1, 1981	\$597,50	R1 = \$1,338	R446,6
Feb 1, 1981	\$493,50	R1 = \$1,317	R374,7
Mar 1, 1981	\$465,50	R1 = \$1,267	R367,5
Apr 1, 1981	\$514,25	R1 = \$1,251	R411,1
May 1, 1981	\$482,75	R1 = \$1,221	R395,4
Jun 1, 1981	\$483,25	R1 = \$1,175	R411,3
Jul 1, 1981	\$422,00	R1 = \$1,135	R371,8
Aug 1, 1981	\$392,50	R1 = \$1,045	R375,6
Sep 1, 1981	\$421,50	R1 = \$1,062	R396,9
Oct 1, 1981	\$436,50	R1 = \$1,049	R416,1
Nov 1, 1981	\$430,00	R1 = \$1,043	R412,3
Dec 1, 1981	\$402,50	R1 = \$1,041	R386,7
Jan 1, 1982	\$395,00	R1 = \$1,042	R379,1
Feb 1, 1982	\$379,50	R1 = \$1,022	R371,3
Mar 1, 1982	\$361,25	R1 = \$1,014	R356,3
Mar 15, 1982	\$312,00	R1 = US96,7c	R322,6
Apr 16, 1982	\$362,75	R1 = US94,55c	R383,6

SOUTH Africa's gold mines are earning as much an ounce produced as they were at the beginning of February last year when the price was just below \$500.

This is because of the huge devaluation of the rand against the dollar — more than 30% — in the past 15 months.

What matters to the mines, of course, is how much they finally get paid in rands for their production.

That depends on both the dollar gold price and the rand-dollar exchange rate.

The accompanying table shows the enormous relief the mines have had from the plummeting rand.

The gold prices are the second London fixings on the opening day of each month (or the nearest day where the first of the month has fallen over a holiday or a weekend).

It will be seen that when gold was fixed at \$493,50 at the beginning of February 1981 the rand was worth \$1,317.

That gave the South African mines a price of R374,7 an ounce.

On April 16 this year gold had recovered a little, temporarily anyway, from the slump in which it fell to \$312 on March 15.

It was fixed at \$362,75 in London on April 16.

By then, however, the sustained slide in the rand had taken it down a value of only 94,55 US cents.

The result of the rand's crash was that an ounce of gold was worth R383,6 to the mines.

In other words, the effective price of gold went up by nearly R10 an ounce to the mines although the formal international price had tumbled by more than \$130.

Of course, there is a lot more to the problems of the gold mines than that.

Even though \$500 an ounce seems like paradise now that level was severely down on the 1980 average of \$613.

So gold had taken a steep fall already by the start of February last year.

Then there is the remorseless rise in costs.

These went up by 18% in 1981 and could well increase by 13%/14% this year.

Cost rises in 1982 should be lower than in the previous couple of years because there is no doubt that wage rises will be held down

But the constant battle of the mines over costs is daunting.

In 1976 it cost an average R2 061 to produce one kilogram (32,151 ounces) of gold.

That figure rose to R2 441 in 1977, to R2 877 in 1978, to R3 464 in 1979, to R4 587 in 1980 and to R5 719 in 1981.

With that kind of cost escalation the mines desperately need a generally rising gold price in rand terms.

One reason for the steep rise in costs, though, is that the mines have taken advantage of the gold price surge in the 1970s to mine lower-grade ore and thus lengthen their life expectancies.

In 1970 the average grade on the mines was 13,28 grams of gold for each ton of

ore milled.

This has dropped almost every year since — it was at a standstill in 1977 when the gold price was in recession — to 6,92 in 1981.

If gold were to stay in a long bear market many mines would have no choice but to turn to higher-grade ores, helping costs and profits but shortening the industry's life expectancy.

Another factor has also to be set against the benefit to the mines from the rand devaluation.

Dividends are sharply reduced in real value to overseas shareholders whose currencies have been gaining against the rand.

That applies most of all to US shareholders.

SOUTH AFRICAN BUSINESS

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89 D. Dispatch
Cholera
20/4/82
death in
Umtata 10/3

UMTATA — Cholera has claimed a life in Transkei's capital — the fourth such death in the country.

The Deputy Secretary of Health, Dr R. F. Ingle, confirmed yesterday that a blind woman, Ms Miriam Rosho, 70, of Ngangelizwe township near here had died of cholera at the Umtata Hospital.

Ms Rosho lived in one of the densely populated sections of the township.

The municipality's chief health inspector, Mr Victor Mtshizana, said his department had swung into action. Toilets, houses and yards were sprayed with disinfectants. The whole area was being kept under observation. —
DDR.

- 1) 13 of p
- 2) Exports - manufacturing
- 3) Decontamination - 1979
- 4) Import replacement - substitutes to exports.
- 5) Periods of cases + hours
- 6) CATT

7

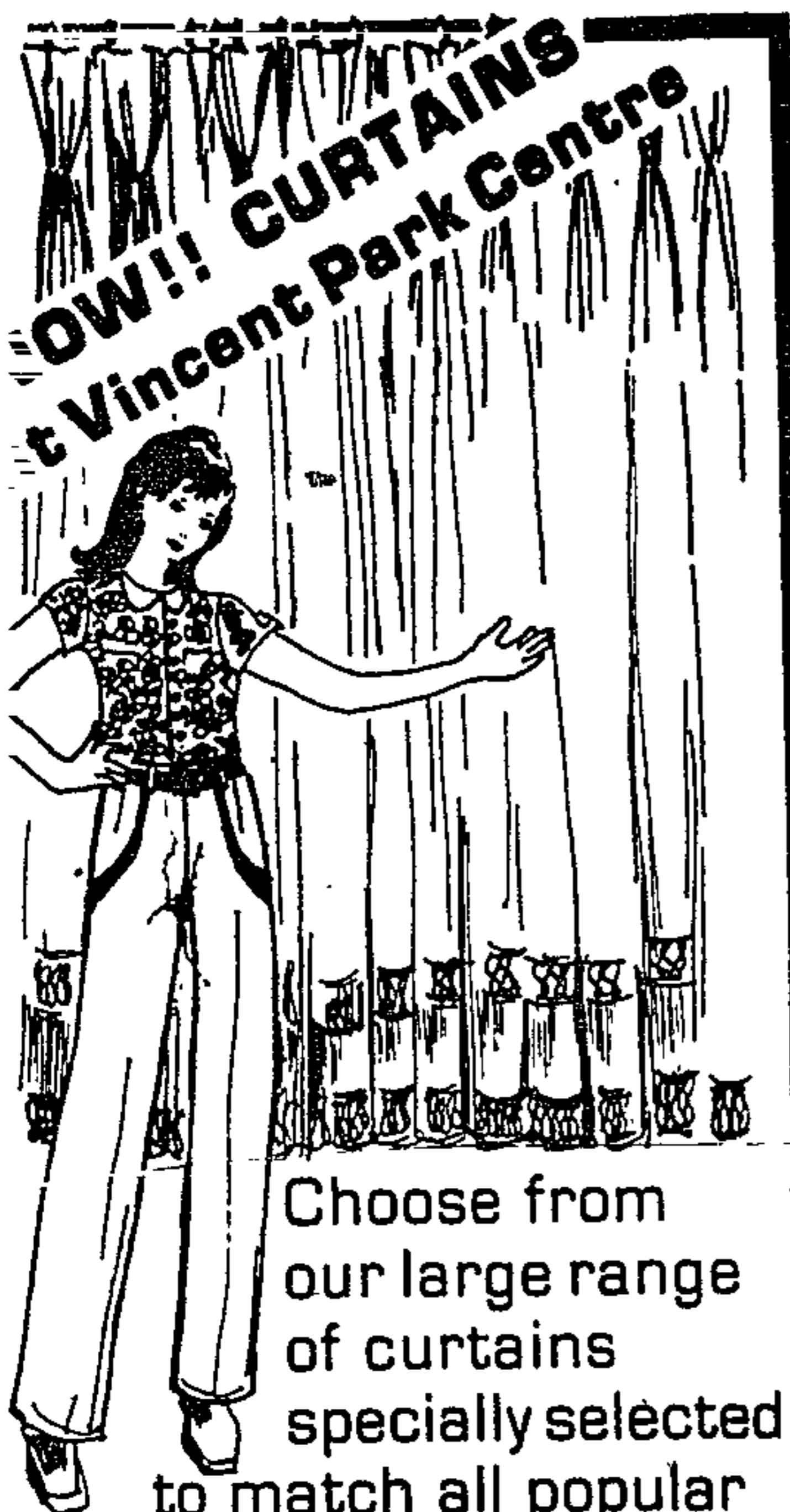
Cholera figures ⁸⁹

Political Reporter
DR FRED Clarke, MEC in charge of hospitals, yesterday stood by cholera figures he had sent to the Minister of Health, Dr L A P A Munnik, on the number of patients treated at Natal hospitals from February 9 to March 12.

Dr Munnik told Parliament on Monday that Dr Clarke's figure of '4 000 patients ... in hospital for three days' was incorrect. Dr Clarke told the Mercury that a check on Natal hospitals had shown that Government officials had not contacted all hospitals for figures on cholera. Figures gathered by Provincial officials for the period February 9 to March 12 showed that 4 524 out-patients had been treated for cholera and a further 4 943 had been admitted. This totalled 14 829 patient days since each patient remained in hospital for an average of three days.

Mercury

21/4/82



Choose from our large range of curtains specially selected to match all popular carpets, you'll find . . .

Professional advice

Low quotes and

We also make and install

Hundreds treated for pink eye

89 D. Dispatch
21/4/82

EAST LONDON — Hundreds of cases of viral conjunctivitis — commonly known as pink eye — have been treated in Mdantsane.

A total of 611 cases were treated in the nine clinics between April 11 and 17 while the Cecilia Makiwane Hospital staff had seen 176 cases between March 24 and April 19.

In East London no figures were available from the Frere Hospital and other ancillary services under it but the deputy medical superintendent, Dr G. L. Bracken, said the hospital had treated a few cases but nothing exceptional.

Asked whether this was normal at this time of the year, she said "We don't have it every year and we have no figures available."

Although the medical officer of health here, Dr J. R. van Heerden, had not received any reports from colleagues or through the municipal health department, a quick check yesterday revealed that some

general practitioners in town had seen several cases.

He said one doctor said he had seen several people from all groups both young and old.

Dr Van Heerden said symptoms of the disease were red eyes and watering. In some instances it was marked by a sudden onset of pain in one or both eyes, and a feeling as if there was something in them.

He said the incubation period was one or two days but in some cases it could take slightly longer.

It was common to treat the virus with eye-drops and in most cases patients recovered even if the eyes were not treated.

He warned, however, that it was infectious and that people who suffered from pink eye should be given three to four days' leave from work or school.

"At home people who have pink eye should not share face cloths with others," he said.

It was important that if one eye only was affected for a few days the patient should see a doctor and not just think it was an attack of pink eye when it could actually be a foreign body in the eye.

Dr. Van Heerden said the infection cleared within a week to ten days and it was easier to control if those affected kept away from crowded areas — DDR

Police complex to be opened

EAST LONDON — The

Seminar on waste control to be held

EAST LONDON — The Institute of Waste Management, in conjunction with the Institute of Water Pollution Control will be holding a seminar on industrial waste control here on Friday.

with by Mr M. Taylor, manager of a Cape Town waste firm. Practical effluent treatment for industrialists will be discussed by Mr J Trope, managing director of an effluent control company. The chief

The manager of the

municipal voters' roll for whites, coloureds and Indians were unanimously endorsed at the Cape Province Municipal Association's congress here yesterday.

The proposals, which were adopted by the association's executive committee and which allow coloureds and Indians to share in decision-making at local government level, will now be submitted to the President's Council, which is currently compiling a report on a new constitutional dispensation for South Africa.

A motion put forward by Hanover, recommending that the proposals be rejected, was ruled out of order by the association's president, Dr T. G. Schlebusch, of Queenstown.

Dr Schlebusch said the executive committee had been given a mandate at last year's con-

proposals put forward then, draft them and submit them on behalf of the association to the President's Council.

As the motion was out of order, Hanover could move a motion of no confidence in the committee, Dr Schlebusch said.

But the deputy mayor of Hanover, Mr B. A. Zurnamer, declined to do so and said: "Thank you for muzzling us".

Proposals accepted include:

- A single voters' roll comprising all owners of property and occupiers of every ward, with uniform voting qualifications, irrespective of race
- Abolishment of the management committee

system.

- Delimitation of wards in such a way that all wards have equal rateable valuations, irrespective of race, as far as possible.

- A vote to the owner and one to the occupier of every rateable property.

- Maintenance of the right of a community or minority group to become an autonomous local authority.

The committee is also to suggest to the President's Council:

- That the possibility of establishing areas free of the provisions of the Group Areas Act be investigated.

Detailed proposals, page

Anti-flu shots for the elderly

THE Johannesburg City Council's Health Department had announced an immunisation programme against influenza for all aged over 70 years.

An amount of R25 000 has been made available by the City Council to finance this undertaking. The immunisation programme will be administered to the elderly free of charge by a team of nurses and doctors.

People under 70 years who suffer from chronic chest and heart condi-

tions, diabetes and who have no access to normal anti-influenza treatment may also get the injections.

The inoculation will provide an almost complete immunity from this year's predicated influenza strain, and may give immunity for several years thereafter. People who have been previously injected against influenza are advised to get the new shots as well.

The immunisation programme will begin in Soweto in May at pension pay-out centres.

8207

89

Sowetan 22/4/82



**UNIVERSITY OF CAPE TOWN
EXAMINATION ANSWER BOOK**

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

Six babies die after enemas	External
 <p style="font-size: 0.8em; margin-top: 10px;"> <i>Hervey (89)</i> <i>22/4/88</i> </p> <p style="font-size: 0.8em; margin-top: 10px;"> African Affairs Correspondent SIX black children have died at the Benedictine Mission Hospital, Nongoma, this week as a result of harmful treatment for gastro-enteritis prescribed by local witchdoctors. A spokesman for the hospital said yesterday that babies were brought to the hospital suffering from complications arising from enemas administered with household disinfectant, potassium permanganate, and even cow dung. Here, Sister F Nyembe is shown with seven-month-old Zincolisile Zulu and his mother, Mrs M Zulu. The boy is one of the many babies admitted to the hospital suffering from the after-effects of the treatment. </p>	(3)

Subject..... Economics II
 (to be copied from the heading on the Examination Paper)

Paper No..... II
 (to be copied from the heading on the Examination Paper)

Examiners' Initials				

NOTE CAREFULLY

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Cholera ⁽⁸⁹⁾

'seems'

Mercury
22/4/82
to be on

the wane

Mercury Reporter

BOTH cholera and 'pink eye' seem to be diminishing, according to Durban's Medical Officer of Health, Dr Colin MacKenzie.

'But that doesn't mean there's no chance of an upsurge of both diseases later on. One doesn't like to prognosticate too much,' he said.

He said shellfish samples were still showing signs of cholera contamination and the ban on collecting oysters and mussels between the Umgeni River and the Umlaas Canal still remained.

'In my opinion there should be a ban on the entire coast because rivers are still pouring out cholera organisms,' Dr MacKenzie said.

At Natal hospitals yesterday 132 people were treated for cholera and 45 admitted.

89
Cholera outbreak
costs R800 000

27/4/82

African Affairs
Correspondent

ELUNDI—The cholera outbreak which hit KwaZulu at the end of last year and is still prevalent in the region has cost the KwaZulu administration R800 000 so far.

This was revealed yesterday by the Chief Minister and Minister of Finance, Chief Gatsha Buthelezi, when he moved the second reading of the Additional Appropriation Bill (1982).

Chief Buthelezi said

KwaZulu needed another R40 million to cover unscheduled expenditure incurred during 1981/82. Of this amount, R35 million would be provided by the South African Treasury. This year's budget is R400 million.

The Department of Health and Welfare will receive nearly R130 million, an increase of R22 million on last year's estimate, and the Department of Education and Culture will receive nearly R110 million, also an increase of R22 million on last year.

CAPE TIMES 89

April 27, 1982 13

Cholera: Key role for nurses

Staff Reporter

REHYDRATION centres are proving to be the most effective way of countering the current cholera epidemic in the coastal areas of Natal and Kwazulu.

According to this month's edition of Salus, a publication by the Department of Health and Welfare, nurses are playing a key role in fighting cholera by quickly setting up rehydration facilities in any building where cases have been reported. Rehydration is the restoration of the normal water balance to the body tissues.

Nurses are mobilised from the department's regional office in Durban and move in teams to those areas where the need for services is most urgent.

Patients usually arrive at the centre with severe diarrhoea and undergo rehydration treatment which normally does not last longer than a day.

Phone: (021) 475545

Registration: Yes

Founded:

Area of Operation: Western

Officials: Secretary: V. J.

Woodstock
7925

Address: 40 Balfour Street

Year	Membership		
	African	Asian and Coloured	White
1980			98
1979			96
1978			94
1977			84
1976			84
1975			84
1974			..
1973			84
1972			..
1971			..
1970			..
			Total

ESCOM (CAPE WESTERN UNDERTAKING) SALARIED STAFF ASSOCIATION

81 2/14/37
 10-20-37

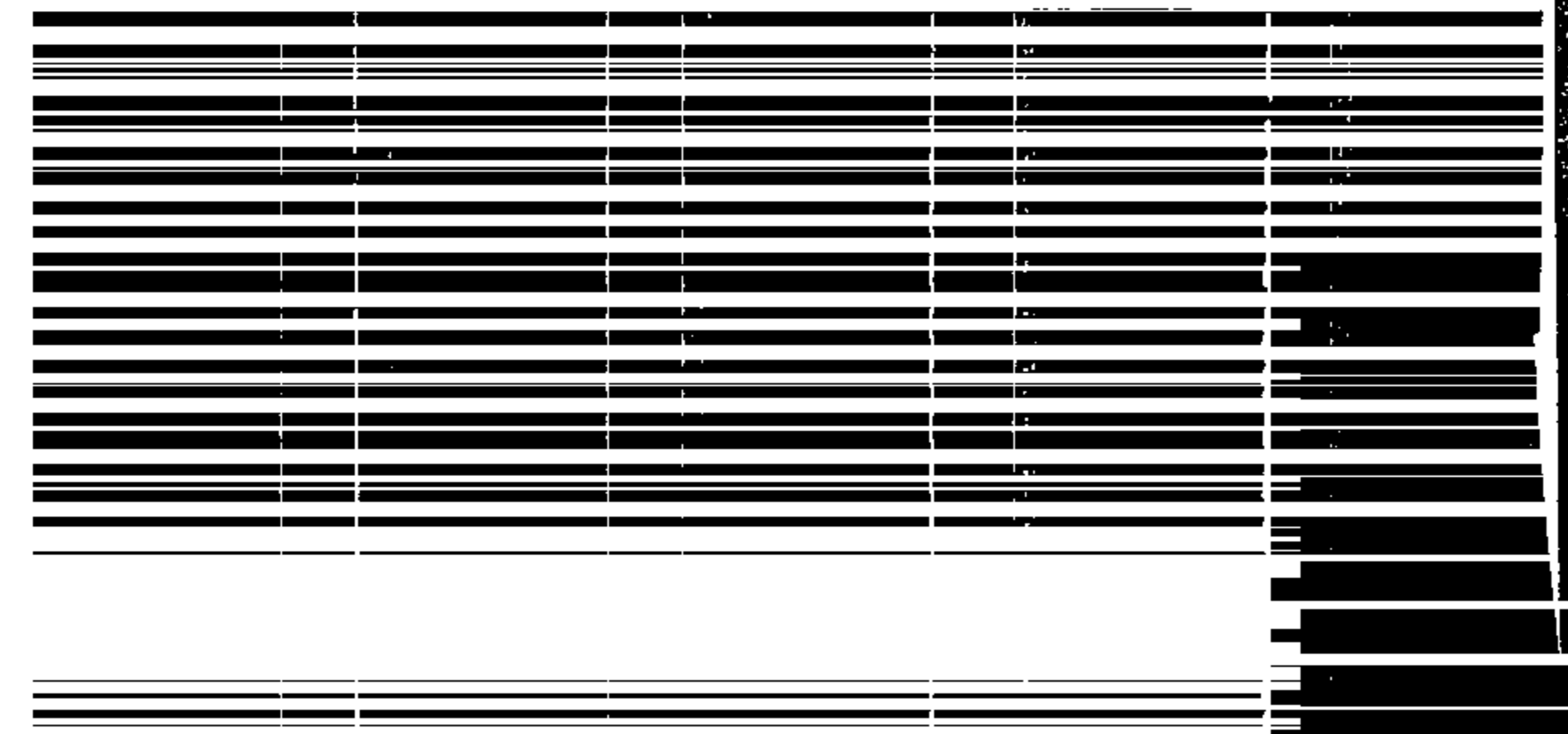
Pink eye hits epidemic proportions in City

THE pink eye epidemic shortages as a result of at Lancashire Manufactur- was a problem at his dealt with 39 cases during problem as far as work is have been treated for the "pink eye spreads like they have the disease that started in Natal a the infectious viral con- ing had not been very factory but did not know the past two weeks. concerned because some disease at City Council 'Fu in more crowded situ- should report for treat- few weeks ago is sweep- junctivitis. bad. "We have had a few were down with the dis- Rentscher, said the fac- cannot be replaced." actions such as schools, ment immediately. ing across Cape Town and Spokesmen for Fun "We are supplying ted and many people had tory had been badly af- Cape Town's Medical Council for the Officer of Health, Dr R J areas where people are Divisional Council said it there is very little that Frills, Pecks Lingerie, people off but we don't ease. "We are with ointment and been sent home. "The ies appear by the outbreak, reached epidemic propor- isolate a patient for at suffering from pink eye can be done to counter it. Venus Clothing, Melia expect any more people are hoping for the best," number of victims affected by the outbreak, reached epidemic propor- isolate a patient for at suffering from pink eye to have originated in Youth, Puma, Lancashire said. "I had it myself but it he said. Rex Truform in Wyn- and we are all hoping Kayser Hosier said they don't have any accurate He said pink eye could spreading. He advised them to Woodstock from a family Manufacturing and Rex berg is worried about the that we get as little had not suffered any figures but some clinics be recognised by irrita- He advised them to from Durban where pink e on firm ed outbreaks some eyedrops." spread of pink eye in its affected staff as pos- casualties yet. Hundreds of people, in- are handling, up to 200 became red and swollen. tonwool dampened in eye had been rampant. among their staff. PROBLEM Mr D Neil of Pecks factory because the resi- sible," he said. "We have a serious cluding schoolchildren, patients a day," he added. People who suspect warm water. Factories are worst hit Miss C Schrader of Lan- Mr D Neil of Pecks factory because the resi- sible," he said. "We have a serious cluding schoolchildren, patients a day," he added. People who suspect warm water.

CIAL STATEMENTS

Cost	Accumulated depreciation	Net book value
83 100	9 900	73 200
44 500	9 900	34 600
36 600	-	36 600
2 000	-	2 000
R	R	R

BCAS12 /Cont'd



NATIONAL UNION OF FURNITURE AND ALLIED

Year	Membership		
	African	Asian and Coloured	White
1970			
1971			
1972			
1973		6 824	
1974		10 456	
1975		10 496	
1976		9 676	
1977		8 682	
1978		9 753	
1979		9 175	
1980	8 778	12 161	

Address: P.O. Box 2040
Johannesburg
2000

Officials: Secretary: M. Lalaram

Area of Operation: National

Founded:

Registration: Yes

Industrial Council:

- 1) Bedding Manufacturing
- 2) Border Furniture Manufacturing
- 3) Furniture Manufacturing
- 4) Furniture Manufacturing
- 5) Furniture Manufacturing
- 6) Furniture Manufacturing
- 7) Furniture Manufacturing
- 8) Furniture Manufacturing

1974/75 Furniture Workers Industrial Union (M

1980 - Amalgamates with the (i) National Assc Allied Workers (See p.33) (ii) Furniture/Bed South Africa. (See p. 164).

The Union receives permission to extend the all races.

Company comes clean with a filter to beat Natal's cholera

A FILTER which the distributors claim removes cholera organisms from contaminated water is to be sold in Natal. It is also claimed that the filter removes typhoid and other harmful bacteria.

There are two versions of the filter, one in a hand-held pump and one that can be fitted to a tap.

Mr David Alexander, head of the firm selling the filters, said they were designed in Switzerland and have been on

the European market for four years. "They have been refined quite a lot over the last couple of years and are very effective," Mr Alexander said. "They could even appeal to the city dweller who is not overfond of the taste of chlorine in the water," Mr Alexander told the Sunday Express.

"The filter will remove the taste of the chlorine as well as traces of heavy

metals in the water."

Mr Alexander said the filters could handle about one litre per minute and had to be replaced after a certain period. The filters cost R6 and the pump and housing R27 and R50.

"If very dirty water is passing through them they need to be replaced after about 80," Mr Alexander said. "If they are being used with normal household water to remove the taste of chlorine they will last for as much as 8000."

Dr Johan van Rensburg, head of the

State Health Department in Natal, said such a filter was feasible.

"In this case I can't comment on the effectiveness of the filters because I have not seen them," Dr Van Rensburg said.

"There are several highly complicated filters that can remove these organisms from the water, but they are usually expensive."

Dr Van Rensburg said the cost of the filters limited their use.

Mr Alexander said the filters had

been tested at a laboratory and found to be totally effective in removing certain cholera bacilli from experimentally contaminated tap water.

The Sunday Express conducted its own tests and found the unit removed all trace of impurities from the water.

A jug of cold black tea filtered through the unit came out crystal clear but a jug of ordinary tap water came through with a strange taste — perhaps because the tester was used to the taste of Durban's heavily chlorinated water and found pure water 'odd'.



BRITAIN BANS DEPO PROVERA

89
Sowetan
13/5/82



WHILE the controversy over the injectable contraceptive Depo Provera rages on in Third World countries, British health Ministers have refused to approve the use of the contraceptive for long-term use.

Taking this decision, health ministers have taken the unprecedented step of rejecting the advice of the Committee on Safety of Medicines and have sided themselves with America where Depo Provera is banned.

The committee, the government's advisory body on drug safety, has examined the safety of the contraceptive for almost two years and recently recommended that approval for its long-term use should be given.

But last month ministers told the manufacturer Upjohn that they consider the possible risks from the drug out-weigh its benefits.

The contraceptive has been the subject of a sustained campaign by militant women's groups who challenge its safety, maintain it gives doctors "control" over their bodies, and argue that it has been used on less socially adequate women without their proper consent.

The controversial injection has also evoked sharp reaction from feminists and medical authorities who claim that it is another form of Western contraception being 'dumped' on the Third World before it had been fully tested.

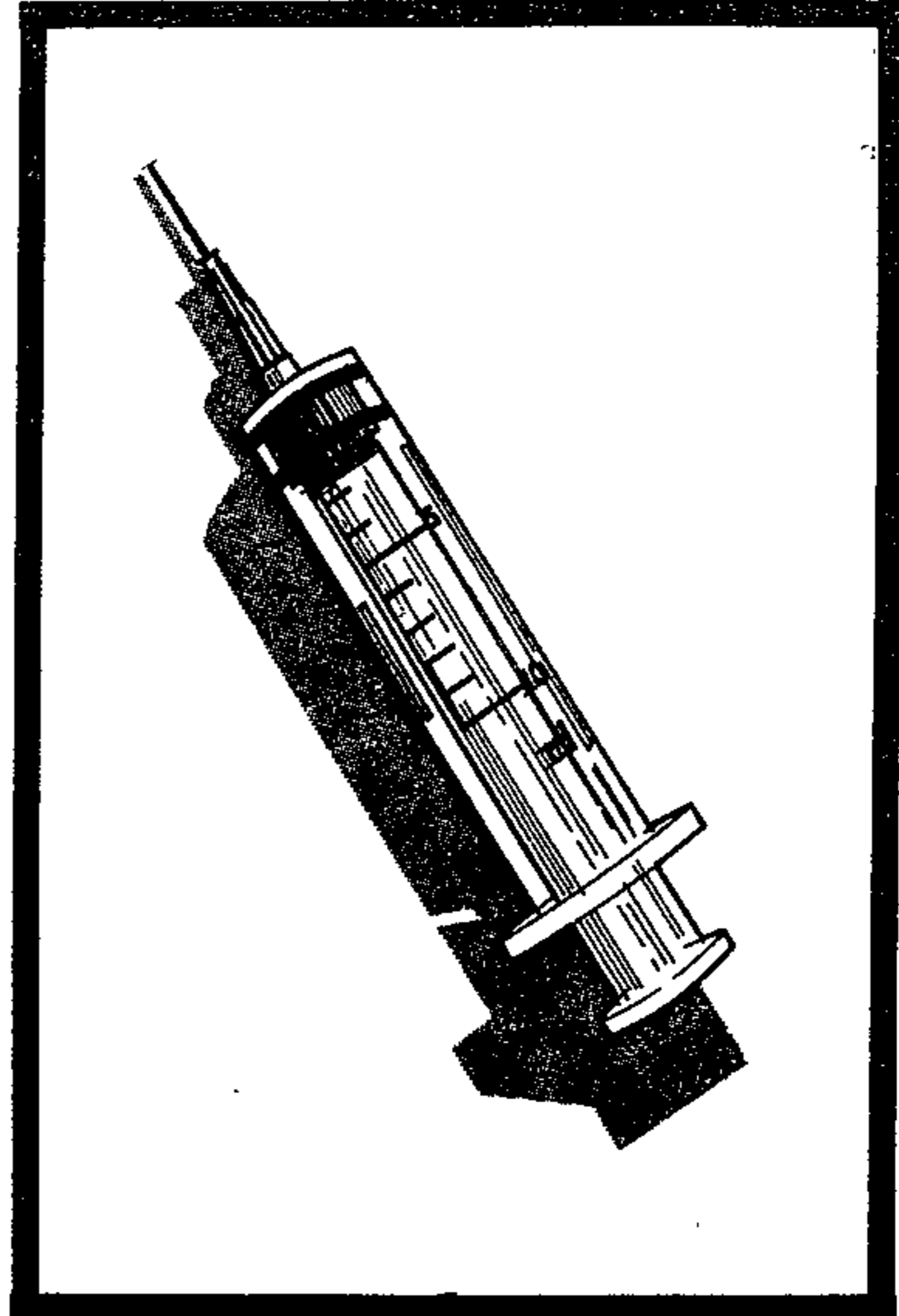
And as many political theorists would point out, it is Western expansionism which has caused much of the poverty, malnutrition and overpopulation in the Third World, a situation which now necessitates drastic, Western contraceptive measures.

With the recent British decision to outlaw Depo Provera, the irony of the political implications is more acute.

The very countries which produce the contraceptive do not trust their women to use it, but seem content to use Third World women as their guinea pigs until such time that statistics have proved that those women have not died from severe internal haemorrhage or cervical cancer and have not suffered the fate of being sterile for life.

Injectable contraceptives work on the same basis as the pill and, so far prove to be as effective as the pill.

The difference between the pill and the injection, a family planning nurse pointed out, is that the pill contains estrogen which is often unsafe for older women, in which case the injection or an intra-



uterus-device would be recommended, depending on the patient's medical history and circumstances.

But the fact remains that while medical authorities continue their debate on whether injectable contraceptives cause cancer or not, they will continue to be used widely in South Africa and other Third World countries, often without women's consent.

And perhaps in five, 10, or even 20 years South African health authorities will count the toll and ban Depo Provera here — Sowetan reporter.

TUESDAY, 18 MAY 1982

†Indicates translated version.

For written reply:

72011 (89) *Hansard* Q. 61.847
 Drinking water 18/5/82

571. Mr. G. B. D. McINTOSH asked the Minister of Health and Welfare:

Whether his Department is taking steps to ensure the purity of the drinking water provided to the communities at (a) Compensation, Mpendle, (b) Qudeni, north of Kranskop, (c) Ntambanana, Empangeni, (d) Bulwer Farm, Stanger, (e) Mbazwana, Ubombo, and (f) Oliviershoek, Bergville; if not, why not; if so, what steps?

The MINISTER OF HEALTH AND WELFARE:

No;

- (a), (c), (d) and (f): as far as (a) and (c) are concerned water is obtained from boreholes and reservoirs and in the case of (d) and (f) from boreholes. The pollution risk is therefore minimal;
- (b) water is obtained from a fountain. The water is treated with a bleaching agent on an individual basis;
- (e) chlorinated water is supplied by the Department of Community Development.

WARNING AFTER PARK

ARGUS 19/5/82 - (89)

VISITORS DIE OF MALARIA

Argus Correspondent

JOHANNESBURG. — The chief director of health here has issued an urgent plea to holidaymakers travelling to high-risk malaria regions this long weekend to take anti-malaria tablets.

Dr Howard Botha issued his warning today following an announcement from the Department of Health and Welfare that two people had died in Johannesburg hospitals in the past two weeks from malaria of the brain (cerebral malaria).

Both people had visited the Kruger National Park recently, Dr Botha said. The victims have not yet been identified.

"It is not only the Kruger National Park which poses a threat as far as

malaria is concerned," he said. "People who are going to the north-eastern Transvaal, Kwazulu, northern Natal and Swaziland should start taking prophylactic tablets or syrup for children on the day of their departure.

"These tablets are available without prescription from any chemist. If travellers are wise, they will continue to take these precautionary measures for at least six weeks after their return from a malaria-risk area."

Anyone becoming sick, with symptoms of lassitude, cold and shivering, or hot and sweating, vomiting and having headaches after visiting these areas, should be considered a malaria suspect, a statement by the department said.

Worrall, for using the "presumed neutrality" of the President's Council to make "provocative and controversial" party political statements.

Kruger Park malaria deaths

Pretoria Bureau
TWO PEOPLE died in Johannesburg in the last fortnight after contracting cerebral malaria while visiting the Kruger National Park.

A statement issued last night by the Department of Health did not identify the victims.

The Department urged visitors to the Kruger Park, Northern Natal and Kwa-Zulu, to take anti-malaria tablets before going there.

The symptoms of malaria were listlessness, fever,

sweating, severe headaches and vomiting.

People who had these symptoms after a visit to a suspected malaria area were urged to report for a blood test.

Preventive tablets could be obtained free of charge from chemists and camps in malaria areas.

Tablets (or syrup for children) must be taken, the statement said, when people enter a malaria area and should be continued for six weeks after the visit, according to the statement.

and controversial" party political statements.

In his strongest statement yet on the constitutional package released last week, Dr Slabbert said: "If the Government unqualifiedly accepts the present recommendations of the President's Council concerning the exclusion of blacks as final, the PFP will have no choice but to oppose them as vigorously as it is able whatever the consequences".

Spelling out his bottom line for PFP co-operation in the search for a new constitutional dispensation, he said: "The PFP is willing to compromise sensibly after negotiation but we are not willing to sacrifice principle in the face of uncompromising provocation".

While the President's Council has not completely shut the door on urban blacks it has endorsed official Government policy that their access to the political kingdom be through the national states or homelands.

Dr Slabbert stand on the PFP's position on urban blacks could be the first setback for the Government in its search for consensus on a new political dispensation.

"It is my sincere desire to honour the Prime Minister's call for political parties and leaders not to rush into hasty statements on the President's Council's proposals.

"So far I have been very circumspect in this regard.

"But the provisional statements emanating from the President's Council, which have clear party political implications, make this extremely difficult."

It has been reported that the chairman of the constitutional committee, Dr Worrall, has stated:

● That it was not possible to accommodate blacks on an identical constitutional basis with whites, coloureds and Asians and still produce a democratic order in South Africa.

● That no-one of responsibility had suggested that the answer to blacks outside the black states be found in identical terms as that of whites, coloureds and Asians.

Dr Slabbert said that both Dr Worrall's reported statements had nothing to do with facts "but everything to do with matters of opinion and personal judgment."

The PFP's position was that no democratic solution to South Africa's problems was possible without including blacks.

"To argue that the only possible democratic solution demands the exclusion of blacks is a total contradiction of what democracy is all about," Dr Slabbert said.

The PFP had proposed an alternative to both the President's Council's proposals and National Party policy.

"And we stated our own proposals in this respect in a far clearer and more detailed manner than the constitutional committee has done so far," he said.

"I am very keen for the

Charles' pregnancy advice annoys Diana

LONDON. — Princess Diana said yesterday she was hoping for a baby boy in July — but was getting fed up with Prince Charles telling her what to do in her pregnancy.

The 20-year-old Princess of Wales made the remarks during a visit to the Albany Community Centre she inaugurated in Deptford, south-east London, to help underprivileged children and the elderly.

"I hope its a boy," she told David Rowland, 14. "We'll just have to wait and see".

A little later, she described

how she and Charles were preparing for the birth.

"I asked her how Prince Charles was, and she said he was sitting at home reading books about pregnancy," said Doreen Markland.

"The Princess said he kept telling her what she should do and she didn't like it."

Outside the centre, the Princess stopped to talk to Sylvia Broomfield, who asked the baby's sex. "She walked away and shrugged, but as she did so, I think she said: 'It's a boy, I hope,'" she said. — Sapa-AP.

INSIDE

Peace talks suspended

BRITAIN and Argentina squared off for war yesterday as the Falklands peace talks at the United Nations were suspended again to let Argentina consider Britain's latest position in the 10-day-long negotiations.

● Page 2

Treason case four jailed

FOUR white Zimbabweans were sentenced to between four and 10 years' jail each in the Bulawayo High Court yesterday at the end of Zimbabwe's first treason trial.

● Page 3

Hoare wants security men

COLONEL Mike Hoare has elected to call a senior member of the National Intelligence Service and two senior officers of the SA Defence Force as witnesses, subject to final consultation with his legal adviser.

● Page 5

Ten seconds for bomb disposal

Property Editor
TWO MORE Johannesburg buildings will be demolished by implosion in July.

It will take about 10 seconds to demolish Harmain House and Warwick House, in South Africa's second-ever implosion.

They are in the same block as the first two, which fell in March this year. Very small quantities of explosives are used to bring the buildings down, but gravity helps.

The site, between Main, Harrison, Loveday and Fox Streets, in the centre of the city, belongs to Johannesburg Consolidated Investments.

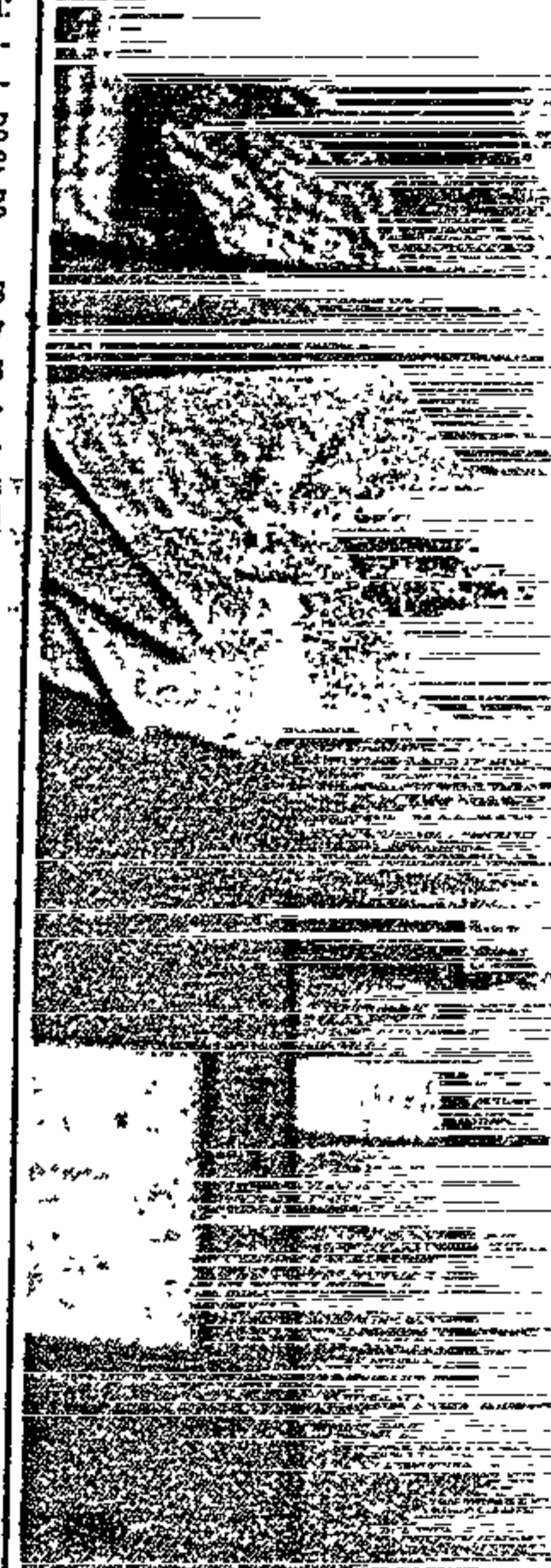
Normal methods would take four or five months to demolish the buildings.

See Page 16



EVE appears today instead of tomorrow — a public holiday.

There are more than R5 000 worth of travel prizes to be won. So enter the



Wits graduate Joanne Schoes of a migrant mine-

Mugabe Thatche talks over

LONDON. — The Zimbabwean Prime Minister, Mr Robert Mugabe, met Mrs Margaret Thatcher yesterday on the first day of his official visit to Britain.

Mr Mugabe will meet Mrs Thatcher again today for talks expected to concentrate on Zimbabwe's economic situation and the South West Africa settlement dispute.

His main objective on his first state visit since Zimbabwe's independence two years ago is to press for increased economic aid, particularly to meet land resettlement programmes.

He is also expected to be questioned by Mrs Thatcher and her Foreign Office Minis-

20/5/82 (89) RDM

Jo'burg's third case of deadly malaria reported

By MAURITZ MOOLMAN

ANOTHER case of cerebral malaria has been reported in Johannesburg following the deaths of two victims earlier this month after they contracted the disease in the Kruger National Park.

The Johannesburg Hospital yesterday disclosed that it had treated a 44-year-old man.

A hospital spokesman declined to identify the victim who died in the hospital last Sunday, and would only say he was a 45-year-old male. It is not known at which hospital the other victim died.

The chief director of health promotion of the Department of Health, Welfare and Pensions, Dr Howard Botha, repeated warnings that visitors to malaria-infested areas in the Kruger Park, northern Natal and KwaZulu should take precautions against the disease.

He said it seldom happened that more than 10 people died from the disease in South Africa annually, but people tended to regard winters as "safe" from malaria-carrying mosquitos.

The most dangerous months, however, were during April and May.

Between 2 000 and 3 000 cases of malaria are reported in SA every year, Dr Botha said. The relatively low death figure is attributed to "fairly effective" treatment and easy accessibility to hospitals.

Infection could be prevented by using anti-malarial tablets (and syrup for children) before and during a visit to any infested areas. These should be continued for six weeks afterwards, he said.

The symptoms could be mistaken for flu in its early stages with high temperatures, impairment of speech and paralysis.



UNIVERSITY OF CAPE TOWN
EXAMINATION ANSWER BOOK

EVERY CANDIDATE MUST enter in column (1) the number of each question ... d (in the order in which it has answered); leave columns (2) and

The Star Friday May 21 1982 (89)

Internal	External
(2)	(3)
63	
52%	

Malaria need not kill—expert

By Pamela Kleinot
Malaria, a disease transmitted by the anopheles mosquito that kills two million people throughout the world each year, can be prevented or cured completely by drugs. "There's no excuse for tourists dying from malaria," says Professor Margaretha Isaacson, an expert in tropical diseases. Her comments follow the deaths of two people in the past two weeks from cerebral malaria. Both died in Johannesburg hospitals after visiting the Kruger National Park recently. These deaths come a month after The Star highlighted the various diseases that could be contracted while travelling. Professor Isaacson, of the South African Institute for Medical Research and the Uni-

versity of the Witwatersrand, stressed the risks of catching malaria by not taking preventive drugs or taking them incorrectly. She urged people to tell their doctors they had been travelling, should they have flu-like symptoms afterwards, and warned that malaria could kill if it remained undiagnosed. Yesterday Professor Isaacson said the Kruger National Park issued warning pamphlets when reservations were made. She said there were notices at the entrance to the park and behind the reservation desks and in the bungalows was a list of anti-malarial pills available. The huts were sprayed with insecticides and there were screens on the windows and doors. "The Department of

Health and Parks Board officials do everything possible short of posting a policeman outside your room to push tablets down your throat," she said. "Tourists need not die from malaria." Malaria is not confined to the Kruger National Park. Other affected areas include the lowveld areas of the Northern Transvaal and Eastern Transvaal, kwaZulu, Northern Natal, Swaziland, Botswana, Zimbabwe, northern Namibia and Malawi. Professor Isaacson repeated her call for people to take anti-malarial pills when going to these areas. The tablets should be taken a week before departure, during the visit and for five to six weeks after returning home.

- Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.
- Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
- Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.
- Do not write in the left hand margin.
- No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
- Candidates are not to communicate with other candidates or with any person except the invigilator.
- No part of an answer book is to be torn out.
- All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

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

HEALTH

The outbreak of cholera in South Africa has emphasised the importance of basic living requirements for a significant proportion of the population, says Dr James Gilliland of the Department of Health and Welfare.

Basic health needs include drinking water, food, housing, sanitation and waste removal.

Dr Gilliland said that provision of these basic facilities prevents the

How to keep disease in check

spread of diseases such as cholera, TB and measles and reduces the incidence of malnutrition.

"In the past too little attention and too little financial support have been devoted to the relationship between

health and living conditions," he said.

Speaking on the State's involvement in health care, he said although less than 3 percent of the health budget was devoted to preventive care it was hoped that this figure

would be increased by 15 percent by the turn of the century.

"We must concentrate on the development of preventive and promotive health services to keep people out of hospitals," he said.

He said private enterprise could make a significant contribution towards the provision of basic health needs such as housing and nutrition.

Pink eye is now serious in PE

89
E. Post
22/5/82

By JANE STREAK

PINK EYE is now being treated as an epidemic by some doctors and medical officers in Port Elizabeth.

It has already reached epidemic proportions down the Garden Route.

A spokesman at the Livingstone Hospital said between 200 and 300 cases had been reported by the eye department in the past two weeks. Throughout the hospital, however, 1 200 eye prescriptions had been dispensed.

A local doctor said the disease had also become epidemic among the white population and he had seen at least 40 to 50 cases over the past two to three weeks. Correct treatment was important and the correct eye drops should be used, he warned.

"Some of the commercial eye drops could worsen the condition because they are junk. It is essential to treat the cause and not only the symptom."

It has become an epidemic in the Knysna area and the acting health officer said it was more rife among the coloured population there because of "overcrowding, coughing and sneezing".

The disease, which usually only attacks one eye, can cause extreme discomfort and sensitivity to light. It is a viral conjunctivitis and highly infectious.

One medical practitioner said he had treated at least 40 students from the University of Port Elizabeth over a two-week period but that it had quietened down over the past week.

"I have also had to prescribe medication for a local hotel because of an outbreak among the staff. I can't estimate a

figure though."

He added that the disease could appear in six hours and then take at least four or five days to clear up. It could be treated with eye drops or ointment.

Figures could not be obtained from the Municipal Health Department because the disease is not notifiable. A spokesman confirmed, however, that the disease had become a severe problem in the Port Elizabeth area.

Several nurses at the Provincial Hospital have contracted the disease but a spokesman there said not many other cases had been reported.

The disease is more common in institutions, factories or where many people work together.

Personal hygiene is the secret and doctors encourage patients to stay away from work to avoid spreading the disease.

Another doctor said he had treated at least two cases every day for the past week. Some of the cases had been very severe.

"The best way to avoid contamination is to avoid any close contact with someone who has the disease."

At least seven cases were reported at a local shoe factory, but a spokesman said they had caught it in time to stop it spreading throughout the factory.

"That is not a bad figure when you have 1 000 workers."

A Newton Park doctor said he had treated 10 patients in the past week.

In the badly-stricken Knysna area, 30 to 40 new cases have been reported every day for the past week.

"It is vitally important to report it as soon as it is discovered," said the acting health officer.

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S. Times 23/5/87

Heed malaria warning — or face death!

By BRUCE LOUDON

THE alarm is sounded. The warnings are grave. Cerebral malaria in the Kruger National Park.

Three deaths so far in Johannesburg. All visitors who were in the park.

Cautiously, the Department of Health counsels all visitors to the park as well as to Northern Natal and Kwa-Zulu to take anti-malaria prophylaxis before going there.

The department's announcement is couched in sober language.

But it cannot disguise the reality that there is real worldwide concern about malaria in general, and cerebral malaria in particular.

For one of the great untold stories of the post-colonial era in Africa and Asia is that malaria, once thought to be firmly under control, is now spreading like wildfire.

In Africa alone more than a million people will die from malaria this year.

Fatalities

Millions of others will be seriously debilitated by it.

And if that statistic alone is not impressive, consider the situation in India, a country with 600-million people.

In 1963, just 15-years after the end of the British Raj with its effective health services, there were 100 000 cases of malaria reported throughout the country.

By 1967 the incidence had soared to 6-million, while last year it had gone up to well over 12-million.

More than a million of these were fatal.

This spectacular increase in malaria is attributed to a large extent to the reality that in recent years health services in many countries formerly under colonial rule have either collapsed or at least become much less effective than they were previously.

NEWS ANALYSIS

And it is in that context that the outbreak of deadly cerebral malaria in the Kruger Park should be seen: the Portuguese colonial administration, for all its sins, ran a reasonably effective health service.

When Frelimo assumed power in 1975, malaria control was seriously harmed. And the appearance of cerebral malaria in border areas now is almost certainly a consequence of that.

South Africa is by no means unique in suffering from the collapse of anti-malaria services in a neighbouring state: the greatest single killer among the millions of refugees who fled to Thailand from the brutal Khmer Rouge regime in Cambodia was cerebral malaria in its most deadly form.

What is not generally known about malaria is that it comes broadly in two forms.

One is analagous to the *Plasmodium malariae* or *Plasmodium ovale*: its consequences are bearable. It is

the common form of malaria.

Fever, nausea, general debilitation, usually lasting no more than a day, but sometimes recurring.

The killer is different: the killer is one off; you stand a good chance of dying. This is *Plasmodium falciparum*, otherwise cerebral malaria. A malignant tertian malaria.

A desperately dangerous illness which kills, very often, because its symptoms are mistaken for something much less important (hence the Department of Health's urgent appeal for anyone with the slightest of symptoms to go to a doctor).

Symptoms

I can write with some feeling on the subject, for I have had cerebral malaria.

I almost died from it — largely because I ignored the symptoms.

I got it in, of all places, the then Central African Empire when the unlamented "Emperor" Jean-Bedel Bokassa was overthrown a couple of years ago.

For days in Bangui, the

steamy capital, I was afflicted with the most awful headaches and sometimes a failure to be able to articulate words. I attributed my condition to Bangui and Bokassa.

Within 72 hours it had all become unbearable. Yet I believed I had nothing more than 'flu, and treated myself accordingly.

I survived — by a hair's breadth, according to Harley Street specialists I consulted subsequently.

But my experience underlines massively the plea from the Department of Health — namely, that it is just so easy to misconstrue the reality of cerebral malaria as being nothing more than 'flu or a cold.

And that therein lies the danger that can lead to death.

In any case, no-one is really safe: the *Anopheles* vectors now prevalent, say, in the Kruger Park, can easily be transported to such centres as Johannesburg and, especially during the warm summer months, establish deadly colonies that could threaten the health of thousands.

That is why the Department of Health's disclosures and warnings must be taken extremely seriously.

He was acquitted and went ... she would take the bath towels her ... two policemen arrived, and

No jabs attached in R3 cholera deal

S. Times 23/5/82

By MIKE HEWITT

A DISTRICT surgeon's office has issued some travellers with cholera certificates at a charge of R3 each — without giving them the vaccination.

The incident happened recently at the district surgeon's office in Cape Town, where 8 000 people went for cholera inoculations last year.

Now the city's district surgeon, Dr I J Coetzee, has given an assurance that it will not happen again.

The Opposition spokesman on health, Dr Marius Barnard, said the allegations were so serious that an immediate investigation was called for.

"The International Health Certificate is accepted by countries around the world as evidence that the traveller has received the vaccinations stated on it," he said.

There have been 100 deaths from cholera and 10 000 proven cases of the disease in South Africa.

During a week in March, four people had their health documents stamped in Cape Town without receiving the injection, although they paid the standard R3 fee.

One person was not even

present when a sister at the district surgeon's office stamped her book.

I was one of those who paid without receiving the injection, before travelling to Swaziland — one of the Southern African countries which requires a valid cholera certificate.

When I visited the district surgeon's office for my vaccination, a nursing sister said it was not necessary to receive the cholera shot as it gave inadequate protection.

A person could also become a carrier without realising it, and it was, therefore, better not to have the injection, she claimed.

If a person did contract cholera, she advised immediate hospitalisation, where the victim would be cured within three days.

I accepted this advice and had my international health document stamped to say that I had received a 1-ml dose of vaccine.

The nurse also gave me a stamped certificate for a friend travelling with me.

A few days before, another couple received the certificate without vaccination.

When I first approached Dr Coetzee for comment, he said he could not believe it. "We always treat people

according to the rules of the World Health Organisation," he said.

When I told him I was one of those not vaccinated, he said: "Then, I do not want to give an opinion — the sister obviously expressed herself wrongly."

Later, after further investigation, I again approached Dr Coetzee, who said the Regional Director of State Health Services, Dr N J le Roux, should be approached.

However, Dr Coetzee said he had investigated the matter and gave the assurance it would never happen again.

Dr le Roux could not be traced for comment.

guess who got a i



Who else Senior Citizen

They've just received their Trustbou payment we've made from our surplus profits investors.

You see, Trustbou is the building Senior Citizens. We pay them top interest - profits are good. And if they have R10 000 can choose to have their interest paid monthly.

If you're over 60, you could be just

Pink eye still a problem in PE

89

E. Post

26/5/82

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Post-Reporter

THE pink eye outbreak is continuing unabated in Port Elizabeth but in Knysna it is apparently coming to an end.

A spokesman for Knysna's Department of Health said he had treated only eight cases today compared to 30 to 40 new cases every day last week.

"Hopefully it is dying out," he said.

Most of those afflicted had been people who lived in overcrowded conditions.

In Port Elizabeth, between 200 and 300 pink eye cases had been treated at Livingstone Hospital up to last week, and a spokesman said the problem was "continuing".

(89) Hansard
Q. 61. 911 Bubonic plague 27/5/82.

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

- (a) How many cases of bubonic plague had been reported in the Republic as at the latest specified date for which figures are available and (b) where had such cases been reported?

The MINISTER OF HEALTH AND WELFARE:

- (a) Fifteen as at 14 May 1982; and
- (b) fourteen at Coega and one at Zwide.

Cholera incidence leaps in Natal

Mall Correspondent

DURBAN. — There had been a marked increase in the number of cholera cases in the Etete area, near Stanger, over the past week, Dr J W J Van Rensburg, Regional Director of State Health Services, said yesterday.

He said about 80 people, mainly squatters, had contracted the killer disease.

Some had been admitted to the Stanger Hospital while others had either been treated and discharged or were still receiving treatment as outpatients.

The likely cause for the upsurge was the recent rains which probably resulted in increased contamination of the rivers, he said.

The Etete and Groutville areas were the focal point of the epidemic.

Dr Van Rensburg said only isolated cases of cholera had been reported in the rest of South Africa.

Stanger's Medical Officer of Health, Dr Ebrahim Bhorat, yesterday announced emergency plans to provide water tanks in Etete to help curb the spread of the disease.

He said Etete was a predominantly Indian area.

There was no piped water supply or proper sanitation. It was privately-owned farmland leased to the tenants. The area housed a large number of shacks, he said.

POLITICAL comment in this issue by R A Gibson, Lin Menge and Peter Bunkell; newsbills by Martin Schneider; headlines and sub-editing by Paul Holroyd; cartoons by Dave Anderson and Dave Gaskill; all of 171 Main Street, Johannesburg.

DWM/1w

Circulated

The meeting ended at 12.15 p.m.

Comment: The Committee re: VIII of the Repo. done in respect

(iv) Training of Post-Graduate

Comment: The Committee re: done in respect

(iii) Co-operation between Unive

Comment: The Committee re: done in respect

(ii) Military Training

Comment: The Committee reso

(i) Standard of Official Language

The Committee noted that it had b specific matters and resolved to

MATTERS FOR REFERENCE TO C.U.P.

5.

the Recommendations.

This will

The Committee recommended that this be endorsed but expressed the hope that in future Universities would be advised annually at an early date of the amount of subsidy they would receive in

Comment.

the universities in South Africa.

- (a) Each university shall plan on a short-term basis (5 years) as well as a long-term basis (more than 5 years);
 - (b) the C.U.P. shall plan on a short-term and a long-term basis with regard to matters of common interest to all the universities;
 - (c) the A.C.U. shall collate and co-ordinate planning under (a) and (b), and negotiate with individual universities about it;
 - (d) the A.C.U. shall itself undertake short-term and long-term planning, with due regard to all plans of development, the needs of society, co-ordination and rationalisation, and the determination of priorities;
- And that this is the way towards the dynamic and vigorous development of the universities in South Africa.

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Upsurge in cholera cases

Rains (89) blamed for Mercury increase
28/5/87

Mercury Reporter
THERE had been a marked increase in the number of cholera cases in the Etete area near Stanger, over the past week, Dr J W J van Rensburg, regional director of State Health Services, said yesterday. He said about 80 people, mainly squatters, had contracted the disease and some had been admitted to the Stanger Hospital while others either had been treated

and discharged or were still receiving treatment as outpatients.
The likely cause for the upsurge was the recent rains which probably resulted in increased contamination of the rivers, he said, adding that the Etete and Groutville areas had been the focal point of the epidemic.
There was also an outbreak of typhoid there last year.

Dr van Rensburg said there were only a few isolated cases of cholera in the rest of the country.
Stanger's Medical Officer of Health, Dr Ebrahim Bhorat, who is also chairman of the multiracial Groutville Relief Committee, yesterday announced emergency plans to provide three water tanks in Etete to help curb the spread of the disease.

He said Etete was predominantly an Indian area and there was no piped water supply or proper sanitation. The area, housing a large number of shacks, was privately owned farmland leased to the tenants.
The committee has embarked on a massive fund-raising drive to finance the provision of a piped water supply to Groutville.

The Commission wants to make it clear that there be no attempt to regiment the organisational forms in campuses and colleges. Organisation will vary in accordance to local and regional conditions and needs; as such campuses and colleges can function normally and economically and the Minister is pleased that they are justified, the organisational form is of minor importance.

The Commission feels that a further brief summing-up scheme is necessary, particularly to emphasise its priority:

A university may establish an additional campus without intending it to develop into an independent university later, but if circumstances are favourable, this should nevertheless be possible.

A university may establish an additional campus with the express intention of developing it into an independent university, and the Minister should be able to impose such a condition; but independence should come only when circumstances are favourable.

Colleges may be established by universities on the same basis as that mentioned under (a) and (b).

Colleges with specific functions and a greater or lesser measure of independence may be established by the State in certain places and integrated into a university under the college system.

Colleges may be established through the private initiative of certain communities and may be integrated into universities under the college system.

Colleges, like universities (in terms of the Commission's recommendation), may determine their own nature and character so that they can nurture the ethos of their surrounding community. This should be possible even if the college differs in nature and character from the university with which it is linked. (Such a phenomenon is not unknown in the history of the universities in South Africa). This presupposes colleges which have already acquired a measure of independence.

Depending on circumstances, the State will finance some colleges in the same way as it finances the university and according to the formula applicable to the university, either as an integral part of the university or separately.

Again/...

Flu quiet—but new strain is expected

By Pamela Kleinof, The incidence of influenza in South Africa this winter has been the mildest for years, says Professor Barry Schoub, director of the National Institute for Virology.

But he speculates that another severe pandemic could be on the way, because the last one to grip the world was Hong Kong Flu in 1968. Pandemics usually occur every 10 to 20 years.

The most devastating was Spanish Flu in 1918-9 which killed 20 million people. Most died from pneumonia, to which the flu had made them susceptible.

Professor Schoub says an international network of more than 100 laboratories are constantly monitoring the origin of new strains. The World Health Organisation is alerted and can predict if there will be an epidemic.

A flu strain is named after the locality in which it is first isolated, and new strains are incorporated into existing vaccine.

Flu is probably one of the most "misdiagnosed" of illnesses because its symptoms — which include headache, fever, joint and muscle pains — are sometimes confused with other infections.

Flu poses little risk for healthy people, but there is danger of complications such as pneumonia when the virus strikes the frail elderly and those suffering from chronic lung disease, chronic cardiac disease, and those who have a low resistance.

"Flu will never be eradicated," says Professor Schoub. New strains replace old ones. As people build up immunity, the virus disappears and is replaced by a new strain to which they are not immune.

An attack of flu gives a person immunity to that strain — but not to a new strain which follows later.

Malaria ⁸⁹

man bled *stay 2/6/82* to death

Staff Reporter

A Parks Board official has died in a new outbreak of malaria in the Kruger National Park.

Mr Pieter Steenkamp (36), a roads inspector based at the Skukuza rest camp, was taken to the Rob Ferreira Hospital in Nelspruit on Sunday evening and died the next morning.

A doctor at the hospital said Mr Steenkamp began haemorrhaging uncontrollably and bled to death.

SUDDEN

The end of May and the first two weeks of June are the worse times for malaria in the park. Mr Steenkamp underwent a major operation several years ago and it was decided not to give him quinine tablets.

Mr Steenkamp's funeral will be held tomorrow. He leaves a wife and two young children.

Take malaria pills, pleads Health Dept

THE Health Department has again appealed to people to take precautions before visiting malaria areas, following the death last week of a Kruger National Park official.

Mr Pieter Steenkamp, 36, died shortly after being ad-

mitted to the Rob Ferreira Hospital in Nelspruit with malaria last Monday.

According to reports, he was prevented from taking anti-malaria tablets because of a major operation several years ago.

A Health Department official said in Pretoria yesterday anti-malaria medication produced few side-effects. But if people were affected by the tablets they should consult their doctors and preferably not visit malaria-infested areas. — Sapa.

Moves to prevent cholera 'in full swing'

89

Post

26/82

Post Reporter

ALTHOUGH the cholera threat has receded temporarily, the campaign to stop its spread to the Eastern Cape is still in full swing, according to the Regional Director of the Department of Health, Dr J. D. Krynauw.

In the period to the end of summer 185 people died of the disease in the Eastern Transvaal and Natal. There is a tendency for cholera to abate in winter.

Dr Krynauw said local authorities were taking anti-cholera steps and had set themselves short-term and long-term goals. People who used surface water were urged to chlorinate it.

Cholera priority areas had been determined. Dealing with them was often a long-term project and interim steps had to be taken.

Dr Krynauw urged people to wage war on rats. There had been a population explosion of rats in areas around Port Elizabeth where bubonic plague was endemic. This was a cause of concern and could lead to a second outbreak — similar to that in March — if rats weren't killed.

He warned farmers, householders and occupiers to watch out for signs of illness in rats or their death. Developments should be reported to the local authority. At the same time it was in their own interests to introduce rodent control themselves.

It was important that continuous surveillance be applied in the endemic areas — around Port Elizabeth, Uitenhage and as far north as Graaff-Reinet.

Pink Eye hits 400 miners

A NUMBER of patients in a sanatorium in the West Rand have fallen victim to the Pink Eye epidemic.

The disease has also spread to a gold mine in the West Rand, where a total of 400 mineworkers were treated at the Libanon Mine near Westonaria during the past week.

At the Rand West Mental Hospital a large number of patients are being treated each day since the outbreak of Pink Eye about two weeks ago. Authorities confirmed that the disease had struck at the hospital but refused to reveal the number of patients who are affected.

He said the disease was now under control and a doctor is currently busy treating the patients.

By LEN KALANE

Reports reaching The SOWETAN show that about 12 patients are being removed from their wards each day to get treatment. The largest number was when 36 patients were treated in one day during last week.

The total number of patients who have had Pink Eye at the hospital is unknown and further enquiries were referred to the State Health Department in Pretoria. It is also believed that Pink Eye has struck at the Sterkfontein Sanatorium near Krugersdorp.

But the superintendent at Sterkfontein, Dr G Withinshaw, said he had no comment to make concerning these allegations. He referred The SOWETAN to the St John Eye Hospital.

At the Libanon Gold Mine, the compound manager said Pink Eye problems started at the beginning of May and mineworkers had to be removed from their crowded hostels to be treated at a rate of about 50 each day. The total number of miners who have contracted the disease shot up to 400 last week. The mine has a total of 7 300 workers, he said.

He said production was not affected during the week when the disease was at its worst.

Black Allied Workers Union
Amalgamated Union of Building Trade Workers
Amalgamated Engineering Union of South Africa
Amalgamated Society of Woodworkers
CONSTRUCTION
Cape Town Gas Workers Union
Escom (Cape Western Undertaking) Salaried Staff Association
Escom Salaried Staff Association
Escom Workers Association
General Workers Union
Johannesburg Municipal Water Work Mechanics Union
Other
Diamond Cutters Union of South Africa
Jewellers and Goldsmiths Union
Optical Workers Union
S.A. Association of Dental Mechanicians
S.A. Diamond Workers Union
ELECTRICITY, GAS AND WATER
Cape Town Gas Workers Union
Escom (Cape Western Undertaking) Salaried Staff Association
Escom Salaried Staff Association
Escom Workers Association
General Workers Union
Johannesburg Municipal Water Work Mechanics Union
CONSTRUCTION
Amalgamated Society of Woodworkers
Amalgamated Engineering Union of South Africa
Amalgamated Union of Building Trade Workers
Black Allied Workers Union

'Blacks only' water leaves them dry

89

3/6/82
Mercury

Mercury Reporter

INDIANS in the latest cholera-stricken area of Etete, on the Natal north coast, yesterday claimed that fresh water supplied to the area by tankers was being denied to them because it was for blacks only.

They said blacks prevented them from taking the water — provided by the Department of Co-operation and Development — although they lived in the same area.

Several fights had broken out in the past week and Indians had since stopped taking water. Mr Bala Naidoo, a businessman in Etete, said yesterday.

Residents received another jolt yesterday when they were warned not to take water from the nearby Groutville railway station.

Instructed

Mr J A Grobler, the station master, said the restriction had been imposed by the system manager after a fight had broken out at the station over water.

'I know Indians are being hard-hit without water but I have been instructed not to allow anyone to take water,' he said.

However, Mr Naidoo said he could not understand why the department was supplying water only to the black sections because Etete was predominantly an Indian area.

An official of the Port Natal Administration Board said that because they were responsible for blacks they could supply water only to them; the board had no control over Indian areas at Etete which were mainly privately-owned, Mr Naidoo said.

Dr Chota Bhorat, Stanger's Medical Officer of Health, confirmed that more than 100 people from Etete and nearby Kavongo had been treated for cholera over the past week.

He said the installation shortly of six tanks in the areas and the supply of water by tankers should improve the situation.

(89) *Hausand* Cholera 4/6/82
Q. Col. 977

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

How many (a) cases of and (b) deaths owing to cholera had been reported in respect of each race group in each province as at the latest specified date for which figures are available?

The MINISTER OF HEALTH AND WELFARE:

Because of the large number of suspected cases of cholera that reported for treatment, it was not possible to confirm the diagnosis, of the suspected cases treated, bacteriologically.

Information supplied by the health authorities concerned with the treatment of cholera indicated that the number of suspected cases of cholera treated and also the number of deaths due to cholera for the period 1 August 1981 to 21 May 1982 were as follows:

	<i>Cases treated</i>	<i>Deaths</i>
<i>Transvaal</i>	3 000	1
<i>Lehowa</i>	12 000	0
<i>Gazankulu</i>	100	0
<i>Kangwane</i>	2 200	0
<i>Orange Free State</i>	0	0
<i>OwaQwa</i>	1	0
<i>Natal</i>	17 302	66
<i>Kwa Zulu</i>	30 034	121
<i>Cape Province</i> ...	0	0
Total	64 637	188

Statistics are not kept separately for the different races.

(89) 2011 4/6/12

Cholera hits Indian area near Stanger

Mail Reporter

CHOLERA has broken out for the first time in Etete, an Indian area 20km from Stanger in Natal.

The disease would continue to spread until the authorities got rid of conditions causing it, Stanger's Medical Officer of Health, Dr E C Bhorat, said yesterday

"While I agree there is a lot of good work being done to control cholera I feel control is only a temporary measure. The living conditions in the area must be improved before cholera can be stamped out altogether," he said.

He warned that it was necessary to ensure clean water and sanitation facilities in cholera-infected areas.

Dr Bhorat said his depart-

ment would be supplying six large water tanks for use in Etete but the Department of Community Development would have to supply the water.

"One of the chief problems is the enormous expense involved in combating cholera and unless conditions are improved we will be fighting it for the next 10 years," Dr Bhorat said.

He said it was more difficult to combat cholera in Etete than in other areas because the population was spread over a wide farming area.

He said cholera had been brought under control in specific areas but had not been halted entirely.

Cholera 'is here to stay'

89 (100)
8/6/82
African Affairs
Correspondent

ULUNDI—The present lull in the cholera outbreak is only illusory and the disease has come to stay in Natal and KwaZulu, says KwaZulu's Minister of Health and Welfare, Dr Dennis Madide.

Dr Madide said in his policy speech in the KwaZulu Legislative Assembly that the South African Minister of Health and Welfare, Dr L A P A Munnik, had played down the severity of the epidemic when he toured the cholera-stricken areas of Natal and KwaZulu earlier this year.

The minister said when spring returned with rains and warm weather KwaZulu's troubles with cholera would start all over again.

The era when the people of KwaZulu could drink water direct from rivers, dams or springs, was gone forever, he maintained.

Dr Madide said the KwaZulu Government had spent more than R1 000 000 by February this year in fighting the disease. To date 31 000 cases had been treated and cases were still occurring at the rate of 1 000 a week.

He suggested the formation of a central water authority for KwaZulu charged with the task of supervising the provision, protection and utilisation of water in the region.

The minister warned against a sense of false security being inculcated on the question of tuberculosis in KwaZulu.

People in the region were still dying as a result of the disease and new cases were still occurring, he said.

He said his department had entered into a contractual agreement with the South African National Tuberculosis Association and was paying them R100 000 for the present financial year to help curb the disease.

200 fall ill at Mitchells Plain school

Pink Eye Threat to School Exams

89
~~89~~
 C. Howard

THERE'S no stopping Pink Eye. The disease caused disruption in Cape Town's factories last month and has now also crept into schools, forcing many pupils to stay at home and miss the mid-year examinations.

By
 Rylana
 Fisher

One school principal said all black schools in the Peninsula were affected.

However, principals were quick to add that pupils would not lose any examination marks. At some schools pupils would be given an average mark. At others, pupils would be allowed to write another paper.

Cape Town's Medical Officer of Health, Dr R J Coogan, said attendance at day hospitals was "heavy" last week.

Absentees

"We have treated many pupils. At some schools the absentee rate is quite high because of the disease but I have not heard of any school yet which was closed," he said.

The average attendance at clinics was about 300 a day last week.

Dr L R Tibbit, the Medical Officer of Health for the Divisional Council, said there had been a "major outbreak" of the disease in their areas.

"We are advising that all employees and pupils be sent home immediately to prevent the disease from spreading," Dr Tibbit said.

"In the home sufferers should be given separate towels and bed linen and the bath and basin should be carefully cleansed with disinfectant."

Daily

A Hanover Park school principal, Mr P P Snyder, said every day two or three pupils had to go home because of Pink Eye. "However, there are many who stay at home without going to the doctor because they use the medicine given to other family members who had the disease," he said.

tween 35 and 40 pupils off.

"The disease is not really affecting our examinations because we are trying to accommodate all the affected pupils."

The principal of a school in Langa said even teachers had to be sent home.

200 cases

At the Mitchells Plain Primary School No 30 in Rocklands about 200 cases had been reported over the past two months, said the principal, Mr I E Japtha.

Secondary School, Mr E C Volkwyn, said they had had about 40 to 50 cases over the past three weeks. Mr P D Petersen of Westridge Senior Secondary School said about 15 cases had been reported over the past three weeks but this had not disrupted their schedule.

By Pamela Kleinot

The Johannesburg Hospital has more than doubled its quota of beds allocated to patients suffering from gastro-enteritis in the past few days.

Dr Neville Howes the superintendent, last night said the hospital normally had six beds allocated to these patients during the winter but 13 were being treated for the condition which was probably a viral type of gastro-enteritis.

Confirmation from

Hospital opens doors ^{Star} 89 to 'gastro' patients 15/6/82

the laboratory was still being awaited.

Pediatric wards had had to be rearranged to accommodate the children because the danger of cross-infection meant that they had to be kept away from other patients.

His comments fol-

lowed a report in the Rand Daily Mail on Saturday that four seriously ill babies with gastro-enteritis were turned away.

Dr Howes said only two patients had been referred to other hospitals, and they had first been treated in casualty.

● The Star recently published a story about critically ill patients being refused admission to the Johannesburg Hospital because of the drastic nursing shortage. It also pointed out that the hospital could not always accommodate its own critically ill patients.

Black states pose health threat to SA

89 S. Express 20/6/82

DOCTORS are worried about the threat of a massive and uncontrolled spread of diseases such as cholera, hepatitis and malaria from neighbouring countries.

The head of the Medical Association of South Africa, Professor Guy de Klerk, said the threat sprang from a breakdown of health service in black states.

Prof De Klerk said that while South Africa's health services compared with the best in the world, the health services of the neighbouring states and the independent homelands were either in a state of collapse or totally inadequate.

Unless steps were taken now to co-ordinate the finances and training of southern Africa's health services, the sub-continent faced a "catastrophic" situation.

Health services in southern Africa had become a "major casualty" because of the "ludicrous" international political situation, he said.

Certain agencies of the United Nations' World Health Organisation, which provided financial aid and technical training for health personnel in Africa, ignored South Africa's expertise.

"Logical thinking has become a casualty because the World Health Organisation deals with Angola, Zambia, Zimbabwe, Mozambique, Botswana, Lesotho and Swaziland, but not South Africa," said Prof De Klerk.

"Instead it prefers to deal with the ANC and the PAC of 'Azania' and with Swapo with regard to Namibia."

Internally the situation also caused concern.

Although well intentioned, the Representative Health Organisation of Southern Africa (RHOSA), which represents the health services of South Africa and the independent homelands, was not serving the purposes for which it was intended.

The organisation had little co-ordination. As an example of the 'Alice in Wonderland' situation that existed, Prof De Klerk said that residents of KwaZulu preferred to go to Durban's King Edward Hospital rather than the new KwaZulu hospital just outside the city because the latter charged more than

DOCTOR BLAMES UN FOR CHAOS

By STEVE GRBIC



● Prof Guy de Klerk
... plea for co-ordination

double for its services.

Prof De Klerk made an urgent plea for the better co-ordination of southern Africa's health services at "all levels" including finance, training of staff, the provision of facilities and also goodwill, failing which he said the sub-continent would sink "deeper and deeper into the mire".

"If this does not happen, particularly in the light of the population explosion, we face a crisis in which we may see the uncontrolled spread of diseases such as cholera, hepatitis and malaria," he said.

Prof De Klerk said the sub-continent was also threatened by Green Monkey and Marburg diseases from central Africa because of the collapse of black health services.



CIRCUMCISION: Mr Nox Shexane (standing wrapped in a blanket) going through the ritual of becoming a man. Seated are his two mentors. On the right is Mr Michael Nkhima who spoke to The SOWETAN.

Boy dies of cold during ritual

Father claims it's tradition

89 Sowetan 21/6/82

MR GILBERT BUSAKWE, father of the 21-year-old man who died at a circumcision school in Soweto last week, told **The SOWETAN** yesterday that he did not blame anyone for his son's death.

"It was purely accidental and could have happened to anyone," said Mr Busakwe, whose son, Neville Mongezeleli, died of double pneumonia at the school, which is behind the scrapyard near Moroka Police Station.

"It is our tradition and we must follow it but if something goes wrong no one should be blamed because such things are unavoidable. It is just like a soldier; if he dies in battle tears are not shed for him because he died for a good cause," said Mr Busakwe.

By ELLIOT TSHINGWALA

Mongezeleli was buried at the weekend at Avalon Cemetery.

Mr Michael Nkhima, who was Mongezeleli's mentor and who is still running the school with one student, said he died from cold as their

grass hut was built on damp ground at the bank of the Klip River.

"It was very cold at night, and even with a number of blankets, you still felt cold," he said. "After Mongezeleli's death we moved higher up."

"It happens at times people die at circumcision school but as far as I remember it never happened in the urban areas," said Mr Nkhima, who has handled many other such ceremonies before.

He said the men would be initiated into manhood in a period of about a month living in a

grass house at a secluded spot away from women.

The remaining student, Mr Nox Shexane (29), who took a month-long leave from his job as a maintenance man at a garage in the city, said Mongezeleli's death had shocked him but he said he was not going to run away or have his initiation suspended. "I will see it to the end," said Mr Shexane, who is probably the first circumcision student to be interviewed by reporters.

He was wrapped in a filthy blanket and had some white substance on his body which is said to keep his body clean as he is not supposed to take a bath right through initiation.

Speaking of Mongezeleli's death, he said on the second day at the school Mongezeleli failed to get up in the morning.

They did not trouble him, but when he started sweating heavily, they became worried and called for an ambulance to take him to hospital. He died before the ambulance arrived and was removed to the Government Mortuary. His death was reported to Moroka Police Station.

Coloured men have highest cancer risk

99 C. Times 22/6/87

Staff Reporter

COLOURED males run the highest risk in South Africa of contracting cancer, according to the latest edition of the South African Medical Journal (SAMJ).

A survey carried out by the Cancer Research Department of the National Cancer Association of South Africa, published in the SAMJ, points out that wide differences exist between South Africa's four population groups in regard to the disease and that there is support for the belief that socio-economic factors (rather than solely genetic factors) play the major role in cancer causation.

According to the report, South African coloured males have the highest mortality rate for all cancers over the period studied (1970-1974).

Mixed origin

Being of mixed origin, they shared cultural characteristics with both white and black communities, showing the "white" susceptibility to lung cancer and the "black" susceptibility to oesophageal cancer, while also displaying their own susceptibility to cancer of the stomach.

The article adds that cancer rates for white South Africans tend to follow those found in

Western countries, with breast cancer being the most prevalent form in Western women and lung cancer the most common form in white (and coloured) South African males.

Urban blacks in South Africa displayed a distinctly different cancer pattern, it stated. Their pattern comprised high rates for oesophageal, liver and lung cancer in the males and cervical and oesophageal cancer in females.

Vitamin C

Asian males, meanwhile, had the lowest mortality rate and Asian females, with a high cervix and low breast cancer rate, had a lower mortality rate than white females, but higher than urban black females.

In a separate article in the SAMJ, Dr G V Mann of the Department of Biochemistry at Vanderbilt University in Nashville, Tennessee, suggests that the high prevalence of cancer of the oesophagus in certain areas in South Africa could be related to the low intake level of ascorbic acid (Vitamin C).

He suggests that a soft-drink company could produce a product that would supplement ascorbic acid in high oesophageal cancer areas.

Polio outbreak claims lives of 5 children

(89)

~~28~~

E-Post
26/6/82

GAZANKULU — An outbreak of polio in Gazankulu has claimed the lives of five children and the condition of other patients has been described as critical.

The superintendent of the Letaba Hospital, Dr Gerhard Pretorius, said 104 confirmed cases of the disease had been reported at various hospitals in Gazankulu.

The situation was considered extremely serious because only about 20

confirmed cases were reported in the whole of South Africa last year.

Dr Pretorius said the situation was being monitored and that immunisation campaigns were being carried out, particularly at Tzaneen, about 15 kilometres from the Letaba area.

He warned parents to make sure their children were immunised. It was particularly important that children under six be immunised. — Sapa

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Polio: nine

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105 in

89

29/6/82 Star
hospital

Own Correspondent

Polio has claimed the lives of nine children in the north eastern Transvaal, the latest victim being a three-year-old.

Dr Gerhard Pretorius, Superintendent of the Letaba Hospital, said another victim was on the critical list and was not expected to live.

So far 105 cases of polio are being treated at the hospital, all of them children and most under age of six.

IMMUNISED

Most of the victims come from Gazankulu, although some cases have been reported from Venda, Lebowa and white rural areas.

Dr Pretorius has appealed to parents to have their children immunised, but said vaccination teams were battling against tribal superstition.

"Polio immunisation is a free service and three drops could save children from paralysis for life or save their lives," he added.

Polio (89)

please post
to SA 28/6/82

parents

Post Reporter

A NATIONWIDE plea to parents to have their children vaccinated against polio after an outbreak of the disease in the north-eastern Transvaal has not caused panic in Port Elizabeth.

"We've had a few inquiries from parents checking whether their children have had all the necessary vaccinations, but we are pretty confident that our immunisation schedule has been closely adhered to and there is no reason for panic," the chief public health nurse at a local clinic said.

The Medical Officer of Health, Dr J N Sher, said polio was rare, the last case being in 1981.

"Polio can be prevented by a series of four oral inoculations that are given to children at the ages of three months, 4½ months and six months. A pre-school booster inoculation should be administered from the age of two years up to school age.

"We have an adequate inoculation coverage in Port Elizabeth and there is no real threat of an epidemic here. But we are going to try determine if there are any un-inoculated people and step up the services, especially in the clinics in black areas."

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Polio epidemic feared: urgent vaccination appeal to parents

By ADA STUUT
HEALTH authorities yesterday appealed to all parents to have their children vaccinated immediately against polio.

The appeal follows the death of five children in the north-eastern Transvaal.

A further 120 children have been sent to hospital.

Doctors fear a rapid spread of the polio

epidemic among rural blacks in Letaba, near Tzaneen, and all over South Africa.

It is feared hundreds of people could fall victim to polio. Migrant labourers could transmit it across the country in a matter of weeks. Parents must therefore have their children vaccinated at once, health authorities warned yesterday.

The Director-General of the Department of Health and Welfare, Dr J de Beer, said the

polio vaccine was available free of charge.

Letaba Hospital has admitted 90 confirmed polio victims in the past two weeks.

Many were in critical condition, and 13 more victims were found at the weekend in rural areas near Phalaborwa, and in the Lebowa and Venda homelands.

"Many of the people admitted this week were already paralysed," said Dr G W Pretorius, superintendent of the Letaba hospital.

Polio can be completely prevented by a series of three vaccinations.

Last year, twenty polio cases were reported in South Africa — most of them black patients.

Professor Guy de Klerk, head of the Medical Association of South Africa, last week warned that the health services of neighbouring states and black homelands were in a state of collapse.

World
Dr. Roux
Recommendations

Cancer pattern — clues to cause revealed

89 Star
28/6/82

By Pamela Kleinot

Cancer deaths among coloured people exceeds that of all other race groups in South Africa and ranks among the highest in the world.

Coloured people had the highest death rate for all cancers between 1970 and 1974.

Apart from their own susceptibility to stomach cancer, they appear to share whites' susceptibility to lung cancer and blacks' susceptibility to oesophageal cancer, according to Dr J S Harrington and Ms Evelyn Bradshaw of the National Cancer Association of South Africa.

Writing in the South African Medical Journal they point out the country's race groups, with their differences in cancer susceptibility, offer excellent opportunities for epidemiological comparison.

The article also compares the different rates among the various race groups to those of 51 countries in the world and suggests differing life-styles and socio-economic status are a major cause of cancer.

While cancer deaths among white South Africans tend to follow those found in Western countries, urban blacks have a distinctly different cancer pattern from that of coloured people and whites.

The dynamic nature of cancer in urban blacks is very evident, particularly in men who move about a

great deal more than women.

"As a population in transition, they soon acquire many of the ills of Western society such as obesity, hypertension, diabetes, coronary heart disease, alcoholism and an increasing rate of lung cancer."

Studies have shown that:

- Lung cancer is increasing in all four race groups with the highest mortality rate being in coloureds, followed by whites.

Indians have a low rate and, although blacks also do, these are increasing in urban areas.

- Oesophageal cancer is most common in blacks, followed by coloured people. Whites have a low incidence.

- Coloured people have the highest rate of stomach cancer in South Africa and the fourth highest in the 51 countries studied.

- Breast cancer, the most prevalent form of cancer in Western women, is highest in whites where there is a small but significant rise in mortality rate, particularly in women over 55.

- Cervical cancer is highest in black women, followed by coloureds. Whites have the lowest mortality rate.

- The rates of uterine cancer are low in all four groups compared with the world scale.

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Crippled only tip of polio iceberg

By Pamela Kleinot

As many as 100 000 people in the north-eastern Transvaal may have had non-paralytic polio in the past six weeks, says Professor John Gear, head of the department of community health at the University of the Witwatersrand.

The estimate is based on the fact that polio is a mild illness in the majority of cases, with only one out of every 100 to 1 000 patients developing paralytic complications.

By today, nine children had died and 133 are in hospital since the epidemic erupted on May 14. Six new cases have been admitted to hospital in the last 24 hours.

CHILDREN

A spokesman at Letaba Hospital said crippled victims of the disease had been pouring into the hospital in the past two weeks, all of them children — and mostly under the age of six.

In a single ward 90 patients are being treated for polio, including 70 who are in a serious condition.

Most victims come from Gazankulu, al-

To Page 3, Col 1

Mild polio widespread — professor

►► From page 1

though cases have also been reported from Venda, Lebowa and rural areas outside of homelands.

Inadequate immunisation programmes have been blamed for the crippling epidemic. Either children were not vaccinated or else the vaccine they received was inactive.

A mass immunisation campaign has recently been launched in the infected areas. This is likely to contain the epidemic, says Professor James Gear, consultant in tropical medicine and virology at the South African Institute for Medical Research and the State Health Department.

"A polio epidemic can usually be brought under control by feeding vaccine," he said. Wits' department of community health is involved in the immunisation programme in the Mhala district of Gazankulu. It has also launched a massive publicity drive to inform the people of the importance of immunisation.

● See Page 29.

Official: polio is preventable

89
D. Profetch
20/6/82

EAST LONDON — The Eastern Cape director of the Department of Health, Dr J. D. Krynauw, has urged parents to ensure their children are immunised against polio following the death of five children in a polio outbreak in the North-Eastern Transvaal.

His appeal was backed by the medical officer of health here, Dr J. R. van Heerden, who said polio vaccines were given at all clinics in the area free of charge.

"Polio is a totally preventable disease — all you have to do is go to the clinics and get the drops. This is the answer," Dr Van Heerden said.

Dr Krynauw said this year had been one of the best as far as the control of polio was concerned, with only one case — in Uitenhage — reported so far. Last year 16 cases were reported to the East Cape health authorities.

"Things have started off well and we would like to keep it that way," Dr Krynauw said. "But parents must be made aware of the danger of polio and make sure their children are immunised."

Dr Van Heerden said the polio "drops" were given to babies at three months, four and a half months and six months. Boosters were recommended at seven months

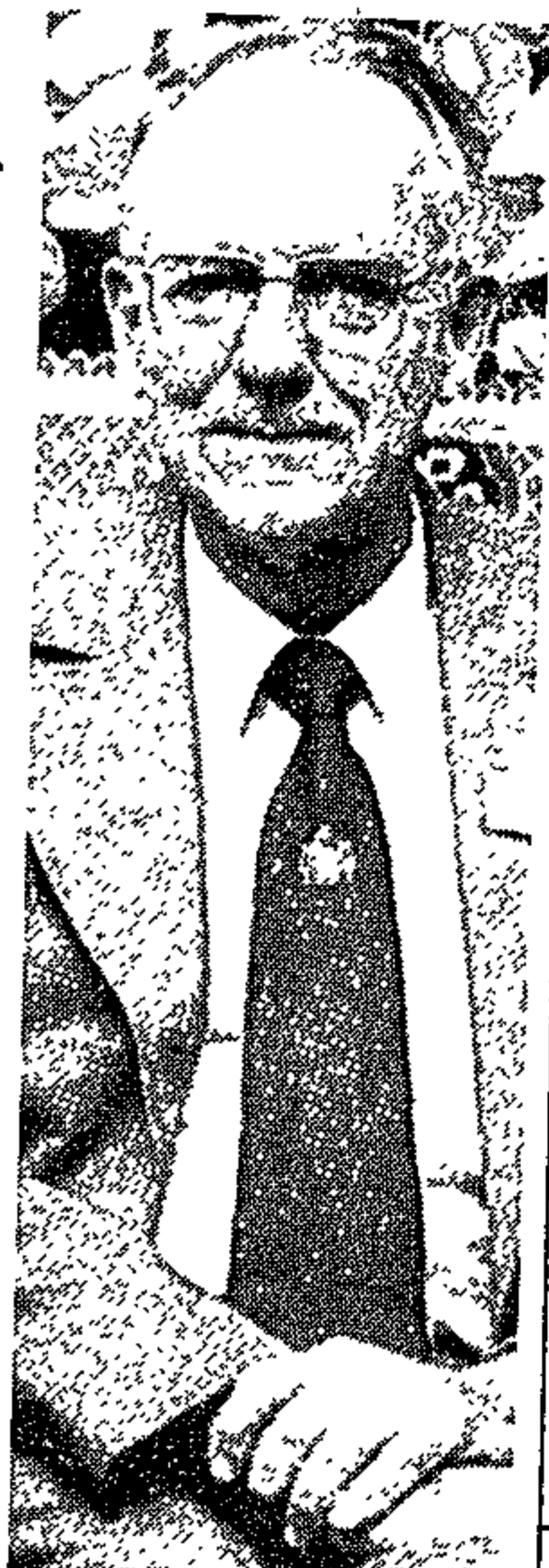
and when children started school.

"After the age of five children have usually built up immunity to the disease so it is no longer a problem."

Poliomyelitis is usually spread through human faeces but can also be carried "in the wind".

Symptoms are pains in the limbs, eventually leading to paralysis, together with high fever. Death is usually caused by the breathing muscles becoming paralysed.

Treatment is isolation, complete bed rest, splints to rest the muscles and two to three years of careful physiotherapy. — DDR



DR VAN HEERDEN

89

Polio: a tragedy of ignorance

By Pamela Kleinot

Health authorities refuse to take the rap for the polio epidemic sweeping through the north eastern Transvaal. They are blaming parents for neglecting to have their children immunised. And ignorant superstitions and lack of belief in "white man's medicine" are the main reasons they give for the communi-

ty's neglect. But remoteness of clinics in outlying areas makes it difficult for parents to have their children vaccinated. Although the vaccine is free, inadequate transport facilities and lack of money for travel are major ob-

stacles. Other barriers to a successful mass immunisation campaign in South Africa's rural areas include the lack of infrastructure, gross administrative problems, lack of medical personnel, vast distances between clinics and inadequate ref-

rigeration facilities for vaccine which may become inactive within hours if the cold chain is broken. Polio — a highly contagious disease spread from person to person — is totally preventable by three doses of vaccine. In the majority of

cases the infection is confined to the throat and intestine. However, in very few patients the spinal cord is involved and groups of muscles are weakened or paralysed. Professor John Gear, head of the University of the Witwatersrand's Department of Commu-

nity Medicine, said there was no doubt that the polio vaccine was effective but any breakdown in the handling of vaccine refrigeration made it ineffective. He pointed out that the transporting of the vaccine in the north eastern Transvaal's hot

weather could damage it within a few hours. Polio — a notifiable disease since 1919 — tends to erupt every four to five years. The biggest outbreak was in 1956 when more than 3 000 cases were reported. Salk vaccine (given by injection) was introduced in 1957, and Sabin vaccine (oral) in 1960. Compulsory vaccination was introduced in 1963.

Polio ⁸⁹ nine ^{ROM} people dead ^{1/7/62}

Mall Reporter

POLIO so far has claimed nine lives and put 133 in hospital in the north-eastern Transvaal in the worst polio epidemic in 10 years. The outbreak of the crippling disease has prompted the Department of Health and Welfare to embark on a massive vaccination programme, with appeals to the population via radio and information leaflets to get their children to clinics for immunisation at once.

Worst-hit areas are black townships and villages around Tzaneen.

Nearby Letaba Hospital is treating 104 patients — 70 of them seriously ill, and nearly all of them less than six years old.

The 200-bed hospital has been battling to accommodate the children.

Ninety tiny patients are crammed into one ward, a hospital spokesman said yesterday.

The Secretary for Health in the nearby homeland of Gazankulu, Dr J Roos, said people in remote tribal villages had apparently become complacent about polio vaccinations.

"Vaccine is readily available and people should urgently get their children to the clinics."

"Four hospitals in the area are treating polio. They are Douglas Smit, 10 cases; Kinsane in Giyana, 17; Elim, two; and the others at Letaba Hospital, making the total as of yesterday 133."

Most of the victims are from Gazankulu, with other cases in Venda, Lebowa and white rural areas.

Professor James Gear, consultant in Tropical Medicine and Virology at the SA Institute for Medical Research, said the mass immunisation campaign was likely to contain the epidemic.

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(89) *stew*
1/7/82
**Reported
polio toll
now 133**

Own Correspondent

The polio toll in the north-eastern Transvaal continues to climb, with 133 cases reported, but the number of fatalities has remained at nine.

The Gazankulu Secretary for Health, Dr J S Roos, today said that the outbreak did seem to be slowing down.

Only four new cases — all at the Lebowa Hospital — were reported yesterday.

So far all the deaths have come from the hospital, which is treating most of the polio victims, and 103 patients — all children — are occupying about a third of the hospital's beds.

Dr Roos said it was possible that the actual number of polio victims could be far higher, with cases not reported, and parents not realising that their children had contracted the virus.

In the mild, non-paralytic cases parents would merely think their children had suffered from a bout of flu or a heavy cold.

pressure cell.

89 Star
**Polio kills
3 more**
2/7/82

The polio outbreak in the north-eastern Transvaal has claimed another three victims, bringing the death toll to 12.

The deaths of two children were confirmed by the superintendent of Letaba Hospital, Dr Gerhard Pretorius, who said 107 cases of polio were still being treated.

The death of a third boy, five-year-old Joseph Sebala, was confirmed by the Ga-Ranku Hospital authorities. Joseph was transferred from Letaba to Ga-Ranku outside Pretoria late last week and died this week.

Health authorities are investigating why 10 children contracted polio after apparently being inoculated against it.

Warning ⁸⁹

on Mamre water

C. Herald
3/7/62

THE water supply at Mamre, near Atlantis, is unsatisfactory and people are advised to boil it before use, says the Medical Officer of Health for the Divisional Council, Dr L. R. Tibbit.

Dr Tibbit was commenting on the outbreak of typhoid in the area resulting in two people being treated.

He said he did not foresee any further outbreaks because the water in the area had been chlorinated.

Last week residents in Mamre expressed concern at the supply because the pipe which brings in the water has been broken for some time.

They now have to draw water at two other outlets where some doubt exists about the purity.

Mail Reporter

HEALTH authorities in Gazankulu have started an investigation into the administering of ineffective vaccine to polio victims in the Eastern Transvaal.

At least 10 out of 120 known polio victims contracted the disease despite the fact that they had been vaccinated, some as long ago as in 1980.

Doctors believe that the vaccine could have become useless because of incorrect handling and storage.

Dr Gerhard Pretorius, superintendent of the Letaba Hospital near Tzaneen, said yesterday medical authorities in Gazankulu and Pretoria viewed this lapse in a serious light.

He said an investigation is under way in conjunction with Pretoria health authorities to find out why children contracted the killer disease despite vaccinations.

The vaccine can be stored for two years under low temperatures but loses effectiveness if exposed to temperatures above freezing point for shorter or longer periods. If exposed to day temperatures for a certain period, the vaccine can become useless altogether.

Inquiry into vaccine failure

89
RDM
5/7/82

Dr Howard Botha, chief director of the Department of Health, said yesterday breast feeding within two hours after the baby was vaccinated orally, could also neutralise the vaccine.

Dr Botha had no information at hand on the number of polio cases or on the immunisation campaign.

But Dr Pretorius said the number of cases being reported is on the decline.

About 10 000 children are affected by the current epidemic.

"Our biggest problem is to break down resistance to the administering of the vaccine," Dr Pretorius said.

A percentage of all children who recover from the disease will be crippled for life.

So far nine deaths have been recorded.

Ten kids were vaccinated before being struck down

POLIO SHOCK

89 Sowetan 5/7/82



HOMELAND AFFECTED: Prof Hudson Ntsanwisi.

HUNDREDS of toddlers may be crippled by polio — although they have already been vaccinated.

An investigation has found that at least 10 of the 120 known victims of the polio outbreak in South Africa had already been vaccinated before they contracted the disease.

Medical staff running anti-polio immunisation campaigns in Gazankulu — scene of the present epidemic — said the careless handling of the powerful Sabin vaccine may have "killed" batches before it was administered.

Medical authorities say it is impossible to say whether breaks in the "cold chain" — the controlled-temperature dis-

tribution network essential to keep the vaccine potent — have occurred in other rural areas.

The survey also established that, in what one doctor described as "a medical nightmare", health authorities in the epidemic area ran out of vaccine at a critical stage in the spread of the disease because they had

SOWETAN REPORTER

focused their immunisation campaign on schoolchildren instead of on the most likely victims — one-to-five-year-old children who had not built up natural immunity.

Polio broke out in the Letaba district of Gazankulu near Tzaneen in the Eastern Transvaal three months ago.

The first victim of the paralyzing virus was two-year-old Evans Moshona, admitted to Letaba Hospital on March 31.

Since then, 105 paralysed children, the youngest only four months old, have been admitted.

Medical authorities have recorded nine polio deaths — but the true figure is probably higher. Jacques Siluvana, headman of nearby Dan settlement, said "six or seven" children had died from "the polio" in recent weeks.

Also among the hospital admissions are 10 paralysed children whose parents had polio inoculation cards for them.

Three-year-old Salome Litsiyo, another Letaba patient, had, according to her card, the first three drops of anti-polio vaccine on her tongue in March 1980, and the third in Septem-

SUSPECT VACCINE?

From Page 1

ber 1980) 5/7/82
She is one of the lucky ones in the emergency polio ward — until two months ago Letaba Hospital's maternity ward — because, although paralysed by polio, she is regaining use of her legs. But she will never walk without a limp.

But why the inoculation drops she received did not work is not clear.

Letaba Hospital superintendent Dr Gerhard Pretorius said it was "very possible" that anti-polio vaccine given to children in the area in the past had been useless because it had been allowed to reach temperatures which "killed" it.

The vaccine — produced from "wild" strains of polio virus at the National Institute of Virology in Johannesburg — retains its potency for more than two years if kept at below-freezing temperatures. But, subjected to higher daytime temperatures, it can die within hours.

Dr Pretorius pointed out a number of points where the "cold chain" could have broken

down 89 Sowetan

"The vaccine is sent from Johannesburg overnight, packed in ice, and when it arrives at Tzaneen the railways should call us. But maybe they don't always call immediately."

After storage at Letaba Hospital in freezers, he said, it was transported by truck to outlying clinics, where it was stored in gas refrigerators.

"And if the gas runs out for a while after the batch arrives, who's ever going to know?"

He said the hospital was investigating whether the the 10 already-inoculated paralysis cases had been caused by a break in the "cold chain".

Professor Barry Schubb, head of the Institute of Virology, said that, where a "cold-chain" break was "more than a possibility," it was lack of general immunisation that caused the epidemic.

If 70 percent or more children had been vaccinated, he said, there would have been no epidemic.

Polio epidemic spreads

By ALINAH
DUBE 6/7/82

THE POLIO epidemic that has broken out in the Eastern Transvaal in the past few weeks seems to be spreading to Pretoria, and the first victim in the area has been admitted to the GaRan-kuwa Hospital.

The spokesman for the hospital revealed yesterday that a youth, no age given, from Mabopane, near Pretoria,

was being treated after being admitted over the weekend. He is the first in the area and the second to be treated by the hospital.

The other case was that of Nomsa Maimela, who was transferred there from Letaba. She died a few days after her admission to the hospital.

"A campaign has been launched to immunise children in all the neighbouring areas," a

spokesman said.

Meanwhile, Dr Gerhard Pretorius, the superintendent of the Letaba Hospital, has said that people are reluctant to take children to immunisation centres.

"We find it quite difficult to teach these people in such a short space of time the importance of getting their children immunised," Dr Pretorius said.

Dr Pretorius said health authorities were

investigating the reason why some victims had contracted the disease after they had been vaccinated.

Polio broke out in the Letaba district of Gazankulu near Tzaneen in the Eastern Transvaal three months ago.

A spokesman for the Bophelong Hospital in Mafikeng, Bophuthatswana, said no cases had been reported in the area since the outbreak.

4278...999

Case of polio reported 30 km from Pretoria

(89) Jan 6/7/82

Own Correspondent

A case of polio has been reported 30 km north of Pretoria.

A one-year-old Mabo-pane boy has been admitted to the Garankuwa Hospital in Pretoria suffering from the disease, which has now claimed 13 lives.

One child has already died from the disease in the Garankuwa Hospital after being brought from Gazankulu in a last-ditch effort to save his life.

Another child also died yesterday and 147 cases have been reported in the epidemic in Gazankulu.

Most of the cases reported are young children, the oldest being 11.

The crippling disease appears to be concentrated in the Letaba area where the 350-bed hospital now has 111 polio victims.

Eleven of the fatalities, including the one who died in Garankuwa, were from the Letaba area.

At the Nkhensani Hospital 21 cases including one death have been reported. There

have been 13 cases at the Douglas Smit Hospital and two, including one death, at the Elim Hospital.

There have been seven new cases of polio since Sunday and the Gazankulu health authorities have launched an immunisation campaign.

In four days last week 9 500 children were immunised in the Bushbuckridge-Acornhoek area alone.

By the end of next week they hope to have immunised a further 30 000 children.

Fresh supplies of polio vaccine are expected in Gazankulu today and Pretoria's Medical Officer of Health, Dr J. P. A. Venter, and the national Department of Health have indicated they would be willing to help immunise if asked.

Dr Venter said there was no danger of a polio epidemic in Pretoria as all babies within the municipal area, irrespective of race, were immunised soon after birth.

The oral vaccination is provided free.

Polio drama could have been halted

By JOHN MOJAPELO

THE present outbreak of polio in the Gazankulu homeland could have been prevented if immunisation programme procedures had been followed correctly, a spokesman for the Department of Health and Welfare said in Pretoria yesterday.

A total of 147 polio cases have so far been admitted to hospital in Gazankulu. Twelve people have died. Most cases occurred in the homeland's Ritavi district.

Intensive immunisation programmes are in full swing in some areas. The Department of Health and Welfare spokesman said the programmes would provide adequate protection to contain the epidemic.

A one-year-old child suffering from polio was admitted last week to the Ga-Rankuwa Hospital, north of Pretoria. The child, who doctors said yesterday was in a satisfactory condition, was taken to hospital from Mabopane, in Bophuthatswana.

Dr L van Heerden, superintendent of the hospital, said that in the light of recent cases, health authorities should now consider an immunisation campaign against polio in the black homeland.

"We must try and co-operate with the Bophuthatswana health authorities to consider an immunisation campaign soon," he said.

A spokesman for Pretoria Health Division said preventable infectious diseases such as polio had been virtually eradicated nearly 30 years ago by inten-

sive immunisation programmes.

The Health Division believed no cases should occur in Pretoria.

The Department of Health and Welfare said the continuing downward trend of polio in South Africa in the last seven years was the result of thorough protection against the disease through immunisation.

Polio vaccine was provided free of charge throughout the country to all population groups by health authorities. If the complete prescribed schedule was strictly adhered to, 100% protection was ensured, the department spokesman said.

He said that all babies should receive three doses of vaccine before they were a year old. Thereafter, they should have a further booster shot before starting school.

DDM 7/7/82

89

Death toll mounts to 14

Argus Correspondent
 PRETORIA. — Polio has claimed the life of another young child, bringing to 14 the number of deaths from the disease.

The child died yesterday in the Nkhensani Hospital in Gazankulu — the second to die at the hospital since the polio outbreak about four months ago.

Eleven children between the ages of one and five have died in the

Letaba Hospital and one in the Elim Hospital.

One child, also from Gazankulu, died from the disease in the Ga-rankuwa hospital near Pretoria.

A spokesman for the Gazankulu Health Secretary's department said 155 young victims of the crippling disease were being treated in the area.

A young Mabopane boy, who was admitted to the Ga-rankuwa hospital with polio, was in a "stable

condition," a hospital spokesman said today.

He said no other local polio cases had been reported to the hospital.

Meanwhile the Department of Health has given the assurance that no cases of polio are likely to occur in Pretoria.

A statement released yesterday by the department said preventable infectious diseases, including polio, were eradicated in the city years ago by means of intensive immunisation programmes.

Polio can't be cured so prevent it — MOH

POLIO, like many other virus diseases, begins innocently enough with flu-like symptoms of headaches, a temperature, aching limbs and possibly nausea.

But it rapidly develops into a frightening disease that can kill or leave its victims crippled for life.

The north-eastern Transvaal is experiencing South Africa's worst polio outbreak in years. Already 14 children have died and more than 150 have been hospitalised with symptoms ranging from light to total paralysis.

The virus attacks the brain stem and spinal cord, and damage is random, depending where the virus concentrates. Sometimes it is on the nerves affecting the legs, and then the legs are paralysed. Patients often have to wear calipers for the rest of their lives.

RESPIRATOR

Worst of all, it could be the nerves that control breathing. This means the breathing muscles are paralysed, and survival depends on a respirator which breathes for the patient.

A lifetime hooked up to a respirator is no life at all, says Cape Town's Medical Officer of Health, Dr Reg Coogan. "That's the horror of polio."

Once a patient has the disease there is little the medical profession can do. They treat the symptoms, and expose the patient to exhaustive physiotherapy in a bid to retain and retrieve as much muscle power as possible.

"The only effective cure for paralytic polio is prevention," says Dr Coogan. "One of polio's amazing anomalies is that prevention is perfectly simple.

"It consists of five drops of vaccine which give total protection for life."

The vaccine, given when a child is three months old, four and a half months, six months, 18 months and five years, is free from any health clinic.

Last year 89 percent of all children born in the Cape Town municipal area had their drops and Dr L R Tibbit, MOH for the Divisional Council area, reported a similar coverage (compared with an American percentage of 39 and a British figure of 40).

Immunisation against polio (and tuberculosis) is compulsory by South African law.

"Our difficulties are apathy and other circumstances such as the labour laws in terms of which people are shifted around and then fail to see their children complete the course," says Dr Coogan.

"Following up these defaulters is one of the prime objectives of public health nursing and the home visiting service of the city health department."

Dr Coogan said the last white child in Cape Town to get polio — because it had not been immunised — was the child of a medical doctor. The child had been paralysed for life. "I cannot urge too strongly the moral and legal responsibility of parents to have their chil-

dren immunised. This is available free at any health clinic. And if you have any doubts as to whether your child completed the course, go along for a booster," said Dr Coogan.

The polio virus is always present in communities — its reservoir is human.

The virus is an intestinal one, and spreads by the faecal-oral route: For example, via flies which have landed on infected faeces and then on fruit. It is also spread from person to person by droplets after sneezing or coughing.

It will produce a disease only when the community becomes susceptible and the virus develops virulence.

Neither Dr Coogan nor Dr Tibbit are unduly worried about the outbreak in the north-eastern Transvaal affecting Cape Town.

"I'm not worried in the slightest," said Dr Tibbit. "We're well covered, and haven't had a case this year. I'd be surprised if we even felt a ripple down here."

Dr Coogan said: "An outbreak would pose a threat only to the non-immunised children and young adults. Most adults who have not been immunised have, because the virus is always present, developed a certain natural immunity.

"I anticipate at most some scattered cases in the townships such as Guguletu and Langa if people from the infected area come into contact with non-immunised children."

THE SPREAD OF CHOLERA

89
8/7/82
Sowetan

SOW

Root cause is poverty



DR MOTLANA: Government oppression causes cholera.

CHOLERA — unlike polio which is also affecting the white community, is primarily a black man's disease.

Institutionalised in qualities for blacks make them particularly prone to this disease said the Committee of Ten chairman, Dr Nthato Motlana, yesterday.

"Unfortunately, the use of resources that can curb this disease among our people is determined by the colour of the skin," he added.

Dr Motlana said cholera was a disease caused by deprivation, poverty, under-development, and a lack of hygienic water supplies and sanitation.

"This comes as a surprise, considering that this is a wealthy and a highly developed country," Motlana said.

"This disease is rife among the poor who also happen to be voteless and black."

By STAN MHLONGO

"These people cannot influence the legislator to determine how the resources to prevent cholera may be used," said Dr Motlana.

Cholera started in Sahel, in North Africa, two decades ago and recent outbreaks have dramatised the fact that South Africa has inherited its share of the disease.

While still the Minister of Health, Dr Lapa Munnik said that South Africa was committed to the World Health Organisation's (WHO) ideal of piped water for everyone by the year 2 000.

He denied that apartheid was the cause of cholera and said that South Africa spent

R800-million a year on health - three quarters of it on blacks.

Cholera has been known to appear in slums, homelands and in urban areas where there are large concentration of squatters living in temporary shelters.

Laws such as the migrant labour, control and resettlement laws for example, have helped spread this disease among our people since migrant labourers brought it into the country from Malawi and Mozambique.

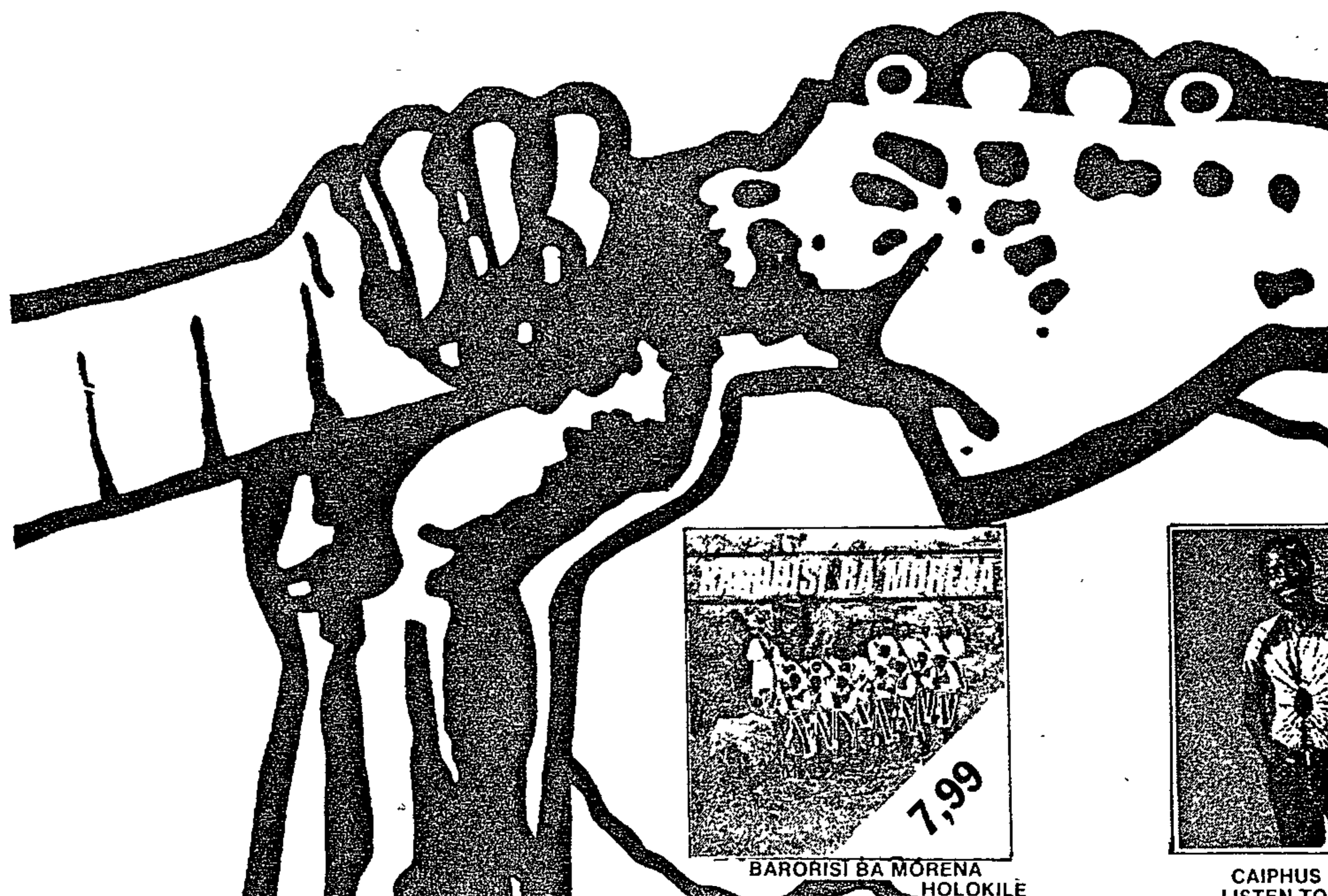
According to WHO statistics, the number of cholera cases in Africa in 1979 was 18 966 - 27 percent less than the 23 317 cases reported in

1978.

Professor Margareth Isaacson, of the South African Institute of Medical Research in Johannesburg, said: "The mines are the best example of the efficacy of cholera control in a relatively unsophisticated community through adequate sanitation, clean water and health education."

The KwaZulu Minister of Health, Dr Dennis Medida, said: "It seems to be a black man's disease. It only affects blacks because of the impoverished conditions under which they are forced to live."

Transkei's Minister of Health, Dr Charles Bikitsha, shares the same sentiments: "I cannot help feeling that the sins of neglect and sheer downright stupid policy is what whites are reaping today."



BARORISI BA MORENA HOLOKILE



CAIPHUS S LISTEN TO

19 deaths
so far (89)
in polio *Stav*
epidemic *9/7/84*

Own Correspondent

Nineteen children have died in the Northern Transvaal's polio epidemic and 174 have contracted the disease.

Another child died in Letaba Hospital today, bringing the deaths there to 12 while 130 are being treated.

The spokesman for health in the Gazankulu area said that two more victims had been confirmed at Nkiesani Hospital bringing the number being treated to 27, with three deaths.

The Douglas Smit Hospital is treating 15 people and one person has died.

At Elim Hospital there has been no change — two patients and one dead.

Two people have died at Farankuwa Hospital.

The epidemic started in the Gazankulu area in March and has spread as far south as Mabopane, about 30 km from Pretoria.

Mercury 89
10/7/88
~~Warning on~~
**Warning on
raw shellfish**

Mercury Reporter

DURBAN'S Medical Officer of Health, Dr Colin Mackenzie, has warned the public not to eat raw shellfish collected between the Umgeni River mouth and Umlaas Canal, even though the cholera epidemic has abated.

Dr Mackenzie, who called for a ban on the collecting of shellfish in the Durban area in March, said yesterday his department had been powerless

to impose the ban itself.

'Had I had the power to impose the ban I would have done so long ago and would not lift it until the Umgeni and Umlaas rivers became reasonably clean,' he said.

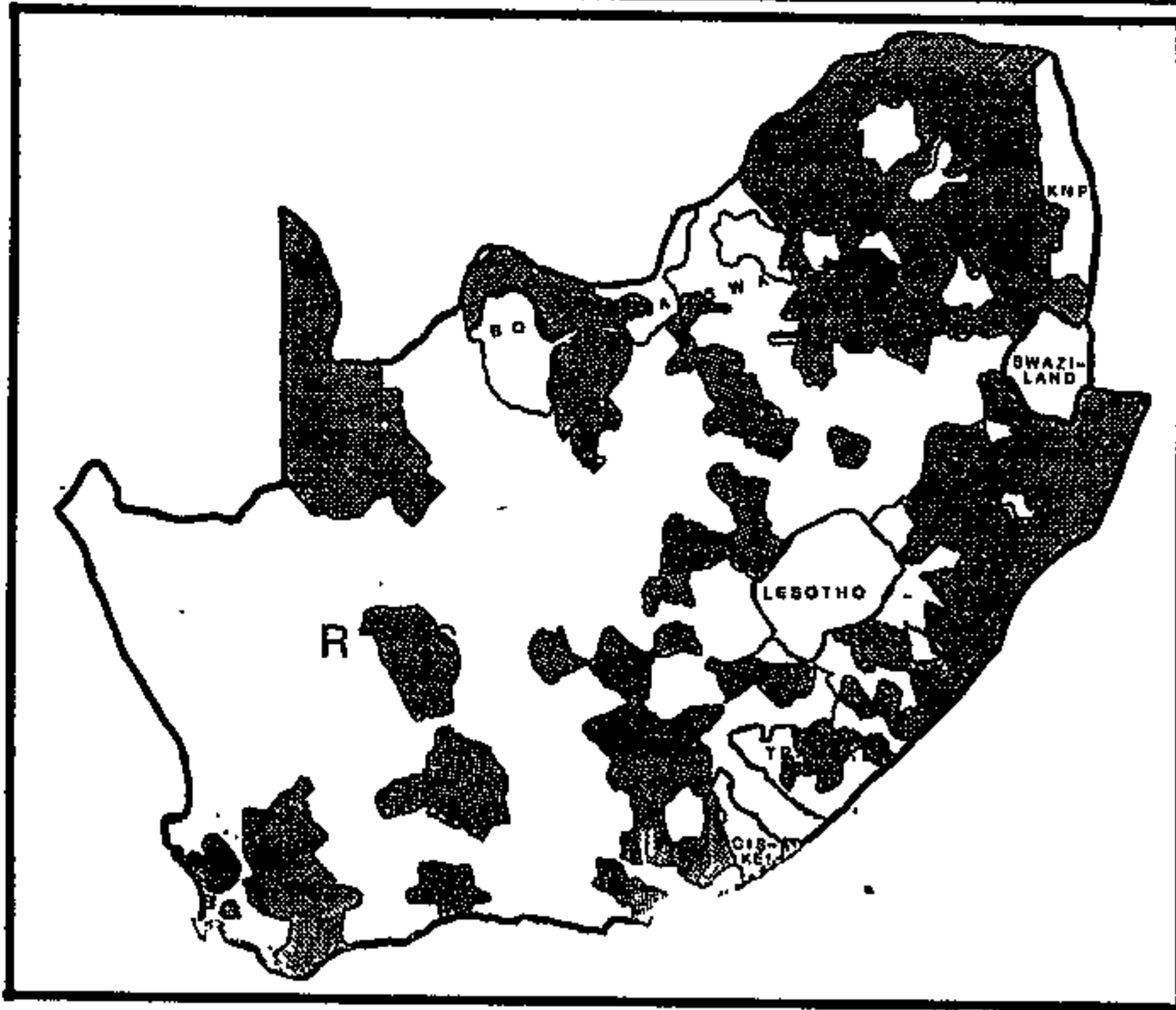
Dr Mackenzie advised people not to eat raw shellfish from the Durban area until the level of pollution dropped.

'Mussels and oysters are not particularly harmful from a cholera point of view anymore, but there is still the risk of getting typhoid from eating them raw,' he said.

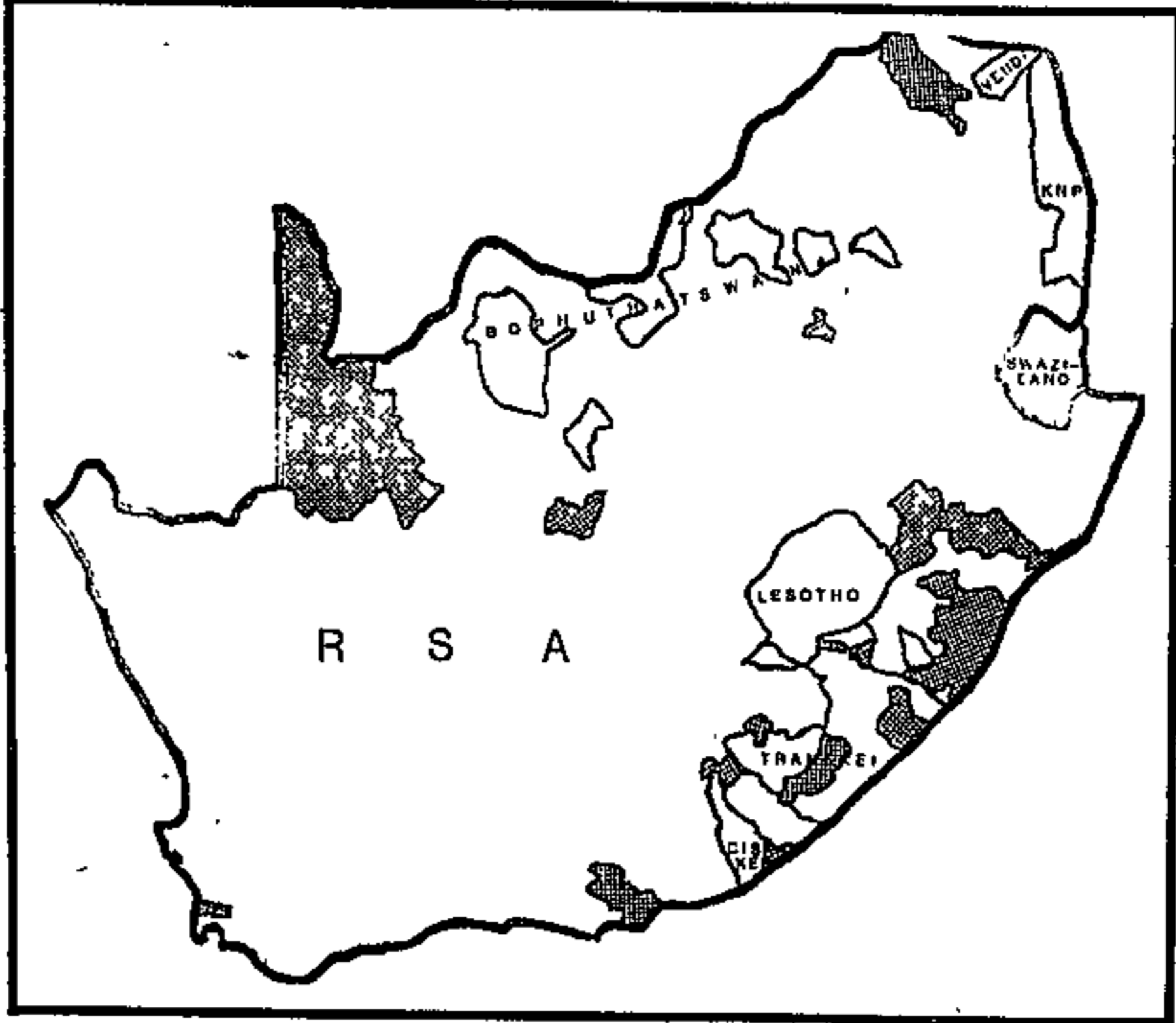
Oysters and mussels are filter-feeders which filter up to about 10 l of water an hour. They retain all the bacteria and thus become 'bagfuls' of concentrated bacteria. This could include harmful organisms like cholera and typhoid, Dr Mackenzie explained.

Director

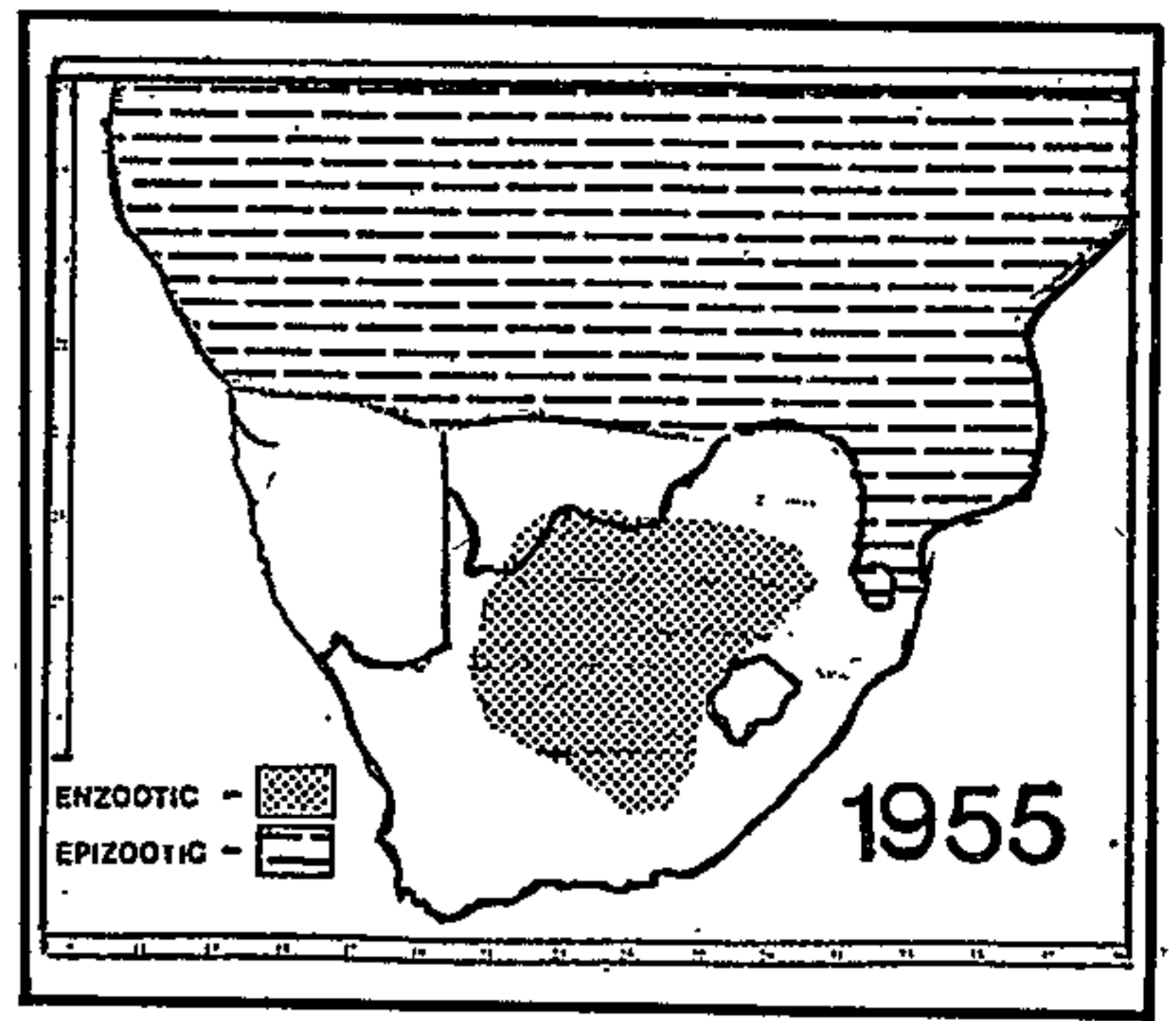
A DEADLY SET OF STATISTICS



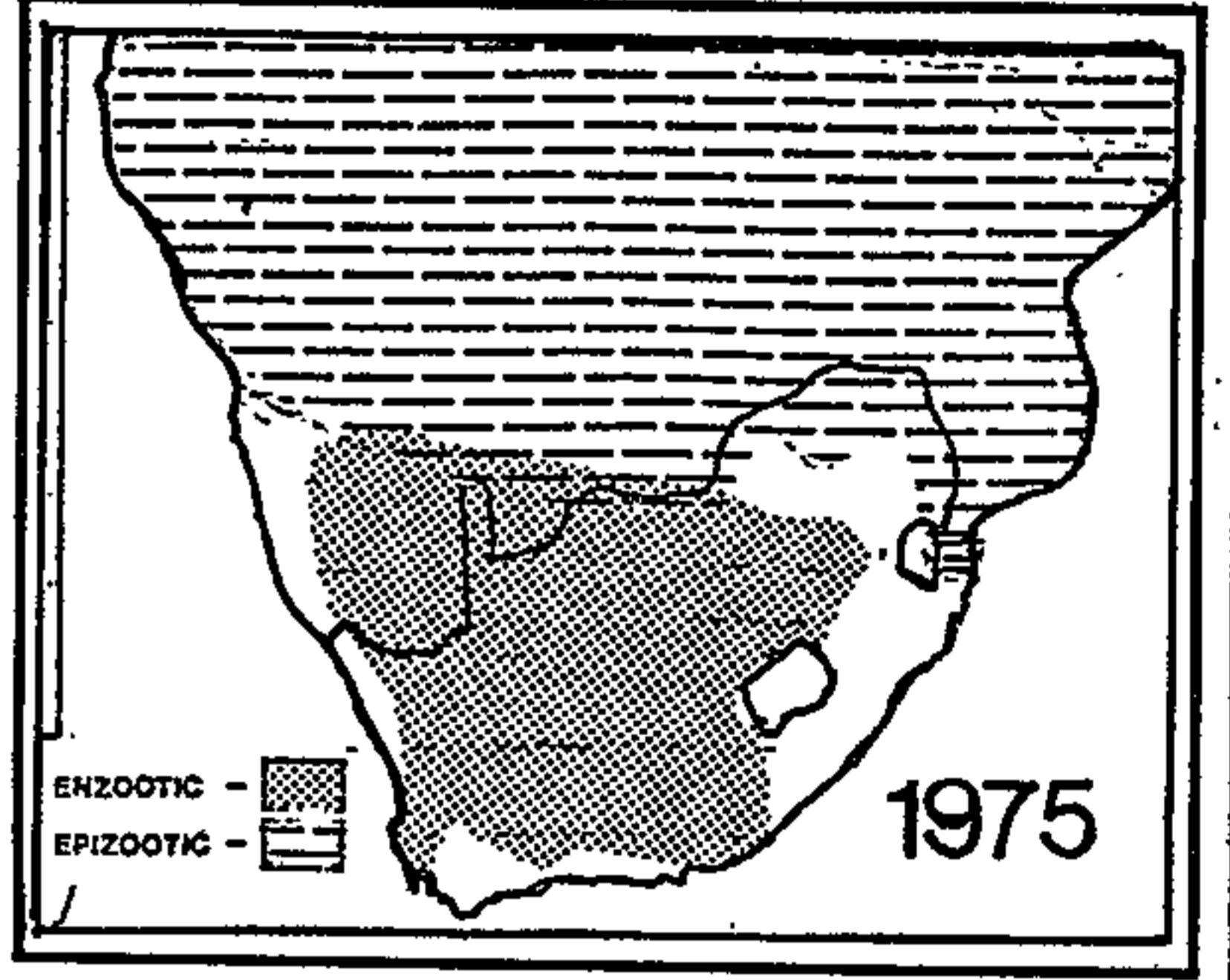
● Typhoid blankets the country — there were 3 723 cases last year.



● Polio (126 cases last year) has now spread to Randburg.

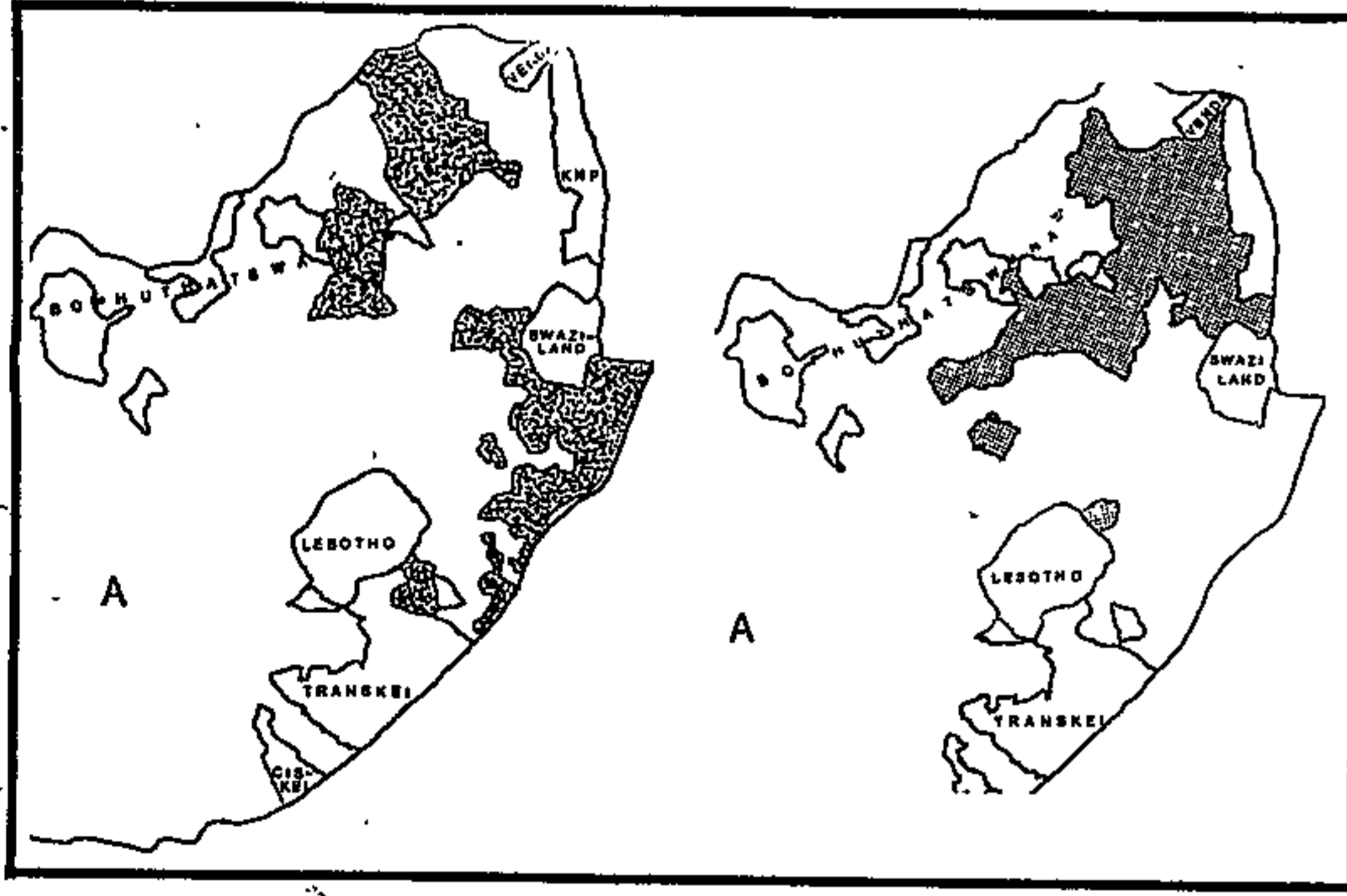


● Rabies distribution in South Africa in 1955 ...



... and 20 years later.

SA taken over by Third World's diseases of death



● Cholera (3 950 cases last year) has spread to the Reef and its incidence is increasing rapidly.

THIRD World diseases are sweeping South Africa.

Last year more than 80 000 people in South Africa and the homelands were victims of a range of diseases including diphtheria, leprosy, malaria, rabies, measles, polio, typhoid, tuberculosis, viral hepatitis, tetanus, cholera and trachoma.

And many of those who did not die were probably left with lungs scarred from TB, livers damaged by hepatitis, crippled or blind.

This week Professor Marius Barnard, the Progressive Federal Party spokesman on health, warned that South Africa's health services were breaking down.

They would not improve, he said, until people could afford adequate housing, clean water and good food.

During January and February cholera cases increased by 647; several dozen people in the Eastern Cape were struck by bubonic plague and two children living in Eastern Transvaal homes with running water contracted typhoid.

In just three months Gazankulu has reported more polio cases than were recorded in the entire country last year — and these are only the reported cases.

Now a polio outbreak is causing concern. Until recently polio had been contained, but now it is sweeping through the Letaba district of Gazankulu, Eastern Transvaal.

Last year 126 polio victims were recorded in South Africa and the homelands — 53 of them from kwaZulu.

Gazankulu had a clean slate then but since March 174 victims have been hospitalised. The official polio death toll is 19.

Authorities are not sure of the source of the outbreak and are investigating the possibility that the 'live' immunisation vaccine was neutralised by not being kept at

CHOLERA, PLAGUE, RABIES — NOW IT'S POLIO

By ARLENE GETZ

below-freezing temperatures.

As the crisis continues the hard-pressed 350-bed Letaba hospital has been forced to put some of its tiny, paralysed patients on the floor.

One of the pressing problems facing hospital superintendent Dr G W Pretorius and his team is the reliance local residents place on traditional medicine.

At least one infant has died because her mother took her to a witchdoctor four days before taking her to hospital.

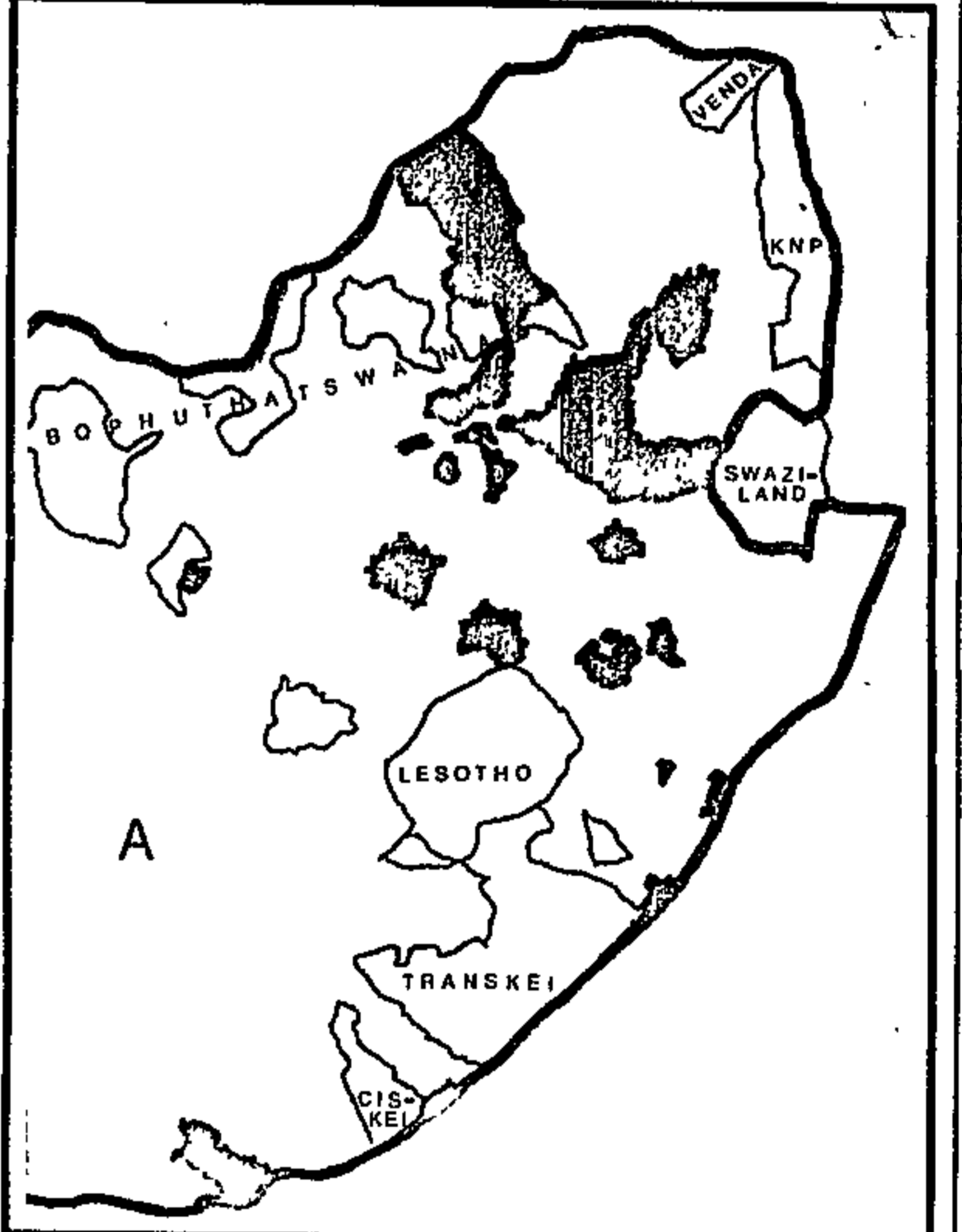
And polio is creeping closer to the Witwatersrand. A two-year-old Randburg boy suffering from the disease was admitted to the Baragwanath hospital this week.

At the beginning of this month a Bophuthatswanan polio case was treated at the Ga-Rankuwa Hospital north of Pretoria, and local health authorities are currently investigating the need for booster shots.

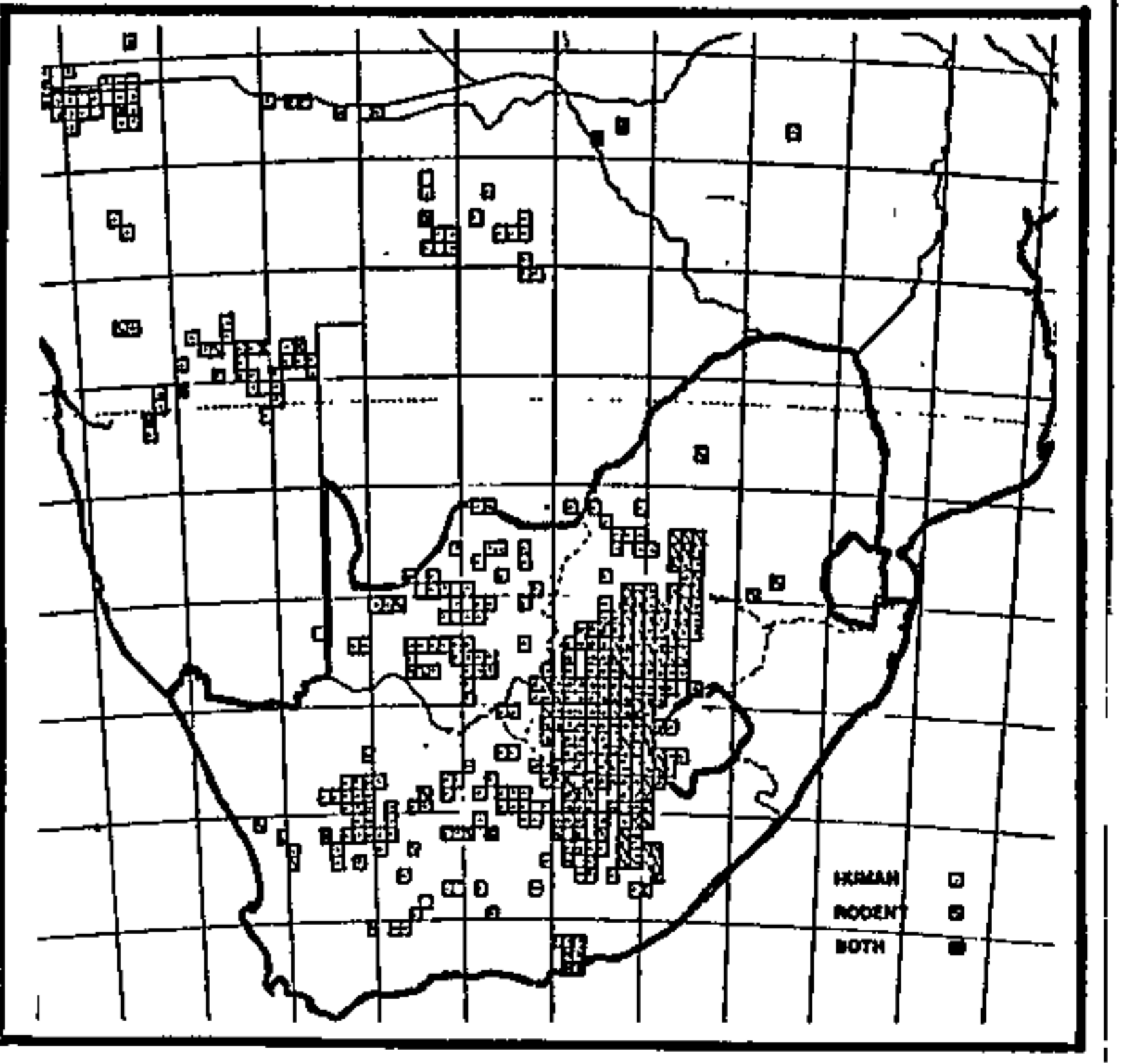
Dr Barnard believes the breakdown in the country's health services is a result of:

- The increasing cost of living and rising food prices.
- The shortage of personnel which means services such as sanitation are inadequate.
- Overcrowded living conditions.

"Racial discrimination cannot lead to health for all in South Africa. "Although there has been some waken-



● Leprosy — rare but widespread.



● The distribution of plague outbreaks in the country between 1920 and 1978.

ing up in Government circles, they haven't yet started a drive to bring medicine to the people. "In one sense we have one of the best medical services in the world, but we also have one of the worst because good doctors are of no use if patients die because they can't reach them," he said.

51 Zambian children killed by measles

LUSAKA — An outbreak of measles has already claimed the lives of 51 children in north-west Zambia — and Health Minister Mr Ben Kakoma said the toll could rise. The Zambian Government has now

sent a medical team to the Mwinilunga district, near the border with Angola and Zaire, and Mr Joseph Kasonde, Permanent Secretary in the Ministry of Health, said drugs which had been in short supply at Zambian hospitals had

started to arrive from Bulgaria and Rumania. During an acute drug shortage last month Prime Minister Mr Nalundino Mundia dispatched trucks to South Africa for supplies. — UPI.

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Killer polio epidemic spreads to the Reef

By KEVIN DAVIE

THE polio epidemic which has killed 13 children in north-eastern Transvaal has spread to the Reef.

Two victims of the crippling disease have been admitted to the Consolidated Main Reef Mines Hospital in Johannesburg, where Baragwanath Hospital sends infectious cases.

A source at the Johannesburg hospital said a boy aged about two and a girl of 15 months had polio symptoms.

But doctors were still waiting for a final diagnosis.

The source said the children's

condition was "fair". They were not severe cases.

They are the latest victims of the worst polio outbreak in South Africa for many years.

In north-eastern Transvaal more than 130 cases have been reported.

One child is still critical and many have been paralysed.

"We're still getting new cases each day," said Dr G P J du Preez, superintendent of Letaba Hospital near Tzaneen, the worst-hit area.

He said their vaccination programme was now going well because parents had become scared.

89
S. Times
11/7/82

Star
Polio (29)
12/7/82
toll is *Star*
now 17

Own Correspondent

Polio is continuing to spread through the Transvaal — and six cases have now been confirmed in the Pretoria area.

There have been 17 deaths in the north-eastern Transvaal out of a total number of 191 reported cases.

A child admitted to Baragwanath Hospital in Soweto last week was from the Randburg area, a hospital spokesman said.

One child who has died in Garankuwa Hospital was taken there from Gazankulu. There are four other suspected cases in Garankuwa Hospital.

PARALYSIS

A hospital spokesman said today: "Only children who show signs of paralysis are admitted. Most of the cases are aged between one and three years old. Once they recover, they are given physiotherapy and callipers if their legs are affected. But the actual extent to which the muscles have been affected cannot be determined until about 18 months after recovery.

"I estimate that only about five percent of the actual cases are admitted to hospital — because they are suffering from paralysis. The rest — there must be thousands — are probably showing only symptoms similar to flu and upset stomachs."

At Letaba Hospital, 132 cases have been admitted, and 12 children have died.

13/1/89
Sowe for

Victims transferred

SOME of the polio cases being treated at the Ga-Rankuwa Hospital, near Pretoria, were transferred from the north-eastern Transvaal, a spokesman for the Department of Health said yesterday.

The spokesman said that of the five confirmed cases in the area not all were from Bophuthatswana. He would not say how many were transferred from the GaZankulu and Letaba areas.

The number of polio cases treated so far in the north-eastern Transvaal areas has risen to 185.

[Faint, illegible text]

Crime Writer award won by Mail reporter

Mail Reporter

The Rand Daily Mail's senior crime reporter, Emilella Jaroschek, was last night presented with the Fidelity Award Crime Writer of the Year Award at a Johannesburg function.

"Who says crime does not pay," Miss Jaroschek said when she received the cheque for R2 000 given to her by the Minister of Law and Order, Mr. Louis le Grange.

The runner-up was a Daily News crime reporter, Mr. Greg Dardagan, who received a cheque for R500.

The judges had looked for devotion to the job, service to the community, the ability to carry on in the face of difficulty and professionalism.

Nurses launch an all-out campaign against polio

By LIZ MCGREGOR

A HOUSE-TO-HOUSE search among 2 000 families to find people who have not been vaccinated against polio has been launched in parts of Soweto following the first confirmed case of polio near Johannesburg.

Nurses completed the project yesterday as latest figures were released indicating 17 deaths, and 190 confirmed cases in the Transvaal. The polio is mainly concentrated in north-eastern Transvaal; six cases have been confirmed in Pretoria.

Johannesburg's Medical Officer of Health, Dr B Richards, said yesterday that the search concentrated on Chiawelo in Soweto. Nurses began visiting the houses on Friday.

Dr Richards said that on Friday, nurses found 209 children who had either not been immunised or had incomplete immunisation. Of these 116 were from the homelands and 102 were leaving for Venda that night.

Last week the Department of Health said

the polio outbreak in Ga-zankulu could have been halted had the health authorities in the homeland followed the prescribed immunisation procedures.

Dr James Gilliland, the Secretary of Health, said the immunisation programme — involving 80 000 people — was progressing well and could lead to a "breakthrough" in the fight against the disease.

Letaba Hospital, near Tzaneen, is treating the highest number of polio patients. The hospital had admitted 131 cases, of which 11 have died.

Nkhesani Hospital in Giyani had 15 reported cases, with two deaths. Elm Hospital near Louis Trichardt has had two cases with one fatality.

Another Tzaneen hospital, Douglas Smith, has had 13 cases with one death.

A boy at Mabopane, near Pretoria, died at the Ga-rankuwa Hospital after contracting the disease.

Surge in gold, but hopes low

THE recent surge in the gold price — from \$208 to \$343 an ounce in four days — has not been offset by a rise in the rand's value against the dollar and, for the time being, gold mines are raking in the benefits. Although a sustained and large increase in the gold price will probably be accompanied by a strengthening in the rand, the present rally has been too short-lived to induce any adjustment to the currency.

However, Barclays Bank, in its latest business opinion survey, reports a considerable increase in pessimism among businessmen.

See Page 13

They're changing guard at Buckingham Palace...

London Bureau

LONDON. — British Home Secretary Mr William Whitelaw yesterday faced a storm of criticism in the House of Commons when MPs of both parties expressed their alarm and concern that an intruder had been able to gain access to the Queen's bedroom.

Mr Whitelaw, who is responsible for the Interior Ministry, announced that an inquiry had been instituted into the whole question of se-

curity and that immediate steps had been taken to improve the protection of the royal family.

The House also expressed its admiration for Queen Elizabeth who acted in a calm and resourceful manner when she was surprised by a prowler while she was alone in her bedroom.

The man, Mr Michael Fagan, unemployed, who gained entry to the palace merely by climbing a drainpipe and tearing aside some wire

mesh from a window, sat on the Queen's bed for 10 minutes and she calmly engaged him in conversation until she summoned a footman in response to the intruder's request for a cigarette.

What shocked MPs even more was the suggestion in Mr Whitelaw's carefully phrased statement to the House that this was not the first time this particular intruder had found his way into the palace.

What did emerge was that,

now, they will certainly be changing the guard at Buckingham Palace.

It was suggested by one MP that guard duty at the palace was regarded generally as one of the most boring assignments for the police and was usually assigned to young men starting their careers or else to older policemen wanting a quiet life.

This was the fifth time within a year that trespassers had been found

within the palace complex.

Sir William Clark, MP, deputy chairman of the Conservative Party, said: "This intruder was presumably harmless. But just imagine what would have happened if the man had been a determined terrorist I would have thought that, with sentries, police and the electronic devices they presumably have, security arrangements should not have been so lax as to allow an intruder through."

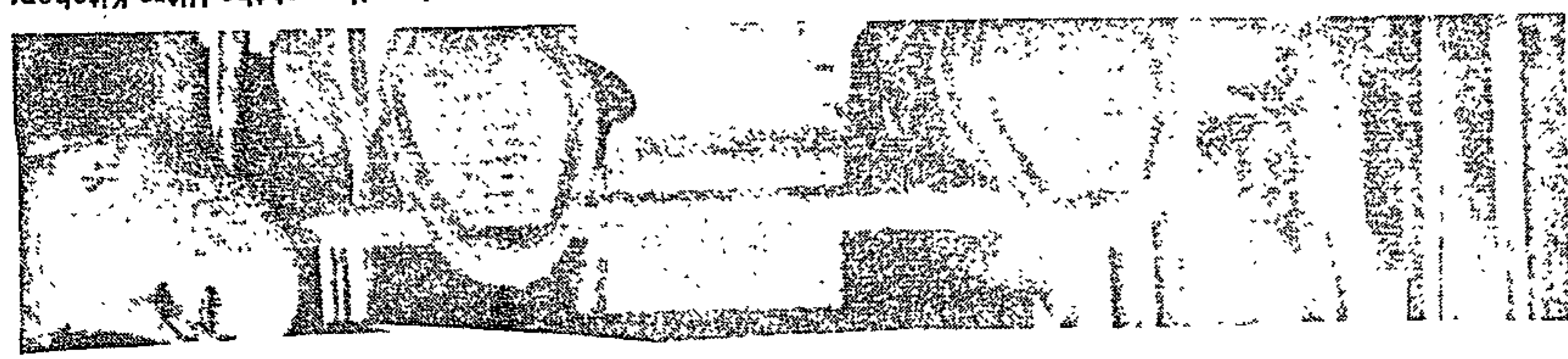
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by

Mike Hoare a hijack trial he

MARITZBURG. — Colonel Mike Hoare was not only untruthful, but seemed to be a selective liar with a very smooth and persuasive tongue, the Attorney-General of Natal, Mr Cecil Rees, SC, told the Natal Supreme Court in Maritzburg yesterday.

others acting on by threat of force bearing arms. The co-operate by threat of force. Col Hoare, w

A slimmer Jimmy Abbott and three-year-old Jimmy Abbott junior spend time together at the Ultra Kitchens



Govt denies oil fraud concealment

By GERALD REILLY
Pretoria Bureau
taking place about the respective responsibilities of

Govt denies oil fraud concealment

give themselves at least a two-second distance between the car in front of them, he said. Drivers could establish the interval by counting to two seconds after the car in front of them had passed a mark on the road and making sure their own car had not reached the same mark before two seconds had been counted.

POLIO PANIC

89
~~11~~

Sowetan
14/7/82

By LEN KALANE

THERE are about 2 000 children in Soweto who have not yet been immunised against polio and who are running the risk of being crippled for life if they do contract the disease.

Health authorities have deduced the figure from the number of births in 1981 in this huge complex. The Medical Officer of Health, Dr B Richards, said 21 000 births had been recorded in Soweto for the year 1981 but records showed that only 19 000 children had been fully immunised.

He said: "We have lost track of the other 2 000 kids."

The kids might still be around Soweto, or somewhere on the farms, he said. Authorities cannot account for the "lost" 2 000.

Now a plea has been sent out to mothers to check if their children have had all three polio "feeds". This, Dr Richards pointed out, would indicate that the child had been fully immunised. He said mothers could check on the polio "feedings" by referring to the immunisation card or the so-called "Road to Health" card.

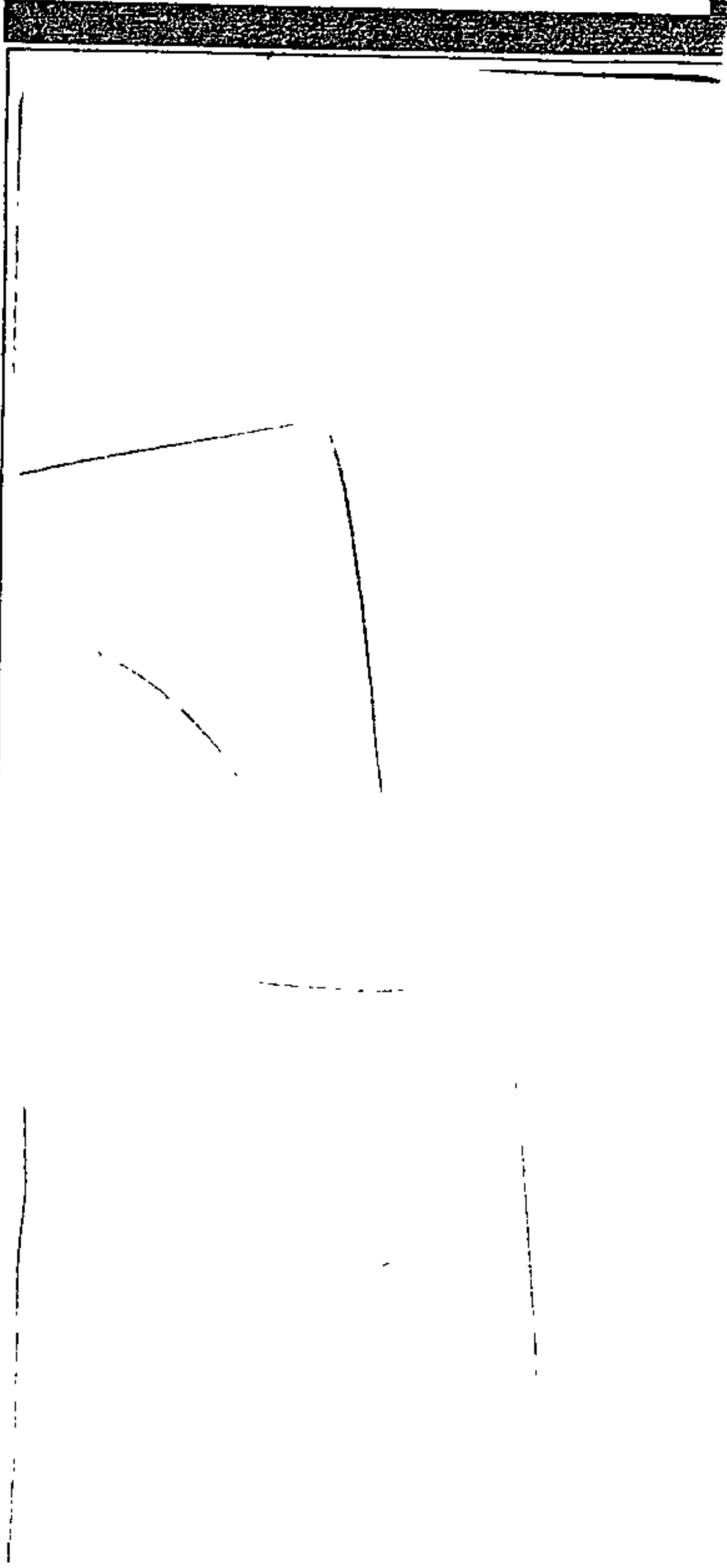
He added: "Basically, there is no polio in Soweto. There is no risk that the polio epidemic will take hold and run through the people. The risk is only there if the child is not fully immunised."

Dr Richards said between 2 500 to 3 000 people had visited the Senaoane Clinic to check if the immunisation of their children had been fully carried out.

Most of the children who have passed through the clinic did so as a result of a house-to-house search in Chiawelo.

He said, "Chiawelo has strong links with Venda, the area of the present polio epidemic. It is for this reason that our attention is primarily focused on that area."

Dr Richards said the clinic, which was still very busy yesterday, had from last Friday found 405 kids who were incompletely immunised. Two hundred and thirty kids had not been immunised at all and, of these, 135 were from Venda.



Publicity clamp on polio epidemic

By Pamela Kleinot

Health authorities have clamped down on publicity on the Transvaal's polio epidemic. They have decided to give statistics to the public only once a week.

The Department of Health in Pretoria has announced that up to yesterday, 13 more polio cases have been reported since the outbreak of the disease to 199.

The epidemic has claimed 21 lives and left scores of toddlers crippled since it began three months ago.

The chief director of health promotion of the Department of Health, Dr Howard Botha, said this figure was the highest in seven years.

REFERRED

When The Star first approached the Department of Health in Pretoria it was referred to the Gazankulu health authorities.

But yesterday hospital spokesmen in the north-eastern Transvaal referred all Press inquiries to the Department of Health.

Dr G Saayman of the department refused to comment because "a liaison committee" would release a statement he said.

IMMUNISATION

As the polio immunisation drive continues in Soweto, nurses have found 635 children who have not been immunised or have had incomplete immunisation.

Dr B Richards of Johannesburg's Medical Officer of Health, said 405 children had complete immunisation and 230 were not immunised.

Dr Richards pointed out that although 405 children had complete immunisation, 60 percent of the children who had one or two doses of the vaccine were against the disease for life.

Professor John Gear, head of the Department of Health at the University of Witwatersrand, yesterday said suppression of news regarding polio could be harmful in the long term and lead people to believe that the need to take their children for immunisation was a thing of the past.

NDM 8/9
14/7/82
32 more cases of polio notified

Mail Reporter

THIRTY-TWO more cases of polio in the afflicted Gazankulu area were reported to the Department of Health by yesterday.

No new deaths were reported, although a Department of Health spokesman said 19 people had died in Gazankulu since the outbreak began in May.

There are now 192 polio victims being treated at four hospitals in north-eastern Transvaal.

A sharp increase was notified in Giyani yesterday, when 15 victims were admitted to the Nhkensani Hospital, bringing the number being treated there to 30. Eight patients were also admitted to the Letaba Hospital, near Tzaneen, where 139 are being treated.

Seven new cases were also admitted to the Douglas Smit Hospital, bringing the number under treatment to 20, and three more are being treated at Elim Hospital, near Louis Trichard.

The spokesman said the Health Department was "not very worried" about the possibility of polio spreading to Johannesburg. However, he urged mothers to ensure children received three immunisation injections — one at three months of age, a second at four-and-a-half months and a third at 18 months.

Health scheme (89) 'should protect' Natal from polio

Mercury Reporter
STATE Health officials are 'very confident' there will be no outbreak of polio in Natal as there has been in Gazankulu in the Transvaal.

The organiser of nursing services in Natal, Mrs D A Wilson, told the Mercury yesterday that more than 135 000 children in the rural areas of Natal had been immunised against polio in the past six months on a purely routine basis.

'I would not have been as confident four years ago, but since then we have had an extremely thorough immunisation programme operating year in and year out throughout the province,' Mrs Wilson said.

Apart from established clinics in the rural areas, there were also 660 points which 27 health teams and mobile clinics visited at least once a month and sometimes once a week. They also visited rural schools, Mrs Wilson said.

Law

'We have now got every area in Natal covered by our services, which also immunise against measles and diphtheria,' she said.

It was compulsory by law for all children to be vaccinated against polio.

In Johannesburg the Department of Health and Welfare emphasised yesterday that children over the age of three months and under about 12 years should all be immunised against polio, reports

Sapa.

The polio vaccine, which is provided free of charge countrywide to all population groups, is available at all municipalities, clinics in national states, and mobile clinics, the department said.

Meanwhile hundreds of thousands of doses of vaccine are being rushed to disease-ravaged areas in an all-out campaign to prevent the spread of polio.

Coping

Prof Barry Schoub, director of the Institute for Virology in Johannesburg, said yesterday the amount of vaccine sent to the North-Eastern Transvaal was 'certainly enough to immunise most of the rural population'.

His institute was coping with the demand for the vaccine as city dwellers also queued daily for booster shots.

The Department of Health in Pretoria has reported that up to Tuesday, 13 more cases had been reported, bringing the total since the outbreak of the disease to 199.

The outbreak has so far claimed 21 lives and left nearly 200 toddlers crippled.

The chief director of health promotion of the Department of Health, Dr Howard Botha, said this figure was the highest in seven years and that most of the cases were in Gazankulu.



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^{100M}
**Tzaneen
blacks
in fear
of polio**

By LIZ MCGREGOR

TZANEEN — The rising incidence of polio is causing great concern among blacks living in the homelands around Tzaneen which, surrounded by parts of Gazankulu and Lebowa, is in the centre of the area hardest hit by the epidemic.

But fears in the white community have been allayed by a recent polio immunisation drive at all white schools.

At Letaba Hospital, 15km outside Tzaneen, about 150 cases of polio are being treated. Twelve children are known to have died.

Mrs Milicent Maphophe of Boshokrand, in Lebowa, said she was "very scared" for the safety of her three children, even though they were vaccinated less than three weeks ago.

Mr John Monyela, a wine steward in a Tzaneen hotel who lives in Duiwelskloof, a township which falls in another part of Lebowa, said he was most concerned about his only son "because, if your only child gets polio and dies, how do you survive when you're old?"

The white population seemed less concerned except for one shop manager, Mrs J Clement, who said tourists had cancelled planned visits because of the polio scare.

The nurse in charge of Tzaneen clinics, Sister E Fouche, said all children in white schools were vaccinated three weeks ago and she did not expect polio to spread to the white areas.

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NOTE CAREFULLY

1. Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.
2. Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
3. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.
4. Do not write in the left hand margin.

WARNING

1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

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

News clamp (89) slapped on ROOM polio spread 15/7/82

By ANNE SACKS

THE Department of Health in Pretoria has clamped down on publicity for the polio epidemic in the Transvaal while hundreds of thousands of polio vaccine doses are being rushed to afflicted areas.

Professor Barry Schoub, director of the Institute for Virology in Johannesburg, said yesterday the amount of vaccine sent to the north-eastern Transvaal in an all-out bid to curb the crippling disease was "certainly enough to immunise most of the rural population".

The highest incidence of polio is in the Gazankulu homeland where nearly 200 children are being treated in four hospitals.

Prof Schoub said the Institute was coping with the demand from city dwellers who were queueing daily for booster shots.

The Department of Health said in a statement yesterday it would release statistics on the epidemic which has claimed 21 lives only once a week. It gave no reasons for the decision.

Dr Marius Barnard, Opposition spokesman on health, condemned the move yesterday saying publicity was im-

perative to promote an immunisation programme.

The Johannesburg Medical Officer of Health, Dr Baldwin Richard, said Sowetans had responded "excellently" to the City Council's call to check that their children had been immunised.

But he was concerned that a number of children born outside Soweto and now living there had not been vaccinated.

Officials of his department had already discovered 500 unimmunised children in Chiawelo, a Soweto suburb.

Dr Richard said there were no cases of polio in Johannesburg and believed the community was safe.

"It is only the unimmunised child who is at risk," he said.

Figures released by the Department of Health prior to the clamp-down showed there were 199 polio cases in South Africa, mostly in Gazankulu.

Five cases were found in Ga-Rankuwa, a black residential area near Pretoria, while others occurred in Hoedspruit and in the Eastern Transvaal.

Most of the cases — up to 139 children — are being treated at the Letaba Hospital near Tzaneen.

● See Page 3

Sowetan 16/7/82 (89)

Polio scare hits Vaal

By CHARLES MOGALE

A BIG polio scare has hit the Vaal Triangle — and at least 7 000 children were vaccinated in Evaton township alone this week.

Hundreds of parents who could not make it to the front of the queues have been forced to make several trips to the vaccination points in bids to get their children immunised.

The scare stems from unconfirmed reports in the township that a Vaal kid had been found to have contracted the disease by doctors at Bara-

gwanath Hospital in Johannesburg.

Staff at the treatment points said they had been working extra hours from the beginning of the vaccination crusade. The 2 000 kids treated yesterday were said to be "nothing compared to the crowds we've had all week."

Some parents interviewed in the crowds

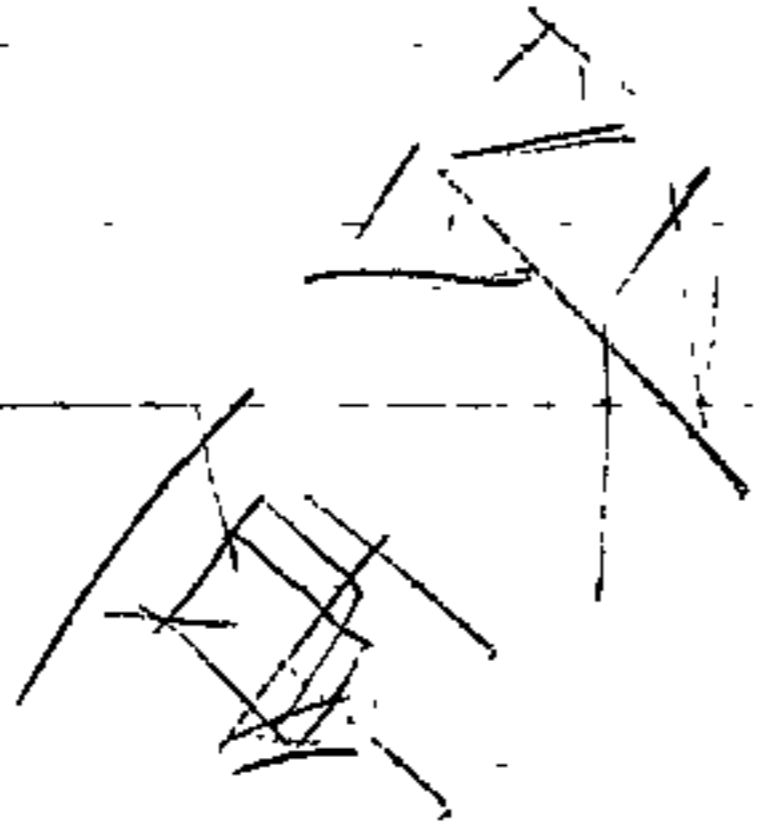
said they had stayed away from work to be able to take their children for vaccination.

By early yesterday morning, the queue at the Methodist Church in Bodea Road was more than 600 metres long and the crowds were still pouring in.

The township has no clinic and the residents have to rely on the one

in Zone 7 Sebokeng for their needs.

The Vereeniging Medical Officer of Health, Dr Henry Bernstein, said his area was "well protected" and the fears were unfounded. He said there had been no known cases of polio since the big scare and if it were traced, it could only have come from visitors to the area.



29

Mothers queue for polio vaccine

By ANNE SACKS
and MONTSHIWA MOROKE

IMMUNISATION clinics in Johannesburg and Soweto were quiet yesterday afternoon after being swamped earlier by anxious mothers seeking polio vaccinations and boosters for their children.

Sisters at clinics said black mothers came in "dozens of dozens", while whites were forced "to queue round the block" to get booster vaccinations for their children on immunisation day in some suburbs this week.

Meanwhile Dr James Gilliland, Deputy Director-General of Health, said yesterday ignorance and apathy were some of the causes of the polio epidemic.

He said although the polio vaccination was freely available, "we may have failed to make people aware of the need for it".

Dr Gilliland denied there had been a clampdown on news of the epidemic, which has ravaged the north-east Transvaal homeland of Gazankulu, killing at least 19 children since May.

Dr Gilliland said the Department of Health would release a report on the epidemic every

Friday to avoid "just this kind of confusion caused by throwing figures around".

Meanwhile, Dr Marius Barnard, Opposition spokesman on health, has severely criticised Dr Gilliland's remarks.

He said the Department of Health first pretended an epidemic was not taking place. Once it was forced to accept the situation, it did so for the wrong reasons.

"The Government says that the people are to blame for the outbreak of the disease.

"The real cause of the outbreak is the unhealthy socio-economic conditions under which they are forced to live," he said.

And the Azanian People's Organisation (Azapo) said yesterday the polio epidemic highlighted the lack of concern by the authorities for the basic needs of black people.

A statement by Azapo said: "The recent spate of different communicable diseases on an epidemic scale again highlights the lack of concern of the authorities to the basic needs of black people."

It was ironical, Azapo said, that in terms of mineral wealth, abundance of food and productive land, this country ranked among the richest. Yet health services for 75% of the population compared with the poorest.

Dozens 'queue' for vaccine

Star 17/7/82 (89)

27 new polio cases called a 'decline'

Twenty-seven more people have contracted polio, the department of Health and Welfare announced in Pretoria yesterday.

The new cases were all reported from Gazankulu and Lebowa.

There are now 226 polio cases on record and so far 21 people have died.

The statement said there was a "noticeable decline in the number of cases from the affected areas."

The previous overall figure, released last

Tuesday, was 199

Since May 1 this year there have been 201 cases from Gazankulu of which 19 have died — 18 from Lebowa and seven from South Africa.

One case was reported in Honeydew, outside Johannesburg.

The department statement said the National Institute for Virology had enough vaccine for South Africa, the national and independent states. — Sapa.

17/7/82. D. Dispatch 89

One E Cape victim this year

EAST LONDON — Only one case of polio had been reported in the Eastern Cape this year, the regional director of the Department of Health, Dr J. D. Krynauw, said yesterday.

Dr Krynauw attributed this to the "very high level of immunity" among the population of the region, which was estimated to be between 75 and 80 per cent.

"It is a scientific fact that if 80 per cent of the population is immunised against the disease it will keep others immunised as well," he said.

Asked about the possibility of adults contracting the paralyzing disease, Dr Krynauw said polio in adults was an "extreme rarity".

"We haven't seen a notification of an adult in our region for many years. It very seldom occurs that an immunised person contracts polio."

When adults contracted the disease their case histories often showed that they had received only one or two of the required four doses of polio vaccine, he said.

Sixteen cases of polio were reported in the Eastern Cape last year. This year's case occurred at Uitenhage and the victim was a child under the age of five.

"The adult population of our region is well-immunised. People responded well to the original campaign for immunisation 20 years ago, and we are getting a

good response all along. Most people know that polio immunisation is compulsory and most people make use of it," said Dr Krynauw.

He pointed out that it was important not "to lower our standards. When immunisation drops below the level of 75 per cent you get a situation like they now have in the Northern Transvaal," he said.

Dr Bennie Muller of Rietfontein Hospital, an infectious disease in-

stitution which serves Johannesburg, yesterday said it was "highly unlikely" that the polio virus would attack adults.

"We haven't seen polio in whites, young and old, for years. Polio is also very rare in black adults," he said.

The reasons for adults being less likely to contract the disease were "very complex" he said, adding that it did not depend entirely on immunisation. — DDR

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NWM 19/7/82

Two die from gastro-enteritis

By MAURITZ MOOLMAN

TWO patients from the Weskoppies Psychiatric Hospital in Pretoria have died from gastro-enteritis and 16 blacks from the surrounding area — five of whom are confirmed cases — are under treatment at the Kalafong hospital.

Dr J Gilliland, deputy Director General of Health, said yesterday that the condition of all the confirmed cases had improved since the two people died in the Kala-

fong hospital last week.

Tests are still being done on 11 other patients from various areas of Pretoria.

The victims, a man and a woman, died after contracting the highly contagious disease in the Weskoppies hospital. It is believed they were contaminated by a new patient who was admitted while suffering from gastric fever.

They were transferred to the Kalafong hospital and died there.

Dr Gilliland said the situation is under control and steps had been taken to prevent the disease from spreading.

About 5 000 people in South Africa contract the disease every year, though deaths are rare.

● No new cases of polio were notified last week. So far 19 people have died from the outbreak in the Northern Transvaal homelands and two in Pretoria. Altogether, 226 polio cases have been reported.

Typhoid claims ⁸⁹ fourth ^{Star} victim ^{20/7/82}

Own Correspondent

A fourth person has died of typhoid in Pretoria's Kalafong Hospital — and polio has claimed the life of another child at Letaba Hospital.

The Deputy Director-General of Health, Dr James Gilliland, said in Pretoria today that another patient had come down with typhoid, bringing the number being treated to 17.

The typhoid outbreak in the city started with a patient who had been admitted to Weskoppies Hospital in Pretoria for treatment. The ward at the hospital has now been isolated. Dr Gilliland said patients were being treated in that ward and at Kalafong Hospital.

Authorities are trying to discover the source of the disease and have said there is no danger of an epidemic.

Another 12 cases of polio have been reported since Friday, bringing to 238 the number of reported victims since the outbreak began at the end of March. Twenty-two children have died so far.

The epidemic has been concentrated in Gazankulu and Lebowa. Seven cases have been reported in South Africa — six at Garankuwa and one in the Johannesburg area. Two children at Garankuwa died, but five of the six patients admitted had been transferred from affected areas.

Typhoid claims a third victim

89
ROOM
29/7/82

Mail Reporter

A THIRD person has died following an outbreak of typhoid at the Weskoppies Psychiatric Hospital in Pretoria last week.

Seventeen people are now being treated for the disease. Tests were being done by the Department of Health to find the source, the deputy director of Health, Dr James Gilliland, said yesterday.

He said precautions had been taken to prevent the highly contagious disease from spreading.

Two Weskoppies patients died in the Kalafong Hospital in Atteridgeville near Pretoria last week and a third died this weekend.

Dr Gilliland said 10 to 15 patients were admitted to the Weskoppies Hospital each day and it is believed that a new patient — who probably came from the Northern Transvaal — contaminated one of the Weskoppies wards.

The affected ward had been isolated, he added.

● The Rand Daily Mail yesterday incorrectly reported that the victims had died of gastro-enteritis when, in fact, they died of typhoid fever.

Star (89)
21/7/82

Fifth death from typhoid in Pretoria

Own Correspondent

A fifth patient has died in Pretoria's typhoid outbreak as medical authorities brought in extra staff to combat the disease.

Five further patients are being treated at Kalafong Hospital and 18 at Pretoria's Weskoppies Hospital, where the fifth death occurred.

Dr James Gilliland, Deputy Director-General of Health said today that a further 20

patients at Weskoppies Hospital had been isolated because they were found to be carriers, following extensive examination procedures.

"They are not ill," said Dr Gilliland. "But they have been isolated to prevent further spreading of the disease."

He said two wards at Weskoppies had been isolated. The total number of patients in the wards was about 300.

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and we therefore need not pay him as much as we pay for a visit to a doctor.

Own Correspondent
Cholera, polio, typhoid
— what disease could
break out next in a
Third World country
like South Africa?

Last year 127 cases
of polio were reported
in this country. Since
March this year, 238
cases have been repor-
ted. Last year South
Africa reportedly had
more than 3 000 cases
of typhoid.

New cases of cholera
were still being repor-
ted this year in an
outbreak which began
in the Lebowa area and
spread to Natal.

Now four people
have died, and 17
others are being

treated following an-
other typhoid outbreak
in Pretoria.

The authorities has-
tened to reassure
people that these cases
were caused by an out-
side patient admitted
to Weskoppies Hospital,
who was infected be-
fore being brought in.

In the same way, the
public has been as-
sured that the recent
polio epidemic is under

control and diminish-
ing, with immunisation
under way in Gazangu-
lu and Bophuthatswa-
na, and a rush on for
booster doses in the
cities.

How and why does
South Africa fall victim
to these diseases? Is the
problem ignorance, so-
cial or economic

Dr James Gilliland,
Deputy Director-
General of Health in

Pretoria, said living
conditions — over-
crowding, lack of hy-
giene and contami-
nated food and water
— as well as apathy
regarding proper im-
munisation, were res-
ponsible for the spread
of "Third World"
diseases.

"South Africa is a
Third World country,"
he said, but pointed
out that diseases such

as typhoid also oc-
curred in Europe given
the right conditions.

"A major problem at
the moment is tubercu-
losis," he said. "We are
notified of 60 000 new
cases annually. And
nearly 9 000 cases of
measles were reported
last year."

Dr Gilliland said in-
oculations were given
against TB at birth,
and against measles at
eight months.

Babies were given
their first polio immu-
nisation at three
months, with a vaccina-
tion against diphtheria,
tetanus and whooping
cough.

All these were given
free at health clinics Dr
Gilliland said. This
meant that all six
diseases were entirely
preventable.

(89) Star
Cholera, typhoid,
22/7/82
polio—what next?

Polio kills two more Transvaal children

Own Correspondent

Two more children have died at Letaba Hospital from polio but health authorities say the epidemic is abating.

The Deputy Director-General of Health, Dr James Gilliland, said today that five more children had been admitted to the hospital suffering from polio.

Since the outbreak of the epidemic, 247 children had been admitted to Transvaal hospitals. Of these, 24 had died.

CARRIERS

"There has been a good response to the immunisation campaign," Dr Gilliland said. "The normal character of polio is that, within two to three weeks of mass immunisation, the disease starts to diminish."

He also said that the typhoid patients being treated at Kalafong Hospital were improving except for one man who was "still very ill."

"The 19 patients being treated at Weskoppies Hospital are doing well," Dr Gilliland said.

Twenty suspected carriers at Weskoppies are still in isolation.

● See Page 27.

'One tap town'

89
Hanover
22/7/82

Martin warns that 'black spot' near Dalton is primed for cholera outbreak in spring

Political Reporter

GOVERNMENT unwillingness to accept responsibility for urgently needed improvements to an African area, where the Province has assumed a limited brief beyond its powers, was strongly criticised yesterday by Mr Frank Martin, Natal's senior MEC.

Various Government departments had been approached repeatedly to either take over or provide funds to upgrade the 'shocking' conditions at Trust Feed near Dalton.

Mr Martin said Trust Feed — which has one tap for between 2 000 and 4 500 blacks — was primed for an outbreak of cholera with the first spring rains. He said the Department of Health's

own anti-cholera campaign advised people to wash their hands after going to the toilet.

And at Trust Feed there is a school with 500 pupils who use pit latrines and the nearest source of water is nowhere near the school.

Trust Feed is a designated 'black spot' in the midst of an affluent farming community near Dalton in the Natal Midlands. It has one standpipe which works.

There is no sewerage scheme, refuse removal or road maintenance.

Barely 8 km away, the Department of Community Development has spent millions of rands establishing a new township for Indians.

Cool Air was set up by the Government as an Indian group area to rid local towns



ONE tap for thousands of people. One woman said she had been waiting more than nine hours for water.

such as New Hanover and Dalton of their Indian populations. It has tarred roads, water-borne sewerage, electricity and sporting facilities and residents pay rates and in some cases pay for lights.

Trust Feed is a regulated area where the Development and Services Board, a provincial statutory body, provides minimum services without asking residents for rates.

Mr Martin said the irony of the situation was that the Province had no jurisdiction over Africans. Provincial responsibilities were limited to whites, coloureds and Indians.

Mr Roger Whiteley, chairman of the board, said yesterday: 'Give us the money and we will do the work. But we operate on a limited grant from the Province.'

The board spends about R5 000 a year in the area, which covers 212 ha and consists of 47 sub-divisions.

Blacks have held title to the land since before the turn of the century, but 13 plots were bought by white farmers in 1964 when black owners defaulted on payment of rates. Since then no rates have been levied.

The board installed a three-tank water system with nine standpipes at Trust Feed but the low rainfall over three years and the silting-up of the underground piping collection system has resulted in only one tap actually supplying water.

The Department of Health had legislated itself out of providing 'hard' services such as the provision of water, sewerage and refuse removal, Mr Martin said.

Polio ⁸⁹ ~~11/15~~ abating

Sowetan 23/7/82
TWO more children have died at Letaba Hospital from polio, but health authorities say the epidemic is abating.

The Deputy Director-General of Health, Dr James Gilliland, said yesterday, five more children had also been admitted to the hospital suffering from polio. The total number of children who have been admitted to hospitals in the Transvaal following the outbreak of the epidemic is 247.

Twenty-four children have died.

"There has been a good response to the immunisation campaign, and the normal character of polio is that within two to three weeks of mass immunisation, the disease starts to diminish," Dr Gilliland said.

The typhoid patients being treated at Kalamafong Hospital were improving except for one man who was "still very ill", the doctor reported.

"The nineteen patients being treated at Weskoppies Hospital are doing well."

Authorities have given the assurance that the latest typhoid outbreak, which was apparently brought in by a patient admitted to the hospital for treatment, will not spread. — Sapa.

Polio toll reaches 25

Own Correspondent

Another polio death has been reported, bringing the total number of children who have died during the current epidemic to 25.

A spokesman for the Department of Health and Welfare in Pretoria said today the number of children admitted to hospitals had reached 253.

At Letaba Hospital 157 children have been admitted and 16 have died. Douglas Smit Hospital has admitted 26 children and has reported three deaths.

SUFFERING

Thirty-nine children have been admitted to Nkhensani Hospital where three have died. Elim Hospital has reported one death among the four children admitted and Tintswalu Hospital has two children suffering from the disease.

No new cases have been reported outside the homelands.

A spokesman for the department said 20 patients at Weskoppies Hospital were being treated for typhoid. Five people have died so far from the disease and hundreds have been isolated to prevent its spread.

89 S. Times 25/7/80

Killer diseases are again taking toll in SA

THREE MAJOR diseases are rife among South African blacks — typhoid, polio and cholera. And SA still has the world's highest incidence of pulmonary tuberculosis.

A breakdown of the year's disease toll so far shows.

● Polio — this month's death toll has risen to 25 infants and children, with 251 admitted to rural hospitals around Tzaneen.

Most cases were in the north-eastern Transvaal.

One black child from Swartkoppies near Krugersdorp was admitted with polio but had only recently arrived from Tzaneen with his father.

Unexpected

● Typhoid — at least five deaths at Weskoppies mental hospital near Pretoria have been registered in the past two weeks.

Some 5 000 cases were identified in the Northern Transvaal, an endemic typhoid area.

● Cholera — from January to June cholera has claimed 4 498 laboratory-proven cases, treated at north-eastern Transvaal and Natal rural hospitals and clinics.

● Tuberculosis — between January to the end of June 18 452 tuberculosis cases were registered.

On cholera, Dr James Gilliland, deputy director-general of the Ministry of Health in Pretoria, said that there were "many more" actual cholera cases treated, but which had not been bacteriologically proven.

On typhoid he said the

again taking toll in SA

By ADA STUIJT

Weskoppies outbreak had been "unusual and totally unexpected".

"The ten to fifteen patients usually admitted there daily come from the Northern Transvaal's rural areas where typhoid fever unfortunately is an endemic disease.

"We found twenty typhoid carriers at Weskoppies who showed no symptoms of the disease.

"All such carriers and the patients have been isolated and are under antibiotic treatment to prevent the disease from spreading," he said.

Asked why "Third World" diseases could inflict such damage in a well-developed country like South Africa, he said: "We are still part of Africa and still developing

our infrastructure, especially in those afflicted areas.

"In places such as Soweto with its water services, good sewage handling and health clinics, we are better in our health care than Third World countries.

"However, the problem is the rural areas.

"Our community health workers have a wealth of material with a stress on personal hygiene available to educate those people.

Complacent

"People are being made aware of how they can stay healthy with means at their disposal. For instance, a dash of Jik in drinking water kills cholera.

"People had become complacent about getting their children the polio vaccine.

"As far as pulmonary TB is concerned, we still are among the world's highest-affected countries according to the World Health Organisation.

"I never see headlines about the 18 452 TB cases registered in South Africa between January and June," Dr Gilliland said.

● The World Health Organisation figures are obtained from the International Red Cross and missionary clinics treating such patients.

LifeStyle

LOLLY USES
HER FAITH
ON THE
FAIRWAYS



EDH 27/7/82

Polio toll is easing

89
Mail Reporter

ONE new polio patient has been admitted to the Nkhen-sani Hospital, in the north-eastern Transvaal, since Friday, bringing the number of treated cases now to 254.

But the deputy Director-General of Health, Dr James Gilliland, said yesterday there were far fewer new cases now and the recent outbreaks of polio and typhoid in the Transvaal appeared to be contained.

Twenty-five people have died of polio since March but there have been no deaths since Friday, Dr Gilliland stated.

No new cases of typhoid have been reported.

Dr Gilliland said all the typhoid patients were doing well and a few of the 22 carriers identified at Weskoppies Hospital, near Pretoria, had already been discharged.

Five patients have died from typhoid in Pretoria so far.

Polio kills ⁸⁹ two more ¹²⁰⁴ children ^{28/7/62}

Mail Reporter

TWO more children died from polio early yesterday and four new cases have been reported.

Twenty-seven children have now died from the disease since the epidemic broke out in May and 258 more children are being treated for it.

The two new deaths were at the Letaba Hospital, near Tzaneen, where the outbreak has been concentrated.

The new cases have been admitted to the Gazankulu-run Letaba Hospital, Nkhenesani Hospital in Giyani, Gazankulu, the Malabolele Hospital and a Garankuwa Hospital.

Sowetan
Polio kills

89 ~~125~~ 30/7/82
two more

TWO more people have died of polio in the Gazankulu area.

A spokesman for the Department of Health in Pretoria said yesterday another four cases had been reported, bringing the total number of children hospitalised since the outbreak of the disease to 258.

The spokesman said the disease still appeared to be concentrated in the Gazankulu area.

(89) Sowetan 30/7/82

SKIN LIGHTENING CREAMS WILL NOT BE BANNED

By ELLIOT MAKHAYA

SKIN LIGHTENING creams are not going to be banned after all. But appropriate action will be taken against those manufacturers who overstep the health Department-recommended chemical mark, said Dr Nick Gilliland of the Health Department in an interview with The SOWETAN.

Dr Gilliland, who was rather annoyed with suggestions that the speculations of a banning were raised in his department said: "I do not know who said this but it was certainly not from this department."

The skin lightening cream row started some two months ago after a woman, who was a regular user of a certain brand of cream, suffered burns on her face. The woman contacted the Legal Resources Centre who immediately filed a claim against the manufacturer. After that more cases came to the light, some more serious.

Some women were discovered to have been cured after undergoing expensive treatment at dermatologists. Dozens who treated hundreds of women lashed manufacturers of creams and called for a banning of the creams. Doctors said skin creams, especially those with a high

quantity of hydroquinone, poisoned and stripped off the outer dark skin. Women who used skin lighteners were exhausting their skin pigmentation, which protects the skin against harmful factors like harsh sunlight.

Another spokesman of the Department of Health Dr Piet Swanepoel had earlier promised that the law governing the chemical quantity of the skin cream would be "looked into."

This gave hope to anti-skin cream lightener campaigners because Dr Swanepoel is the man who ordered a reduction of hydroquinone in the creams two years ago. Speculation was rife that the skin creams would be banned before the end of the year.

Dr Gilliland said action would only be taken against those manufacturers who exceeded the recommended mark of hydroquinone of at least 2 percent.

"It is possible that some people are not sticking to the regulations," he said.

Laws in his department, which deal with food and cosmetics, are revised now and then, and if it was found necessary to amend them the department would do so. However, he did not know anything about the creams being banned at the end of this year.

89) 30/7/82
Sowetan

Polio warning

PEOPLE visiting Soweto from the outside areas should make sure that their children are properly immunised against polio, Johannesburg's Medical Officer of Health warned yesterday.

Dr B Richards said the search for persons who had not been vaccinated against polio was continuing. So far, he added, no polio case had been reported in Soweto and hundreds of children who had either not been immunised or had had incomplete immunisation had been vaccinated against the disease.

Meanwhile, another polio case has been reported in Giyani.

2/8/52 (89)
Typhoid

6 dead *John*

Own Correspondent

A sixth person has died following the typhoid outbreak in Pretoria.

Twenty-four other people are being treated for the disease and 30 patients at Weskoppies Hospital are isolated as carriers. However, Dr Gilliland, deputy director-general of health, said all were improving.

No new cases of the disease have been reported," he said.

No more cases of polio have been reported. Since the outbreak began 258 children have been admitted to hospital and 28 have died.

Where is SA's health education?

4/18/82 E. Post

(89) (11)

MODJAJI, the rain queen of the Lobedu people, was said some hundred years ago to have been responsible for the control of diseases in the North-Eastern Transvaal and their distribution to the rest of the province.

Then, as now, deadly, contagious diseases would sweep through the area devastating whole villages and sometimes moving down south to infect other communities.

The people offered tributes to Madjaji in an attempt to ward off her deadly diseases — and some developed an early form of vaccination as an added protection.

In 1982 similar epidemics — long eradicated in most Western countries — still

Two more children died of polio last week as the epidemic continued to penetrate the North Eastern Transvaal. A Special Correspondent looks at the issues.

plague the people of the North-Eastern Transvaal.

A polio epidemic broke out in Gazankulu, near Tzaneen, in May this year, killing 27 children. The epidemic has remained largely confined to parts of Lebowa and Gazankulu. Seven cases have been reported in Garankuwa near Pretoria and one case in Johannesburg.

Wards of Letaba and Shiluvane hospitals, former mission hospitals near Tzaneen now run by the Gazankulu authorities, are filled with children suffering from polio. At present there are 258 confirmed cases.

Typhoid, also supposedly a disease of the past, has recently broken out in Weskoppies, a mental hospital near Pretoria. Five people have died and a further 25 are being treated.

Why do these diseases keep recurring despite the sophisticated drugs now available to combat them?

Dr Marius Barnard, Progressive Federal Party spokesman on health, blames poor living conditions and inadequate health facilities.

A polio epidemic, which is totally preventable with vaccine, could only occur if the people were not

immunised, he said. The only way to ensure people were immunised was for health authorities to provide constant immunisation drives and to educate people in health matters.

"One of the main reasons people are not immunised is, I believe, a lack of health services," he said. "There are not nearly enough health workers such as nurses, doctors, district surgeons, as well as clinics and hospitals in the rural areas."

Appropriate health education, sadly lacking in South Africa, was essential

he said.

"I saw an anti-cholera poster in a black Port Elizabeth hospital which said 'Wash your hands before you eat'. Firstly, this ignores the fact that most of these people don't have anything to eat and secondly, that many of them can't read..."

Another problem was that South Africa's medical services were mainly of a curative, rather than a preventive nature and were city-based.

"We build monster hospitals in the cities, which are too far away to be of any use to many people and 95% of South Africa's doctors practise in urban areas," he said.

Doctors are worried by

tl

Polio is just one of the many diseases that ravage children daily in the rural areas of South Africa.

Less than 30 children have died since the polio epidemic broke out in the north-eastern Transvaal 10 weeks ago compared to the 770 children who have died from measles in the same period.

Measles — the fourth biggest killer of children — is said to kill 11 children daily.

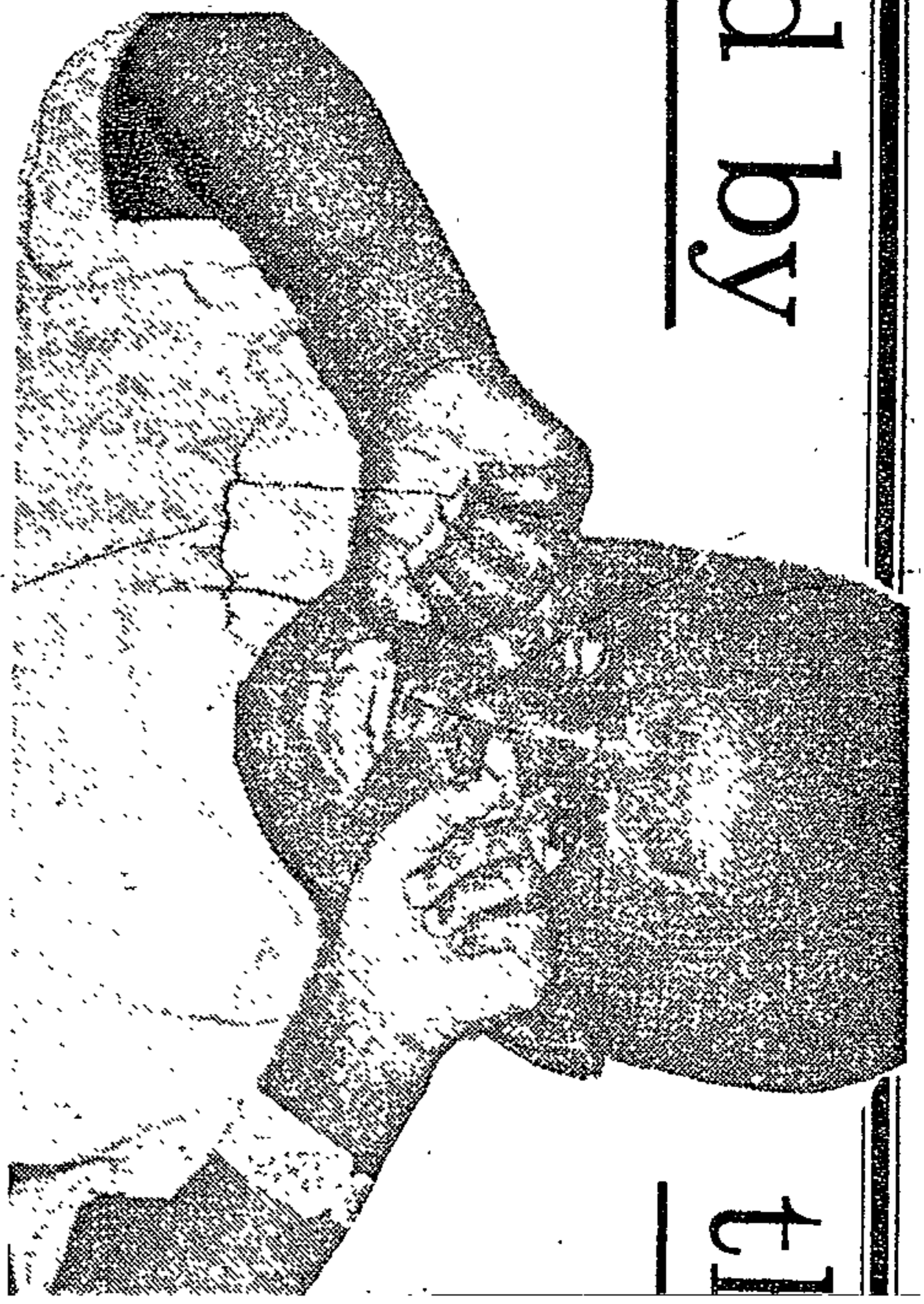
But the biggest killer is gastro-enteritis followed by pneumonia and malnutrition.

People tend to respond to "glamour" diseases like polio and cholera paying little attention to these much more dangerous and common conditions.

The Infantile Mortality Rate — the barometer of a population's health standards — is about 130 every 1 000 in rural blacks compared to about 20 every 1 000 in whites. Forty-eight percent of deaths in blacks oc-

The North-Eastern Transvaal has been the focus of attention with the recent polio epidemic. The Star visited the area and found it plagued by drought, poverty, hunger and disease. Pamela Kleinot reports. Pictures by Clive Lloyd.

99
Kleinot reports. Pictures by Clive Lloyd.



Generation raised on disease

cur in children under five years of age while only seven percent of deaths in whites occur in this age group.

The vast discrepancy in death rates reflects the different disease patterns among whites and blacks rooted in the different socio-economic status of the

two groups.

Rural blacks suffer from diseases of deprivation. The people are poor and often live in overcrowded and unhygienic conditions which are conducive to the spread of diseases like TB which kills between 10 and 20 people daily. Malnutrition further

favours the development and spread of these diseases.

The contaminated water supply and poor sanitation in poorly developed areas causes many other infectious diseases.

When it rains, human excreta scattered in the bush or overflowing from badly

sited pit latrines may be washed downhill into the water-source.

These conditions provide the ideal breeding grounds for the spread of cholera, typhoid, hepatitis and gastro-enteritis.

Most children in Gankulu have bilharzia and doctors say there is no point in treating

them unless they have complications because they soon get reinfected.

Trachoma, an eye disease that can cause blindness if untreated, is extremely prevalent along the Limpopo Valley and surrounding areas, particularly rifle in northern Lebowa and the Limpus Tri-

chart area. It is a disease of poor hygiene easily spread among family members using the same towels and face cloth. It is also spread by flies.

Most of these diseases are preventable. Many have been eradicated in Western countries because of

improvements. While they prevent disease, others c

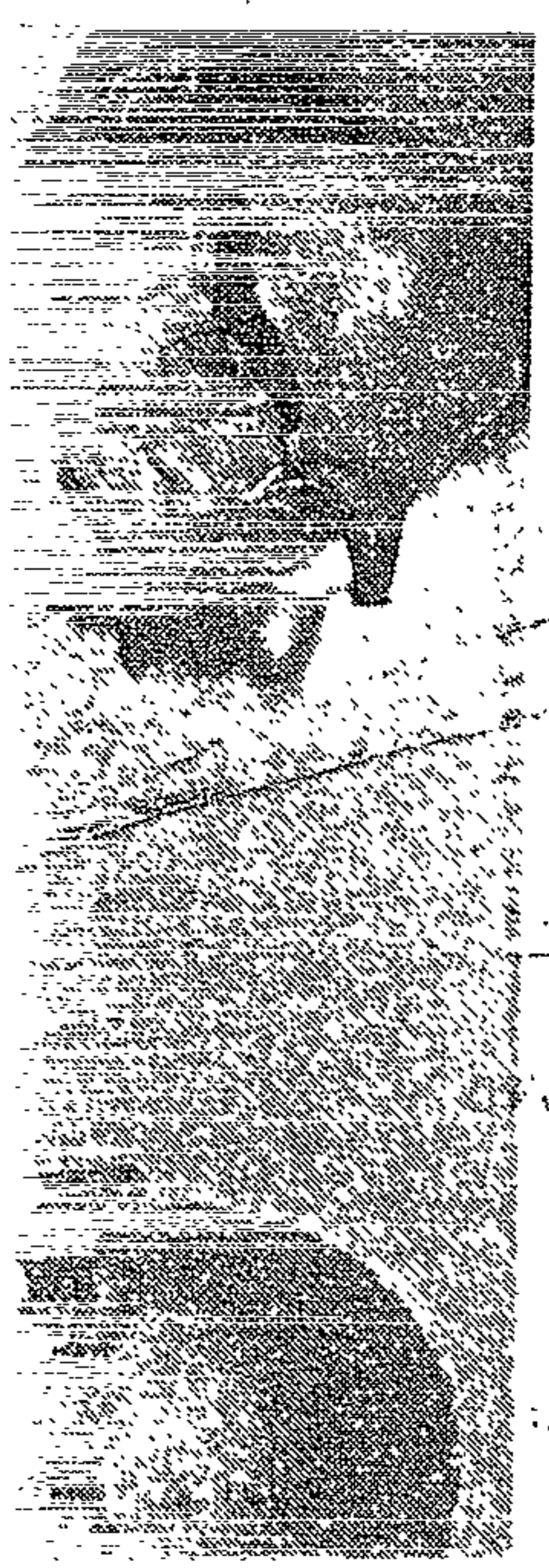
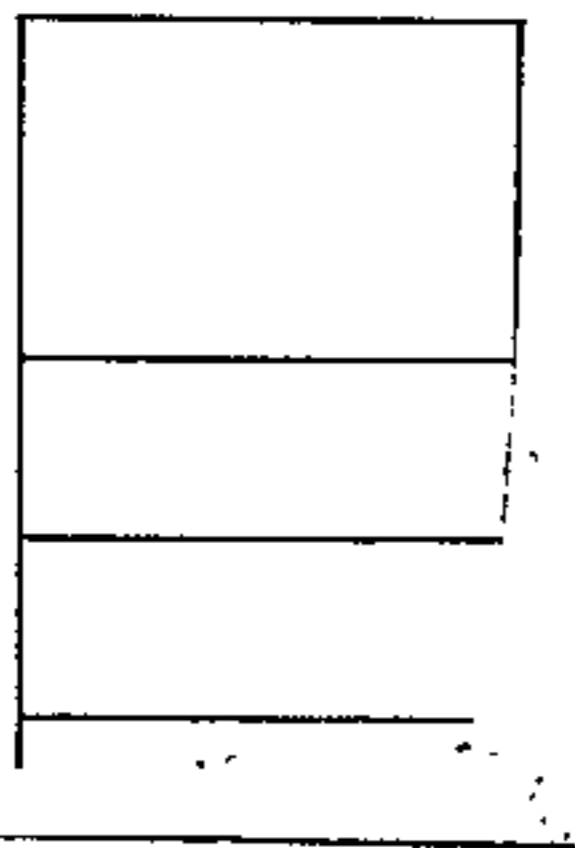
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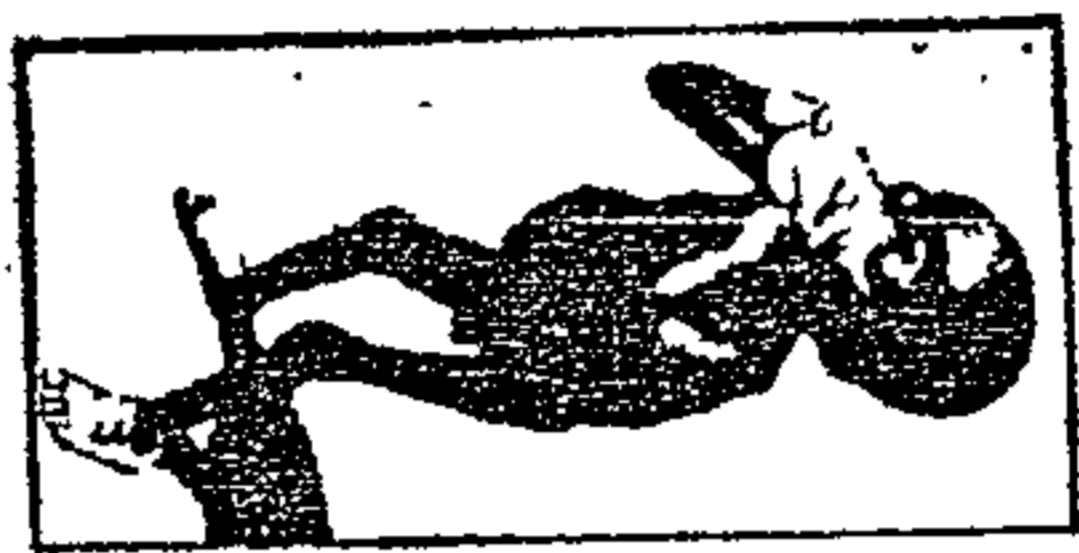
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children who survive

21st 7/1/60



"I feel guilty when children I treat survive. Most of them are sickly and hungry. Some look as though they come out of concentration camps.

These are the words of a South African doctor trapped in the vicious cycle of diseases bred by poverty.

He is working at a hospital in the homelands where the wards are filled with children suffering from malnutrition, gastro-enteritis, pneumonia, measles and typhoid.

He also sees children suffering from whooping cough, TB, hepatitis, malaria, diphtheria and tetanus.

Those that die just add to the statistics. Many deaths go unrecorded as the children never reach hospital.

But it's the children who survive that worry the doctor. Because he knows they will return to a life of misery and despair, always living in the shadow of hunger and disease.

An estimated 50 000 children die in South

Africa each year from malnutrition and related diseases.

Minor illnesses like measles become serious in malnourished children whose body's have little resistance.

About 11 children die each day from this totally preventable disease and many others are left blinded for life.

Tuberculosis kills between 10 and 20 people daily and millions of others walk around

spreading this highly contagious infection.

South Africa's major health problems are concentrated in the "homelands" where people have been resettled in areas where they are unable to subsist on the available land or earn adequate cash income to feed their families.

Accurate figures are hard to come by, but it is estimated that three million people have been resettled since 1960.

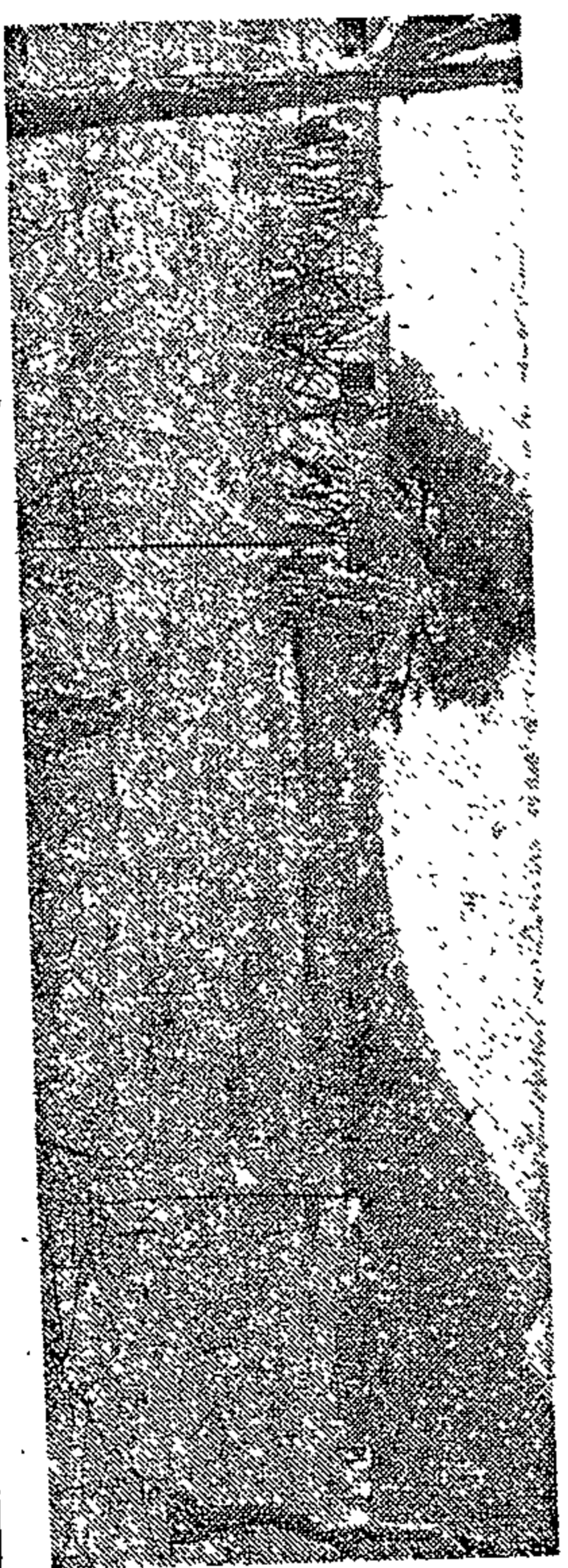
The population of Gazankulu has risen by 69 percent from 281 900 to 476 694 in the same period and Lebowa by 44 percent from 1 149 700 to 1 658 125.

There are too many people living on too little land and they lack basic health needs like potable drinking water, food, housing, sanitation and waste removal.

Drinking has become a major problem among men and school boys as bottle stores have mushroomed up in the past few years.

Agne kwes

and hunger



Thorny, arid wasteland in Lebowa where people have been resettled and can't grow crops.

Improved living conditions. While some are totally preventable through vaccine like polio, measles, whooping cough and diphtheria, others can only be contained by improving environmental conditions — a clean water supply and proper waste disposal facilities.



5/8/79

Tobacco 'blamed for all illnesses'

Mail Correspondent

CAPE TOWN. — Just as South Africa has been made a scapegoat in international politics — so has tobacco been made a scapegoat for all sorts of ills.

That is the opinion of South Africa's tobacco giant, Rembrandt Tobacco Corporation, which was asked to comment on an article in the latest South African Medical Journal.

The article argues that the medical costs and loss of earnings due to "smoking related" diseases far exceeded the economic benefits of the tobacco industry as a significant source of State revenue, foreign exchange and as an important employer of labour.

The article urges that measures be taken to reduce the smoking rate. It says these measures should be part of a programme to phase out cigarette and tobacco production.

A statement issued by Rembrandt's Press liaison officer said:

"In the same way that South Africa has been made a scapegoat in international politics, so has tobacco been made a scapegoat for all sorts of ills."

The Press officer said the corporation had not seen the article and declined to answer further questions.

The author of the article, a Cape Town doctor, who cannot be named for ethical reasons, said the Government earned R250 000 000 in excise revenue from cigarettes and tobacco in 1979 (more than the total excise revenue from coal, diamonds and all non-gold/uranium metals).

The doctor said an indication of the strength of cigarette companies could be seen from Rembrandt's record for 1980 — gross revenue from sales was R6 400-million and total assets amounted to R3 500-million. Rembrandt also estimates that a total of 200 000 workers in the Republic directly or indirectly earn their living from tobacco.

Another

polio

ROOM

victim

89
116

5/8/32

Mail Reporter

ANOTHER child suffering from polio was admitted to Gazankulu's Nkhensani Hospital yesterday, bringing the total of cases to 272.

Dr James Gilliland, Deputy Director-General of Health, said no more deaths had been reported. Twenty-eight children have died in the epidemic, which began almost four months ago.

The typhoid outbreak at Weskoppies Hospital near Pretoria had "quietened down", Dr Gilliland said.

"Only one patient is still being treated at Kalafong Hospital and he is much improved. Twenty-nine other men, including typhoid carriers who are not ill themselves, are being treated at Weskoppies Hospital," Dr Gilliland said.

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CAPL Times 6/8/82

89 ~~88~~ ~~87~~

State 'prejudiced' against epileptics

Staff Reporter

EPILEPSY sufferers who were permanently employed in the civil service were blatantly discriminated against Dr John Sonnenberg, MP for Green Point, said this week

Dr Sonnenberg was addressing the annual meeting of the South African Epilepsy League (Western Cape), at the Jan Kriel School for Epileptics in Kuils River.

"A person suffering from epilepsy who is permanently em-

ployed in the civil service is not entitled to the benefits which accompany his employment," said Dr Sonnenberg.

He said epilepsy sufferers may not belong to a medical aid or pension scheme, nor may they qualify for housing loans.

"In other words it's a case of blatant discrimination which offends the epilepsy sufferer," he said.

He said the whole situation was worsened by the fact that people who suffered from dia-

betes, high blood pressure or a heart condition were not necessarily subjected to the same discrimination

In fact, each case was considered on its merit with regard to a permanent appointment in the civil service

Dr Sonnenberg quoted a specific case where a chemist suffering from epilepsy worked at Tygerberg Hospital for 2 1/2 years without suffering an epileptic attack

He had applied for a perma-

nent post but his application was refused. He then resigned to do the same work in the private sector without discriminatory measures

"I want to state clearly that the State acts against its own legislation with its prejudicial attitude towards people suffering from epilepsy. I also wish to suggest that the quicker these appalling regulations with regard to epilepsy sufferers are removed the better," Dr Sonnenberg said.

NB The smaller the no of men the more off the country is in producing the prod.

ratio	UK	Port	proel urine (con. km)	proel electk
8.12	120	80	} percent	
9.10	100	90		

Anti-arthritis drug ^{6/8/82 (89) Star} taken off SA market

Own Correspondent

DURBAN — Oraflex, an anti-arthritis drug banned in Britain yesterday for 90 days, has been taken off the South African market and all over the world.

Reports to the United Kingdom Committees on Safety of Medicines cited 61 deaths of patients on the drug, marketed in the UK as Opren.

About 4 000 reports of adverse side effects among users have also been submitted.

In Britain alone about 700 000 arthritis sufferers are believed to be on the drug.

But in Pretoria today a spokesman for the Department of Health

said no illness or death associated with the drug had been reported in South Africa.

"As far as we know there have been no deaths in South Africa related to patients taking Oraflex," the spokesman told The Star's Pretoria Bureau.

The drug is manufactured by the American Eli Lilly group.

CONCERN

The American Food and Drug Administration is investigating a recommendation that the group be prosecuted for failing to report adverse side effects.

The Department of Health in Britain said there was concern

about the "serious toxic effect of the drug on various organ systems, the gastro-intestinal tract, the liver and bone marrow in addition to its known effects on the skin, eyes and nails."

In a telex to subsidiaries Eli Lilly said the group had decided to cease marketing the drug worldwide.

Mr R H Newton, general manager of Eli Lilly, in South Africa confirmed the drug had been taken off the South African market from yesterday.

He said he was meeting the Medicines Control Council which he believed would help draft a statement that

● To Page 3, Col 1.

Drug taken ^{(89) Star} off SA market ^{6/8/82}

▶ from page 1

would best serve the interests of patients who had been using the drug.

He said the media would be informed about the company's strategy for recovering the drug from marketing outlets and the medical implications of the drug's withdrawal for former users.

The Star's London Bureau reports that the "miracle" drug Benoxaprofen is now the centre of a major scandal.

ELDERLY

At least one Briton — widower Douglas Bonnar — may file a suit against the company after the death last May of his 58-year-old wife Kathleen.

A British lawyer said yesterday the manufacturers could face numerous actions.

Benoxaprofen was considered a major advance in the treatment of musculoskeletal and

joint diseases when first marketed two years ago.

It was an effective pain-killer with significant anti-inflammatory properties. Side effects, even up to last year, were considered slight.

Most of the 61 people who died were elderly, some from intestinal bleeding, others from perforated ulcers, liver and kidney damage or bone-marrow failure.

Yesterday the British Medical Association said: "We advise patients to see their doctors as soon as possible."

"Until then they should take a simple painkiller like Aspirin."

A Johannesburg librarian felt "extremely ill" after taking Oraflex for only three days this year.

Mrs Peggy Barrett said: "After taking only five tablets I experienced severe nausea and my joints began to swell painfully."

The drug obviously had a negative reaction on me. I got an alternative course of treatment from my doctor

3 more ⁸⁹ polio ~~113~~ victims ^{ROW}

Mail Reporter ^{6/8/82}

THREE more children suffering from polio have been admitted to hospital as the epidemic enters its 15th week. The total number of polio cases is now 271.

The children were admitted to Letaba, Shiluvane and Elim hospitals in Gazankulu.

Dr James Gilliland, the Deputy Director-General of Health, said yesterday that no more deaths had been reported. So far, 28 children have died.

Dr Gilliland said the epidemic was following a typical course. The highest number of cases were reported in the 10th week while this week, there were the same number of cases as in the first week of the epidemic.

Health authorities were "still rounding up the final patients", according to Dr Gilliland.

ROM
78/89
89

Another polio patient

Mall Reporter

ANOTHER case of polio has been admitted to Letaba Hospital near Tzaneen, bringing to 160 the number of children being treated for polio at Letaba.

A total of 274 children are now being treated in Gazankulu, Garankuwa, Lebowa and Johannesburg.

Twenty-eight children have died of the disease.

A breakdown of some figures, according to a Health Department spokesman, are that 19 children have died of polio at Letaba Hospital. In nearby Shiluvane Hospital, 30 children are being treated and three have died.

Nkhensani Hospital has treated 47 children and reported three deaths.

Polio on decline

- Azapo

Sowetan 10/8/82
LACK of proper sewage disposal and little or no education make the polio-stricken area of Gazankulu fertile for the spread of infectious diseases, the Azanian People's Organisation (Azapo) fact-finding mission revealed yesterday.

More than 270 people are reported to have died since the outbreak of the disease in the northern Transvaal.

The mission, led by Dr A D Asvat, health secretary of Azapo, found many cases had been brought to the hospital only after treatment by witchdoctors had brought no results, which meant present polio statistics were inaccurate.

A statement released by the organisation reported that:

- Almost all cases presently in hospitals did not have the prescribed vaccine dosage because of the non-availability of the vaccine at the time of visiting the clinic or ignorance due to lack of education;
- There was a real danger of the potency of the vaccine being diminished as a result of non-refrigeration on the way to or at the clinic;
- Ninety-eight percent of cases treated so far have come from villages where no clinic facilities exists;
- Many cases have been discharged from hospitals having achieved remarkably good results with excellent physiotherapy;
- It appears as if the main thrust of the epidemic is over, as fewer and fewer cases are being reported;
- Instructions have been given to the organisation's branches in the area to distribute pamphlets explaining to parents the dangers of the disease and how to obtain the vaccine. The pamphlets are in English; Pedi and Shangaan;
- The majority of children in the area suffer from malnutrition and under-nutrition, which makes them extremely susceptible to all kinds of diseases, especially gastro-enteritis, TB and pneumonia;
- Lack of proper sewage disposal, polluted drinking water and housing makes the area susceptible to diseases.

DOC SAYS GAZANKULU OK

13/8/82

Sowetan

THE Department of Health in Gazankulu has denied reports that its people will fall victims to diseases bred by the poverty, overcrowding and malnutrition in the area.

By ALINAH DUBE

This denial stems from reports that the polio epidemic in the north eastern Transvaal, was complicated by a massive hunger problem and that the majority of children in the area suffered from malnutrition and under-nutrition, which makes them extremely susceptible to all kinds of diseases.

Dr J Roos, secretary of health in Gazankulu, said the reports about the area being hunger-

stricken were untrue and distorted. "Conditions in Gazankulu have never been as bad as were reported in newspapers. Facts were distorted and we haven't found it necessary to provide people with food because they are being taught how to utilise food," Dr Roos said.

Asked what the poor people would benefit

from knowing about food-utilisation when they could not afford some of the things recommended, Dr Roos reacted and said. "Not in Gazankulu"

"We've never had cases of people not being able to afford food in our area. But I feel if we encounter such problems, such people would have to be provided," Dr Roos said.

Doc In Deceit

JAMES GILLILAND

FM 13/8/82

89

Polio and policy



Polio continues to take its toll in SA. Dr James Gilliland, deputy director general of the Department of Health and Welfare, spoke to the FM about the issues involved.

FM: Given that polio is a 100% preventable disease, what lies at the root of the present epidemic?

Gilliland: Ignorance and complacency have decidedly been factors, and it has been found that the vast majority of patients had not been immunised. The clinics are there, the vaccines are there and the health education literature is there, but perhaps we still don't reach people. Apathy is also a factor. This has arisen because we have not had much polio over the past few years and mothers have just not bothered to have their children inoculated.

But if it is mandatory for all births to be registered and for children to be inoculated against polio, why have the health authorities failed to trace some children?

From the information available to me I am certain that most births in the urban areas are registered with the health authorities, even if not with the other authorities. However, not all births in the rural areas are registered. Our problem is thus compounded. It has also been known in the past that groups of people have been resistant to the idea of having vaccinations because of superstition. Please comment on accusations that the health authorities have failed to protect the public adequately against polio?

The failure we have had is in a very localised area. This is a very big country and has large rural tracts both in the Republic and the national states. I don't want to condemn the whole system because one area — Giyani and Lebowa — has had polio. Like the curate's egg, it is bad in parts. But the incidence of polio is dropping. Teams have gone out and there has been a tremendous response to immunisation.

How much money is allocated to vaccines?

The department spent R260m on health out of its total budget of R1 billion for the 1981-82 financial year. R6,9m was spent on the production and provision of vaccines. This amount also included prophylactic drugs for TB.

R883 000 was spent on polio prevention. Do you think the health authorities are making enough effort to educate people, especially rural blacks, about health matters?

I think you will be surprised at the knowledge people have about clinics. We put out a lot of health education through Radio Bantu and have started health spots on TV2. Schools, especially in the national states and the rural areas, are very co-operative. Pamphlets and health education material have gone out. I pride myself on the fact that these efforts are beginning to work. The health system has adapted. The department co-ordinates the efforts of urban and local authorities as well as the provinces and we have very close liaison with the national states — both independent and non-independent. Quite frankly, I think we do our best.

Do you think polio can be wiped out in SA?

We have always had polio in SA — the graphs go up and down. Last year about 150 cases were notified. They were sporadic and occurred all over. This year we have had more than 200 cases, mainly in one small area, but there has certainly not been an increase in the rest of the country.

Illness ⁸⁹ normal at PE schools

Post Reporter

THERE are still isolated cases of "pink eye" at some Port Elizabeth schools while influenza is taking its normal winter course.

A spokesman for the Port Elizabeth School Board said there had been no reports of mass outbreaks of flu or pink eye.

Winter flu has had an effect on some schools in the Port Elizabeth and Uitenhage area.

The principal of the Daniel Pienaar Technical High School in Uitenhage, Mr. G Maritz, said 20 of the 700 pupils and five teachers out of a staff of 52 were sick in bed with flu.

Mr P Blackbeard, principal of Westering High School, said his school had not been badly affected by flu this year.

"We have had very few cases of flu — about the same as previous years," he said.

The principal of Alexander Road High School, Mr T B C Heath, said: "We have had as many cases of flu as in previous years."

The head of the Technical High School, Mr P E Botha, said only about 10 pupils were down with flu today.

A spokesman for the D F Malherbe High School said only one pupil was absent with flu.

13 more

polio

victims

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Mail Reporter

SEVEN more cases of polio have been reported from areas around Pretoria — from Mabopane and the Winterveld squatter camp — and six more cases have been admitted to Gazankulu hospitals.

Dr James Gilliland, the Deputy Director-General of Health, said yesterday three more children had been admitted to Letaba Hospitals, two to Nkhensani and one to Shiluvane.

This brings the total of polio cases to 269. Another 16 had been reported from Lebowa but it was uncertain whether this was an accurate figure.

Dr Gilliland said he was not concerned about the increase in the incidence of polio in the townships around Pretoria as there had been an intensive immunisation drive there recently.

Big guns blaze in the skin creams battle

89 S. Express 15/8/82

RENEWED medical criticism of skin-lighteners has caused a furore in the industry with companies accusing each other of posing the real threat.

Demands for the skin-lightening chemical hydroquinone to be banned, published by the Sunday Express last week, have sharpened the dispute in the R40-million industry which sells more than 200 brands to about 3 500 000 blacks.

Dermatologists at the Hillbrow Hospital said last week that 18% of all skin damage was caused by cosmetics.

This included severe cases of two forms of irreversible skin damage — ochronosis and leucoderma.

Dermatologists have found that ochronosis is commonly associated with

MANUFACTURERS JOIN THE FRAY AND CHARGES ARE FLYING

By HELENE ZAMPETAKIS

users of creams containing hydroquinone. Leucoderma occurs among patients who have used resorcinol-based creams.

This week the Sunday Express canvassed the views of some of the companies manufacturing skin-lightening creams.

A spokesman for the producer of a hydroquinone-based cream, who declined to be named, said the market had shrunk dramatically in the past year.

He attributed this to backyard manufacturers, a 2% restriction on hydroquinone and adverse publicity.

"Consumers are looking for other products. And the products that have become our rivals are resorcinol-based creams and lotions which peel off the top layers of skin."

He said the resorcinol preparations — such as Dolly Lou, Susa Amabala and Charm All — sell as acne and 'complexion' creams but

are widely used to lighten the skin.

"They are using ingredients which are unknown quantities in the cosmetic business," he said.

Mr C Steinberg, marketing manager for Twins, which produces Super Rose, Aviva, Super Scotts, Beauty, Hollywood and Cool Look, has the same objections to 'backyard manufacturers' and resorcinol-based creams.

"Hydroquinone is regarded as the safest chemical for this purpose but some backyard firms have been using all kinds of chemicals while others have been using more than 2% of hydroquinone," he said.

Voicing a view commonly held by the producers of hydroquinone-based creams, he said there was "no proof" that skin damage was caused by this ingredient.

Major manufacturers wanted Government authorities to control the industry "to protect the consumer" and introduce a "self-regulatory code".

Mr D Wolstenholme, production manager for Ambi, said the formula for Ambi was used internationally and pointed out that the United States accepted hydroquinone with a 2% limit.

A consultant dermatologist employed by Ambi, who declined to be named for ethical reasons, said he patch-tested 800 people in a six-week trial in 1975.

"I found that more than a 3% concentration was not suitable but that less than that amount caused no problems."

A chemist for the resorcinol-based Dolly Lou products, Mr B Rosenberg, said their creams and lotions contained no harmful ingredients "like hydroquinone".

"As far as we are concerned the products are perfectly harmless," he said.

He said the creams were sent to the South African Bureau of Standards for testing before they were released on the open market 18 months ago.

The SABS patch-tested the creams on rabbits over a period of five days and found no signs of irritation. The products do not carry the SABS stamp of approval.

SABS tests for skin irritation on samples of two of the manufacturer's creams showed that Susa Amabala was a "mild irritant" and Dolly Lou was "not a primary irritant".

Doctors have been calling for a ban on skin-lightening creams for more than 10 years.

Until 1973, mercury was used as a bleaching agent in the skin-lightening creams but it was absorbed into the bloodstream and caused kidney damage and brain disorders.

Manufacturers substituted the mercury with monobenzene, a chemical used to preserve rubber. Within two years, dermatologists were faced with an epidemic of the incurable disease, leucoderma, and also recorded kidney damage.

The monobenzene was banned in 1975 but, immediately, manufacturers re-

placed it with hydroquinone — a bleaching agent used in the treatment of photographic negatives.

By 1981, doctors noticed an epidemic of ochronosis caused by hydroquinone — which blackens the skin after prolonged use.

The Government limited the ingredient to 2% and the restriction has made the creams less effective as skin-lighteners.

Now people suffering from leucoderma have been found to use creams containing a chemical compound based on resorcinol.

A dermatologist at the Hillbrow Hospital showed me a woman who was suffering from the first phase of leucoderma — known as contact dermatitis.

Mrs Lydia Kok said she stopped using a hydroquinone-based skin-lightener called Hi-Lite after nine years on instructions from her doctor.

Mr P Laundry, research and development manager of Chesebrough-Ponds, which makes Hi-Lite, said he was assured that 2% hydroquinone content in the creams was safe because it had been approved by the Department of Health.

It was the first complaint he had received.

By that time Mrs Kok had contracted acute skin damage with irreversible blistering and darkening around the eyes.

Three months ago she switched to Charm All because it did not contain hydroquinone.

After two months her face became inflamed and began to blister and flake.

A dermatologist at the Hillbrow hospital believes the warning sign on the creams — advising consumers to discontinue use in case of irritation — is not sufficient.

"By the time irritation occurs, the first phase of skin damage has set in. In this initial phase, there is acute inflammation and reddening of the face, the skin blisters and, eventually, flakes.

"After the swelling subsides, the pigment-producing cells are destroyed leaving white patches. This is leucoderma. It cannot be cured," the dermatologist said.



Turning her head from the dust churned up by a passing motorist, Mrs Lorraine Davies meets her children (from left) Darin (6) and Paul (4) and their friend, Bjorn Verstrate (7). The boys are among 480 children at Aloe Ridge Primary in Eikenhof.

By Lucille McNamara
Municipal Reporter

A health inspector has confirmed the fears of parents that serious health hazards could be caused by clouds of dust which hang like a pall over Aloeridge Primary School in Eikenhof.

Set in a "dustbowl" on smallholdings south of Johannesburg, Aloeridge has 480 pupils whose parents are alarmed by the dust which is churned up by vehicles using provincial dirt roads surrounding the school.

A health inspector confirmed after visiting the school that the dust could cause respira-

Dust a danger to children

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tory problems and eye infections.

"Children are constantly smothered in dust and my son has developed a terrible cough," said Mrs Victoria Wrigby, who has two children at the school.

"My children's eyes are bloodshot and my sinuses have become aggravated since I began taking them to school at the beginning

of this year," said Mrs Lorraine Davies.

Headmaster, Mr Andrew Smith, said the problem worsened during the dry winter months when "dust hangs like a pall over the school."

"The road is a death trap. The dust forms such a thick blanket that parents bringing their children to school have to switch on the headlights of their cars

to improve visibility," Mr Smith said.

Mrs Wrigby said her husband's two-year-old car was a "complete wreck" while she recently bought a vehicle with a specially reinforced suspension in the hope that it could sustain the daily battering on roads in the area.

Petitions and representations to the provincial authorities have elicited an undertaking that the road on the northern boundary of the school has been earmarked for tarring at the end of the year.

Cattle-borne disease hits ⁽⁸⁹⁾ 40 people in Eastern Cape ^{Post}

By JERRY McCABE

AT least 40 people have been infected by brucellosis in the Eastern Cape and the regional director of Health, Dr J D Krynauw, has appealed to cattle farmers to have their herds checked for the disease.

"The disease can be prevented if measures are taken on the farms and farmers accept a responsibility to themselves and their staff," Dr Krynauw said today.

An outbreak of brucellosis affected between 40 and 50 people in the Aliwal North area recently.

The disease is caused by coming into contact with infected cows or drinking their milk.

"Farm labourers and farmers can contract the disease while handling carcasses or the placenta after a cow has given birth," Dr Krynauw said.

Consumers were not in any danger because they mostly drank pasteurised milk and seldom came into contact with carcasses, he said.

The disease has symptoms similar to influenza or the common cold.

"Infected people generally suffer from body pains, high body temperatures and severe headaches, and these symptoms can last for quite a while," Dr Krynauw said.

Although some brucellosis victims could become very ill, there was only a 2% mortality rate.

Dr Krynauw said there had been no mortalities from the disease in the Eastern Cape.

There had been isolated reports of the disease in different parts of the Eastern Cape but it seemed as if the Aliwal-North and Barkly East areas were the worst hit.

(29) 20/11 17/8/82

No new polio cases at the weekend

Mall Reporter

THERE were no new polio cases reported during the weekend, Dr James Gilliland, the deputy director-general of Health, said yesterday.

So far, the toll is 28 dead with 269 children suffering from polio in hospital in Gazankulu, Garankuwa and Johannesburg and an unconfirmed figure of 16 in Lebowa.

Dr Gilliland said the typhoid outbreak at Weskopies Hospital near Pretoria was subsiding. All the patients who had contracted the disease were recovering, he said.

Combat polio with vaccine

By Alinah Dube

CHILDREN should get four inoculations against polio to make sure they don't contract the disease.

Dr James H Gilliland, director-general of the Department of Health said people had no reason to panic "as long as they made sure their children were vaccinated against the crippling disease."

He stressed that four inoculations were necessary before the child was immune to polio.

Dr Gilliland said the children who contracted the disease in Gazankulu but who had been inoculated, had been inoculated and probably not completed the full course of vaccinations. In many areas poor storage facilities led to the vaccine losing its effectiveness.

Meanwhile, two more children have been admitted to hospitals in Gazankulu, where a polio epidemic broke out four months ago.

More polio cases have been admitted to the Ga-Rankuwa hospital, bringing the total number of children admitted to hospitals to 289 since the outbreak of the disease in the north-eastern Transvaal.

Dr Gilliland said typhoid was decreasing in Pretoria with no more reported cases.

Sawetson 18/8/82

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(29) (112) (122) 1204
**Another child dies
in polio outbreak** 18/8/82

Mail Reporter

ANOTHER child has died of polio and two more suffering from the disease have been admitted to Letaba Hospital, near Tzaneen.

Forty-two children have died of polio since the epidemic began over four months ago. Altogether, 267 children are being treated for polio in hospitals in Gazankulu, Garankuwa and Johannesburg. An unconfirmed number of 16 cases have been reported from Lebowa.

Dr James Gilliland, Depu-

ty Director-General of Health, said yesterday that not all the deaths were directly caused by polio. Some of them were children who were admitted to hospital with polio and who later contracted other diseases such as gastro-enteritis and measles.

"When a child is already very ill, a second infection can kill," Dr Gilliland said.

No more cases of typhoid had been reported from Westkoppies Hospital, he said.

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Question 20

Polio death toll climbs to 44

Mail Reporter

ANOTHER child has died of polio at Letaba Hospital. Forty-four children have died since the polio epidemic began over four months ago.

A spokesman for the Department of Health in Pretoria yesterday gave a breakdown of the number of cases and deaths at Gazankulu hospitals and at Garankuwa Hospital — the areas worst affected by the epidemic:

- Letaba Hospital — 168 cases and 34 deaths;
- Nkhensani Hospital — 50 cases and three deaths;
- Shiluvane Hospital — 32 cases and three deaths;
- Malamulelo Hospital — one case;
- Elim Hospital — three cases and one death;
- Tintswalo Hospital — two cases,
- Garankuwa Hospital — 41 cases and three deaths.

By Carina le Grange

South Africa is the major producer of crocidolite — the most dangerous kind of asbestos in asbestos related diseases — yet is far behind other countries in providing safety measures.

Professor S Benatar, professor of medicine in Cape Town, told a Clinical Research Day at the Johannesburg Hospital yesterday that little if any attempt was being made to enforce the minimum level of five asbestos fibres per centimetre allowed in the working environment

The rest of the Western world applies a minimum of two fibres per centimetre, he said.

The level of airborne concentration on the surface of mines was much improved, he said, but as asbestos-related disease could take as long as 50 years to present itself, there was no reason to be complacent.

Referring to challenges in respiratory disease, the professor said there had been a tremendous up grade of this field in the past 10 years.

Outlining complicating factors in respiratory disease, Professor Benatar said:

SA lags in care of chest diseases

● Twenty-four percent of all adult blacks, 42 percent of whites and 43 percent of coloureds in South Africa smoked — but in the United States the anti-smoking campaign had been a big success.

● By the age of 18 only 28 percent of schoolchildren had never smoked, showing that the habit began early — mostly due to peer pressure.

● In a study of 100 people in which cancer of the lung was diagnosed only 25 were found to be operable and, of those only six survived beyond five years of diagnosis.

● South African doctors know little or

nothing about occupational asthma which is the only type of asthma that is curable and is a compensatable disease in Britain

● South Africa has the highest incidence of tuberculosis in the world after Swaziland, Bolivia, the Philippines and Korea.

Professor Benatar said a task force was needed to control and evaluate tuberculosis countrywide. This should be integrated into the health services and treatment provided on a long-term basis at no cost because most sufferers were victims of socio-economic conditions and could not afford to pay.

89

'Permanent' residents told to go

By KENNY NAIDOO

HUNDREDS of coloureds, Indians and Africans, who have nowhere to go, have been ordered to vacate homes in which many of them have lived for more than 30 years.

The 165 families, who live in wood-and-iron and wattle-and-adobe structures on smallholdings at Rensburg-drift, near Estcourt, have been ordered to demolish their buildings within 60

days.

The quit order came from the Department of Health. Officials told the families that the buildings, which have inadequate sanitation and no running water, are a potential health hazard.

The eviction order expired on July 31 but none of the families has complied.

They simply have nowhere to go

Although they are officially classified as squatters, the families pay rental to the Indian landowners on whose pro-

perty they live. *S. Times*

Mrs Mary Augustine, 63, owner of one of the smallholdings which houses about 30 families, said that representatives of the Department of Health visited the Rensburgdrift area in May

"All the tenants' houses on my property were condemned by the department because the buildings did not comply with health regulations," she said.

Department officials warned that legal action would be taken, against the property owners.

Early this week Mrs Augustine's attorneys issued summonses "for ejectment" to all her tenants.

Many of the families have lived on Mrs Augustine's smallholding since 1938 and "over the years we have grown into a settled and close-knit community", she said.

The average rent paid by tenants is R5 a month but a few families are unable to afford that much.

The about 800 people affected are uncertain of their future and are anxiously awaiting their fate.

Cholera

Mr Martin Couch, 50, a builder and father of five who has lived in the area for 15 years, said:

"I built my house from scratch and lived here happily with my family.

"Now that I have been given a few days to move, I don't know what I'm going to do."

People in the area have been prevented by the health authorities from drawing water from nearby ponds because of the cholera threat.

Five bore-holes sunk by local land owners in recent years have so far failed to yield significant quantities of water, making it necessary for the residents to obtain water in large drums from Estcourt, 3km away.

Mr Rabindranath Bheeki, a member of the South African Indian Council and chairman of the Greytown Local Government for the problem.

Polio ⁽⁸⁹⁾ claims ~~(87)~~ its 45th ²⁰⁰⁴ victim ^{24/8/82}

Mall Reporter

ANOTHER child has died from polio in Letaba hospital, bringing the toll to 45, as the Johannesburg Medical Officer of Health warned that as many as 10% of children visiting Soweto were not immunised against the disease.

And Dr B R Richard has found that as many as 30% of children in the township are not immunised against measles.

The Deputy Director-General of Health, Dr James Gilliland, said yesterday that figures to the weekend showed that no more children had been admitted to hospital suffering from polio, Sapa reports.

So far 270 children have been admitted to hospitals with the disease, mainly in the Gazankulu area.

Meanwhile Dr Richard has appealed to Soweto residents to ensure that visiting children from rural areas receive the polio vaccinations.

"The vaccinations can be obtained free of charge at any of the local clinics and that goes for visiting children as well."

Dr Richard also appealed to parents to ensure that young children had been immunised against measles.

"Measles can become a serious matter when contracted by infants, and together with other complications could result in death," he said.

13 more in hospital with polio

25/8/82 (89) ~~115~~ ROOM

THIRTEEN more cases of polio have been reported, three at GaRankuwa Hospital near Pretoria

The Deputy Director-General of Health, Dr James Gililand, said eight of the latest cases had been admitted to Pietersburg Hospital one to Nkensani Hospital and one to Douglas Smit Hospital

The number of children who have been admitted to hospital since the outbreak of the disease at the end of March has now risen to 283. Forty-five children have died during the epidemic, which has been confined mainly to the Gazankulu area. Latest figures from Lebowa, which has also been stricken, are not yet available. — Sapa.

Mothers were turned away from clinics

Superstitious locals fear health services' intent



Mrs Rosina Rakgoraowana (left) tells how her son, Philly, died of paralytic polio shortly before his third birthday. Her sister-in-law, Mrs Virginia Rakgoraowana, lost her two-month-old baby six days later but is not sure what caused his death.

Drastic shortage of polio vaccine during epidemic

By Pamela Kleinot

There was a drastic shortage of polio vaccine in some areas of Gazankulu and Lebowa during the height of the recent epidemic.

This emerged during an investigation carried out by The Star which also found that in some instances mothers had to be turned away from clinics on as many as four occasions because of lack of vaccine.

While most of the medical personnel interviewed said vaccine was in short supply throughout the epidemic, a few said they had had no problems.

Since the epidemic broke out in May polio has killed 45 children and 285 cases have been notified.

Although sporadic polio cases occur each year in South Africa the incidence has been steadily declining in the past few years with no more than 40 notifications in any one month since April 1976. The disease is preventable with three doses of polio vaccine. However, the State Health Department introduced a fourth dose four years ago to "make assurance doubly sure."

The Star recently visited the epidemic area and found:

- Some clinics had absolutely no polio vaccine in stock.

- At least 15 children with paralytic polio had three to four doses of vaccine and it is almost certain that the reason for this ineffectiveness is due to a break in the cold chain. Any prolonged exposure to heat and light can inactivate the vaccine. Other factors influencing the efficacy of the vaccine include the possibility of gastro-enteritis at the time the vaccine was administered.

- The mass immunisation programme was met with a certain amount of resistance from local people — superstitions and suspicions of health service intentions including the fear of some mothers that their children were going to be

interviewed, it is almost certain that the reason why "immunised" children contracted paralytic polio was due to a break in the "cold chain" — the controlled temperature distribution network essential to keep the vaccine potent.

Dr de Beer said South Africa's polio vaccine is blended at the National Institute for Virology in Johannesburg and is titrated to be well above the minimal potency level on dispatch. It is sent out frozen with ice bricks in insulated polystyrene containers and can remain effective for two years provided it is stored at zero degrees Celsius.

Asked whether there was a shortage of vaccine during the epidemic, Dr de Beer said: "During June and July 1982 more than 1.5 million doses of vaccine were sent out from the National Institute for Virology."

"In this period, 210 000 doses and 287 000 doses, compared to an average monthly consumption in 1981 of 6 700 doses and 15 700 doses, were dispatched to Gazankulu and Lebowa respectively. This trend was shown throughout the country."

"Vaccine is sent to designated depots of the various Health Departments and regions. This department has no control over further distribution in the area of the health departments other than handling and temperature recommendations."

Professor John Gear, head of the department of community medicine at the University of the Witwatersrand, said vaccine might have

Boy on mud-hut floor had taken his three doses

Polio struck Philly with devastating speed: one day he was playing, the next he was paralysed and 11 days later he was dead — he never reached his third birthday.

Mrs Rosina Rakgoraowana (27) told The Star she had taken her child to the clinic for three doses of polio vaccine.

Speaking through an interpreter at her home in Petanenge Village, Gazankulu, she spoke of the agonising days as she watched her son dying, growing weaker and weaker each day.

She recalled the morning of June 7 when Philly wasn't running around and talking as he usually did. He lay motionless on the floor of their mud-hut unable to walk.

hasn't helped yet. Reneilwe still can't walk or stand," she said.

Reneilwe is her only child. She lost her first baby in 1978.

We visited a third victim of paralytic polio and found five-year-old Betinah Malatji running around her house in Mogoboya Village, Gazankulu.

Betinah, who had had three doses of polio vaccine, had leg paralysis and still could not walk when she was discharged from Letaba Hospital.

Her granny, Mrs Charsa Malatji, said Betinah was able to walk after the family used a traditional healing method.

The family boiled clothes in hot water then pressed them against her legs — a method used in the

highly contagious disease spread from person to person — is almost totally preventable by three doses of vaccine.

In the majority of cases the infection is confined to the throat and intestine. The patient may have flu-like symptoms or diarrhoea.

Paralytic polio, which most commonly affects arms and legs manifesting in floppy weakness, may do one of three things:

- Destroy nerve cells completely in which case damage is permanent and the patient won't recover.

- Destroy nerve cells partially which can take up to two years for the nerve part or nerve cell to regrow.

- Nerve cells can be knocked out temporarily and can recover in

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home in Petanenge Village, Gazankulu, she spoke of the agonising days' as she watched her son dying, growing weaker and weaker each day.

She recalled the morning of June 7 when Philly wasn't running around and talking as he usually did. He lay motionless on the floor of their mud-hut, unable to walk, speak or swallow.

"I got a fright when I saw him — he was very sick. I knew he was going to die," she said. "His throat was paralysed."

She put Philly on her back and carried him for two hours to Letaba Hospital. He was admitted with paralytic polio and put on to a drip because he couldn't eat.

Mrs Rakgoraowana said she cried each day when she visited Philly as she watched him progressively weaken. He never walked, ate or spoke again.

He died on June 18.

Mrs Rakgoraowana was fatalistic and seemed to accept that children die frequently where she came from — it didn't really matter what the cause was.

In the same house where she lived, her nephew, Surprise Rakgoraowana, died six days after Philly. He was two months old. Nobody seemed to know why he had died. They just said he had been coughing and crying.

In a village not far away we visited 18-month-old Reneilwe Malesa whose legs were paralysed. She spends most of her time lying on the floor of her house in Khujwane Village.

Reneilwe, who also had three doses of polio vaccine, was taken to Letaba Hospital in June when her mother noticed she was unable to walk, or even stand up any more.

After being discharged from hospital her mother, Mrs Kate Malesa (23), said she took Reneilwe to a witchdoctor because she was still paralysed.

"But the witchdoctor

io vaccine, had leg paralysis and still could not walk when she was discharged from Letaba Hospital.

Her granny, Mrs Chaisa Malatji, said Betinah was able to walk after the family used a traditional healing method.

The family boiled clothes in hot water then pressed them against her legs — a method used in the village for sprains or difficulty in movement.

During the first week, Betinah still couldn't walk. She was still in pain and crying a lot. However, she began to get more and more movement and by the end of the second week she was tottering around.

The Star asked a doctor whether it was possible for a child to recover from paralytic polio the way Betinah had.

He said the application of heat was an accepted anti-inflammatory technique but pointed out that in some instances of paralytic polio nerve cells were affected by swelling and only knocked out temporarily. They could recover in about three weeks when the swelling went.

Meanwhile, polio — a

ing in floppy weakness, may do one of three things:

● Destroy nerve cells completely in which case damage is permanent and the patient won't recover.

● Destroy nerve cells partially which can take up to two years for the nerve part or nerve cell, to regrow.

● Nerve cells can be knocked out temporarily and can recover in about three weeks when the swelling goes.

Paralytic polio can cause spinal polio and/or bulbar polio.

It is only bulbar polio, which may paralyse muscles of throat and breathing, which can lead to death if children struggling to breathe don't get ventilators.

Spinal polio may paralyse the muscles of movement in the legs, arms, chest, abdomen or neck. It may affect one or a combination of these and is characterised by floppiness, weakness and no movement.

Children with spinal polio may have a weak cry, problems breathing or sitting, loss of head control, bulging abdomen when crying or weakness of any part of arms or legs.



Mrs Kate Malesa holds her 18-month-old child, Reneilwe, who has paralysed legs.

influencing the efficacy of the vaccine include the possibility of gastro-enteritis at the time the vaccine was administered.

● The mass immunisation programme was met with a certain amount of resistance from local people — superstitions and suspicions of health service intentions including the fear of some mothers that their children were going to be poisoned.

The Star put several questions to Dr Johan de Beer, Director-General of Health and Welfare, after the visit. These included asking whether batches of vaccine were found to be below the minimum potency level.

Dr de Beer conceded that "a very limited number of vaccine samples were found to be below the minimal specified levels."

However, Dr de Beer says potency testing of vaccine does not provide complete information.

"There are many potential variables which could result in inadequate protection such as gastro-enteritis, the presence of other enteroviruses and feeding practices," he said.

Meanwhile a report entitled "Epidemiological Comments" published by the Department of Health which is circulated among members of the department; verifies The Star's information that several children with paralytic polio had been immunised.

In an analysis of the epidemic up to July it is found that in the first 153 cases, 11 percent were purportedly immunised with three doses of vaccine.

The report says: "The number of cases of paralytic polio among those who state they received the full initial complement of three doses is disconcerting indeed."

"They call for further investigations of the many practicalities in the vaccination programme such as transportation, storage and distribution of the vaccine from the producer to clinic level."

According to those in-

try. "Vaccine is sent to designated depots in the various Health Departments and regions. This department has no control over further distribution in the area of the health departments other than handling and temperature recommendations."

Professor John Gear, head of the department of community medicine at the University of the Witwatersrand, said vaccine might have been available centrally but was certainly in short supply where it was most needed.

"When there is national demand for vaccine it is essential that a single informed body determine the priority areas for vaccine supply and provide the necessary infrastructure to ensure prompt and efficient distribution to such priority areas."

"Unfortunately during the mass immunisation campaign in Gazankulu there was shortage of vaccine in certain areas."

Professor Gear whose department was involved in the mass immunisation drive in the Mhala district of

'Don't talk to Press or radio' order

Gazankulu's secretary for health, Dr J S Roos, clamped down on publicity regarding the polio epidemic last month.

He sent a letter to all hospitals in the area instructing superintendents and their staffs not to supply the radio or Press with "any information on polio or to have any discussions with them."

In the letter dated July 12, Dr Roos told them to refer all inquiries to the Department of Health in Pretoria.

Meanwhile when The Star first approached the Department of Health in Pretoria on the polio epidemic in June it was referred to Gazankulu health authorities.

ious locals feared services' intentions

Shortage vaccine epidemic

lela Kleinot

terviewed, it is almost certain that the reason why "immunised" children contracted paralytic polio was due to a break in the "cold chain" — the controlled temperature distribution network essential to keep the vaccine potent.

Dr de Beer said South Africa's polio vaccine is blended at the National Institute for Virology in Johannesburg and is titrated to be well above the minimal potency level on dispatch. It is sent out frozen with ice bricks in insulated polystyrene containers and can remain effective for two years provided it is stored at zero degrees Celsius.

Asked whether there was a shortage of vaccine during the epidemic, Dr de Beer said: "During June and July 1982 more than 1.5 million doses of vaccine were sent out from the National In-

Gazankulu where 42 000 children were vaccinated in three weeks, pointed out that many fears of the local people had to be overcome.

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The polio ward at Letaba Hospital in Gazankulu, where some of the children are completely paralysed. Others have paralysed legs and/or arms or they can't sit up straight or hold their heads up.

Big probe of heart diseases

ARGUS 26/8/82

89

Medical Reporter

THE Medical Research Council and the Human Sciences Research Council are to launch an investigation among the coloured community to find out why the incidence of heart attacks and angina is so high in the Peninsula.

The coloured community has been chosen because the incidence of heart attacks among them is much higher than that in the rural areas and does not differ much from that of whites.

A spokesman for the MRC said today the incidence of fatal heart attacks in the white and Indian populations of South Africa was among the highest in the world.

There was also no indication of a decrease in the number of deaths in the Republic as there was in America and Australia.

RISK FACTORS

"Six important risk factors which are related to coronary heart disease have already been recognised," the spokesman said.

"These include, among others, a diet rich in fats and linked with obesity, smoking, hypertension, stress, lack of exercise and a family history of cardiovascular disease.

"There is a serious lack of knowledge about the prevalence of these risk factors among the coloured.

"The Medical Research Council and the Human Sciences Research Council will therefore launch an investigation among the coloured community to determine the occurrence of risk factors which may lead up to heart attacks and angina."

Two teams of field workers will move through certain suburbs during the investigation.

LIFESTYLE

They will visit selected households where occupants will be helped to fill out a comprehensive questionnaire concerning the lifestyle of a person in the household.

The second team of field workers, consisting of school nurses, will visit the same households to gather information and to determine weight and blood pressure. A blood sample will also be taken.

The project will run from September 13 to October 15.

Cape polio outbreak 'normal' ^{20/8/87} ⁴⁹

PRETORIA — Two cases of polio have been reported in the Cape — in Wynberg and in Prieska.

Dr James Gilliland, the Deputy Director-General of Health, said the cases were isolated and sporadic and "normally occur".

He said apart from these cases, six more children had been admitted to hospital suffering from polio.

Three had been admitted to the CMR Hospital for infectious diseases in the Jo-

hannesburg area, two had been admitted to the Pietersburg Hospital, and one to the Nkhensani Hospital in Gazankulu.

Dr Gilliland said the polio epidemic, which broke out in the north-eastern Transvaal at the end of March, was tapering off.

The typhoid outbreak at Pretoria's Weskoppies Hospital was "almost clear".

A meningitis outbreak in the Vaalwater area had been confined to one family he said. — Sapa

Cholera scourge is expected to repeat itself

89
E. Post
4/9/82

By MIKE CADMAN

THE cholera epidemic which claimed 16 lives as it swept parts of South Africa last summer is expected to be repeated this year.

The warning comes at a time when a recently published book on diseases and health care in South Africa shows that medical services in rural areas and the independent homelands are on the verge of collapse.

From September last year to April this year, 9 600 cholera cases were treated. And although health officials are preparing to meet a renewed threat, a Free State profes-

sor has warned the battle will never be won unless living conditions in rural areas are improved.

In his book *Profile of Disease and Health Care in South Africa*, Professor Hendrick van Rensburg, a professor of sociology at the University of the Free State, warned that health services in these areas were on the verge of collapse.

"Far too much emphasis is placed on the modern white society diseases such as cancer and heart disease to the detriment of the needs of rural black people," Prof van Rensburg said this week.

"We certainly expect an upsurge of the disease," Natal's Regional Director of Health, Dr Johan van Rensburg, said.

"Our prediction is that it will move south through the Transkei and Ciskei.

The Regional Director of Health for the Eastern Cape, Dr Japie Krynow, said his department was concentrating on teaching rural people in the Eastern Cape not to use surface water that might be contaminated.

Natal gears up for huge anti-rabies campaign

By DARVYL BALFOUR

NATAL health authorities are preparing a massive campaign to combat rabies after last year's epidemic in the province. Most municipalities have started inoculation drives and owners face fines of up to R1 000 or six months' jail if their pets are not inoculated.

While last year's outbreak was eventually brought under control, Natal remains a potentially dangerous rabies area. The Regional Director for State Health, Dr Johan van Rensburg, said last year's epidemic was due mainly to dogs not being immunised. And, he said, rabies inoculations had to be renewed each year. "Any dog or cat more than three months old which has not been immunised since September 1 last year must be taken for its injections."

In KwaZulu the health and veterinary authorities have also embarked on a major anti-rabies campaign. This includes a major drive to inform rural people of the dangers of not inoculating their pets. The KwaZulu Secretary for Health, Dr M V Gamede, said his department had a continuing campaign against rabies. He warned that KwaZulu faced problems with cholera and rabies this summer but said it was hoped they would not reach epidemic levels.

"Our health department has set up clinics and nursing services for community health, school health and rural health and we advise people to take precautions against these diseases.

"So far this has been successful and we hope that with new boreholes and a greater hygiene awareness we will be able to cut down on the incidence of cholera and rabies," he said.

SA faces another cholera epidemic, warn authorities

THE cholera epidemic which claimed 160 lives as it swept parts of South Africa last summer is expected to be repeated this year.

The warning comes at a time when a recently published book on diseases and health care in South Africa shows that medical services in rural areas and the independent homelands are on the verge of collapse.

From September last year to April this year, 9 600 cholera cases were treated. And although health officials are preparing to meet a renewed threat, a Free State professor has warned the battle will never be won unless living conditions in rural areas are improved.

In his book 'Profile of Disease and Health Care in South Africa', Professor Hendrick van Rensburg, a professor of sociology at the University of the Free State, warned that health services in these areas were on the verge of collapse.

"Far too much emphasis is placed on the modern white society diseases such as can-

BY MIKE CABMAN

cer and heart disease to the detriment of the needs of rural black people," Prof van Rensburg said this week.

Too many doctors were concentrated in the urban areas. Large parts of the country — particularly the homeland territories and rural areas — had an under-supply and, in some cases, a complete absence of doctors.

Meanwhile, senior Department of Health officials said this week they were expecting another full scale battle with cholera this summer.

"We certainly expect an upsurge of the disease," Natal's Regional Director of Health, Dr Johan van Rensburg, said. "Our prediction is that it will move south through the Transkei and Ciskei.

"My department is watching the situation closely. We continued our education campaign through winter and are well prepared to carry on fighting cholera."

The Regional Director of Health for the Eastern Cape,

Dr Japie Krynauw, said his department was concentrating on teaching rural people in the Eastern Cape not to use surface water that might be contaminated.

"We are trying to teach people how to use household bleach to purify their water if they do not boil it or take it from a clean source."

Dr Krynauw said the Department of Health would be prepared to help the Transkei and Ciskei governments if they requested it.

Figures released last year show that about 25% of all cases are confirmed. The other 75% may show no symptoms of the disease but can still contaminate water supplies.

Prof van Rensburg maintains that more emphasis should be placed on improving medical and health care for rural people.

"Cholera is a primitive disease which ravaged large areas last year, yet we boast of being an advanced country with some of the best health care facilities available.

"Unless far more emphasis is placed on improving living

conditions in rural areas and homelands, diseases like cholera and typhoid will continue to spread," he said.

In his book, researched over four years, Prof van Rensburg produced figures that made his criticism even more frightening.

"Towards the middle of the 1970s about 93% of medical practitioners in South Africa were whites.

"We find an excessive concentration (in 1975 an estimated 76.5%) of medical practitioners in urban centres, which is limited to white residential and business areas.

"This automatically results in a marked under-supply and even a complete absence of doctors in large areas of the country, especially rural areas, black residential areas and particularly in the homelands."

Prof van Rensburg said there were strong indications that the provision of medical care in the homelands was deteriorating as a result of both migration back to the homelands and natural population growth without improved hospital facilities.

Signing up to ward off coughs and colds

By ARLENE GETZ

SOUTH Africans will soon find it slightly more difficult to buy medicines to fight their coughs and colds.

Following a report in the British medical journal *Lancet*, the South African Medicines Control Council last week decided that preparations containing phenylpropanolamine would be rescinded and that extra warnings would be included in package inserts.

A single capsule of some of these drugs could cause severe illness or death, said the *Lancet* editorial.

Brand name preparations which contain phenylpropanolamine — used for its decongestant effect — include the Shintab range, Triaminic tablets and oral drops, Degoran tablets and syrup, Eskornade, Dimetapp, Dimetane, and the cough medicine Tixyllin.

These cold remedies, most of which are Schedule One drugs available from pharmacies without prescription, are now to be reclassified to Schedule Two.

This means pharmacists will have to note the name and address of the buyer, who may not be under 16 unless a letter from a parent or guardian is produced. Some of the drugs will be investigated by the Old Medicines Committee — which deals with medicines first sold before 1968 — for registration purposes.

Phenylpropanolamine can cause permanent damage to the heart muscle, induce a brain haemorrhage or stroke, or cause a dangerous rise in blood pressure and irregular heart rhythms.

Closely related in its action to the stress hormone adrenaline, it stimulates the heart and nervous system at the expense of increasing blood pressure.

Warnings issued with products containing the drug state that they are not recommended for people with heart problems.

Natal snubs Marius



NRP BANS *S. Tribune* HOSPITAL VISIT

By RON GOLDEN

DR Marius Barnard, the PFP's spokesman on health, was refused permission this week by the NRP-dominated Natal provincial authorities to visit the Kokstad hospital — a decision he described yesterday as small-minded and terrifying.

Apart from the political overtones of the incident, he said the incidence of tuberculosis in the East Griqualand area was frightening and the follow-up medical care situation was alarming.

Dr Barnard, MP for Parktown, Johannesburg, went to the Kokstad area on Wednesday with the dual purpose of addressing PFP meetings and having an overall look at the health facilities, which he said he considered part of his duty as the official Opposition spokesman.

On Thursday he went to the East Griqualand and Usher Memorial Hospital at Kokstad, a provincial institution, but was politely told by the superintendent, Dr Jack Lewis, he could not be shown over the hospital.

Dr Lewis was the provincial official caught in the middle of a political muddle that both NRP and PFP spokesmen agreed yesterday must have been embarrassing for him.

Frank Martin, senior member of the Natal Executive Council, said yesterday he was with Dr Fred Clarke, MEC for hospitals, when Dr Clarke willingly gave the go-ahead for Dr Barnard's visit over the telephone to a PFP official, Kokstad farmer James Rennie.

Mr Martin said there was one proviso: that the NRP MP for the area, Ralph Hardingham, was told.

Mr Rennie said the affair was "silly political nonsense" by the NRP. He spoke to Dr Clarke and was told by him the visit was fine and to pass on his contact Mr Hardingham. He was asked to tell Mr regards to Dr Barnard. of it as a courtesy — "asked and not told to tell him". He was unable to contact Mr Hardingham.

"Where else in the world do you need to tell a local MP that a doctor wants to visit a hospital in his area? This is just not the case," he said.

Mr Hardingham could not be contacted yesterday.

Dr Barnard said he believed the decision barring him from the hospital was politically motivated by the NRP because its own MPs had probably not been visiting hospitals as they should and were unaware of the situation.

"It is remarkable that I can visit hospitals anywhere in the world and be welcomed with open arms but here in my own country I can't."

In the area he visited there were only about five private practitioners serving 200 000 people, of whom less than 5 000 lived in South Africa.

"It is no wonder there are outbreaks of cholera and tuberculosis," he said.

"The health care in the Transkei is under great stress and as a result people from these areas are crossing the border into Natal and placing the Natal-based services under increasing pressure.

"My objective now is Government aware of to make the the situation," which has arisen as a direct result of the separate development policy."

Natal should get more cash to deal with it.

5/9/82

89

9/8

...now imperative for industrial peace Mr Lew...
It would be tragic if management sought a short-term solution by "heavy-handed sanctions which could only store up worse trouble in future", he said.
A SATS spokesman said Loubser had not yet received the telex.

Meanwhile, the SA Stevedores Ltd has and will continue to approach the SATS in an attempt to persuade them to communicate with elected representatives of the dockworkers.

This was said by a spokesman for SA Stevedores today after the stevedore workers' committee of the GPU yesterday told the company that its employees would have no objection but to give their action to dismiss dockworkers if the dispute is not resolved soon.

The Fosatu affiliated Western Province Sweetmeat and Allied Workers Union and Chemical Workers Industrial Union last week passed resolutions supporting the GPU members and condemning the SATS sacking of the dockworkers.

Health official ⁽⁸⁹⁾ warns on summer cholera threat ^{7/9/82}

Post Reporter
ALTHOUGH there have not been any reported cases of cholera or deaths from the disease in the Eastern Cape, the public are warned that it is vital to purify any surface water they intend using.

According to the Regional Director of the Department of Health, Dr J D Krynauw, the warmer, rainy months ahead are when the incidence of the killer disease is higher, and representatives of the department will be on the alert for any outbreaks.

"We have been preparing ourselves all year in anticipation of any outbreaks. We have permanent staff in the field giving health education lessons and handing out pamphlets to the public," he said.

"We have been able to contain it so far, but we need the co-operation of the

public in these matters. Because the warmer months favour the existence of the organisms that carry the disease, people must be extra cautious in their hygiene habits," Dr Krynauw said.

The only problem was that one did not always know when one had the disease, he said.

It attached itself to the linings of the intestines and began dehydrating the body. It was usually contracted from a source of water, but could also be carried by flies, which infected uncovered food, and from unfavourable sanitation conditions.

"The mortality rate is usually highest at the period of outbreak because the symptoms don't always show," said Dr Krynauw. Tests would show whether the disease was present.

Man eludes police

Crime Reporter
Two police reservists were taken to a farm in the Litenage district at the weekend to arrest a suspect on charges of housebreaking and theft. They returned empty-handed when their prospective charge escaped them.

Reservist Constable K... and Reservist Constable W G Landman went to a farm The Meadows at Elandsrivier to arrest a man sought for charges of housebreaking and theft.

When the two police reservists arrived they saw a man fleeing from a house on the farm.

They gave chase and shouted at him to stop. But the man did not heed their calls and kept on running.

Const Kaelin fired four shots. But the man got away. It is not known whether any of the shots hit the man.

E Cape holds bonds lucky

Post Reporter
SEVERAL bond holders in the Eastern Cape have won prizes ranging from R1 000 to R5 000.

A R5 000 prize goes to certificate bought at Hogsback and R4 000 to 060 487 533 8 bought at Patensie.

Two bonds from the Newton Farm R3 000 - certificate numbers 090 852 042 9. Other R3 000 won 120 525 499 0 bought at North End and bought in Queenstown.

Certificate 370 789 928 7, also bought R2 000.

Winners of R1 000 are East London at 750 792 379 0. Port Elizabeth at 67 028 8 and Uitenhage 020 145 7.

Full list of prizewinners -

Inside		Ba
Weather	2	JOHA
Women's World	5	soccer
Arts, Entertainment	6	here a
It's All Happening	7	baseb
Editorial	10	He
Post Focus	10	The
Classified	12, 13	ly tri
Finance	14	Wh
Sport	15, 16	wheel
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More must be done to provide facilities for mentally handicapped

By SAVVAS GEORGIADIS

MORE needs to be done to provide educational facilities for retarded children, the chairman of the Division for the Mentally Retarded of the South African National Council for Mental Health, Dr V M Grover, said yesterday.

Dr Grover, speaking at the South African National Council for Mental Health (SANCMH) biennial congress in Port Elizabeth, said the division was formed in 1960.

"It is important to give training to retarded children from the ages of 2 1/2 to 5 years," Dr Grover said. "The difficulty is the early identification of retarded children. The difference between children with three to four years preparatory training and those discovered to be retarded while at school is phenomenal."

op centres for pre-school children.

Record R50 000 is their target

Post Reporter
THE University of Port Elizabeth's 1983 Rag committee has set itself a target of R50 000 - R10 000 more than this year.

E Cape have had mayors

will be Mr W Kitcat. Craddock's council has opted for newcomers. At its caucus meeting Dr J Schoeman, who has been on the council for three years, was nominated for election as Mayor. The nominated Deputy Mayor is Dr P A S V.

Mrs Lookby needs to reach of her pension. Her son-in-law is a pensioner and it is a drain on his resources to replace the lost of Mrs Verity Lookby - someone may have picked up the bag kept it because they not know who the owner was. She appealed to the police who had picked up a brown overnight zip bag to contact her at Port Elizabeth 304 and she would collect.

new University of Port Elizabeth's Rag executive have been chosen. They are (standing in front, left to right) LOUIS BOTHA, PAUL OBERHOLZER and DENISE JOHNSON, ERIC LAUBSCHER, ANNA-MARIE FOUCHE, CECILY MICHAU, NICO MARITZ and TOTO VAN DER MER.



Picture by Mike Holmes

Safe water unpopular in rural areas — CSIR head

Blacks want full say in SA

By PATRICK LAURENCE
Political Editor

THE recent cholera epidemic showed that many rural blacks preferred to drink dirty water from muddy pools rather than safe chlorinated water supplied by the authorities, Dr C F Garbers, president of the CSIR, said yesterday.

"The importance of safe water supplies and sanitary disposal of waste products is often not appreciated by the public in developing countries," he told the Institute of International Affairs conference on Africa.

Dr Garbers did not offer a reason for his observation, although in South Africa's rural areas fear that chlorinated water may cause sterility has been advanced in some quarters as a reason for resistance to it.

Stressing the importance to health in Africa of safe drinking water and waste

disposal, Dr Garbers highlighted several facts, including:

● Barely 20% of the rural population in developing countries have safe drinking water, while only about 15% have sanitary waste disposal facilities.

● About 80% of illnesses in developing countries are related in one way or another to water.

Studies found that in parts of East Africa mothers used about 12% of their energy in fetching waters, while in some African cities workers spent up to 10% of their wages on buying water.

In South Africa, the CSIR has developed a cheap bore-hole chlorinator to "supply disinfected water even in remote areas", while local technology has developed an "orbital system for efficient disposal of human excreta".

On the food front, developing countries — including

most of Africa — are sinking deeper into poverty and face the prospect of long periods of hunger and malnutrition.

"The danger that they may become institutionalised into a culture of poverty frequently turns to reality," Dr Garbers said.

In contrast to the generally bleak economic outlook for Africa painted by several speakers, Mr Colin Eglin, of the Progressive Federal Party, ended on a more hopeful note.

"I do not share the view of those who, apparently with a degree of macabre satisfaction, enjoy playing the theme 'Africa is dying'," he said.

"Within Africa there are indications of a greater sense of realism in the balance between policies designed to make political statements and those necessary for the achievement of socio-economic goals."

Political Editor

BLACKS want the same political rights as those enjoyed by, or offered to, whites, coloureds and Indians, Mr Sam Motsuenyane, chairman of the African Bank and president of Naf-coc, said yesterday.

"Blacks are no longer prepared to live on privilege like foreigners in the land of their birth," he told the conference on Africa organised by the Institute of International Affairs.

"Blacks in South Africa claim that they are by right of birth citizens of South Africa" and find Pretoria's homeland policy unacceptable, he added.

The 500 top businessmen at the conference had earlier heard the former American Secretary of State, Dr Henry Kissinger, warn that to encourage black economic development without providing a political framework to fit it, might be a destabilising rather than a stabilising policy.

Dr Volkmar Koehler, chairman of a German parliamentary committee on African affairs, said Germany believes South Africa's constitutional future should be settled jointly by "freely elected representatives of all peaceful forces."

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**ANYO SPORTSTER.
 SOUNDS WHEREVER YOU GO.**

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 ume controls • mute switch • two head-
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 and tape changing • shoulder strap and
 • The M-G2 as well as all the above comes
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BY TELTRON

BACKED BY SANYO PSYCHOLOGY.

GREY-PHILLIPS BUNTON MUNDEL & BLAKE 70364

"The Plumstead was overcast and I had a look out
 broadcast asking for a lookout" he said - Sapa

**Cholera
 danger
 clarified**

Post Reporter
 THE Regional Director of
 the Department of Health
 in Port Elizabeth, Dr J D
 Krynauw, stressed today
 that people without symp-
 toms of cholera were in no
 danger at all

He was commenting on a
 report in the Evening Post
 yesterday in which the im-
 pression may have been
 given that the symptoms of
 cholera did not always
 show.

"The mortality rate is
 usually at the beginning of
 an outbreak because those
 who develop severe symp-
 toms do not always realise
 they have cholera and do
 not go for treatment or
 clinical assistance early
 enough" Dr Krynauw ex-
 plained

"But people without
 symptoms are in no danger
 at all."

**Full circle
 for new
 principal**

Post Reporter
 THE Collegiate High
 School for Girls in Port
 Elizabeth is to get as its
 new principal someone who
 15 years ago began her
 teaching career as a math-
 ematics teacher at the
 school

Miss Helen Pamela
 Cameron Ellis will take
 over the reins of the school
 in January when the
 present principal, Mrs Vio-
 let Jenkins retires.

Miss Ellis has been the
 deputy principal of
 Wynberg Girls' High School
 in Cape Town since 1980.

She is a graduate of the
 University of Cape Town
 and became the senior
 mathematics teacher at
 Collegiate in 1967. She was
 appointed as one of the
 three heads of department
 at the school in 1978.

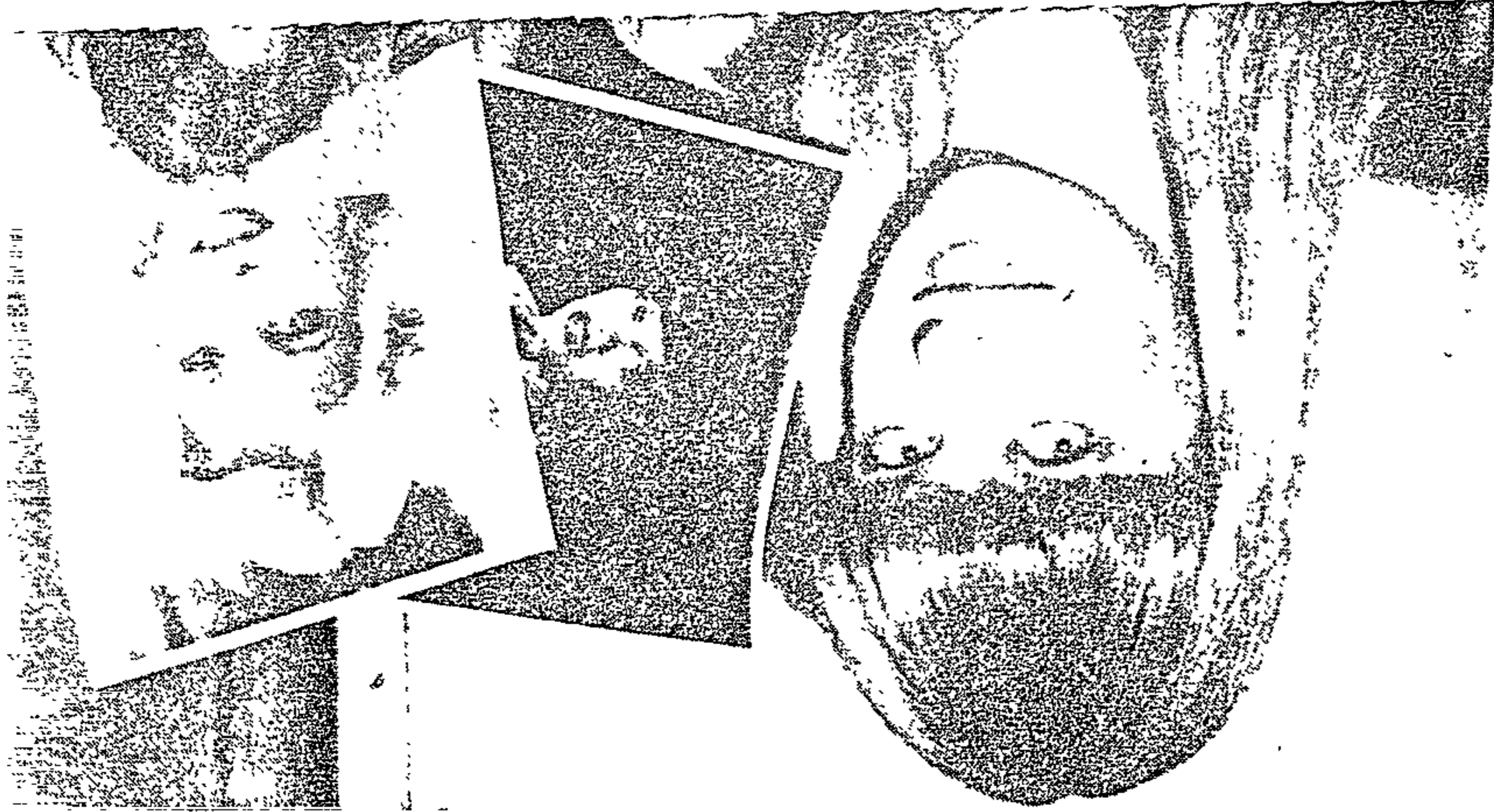
THE TIDES

High Water		
Today	6 22am	6 49pm
Tomorrow	7 06am	7 38pm
Low Water		
Today	12 18am	12 19pm
Tomorrow	1 00pm	1 01pm

THE WORLD

	Min C	Max C	Weather
Amsterdam	15	24	cloudy
Athens	22	33	clear
Berlin	11	20	cloudy
Brussels	12	22	cloudy
Buenos Aires	7	16	clear
Chicago	15	16	cloudy
Copenhagen	11	12	cloudy
Dublin	10	16	cloudy
Frankfurt	13	25	cloudy
Geneva	14	20	rain
Helsinki	5	13	cloudy
Hong Kong	27	29	cloudy
Lisbon	15	24	clear
Ljubljana	16	26	clear
London	14	21	cloudy
Los Angeles	20	30	clear
Madrid	15	31	clear
Miami	27	31	cloudy
Montreal	9	17	cloudy
Moscow	8	16	cloudy
New Delhi	25	36	clear
New York	17	28	cloudy
Paris	16	22	cloudy
Rio de Janeiro	17	32	rain
Rome	18	35	clear
San Francisco	12	20	clear
Stockholm	4	14	clear
Sydney	9	19	clear
Tel Aviv	20	30	clear
Tokyo	20	26	cloudy
Toronto	15	19	cloudy

Evening Post Checkers Evening Post Checkers Evening



Pat has winner's ticket to Masaru

The investigation was launched after complaints
 been received about results of tender applications
 The MPC for King William's Town, Mr Ray Ra-
 received a complaint from a building contractor
 made allegations of malpractice in the Cape Provin-
 Administrator's office regarding a tender for a s-
 Mr Radue told the Administrator's head office of
 allegations.
 A similar complaint was received by the MPC for
 London City, Mrs Elisabeth Kemp, who wrote to Mr B-
 suggesting an investigation

As he walked into the fire
 power station yesterday.
 his entire body burst into
 flames.
 An ambulance was
 called and took him to the
 Livingstone Hospital. His
 condition was given today
 as serious.
 It is not known where he
 obtained the petrol.

dump

8/9/82

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Mystery virus closes EL school

89 (11) 15/9/82

D. Dufatch

EAST LONDON — A mystery stomach virus has forced the closure of a primary school here and left almost a third of its pupils bedridden.

A research worker from the University of Cape Town's medical school was flown in earlier this week to help

seems to be a highly infectious disease and we want to try to contain it."

Health officials have started questioning the

"As far as we are aware there has been no trace of it at any other school in East London," Dr Cerff said.

An East London spokesman for the Medical Association of South Africa, Dr H. J. Kayser, said general practitioners in the city did not appear to be experiencing a viral outbreak.

"There is the normal incidence of flu but nothing else," he said last night. "I haven't heard anything about a virus spreading around."

The principal of Kuswag Primary School, Mr A. P. Opperman, could not be contacted for comment last night. His wife said he was attending a meeting.

By CHRIS VICK

health authorities identify the virus.

"We're not quite sure what's causing it, but it may have something to do with the school's water supply," Dr Van Heerden said last night.

Dr Cerff said the virus was "peculiar" and the education department was treating the outbreak "very seriously".

"Our main aim now is to prevent it spreading," he said. "That is why we closed the school."

"Normally we wouldn't close down a school if 70 out of 230 pupils were sick. It's a serious step. But this

sick pupils and sent biological samples to UCT medical school for examination

"We hope to have bacteriological results by Thursday, when we will consider whether to reopen the school"

Dr Cerff and Dr Van Heerden both stressed, however, that there was "no need to panic" and added that the disease was "definitely localised".

The regional representative of the Department of Education, Dr S. M. Cerff, confirmed last night that his department had closed Kuswag Primary School in Sunnyside "as a preventive measure".

"We don't quite know what we're up against," he said. "This is a highly extraordinary virus"

East London's medical officer of health, Dr J. R. van Heerden, said about 70 pupils had been sent home since Thursday, when the first 15 pupils showed signs of the disease.

At least one teacher and several parents are also known to have contracted the virus, which results in nausea, headaches, vomiting and listlessness.

..... where a))
 for extensions in scope. If so,
 Act, could you please indicate if yo

In the light of the 1979 amendments to the Industrial Conciliation

Federation of Salaried Staff Associations of South Africa	
Pulp and Paper Industry's Joint Committee	
Rand Water Board Unions Joint Committee	
South African Council of Mining Unions	
South African Federation of Leather Trade Unions	
South African Council of Transport Workers	
South African Federation of Chemical and Allied Workers Union	

AFFILIATIONS TO INDUSTRIAL FEDERATIONS CONTINUED:

School hit by ^{D. Disputa} virus ⁽⁸⁹⁾ to re-open ^{16/9/82}

EAST LONDON — Kuswag Primary School, closed because of a mystery virus which infected 70 of the school's 230 pupils, is expected to be reopened tomorrow.

The virus, the symptoms of which are nausea, headaches, vomiting and listlessness, has still not been identified but it is not considered to be dangerous.

The city's medical officer of health, Dr J. R. van Heerden said yesterday that health officials were still questioning sick pupils and taking water and sewage samples.

The samples will be tested by the University of Cape Town's virology laboratory in an effort to identify the stomach virus.

The regional director

of health in Port Elizabeth, Dr J. Krynauw, said the viral outbreak did not seem to be serious.

A number of city medical doctors, interviewed at random, said viral stomach infections were common, particularly gastro-enteritis and gastritis, at this time of the year.

However, as the virus infecting the children at Kuswag had not been identified it was not possible to say if it was a common viral infection.

Dr Van Heerden said the infection appeared to be confined to the school.

"I must also stress that although the virus appears to be waterborne, East London's water supply is not affected," he said. —
DDR

Action urged to curb pollution in Dias area

89
E. Post
17/9/82

Post Reporter

THE Dias Ratepayers' Association of Ward 2 is to urge the Dias Divisional Council to take strong action against rural owners who allow unauthorised structures on their properties in an attempt to reduce pollution of the area's water resources.

The association's deputy chairman, Mr Vivian Roux, told the Evening Post today the association was "very concerned" about the health aspect of the squatter problem.

He said the association decided last night to ask the council to force owners, through penalties, to remove unauthorised structures in an attempt to move the squatters.

"We have estimated that there are between 5 000 and 6 000 squatters in the area, but the East Cape Administration Board has put the

figure at 11 000," Mr Roux said.

The possibility of cholera reaching the Eastern Cape this summer had been suggested.

This could well be the case because of pollution of almost all watercourses through the area, he said

Contaminated water was carried into the Van Stadens River in watercourses over a large area, polluting the Van Stadens River Mouth holiday resort.

At Fitches Corner and from Geduldsrivier to Draaifontein, all watercourses flowed into the Maitland River. Once again, a holiday resort was involved.

Mr Roux said anyone interested in joining the association could phone him at ☎ 721072, Mr Richard Wait at ☎ 721102, or Mrs Gill Arthur at ☎ 721143.

Virus: school back to normal

(89) D. Dispatch 21/9/82
EAST LONDON — Kuswag Primary School returned to normal yesterday following its closure last week because of a mystery virus that infected 70 of the school's 230 pupils.

Investigations into the illness are still being conducted by researchers at the University of Cape Town's virology laboratory.

The principal of the school, Mr A. J. P. Opperman, reported "normal attendance" yesterday, including the children who had been infected by the virus.

The city's medical officer of health, Dr J. R. van Heerden, said it would take some weeks before the UCT investigation produced results.

"I am still convinced that it was a problem with the water supply at the school. The water is still turbid and more samples have been taken," Dr Van Heerden said.

No reports have been made of the particular viral infection apart from the Kuswag school pupils. — DDR

ILO calls for asbestos safety

89
22/9/82

GENEVA — The International Labour Organisation said in a report yesterday that world production of asbestos had increased by about nine times over the past 40 years, seriously jeopardising the health of millions of workers.

The report said safeguards should be standardised globally to protect miners, dockers, factory workers and construction crews.

It said only a few months' exposure were needed for asbestos particles to penetrate the human body and produce, in the long term, bronchial cancer or asbestosis, a crippling illness which scars the lungs.

"They work like a time bomb taking as long as 25 to 30 years to manifest themselves in a terminal malady," the report said.

Milan thousanding students ... accused Mr ... of using the Lebanon. ... students took ... demonstration in ... of them ... Star of David city streets ... rations took ... Federation of ... Youth called ... of Israel's ... Mr Mena- ... Israel's defence ... Sharon and the ... Staff General

Italian airport yesterday an- ... day boycott to and from Isra- ... Thursday to ... of the massacre developments

town the Muslim council of South ... terday called on ... in South Africa, ... and laymen, to ... he victims of the ... and call on ... punish the ...

about 200 Arab foreign students ... peaceful demonstra- ... ing's embassy dis- ... otest at the Beirut

President Hosni welcomed Presi- ... gan's decision to ... Marines back to ... as the best tempo- ... to the latest cri-

English actress Nikki Kelly, who had to return to Britain to fulfil another theatre contract.

Alida, who studied drama at the University of Cape Town, has been busy in theatre and TV productions but landing the role of nude Nancy in the play has goose-pimpled her straight into the limelight.

"Nikki Kelly was splendid but it's impossible to duplicate another actress' interpretation of a role so I hope to create a whole new feel for the character," she said.

Walking on to a brightly lit stage carrying a tennis racket — but with no tennis apparel to go with it — doesn't appear to faze Alida.

"I think the scene is quite innocent really — it's not as if I perform a deliberate strip to titillate the audience or anything like that," she said.

"My last role was playing a reindeer in a children's play so this new part is a very different sort of challenge," she said.

Breakfast Quip

ROODEPORT PYLON COMMITTEE



"In answer to the Conservatives: our overhead wires provide perches for many a bird"

Warning to Blue Bulls

SPRINGBOK skipper Wynand Claassen picks Currie Cup champions Northern Transvaal to beat B section side Northern Free State in the cup semi-final in Welkom on Saturday.

See Back Page

Meningitis scare worries Lenasia

By DAVID CAPEL

PREVENTIVE measures are being adopted by health authorities in the Indian suburb of Lenasia to stave off an outbreak of meningitis, a highly infectious disease which, it is believed, has claimed the life of one child and hospitalised another.

Although it could not be officially confirmed yesterday, it is believed a 12-year-old boy from the Alpha Primary school in Lenasia died from meningitis last week.

A source at the school confirmed yesterday that one of its pupils had died "about a week ago" and that they had heard it was from meningitis — but they had not received an official medical report.

Meningitis is a contagious disease which involves inflammation of the brain membranes and can be fatal.

Johannesburg's Medical

Officer of Health, Dr Baldwin Richard, said control measures had been ordered and people who had come in direct contact with a seriously ill youth — who is presently undergoing treatment at the Coronation Hospital — had received preventive treatment.

Dr Richard said people who had come into secondary contact with him had been placed under surveillance.

The sick boy's mother, who did not wish to be named, said her son had become ill last Saturday night. On Sunday he started vomiting excessively and could not stand.

Early on Monday morning she found her son in a stupor on the floor next to his bed.

The youth has been confined to hospital for ten days. His mother said his condition was "as well as could be expected".

Anne's kiss and make up photos fuel Royal

London Bureau

LONDON. — The unprecedented decision by Buckingham Palace to release pictures of Princess Anne and her husband Captain Mark Phillips — to celebrate his 34th birthday — has failed to silence rumours that the marriage is in trouble.

Newspapers pointed out that the Royal Family had never before released pic-

tures to mark the birthday of a minor royal — "let alone for his 34th birthday" said the Daily Mirror.

The virtually unanimous opinion was that the palace was trying hard — possibly too hard — to end talk that the marriage is on the rocks.

The wistful pictures of Capt Phillips looking adoringly at his smiling wife merely gave the popular

Press a chance to reprint rumours of rifts in the marriage.

One report stated that they were still in love and adored their children, Peter and Zara. At the same time it repeated "tittle tattle" of Mark's friendship with a lady groom and claims that Princess Anne had an "over-familiar" bodyguard.

Another report revealed

that Capt Phillips, who failed to join his wife on three trips abroad this year, is off to Australia on a showjumping tour.

He leaves for Australia on October 9 and she leaves for a five-nation tour of Africa on October 22, as president of the Save the Children Fund.

Buckingham Palace has continued to deny reports

Witness tells how ... determined in last ... BY ANTON HARBER ... A FELLOW detainee saw Dr ... Neil Aggett being escorted to ... his cell, in tears and with ... blood on his forehead — just ... hours before he was found ... dead. ... Mr Thabo Lerumo, 19, was ... giving evidence yesterday ... before magistrate Mr Petrus ... Kotze in the Johannesburg ... Regional Court at the request ... into the death of Dr Aggett. ... Mr Lerumo, a member of ... the Congress of South African ... Students (Cosas), is on trial ... under the Terrorism Act and ... is accused of being a member ... of the banned African ... National Congress. ... Mr Lerumo saw Dr Aggett ... every three or four days in ... December 1981 and January ... 1982 while they were both in ... detention under Section Six ... of the Terrorism Act. ... "He appeared to me to be a ... reasonably normal, healthy ... person. He was friendly, full ... of jokes, kind to people and ... did not just keep to himself ... But by the last week of ... January, Dr Aggett's condi- ... tion had changed noticeably. ... "His manner of walking ... had changed. He was walking ... with difficulty and was no ... longer laughing easily and ... wasn't so talkative any ... more," the court heard. ... Mr Lerumo said he also re- ... membered seeing Dr Aggett ... on the afternoon of February ... 4 — the day before he died. ... "He was being walked to ... his cell by two policemen. ... Tears were running down ... from his eyes, his hands were ... sloop. ... and he walked slowly with a ... "I saw blood on his fore- ... head. Not dry blood, but it ... was not flowing, just a small ... spot of blood," he said. ... "I said, 'How are you' and ...



11211
Meningitis: no ^{Stan} 89

more cases 23/9/82

No cases of meningitis have been reported to Johannesburg's Health Department since Tuesday when two children were admitted to the Coronation Hospital.

The Medical Officer of Health, Dr B Richard, said boys aged three and 13 years were being treated for meningitis, an acute inflammation of the brain covering.

Everyone who had been in immediate contact with the children was under treatment and secondary contacts were under surveillance.

Meningitis is a serious infection and required immediate medical attention, he added.

Polio under control

23/9/82

89

Own Correspondent

The polio epidemic which broke out in the North-Eastern Transvaal at the end of March is now under control.

A Department of Health spokesman said in Pretoria no reports of further cases of polio had come in.

By the end of August Gazankulu had 259 cases and 41 deaths, Pietersburg 10 cases and one death and Grankuwa 17 cases and three deaths.

New organisation to assist diabetics

nbm 25/9/82
89

Mail Reporter

ONE in four South Africans suffer from diabetes, the third biggest killer in Western civilization, and most medical aid schemes refuse payment for any diabetic related medication or disease.

Next month a new non-profit service organisation for diabetics will be launched in an attempt to solve one of the main problems experienced by diabetics — financing their medication.

Diabeticare will offer their members free life insurance, a pension fund, expert educational advice, leasing and discounting facilities for technical equipment and a dispensary.

The company directors are all doctors well known for their work in the field of diabetes.

"Once diabetes has occurred it is present for life and cannot be cured. The disease can be controlled with

the aid of modern medicine, so that all diabetics can lead a relatively normal life," says a statement issued by Diabeticare.

"In an older person the disease can be controlled with a strict diet with or without the use of medicines in tablet form, but younger people have to give themselves insulin injections once or twice a day for the rest of their lives.

There are approximately 30 000 people in South Africa taking insulin injections."

The statement gives the motivation for forming Diabeticare as the "high monthly cost of medication including insulin, syringes and blood glucose measuring sticks which can average well over R100 a month".

The South African Diabetic Association is available to help diabetic patients cope with the psychological and educational needs, but provides no material assistance.



Twins Tamsyn and Leigh Thomson, 8, of Johannesburg, are diabetics whose twice daily injections of life-giving insulin and medication costs about R100 a month.

Prof ^{D. Dizon}
 cites ^{22/10/82}
 virus ^(M)
 disease ⁽²⁹⁾
 problems

GRAHAMSTOWN — Outbreaks of virus-caused diseases such as the recent case of poliomyelitis in Gazankulu, would probably become more common in the near future. Professor J. F. E. Newman, of the microbiology department at Rhodes University, said in his inaugural lecture.

Titled *Viruses and Man*, the lecture covered the whole aspect of virus-borne diseases, from polio and small pox to the common cold.

One of the reasons that outbreaks such as that at Gazankulu occur was that, because virus mutate into many forms, it was almost impossible to cure a virus-caused disease. For the same reason it was very difficult to find effective immunisation agents. It had been found that there were over 100 viruses which caused the common cold. Professor Newman said.

"Socio-economic factors" were behind many outbreaks of disease in the Third World because, poor sanitary conditions were carriers of the virus."

A notable exception was the success of the fight against smallpox. "On December 14, 1977, the director general of the World Health Organization announced that smallpox -- the most devastating and feared disease in human history -- had finally been eradicated."

This was only achieved because the smallpox virus had a short life, and must be transmitted from person to person. To eradicate the disease it was necessary to break this transmission cycle, which the World Health Organization did via a massive vaccination programme launched in the 1950s.

Unfortunately, said Prof Newman, other viruses did not lend themselves to such simple solutions.

Either there were too many strains to vaccinate against them all, like the cold virus, or like the influenza virus, there were new strains appearing at intervals because of mutation.

One a person had suffered from a virus-caused disease he retained a life-long immunity against it. "The only problem is that it may be the wrong virus in many cases."

Prof Newman said that in future new vaccines would be made by genetic engineering, "and we can expect them to be safer, cheaper and more effective."

These new vaccines, combined with greater international co-operation, "could make major virus disease outbreaks a thing of the past" — DDC

D. D. D. D. D.
Kuswag
28/9/22
water
supply
sterile

EAST LONDON — The water supply at Kuswag Primary School — believed to have been responsible for a mystery stomach virus which affected more than a third of the pupils there — has been found to be sterile.

This was confirmed by the city's medical officer of health, Dr J. R. van Heerden, yesterday.

Although the school's water was still turbid, he said, it had been declared bacteriologically pure.

In the meantime, municipal engineers have flushed out the water supply system in neighbouring suburbs as "a preventive measure", according to the chief city engineer, Mr G. B. Keppie.

"The system was flushed bearing in mind the situation at Kuswag," Mr Keppie said yesterday. "It was just a precaution. But I still have complete faith in the city's water."

Kuswag was closed for four days after 70 pupils were affected by the mysterious virus, and an alternative water supply was laid on after fears of contamination.

Dr Van Heerden said the school had still been using "imported" water when it closed for the September school holidays on Friday.

No further reports of the virus had been received, he said, and research workers at the University of Cape Town's virology laboratory are still examining specimens from children affected during the outbreak. — DDR

Three cases
Numerary
80/182
leprosy
treated
in city

Municipal Reporter

THREE leprosy cases, from different parts of Natal, were treated in Durban last month and feature in the Medical Officer of Health's report along with a case of typhoid contracted through carelessness in a technician laboratory.

The Deputy Medical Officer of Health, Dr M B Richter, said one leprosy case was from Mtubatuba, another had contracted the disease in Donnybrook and moved to Isipingo.

The disease bore an unnecessary stigma, when it was a real outbreak in Natal originated from the rural areas and were referred to Durban.

All infectious cases were sent to the Westport Institute in Pretoria. It was seldom that the disease reached the stage where the patient had lost a finger, a thumb or a nose. In a rare instance when this advanced case in from KwaZulu or Transkei they were sent back home if the leprosy had burned itself out.

Leprosy was difficult to diagnose. Often there was only a thickening of the facial skin which the patient ignored. Or there was nerve tingling and a tendency to burn oneself because of lost nerve sensation and an inability to feel heat.

It was passed on only by very close person to person contact.

Commenting on the 20-year-old white typhoid case from Puntan's Hill, Dr Richter said it had been a case of sheer carelessness on the part of a young technician pharmacist who had handled typhoid organisms and had not carried out standard safety procedures.

Bilharzia hits half of rural children

By ANDRE VILJOEN
Harare

PROVISIONAL results of a health survey in Zimbabwe show that 50 per cent of rural children aged between eight and 10 years have bilharzia.

Although the survey concentrated on children there was no reason to suppose that adults were less affected by the snail-borne disease, a Health Ministry researcher, Dr Paul Taylor, said this week.

The survey which has been in progress for a year, and is expected to be completed within the next six months, is the first on a nationwide scale and is expected to provide information towards controlling bilharzia.

Cure available

Dr Taylor said bilharzia could only be wiped out by a combination of strategies of which education was one of the most important.

Bilharzia education had been introduced in schools and village health workers could play a big role in educating people about the disease.

Bilharzia was potentially serious but could be effectively and inexpensively treated.

But treatment was useless in areas where the only drinking water was infected with the snails or when people did not understand how they got the disease.

Wherever there was water there was a risk of bilharzia, Dr Taylor said.

89

S. Times 10/10/82

Cholera death in Transkei

D. DISTRICT
15/10/83

(163)

(89)

UMTATA — An unidentified 30-year-old woman has died from cholera near here.

This was confirmed yesterday by the director of medical services, Dr Hector Livingstone.

He also confirmed that two suspect cases were under observation at the Isilimela Hospital, where the woman who died had been admitted.

The woman arrived from Umlazi, near Durban and was living at Ntlongweni location in the Matusini area before being admitted to hospital. She died two days later.

Dr Livingstone said another two suspected cases had died a week ago in the Lucingweni area in the north, but they had not been confirmed cholera cases.

Dr Livingstone said health teams had moved into the affected areas. Swabs had been taken from contacts of the affected people and water had been chlorinated.

"We are keeping the area under strict surveillance and have the matter in hand. There is no need for panic." — DDR.

C...: : ...

PHONE NUMBERS	
Classified Ads	32330
All other Et	
Depts	2614
King Williams Town	23282
Mdantsane	4
Queenstown	4040
Umtata	2500

DAILY DI

Saturday, October 16, 1982

Founded 187

PORT ST JOHNS — Another confirmed cholera case has been reported at the Isilimela Hospital near here, where an unidentified 30-year-old Umlazi woman has died from the disease.

The director of medical services, Dr Hector Livingstone, said a positive diagnosis of a second suspect was still being awaited.

D. Dispart 16/10/82

Second cholera case

"It takes up to 48 hours for a positive confirmation" he said.

No other suspects had been admitted and health department teams were still in the Ntlongeni location in the Matusini area where the victims came from.

"We have two doctors and a team of nurses doing the rounds and yesterday they had to walk 10 km because the area is inaccessible" he said.

"Nevertheless they have the situation under control.

"We have to take addi-

tional precautions if it rains because this aggravates the situation. We are hoping to have 12 teams back in operation to deal with the situation."

Dr Livingstone said beside carriers bringing the cholera in from

other areas, there could be carriers in Transkei.

"We do not recommend the vaccine as a safe and sure measure and this is why we are asking people going into a cholera area to take additional precautions of drinking properly reticulated water or water that has been treated. Preferably they should boil the water." he said.

— DDR

Token pullout Cuba

PARIS — Angola's ambassador to Jose de Almeida, says his government token withdrawal of Cuban troops if provided South Africa meets certain

He did not specify the conditions.

Angola's preparedness to order the token withdrawal has boosted Western hopes for a breakthrough in the deadlocked South West Africa independence negotiations.

But diplomats directly involved in the talks said yesterday reported conditions attached to a partial withdrawal could prove unacceptable to the South African Government, and predicted further difficult and protracted discussions.

The conditions are reported to include a cessation of South African incursions into

source in London said. But it was pointed out that South Africa would almost certainly repeat its position that actions against Swapo would end only when Swapo ceased guerilla activities inside South West Africa.

It has also been noted here that Angolan President Eduardo dos Santos, in a statement issued in Harare 14 hours after Mr De Almeida had spoken in Paris, again firmly rejected any linkage between the South West Africa negotiations and the presence of Cuban troops in his country.

The question of a United Nations presence in

acknowledged, in reference to the fact that he was spotted and photographed in a Manhattan unemployment line just as his father was about to deliver a rousing speech on the economic revival of America.

He avoided comment on the speech, saying he was "not qualified" to do so.

Ron is a member of the Joffrey Ballet Company, which was forced to lay off all its workers during October.

The National Endowment for the Arts which gives money to the Joffrey, has been a target of Reagan budget cuts. — DDC.

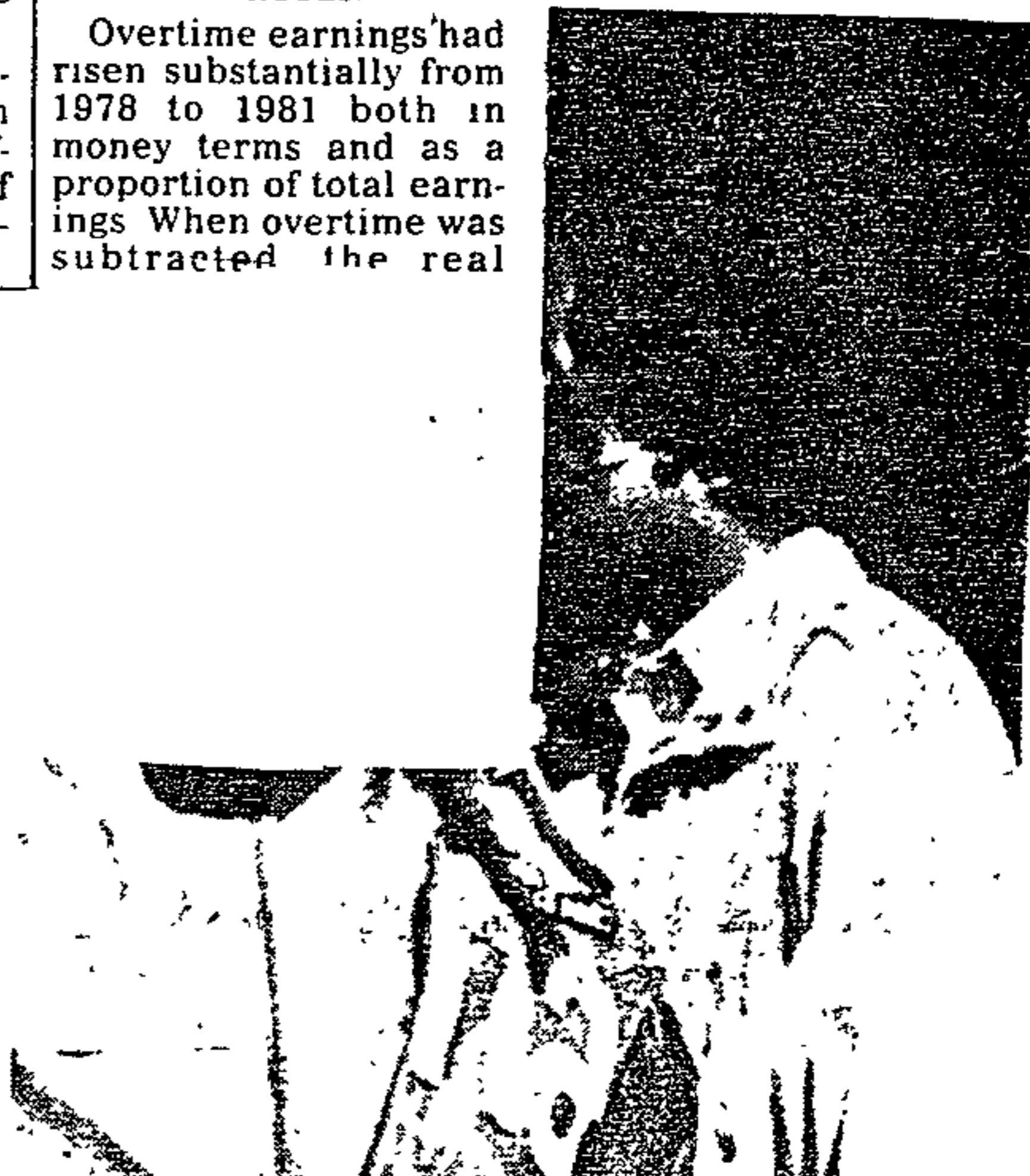
Statistics, workers averaged more than seven-and-a-half hours overtime every week during the first six months of 1981.

"Who, in his right mind, would wish to spend the equivalent every week of an extra shift in the factory, if he did not have to?" the publication asked. It said workers were desperate to work overtime in order to meet their minimum needs.

Overtime earnings had risen substantially from 1978 to 1981 both in money terms and as a proportion of total earnings. When overtime was subtracted the real

of South Africa negotiations than certain members of the Western five contact group who still hoped for a breakthrough this year.

● Our correspondent reports that the French Foreign Ministry yesterday firmly and angrily denied a report that it was proposing to replace



New organisation means fresh hope for thousands of South

A NEW LIFE FOR

By KEVIN DAVIE

LIFE for tens of thousands of South Africans will improve on Thursday when a new organisation is launched to promote their health.

The organisation is Diabeticare, a non-profit service body for diabetics which will offer a remarkable range of goods and services to its members, and revolutionise the treatment of the disease — which after cancer and heart disease — is the third largest killer in the world today.

In South Africa there are 250 000 known diabetics, but experts say the actual number could be much higher — as many as 2 000 000.

It's common knowledge that diabetics control their disease

NEW BODY

WILL BE

LAUNCHED

THURSDAY

with insulin, and are able to lead reasonably normal lives. But, and this is not so well-known, the long-term

effects can be crippling.

The blood vessels close up causing severe problems, including blindness, heart attacks, kidney failure, and blood circulation disorders which cause limbs to rot. After a lifetime of diabetes many sufferers have to have a limb amputated.

But now comes a revolution in the treatment of diabetics. Recent advances have developed substantially improved techniques for controlling blood-sugar levels. Where diabetics used to have to be frequently hospitalised to stabilise their metabolism, they now can manage themselves at home, with infrequent calls to hospital for check-ups.

The only problem is the cost. The treatments are expensive. It has been estimated that the average cost to the diabetic — including insulin, syringes, blood and glucose measuring sticks — can average well over R100 a month. This is a substantial amount of money when one remembers that most medical aid schemes exclude diabetics from membership, or pay only a small part of their medical expenses.

Some diabetic doctors found themselves in an untenable situation, having the new and effective treatments available, but at a price many of their patients could not afford. Diabeticare is a res-

ponse to this problem, a service organisation for diabetics, designed to represent their interests as a group, and offer substantial discounts and services to its members.

The organisation — which will be launched in Sandton on Thursday — has already negotiated major benefits.

These include:

- Life insurance at normal rates with a bonus R5 000 free, and without a medical examination;
- A pension fund at normal rates;
- Leasing and discounting facilities for technical equipment needed by diabetics. (EOP).
- A medication dispensing facility with syringes and measuring-

sticks available at lower rates;

- Automatic paid-up membership of the SA Diabetics Association.

These facilities and benefits are designed to comprehensively cater to the needs of Diabeticare's members offering for the first time life assurance, pension, and medical-aid schemes not available to diabetics at the moment.

For instance, diabetics are not excluded from joining life insurance, and pension schemes, but usually have to pay hugely inflated rates. Diabeticare is registered as a non-profit public company. It is underwritten by the Federated Life Assurance Co, and its directors are four well-

known South African doctors who are experts in the field of diabetes.

"The new techniques for accurately monitoring blood sugar levels have been developed in the past five years," says Professor Francois Bonnici, of the diabetic clinic at Groote Schuur Hospital one of the four directors of Diabeticare. The new developments include quality insulins that last for up to 12 hours, measuring sticks that very accurately measure blood-sugar levels, and the availability, for the first time, of standardised strengths of insulin.

For more information, call Diabeticare, Johannesburg, 011 296 8511/2 (or 011376940).

STYDAG TRITUNE OCTOBER 17, 1982

Africans in treatment of killer disease

DIABETICS

CASE B Tamsyn and Leigh's story...

17/10/82
By MARION
WHITEHEAD

WHEN eight-year-old twins Tamsyn and Leigh Taylor go to birthday parties, they always refuse birthday cake.

Most times they aren't even offered any, since their friends and parents know that a mere slice of cake could endanger their lives.

As diabetics, Tamsyn and Leigh welcome this acceptance of one of their few differences from other children. The only other is that before school each day and at bedtime, they must inject themselves with the correct amount of insulin.

"I inject myself in the stomach, the leg and sometimes the arm," said Leigh matter-of-factly.

She's been injecting herself since she came out of hospital a year ago, after being diagnosed as a diabetic.

Sister Tamsyn, who's been diabetic since the age of three, started injecting herself at six years with her mother's supervision and encouragement.

"I encourage it, otherwise they're so reliant on their parents. Now they can stay with friends overnight and it's okay," Mrs Patricia Taylor told the Tribune this week.

But for the most part, Tamsyn and Leigh



Tamsyn and Leigh Taylor . . . no birthday cake for them.

are like any other bright-eyed schoolgirls, playing netball, swimming and running around.

Besides their mother, other key people in their lives are an understanding teacher who makes sure they don't skip meals (diabetics must eat six times a day) and a supportive doctor.

"When you've never had diabetes in the family before, it's very traumatic accepting you have a diabetic child," says Mrs Taylor.

For six months she knew there was something wrong with her three-year-old Tamsyn before doctors diagnosed her correctly. Tests on Leigh at the time proved negative but by the time she was

five years old, Mrs Taylor picked up the signs of diabetes in her too.

"I knew subconsciously for two weeks that Leigh also had diabetes but didn't want to admit it to myself," said Mrs Taylor. "Finally, I told myself to stop being an ostrich and took her in for tests and that was it."

Mrs Taylor would like to see diabetics and their parents set up a home monitoring system to encourage and assist each other.

They would be able to call each other day or night for help and advice on their problems.

"You feel a bit silly asking doctors little things about diet when

you know he's got a long line of patients waiting to see him," she said.

She searched for a long time to find the right doctor who had a good knowledge of diabetes and who was supportive and ready to explain why particular treatment was necessary.

"Some doctors are very old fashioned," she said.

She tells the story of the doctor who offered Tamsyn a sweet just after he had told them that she had diabetes. "I was shocked," she said.

She's since taught the girls not to accept sweet things.

"Tamsyn doesn't even like the taste of sweet things now," said Mrs Taylor.

CASE A Yvonne Murray's story...

17/10/82
By MARION WHITEHEAD

YVONNE MURRAY has been a diabetic for 20 years.

That means that for 20 years she has never been too far from medical care, never been without her insulin injection and constantly watched her diet and limited her exercise.

It was a traumatic experience finding out she had diabetes.

"I went into a coma on holiday in Durban and the doctors there discovered I had diabetes. I'd had all the classic signs and symptoms for months — a terrible thirst, loss of appetite and weight — but the doctors had not picked it up," Mrs Murray told the Tribune in Johannesburg this week.

She was told to give up tennis, and later even her beloved gardening. Doctors now know this to be incorrect advice, but it's too late for her to start again.

There have been great strides in the treatment of diabetes since Mrs Murray first learned of her illness at the age of 30.

"Diabetes was just a name when I got it. But knowledge and treatment has improved so much. I've always lived for tomorrow because I'm sure there will be a cure on the way soon," she said.

It's the same conviction that carried her through when she was told her two daughters also had diabetes. She was determined their experience would not be as bad as her own.

"I had learnt to cope with diabetes, and could help my girls."

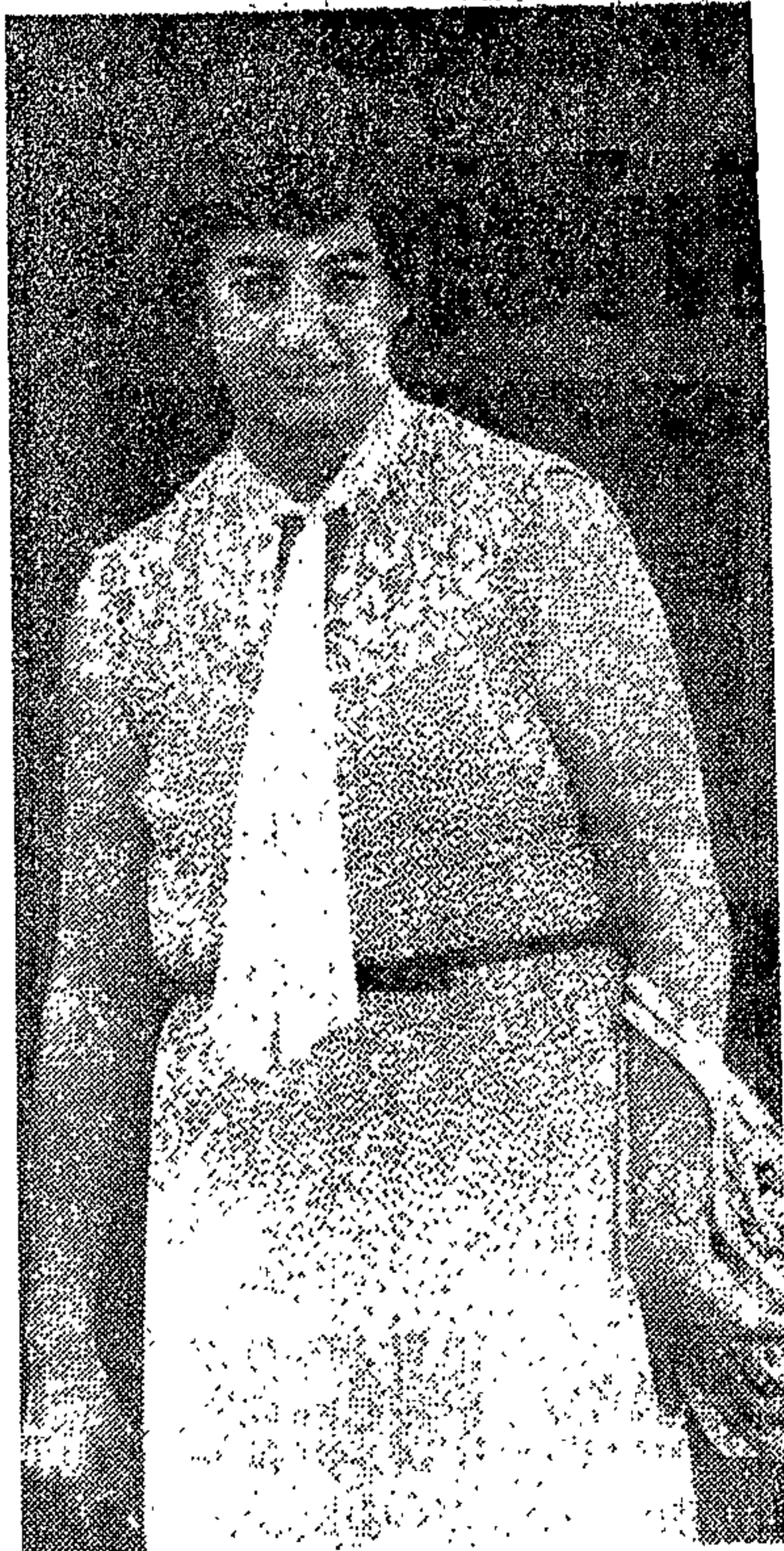
The key to controlling diabetes is knowledge.

"You can lead a full, normal life, but can only do so if you know your own diabetes," said Mrs Murray, who has just returned from an overseas touring holiday.

This means weekly blood tests to determine if her insulin levels are right. Mrs Murray does this on her own machine at home. "It's an expensive machine costing R350 but I share it with my daughter so it's not too bad."

On this basis, Mrs Murray determines how much insulin she needs each day, taking into account her diet and the amount of activity she expects to be involved in.

Proof of the success of this sensible plan-ahead method is the near normal lives her daughters lead. One is a dancing teacher and the other was a sports captain at school.



Yvonne Murray . . . learning to control your diabetes is the most important step

Diabetes may affect 1 in 5 SA Indians

Star
21/10/72
89

As many as 19 in a hundred Indian South Africans could be affected by diabetes, with about 37 percent of the Tamil group becoming diabetic before the age of 50, according to the Medical Research Council.

The incidence of diabetes is 10.7 percent among coloureds, five percent among whites and 4.2 percent among blacks.

The South African diabetes pattern — where the form of the disease among blacks and Indians differs from that which occurs in similar ethnic groups abroad — is among topics to be discussed at the MRC's symposium, "Current Trends in Diabetes Mellitus" to be held in Cape Town on November 19 and 20.

The symposium almost coincides with a four-yearly meeting of the International Diabetes Federation which will be held in Nairobi from November 9 to 17.

Fifteen foreign experts attending the Nairobi meeting will also participate in the South African symposium along with about 80 local diabetes experts.

Aspects to be discussed at the Cape Town symposium include: diabetes in pregnancy, vascular disease in diabetes, and metabolic control of diabetes.

STW 22/10/82

New group to aid diabetics 89

A non-profit organisation to aid diabetics was launched in Johannesburg last night.

The organisation, Diabeticare, will provide members with a pension fund, discounts on monthly supplies of syringes, needles and glucose monitoring disposables, leasing facilities for expensive technical apparatus and ex-

pert educational advice.

A spokesman for Diabeticare said there was a tremendous need for these services as diabetes was an expensive condition which could cost a diabetic more than R100 a month in medication.

There are an estimated 250 000 diabetics in South Africa. Mem-

bership will cost an average of R100 a year.

Diabetes is the third biggest killer in the Western world, followed by heart disease and cancer.

Anyone wishing to become a member should phone 29-6851/2 or 37-6940.

Directors of the organisation are all doctors working in the field of diabetes.

Fighting a wasting disease

mevew 27/10/82 (89)

MANY people have never heard of muscular dystrophy and allied neuromuscular diseases, medical experts do not know what causes them — and there is no cure yet.

Muscular dystrophy is a progressive wasting disease of muscles which gradually weaken.

The most severe type is the Duchenne, which affects young boys, most of whom become unable to walk by the time they are about 10 years old.

The muscles of the face and hands and of respiration are the last to be affected, but eventually these too fail.

Myasthenia Gravis, the form of neuromuscular disease which affects Sue Anderson, is a rare condition in which there is a defect in the communication between a healthy nerve and a healthy muscle.

Sue Anderson discovered she had the disease two years ago, when she couldn't finish painting the cupboard or walk up a few steps without getting exhausted.

Today she is under treatment, but as a result her body has swollen.

Some days Sue doesn't have much trouble moving around, but on others she is 'floppy and exhausted'. She has problems co-ordinating and drops things.

There are many types of muscular dystrophy, and most of them start during the teen years, but they may strike at any age and in either sex.

Some sufferers do not survive much beyond their teens, but the less severe diseases can progress to the stage where the sufferer is helplessly confined to a wheelchair and dependent on others for every need.

The Andersons will soon be moving out of their flat to a house they have designed to make living easier for her. But this is one of the few concessions Sue is making to her illness.

Instead of giving in to it, this courageous woman has decided to help others fight neuromuscular diseases.

A year ago she started the South African Neuro Muscular Action Group, SANMAG — the only organisation in South Africa for people with neuromuscular problems.

'I'm a nursing sister and I was overwhelmed when I found out what was wrong with me, so imagine what non-medical people feel,' said Sue.

Her trip to France and England this month showed her what there was available for people with neuromuscular diseases.

Countries such as the UK are more aware than South Africa of the problems with which NM sufferers have to cope,' said Sue.

Have you tried getting on to a bus when sitting in wheelchair, Sue likes to ask.

And she points out that very few buildings in Durban, including banks, cinemas and hotels, have ramps or especially designed toilets, in spite of it being the Year of the Disabled last year.

Sue reports that equipment in the UK is superior and, although they have to pay higher taxes, it is readily available for sufferers.

Equipment in South Africa does not match the range and quality of that available overseas.

For example, she says, wheelchairs range from the Maclarens Buggy Major, a lightweight folding pushchair ideal for travelling, to electric wheelchairs which can be operated with the chin or even the breath.

Unfortunately they have to be imported from America or the UK and are very expensive.

In the UK electric wheelchairs are provided for those who need them,' said Sue.

But here a wheelchair from the Province is regarded as something with four wheels and there is so much red tape to go through before one is issued.

'Each individual needs equipment to suit his or her specific requirements,' she told HERS of two Durban mothers who had children with neuromuscular diseases, and were driven to sell sampogas and make-up in their spare time to get their children

the necessary equipment. An adult woman with only wrist movement used to be helped by her husband, until he had a heart operation,' said Sue.

'Now she needs a hoist to get out of bed, but it will cost R900 and there is no financial aid from the Government.'

The British receive an attendance allowance if they need help during the day or night.

'We need district nurses to check up on and help bath and dress the disabled,' she said.

And Durban has new ambulances which are fully equipped, but they need paramedics to run them.'

In the UK, by contrast, financial aid was provided for housing to enable the disabled to install special bathrooms or ramps to make their lifestyle easier.

'For those who cannot get out of their homes easily, the installation of a telephone is paid for and a laundry service is provided, but there is nothing like this in Natal.'

Day centres in Britain 'rescue' a disabled person from boredom, while sheltered workshops provide employment. Most shops provide assistance for the disabled.

They are also exempted from paying road tax, while the orange badge system helps by granting parking concessions, enabling them to park close to their destinations.

'The situation in South Africa leaves much to be desired,' said Sue. 'Firstly, we need a neuromuscular clinic and genetic counselling.'

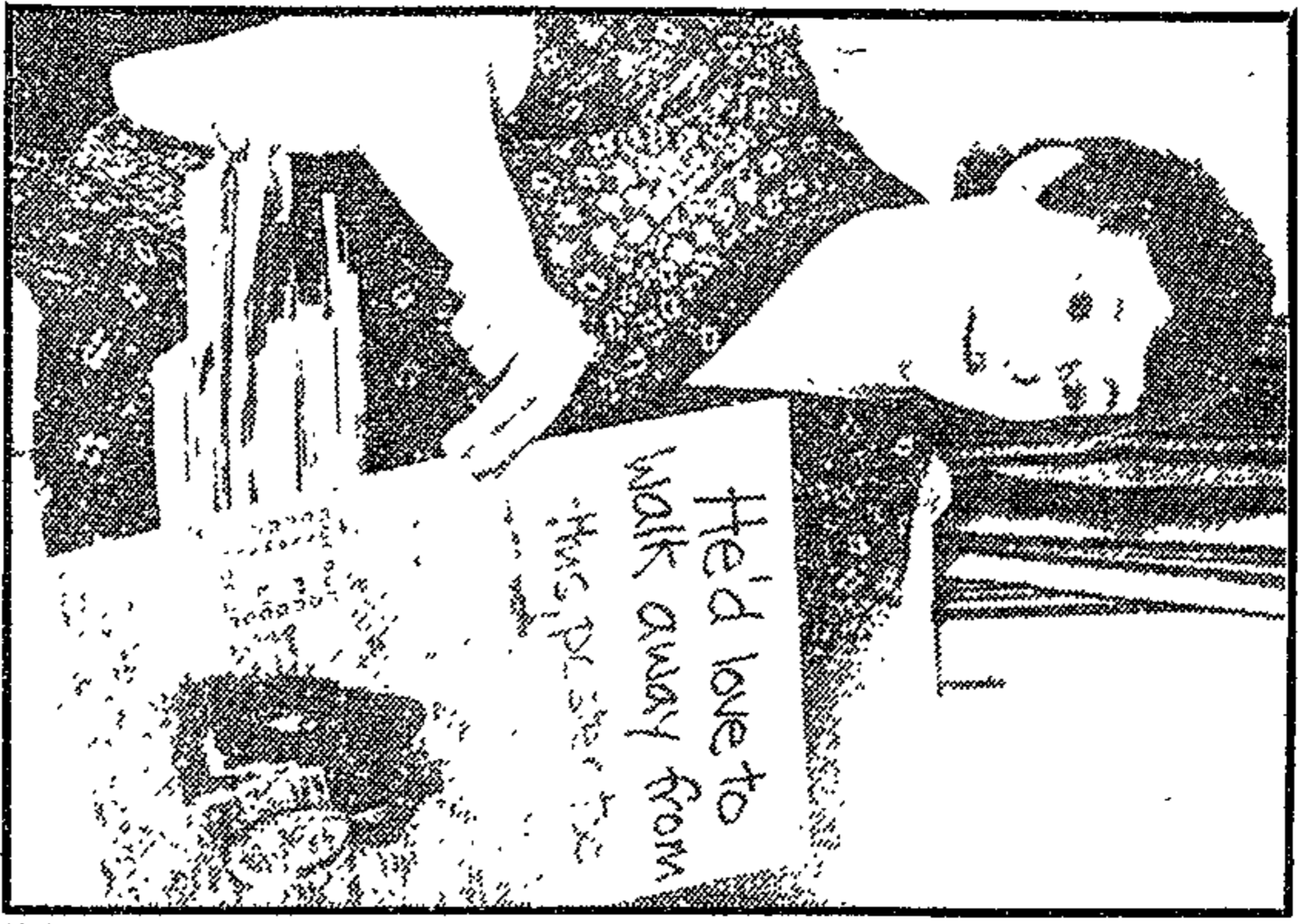
She explained that muscular dystrophies are inherited, while most cases of Myasthenia Gravis are not hereditary.

In Brazil every boy is tested for Duchenne dystrophy, which affects only males, although females may be carriers of the gene. She would like to see this in Durban too.

Sue is going to try and have a baby and she will need go into hospital a few weeks beforehand.

Her husband, David, will have to book a ticket to go to the birth, as the medical people with whom Sue has come into contact through SANMAG and her own illness, want to be present too!

Handwritten notes: 'I choose a fence there', 'The ud attract', 'they like the', 'me like the', 'me like the'.



Handwritten notes: 'mevew 27/10/82 (89)'.

mercury 29/10/82

Proposal might cut infant deaths

Mercury Reporter

THE medical superintendent at Durban's King Edward VIII Hospital is to discuss a proposal with the head of the Medical School's Paediatrics Department which could lower the hospital's infant mortality rate.

Dr Justin Morfopoulos, the hospital's medical superintendent, said yesterday he was open to any ideas which could improve the treatment of infants suffering from gastro-enteritis.

According to the head of the Medical School's Paediatric Department, Prof Allie Moosa, the infant mortality rate at the hospital could be lowered if gastro-enteritis cases were centralised under one roof.

Prof Moosa said for less

than R10 000 a centralised ward could be organised which would allow gastro-enteritis infants to be monitored more closely and would also allow specially trained staff to administer to their needs.

At present gastro-enteritis cases were spread out in various different wards at the hospital.

'By having a centralised ward we would be saving lives, and this is obviously worthwhile no matter what the cost,' he said.

Dr Morfopoulos said Prof Moosa had not approached him about his proposal yet, but he was certainly willing to discuss it.

'We have the same interests at heart. I will comment on the plan to centralise the ward after I have had a meeting with Prof Moosa,' he said.

2



**UNIVERSITY OF CAPE TOWN
EXAMINATION ANSWER BOOK**

**Diabetes may affect
1 in 5 SA Indians**

C. Herald 30/10/82 89

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Date

Degree/Diploma/Certificate for
you are registered (e.g. B.A., B.S)

Subject..... *ECONOMICS*
(to be copied from the heading on the Examination Paper)

Paper No..... *II*
(to be copied from the heading on the Examination Paper)

AS many as 19 in a hundred Indian South Africans could be affected by diabetes, with about 37 percent of the Tamil group becoming diabetic before the age of 50, according to the Medical Research Council.

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is among topics to be discussed at the MRC's symposium, "Current Trends in Diabetes Mellitus" to be held in Cape Town on November 19 and 20.

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Fifteen foreign experts attending the Nairobi meeting will also participate in the South African symposium along with about 60 local diabetes experts.

Aspects to be discussed at the Cape Town symposium include: diabetes in pregnancy, vascular disease in diabetes, and metabolic control of diabetes.

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

	Internal	External
(1)	(2)	(3)
53	Section A	Qu 2
Examiners' Initials		

NOTE CAREFULLY

1. Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.
2. Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
3. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.
4. Do not write in the left hand margin.

WARNING

1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

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

~~89~~ (89) ~~##~~ RGM 11/1/82

Cholera talks lead to joint committee

Mail Reporter

SOUTH Africa and Swaziland have formed a joint committee to fight cholera, the Swazi Health Minister Dr Wilson Hynd said yesterday.

And Opposition spokesman on health, Dr Marius Barnard, said yesterday that if the disease posed a risk to contestants in this week's Dusi marathon, the race should be cancelled.

The joint SA-Swazi committee was formed after talks last week between Dr Hynd and his SA counterpart, Dr I. A P A Munnik.

At least 46 people have died from cholera and more than 2 600 cholera cases have been confirmed in the two countries in the past six months

Dr Hynd explained that certain Swazi rivers flow into South Africa and some South African Rivers flow into Swaziland

Following last week's talks, a joint committee was formed to collaborate in the fight against the water-borne disease, he said

Measures

Health Department officials say all possible measures are being taken to prevent the disease spreading.

But more cases have been reported.
● Lebowa's Secretary of Health, Dr Machupe Mphahlele, said yesterday 13 cases of cholera were confirmed in the homeland and more than 300 people showing symptoms of cholera were being treated.

● A Dobsonville woman is being treated for cholera at the Pietersburg Hospital

● Three Chatsworth people are being treated at the R K Khan Hospital in Durban

● The situation at the local hospital in Stanger has been described as serious

And Dr James Gilliland, Director-General of Health, said yesterday the anti-cholera publicity campaign in the remoter areas of Natal, using a light aircraft with a public address system, appeared to have been successful.

A Health Department official in Durban said the more than 800 participants of the Dusi marathon on the Umsinduzi River will all receive advance notice of the cholera threat, but the Health Department would not call off the race.

"Most white participants live in reticulated water areas and would therefore not cause a major epidemic, but the entrants may, through contact with the river water, become so-called 'healthy carriers' and bring the infection into their homes."

Inoculation against cholera is ineffective -- the vaccine immunises only about half of those taking it.

A recent test of the Umsinduzi river water failed to turn up any cholera vibrio bacteria, but a Health Department official said yesterday this simply meant they hadn't found it yet

"It doesn't mean that the river water is not infected"

Reacting, Dr Barnard said if there was a risk the health authorities should cancel the race

"Personally, I think the contestants -- who belong to the privileged group in our society -- have a choice in taking such a health risk

"My concern is more for the people who are afflicted without any choice. Cholera is due to poverty. These people should have alternative clean water, proper health education and sanitary facilities"

87
Star 2/15/82
**TB strikes
35 000 more**

Nearly 35 000 cases of tuberculosis were notified by the Department of Health between January and August this year.

Other diseases recorded in the eight-month period include: measles (5 787), viral hepatitis (1 079), typhoid (1 890), malaria (1 756), meningococcal infection (511), tetanus (178), poliomyelitis (49), leprosy (40) and diptheria (18).

South Coast hit by cholera

Mercury Reporter *29*

CHOLERA has struck on Natal's South Coast and health officials have warned people to treat all unpiped water as contaminated. *Mercury 11/32*

Dr G M Gregersen, deputy-director of State Health for Natal, said yesterday: 'With the start of the rainy season there is a lot of water lying about.

'I must emphasise that no one should drink water that does not come from a tap unless it has been either boiled or disinfected with household bleach.'

Dr Gregersen said health officials met this week to discuss the cholera situation.

'While it was distressing to find there had been an increase on the South Coast, it is nothing like the epidemic we had last year,' she said.

Cholera had never really stopped, with sporadic cases throughout the winter.

Those affected over the past three weeks were in an area near Scottburgh, not affected in last year's epidemic.

Dr Gregersen said this could mean they did not have the immunity to cholera that people from other areas had developed.

It was reported that a single case from Botha's Hill had been admitted to King Edward VIII Hospital.

Cholera

on the

89

mercury
increase

9/11/82
in Natal

Mercury Reporter

CHOLERA is on the increase and is likely to continue now that the warmer weather has arrived, Natal's Regional Director of Health and Welfare, Dr Johan van Rensburg, said yesterday.

The latest figures show that 26 cases were confirmed throughout Natal out of the 49 suspected cases treated during one week, according to Dr van Rensburg.

There have been no deaths from the disease lately.

2 Disbair
1911.182
Hofmeyr (89)
polio case

TARKASTAD — A suspected polio case has been admitted to the Tarkastad Hospital, in the Eastern Cape, it was reported yesterday.

The patient was said to be from the Hofmeyr district and precautionary measures were being taken in the area.

Nearly 1 000 school-children were given oral polio vaccines by a team of nurses.

The medical superintendent at the hospital could not be reached yesterday. — SAPA.

Cholera battle continues

89

Mercury 16/1/82

Mercury Reporter

DURBAN'S Clairwood Hospital still had 44 cholera victims yesterday after 47 cases were discharged and 15 more admitted. Patients had come from the Inanda squatter camp north of Durban.

The regional director of State Health in Durban, Dr J van Rensburg, said cases had come also from KwaZulu and the squatter sites in the Amaoti area.

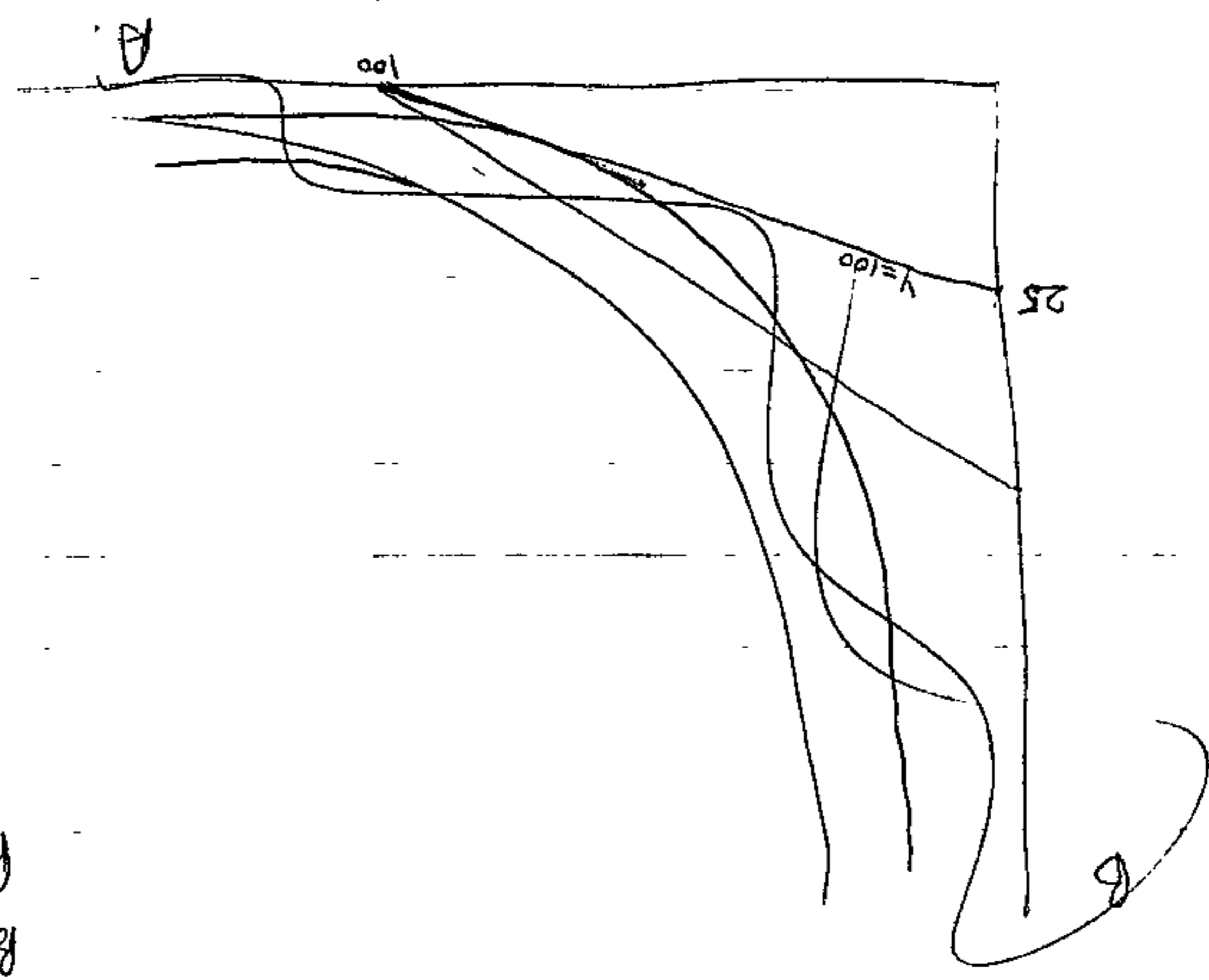
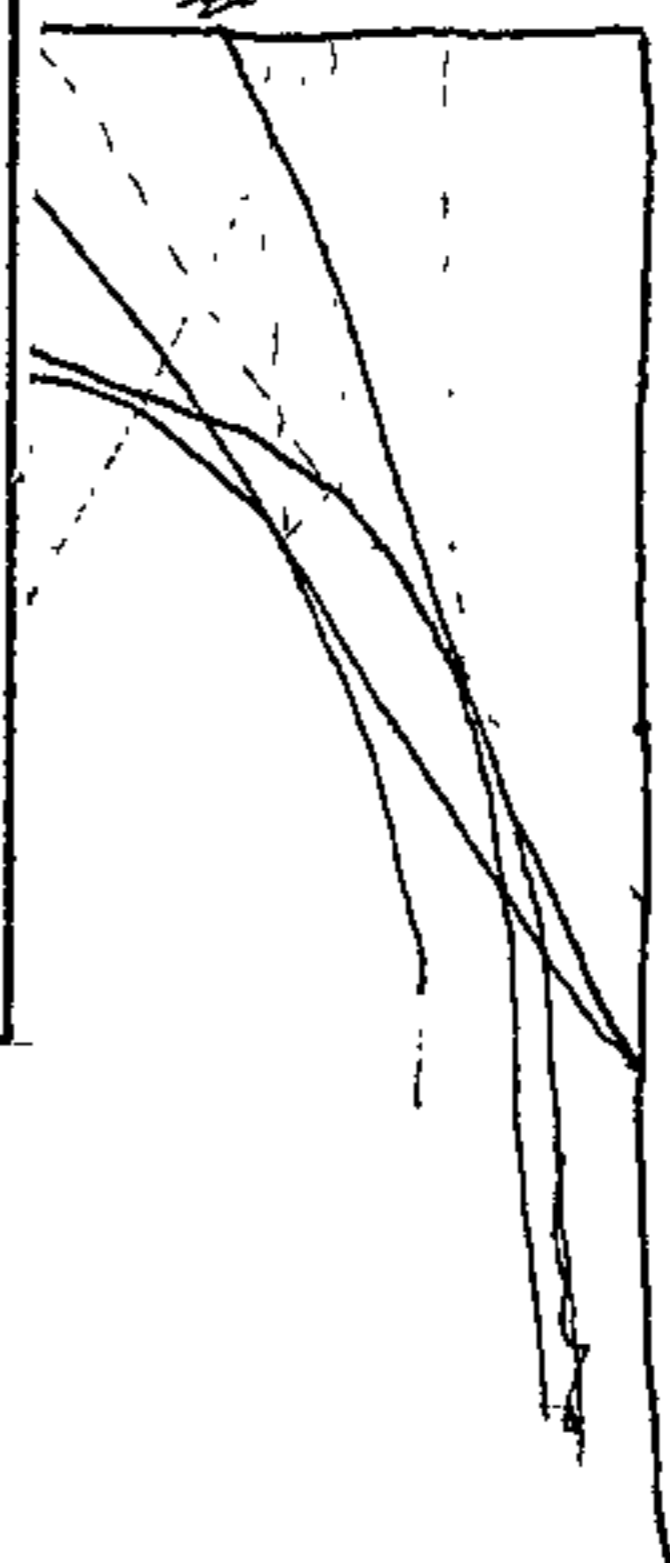
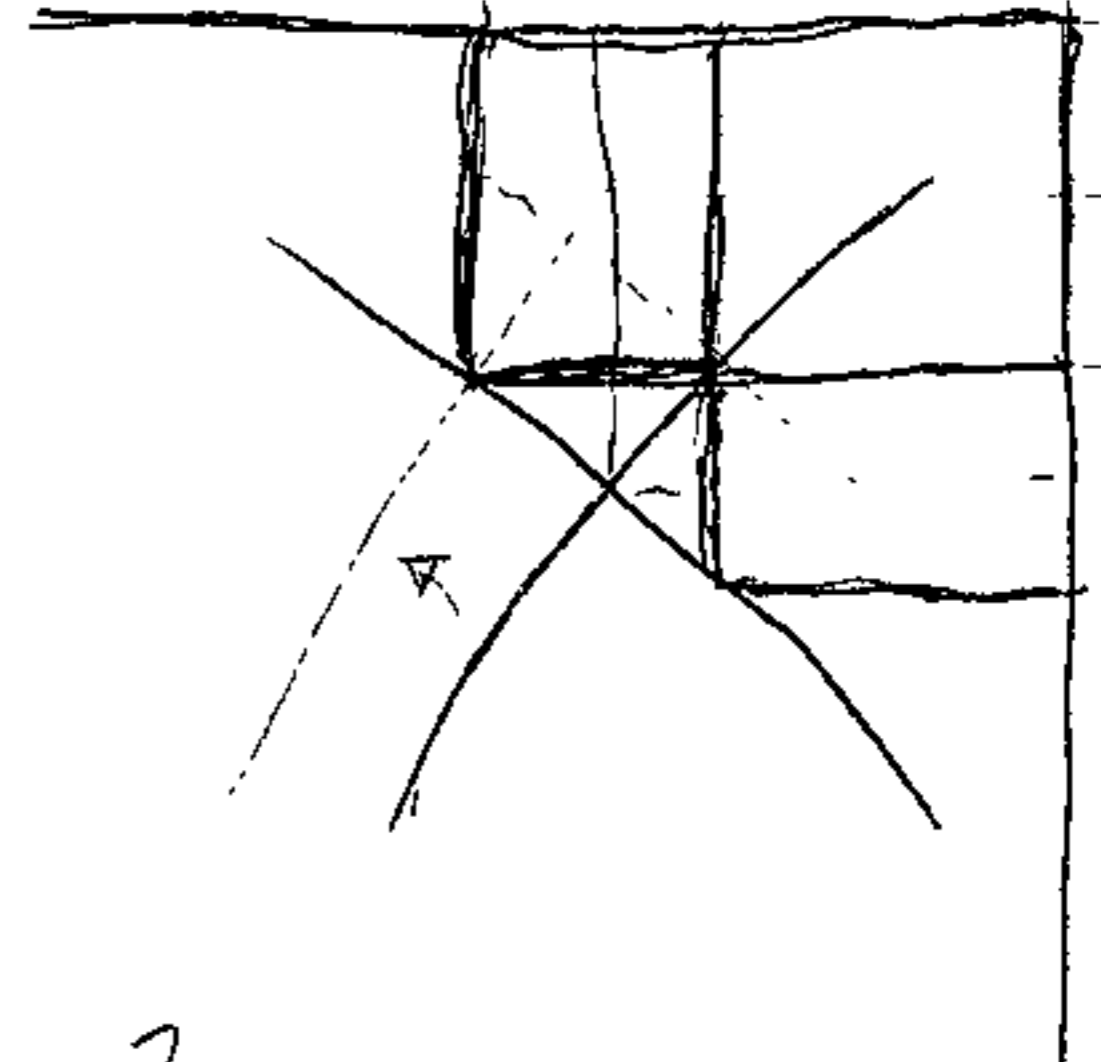
He said the epidemic appeared to be moving southwards in Natal, and the number of cases in Durban hospitals was expected to increase.

Pinetown's Mariannahill Hospital admitted one cholera case yesterday, bringing the total to three.

Port Shepstone Provincial Hospital has been treating three patients this week while Stanger Hospital admitted nine cases, bringing the total to 31.

The disease has killed at least 46 people so far.

Handwritten note: ... short term ...



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 $R_2 = R_1$
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 Budget & R100

Widow's damages claim dismissed with costs

Post Reporter
A widow's damages action against an insurance company was dismissed with costs by the Port Elizabeth Supreme Court yesterday.
Mrs Edith Gexa sued the Constantia Insurance Company on her own behalf and on behalf of her two children after the death of her husband, the breadwinner of the family, in a motor accident in Mbiline Street on May 8 1978.

When the case came to trial yesterday, Mr M H Claassens (for Mrs Gexa) said he could not proceed because the only witness to the accident was the driver of the car and he had died a few weeks ago.

Mr Justice Smalberger granted the insurance company absolute with costs.

Mr Claassens was instructed by Kondile and Somyalo. Mr B Leach was instructed by Goldberg and De Villiers.

Child with polio sent to PE

Post Reporter

A CHILD suffering from polio has been admitted to the Empilweni Hospital for contagious diseases in Port Elizabeth.

This was confirmed today by Dr C van Rensburg, of Tarkastad, who said the child was 18 months old and from the Hofmeyr district.

Dr Van Rensburg said the disease was detected immediately. The child had been isolated since it was first admitted to the Tarkastad Hospital. No other cases had been reported.

As a precautionary measure about 1 000 school-children were given oral polio vaccines by a team of nurses. Anyone who has been in contact with the patient would also be vaccinated.

Little support for call to suspend boxing

By RAYMOND HILL

LOCAL professional boxing experts disagree with a suggestion by the American boxing promoter, Mr Bob Arum, that the sport should be suspended until new regulations are introduced to protect fighters.

Arum made his controversial statement after the fight in which the South Korean lightweight, Duk Koo Kim, 23, was knocked unconscious by his opponent, Terry "Boom Boom" Mancini, 21, in Las Vegas on Saturday night.

The knockout blow came in the 14th round of the World Boxing Association's title fight.

Kim remains in a critical condition in a Las Vegas hospital and is being kept alive by life-support systems.

As a result of the heavy beating Kim took in the fight, Mr Arum wants new rules to be introduced while the game is suspended.

He has proposed the introduction of headgear or improved gloves.

But the immediate past president of the World Boxing Association (WBA), Mr Justice H W O Klopper, of Bloemfontein, said he disagreed with Arum's views.

"How far does Arum want to go when he talks about new rules being brought into boxing?"

"If he wants to avoid all kinds of accidents in the ring, then we might as well give up the game for keeps. As far as suspending the game is concerned, I cannot see how it will work."

Mr Justice Klopper believes that the cushioning used in boxing gloves could be improved.

But he disagreed with the introduction of headgear into professional boxing, because a professional title fight would then resemble a training session where the boxers always wore such protection.

Mr Les Muller, of East London, one of the only South Africans on the WBA's panel of judges, said nobody was forced to box.

He, therefore, did not agree that the sport should be suspended.

Headgear, he said, was "worth a try". But boxing gloves had already been improved to the maximum.

"Fighters are more vulnerable when they pass the 10-round mark. A good regulation would be to reduce title fights from 15 rounds to 10 rounds, or perhaps to 12 rounds," he said.

The chairman of the Eastern Province Professional Boxing Board of Control, Mr Eben Visser, said "I cannot see how new boxing regulations will improve the situation because it is a matter of defending yourself in the ring against somebody who is trying to beat you by hitting as hard as he can."

He disagreed with Mr Arum's views that the game should be suspended.

Headgear, he said, would hamper a boxer's movements in the ring. But he was in favour of gloves being improved - if this could be done.

A look at the Mayor's diary for this week

Post Reporter

HERE is the diary of the Mayor and Mayoress of Port Elizabeth, Mr and Mrs H van Zyl Cillie, for this week:

Today

10am. The Mayor and the Town Clerk will receive the American Consul-General in Cape Town, Mr Richard C Scissors, in the Mayor's Parlour.

11am. The new commodore in Simonstown, Commodore E T Beddy, will pay a courtesy call on the Mayor and the Town Clerk in the Mayor's Parlour.

Tomorrow

10am. The Mayoress will attend a tea to raise funds for the Redhouse hall at the home of Mrs L Lotz, 40 Tow Path, Redhouse.

5.30pm. The Mayor will attend a cocktail party on the occasion of the opening of the new administration block of Welfit Oddy Limited at Perseverance.

Thursday

City Council meeting
7.30pm. Mayor and Mayoress will attend a Festival of Lights celebration (Roshnee) at 152 Mountview Drive, Malabar. They will be the guests of honour of the chairman of the Executive Committee of the South African Indian Council, Mr Amichand Rajbansi, and his wife.

Friday

10am. The Deputy Mayor will attend the diploma ceremony at the Port Elizabeth Teachers College.

4pm. The Mayor will open a new factory for P J Deranco Blocks in Perseverance.

7pm. The Mayor and Mayoress will attend the opening of the clubhouse at the South African Police rugby grounds in Kemsley Park.

Saturday

10.30am. The Mayor and Mayoress will attend Open Day at the Aurora Nursery School for handicapped children. The guest speaker will be Dr Marius Barnard.

Court order on unpaid rates

Court Reporter

DEFAULT judgment was granted by the PE Supreme Court today to the PE Municipality in respect of unpaid rates against several property firms.

Judgment for R5 806, interest at 15% and costs was given against WFA Properties (Cape Limited).

Similar orders for R5 224 were given against Tolpen Investments Pty Limited, for R4 303 against Peel Street Properties Pty Limited and for R4 294 against Algoa and Eastern Development Co Pty Limited.

Mr Justice Smalberger was on the Bench. Mr Leon Schubard (instructed by McWilliams and Elliott) appeared for the municipality.

'Sacos were invited'

JOHANNESBURG — A challenge to the South African Council on Sport (Sacos) to "stand up or shut up" was made by Mr Rudolph Opperman, chairman of the SA Olympic and National Games Association, prime mover in arranging the first national sports congress, which began at the Wanderers Club today.

Mr Opperman, a participant in the Human Sciences Research Council investigation into sport, reacted to denials by Sacos that it had been invited to the congress by producing photo-copies of receipts for the posting of registered articles (invitations to attend congress) addressed to Mr Hassan Howa and Mr Manickum Pathar and claimed these men had signed personally for receipt of these articles.

● See Page 2

Manager menu sla 'hilarious'

By GARTH K

IN an article entitled "Oh dear, y" the last issue of a Sunday newspaper, Club Orleans restaurant came in.

Describing the contents of an special guide to "Wining and Dining Southern Africa, the article exposed the restaurant's "awful" menu, misleading conceptions and general racy."

The manager of the five-star hotel found the article "hilarious".

However, he explained that "w staff" and with a new team he Elizabeth totally", including re-menu.

He nevertheless defended the its cuisine on the menu card with "Such menu terms make it ex-should woo," he said.

Mr Lehman assured the public of a new chef from West Germany had recently joined his staff.

"I can assure that any adjacent menu will be accurate," he said.

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Cholera outbreak 'not alarming'

Mercury 17/11/72
29

Mercury Reporter
TECHNICALLY cholera had reached serious proportions on the Natal South Coast, but it certainly was not 'alarming', Natal's Regional Director of Health and Welfare, Dr. Johan van Rensburg, said yesterday.

'The number of cases reported in the Scottburgh area is not alarming although that area accounts for about 70 percent of cases reported throughout the whole of Natal,' he said.

Dr van Rensburg said that the latest number of cases reported for the whole of Natal was 35.

He warned people, especially those on the South Coast, not to become complacent about the disease. 'There is no doubt that it is still very much present in Natal,' he said.

Dr van Rensburg said his department was still conducting educational programmes concerning the disease and emphasised that drinking water should be purified.

6
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history 10/11/82
10/11/82

35 cases
of cholera
on South
Coast

By Pamela Kleinot
Thirty-five cases of cholera have been reported on the Natal South Coast this week, mainly in the Scottburgh area. Dr Gert van Rooyen, Deputy Director-General of Health and Welfare, said he did not regard this as an epidemic as a steady trickle of cases was continually being reported from that area.

He warned holidaymakers and tourists who intended visiting known cholera areas to take precautions against contracting the disease.

"The possibility exists that cholera outbreaks may again occur," he said.

Cholera — which has killed at least 270 people in the past three years — is a cyclical disease which wanes in the winter and tends to erupt with hot weather and summer rains.

The water-borne disease — which swept through Natal and kwaZulu last summer — broke out in the Eastern Transvaal in 1979, spread to various parts of the country and has become entrenched in some rural areas.

About 4 000 cases were notified during the first epidemic and more than 11 000 during the second. These epidemics highlighted the relationship between health and living conditions, the lack of clean water supplies in rural areas.

Cholera is an acute infection of the gastro-intestinal tract leading to severe dehydration and death if the victim is untreated. But the disease is easily treated by a big intake of fluids.

The Department of Health has issued these instructions to travellers to reduce the risk of contracting cholera:

- Drink only purified water.
- Wash all fruit and vegetables.
- Maintain a high standard of hygiene.

(27)
**Cholera epidemic
in Natal**

ROM 17/11/62
DURBAN — Cholera has reached epidemic proportions on the Natal South Coast for the first time — with the Christmas holiday season only weeks away.

The regional director of Medical Health Services in Durban, Dr Johan van Rensburg, said 35 cases of cholera had been reported this week.

He warned that every river in the coastal region had been tested and shown positive. All surface water should be treated as polluted and on no account be consumed unless it had been purified.

At this stage, he said, no ban on river and lagoon bathing was contemplated, although he advised people generally to avoid rivers as far as possible.

Dr Van Rensburg said last year's North Coast epidemic had left a mostly immune population, although the odd case was still being reported.

Now the epidemic was moving south and many local people did not realise the importance of purifying their drinking water.

Hotels, holiday flats and caravan parks along the south coast report heavy bookings for December and January, and holidaymakers are not likely to be deterred by the disease. — Sapa.

...ence on her father whom she found difficult to ignore.

Judge: We have difficulty in assessing Smith's personality. What really prompted her to kill her husband? And how could she do it after living with him for seven years? And how could she try plan after plan until she finally succeeded?

Witness: It was difficult to assess whether the picture Smith painted of her circumstances was really as bad as she described. When Mr Smith started to threaten her father with blackmail, a different pace set in. Divorce then was not enough.

Judge: Is it possible that Mr Mullocks's apparent disregard for law and order could have influenced her decision?

Witness: Yes. Our environment forms us to a great extent.

A Cape Town sociologist, Mr Gordon Isaacs, testified in mitigation for Ramogale and said he had been born into a rural family with no literate background.

Willingness

He had a good working record and displayed a willingness to obey instructions.

Ramogale's social circumstances were still dominated by the rural beliefs of mysticism, Mr Isaacs said.

He also exhibited a keen need to respond to authority if it represented a mother and father image to him.

Ramogale regarded murder as wrong, Mr Isaacs said. For him death was in the hands of a deity beyond human control.

The act of murder to him was abhorrent and despicable.

'But he did not link the process of recruiting a murderer to the act itself,' Mr Isaacs said.

Ramogale saw his participation in the crime as a means to please authority with a lucrative side gain.

He had a grossly underdeveloped ego and was emotionally and intellectually immature.

Argument in respect of extenuating circumstances will be given today.

Man shot

NYSNA—A Johannesburg man died of a bullet wound in the head here after having made his own funeral arrangements. Mr Thomas Edwin Ramussen, a businessman of Carleton Road, Parkwood, died at the local hospital here Monday night after having arranged for his

... exchange was 'not related in any direct way' to the negotiations but did prove that it was possible to reach negotiated solutions in the region.

Mr Botha said the South African Government basically agreed with a statement by Mr Bush in Harare on Tuesday night that the United States wanted to see South West Africa become independent as soon as possible.

The Foreign Minister said he had been assured by the Americans that the US was acting as an honest broker in the negotiations, and added that South Africa, too, wished to see independence in the territory soon.

A US embassy spokesman said Dr Crocker would not rejoin the Bush tour but would return to Washington today. — (Sapa)

Court's No to HNP boss

PRETORIA—The appeal by the leader of the HNP, Mr Jaap Marais, against a conviction for contravening the Act on Petroleum Products, was refused in the Pretoria Supreme Court on Tuesday.

Mr Marais lodged the appeal after he was found guilty in a Pretoria Regional Court on May 21 this year of distributing pamphlets on the transporting of petroleum, during a public meeting.

Mr Marais appealed earlier this month against the verdict of the Magistrate, Mr C F Klopper, who warned and discharged Mr Marais. — (Sapa)

... comment ited two farms. His two nephews would have jointly inherited one farm.

The applicants have asked the Court for an order declaring the 1965 will valid and for an order in terms of which an executor would be appointed to distribute Mrs Barnard's estate in terms of the will.

Mr Clifford Barnard told the Court he had never got on with his father, but had been very close to his mother.

Agreement

While working for his father, he had been paid only pocket money as his father had told him he was 'working for himself'. It was no secret that he would inherit two farms, he said.

Before his mother died she had told him Mr Barnard senior wanted her to change their will, but that she never would.

After Mrs Barnard's funeral, Mr Barnard senior called his sons together and told them a redistribution agreement would have to be drawn up because their mother had no will. He told them that he had destroyed the will, he said.

Mrs Sylvia Smallberger, a bookkeeper for a Uniondale firm of attorneys, told the Court Mr Barnard senior had removed a copy of the will from her files after his wife's death. She had told him it could not be removed but had taken it promising to return it.

Only Mr Gerrit Barnard, Mr Barnard senior's oldest son, and Mr de Jager have opposed the action.

The hearing continues today. — (Sapa)

'No cholera' at resort

Municipal Reporters: THERE is no cholera in Scottburgh and Transvaalers can holiday in the popular resort without fear of catching the disease, according to the Town Clerk Mick Collocott.

He said the municipal offices had been inundated with inquiries from concerned Transvaalers who wanted to know if they should cancel their holiday bookings.

Several upcountry reports had referred to a cholera outbreak in the town. This was incorrect. The hospital at Scottburgh served a huge area and patients from the black rural areas were being sent to it for treatment.

The Medical Officer of Health had given an assurance that there was no danger to holidaymakers; the town's water supply was purified.

Hold-up

Pietermaritzburg Bureau: THE owner of the Gums supermarket in Winterton was threatened by two armed men on Tuesday. They took R1 200 in cash and fled.

The owner, Mrs A M Haug called for help on a two way radio. The police at Loskop arrested a man soon afterwards and recovered R175 and a toy pistol.

Police are still searching for the other suspect.

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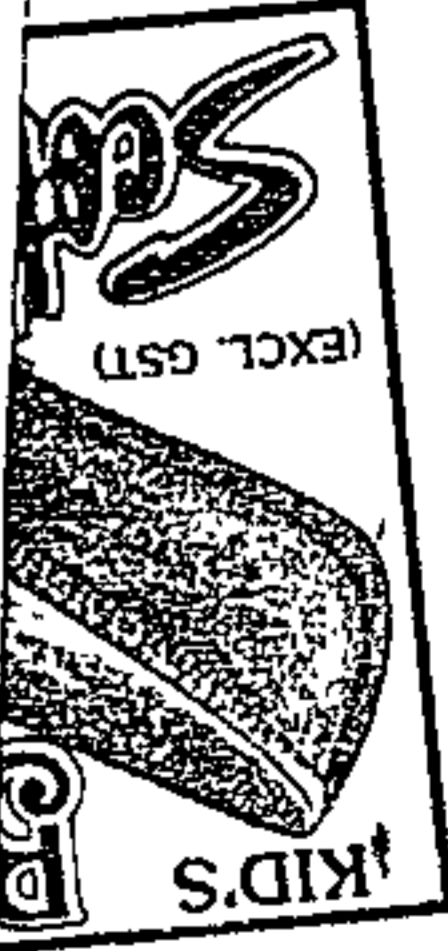
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SUNDAY EXPRESS November 28, 1968 15

THOUSANDS OF TRANSVALERS HEADING FOR THE HOLIDAY COAST

Killer disease awaits Christmas holidaymakers

By DARYL BALFOUR

WITHIN a week of the holiday season getting under way, a cholera epidemic has struck Natal and kwaZulu. This time the target is the popular South Coast.

So far this month more than 180 confirmed cases of the killer disease have been treated at Natal provincial hospitals, with more than 500 other suspected cases reported.

And in kwaZulu 119 cases were confirmed and 240 suspected between No-

ember 3 and 16. No deaths have been reported so far.

But health services are uniting in a campaign to restrict the spread of the disease and educate rural inhabitants about the dangers of contaminated water.

And with the upcountry holiday hordes about to arrive, health authorities have warned that unless strict hygiene is observed, the disease could get out of control.

Holidaymakers have been warned that all rivers on the Natal South Coast

should be avoided and all drinking water from unpurified sources should be boiled and disinfected with chlorine. The main cause of the problem is the lack of sanitary toilet systems in most black areas as well as a shortage of purified water.

In an attempt to help prevent the spread of the disease, tankers supplied by the Department of Co-operation and Development are being used to truck in fresh water.

Boreholes are also being sunk to provide clean drinking water.

While last year's outbreak was centred on the North Coast and kwaZulu, the latest outbreak indicates that the disease has now spread south of Durban.

The worst-hit area appears to be the Scottburgh district, where 46 cases have been admitted to the local provincial hospital in the past week.

Further down the coast the Port Shepstone/Margate area has also had several cases, with six admitted to Port Shepstone hospital in the past week.

Closer to Durban, Clairwood hospital treated 12 cases last week.

But while the authorities say they are doing all they can to combat the spread of cholera, they admit they cannot succeed without public support.

They also say that unless the public and holidaymakers heed the warnings — wash fruit and vegetables thoroughly, do not swim in coastal rivers or lagoons and boil unchlorinated water — this summer could see the country's worst outbreak yet of the disease.

WARNING

1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

disqualification and to possible exclusion from the university

IN JOK

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

(1)	Internal	External
	(2)	(3)
36	14	
16	14	
2a	17	
Examiners' Initials		

39
40 000 TB
29/11/72
cases notified
in 10 months

More than 40 000 cases of tuberculosis were notified to the Department of Health between January and October this year.

Other diseases notified include: cholera (12 485); measles (6 971); typhoid (2 085); malaria (1 855); viral hepatitis (1 242); meningococcal infection (609); trachoma (433); tetanus (169); poliomyelitis (80); rabies (human contacts) (76); leprosy (54); diphtheria (19); plague (18); paratyphoid fever (10) and haemorrhagic fevers (1).

There were six cases of lead poisoning and one of anthrax.

Fears cholera might spread to East Cape

ET 2004 29/11/82 (88)

By SUE OLSWANG

HEALTH officials in Port Elizabeth have warned that cholera, the disease that has reached epidemic proportions on the Natal South Coast, could reach the Eastern Cape.

Dr J D Krynauw, the Eastern Cape Regional Director of the Department of Health, Welfare and Pensions, said today: "There is a possibility of cholera spreading to the Eastern Cape. It would be wise for us to repeat previous warnings against drinking unpurified water."

Dr Krynauw said that as cholera germs were borne in water, the public should avoid using water which was in any way suspect.

"If unpurified water is the only supply available, it should either be boiled or chlorinated before use.

"Water can be purified by mixing one teaspoonful of Milton, Jik or Javel with

25 litres of water and leaving it overnight. In this way the danger of cholera being transmitted can be eliminated."

Fruit and vegetables should be well washed before eating and people should observe strict personal and domestic hygiene.

Dr Krynauw said the incidence of cholera seemed to subside slightly during the colder months and the danger was greater during summer.

As cholera was contagious, it would be very difficult to prevent an outbreak in the Eastern Cape, as carriers from Natal could enter the region from Transkei.

"It is sometimes almost impossible to detect the early spread of the disease as people can be carriers of the bacteria and transmit it without showing symptoms of the illness," he said.

PORT ELIZABETH — Health officials here have warned that cholera, which has reached epidemic proportions on the Natal South Coast, could reach the Eastern Cape.

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Since cholera germs

Cholera warning for E Cape

(89)
D. Dispatch
30/17/82
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Fruit and vegetables

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As cholera was contagious, it would be very difficult to prevent an outbreak in the Eastern Cape, as carriers from Natal could enter the region from Transkei. — SAPA.

89

Eastern Cape gets cholera warning

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As cholera was contagious, it would be difficult to prevent an outbreak in the Eastern Cape, as carriers from Natal could enter the region from Transkei. — Sapa.

89
Polio
5. Pos.
cases
3/2/82
in PE

TWO young black girls from Hofmeyr have been admitted to the Empilweni Hospital in Port Elizabeth with polio.

One of the girls, 10-month-old Irene Hayiya, was first admitted to the Cradock Hospital and then sent to Port Elizabeth.

The second girl is two-year-old Vuyiswa Wessels.

A spokesman for the Empilweni Hospital today confirmed that the children had been admitted to the hospital.

He reported their condition as satisfactory.

The Cradock Medical Officer of Health, Dr A Lyell, said Irene had only received two doses of the polio immunisation. The full course is four doses.

Dr Lyell urged parents to take their children to the local municipal clinic if they have not completed the immunisation course.

(8) 2004
10/12/82
**Cholera boy
in hospital**

Mall Correspondent

PORT ELIZABETH. — A 12-year-old boy from Glen Gray district, in the Transkei, has been admitted to hospital in Queenstown suffering from cholera.

The regional director of the Department of Health, Dr J D Krynauw, said yesterday the boy had been admitted to hospital on Monday.

He said no cases of cholera originating from the Eastern Cape had so far been reported.

D. Burger 10/12/82

Transkei boy has cholera

EAST LONDON — A 12-year-old boy has been admitted to the Frontier hospital in Queenstown with cholera.

The boy was brought from Transkei by his parents.

Dr R. Shaeffer of the Frontier hospital said the boy had a very mild case of cholera and was now

much better.

Dr D. Krynauw, regional director of the Department of Health, said there was no cause for alarm as the boy had responded well to treatment and there had been no other cases of confirmed cholera in this region.

However, he said cholera was "moving

closer to our border" and issued a warning to all people making use of surface water not to drink it.

He said if it was the only water supply, it should be purified either by boiling or adding a teaspoonful of detergent containing chlorine for every 25 litres of water and allowing it to stand overnight. — DDR

1982 was a year of medical headlines



Dr Patrick Steptoe . . . test-tube baby pioneer.



Mrs Christina Samane with her son Sithandiwe, who broke all South African records when he weighed 10,3 kg at birth. He was born in October at Sipetu Hospital near Mount Frere in Transkei. Sithandiwe suffers from overaction of the pituitary gland and is expected to grow into a giant.

The world's first permanent artificial heart — which was implanted in a retired American dentist — was the big medical news of 1982.

World headlines were made when Dr Barney Clark (61), who had no other hope of survival, had his diseased heart replaced by one made of plastic and metal by surgeons at the University of Utah in Salt Lake City.

The 74-hour operation was performed on the 15th anniversary of the first heart transplant, which placed South Africa firmly in the records of medical science.

On the night of December 2, 1967, Mr Louis Washansky was given a new heart at Groote Schuur Hospital in Cape Town. Hundreds of heart transplants have been

done since this historic event, including 55 in South Africa.

Heart transplant pioneer Professor Chris Barnard celebrated the 15th anniversary in Cape Town.

And in Johannesburg this year, another revolutionary life-saving treatment for heart attack victims was performed. The treatment known as intra-coronary infusion involves the injection of a drug which dissolves blood clots through a vein in the groin.

Two hospitals also took the first steps this year towards making test-tube babies a reality in South Africa.

The H F Verwoerd Hospital in Pretoria and Groote Schuur Hospital have already started screening infertile couples

for in vitro (outside-the-womb) fertilisation.

The opening of these two test-tube baby centres coincides with the visit to South Africa of test-tube baby pioneer Dr Patrick Steptoe of Britain, who addressed a gynaecological congress held in Bloemfontein.

Another internationally-renowned infertility expert, Dr Bruno Lunenfeld, also came to South Africa to speak at the congress. Dr Lunenfeld, of Israel, pioneered fertility drugs in 1962 — drugs which were responsible for the birth of the Rosenkowitz sextuplets in Cape Town a few years ago.

This was also a year of cholera, polio and plague, mainly in the homelands

where people live in overcrowded and filthy conditions and lack basic health needs such as purified drinking water, food, housing and waste removal.

These diseases hit the headlines because they are the more dramatic conditions which people tend to respond to. Little attention is paid to the more dangerous and common conditions such as gastro-enteritis — the biggest killer of black children — or even totally preventable diseases such as measles, which kills 11 children a day in rural areas.

It was also reported this year that there has been an upsurge in the incidence of tuberculosis, South Africa's worst health scourge, which kills up to 20 people a day.

Though the incidence of TB had been steadily declining towards the end of the 1970s, the recent upsurge has been attributed to the increase in the cost of food and unemployment.

An outbreak of typhoid fever at Weskoppies Hospital in Pretoria made front-page news in July. Six patients died and 35 were treated.

Typhoid is a major problem in the rural areas of South Africa, and at one hospital alone in Gazankulu — Tinswala Hospital — 50 typhoid patients are being treated at any one time.

South Africa's major health problems are concentrated in the homelands. Lack of funds and medical personnel in these areas is not going to help stem the tide of ill-health.

Other news events this year include:

- The controversial decision by the South African Medical and Dental Council to hold its secret disciplinary hearings involving the alleged misdemeanours of doctors and dentists. There was a storm of protest from members of the medical profession, including high-ranking Government officials.
- A Transkei baby broke all known South African records to weigh in at 10,3 kg at birth. Sithandiwe Samane is expected to grow into a giant. His abnormal size is due to overaction of the pituitary gland.
- A new cosmetic operation to beat the battle of the bulge was performed in South Africa. The body-contouring technique was pioneered by a French plastic surgeon, who perfected a method of dissolving fat and suctioning it out of the body without leaving unsightly scars.
- There was an international salmon scare after the death of a Belgian from botulism. He had eaten salmon from a defective can.

Cholera threat to coastal visitors

(29)

15/12/82

MARITZBURG. — Cholera, rather than sharks or sunstroke, will be the main hazard facing the thousands of holidaymakers heading for Natal's lower South Coast this Christmas.

The disease has again taken hold in Natal and KwaZulu and doctors say they are treating at least three times as many victims now as in the winter months.

Recent rains and hot weather have stimulated the killer disease — 135 cases in Natal were treated this week and 153 cases last week.

During winter, doctors were handling up to 50 cases a week.

In KwaZulu, doctors treated only about 20 cases weekly in winter. At present, in the Izingolweni area on the South Coast alone, at least 40 residents

are under treatment.

Dr Johan van Rensburg, regional director of medical health services in Durban, said the problem was widespread but more serious in the areas inland of the South Coast.

He said cholera organisms multiplied more easily in warmer temperatures and people drank more water, so increasing their chances of catching the disease.

Dr Daryl Hackland, director of KwaZulu health services, said the worst-hit places in KwaZulu at present were Izingolweni and the Springvale area near Ixopo.

About 12 cases from Springvale are being treated at Edendale Hospital outside Maritzburg.

However, he stressed that medical teams from KwaZulu and Natal had the

situation under control.

A spokesman for the G J Crookes hospital in Scottburgh said an average of four or five victims were being treated daily.

Most of the victims were from the Mtwalume and Jolivet areas on the South Coast.

He added that the areas worst affected earlier this year were now relatively cholera-free.

An Edendale Hospital spokesman also noted that the area in which there were most problems last year — the Umsindusi river valley — appeared to have little of the disease now.

The current increase in cholera cases points to a similar pattern as last year and medics fear that by February they could have another epidemic on their hands. — Sapa.

Cholera outbreak 'not as bad as earlier this year'

15/12/82

(99) Mercury

CHOLERA is on the increase in Natal, but so far the outbreak is nowhere near as serious as it was at the beginning of the year.

This was said yesterday by Natal's Regional Director of Health and Welfare, Dr Johan van Rensburg.

The present weekly figures, when seen in perspective, were nowhere near the figures for January and February, he said.

'During the height of the cholera epidemic in January and February this year, about 2,000 cases of cholera were reported every week throughout Natal,' he said.

'The average figure now of suspected cases reported in Natal is about 150 a week, so the figures speak for themselves.'

Dr van Rensburg said that further cases of the disease could be expected with the onset of summer, but the situation was not alarming.

'We are always worried about serious diseases such as cholera, but we are not unduly concerned about it at the moment,' he said.

He said that summer climate conditions were conducive to the multiplication of cholera organisms and that, because people were likely to drink more during summer, they were susceptible to larger doses of

cholera organisms than during the winter months if they drank untreated water.

'People are also probably more careless about the water they're drinking.'

Complacent

Dr van Rensburg said that cholera was showing an expected trend of moving southward and that most cases reported were in the inland rural area between Scottburgh and Port Shepstone, not at the coastal resorts themselves.

He repeated his warnings to people not to become complacent about the disease and to continue purifying untreated drinking water.

The Director of Health Services for KwaZulu, Dr D Hackland, said that

cholera had been reported in the following areas: Mtwalume, Izingolweni, Springvale and Umbumbulu.

'The situation is well under control, however, and we are certainly not alarmed or worried about it.'

Dr Hackland referred to reports that cholera was sweeping through Natal as a 'gross exaggeration and misrepresentative of the true state of affairs.'

He said that about 80 cases had been confirmed during the past month or so which, although probably about double the amount confirmed during winter, had been expected now that summer had arrived.

'We are continuing with our health education programmes, however,' he said.

^{Staw}
Cholera:

2 277 ⁽⁸⁹⁾

¹⁸¹¹²¹⁸²
SA cases treated

By Pamela Kleinot

Seven people have died from cholera and 2 277 cases have been treated in South Africa in the past four months.

The epidemic appears to be increasing on the South Coast with more than 300 cases being reported around the Port Shepstone area in the past week.

And health officials in Swaziland fear a cholera epidemic may be about to sweep the country. Last month two cases were reported bringing to 739 the number of cases confirmed since last year.

Meanwhile a spokesman from the Department of Health in Pretoria said that of 2 277 cases treated since August 7 this year, 390 had been bacteriologically proven; 294 from Natal, 12 from the Transkei, four from the Southern Transvaal, 76 from the Northern Transvaal, three from kaNgwane and one from the Free State.

INCREASE

The Director of Medical Health Services for the Durban Region, Dr Johan van Rensburg, said the cholera epidemic on the South Coast had shown a steady increase over the past two months, reports our Durban correspondent.

Starting with only 35 cases a week, the total was now well over 100.

Dr van Rensburg said the epidemic seemed to be confined to the Port Shepstone region.

His department's health education campaign was continuing with lectures on hygiene and on how to purify domestic drinking water with household bleach.

(89) (107)

Cholera expected

S. Times 19/12/80
By ISOBEL
SHEPHERD-SMITH

THE wave of cholera which recently struck the South Coast was anticipated by KwaZulu's health authorities.

"The south is badly hit because it was not affected as heavily as the north last year," said Dr Daryl Hackland, Director of Health Services for KwaZulu.

When the disease struck in northern KwaZulu, the residents developed an immunity to the disease.

The variety of cholera which has struck Natal — known as El Tor — is part of a world-wide epidemic which originated several years ago in the Far East.

"We have been expecting it since 1978," Dr Hackland said

(9-11-80) (107)

Wendy wages a battle against skin lighteners

By SINNAH KUNENE

20/12/82

BEAUTY goes with brains, and a woman who refuses to match the two is far from reaching her goal.

Perhaps this is why Wendy Luhabe, the first and only black female co-ordinate and development officer for a leading cosmetic company, chose this job. Her main objectives at present are to instil more confidence in black beauty and hair care, by eliminating skin lightening creams and hair straighteners.

"I would like to be an expert in developing a contemporary black lifestyle through beauty and hair care," she says with confidence.

Only a year with this company. Wendy's self confidence has put her up the ladder. After receiving her Bachelor of Commerce degree from the University of Lesotho last year, like any school leaver, she projected under the circumstances of being in the marketing field. She knew that should an opportunity occur, she would immediately grab it and do a thorough job.

"I told myself that whatever I did should be marketing orientated. It could have been something like door to door selling, or maybe the basic philosophy of

building of clientele, it would not have been a matter of getting a salary, but making the most out of what I have to do," she says.

Her job involves educating women about beauty secrets, including skin care and treatment and also keeping track of the function of the Johannesburg and Cape Town Black Wave hair salons, which were recently taken over by her employers Vanda Cosmetic Company.

She recently completed an intensive training course in beauty and hair care. This has made her even more conscious of people who have been exploited by the "unguarded cosmetic" market.

Speaking to Wendy, one could immediately sense her charm, frankness and intelligence.

"I am aiming at developing the hair salons into something black orientated, and offer community services to the advancement of all blacks," she says.

Wendy received her primary education in Daveyton then acquired her high school education at Healdtown Boarding School in Fort Beaufort, in the Cape.

Coming from an academic family (her mother is a nurse and father a personnel officer) she believes she has not yet reached her peak in her studies.



Ms Wendy Luhabe, co-ordinate and development officer for a leading cosmetic company.

Mercury
Cholera
21/12/82
Mercury Reporter

CHOLERA is still increasing with 312 suspected cases being reported throughout Natal and KwaZulu for the week ending December 14.

Natal's Regional Director for Health and Welfare, Dr Johan van Rensburg, said yesterday that the figures were expected to increase further now that summer had arrived.

'We are not panicking at this stage,' he said.

2001 (89)
24/12/82
Cholera
found in
oysters

Mail Correspondent

DURBAN. — In a shock announcement yesterday Durban health officials revealed that cholera-contaminated oysters had been found in a beachfront hotel and at a restaurant in West Street.

Durban's Deputy Medical Officer of Health, Dr Muriel Richter, last night warned the public not to eat raw oysters or any other shellfish which had not been thoroughly cooked.

Dr Richter would not reveal the names of the hotel and restaurant, but said her department would prosecute both establishments.

"The cholera was found in a routine check on all Durban hotels and restaurants which our department has been carrying out as a precaution since the epidemic last summer," Dr Richter said.

She did not know exactly where the oysters had come from, except that they came from outside the Durban area.

"There is no reason for the public to panic. As long as they lay off raw shellfish they will be safe. Oysters are the main worry because they are really the only shellfish people eat raw," she said.

By MELANIE GOSLING

IN A shock announcement yesterday Durban health officials revealed that cholera-contaminated oysters had been found in a beachfront hotel as well as in a West Street restaurant.

Durban's Deputy Medical Officer of Health, Dr Muriel Richter, last night issued a warning to the public not to eat raw oysters in any circumstances, or any other shellfish which had not been thoroughly cooked.

Dr Richter would not reveal the names of the hotel and restaurant concerned, but said the City Health Department would be prosecuting both establishments.

'The cholera was found during a routine check on Durban hotels and restaurants which our department has been carrying out as a precaution since the epidemic last summer,' Dr Richter said.

Polluted

She did not know exactly where the oysters had come from, except that they were from a commercial dealer outside the Durban area.

'At this stage I don't know if it was the North or South Coast, but it does not really make much difference because the rivers on both coasts are pretty polluted.'

'There is no reason for the public to panic. As long as they lay off raw shellfish they will be safe.'

'Oysters are the main worry because they are really the only shellfish people eat raw,' Dr Richter said.

She said cholera organisms in shellfish were completely destroyed by boiling.

Dr Richter emphasised there was no danger of getting cholera from swimming in the sea because although cholera organisms were present they existed in extremely dilute quantities.

She said the reason shellfish became contaminated with cholera from sea water was because they were filter feeders.

'Oysters and mussels filter up to 10 litres of sea water an hour and although the water passes out of them again, all the bacteria remain behind. After a time the shellfish become "bagfulls" of cholera organisms,' Dr Richter said.

Danger

Earlier this year Dr Colin Mackenzie, Medical Officer of Health, issued a ban on collecting of any shellfish from the Umlaas Canal to the Umgeni River after seven out of 11 mussels and oysters taken from Durban waters showed cholera contamination.

In March this year he issued circulars to all establishments which sold shellfish reminding them of the danger of cholera and informing them that routine checks would take place throughout the year. They were also warned that in terms of the food bylaws, it was an offence to keep, store, sell or expose for sale any article of food which was not clean, sound, wholesome and free from and disease.

'Don't panic' call after cholera found in Durban

89
Durban
24/12/82

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Contaminated oysters might have come ⁽⁸⁹⁾ from E Cape, official warns

By GARTH KING

THE cholera-contaminated fresh oysters found in a Durban hotel and restaurant "probably" came from the Eastern Cape.

The acting Director-General of the Department of Health and Welfare, Dr J Gilliland, said in Cape Town today that people in the Eastern Cape should refrain from eating fresh shell-fish until the source of the contamination was isolated and confirmed.

Dr Gilliland said his department was still investigating the problem and he would issue a full report on the matter "in two or three days".

He said he was still awaiting final clinical confirmation of the infection before he took further steps, but warned the Eastern Cape public not to eat fresh shell-fish — whether cultivated or not.

He said he did not know precisely from where the Eastern Cape oysters came. "We do not know — yet," he said.

Although cultivated oysters tended to be "safer" than others, Dr Gilliland warned that for the present, a risk remained. He said that oysters found near sewerage spillage into the sea were especially risky.

Port Elizabeth's Medical Officer of Health, Dr J N Sher, who was unaware the possibility of the contaminated oysters coming from the Eastern Cape, said the city's only *bona fide* cultivated oyster source, near Coega, was "adequately monitored".

He warned, however, that the possibility of cholera contamination was ever-present, especially in slum areas. He said the municipality intended erecting warning notices at streams near the northern townships to warn people of the dangers of drinking from, bathing in or polluting streams.

He said Port Elizabeth's sewerage and water systems were constantly analysed to prevent the possibility of a spread of the disease.

27/12/82 E. Post

D. Dispatch
Oysters could be
28/12/82
from Transkei

89

~~403~~

PORT ELIZABETH — Transkei is the source of Durban's oysters, according to Mr Edgar Crews, co-owner of Eastern Cape's only commercial oyster farm.

Mr Crews, a large-scale oyster farmer at Amstersdamhoek in Port Elizabeth, was reacting to a warning yesterday by the acting Director-General of the Department of Health, Dr J. Gilliland, that people in the Eastern Cape should not eat fresh shellfish until the source of Durban's cholera-contaminated oysters had been isolated and confirmed.

A press report quoted Dr Gilliland as saying that as yet, he could not say precisely from where the cholera-contaminated fresh oysters had come. But the implication was that they might have come

from the Eastern Cape.

"It's a lot of hooley," said Mr Crews.

"December to February is closed season in South Africa for indigenous oysters. At this time of year South Africa's only commercial source is farms cultivating oysters and there are only two, ours and one in Knysna.

"Transkei, which is Durban's source of supply, has no closed season for indigenous oysters. There, they collect all round the coast throughout the year. The oysters are then sent to Umtata and go out from there. Transkei has been sending to Durban for years.

"We don't supply that centre at all and neither does Knysna."

Mr Crews said his cultivated oysters were monitored monthly by the health authorities.

This was confirmed last night by the Port Elizabeth Medical Officer of Health, Dr J. Sher.

Dr Sher said that apart from carriers, the risk of the spread of cholera was through contaminated surface water such as spruits, streams and river which people used for drinking purposes and in which they bathed and defecated.

"That is where you expect to find cholera rather than in an urban setting where you have a purified reticulated water supply.

"City water supplies are monitored constantly and so is the sewerage system."

Dr Sher said warning notices would be erected at streams near settlements in the northern areas to alert people to the dangers of drinking unboiled water from streams.

Shellfish warning ridiculous, says Crews

28/12/82
Post Reporter

A TOP Government health official's call to the people of the Eastern Cape to temporarily refrain from eating fresh shellfish was described as "ridiculous" by the owner of the only Eastern Cape cultivated oyster farm today.

Mr Edgar Crews, who holds an indigenous oyster harvesting licence in this area, was responding to the Department of Health and Welfare's suspicion that cholera-contaminated fresh oysters found in a Durban hotel had come from the Eastern Cape.

Mr Crews, who said most of Durban's fresh oysters came from Transkei, believed that the contaminated shellfish came from cholera-hit Natal.

"The Port Elizabeth health authorities closely monitor my cultivated oysters," said Mr Crews.

"This is the only present off-season source of oysters in the Eastern Cape.

"In any event, nobody in this area supplies Durban."

The acting Director-General of the Department of Health and Welfare, Dr J Gilliland, today repeated his earlier call to the Eastern Cape public to refrain from eating any fresh shellfish until the source and final clinical confirmation of the infection had been proved.

He said he expected conclusive findings by early next week.

(81) Staw
29/12/82
**Cholera threat
in raw shellfish**

The Department of Health has urged the public not to eat raw shellfish — oysters, mussels or crayfish — for the next 10 days after the discovery of contaminated Knysna oysters in a Durban restaurant.

The department's deputy director-general, Dr James Gilliland, said extensive tests were still being carried out but no more evidence of cholera had been found in the Knysna oysters.

"We have only had a single, isolated positive culture among a batch of oysters," he said.

Dr Gilliland said there was a lot of traffic in the lagoon at present — mainly yachts and fishing boats — and the cholera bug may have got into the lagoon from a "healthy carrier" on a boat. (Eighty percent of people who harbour the cholera bug show no signs or symptoms of the disease but can easily spread it.)

He said infected oysters put in fresh water would be cleaned up within a few days.

Cholera was not

spreading south and there was no direct threat of an outbreak in the Western Cape or the Cape Province after the Knysna find.

However, there was a possibility that migrant workers from the Transkei where at least 37 cases had been confirmed recently, could be carriers and bring it to the Western Cape.

Dr Gilliland said the cholera situation was being monitored closely and if people took precautions, the chances of an outbreak or the disease spreading were minimal.

Precautions include boiling water which is not reticulated or adding tablets to purify water. Personal hygiene was vitally important, particularly among food-handlers.

The latest figures for cholera are not yet available but since August 7 cholera has spread to three other areas in Natal — Kearsney, Ixopo and Estcourt. Isolated cases have occurred in Bophuthatswana, and kaNgwane and one case in the Free State.

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(89) E. Post 29/12/82

'No danger of bathers contracting cholera'

By KEITH ROSS

EAST LONDON — People swimming in the sea are not in danger of contracting cholera in spite of the disease being found in shellfish.

This assurance to bathers was given today by East London's acting Medical Officer of Health, Dr L B Schneider.

Dr Schneider said he believed cholera germs existed in the sea but they were so diluted they did not constitute a danger.

Dr Schneider said people catching shellfish off the Eastern Cape coast should cook them before eating.

"Any cholera germs that may be present will be killed by cooking."

Dr Schneider said no reports of contaminated shellfish had been received in East London.

Sapa reports from Durban that the Department of Health yesterday revealed that cholera-contaminated oysters found in a Durban restaurant had originated in Knysna.

Dr Les Been, of the Cape Regional Health Authority, said: "It appears to have been only an isolated case."

The managing director of a Knysna oyster company, Mr Jack Etherington, said last night that he had not been advised that the company's oysters were cholera-contaminated.

"We have been advised by our local health author-

ity to suspend sales because of the scare.

● In Johannesburg, the Director General of the Department of Health, Dr James Gilliland, said yesterday that it was doubtful that immunisation gave any "real protection" against cholera.

Reacting to Mozambique's declaration of a town near Komatipoort as a cholera infected area, Dr Gilliland said although Mozambique required visiting South Africans to have immunisation certificates, the chances of contracting the disease in Mozambique was now "far greater".

He said immunisation created a "false sense of security".

Cholera alert on Knysna oysters

CAPE TIMES. 29/12/82 (89)

Own Correspondent

DURBAN. — South Africa's State Health Department officials have been on a full cholera alert since last week when it was determined that contaminated oysters found in a Durban restaurant were from Knysna.

Transkei: 53 cases

Own Correspondent

UMTATA. — Transkei had 53 confirmed cases of cholera just before the Christmas holidays, the Deputy Secretary (Professional) of Transkei Health, Dr G Solleder, said here yesterday.

She said the epidemic had re-emerged after a lull since October 8 when Mrs Khaliwe Mpheni, 30, believed to have visited Mlazi, near Durban, died in Transkei.

The confirmed cases were concentrated along the Wild Coast. Health teams had been moved to affected areas and the situation was under control.

Dr Solleder said her department had not warned people along the Wild Coast not to eat raw oysters. She believed Transkei shellfish were cholera-free.

● Early this year, cholera killed four Transkeians who had visited Natal at some stage.

Together with Natal, where a cholera scare has existed throughout the year, the Cape is virtually the whole source of the country's seafood.

The shock discovery comes at the height of the festive season while coastal resorts are packed and when such delicacies as oysters and mussels are much in demand.

Already restaurateurs and hoteliers up and down the coast, as well as at up-country resorts and restaurants, have reported flagging sales of oysters, which can be made safe by boiling but are preferred raw by gourmets.

Mussels, the other shellfish carriers of the disease, cannot legally be sold unless they are imported — but indications are that many taken from Natal and Cape beaches are sold as imported.

'No vaccine'

Medical experts have concluded there is no effective vaccine for immunization against cholera, and point out that vaccinations are generally given only for travel purposes — for entry into those few countries which still require them.

Meanwhile, the Mozambique Government has declared the area of Resano Garcia, directly east of Komatipoort, cholera-infected after a spate of new cases were reported up to this week. And warnings for extra precautions were yesterday issued in Bophuthatswana.

The Knysna discovery was announced by the Deputy Director-General of the Department of Health, Dr James Gilliland.

The Cape regional health department's deputy representative, Dr Les Been, said that since the Knysna discovery last week, the "whole cholera docket" had been forwarded to Dr Gilliland.

"Obviously the consequences of the Knysna find would have been rather frightening for the whole of South Africa had

To page 2

A

P.T.O.

Cope) at the party's conference in Knysna. Mr Adams said his work as building up in the resident's Council. Mr Peter Marais of Cape Town was elected the new leader, with Mr M S le Fleur of Knysna as the new national chair-

...decision on the constitutional proposals until the party's national directorate had discussed fully objections raised by delegates. After his election, the new party leader said Cope favoured complete non-racialism. — Sapa

nied they had refused to negotiate and said they were prepared to bargain with SASJ branches. They also said they were entitled to withdraw from the board.

The applicants representing the SASJ asked the court to use powers recently granted to it to restore the status quo in "unfair labour practices" disputes by temporarily ordering the respondents to remain on the board until the dispute was resolved.

Felled tree kills man, 61

Staff Reporter

A 61-YEAR-OLD Kraaifontein parks superintendent, Mr A N S Campbell, died yesterday when a 10m bluegum tree he was sawing fell on him.

According to a municipal spokesman, Mr Campbell sawed through the 60cm trunk of the tree with the aid of a power saw. The tree fell on Mr Campbell, pinning him to the ground.

The fatally injured man was freed by workmen who had been assisting him in a tree-clearing operation next to the municipal workshops in First Avenue, Kraaifontein.

Mr Campbell was still breathing when the tree was lifted, but his pulse was faint.

Mr Campbell was taken by ambulance to Tygerberg Hospital, where he was certified dead on arrival.

...of the Long Beach Naval Shipyard

CAPE TIMES
29/12/82



From page 1

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more instances of positive tests been found," he said.

"Fortunately it appears to have been only an isolated case. Officials at our office in George were working flat out on this one, and every subsequent test has proved negative."

Durban's deputy medical officer of health, Dr Neville Becker, said oyster suppliers "appear worried because their product is no longer in demand".

Other samples were being tested and the results would be made known this week.

"A main source of the problem is the black areas where health standards are so low, and not only that, but their case-monitoring studies are also inadequate — which means perhaps only a fraction of cholera cases has been reported," Dr Becker said.

'False security'

"It could all be a whole lot worse than we realize."

In Johannesburg, Dr Gilliland said it was doubtful that immunization gave any "real protection" against cholera.

He said that although Mozambique required visiting South Africans to have immunization certi-

ificates, the chances of contracting the disease in Mozambique were now "far greater". Immunization created a "false sense of security".

Latest research showed that 40 percent of all people with immunization against cholera had protection for just two months, Dr Gilliland said.

Dr R J Coogan, Cape Town's MOH, said last night that health authorities in the City were aware of the cholera situation and had monitored the Peninsula's sewage systems for the past two years.

Tests were conducted twice a week and so far all had proved negative.

The managing director of the Knysna Oyster Company, Mr Jack Etherington, said last night: "We are monitored regularly by State Health and our waters are classified Class A."

"I have not been advised that our oysters are cholera-contaminated and the crux of the matter is that we have no cholera in the area."

"We have been advised by our local State Health authority to suspend sales because of the scare, which we have done."

"It is a precaution we would have taken anyway in the public interest."

Voice 'told woman to kill'

JOHANNESBURG. — A young woman who claimed she was instructed by a "strange voice" to kill six babies, including her own twins, was yesterday referred by a Johannesburg magistrate to the Sterkfontein Hospital for further observation.

Joyce Sithebe, 19, of Mapetla, was sent to the hospital under the Health

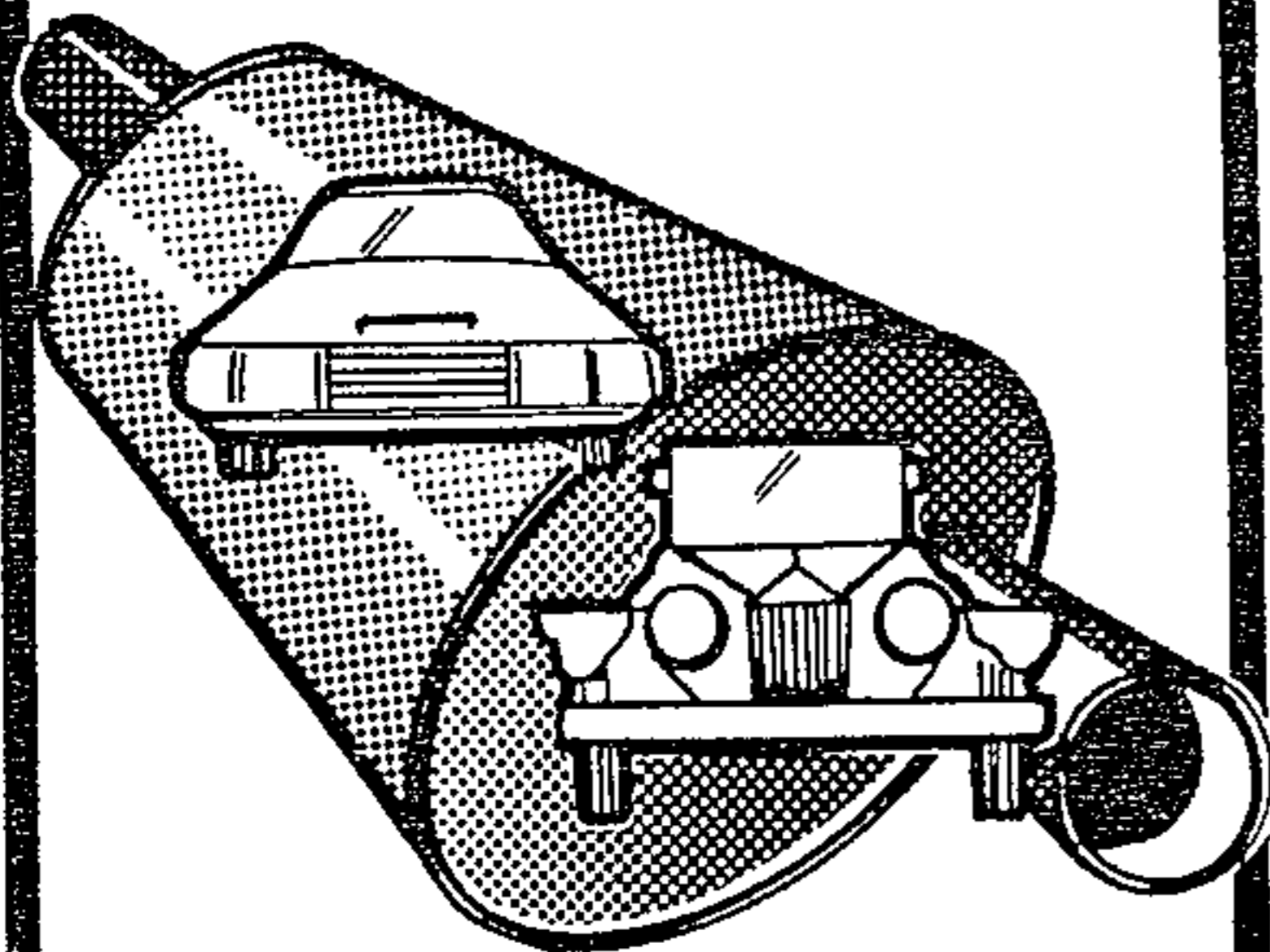
Act.

She allegedly killed the babies on August 23 by throwing them on to the floor of the ward.

A report issued by the Sterkfontein Hospital said she was mentally ill at the time.

The hearing was adjourned to January 28. Mr I Olivier was the magistrate. — Sapa

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TRIST... SUMMER MOTORING ACCESSORIES

DURBAN — South Africa's State Health Department officials have been on a full cholera alert since last week when it was determined that contaminated oysters found in a Durban restaurant originated in Knysna.

News of the find was released by the deputy Director-General of the Department of Health, Dr James Gilliland.

The Cape regional representative, Dr Les Been, said: "Obviously the consequences of the Knysna find would have been rather frightening for the whole of South Africa had more instances of positive tests been found."

Fortunately it appears to have been only an isolated case. Every subsequent test has proved negative.

The managing director of the Knysna Oyster Company, Mr Jack Etherington, said last night: "We are monitored regularly by state health. I have not been advised our oysters are cholera-contaminated and the crux of the matter is that we have no cholera in the area."

"We have been advised by our local State Health author-

ity to suspend sales because of the scare which we have done as a precaution."

Durban's deputy medical officer of health, Dr Neville Becker, said he had been liaising closely with suppliers of oysters and that "they appear worried because their product is no longer in demand."

More tests of other samples were being carried out and these results would be made known later this week, he said.

No reports of shellfish contamination had been received in East London, the city's acting medical officer of health, Dr L. B. Schneider, said yesterday.

"There is no need to panic at the moment."

He advised people to boil water from rivers and streams which may have been contaminated and to stay clear of raw shellfish.

Earlier reports had said that there was an "implication" that the cholera-contaminated oysters in Durban were from the Eastern Cape, but this was disputed by the co-owner of

the Eastern Cape's only commercial oyster farm, Mr Edgar Crews.

He said Durban's oysters came from Transkei.

It could not be clearly established yesterday whether East London's supply came from the Eastern Cape or from Transkei.

However, a local hotel's catering manager said the hotel was supplied with frozen packed seafood from large national companies.

He said their seafood was served either steamed, boiled or grilled, and was not available uncooked.

The hotel had experienced a decreased demand for seafood this year compared with Christmas last year.

"It must have scared quite a few people off. People seem to be suspicious about seafood now," he said.

Meanwhile, the Mozambique Government has declared the entire area of Ressano Garcia, east of Komatiport, a cholera-infected area. — DDR-DDC.

53 cholera cases

P. Anderson

29/12/82

UMTATA — Fifty-three cases of cholera were confirmed in Transkei just before the Christmas holidays.

The Deputy Secretary (Professional) of Health, Dr G. Solleder, said the cases were concentrated along the Wild Coast, and warned holidaymakers to take preventive measures against infection or spreading the disease.

Dr Solleder said 31 positive cases had been treated in hospital near Libode, 18 in the Umzimvubu district, three near Mqanduli and one near Lusikisiki.

Health teams have been moved to affected areas and Dr Solleder stressed there was no need for panic as the

situation was under control. Dr Solleder said the disease re-emerged in Transkei after a short lull in October when Mrs Khaliwe Mpheni, 30, — believed to have been visiting Umlazi, near Durban, died at Isilimela hospital near Port St Johns.

Earlier this year, cholera claimed the lives of four people in Transkei, all of whom had visited Natal.

Dr Solleder said the Department of Health had not warned people on the Wild Coast against eating raw oysters or shellfish which

was not thoroughly cooked. She did not know whether shellfish in the Transkeian coastal area were contaminated with cholera, but said she felt there was "no problem yet in our area."

A snap survey yesterday showed that holiday makers along the coastline were having their fish "fresh from the sea."

The survey was carried out after weekend reports that health officials in Durban had found cholera-contaminated oysters in a beachfront hotel and in a restaurant. — DDR

Oysters, mussels contaminated

Red alert after Cape cholera link

Mail Correspondent

DURBAN.

STATE Health Department officials have been on a full cholera alert since last week when it was determined that contaminated oysters found in a Durban restaurant originated from Knysna.

The Cape and Natal, where a cholera scare has existed throughout the year, are the source of almost all the country's seafood supplies.

Officials have warned the public not to eat uncooked shellfish.

The shock discovery comes at the height of the festive season while coastal resorts are packed to capacity and when such delicacies as oysters and mussels are especially in demand.

Already a host of restaurateurs and hoteliers up and down the coast, as well as at up-country resorts and restaurants, have reported flagging sales of oysters, which can be made safe by boiling but which gourmets prefer to eat raw.

Mussels, the other shellfish carriers of the dreaded disease, cannot legally be sold unless they are imported — but indications are that the law preventing commercial exploitation of local mussels is widely flouted, and that they are often sold as imported when in fact they are prised from Natal and Cape beaches.

Medical experts have concluded there is no effective vaccine against cholera, and have said vaccinations are generally only carried out to meet travel requirements — for entry into those few countries which still require them.

Meanwhile the Mozambique Government has declared the entire area of Ressano Garcia, directly east of Komatipoort, a cholera-infected area after a spate of new cases recently.

And warnings for extra precautions to be taken were yesterday also issued from Bophuthatswana.

Residents of the ~~Durban~~ Moretele districts in Bophuthatswana have been warned to drink only boiled or chlorinated water in order to avoid a new cholera outbreak in the areas.

The warning was made by Dr Gerald Malan, medical superintendent at the Jubilee Hospital in Temba, near Hammanskraal.

Dr Malan said they were still continuing with their fight against cholera in the Moretele district — educating people about the dangers of cholera and how to prevent it.

They were also chlorinating water in these areas.

News of the Knysna find was made by the deputy Director-General of the Department of Health, Dr James Gilliland, who could not be contacted for comment last night.

According to the Cape Regional Health Department's deputy representative, Dr Les Been, the "whole cholera docket" has been forwarded to Dr Gilliland. A statement could therefore only be made by Dr Gilliland.

"Obviously the consequences of the Knysna find would have been rather frightening for the whole of South Africa had more instances of positive tests been found," said Dr Been.

"Fortunately it appears to have been only an isolated case. Officials at our office in George were working flat out on this one and every subsequent test has proved negative."

Durban's deputy medical officer of health, Dr Neville Becker, said he had been liaising closely with suppliers of oysters and that "they appear worried because their product is no longer in demand".

More tests of other samples were being carried out at present and these results would be made known later this week.

"A main source of the problem is the black areas where health standards are so low, and not only that, but their case-monitoring studies are also inadequate — which means perhaps only a fraction of cholera cases has been reported.

"It could all be a whole lot worse than we realise."

89 ROOM 29/12/82

89 D. Dispatch 30/12/82

Cholera report wipes shellfish off menus

EAST LONDON — Fresh shellfish have been wiped off the menus of local hotels and eating houses in the wake of reports that cholera contaminated oysters found in a Durban restaurant emanated from Knysna.

City health inspectors visited restaurants and hotels yesterday and routine investigations included checks on shellfish stock.

The acting medical officer of health, Dr L. B. Schneider, said there were still no reports of shellfish contamination in the city and his department was keeping the situation under close surveillance.

The manager of a leading restaurant, Mr Pino Carenza, said he bought fresh oysters from a Knysna company, but removed the dish from his menu immediately when he received reports of contamination.



DR GILLILAND

Other shellfish available in the restaurant were served smoked or cooked.

"The funny thing is that demand for fresh oysters has increased in the last few weeks despite the talk about cholera.

"But customers make a point of asking where we get them from."

The manager of a restaurant specialising in seafood, Mr Danny

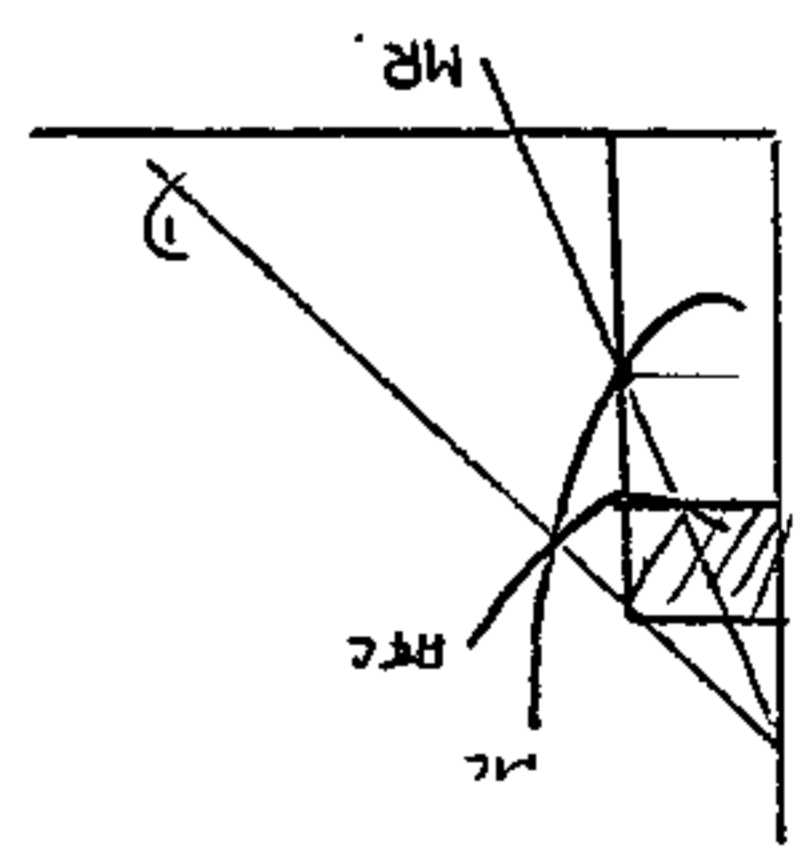
Burger, said his shellfish came from Transkei.

His oyster supply, however, dried up earlier this week and he only expected more stock towards the end of January.

"If Transkei oysters were contaminated we would have known long ago. I sell about 250 dozen oysters a month and so far there's been no problem," said Mr Burger.

● Latest advice to the public concerning South Africa's present cholera crisis is to "lay off mussels and oysters completely" — and comes directly from the deputy Director-General of the Department of Health, Dr James Gilliland.

The Department of Health and Welfare said further tests on contaminated oysters found in Knysna were being carried out and should be complete in about ten days. — DDR-DDC.



① Small Domestic Market - Demand is O's high (at cutting) → Knowledge, each can move
 ② Reason for cutting are high ③ If there are legal reasons to prevent
 ④ Government ⑤ Duplication of services ⑥ Specific Market Reg. ⑦ Allocation

As eighth cholera victim dies, public told to 'lay off' shellfish

Mercury Reporter

LATEST advice to the public concerning South Africa's present cholera crisis is: 'Lay off mussels and oysters completely' — and it comes directly from the Deputy Director-General of the Department of Health, Dr James Gilliland.

His warning comes at a time when an eighth victim was yesterday added to the list of fatalities, out of 522 reported cases since August, in what he referred to as the third epidemic this year.

Mrs. Khaliwe Mpheni, 30, of Umlazi, Durban, died in hospital of cholera while on a visit to her family in the Transkei.

Dr Gilliland pointed out that in spite of many modern medical advances and immunisation discoveries, there was still no vaccine against the 'dreaded disease'.

The only deterrent alternatives were the simplest: Personal hygiene should be strictly maintained at all times and all drinking water should be chemically treated or boiled before use.

Anti-cholera vaccinations did exist but were now considered 'dangerous' in that they lulled people into believing they no longer needed to take precautions against contracting the disease — when in fact they were as vulnerable as ever.

Contagious

Swaziland and Mozambique were now the only two countries Dr Gilliland knew of where cholera vaccination certificates were still required for purposes of entry.

The disease was contagious — it could be passed on orally through contaminated food or drink.

Dr Gilliland said the combined combative efforts of the State, provincial and local health authorities had had their effect, and the cholera scare situation was well under control — although more cases could continue to be expected.

In view of recent incidences of cholera-infected oysters being found in Durban, but supplied from Knysna and the Natal South Coast, his advice to gourmets was to lay off oysters and mussels completely for the meanwhile.

He said only these types of shellfish needed to be avoided because they were filter-feeders, which meant water passed through them and left the bacteria behind.

If people insisted on eating these delicacies, they should take care to cook them thoroughly.

Extensive subsequent tests on oyster specimens taken from the Knysna area had all yielded negative results.

Further tests were now being carried out as an 'on-going process' and the public would be kept fully informed.

Misinformed

A random survey of local restaurants yesterday showed that mussels and oysters were still in demand.

One apparently misinformed restaurateur, however, commented that he had advised patrons that his stocks were safe because they originated from Natal's North Coast — which he believed to be safe from contamination.

Other restaurateurs said demand had tailed off considerably.

Bestenget die p... in produ...

Water key in fighting cholera 89

By Pamela Kleinot

Cholera is in South Africa to stay, and there is virtually no chance of eradicating it until there are clean water supplies and proper sanitation throughout the country.

The water-borne disease has become firmly entrenched in some of South Africa's black areas, and though the incidence will drop as people become immune, cholera will not disappear completely.

Meanwhile, another person has died from the disease, bringing to eight the number of deaths since the third epidemic broke out on August 7. More than 2 000 cases have been treated since then.

The most dramatic cholera news for the past four months was the disclosure this week that cholera-contaminated oysters found in a Durban restaurant originated in Knysna.

Though only one positive culture has been found among a batch of Knysna oysters, the public have been urged not to eat raw shellfish for the next 10 days while extensive tests are carried out.

The Department of Health does not believe there is a direct threat of a cholera outbreak in the Cape Province because of the Knysna find.

Cholera was virtually unknown in South

Africa until October 1979 when the epidemic struck the Eastern Transvaal Lowveld, spreading rapidly among poorly developed bush areas.

A second major epidemic broke out the next summer and spread to various parts of the country, the hardest hit areas being Natal and kwaZulu.

These epidemics highlight the relationship between health and living conditions, and the lack of clean water supplies in rural areas.

In the past three years, about 300 people have died from cholera and thousands of others treated.

About 80 percent of people infected with the disease are not clinically ill — show no signs or symptoms of the disease — but are carriers and pass on the bug to others. Peak incidences are noted over holiday periods because of the movement of people.

Cholera, which has been eradicated in many countries because of improved living conditions, spread to Africa in the early 1970s after the massive population shifts resulting from the Pakistani-Indian war.

It spread rapidly across the continent to Angola, Malawi, Zambia, Zimbabwe and Mozambique, and in 1974 it was brought to South Africa by migrant labourers — but was confined to a few mines.

Cholera: Oysters in Knysna

Cape Times
20/12/82
89

'an isolated case'

PRETORIA. — The Department of Health and Welfare has confirmed that the finding of oysters contaminated by cholera in the Knysna area was an isolated case.

In a statement released here yesterday, it said all follow-up tests to date had been negative.

Further tests were being carried out and should be completed within seven to 10 days.

In Durban, inspections of hotel and restaurant larders by health officials have failed to discover any further cholera-contaminated oysters.

A Health Department official said yesterday that so far only two contaminated oysters had been found. Eating establishments with seafood on their menus were being particularly careful with how seafood was prepared.

No cases of cholera have been reported in the Eastern or Western Cape. The main areas of incidence are presently Natal and Kwazulu.

In Transkei only 35 bacteriologically confirmed cholera cases have been reported to the department.

However, until investi-

gations are completed, the public is being advised not to eat any raw shellfish and to adhere to safety precautions such as drinking only purified water, washing all fruit and vegetables thoroughly in purified water, cooking all seafood, and maintaining a high standard of personal hygiene.

● The MP for Maritzburg North, Mr Graham McIntosh, said in Cape Town yesterday the cholera outbreak had shown that South Africa's rural areas were overcrowded and irresponsibly neglected.

The fact that people who were eating oysters, a food for the rich, were in danger of contracting cholera, a disease of poverty, exposed the inequality in South Africa, he said.

It was a disgrace that in a country like South Africa, cholera could become widespread. The government had to assist urbanization and should also upgrade rural areas.

"Cholera will continue to flourish as long as we have the rural slums which are the rotten fruit of 34 years of National Party apartheid policy."

— Sapa

D. Dispatch 31/12/82
Ciskei cholera caution

ZWELITSHA — Ciskei's health department has sent water purification chemicals to clinics near Transkei and in the Hewu district in a bid to prevent cholera entering the country.

Pamphlets were distributed yesterday by air to villages most at risk. Meanwhile, the depart-

ment has been involved in an awareness campaign on hygiene precautions.

Health Minister Dr C. H. J. van Aswegen said yesterday cholera had not been reported in Ciskei yet "and no effort will be spared to keep it this way."

"My department has

been actively engaged in monitoring the spread of cholera in South Africa and neighbouring independent states since it was first reported last summer."

Dr Van Aswegen stressed the importance of reporting cases of severe diarrhoea to the nearest clinic. — DDR.

CAPL Times 31/12/82

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Cholera: 'Don't eat oysters or mussels'

DURBAN. — The Deputy Director-General of the Department of Health, Dr James Gilliland, has issued a warning concerning South Africa's present cholera crisis: "Lay off mussels and oysters completely."

His statement comes after the eighth cholera victim died in hospital here yesterday. She was Mrs Khaliwe Mpheni, 30, of Umlazi, Durban, who contracted the disease while visiting her family in Transkei.

Since August, 522 cases have been reported in what Dr Gilliland called the third epidemic this year.

No vaccine

He pointed out that there was still no vaccine against cholera, in spite of many medical advances and immunization discoveries.

The only deterrent alternatives were the simplest — the strict maintenance of personal hygiene at all times and the chemical treatment or boiling of all drinking water before use.

Anti-cholera vaccinations existed but were now considered "dangerous" because they lulled people into believing they no longer needed to take precautions, when in fact they were as vulnerable to the disease as ever.

Dr Gilliland said Swaziland and Mozambique were now the only two countries he knew of where cholera vaccination certificates were still required for entry.

The disease was contagious and could be passed on through contaminated food or drink.

Dr Gilliland said the combined combative efforts of state, provincial and local health authorities had had their effect and the cholera situation was well under control, although more cases could be expected.

In view of the recent finding of cholera-infected oysters in Durban — supplied from Knysna and the Natal south coast — his advice was to "lay off" oysters and mussels completely.

These were the only types of shellfish to avoid because they were filter-feeders, meaning water passed through them and left the bacteria behind, he said.

'Cook thoroughly'

If people insisted on eating them, they should take care to cook them thoroughly.

Extensive tests on oyster specimens taken from the Knysna area had all yielded negative results, he said.

Further tests were being carried out in "an ongoing process" and the public would be kept fully informed.

One restaurateur, however, said he had advised patrons his stocks were safe because they originated from Natal's north coast, which he believed to be safe from contamination.

Other restaurateurs said demand had tailed off considerably. — Sapa