

No Dances

2843

CITY OF JOHANNESBURG.

TOWN CLERK'S DEPARTMENT.

22nd September 1967.

TO ALL MEMBERS OF (i) THE HEALTH AND AMENITIES
COMMITTEE.

CONFIDENTIAL (ii) THE MANAGEMENT COMMITTEE.
NOT FOR PUBLICATION

FORWARD PLANNING OF HEALTH SERVICES.

A memorandum on the above subject referred to in the agenda for the meetings of the Health and Amenities and the Management Committees to be held on the 11th and 17th ... October 1967 respectively, is attached for the information of members of the Committees.

A.P. BURGER,

CLERK OF THE COUNCIL.

LR/EG.

I. PRESENT FUNCTIONS AND ANTICIPATED DEVELOPMENT

The City Health Department provides comprehensive Preventive and Promotive Health Services at and from clinics in the Urban Areas, the Coloured Areas and Soweto. In addition the Department carries out Curative and Midwifery Services in Soweto and Eastern Bantu Townships on behalf of the Transvaal Department of Hospital Services.

(a) URBAN AREAS

(i) IMMUNISATION SERVICES

Immunisation against preventable diseases, i.e. smallpox, diphtheria, poliomyelitis, whooping cough and tetanus for Europeans is provided by the Department at its clinic situated within the Department's headquarters. Similar services are provided for Coloureds, Asiatics and Bantu resident in the Urban Area from clinics situated within this area. Further, immunisation against smallpox, yellow fever and cholera where these are requirements for international travel is provided at the International Immunisation Clinic, also situated at the Department's Head Office.

In terms of forward planning, the Medical Officer of Health envisages the decentralisation of certain services and the establishment of a major central clinic in suitable premises in the central area of the city to continue to provide international immunisation, immunisation for infants, child health and sight and deaf screening services. Further, that health centres be established in the four quadrants of the city to provide the aforementioned services

with the exception of international immunisation.

Plans for a health centre for the southern areas have been finalised and it is hoped to obtain Council authority in the near future to commence building operations.

As the majority of sub-clinics are at present conducted in rented premises i.e. church halls or community centres, it is proposed that consideration be given to the establishment of permanent subsidiary clinics on the basis of two per annum.

In respect of the Coloured community these services will be available from the health centre at Riverlea and from subsidiary clinics at Riverlea Extension, Bosmont, Coronationville and Western Coloured Township. During the forward planning period it is proposed that a health centre be erected at Newclare which, when completed, will result in the disestablishment of the present inadequate and out-dated premises at Western Coloured Township.

Provision of these services to the Asiatic community depends largely on the ultimate policy of incorporation of Lenasia into the Municipal Area. Should this be in the affirmative a reassessment of the provision of health services will be required.

In regard to Bantu resident in the urban area it is envisaged that the immunisation services provided at Eastern Bantu Township and by the mobile Child Health Clinic, will continue on the present scale which is limited by Government policy. Should a large scale immunisation campaign for tuberculosis and other preventable diseases become necessary for this section of the community the necessary provision could be made, e.g. mobile units.

(11) CHILD HEALTH SERVICES

This service is provided by the Department

especially for the health, care and development of the infant up to two years of age by means of advice and guidance to mothers. This has resulted in an improvement of general conditions, nutrition and prevention of disease with a consequent steady fall in infant mortality rates. Regular medical examination of infants has led to early diagnosis of congenital abnormalities and referral of cases suffering from physical or mental handicaps. Screening for deafness, sight and metabolic disorders, e.g. phenylketonuria, are provided in order that serious repercussions may be avoided.

Further, supplementary foodstuffs are provided to indigent and semi-indigent mothers and infants where the need is indicated.

With the proposal to establish the health centres referred to under "Immunisation Services (A (i)) above" it is envisaged that an expansion and development programme should be carried out in regard to these services. It is proposed that a more comprehensive service embracing the wider concepts of family health be made available to the community and this will cover the following additional aspects:-

1. Family Planning including cancer detection.
2. Routine sight and deaf screening for pre-school children.
3. Pre-school clinics for the 2 to 5 year age groups.
4. Mental health, especially child guidance.
5. Geriatric Clinics.
6. Ante-natal Clinics (if the need arises).
7. Dental Clinics.

However, in proposing the abovementioned expansion and development of this service it is fully appreciated that consideration will have to be given as to whether the Council has the necessary permissive powers to carry out these functions.

(iii) INFECTIOUS DISEASES SERVICES (INCLUDING TUBERCULOSIS AND VENEREAL DISEASES)

The services provided include immunisation, the investigation of notified cases, isolation of cases, maintenance of hospitals for the isolation and treatment of cases (Fever Hospital for Europeans and Waterval for Non-Europeans), transportation to hospital, payment of charges made by other hospitals, sanatoria and tuberculosis centres for the treatment of cases for which the Council is responsible; the establishment and maintenance of clinics for the treatment of domiciliary cases and the provision of supplementary feeding for domiciliary tuberculosis cases and the follow-up of contacts and arranging for clinical and/or X-ray examination, examination and vaccination of contacts and other persons at risk. Further, the disinfection of infected articles and premises is carried out and assistance provided to tuberculosis sufferers and their families to the extent of arranging for sociological and economic problems to be referred to or handled by appropriate official or voluntary agencies.

Venerereal Diseases Clinics are provided by the Department at the General Hospital (for Europeans), the Non-European (for Non-Europeans) and Coronation Hospital (for Coloureds and Asiatics).

Statistics indicate an increased incidence of

venereal disease related to virus factors such as the development of drug resistance and altering social attitudes. A previously active section of the Department involved in the follow-up of cases and contacts before the decline of these diseases due to modern therapy will now require re-establishment on an expanded and modernised basis to meet the returning threat of venereal infection. A full scale investigation of the service provided, procedures and the provision of a health education programme in this field is being carried out by the City Health Department in an endeavour to arrest the increasing incidence of these cases.

During past years there has been a significant decrease in the incidence of certain preventable infectious diseases which can be ascribed mainly to mass immunisation campaigns when considered necessary, in association with the intensive routine immunisation of persons in close contact with this disease. As a result thereof the number of admissions to the Fever Hospital has fallen considerably and consideration is now being given to the accommodation of tuberculosis patients at the Fever Hospital and in respect of which negotiations are being conducted with the State Department of Health. Though this significant decrease in infectious disease has been achieved, it is essential that services which have brought it about be maintained at highest efficiency. Any relaxation of existing levels of control based on the senseless assumption of diminished threat will result in a return of epidemics with critical consequence in a population which has largely lost contact with these diseases. Though controlled, the organisms causing these formidable

diseases cannot be eliminated and constant vigilance and provision must be maintained by the Department to avoid and, if necessary meet any breakthrough by these infections.

With regard to tuberculosis, a pilot scheme to X-ray patients attending Provincial Hospitals, European and Non-European, by 70 mm mobile X-ray units, is in the formative stages.

In addition provision has been made in the planning of the new General Hospital complex for accommodation for the European Tuberculosis Clinic. However, should agreement be reached with the State Department of Health regarding accommodation of tuberculosis patients at the Fever Hospital it is likely that this proposal will fall away.

Government policy has decreed that the Non-European Infectious and Tuberculosis Hospital conducted by the Council is to be removed to an alternative site and accordingly negotiations are in progress with the State Department of Health, either to establish an Infectious Diseases Hospital in Soweto or to provide alternative accommodation by suitable conversion of other hospitals.

In respect of the present Venereal Disease Clinic situated within the General Hospital complex, negotiations with the Provincial Administration have resulted in more adequate clinic premises being provided for in the new hospital building to be erected in the future.

(iv) PRE-SCHOOL INSTITUTIONS

The Department conducted five European Nursery Schools, but in terms of a directive from the Director of Local Government, and following upon a resolution of the Management Committee dated 22 May 1967 these Nursery Schools were closed from 1 July 1967.

The inspection of Pre-School Institutions is also carried out by the Department and as a result of a recent amendment to the Local Government Ordinance No. 17 of 1939, as amended, empowering local authorities to make By-laws to control the standards required from a health point of view for these institutions, it is expected that the Department will continue to carry out this function on an increased scale.

(v) HOUSING FOR EUROPEANS

Five Housing Estates are administered by the Department, two of which are economic schemes (at South Hills and Montclare) and three are sub-economic schemes (at Jan Hofmeyr, Pioneer and Maurice Freeman townships). In addition, the Lionel Leveson Girls' Residential Club for working girls is conducted by the Department.

Three land selling schemes, namely Franklin Roosevelt Park and Extension No.1, Montgomery Park and Dewetshof and Extension No. 1 to cater for the lower middle-income group, have been established over past years, with a total of 1549 residential stands available to this group.

With regard to the proposed five-year plan, outlined in a joint report by the Housing Officer of the City Health Department and City Engineer's Department to Management Committee on the 20 March 1967, the following progress has been achieved:-

- (a) A scheme of 98 duplex flats and row houses and 48 senior citizen housing units in South Hills has been completed.
- (b) Two schemes comprising 585 houses and flats at West Turffontein and Claremont is in the process of being erected.
- (c) Of 4 schemes comprising 348 houses and flats, that at Bezuidenhout Valley is in the process of being built with Reserve D, West Turffontein Holding 139 Klipriviersberg and portion 132 of Farm Turffontein, to follow.

(vi) ENVIRONMENTAL HEALTH SERVICES

The Department is concerned, in terms of specific legislation, with the environmental hygiene and sanitary supervision of the areas under the jurisdiction of the Council, including inter alia, anti-rodent plague and pest control measures, including the prevention of rodent infestation of buildings and premises, control of public water, food, milk, meat and other articles of foodstuffs, the contamination of articles of food and tuberculosis in dairy cattle. The prevention and abatement of specific nuisances is carried out as well as the enforcement of the Council's Public Health By-laws.

With the establishment of Health Centres referred to earlier in this report, it is envisaged that an Inspectorate Section will be accommodated here. Allowing for normal expansion of the city, providing

assistance for Urban renewal and the outcome of the Commission regarding incorporation of northern areas as well as the incorporation of certain areas to the south of the city, accommodation for the resultant increase in staff, etc., will be taken into account in the planning of these Health Centres.

(vii) PUBLIC CONVENIENCES

43 Public Conveniences for Europeans and Non-Europeans are administered by the Department in the Urban Area of Johannesburg. It is envisaged that at least one, and in some instances two public conveniences will be provided annually. The provision of public conveniences at Jeppe and Hillbrow are at present in the planning stages with conveniences at Yeoville, Vrededorp and Industria, to follow.

(viii) LABORATORY AND TECHNICAL SERVICES

The Department maintains a full-scale Laboratory and Technical Services Branch providing chemical and microbiological services and ensuring constant checks on operation of sewage disposal works regarding stable effluent production, control of industrial effluent to prevent damage to the Council's sewerage system and accordingly minimise harmful effects on sewage works performance; research work and chemical control are carried out at Gas Works and Power Stations as well as

for production of Bantu Beer. The Branch also carries out analyses and treatment of swimming pool waters, examination of abattoir by-products and analyses of goods purchased by the Council on contract, i.e. coal, oil, paint, constructional stone and sand. In addition biological examination of milk samples is also carried out.

With the promulgation of the Atmospheric Pollution Prevention Act. No. 45 of 1965, the Department is vitally concerned with the control and prevention of pollution of the atmosphere and the abatement of smoke nuisances.

In terms of forward planning the Medical Officer of Health foresees expansion to the Air Pollution Control Service, including motor vehicle exhaust emission measurement, automation of existing routine measurement of smoke and sulphur dioxide, the evaluation of pneumoconiosis risk of Council employees engaged in dusty occupations and the control of dust and noxious or offensive gases although the latter is a responsibility of the State appointed Chief Air Pollution Control Officer, it is expected that certain of his duties will be delegated to the Council.

Attention is also to be given to the expansion of the programme for monitoring potable water supplies, testing of school swimming baths and possibly large baths controlled by private enterprise and the possible entry into the virological field of public health. Further, investigation into noise and vibration is to be investigated including the possibility of equipping a mobile laboratory for this purpose.

In the field of analytical techniques, particularly regarding routine analysis of water and sewage, air pollution, industrial effluent, Bantu beer and power station chemistry, the question of automation of these techniques is to be considered. Should large-scale expansion of sewage purification facilities in the southern area of the city be undertaken, experimentation on a large scale will appear to be necessary to find a suitable variation of the basic sewage disposal process with the long-term objective to provide a pilot plant to prove the practical and economic feasibility of complete water recovery for unrestricted use, including the augmentation of potable water supplies.

Finally, consideration is being given to the re-siting of the main chemical laboratory at Cydna which is at present inadequate to provide the ever-increasing demands made upon it and to cater for the proposed expansion outlined above.

(ix) INSPECTION AND SUPERVISION OF PRIVATE HOSPITALS AND NURSING HOMES AND PERSONS PRACTISING MIDWIFERY

In terms of a delegated authority by the Transvaal Provincial Administration, periodic and special inspections are carried out for the registration and supervision of local private hospitals and Nursing Homes and this is done in conjunction with and is complimentary to the inspections made and supervision exercised in terms of the Council's By-laws for the licensing and supervision of private hospitals and Nursing Homes.

Routine supervision, including the examination of midwifery bags, of those persons practising midwifery within the areas under the jurisdiction of

the Council is exercised by the Department in terms of the Public Health Act.

Attention will continue to be given to the functions outlined above but a cause for concern is that unless the registration and regular inspection of all homes for the aged and other undertakings providing board and lodging for the aged is delegated to the Council by the State or Provincial authorities, a loss of control from a health point of view will result.

(x) BANTU REGISTRATION EXAMINATION SECTION

Two Medical Examination Centres for male and female Bantu are conducted by the Department at Albert Street (i.e. in the Head Office building of the Non-European Affairs Department) and at Polly Street respectively.

The prime purpose of these Medical Examination Centres is to detect any infectious diseases and ensure adequate treatment before the workseeker is placed in employment. The medical examination consists of a physical examination and miniature X-ray of the chest and all males registering for employment as food-handlers as well as all Bantu females presenting for examination are vaccinated against smallpox and blood examinations are carried out for venereal diseases and typhoid fever. Persons found to be suffering from these diseases are treated at the centres pending referral to the Department's clinics for these

diseases. When medical conditions are of a non-infectious nature the person affected is referred to a Provincial Hospital for treatment.

Here again, the expansion of this section is foreseen following upon the provision of new premises in conjunction with the Non-European Affairs Department and participation in the Tuberculosis Control Programme outlined briefly in Section A (iii) of this report, as well as anticipated participation in a Pneumoconiosis Control Programme.

HEALTH EDUCATION

A Health Education Service at present on an individual basis is being carried out by the Department, principally in two ways. Firstly, educating the mothers of infants in all aspects of child care, development, nutrition, immunisation, mental health, family planning (when specific advice is sought), use of community medical and welfare resources and prevention of accidents. This is carried out by the Health Visitor in the course of her domiciliary visiting after notification has been received of the birth of the infant and later when the mother attends the Child Health Clinic. Similar services are provided for the Coloured and Asiatic communities; secondly, through the medium of a special section of the health inspectorate in regard to food control, food hygiene and other aspects of environmental hygiene.

However, because of the inadequacy of the hired premises in the Urban Areas being used for Child Health clinic sessions one day per week, facilities for the dissemination of information and data regarding hygiene and other aspects of health education are severely limited.

In respect of the Coloured community it is expected that adequate facilities will be available for this service at the recently completed Health Centre at Riverlea, and subsequently at the proposed Newclare Health Centre and subsidiary clinics.

In the Bantu Areas, as a result of the development of an extensive Family Health Visiting Service, a wider field of health education is being achieved. The Bantu Health Visitor, on receiving notification of the birth visits the mother's home, carries out BCG immunisation against tuberculosis and is thereupon able to initiate education of the mother in matters ranging over immunisation, infant care and feeding, budgeting and family planning. Numerous other problems such as chronic invalidism, disability of aged, mental disturbance, deformity, deficiency of hearing and sight, delinquency and social or financial inadequacy are dealt with or referred to relative outside agencies.

Here again the Health Centre at Tladi and other Health Centres to be erected at Senoane, Jabavu, Pinville and Orlando will provide adequate facilities for health education purposes.

In terms of a health education programme initiated by the Department at the commencement of the year, embracing three phases, namely orientation of senior personnel, in-service training of staff and conveying health education to the community, the first phase has been completed. The emphasis is at present being placed on the in-service training of staff with a gradual trend towards bringing the wider aspects of family health education to the community through the medium of pilot group discussions and demonstrations.

The Medical Officer of Health now envisages that from a forward planning aspect the broader aspects of family health education will gradually be disseminated to the community by suitably trained staff and

principally from suitably planned and equipped premises at the major central clinic, four Health Centres in the Urban Areas, two in the Coloured Areas and five in the Bantu Areas. Briefly the method of this dissemination of health education data adapted to the social, cultural and economic background of the various groups concerned, will be by means of the Health Visitor conducting parent-craft, family, teenage, geriatric, venereal disease, tuberculosis, prevention of accidents, group lectures, and discussions. This will be assisted by the use of films, visual aids, and by using the latest techniques of health education.

Further, special attention will be given to an important aspect of this work, i.e. the establishment and maintenance of contact with the mother-to-be during the ante-natal period.

In regard to the wider aspects of education in the environmental hygiene field the public attitude is of great importance, it being necessary for the community to understand the reasons behind the laws to gain effective compliance with regulations. Consequently it is envisaged that in-service training will be extended to equip members of the health inspectorate to create not only improved compliance with regulations but also a demand from the community for a higher standard of environmental hygiene.

(b) COLOURED AREAS

Clinics have been established for the Coloured community providing at Western Coloured Township, Child Health and Tuberculosis Services and a Child Health Service only at Riverlea Extension No. 1 and Bosmont.

A Health Centre at Riverlea is nearing completion, at and from which comprehensive tuberculosis and child health, including immunisation, services will be provided. A contract for a Mobile X-ray unit for the detection of cases of

tuberculosis in these areas has been placed.

It is expected that the next 5 year period will see the establishment of a Health Centre at Newclare and subsidiary tuberculosis clinics at Newclare and Coronationville.

(c) BANTU AREAS

(i) ENVIRONMENTAL HEALTH

This service embraces environmental hygiene and sanitary supervision, the control and supervision of food and milk supplies on a similar basis to that carried out in the Urban Areas as referred to in (a) (vi) above.

However, should the control of the residential townships of Meadowlands and Diepkloof be transferred to the Council, expansion of these services will become necessary. If this transfer does not eventuate, the Medical Officer of Health considers that the Council should nevertheless negotiate to provide these services.

(ii) FAMILY HEALTH SERVICE

This service provides for the health, care and development of infants up to two years of age through the medium of advice and guidance to the mother plus immunisation and/or vaccination against smallpox, poliomyelitis, diphtheria, whooping cough and tetanus, and the provision of supplementary food-stuffs where required, at and from seven clinics in Soweto.

However, in recent years the service has been orientated to provide other advisory and health educational services to any member of the family, i.e. home supervision, mental health, geriatrics and social problems for referral to relative agencies. Further expansion of the service is envisaged by the inclusion of family planning, cancer prevention, toddlers clinics, vision and hearing screening and epidemiological and demographic studies.

In order to meet the contemporary concept of family health mentioned above, it is foreseen that health centres should be provided at Jabavu, Pinville, Orlando and Senaoane similar in design to that in operation in Tladi. The provision of these health centres can, however, only be carried out in conjunction with the programme for the transfer of the Curative and Midwifery Services to the Provincial Administration.

However, expansion of this service again depends upon the possibility of the transfer to the Council of Meadowlands and Diepkloof.

(iii) TUBERCULOSIS SERVICES

From seven clinics in Soweto a comprehensive tuberculosis service is provided which includes investigation of notified cases, hospitalisation of cases, domiciliary treatments and the provision of supplementary foodstuffs and immunisation against tuberculosis.

X-ray facilities are provided at all clinics by the Department's 100 mm mobile X-ray unit and cases requiring further investigation by means of large plate X-rays are referred to the master tuberculosis clinic at Mofolo South.

The expansion of this service is foreseen in two ways, i.e. participation in the tuberculosis control programme, where new cases of tuberculosis, as a result of X-ray at Baragwanath Non-European Hospital, are subsequently referred to the clinics for treatment; further, by the necessity to provide the service to residents of Meadowlands and Diepkloof should the transfer of control to the Council be accomplished. Here again, the provision of this service will be at, and from health centres referred to earlier in this report.

(iv) DENTAL SERVICES

Dental services are provided at clinics at Orlando, Pinville, Moroka, Eastern Bantu Township and Mofolo South Tuberculosis Master Clinic. These services consist at present of the treatment of pain, haemorrhage and sepsis, (certain expenditure subsidised by the Transvaal Department of Hospital Services) and preventive dentistry amongst pre-school children, school children, ante-natal cases and tuberculosis cases. Prosthetic and orthodontic work are not carried out at these clinics.

No comment of forward planning for these services is contained in this report as it is felt this can only be done when the Commission of Enquiry into Dental Services has made known its findings and the implications contained therein have been subjected to study and consequent assessment of future requirements.

(v) VENEREAL DISEASES SERVICE

Treatment for persons found to be suffering from venereal disease is provided at all curative clinics conducted by the Department in Soweto and Eastern Bantu Township. The practice of conducting separate clinics for this purpose was discontinued some years ago.

An extension of this service will be required should Meadowlands and Diepkloof be transferred to the Council.

(vi) INFECTIOUS DISEASES SERVICE

This service includes the investigation of notified cases and hospitalisation when isolation is considered necessary. Cases for which the Council is responsible are hospitalised at the Waterval Non-European Hospital as well as "outside" cases for which charges for hospitalisation and treatment are made to the other local authorities liable therefor.

As mentioned earlier in this report, negotiations with the State Department of Health regarding the

provision of an Infectious Disease Hospital in Soweto, are in progress. Further, expansion of this service again hinges on the possible transfer of Meadowlands and Diepkloof to the Council.

(vii) PRE-SCHOOL INSTITUTIONS

The Department conducts two Day Nurseries, one each at Jabavu and Moroka and are used as prototypes in advising other organisations when their applications for the establishment of pre-school institutions are considered.

An inspectorate section is maintained by the Department and, in liaison with Non-European Affairs Department, is responsible for control of pre-school institutions in Soweto. No further extension of the service is contemplated during forward planning period covered by this report.

(viii) CURATIVE, MIDWIFERY AND ORTHOPEDIC AFTER-CARE SERVICES

Curative services are provided at seven outpatient clinics in Soweto and are combined with domiciliary, medical and nursing services. District midwifery services including allied ante-natal, post-natal and orthopedic after-care services are similarly provided.

Since 1959, the services referred to have been carried out on behalf of the Transvaal

Department of Hospital Services, for which the Council has received an annual subsidy averaging + 80 per cent of the expenditure incurred. Negotiations have been conducted with the Provincial Administration regarding the acceptance of full executive and administrative control of these services.

From 1 January 1965 the Provincial Administration provided these services at the Tladi Clinic and accorded relief to the already overcrowded and overworked clinic at Jabavu.

In terms of the negotiations referred to above and subsequent to a meeting with the Hospitals Research and Planning Council, it has been intimated by the Provincial Administration that it will take over the use of the present clinic premises at Orlando and Jabavu and that the Council will be required to provide and lease to the Province clinics at Senaoane and Pimville. Further, the provision of health centres at Orlando, Jabavu, Pimville and Senaoane at the same basis as that operating at Tladi, will be required for those services to be retained by the Council

II. PRIORITIES

In presenting this report on the health services provided by the City Health Department and the expansion and development envisaged, the Medical Officer of Health, in line with present day thinking on the wider concepts and introduction of modern techniques in various health services, considers that the following should receive special attention and priority.

(A) TUBERCULOSIS CONTROL

It is envisaged that in terms of a Tuberculosis Control Programme adopted by Council on 30 August 1966 (Minutes page 1752) a further significant step will be taken regarding the early detection and treatment of cases of tuberculosis.

Implementation of this programme will depend on suitable financial provision being made during the next 5 years. It is envisaged that it will significantly contribute to the eventual effective control of this disease.

(B) AIR POLLUTION CONTROL

The Smoke Control Regulations are primarily for the control of industrial smoke. These regulations will also be implemented initially in regard to smoke from buildings until such time as they are subject to the more stringent provisions of a smoke control zone. In regard to the smoke control zone programme, the provisions of the first smoke control zone order covering the central city area will be implemented in the immediate future. The next phase in this programme will be to apply the provisions to all buildings in the city excepting industries and private houses. The final phase will be the establishment of smoke control zones in

the suburbs and South Western Bantu Townships and will depend on the availability of suitable smokeless fuels and appliances. However, in order to pursue the aforementioned programme stimulus should be provided to encourage research into the manufacture of solid smokeless fuels suitable for use in open fires and existing appliances.

Further, in addition to the routine monitoring of smoke and sulphur dioxide it is intended to investigate other specific pollutants to determine in which fields control activity should be expanded. Control of these pollutants will be vested in the State appointed Chief Air Pollution Control Officer but it is expected that this function in the Johannesburg area will be delegated to the Council. It will then be necessary to measure pollutant emissions at their sources and this will require an expansion of the existing laboratory services.

(c) HEALTH EDUCATION

Although much has been achieved in this field, particularly in the Bantu Areas, considerable work will have to be undertaken to initiate a fuller programme of health education for the European, Coloured and Asiatic communities..

The in-service training of staff is nearing completion and the immediate priorities are now:-

- (a) the provision of adequate accommodation and facilities at health centres and subsidiary clinics, and
- (b) the expansion of the branch, i.e. by creation of posts of a Director of Health Education, a Technician, and a Research Assistant/Clerk, to enable the service to attain the objectives

outlined in this report.

(D) CANCER PREVENTION AND DETECTION

It is felt that great possibilities exist in this sphere and accordingly the establishment of a Cancer Prevention, Detection and Research Unit, under the direction of a specialist in this field, should receive immediate attention.

(E) FAMILY PLANNING

As a result of the cautious dissemination of birth control propaganda and information by the Bantu Health Visitors of the Family Health Service in Soweto and the acceptance of this by the community, it is considered that planned parenthood services should be extended and incorporated into the existing health services being provided.

Government Departments have encouraged local authorities to undertake this service which should be an extension of existing clinic services.

As this service is considered to be an integral facet of public health, contributing mainly to the welfare of the lower income strata of all races, immediate priority should be given to an expansion programme.

(F) OCCUPATIONAL HEALTH SERVICES

There is at present an urgent need for the control of occupational health in Johannesburg and it is considered that as an immediate priority the City Health Department should contribute to such control, with special emphasis on industrial hazards, and in support of State appointed factory and pneumoconiosis control Inspectors. It is envisaged that comprehensive medical control measures will cover the industrial activities of various Council Departments.

(G) GERIATRICS AND PREVENTIVE HEALTH SERVICES FOR THE AGED

The provision of assistance in certain aspects of health to the increasing number of aged persons is considered to be a problem requiring special attention.

The Medical Officer of Health envisages that the present services should be expanded to include routine medical examination of aged persons, advice on various health matters such as preparation for retirement and referral of social problems to relative organizations, which would be carried out by medical and health visiting staff of the Department; further, that liaison be established with the Provincial Curative Services regarding referral of aged persons requiring medical attention.

(H) RHEUMATIC FEVER PREVENTION AND PROPHYLAXIS

The Management Committee on 18 April 1966 approved inter alia a recommendation that the Medical Officer of Health be authorised to provide prophylaxis against rheumatic fever at existing Council Clinics for all races. Application was made to the State Department of Health to make the expenditure on drugs, refundable in terms of the Public Health Act of 1919 as amended. Although finality has not been reached on this aspect it is considered that because of the far reaching effects and implications for the victims of this disease, an expansion of the service is deemed to warrant priority.

(I) EPIDEMIOLOGICAL RESEARCH

Epidemiological research has been limited mainly to research into infectious diseases. However, with the solution of many of these problems contemporary thinking is directing these methods into

the prevention of other conditions such as coronary thrombosis, lung and other cancers, road accidents, gastro-enteritis of infancy which remains as one of the highest causes of death in Johannesburg, alcoholism, modern work pressures and related illness and domestic disintegration, accidents in the home, the population explosion, nuclear radiation and many other fields. The inclusion of a modern epidemiological research unit in any large public health department has become recognised as essential in meeting the demands of modern promotive and preventive medicine and is fundamental to effective public health practice. The nucleus of a unit has been created and has commenced work on various projects. As the knowledge gained by this unit becomes available it will be applied by the various branches of the Department and submitted for publication in the medical press when warranted.

III. ESTIMATED ANNUAL CAPITAL EXPENDITURE 1967/68 - 1971/72

		<u>1967/68</u>	
<u>Project</u>			<u>Estimated Cost</u> R
Southern Areas Health Centre			68,000
Public Convenience, Jeppe			13,000
Provincial Clinic, Senaoane			92,000
Health Centre, Senaoane	77,000		
Less Government Refund	<u>18,000</u>		59,000
Disinfecting Station, Transport Depot Workshop			120,000
Pest Control Depot and Workshop			16,100
Store			68,000
Sterilisation Plant			17,000
Administrative Offices - Housing Estates			72,000
<u>Tuberculosis Control Programme</u>			
2 mobile X-ray units			28,000
2 vehicles			9,000
Mobile X-ray unit, Coloured Areas			12,800
Non-European Infectious Diseases Hospital	160,000		
Less Government Refund	<u>140,000</u>		<u>20,000</u>
TOTAL ESTIMATED COST			<u><u>594,900</u></u>

		<u>1968/69</u>	
Western Areas Health Centre (Hurst Hill)			68,000
Public Convenience, Houghton/Yeoville			13,000
Health Centre, Jabavu	77,000		
Less Government Refund	<u>18,000</u>		59,000

<u>Project</u>	<u>Estimated Cost</u>
	R
<u>Tuberculosis Control Programme</u>	
2 mobile X-ray units	28,000
2 vehicles	9,000
Garages	1,500
New Main Chemical Laboratory	100,000
Disinfecting Station, Workshop	60,000
Pest Control Depot and Workshop	10,900
Store	35,000
Administrative Offices - Housing Estates	<u>40,000</u>
TOTAL ESTIMATED COST	<u><u>424,400</u></u>

1969/70

Eastern Areas Health Centre	68,000
Public Conveniences, Vrededorp	13,000
Health Centre, Orlando	77,000
Less Government Refund	<u>18,000</u>
	59,000

Tuberculosis Control Programme

2 mobile X-ray units	28,000
2 vehicles	9,000
New Main Chemical Laboratory	50,000
TOTAL ESTIMATED COST	<u><u>227,000</u></u>

1970/71

Northern Areas Health Centre	68,000
Public Conveniences, Industria and Hillbrow, Non-European	21,000

<u>Project</u>		<u>Estimated Cost</u>
Provincial Clinic, Pimville		R 92,000
Health Centre, Pimville	77,000	
Less Government Refund	<u>18,000</u>	
		59,000
Health Centre, Newclare	40,000	
Less Government Refund	<u>12,000</u>	
		28,000
TOTAL ESTIMATED COST		268,000

1971/72

Major Central Clinic		180,000
TOTAL ESTIMATED COST FOR PERIOD 1967/68 - 1971/72		<u><u>1,694,300</u></u>

NOTES

- (a) The estimated costs shown are based on present day building costs and could be subject to variation in future years.
- (b) Anticipated Government refunds are shown as a deduction where applicable.
- (c) Provision of Provincial Clinics and Health Centres in the Bantu Areas may be subject to variation as a result of changes in Provincial policy regarding takeover of the Curative and Midwifery Services.
- (d) No details of the costs of providing alternative accommodation for the City Health Department in the proposed "Loveday Street" project are shown.
- (e) An amount of R20,000 net for an Infectious Diseases Hospital for Non-Europeans has been included on the assumption that this will be erected in the "Institutional Area" adjoining Soweto and not in Soweto itself.
- (f) Expansion of services necessitated by any possible incorporation of Northern or Southern Areas is not included.

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