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A 'CITY' WITHIN A
CITY. P.R.B.LEWIS

1. Memorandum prepared by Acting Medical Officer of Health dated 22 June 1966 giving development of Health Services in the Bantu Areas in the post-war period. The letter is from D.R. Spencer.
2. Letter from Dr. Spencer dated 9 August headed - Developmat of Medical Services Bantu Areas. Copies of extracts from Happy Living.
3. Pamphlet issued by Baragwanath Hospital giving origin of hospital and its achievements.

A city within a city.

Medical Officer of Health.
of his Dept.

- ① Memorandum prepared by Acting Medical Officer of Health dated 22/7/1966 giving Development of Health Services in the Barin Area in the post war period. The letter is from Dr Spencer.
- ② Letter from Dr Spencer dated 9th August headed: Development of Medical Services Barin Area. Copies of extracts from Happy Living.
- ③ Pamphlet issued by Baragwarail Hospital giving origin of hospital & its noble achievements.

ALL COMMUNICATIONS TO BE ADDRESSED TO
THE MEDICAL OFFICER OF HEALTH

CITY OF JOHANNESBURG
CITY HEALTH DEPARTMENT

18 HOEK STREET,
JOHANNESBURG
P.O. BOX 1477
TELEPHONE 22-0741



YOUR REF. _____
OUR REF. 13/33/3.

①
ALLE MEDEDELINGE MOET AAN DIE
STADSGENEESHEER GERIG WORD

STAD JOHANNESBURG
STADSGESONDHEIDSAFDELING

HOEKSTRAAT 18,
JOHANNESBURG
POSBUS 1477
TELEFOON 22-0741

U VERW. _____
ONS VERW. _____

22 JUL 1966

Councillor Mr. P.R.B. Lewis,
Patrick Lewis & Co.,
607/612, Union Castle Building,
Loveday Street,
JOHANNESBURG.

Dear Mr. Lewis,

DEVELOPMENT OF HEALTH SERVICES : BANTU AREAS.

Further to your recent discussion, I requested Dr. Hurwitz to prepare a memorandum which might assist you in your undertaking, and attach a copy hereto.

Yours sincerely,

ACTING MEDICAL OFFICER OF HEALTH.

Japies re Saweto

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Councillor Mr. P.R.B. Lewis,
P.O. Box 357,
JOHANNESBURG.

28 JUN 1965

Dear Mr. Lewis,

Attached please find a copy of the latest summary of the Health Services in the Bantu residential areas. This document was prepared prior to the visit of Senator Kennedy and will no doubt be of interest to you.

Yours sincerely,

for ACTING MEDICAL OFFICER OF HEALTH.

DEVELOPMENT OF HEALTH SERVICES IN THE BANTU AREAS
IN THE POST-WAR PERIOD

At the end of the war conditions arose in the Bantu Areas which created problems far different from those appertaining today. The squatters' camps at Shantytown and later the Tobruk squatters (who were moved to the Jabavu site and service scheme) presented intolerable environmental hygiene conditions. Unmade streets were fringed with mushrooming shelters of the crudest and most ineffectual sort - tin, sacking, cardboard - and served by hastily erected communal latrine and ablution blocks which poured water into a quagmire approach. Through all this, health inspectors struggled to maintain some degree of control over the environmental sanitation and battled against illegal traders in foodstuffs and milk from unpermitted sources.

Two large marquee tents were erected at the site and service area to serve as a clinic and were surrounded by other tents in which the district midwives slept in the periods between duty calls. Record keeping became farcical with gusts of wind carrying away every document in sight and on occasion staff returned in the morning to find that guy-ropes had been chewed through by donkeys and the "clinic" partially collapsed.

In the area which was to become Soweto two other clinics were conducted, one at Pimville and one at Orlando. These two clinics offered curative, midwifery, tuberculosis and child health services. Today the area is served by 6 general, 6 tuberculosis and 6 family health clinics. It is interesting that with a population of 190,000 just after the war, the number of clinic attendances were approximately double this figure, while today the ratio is retained and a population of a half-million register just over one-million clinic attendances annually. However, the distribution of the cases attending clinics has shifted away from general daily sick attendances to child health and tuberculosis clinic attendances indicating a shift in emphasis of staff and patients towards the public health services rather than curative.

Soweto
only

In the field of immunisation a completely different picture from the immediate post-war era presents. The proportion of attendances for immunisation against diphtheria, tetanus, whooping cough, poliomyelitis, smallpox and tuberculosis have not been included in the figure previously quoted. In the years following the war, only approximately 1,000 immunisations per year were performed whilst now considerable emphasis is placed on this valuable aspect of public health and in 1963 large campaigns were conducted where within 14 days over 105,000 immunisations were administered while later in that year in 18 days, a further 162,000 immunisations were performed. Over and above these intensive campaigns the present annual immunisations number well over a half-million procedures. During the period under review poliomyelitis vaccine, first in an injectable form and later in the oral form became available and contributed greatly to the reduction in the number of cases reflected in the epidemic upsurge of this disease in the early 1950's. B.C.G. immunisation against tuberculosis has recently been made sufficiently safe to be freely used and although the results of this immunisation cannot yet be assessed it is anticipated that the use of this vaccine will prove invaluable in the control of tuberculosis.

The staff solely employed on Bantu health services have more than doubled to number 500 at present and include posts of Assistant Medical Officer of Health, 6 Family Health Medical Officers, 3 Tuberculosis Medical Officers which were created in the post-war period which has also seen a general increase in the numbers of doctors, health visitors, nurses and clerks.

In the maternal health service the number of deliveries have quadrupled and ante-natal clinics which were conducted weekly at 2 clinics are now conducted daily at almost all of the 6 clinics.

Where, in the post-war period 311 of every 1,000 Bantu babies born died within the first year of life, this figure was considered to be the acme of achievement in that it was the lowest in the history of Johannesburg. It is now calculated that some 40 new born per 1,000 die within the first year of life. This dramatic improvement can be ascribed not only to the improvement in living conditions but also to the intensity of home visiting by health visitors and the efficacy and availability of the child health advisory services.

The advances in medical knowledge applied to public health during this period have nowhere been more dramatic than in the therapy of tuberculosis. The emphasis on the problem of tuberculosis has shifted from the hopelessness of the pre-war concept of rest in hospital and cod liver oil, to one of specific treatment with an armamentarium of useful medicines coupled with the need for the early detection of the disease and rapid rehabilitation. Tremendous strides have also been made in the social services available to tuberculotics and in the treatment facilities at hospitals and settlements.

This period has also seen a change in the use made of Bantu nurses. In 1937 the first Bantu trained nurse was appointed to the staff of the City Health Department and shortly after the war for the first time three Bantu trained health visitors were appointed. At this time the European health visitors were engaged in district work while some Bantu nurses were employed on unskilled work such as interpreting for the doctors. Slowly Bantu nurses have been given more and more responsibility in providing a service for their own people and at the same time the opportunities for acquiring post-qualification experience and training. Today lay interpreters have freed nurses for more responsible duties consistent with their training. Twenty-five Bantu health visitors are employed in the service and six Bantu nurses hold other senior positions with European health visitors now holding administrative and supervisory positions. The future will undoubtedly bring the Bantu nurses into positions of still greater responsibility.

Today the problems in the Bantu Areas are becoming more and more the same as those faced in the European Areas. As time progresses the preventive aspects of health in terms of preventing unnecessary child and maternal deaths, preventing of outbreaks of infectious disease, will become still more a matter of routine and greater emphasis will be able to be given to the promotive aspects of health in the building up of a sound, healthy population in a healthy physical, social and psychological environment.

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YOUR REF.
OUR REF. 8/6/5/2.

U VERW.
ONS VERW.

Councillor Mr. P.R.B. Lewis,
P.O. Box 357,
JOHANNESBURG.

RECEIVED - 5 AUG 1966

9 AUG 1966

Dear Mr. Lewis,

DEVELOPMENT OF MEDICAL SERVICES :
BANTU AREAS.

The following is a brief outline of the development of the above services.

Intro. para (2) -

Although the Johannesburg City Council was fully aware of the responsibility of the Provincial Administration in providing curative services, these were only available at the Non-European Hospital at Hospital Hill and, in view of the dire need, the Council decided in 1927 to provide a curative service at Pimville, especially considering the distance from the city of that township. Authority was derived under the then Natives (Urban Areas) Act. These services were conducted by the Non-European Affairs Department which employed a part-time medical officer and were subsequently extended to Eastern and Western Native townships. A clinic was opened in Orlando Township in 1932 and a small cottage hospital, today used as a child health and maternity unit, was donated by Mrs. Corlett and built at Orlando in 1933. It then provided accommodation for 11 patients.

Parallel with these curative services provided by the Council, the Public Health Department developed Child Welfare Clinics and in 1935 also subsidised a district midwifery service.

As the population of the townships increased more facilities were provided but it became apparent that complete reorganisation of the services with a full-time medical staff and other staff was necessary, and in January 1939 these services were transferred to the Medical Officer of Health.

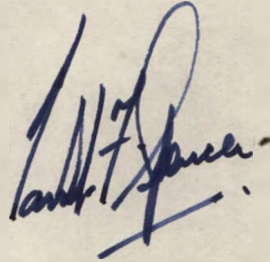
In 1947 a clinic was established at Moroka to cater for the Jabavu and Moroka Emergency Camps and operated under incredibly difficult conditions in a marquee tent. The doctor who initiated this service is today the Medical Officer in Charge of a modern polyclinic operated by the Council at Jabavu.

There was tremendous post war expansion of the services and in 1959 the Provincial Administration undertook to subsidise the Council in large part for the conduct of the curative and midwifery services, pending the eventual take over of these services by the Provincial Administration which would finally permit the City Health Department to direct all its endeavours to the vast promotive and preventive medical services which are its rightful responsibility (e.g. tuberculosis, infectious diseases, immunisation, health visitor service, child health, health education, environmental hygiene, etc.)

... 2/ Expansion ...

Expansion of the services has continued to provide the existing network of medical cover of the Bantu Areas, my outline of which was included in the booklet "Happy Living" produced by the Non-European Affairs Department, photostat copies of which I attach hereto for your convenience.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "C. F. Spence". The signature is stylized and written in a cursive hand.

ACTING MEDICAL OFFICER OF HEALTH.

Health



Child Welfare.

The medical services include from seven municipal clinics with 100 staffed by doctors and nurses that are an integrated system under radio control with a base hospital at Bangalore. The clinics are staffed by 450 personnel and conduct a 24 hour service with just under a million patient attendances and over 12,000 confinements attended to on a daily basis.

The curative services from an extension of the curable and out-patient departments of the base hospital while domiciliary services treat cases at home. A charge of 25c is made for each attendance but treatment is never withheld on grounds of inability to pay.

Apart from routine immunisation, mass immunisation procedure brought to the houses of the people has achieved a high level of development. During 1963 a total of 105,616 inoculations were given in 14 working days in a campaign, which is a result tetanus and measles immunisation campaign. In 1963 the new live measles virus vaccine was used. In the same year an improved BCG vaccine against tuberculous was given to 1,20,000 children in 14 working days, and in addition the reaction to the inoculation was read 24 hours later and recorded. In 1963 persons and women were tuberculous and who were in the last investigation and treatment. The effect of child health services is evidenced in a progressive fall in the infant mortality rate which was 201.16 in 1949, 104.04 in 1959 and 61.20 in 1962.



Ant-natal examination



A workaaker being X-rayed

An extensive tuberculosis service is conducted from a Master Clinic and several subsidiary clinics. Other curative and preventive services include health education and research apart from an appropriate division responsible for environmental health.



Home visiting

Health

(CONTINUED)

The midwifery services provide ante-natal facilities, confinement on district and post-natal nursing. An overall charge of R1.50 is made for ante-natal cover and district confinement which is increased to R3.00 if delivery or surgical intervention in hospital becomes necessary.

A dental clinic is established in one township and subsidiary clinics at three others.

Extensive promotive and preventive health services are provided free of charge. Child welfare is included and co-ordinated clinic sessions for medical examination are held daily and free supplementary powdered milk and other rations are issued to infants in need.



Dental clinic.



The medical services operate from 7 general clinics.

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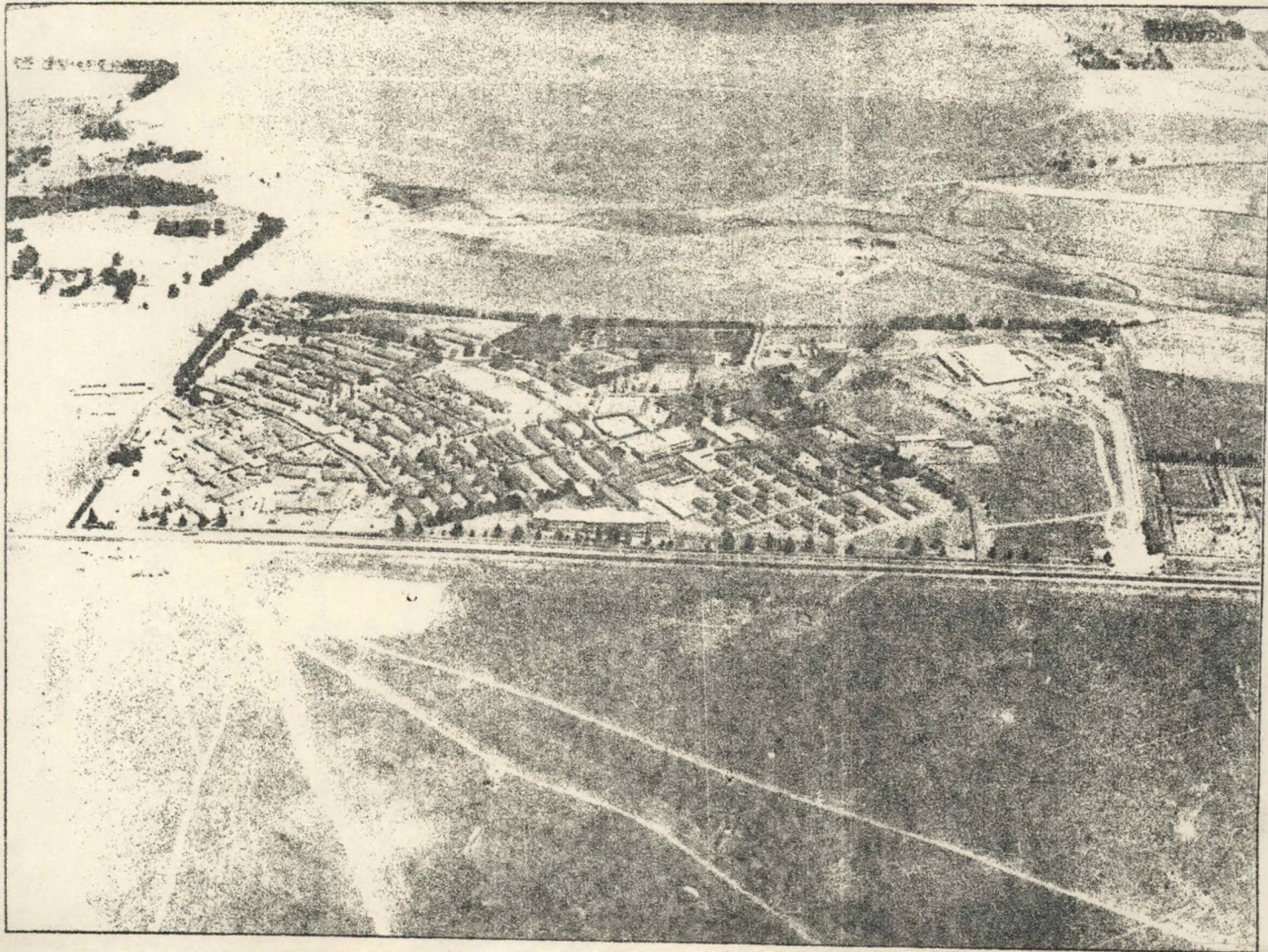
BARAGWANATH HOSPITAL
JOHANNESBURG

BARAGWANATH HOSPITAL.

The name of the hospital derives from that of Mr. John Albert Baragwanath, a Rand pioneer who settled here in Johannesburg in 1886, approximately six miles south of the market square at the present junction of the Potchefstroom and Vereeniging Roads. Here he owned an hotel and store and this spot was the rendezvous on the last lap of the farmers bringing their produce by ox wagon to the market. The area surrounding this became known as Baragwanath. Years later the Baragwanath aerodrome was erected and during the Second World War the military authorities also made use of this aerodrome.

Shortly after the outbreak of the last War the British Army required a hospital for the treatment of those of its troops from the Middle East who developed tuberculosis. Originally it was to have been built at Nancefield, on the outskirts of the Bantu townships, but because the available site was found too marshy another site had to be found.

AERIAL PHOTOGRAPH OF BARAGWANATH HOSPITAL.



In order to expedite building operations and also to ensure that patients receive the maximum fresh air and sunshine, pavilion type buildings were planned.

In 1941 the hospital was built on the present site and was named Baragwanath Military Hospital, probably because it was near the Baragwanath aerodrome and the place Baragwanath was already well known. The building programme was carried out simultaneously by several contractors and was completed and occupied within eighteen months. At the time of its erection it was visualised that it would eventually become a Non-European Hospital to relieve the pressure on the very overcrowded Johannesburg Non-European Hospital and also because of the development of the non-European townships in the vicinity.

Over 660,000 people live in the neighbouring non-European townships, mostly three to five miles from the hospital. There is an excellent 24-hour ambulance service provided by the Johannesburg City Council which facilitates the bringing of patients to hospital. There is also a good non-European bus service from the townships to the hospital so that visitors do not find it a hardship to visit their

friends and relatives in hospital.

Accordingly, after World War II, the Transvaal Provincial Administration bought the hospital for R1,000,000. This happened in July, 1947, and the Late Dr. J.D. Allen, then Superintendent of the Germiston Hospital, was given the task of converting the hospital into an acute general hospital.

In October, 1947, the Nursing College was inaugurated with a class of 57 students and on 17th December, 1947, the first two wards were opened. On 1st May, 1948, the great move from the Johannesburg Non-European Hospital took place, and within five days between 700 and 800 patients, together with the staff, were moved from the grossly overcrowded conditions of the old hospital to the more spacious and newly-reconditioned wards of Baragwanath. The improvement in the morale of both patients and staff was immediately apparent.

Since 1947 many buildings have been added to house the ever-increasing departments of the hospital. In November, 1957, the Administrator

of the Transvaal opened the new J.D. Allen Memorial Operating Theatre Block, which contains 9 operating rooms, 2 plaster theatres, a recovery room, a maxillo-facial unit, an electroencephalography unit, and many ancillary rooms. The nursing and domestic staff of this theatre block is 132 persons.

The hospital, besides providing the usual nursing, midwifery, medical and surgical services, is also a specialist Non-European Hospital. It is also a teaching hospital associated with the University of the Witwatersrand and caters for undergraduate and post-graduate medical training. Its equipment is most modern and it has special departments for orthopaedics, ear, nose and throat cases, ophthalmology, paediatrics, gynaecology, thoracic and neurosurgery. The ancillary services include pathology and bacteriology, radiology, electrocardiography, physio- and occupational therapy, speech therapy, the manufacture of orthopaedic appliances, blood transfusion and transport and social welfare services.

This hospital serves just over 5% of the non-European population of the whole of the Republic and its reputation is so great that patients

have even come from as far afield as Central Africa for treatment.

Approximately 1,000 babies are born every month in the maternity section. In normal cases mother and child are discharged on the day the child is born, taken home in hospital transport and then nursed at home by district midwives.

Two wards in the midwifery section have been specially equipped for premature babies who are treated by the Paediatricians until they are big and strong enough to be discharged. These infants are nursed by their mothers under strict disciplinary conditions. Incubators are not used in the hospital; the babies lie in ordinary cribs and the temperature of the wards are thermostatically controlled.

At the moment there are 2,133 beds in use but when the present approved building programme is completed Baragwanath will have 2,500 beds.

The average number of patients visiting the casualty and out-patients departments daily

throughout the year is 1,400 but on peak days it is well over 2,000. The daily average number of in-patients admitted to the hospital is 250. The hospital also has two decentralised clinics in the district where approximately 800 patients are attended to daily, and where district midwifery and nursing services are also rendered. Similar services are also rendered in six further clinics in the area by the Johannesburg City Council on behalf of the Transvaal Provincial Administration. This service will be taken over by Baragwanath Hospital in due course.

To get an idea of the size of the hospital this can be judged by the fact that the overhead steam pipeline from the boiler house throughout the hospital measures seven miles.

The kitchens provide meals day and night and serve an average of 10,000 meals per 24 hours.

Over five million articles are laundered annually for this hospital by the Baragwanath Hospital Laundry.

The annual cost of maintaining this vast institution is at present more than three-and-a-half million rand which is provided by the Transvaal Provincial Administration and is primarily for the following expenditure:-

Provisions	,..	R282,000
Surgical and Pharmaceutical Supplies		903,000
Domestic	...	142,000
Maintenance of Plant and Grounds		120,000
Salaries and Wages		2,103,000
Administration	...	102,000

This expenditure does not include the cost of maintenance of buildings, laundry services or stationery, because these are provided gratis by other Provincial Departments.

Income from patients fees amount to approximately R273,000 per annum and is equivalent to only 7,4% of expenditure. The amount paid by patients themselves is only 2.2% of the income from fees whilst the balance is paid by insurance companies, employers, local authorities or government departments.

In order to maintain the services at present rendered by the Baragwanath Hospital a large staff is employed as shown below:-

<u>Medical Personnel:</u>	...	...	217	- ?
(In full-time service and more or less 20 are non-Europeans).				
<u>Nursing Personnel:</u>				
European Matrons	...	...	24	✓
Non-European Matrons	...	...	71	: 8
Trained N/E Nurses	...	...	382	558
Student Midwives	...	...	95	200
Student Nurses	...	...	660	668
Student Radiographers	...	...	16	
Orderlies	...	...	286	409
European Sister Tutors	...	...	13	
Non-European Tutors	...	...	6	
Teaching Staff Nurses	...	...	10	
<u>Dietetic:</u>	...	...	15	
<u>Paramedical Personnel:</u>	...	...	76	
<u>Administrative and Clerical:</u>				
European	...	...	71	
Non-European	...	...	85	
<u>Maintenance and Engineering:</u>	...	...	41	
<u>Domestic:</u>				
European	10	
Non-European	686	
<u>Laboratories and Blood Bank:</u>	47	
			<hr/>	
			2747	
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THE TRAINING OF NON-EUROPEAN NURSES.

One of the hospital's major functions is the training given to non-European nurses. When the hospital was first opened the ward sisters, with one exception, were European. Today all ward sisters are non-European and the total nursing care of the patients is provided by non-European nursing staff. There are also seven posts of non-European Matron on the establishment of the hospital.

In 1903 two non-European nurses commenced their training at Lovedale in the Cape Province. Numbers who trained remained very small until 1930. Since then great progress has been made. In the Transvaal, the Pretoria Hospital began a registered training school in 1939 and the Non-European Hospital in Johannesburg in 1940.

In 1947 the training school at Baragwanath Hospital opened with 57 students. Today the Nursing College has well over ^{1,000}~~800~~ student nurses belonging to Baragwanath and Coronation Hospitals.

The training period for Bantu nurses is three-and-a-half years compared with the three years for Europeans because the first six months is spent in receiving instruction in the comprehension of the language of instruction, applied arithmetic and individual and social responsibility as well as being introduced to the syllabus laid down by the South African Nursing Council.

This extra six months widens the educational background of the aspirant nurse, gives her time to adjust herself to hospital life and allows her and her teachers time to assess whether nursing is her vocation or not.

After completion of their training they write the examinations and receive the Certificate for General Nurses of the South African Nursing Council which lays down the standards for all nurses training in South Africa. Examination results are very satisfactory and sometimes excellent.

Nurses trained in this manner are assuming full professional responsibility as staff nurses and as ward sisters in the hospitals. Over 1,000 such nurses have been trained here since 1947.

The teaching is done by qualified European and non-European Sister Tutors assisted to a very large extent by non-European Staff Nurses. All modern teaching methods are in use. Lecture and demonstration rooms are equipped with models, charts, and the latest audio-visual aids. An excellent lending and reference library is available for use by the students.

The prescribed qualification for training as a nurse is matriculation although the South African Nursing Council will grant exemption in certain circumstances. Most of the students at Baragwanath have only passed the Junior Certificate but are, however, admitted for training after having satisfactorily passed a selection test which complies with the requirements of the Nursing Council.

Arithmetic is a compulsory prerequisite. Preference is given to students who have taken

the official languages at the "A" level, and to those who have taken General Science.

Baragwanath Hospital also provides post-graduate training for registered non-European nurses. Courses in Radiography, Operating Theatre Technique, Midwifery and Orthopaedic Nursing and after-care, ^{WARD ADMINISTRATION & CLINICAL INSTRUCTION} have already been introduced. The course in Orthopaedic Nursing and after-care is the first course in the Republic to be offered to non-European nurses. (There are now more students).

The first course in the Transvaal for the training of non-European Sister Tutors was started at Baragwanath Hospital in July, 1961. Ten candidates entered for the examination in 1963; nine passed, two of which passed with Honours. This course will, in future, be conducted by the Kalofong Nursing College, Pretoria, in conjunction with the University of the North.

Consideration is at present being given to the introduction of the following additional courses:-

~~Education and Training~~
~~Clinical and Ward Administration~~
Paediatric Nursing.
District Nursing.
Diploma in Administration.
Intensive Nursing Care.

The future is bright with the promise of development. As more non-European nurses are trained to accept professional responsibility at the highest level, so will the light of good health spread over South Africa.

BARAGWANATH-HOSPITAAL
JOHANNESBURG

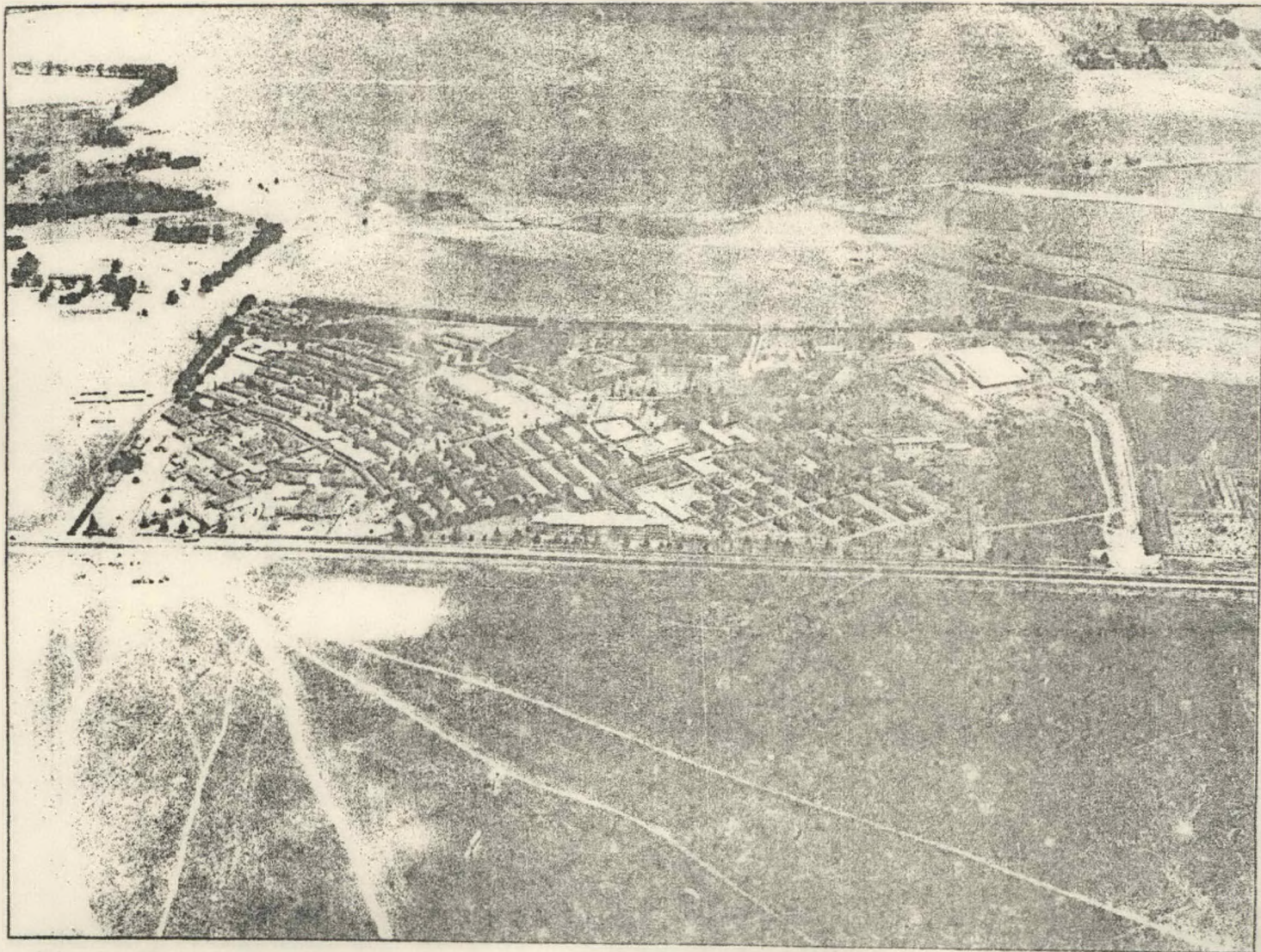
BARAGWANATH-HOSPITAAL.

Die naam van die hospitaal is afkomstig van dié van Mnr. John Albert Baragwanath, n Randse pionier wat hom in 1886 hier in Johannesburg kom vestig het ongeveer ses myl suid van die markplein op die plek waar die Potchefstroom en Vereeniging paaie bymekaar aansluit.

Hier het hy n winkel en hotel gehad en dit was die rendezvous op die laaste skof van die boere wat daarlangs hulle produkte per ossewa mark toe gebring het. Die omliggende gebied het toe algemeen bekend geword as Baragwanath. In later jare is die Baragwanath vliegveld opgerig en gedurende die tweede wereldoorlog het die militêre owerhede ook hierdie vliegveld gebruik.

Kort na die uitbreek van die laaste oorlog het die Britse Leër behoefte gehad aan n hospitaal vir die behandeling van dié van sy troepe wat in die Midde Ooste tuberkulose opgedoen het en daarom was die hospitaal beplan. Aanvanklik sou dit op Nancefield, op die grens van die naturelle woonbuurt, gebou gewees het maar omdat die beskikbare terrein moerassig was moes n ander

LUGFOTO VAN BARAGWANATH-HOSPITAAL.



terrein gevind word.

Om die oprigting van die hospitaal te bespoedig en ook om te verseker dat die pasiënte soveel lug en sonskyn as wat moontlik is kan kry is enkelverdieping-geboue beplan.

In 1941 is die hospitaal toe op die huidige terrein gebou, en was genoem Baragwanath Militêre Hospitaal waarskynlik so omdat dit nie ver van Baragwanath vliegveld af is nie en die plek Baragwanath toe alreeds goed bekend was. Die bouprogram is gelyktydig deur verskillende kontrakteurs uitgevoer en binne 18 maande was dit voltooi en is die hospitaal in gebruik geneem. Tydens die oprigting was dit in die vooruitsig gestel dat die hospitaal uiteindelik n hospitaal vir nie-blankes sou word om verligting te bring aan die baie oorvolle Johannesburgse Nie-Blanke Hospitaal en ook omdat die natuurlike-woonbuurt in hierdie omgewing begin ontwikkel het.

Oor die 660,000 mense woon in die aangrensende natuurlike-woonbuurt, meeste ongeveer drie tot vyf myle van die hospitaal af. Daar is n uitstekende 24-uur ambulansdiens wat deur die Johannesburgse Stadsraad verskaf word en wat die vervoer van

pasiënte na die hospitaal vergemaklik. Daar is ook n gerieflike Nie-Blanke busdiens vanaf die naturelle-woonbuurt tot by die hospitaal wat dit maklik maak vir besoekers om hulle vriende of familiebetrekkings in die hospitaal te besoek.

En so het dit gekom dat die Transvaalse Provinsiale Administrasie na die Tweede Wereldoorlog hierdie hospitaal vir R1,000,000 gekoop het. Dit het in Julie 1947 plaasgevind en dit was aan wyle Dr. J.D. Allen, die destydse Superintendent van Germiston-Hospitaal opgedra om reëlings te tref vir die omskepping van hierdie hospitaal tot n akute algemene hospitaal.

In Oktober 1947 is die Verplegingskollege ingewy met n klas van 57 leerlingverpleegsters en op 17 Desember 1947 is die eerste twee siekesale in gebruik geneem. Op 1 Mei 1948 het die groot verskuiwing vanaf die Johannesburgse Nie-Blanke Hospitaal begin en binne vyf dae was tussen 700 en 800 pasiënte en die personeel verskuif vanaf die hopelose oorvolle toestande by die ou hospitaal na die ruimer en nuutopgeknapte siekesale by Baragwanath. Die verbetering in die moraal van pasiënte en personeel was dadelik opvallend.

Sedert 1947 is daar baie geboue bygevoeg om die steeds toenemende departemente van die hospitaal te huisves. In November 1957 is die nuwe „J.D. Allen Gedenk-operasiesaalblok" bestaande uit 9 operasiekamers, 2 gipsteaters, n herstelkamer, kaak en mond eenheid, elektro-enkefalografie eenheid en baie ander bykomstige kamers, deur die Administrateur van Transvaal geopen. Die verpleging en huishoudelike personeel van hierdie departement is 132 persone.

Behalwe nog dat die hospitaal gewone verpleging, kraam, mediese en chirurgiese dienste lower is dit ook n hospitaal vir spesialiteitsdienste. Dit is ook n voor en na-gradse opleidingshospitaal vir medici en is verbonde aan die Universiteit Witwatersrand. Dit beskik oor die aller modernste uitrusting en dit het spesiale afdelings vir ortopedie, pediatrie, oog, oor-neus en keel gevalle, ginekologie, borskas en neuro-chirurgie. Die bykomstige dienste by die hospitaal sluit in patologie, bakteriologie, radiologie, elektro-kardiografie, fisio- beroeps- en spraaktherapie, kunsnier, die vervaardiging van ortopediese toebehore, bloedoortapping, vervoer en welsyns dienste.

Hierdie hospitaal bedien ietwat meer as vyf persent van die hele Nie-Blanke bevolking van die Republiek en sy beroemheid is so groot dat pasiënte selfs vanaf Midde-Afrika al hierheen gekom het vir behandeling.

In die kraamafdeling van die hospitaal word ongeveer een duisend babas maandeliks begore. In normale gevalle word moeder en kind nog dieselfde dag ontslaan, huis toe geneem in hospitaal voertuie en daarna tuis verpleeg deur distriks kraam-verpleegsters.

Twee sale in die kraam-afdeling is spesiaal ingerig vir vroeggebore babas wat deur die kinderartse behandel word totdat hulle groot en sterk genoeg is om ontslaan te word. Hierdie kinders word deur hul moeders self versorg onder streng gedissiplineerde toestande. Broeikaste word nie in die hospitaal gebruik nie, die babas lê in gewone kinderbedjies en die temperatuur van hierdie sale word thermostaties beheer.

Tans is daar 2133 beddens in gebruik maar wanneer die huidige goedkeurde bouprogram voltooi is sal Baragwanath oor 2500 beddens beskik.

Die getal pasiënte wat die ongevalle en buitepasiënte-afdelings daaglik besoek is ongeveer 1400 en tydens spitsdae oorskry dit die 2000 merk. Die gemiddelde getal pasiënte wat as binnepasiënte opgeneem word is 250. Die hospitaal het ook nog 2 gedesentraliseerde klinieke in die distrik waar ongeveer 800 pasiënte daaglik behandel word en waar distriks kraam en verplegingsdienste ook gelewer word. Soortgelyke dienste word ook in ses ander klinieke in die distrik verskaf deur die Johannesburgse Stadsraad namens die Transvaalse Provinsiale Administrasie. Hierdie dienste sal mettertyd deur die Baragwanath-Hospitaal oorgeneem word.

Om n idee te kry van die grootte van die hospitaal sal kan afgelei word van die feit dat die stoom vanaf die stoomketelhuis deur n begroendse pyplyn deur die hospitaal versprei word en dat die afmetings daarvan sewe myl beslaan.

Die kombuise voorsien maaltye dag en nag en daar word gemiddeld 10,000 maaltye per 24 uur bedien.

Meer as vyf miljoen stukke word jaarliks vir die hospitaal gewas by die Baragwanath Provinsiale Wassery.

Die jaarlikse koste vir die onderhoud van hierdie kollosale inrigting beloop tans meer as drie en n half miljoen rand en word uit fondse van die Transvaalse Provinsiale Administrasie bewillig. Hierdie onderhoudskoste bestaan hoofsaaklik uit die volgende:-

Proviand	...	...	R282,000
Apteekware	...	...	903,000
Huishoudelik	...	...	142,000
Instandhouding van bedryfsuitrusting en terrein	...	...	120,000
Salarisse en Lone Administrasie	...	...	2,103,000
			102,000

Hierdie uitgawes sluit nie die koste van instandhouding van geboue, wasserydienste of skryfbehoeftes in nie omdat dit gratis aan hospitale verskaf word deur ander Provinsiale Departemente.

Inkomste uit pasiëntegelde beloop ongeveer R273,000 vir die jaar en is maar gelyk aan 7.4 persent van die uitgawe. Die bedrag wat deur pasiënte self betaal word beloop slegs 2.2 persent van die inkomste terwyl die res deur ander instansies soos versekeringsmaatskappye, werkgewers, plaaslike owerhede of staatsdepartemente betaal word.

Om hierdie dienste wat tans deur Baragwanath-Hospitaal gelewer word te handhaaf word n groot personeel in diens gehou soos hieronder uiteengesit:-

<u>Mediese Personeel:</u>	...	...	217
(In voltydse diens en waarvan ongeveer 20 Nie-Blanke is).			
<u>Verpleeg Personeel:</u>			
Blanke Matrones	...	...	24
Nie-Blanke Matrones	...	...	7
Opgeleide N/B Verpleegsters	...	...	382
Leerling Vroedvrou	...	...	95
Leerling Verpleegsters	...	...	660
Leerling Radiografiste	...	...	16
Ordonnanse	...	...	286
Blanke Suster-dosente	...	...	13
Nie-blanke dosente	...	...	6
Onderrig-staf-verpleegsters	...	...	110
<u>Dieetkundige:</u>	...	...	15
<u>Paramediese Personeel:</u>	...	...	76
<u>Administratief en Klerklik:</u>			
Blank	...	...	71
Nie-Blank	...	...	85
<u>Werktuigkundiges:</u>	...	...	41
<u>Huishoudelik:</u>			
Blank	...	...	10
Nie-blank	...	...	686
<u>Laboratoria en Bloedbank:</u>	...	...	47
			<hr/>
			2747
			<hr/>

DIE OPLEIDING VAN NIE-BLANKE VERPLEEGSTERS.

Een van sy belangrikste funksies is die opleiding wat die Nie-Blanke verpleegster in hierdie hospitaal ontvang. Toe die hospitaal aanvanklik geopen is was al die saalsusters, met een uitsondering, alger Blankes. Vandag is al die saalsusters Nie-Blank en die verpleging van die pasiënte word uitsluitlik deur Nie-Blanke verpleegsters gedoen. Daar is ook 7 poste van Nie-Blanke Matrone op die personeelsterkte van die hospitaal.

In 1903 het twee Nie-Blanke verpleegsters met hul opleiding begin in Lovedale, Kaap Provinsie. Die getalle wat daarna opgelei was het maar karig gebly tot in 1930. Sedertdien is daar heelwat vordering gemaak.

In Transvaal het die Pretoria-Hospitaal in 1939 n geregistreerde opleidingskool begin en die Johannesburg Nie-Blanke Hospitaal met een in 1940.

Die Baragwanath opleidingskool is in 1947 met 57 leerlinge begin maar vandag is daar meer as 800

leerlinge van Baragwanath en Coronation Hospitale.

Die opleidingstydperk vir Bantoe verpleegsters is $3\frac{1}{2}$ jaar teenoor die 3 jaar vir Blankes omdat die eerste ses maande gewy word aan opleiding in die begrip van die taal van onderrig, toegepaste rekenkunde en persoonlike en maatskaplike verantwoordelikheid asook n insig te kry in die sillabus wat deur die Suid-Afrikaanse Verpleegstersraad neergelê is.

Hierdie ekstra ses maande verbreed die opvoedkundige agtergrond van die aspirant-verpleegster, gee haar tyd om by die hospitaallewe aan te pas en stel haar en haar onderwysers in staat om vas te stel of verpleging haar roeping is of nie.

Na voltooiing van hul opleiding lê hulle die eksamens af en ontvang dan n sertifikaat vir Algemene Verpleegsters van die Suid-Afrikaanse Verpleegstersraad wat die standarde vir opleiding van verpleegsters in Suid-Afrika neerlê. Die eksamenuitslae is baie bevredigend en soms uitstekend. Die opgeleide verpleegster aanvaar volle professionele verantwoordelikheid as staf-verpleegsters en saalsusters in hospitale en sedert 1947 is meer as 1000

gekwalfiseerde verpleegsters hier opgelei.

Die opleiding word verskaf deur gekwalfiseerde Blanke en Nie-Blanke Susterdosente en hulle word tot n groot mate bygestaan deur Nie-Blanke onderriggewende staf-verpleegsters. Alle moderne opleidingsmetodes word toegepas. Lesing- en demonstrasiekamers is met modelle, kaarte en die jongste hoor- en sientoestelle toegerus. n Uitstekende leer-verwysingsbiblioteek word tot die beskikking van die leerlinge gestel.

Die voorgeskrewe kwalifikasie vir toelating om as verpleegster opgelei te word is n matrikulasiesertifikaat alhoewel die Suid-Afrikaanse Verpleegstersraad onder sekere omstandighede vrystelling daarvan verleen. Meeste van die leerlingverpleegsters by Baragwanath is slegs in besit van die juniorsertifikaat maar word egter vir opleiding toegelaat nadat hulle n keuringstoets, wat aan die vereistes van die Verpleegstersraad voldoen, geslaag het.

Rekenkunde is n verpligte vereiste en voorkeur word gegee aan studente wat die amptelike tale in

die A-graad voltooi het en ook algemene wetenskap as n vak geneem het.

Voorsiening word ook gemaak vir nagraadse opleiding van geregistreerde Nie-Blanke verpleegsters. Kursusse in Radiografie, Operasiesaaltegniek, Kraam en Ortopediese verpleging en nasorg is alreeds ingestel. Die kursus in ortopediese verpleging en nasorg is die eerste wat in die Republiek aangebied word vir Nie-Blanke verpleegsters.

Die eerste kursus in Transvaal vir die opleiding van Nie-Blanke Suster-dosente was by Baragwanath-Hospitaal in Julie 1961 ingestel. 10 Kandidate het die eksamen in 1963 afgelê, 9 het geslaag, 2 met lof. Hierdie kursus word in die vervolg verskaf deur die Kalafong Verplegingskollege, Pretoria, in samewerking met die Universiteit van die Noorde.

Oorweging word tans geskenk aan die instelling van die volgende addisionele kursusse:-

- Kliniese en Saal-administrasie.
- Pediatriese Verpleging.
- Diploma in Administrasie.
- Distriksverpleging.
- Intensiewe Versorgingseenheid.

Die vooruitsig van ontwikkeling in die toekoms is rooskleurig en namate meer verpleegsters opgelei word om die hoogste verantwoordelikheid te aanvaar sal die lig van goeie gesondheid dwarsdeur die Republiek versprei word.

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