

STATE OF THE UNION'S HEALTH : MINISTER'S REVIEW

BY OUR PARLIAMENTARY CORRESPONDENT

Making his first official statement of policy since his appointment as Minister of Health, Mr. M. D. C. de Wet Nel dealt in the Senate on 21 August with the incidence of poliomyelitis, diphtheria, enteric fever, leprosy, malaria and tuberculosis in the Union and the steps being taken by the Government to combat these diseases.

He said the number of polio cases last year—up to 30 June 1958—was only 661 as compared with 3,714 the previous year. Leprosy and malaria were also less prevalent and considerable progress had been made in dealing with tuberculosis. But diphtheria cases had reached the new peak of 3,435 cases last year and there had been no fewer than 3,120 cases of enteric fever.

POLIOMYELITIS

Poliomyelitis had reached comparatively serious proportions in South Africa in recent years and in 1956 there had been the unusual and disturbing appearance of the disease even in the winter months.

Unfortunately extremely little was known about how the disease was spread. Consequently it had not yet been possible to devise any special method of restricting the disease. General measures taken to prevent the spreading of the disease included the maintenance of a high standard of hygiene. When there was a general prevalence of the disease it was advisable to prevent children from attending crowded gatherings such as cinema performances and also to avoid physical exhaustion, which might be produced for example by participation in competitive sport.

Apart from these general measures the most effective specific step which could be taken against the disease was the inoculation of the most susceptible sector of the community. South Africa was in the fortunate position of being one of the few countries in the world producing their own vaccine.

It was known that polio tended to follow cycles of incidence with quiet periods intervening. As the Union was experiencing a quiet period at present this seemed the appropriate time to make special efforts to secure the immunization of as many children and young people as possible. The Minister said he had made an appeal through the Press earlier this year for the public to exploit to the fullest extent the measures available in the Union for pro-

tection against polio. He asked the Senators to further the propaganda among all the people they came in contact with.

Large quantities of vaccine, which were first approved by an Advisory Committee, were being made available at regular intervals. There was now a sufficient stock of vaccine to extend the age-groups for whom the vaccine had originally been made available. It was being recommended, among other suggestions, that young women should be immunized shortly before or after being married because it had been observed in other parts of the world that if the disease was contracted during pregnancy it sometimes involved special dangers for the expectant mother.

So far 2,122,000 doses of vaccine had been issued. Between April and June this year 751,000 doses had been produced and by April next year 2,500,000 doses would be available in the Union.

As the Director of the Poliomyelitis Research Foundation (Dr. James Gear) was still overseas studying the latest developments the Minister could not give details of recent reports of a new polio vaccine. All that was known at this stage was that the vaccine was being produced from a live virus whereas the present vaccine was produced from a dead virus. He hoped that more information would be available next month after the return of the director of the Foundation.

DIPHTHERIA AND ENTERIC FEVER

The Minister said that both diphtheria and enteric fever could be avoided with relative ease if people would only take the necessary precautionary measures. Unfortunately, however, they neglected to do so and consequently these diseases were widespread every year.

Vaccine against diphtheria was made available free of charge and there should, therefore, be no reason why parents should not use the facilities provided to protect their children.

Personal hygiene and sanitation naturally played the most important role in the prevention of enteric fever. The remedy for the high incidence of this disease was, therefore, to be sought in the improvement of sanitation, especially in the rural districts where most cases of enteric fever were to be found. The Department, assisted by local authorities, could only apply effective

measures to combat this infectious disease with the fullest co-operation of the public. When there were outbreaks of enteric fever vaccine was provided free of charge by the Department.

LEPROSY

The Government's efforts to combat leprosy had met with great success, especially in recent years. Isolation of persons suffering from this disease was still necessary despite the encouraging results achieved since the application of sulphone treatment for the first time in 1947. The disease, however, was fast losing its seriousness as a national health problem, as was evident from the fact that the yearly incidence figure was now only 0.14 per thousand of the population. As a result of the decrease in the disease it had been found possible to close one of the five hospitals originally erected for lepers, while two others had already been converted for the accommodation of tuberculosis patients.

MALARIA

Considerable progress could also be reported in the combating of malaria. Although sporadic outbreaks of the disease were still experienced from time to time, especially after heavy rains in the former malaria areas, the disease was well under control and large tracts of South Africa previously infested with malaria were today virtually free of the disease. There were, however, certain areas where the disease was epidemic, such as the low-lying regions of Zululand between the Lebombo mountains and the Indian Ocean. Malaria was also encountered east of Messina along the Limpopo River and in the Low Veld of the North-eastern and Eastern Transvaal—along the Komati River, for example. The Department's activities in this region were at present aimed at stamping out the remaining sources of malaria infestation through the treatment of parasite carriers with the anti-malaria remedy chloroquine. Besides this the Department was keeping a weather eye open to prevent the recurrence of malaria in areas where it had been virtually eradicated or brought under control.

As it had been observed in other parts of the world that malaria-bearing mosquitoes had developed a resistance to insecticides the Department was continually watching the position in South Africa. So far there had been no signs of this here.

The World Health Organization, of which the Union was a member, was engaged on a campaign to eradicate malaria in regions where the disease was still encountered. Africa was one of the countries where it was still prevalent, but topographical and other factors made it extremely difficult to wipe out the disease. The parts south of the Zambezi offered favourable conditions for the campaign and the organization had decided to hold a conference of representatives of various African States in Lourenço Marques towards the end of this month. In view of the importance of close cooperation between the Union and neighbour States it had been decided to send the Deputy Chief Health Officer, Dr. B. M. Clark, and the Chief Regional Health Officer for the Northern Transvaal region, Dr. C. J. H. Brink, to the conference.

TUBERCULOSIS

Tuberculosis, said the Minister, was still regarded as public-health enemy number one. Through the joint efforts of the Department, local and provincial authorities, mission societies and

SANTA, the goal of 15,000 beds set last year had been surpassed and there were now 15,539 beds available for tuberculosis patients. The provision of a further 5,500 was aimed at.

There were no fewer than 159 institutions in the Union which provided wholly or partially for the accommodation of tuberculosis sufferers. The Department itself ran 12 of the biggest institutions, which were erected for the exclusive purpose of treating tuberculosis cases and which had 3,800 beds. The Department subsidized other institutions to a maximum of seven-eighths of the approved building costs of isolation accommodation provided by local and provincial authorities, mission societies and SANTA. The provision of a further 26 institutions was envisaged, of which SANTA alone would provide 18.

Early diagnosis was an important factor in the treatment of tuberculosis. Large-scale radiological services were used to diagnose the disease and to obtain confirmation of suspected cases. There were at present 228 centres with facilities for chest X-rays in the Union, which were supplemented by 19 newly bought mobile X-ray units. With the help of these units more than 166,000 examinations had been completed since their introduction in 1956. Pioneer work was being done in this field and as the service progressed experience was being gained in connection with the type of vehicle and X-ray unit best suited to South African conditions. The policy was to encourage all local authorities serving a population of 20,000 or more to acquire these units with financial assistance from the Government.

Apart from the provision of extra beds, considerable progress had been made in the treatment of out-patients with the cooperation of a large number of local authorities, which were being assisted by the Department to maintain out-patient clinics. There were at present 150 such schemes and 400 sub-clinics in the Union. In addition the Department made arrangements with part-time district surgeons to hold regular tuberculosis clinics in their districts, for which they received extra remuneration from the Department.

It had been realized that supplementary feeding was also an important factor in the treatment of needy tuberculosis sufferers. Recently 46 local authorities had made a start with supplementary feeding schemes, which were subsidized by the Department—seven-eighths of the cost of approved items of diet was refunded.

With a view to offering protection against tuberculosis arrangements had been made for the free supply of BCG vaccine to local authorities desirous of starting an inoculation programme.

The future policy of the Department of Health was aimed at the extension of all these services wherever possible until final victory over tuberculosis was achieved.

MISCELLANEOUS

To enable District Surgeons to keep up with new trends and developments the Department had arranged yearly refresher courses in conjunction with the universities which had medical faculties. The State paid travelling and subsistence costs for the courses as well as the university fees.

It was often necessary for the Department in the fulfilment of its manifold duties to call in the help of outside experts and four standing committees had been appointed under the Secretary for Health to advise the Minister on specific affairs. They were: the Committee on Virology, the Committee on Blood-Transfusion Services, the Committee on Therapeutic Agents, and the Committee on Dental Health Services.