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BARAGWANATH HOSPITAL'S TWENTY-FIRST BIRTHDAY

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Baragwanath Hospital was designed and built during the Second World War as a convalescent centre for British soldiers from the Middle East battlefronts, and was then called the Imperial Military Hospital. It was sited near the residential area for the Bantu people of Johannesburg, and, as a hospital under the aegis of the Transvaal Provincial Administration, received its first Bantu patients in 1948. This year Baragwanath Hospital attains its 21st year of service to the Bantu community. Growth of the hospital has accelerated at a rapid rate through its young and adolescent years. This expansion has been made possible by the architectural layout. The buildings at Baragwanath were originally designed for convalescent patients and were barrack-like, single-storey pavilions. The original wards were rather primitive; 'central heating' consisted of coal stoves in the middle of the large quadrangular wards; the floors were of wood and difficult to clean, and there were no piped suction and oxygen facilities.

Dr Kenny

While the pavilion arrangement disposes of the need for elevators and the resultant traffic jams, horizontal expansion of the hospital does create unwieldy distances from central supply stores. Food, dispensary supplies and patients have to be conveyed up seemingly endless gangways. On the other hand, the gangways are in the open, albeit under shelter, and walking in the passages of Baragwanath is never claustrophobic. The passages are always thronged with a colourful passing parade of chattering visitors, ambulant patients and hospital staff. Faces become familiar and a congenial, friendly atmosphere pervades the whole hospital. The patients particularly appear to enjoy the freedom of movement which the hospital allows them. Each ward opens onto a stretch of green grass and patients can sun themselves yet remain under the vigilant eye of ward staff and be recalled to the ward at short notice.

The principal advantages of the pavilion architecture are the ease with which units can be renovated without disturbance to neighbouring wards, the facility for conversion of units from one purpose to another, and the rapidity with which further identical units can be superadded. This design allowed the hospital to be divided into geographic areas serving particular medical disciplines. As time passed, wards have been rejuvenated by appropriate interior decoration; floors have been concreted and tiled, walls replastered and painted, piped wall heating, suction and oxygen have been supplied and the ward interiors divided to serve specialized needs.

That Baragwanath Hospital has coped with the flood of patients generated by the population explosion of Soweto is due not only to its architectural propensities but also to the roles played by the administrative, nursing and medical staff within Baragwanath Hospital, as well as the staff of the polyclinics in Soweto.

Dr J. D. Allen was Superintendent of Baragwanath Hospital from 1948 to 1957, and he and Dr I. Frack, who succeeded him, took Baragwanath Hospital through its childhood years. In succession, Mr G. R. Kempff, Mr J. L. van Loggerenberg and Mr C. V. Botha have been in charge of the administrative staff of the hospital; it is they who have silently carried the huge burden of hospital logistics and documentation.

Miss Jane McLarty was the first Matron of Baragwanath Hospital, and she established the nursing services which have contributed so much to the standard of medicine practised here. Miss A. W. Simpson, who succeeded her in 1953, expanded the scope of training despite many difficulties, and she has shown wonderful foresight. These ladies have not only produced thousands of technically proficient nurses; they have also imbued their staff with sympathy and consideration for the patient at all times.

The medical staff of Baragwanath Hospital has achieved a distinguished record in patient care, contributing to world medical literature, and in undergraduate and postgraduate medical teaching, despite chronic staff shortages and a workload that at times must seem intolerable. There are few young and middle-aged members of the medical profession who have not worked at Baragwanath Hospital at some time in their careers. These colleagues and also those presently on the staff have been responsible for the fame which this hospital has among the Bantu population as the Place of Healing. The last bouquet must be handed

to the often-forgotten staffs of the polyclinic services run in conjunction with the Johannesburg Municipal Health Services. These clinics deal with general medical practice and act as a screen which buffers Baragwanath Hospital from the tidal wave of minor illness; without them, Baragwanath Hospital would surely be engulfed in work.

Baragwanath Hospital has now grown rapidly and constantly for 21 years, in an attempt to keep pace with the snowballing growth of the population it serves so well. But the epiphyses must now fuse. Further growth must be in terms of maturity of thought, sophistication of equipment and services, not in physical dimensions. Because it has always been a case of trying to catch up —with ever increasing requirements—frustrations and problems do exist. The Casualty Department is as fitted for the usual Saturday night avalanche as a small-town airport is for the advent of the jumbo-jet era. The wards are full. The operating theatres are used continuously and to the limit of the staff's capacity for work. The solution is not further expansion. Three-quarters of the work of the hospital is generated by preventable disease. The years 1948 - 69 have seen the eradication of the slum townships of the past and the squalor of the squatters' camps; perhaps the years ahead will see a reduction of the ravages of infectious disease and of the incidence of wilful trauma. Would that the diseases of over-indulgence in alcohol and of milk deficiency would cancel themselves out. But these words will not be heeded. It seems that as far as public health is concerned, there is no audience for the mundane, no publicity for the unsensational, and the obvious is simply boring.

Baragwanath Hospital has no research appointments and no research funds other than those private contributions gleaned by enthusiastic members of staff. There are no departmental typists and no tape recorders; records are liable to get lost. The clinical papers which have been produced in their hundreds by the staff of the hospital and which fill the pages of this *Journal* are the result of enterprise, ambition and resourcefulness on the part of the medical staff. But the age of making bricks without straw must pass. The population of all Africa suffers from diseases which are encountered at Baragwanath Hospital. The climate, the infecting agents, the genetic background, the nutritional and social habits cannot be duplicated in any of the research centres of the Western World, and in all Africa there is no other place which combines the clinical material and the sophisticated skills needed for research, investigation and treatment. There can be no embargo on the export of health; give Baragwanath Hospital the technical facilities, the clerical assistance and the research funds, and the bread cast on these waters will be repaid many-fold.