WITS UNIVERSITY MEDICAL SCHOOL GRADUATING CLASS OF 1960

Newsletter #2, July 2020 – Baragwanath

Compiled by Chaim M Rosenberg, Chicago

Early in March 2020 the idea popped into my head that we should connect and celebrate the Class of 1960 on its sixtieth year after graduating from Wits Medical School. In a few months, we have established a Golden Jubilee committee, received much support from the Wits Alumni Office, established a website, contributed to the Phillip V Tobias Bursary Fund, and received the support of Martin Veller, Dean of the Faculty of Health Sciences and Professor of Surgery at the University of the Witwatersrand.

On July 19, our Newsletter #1, most ably edited in London, by Geraldine Auerbach MBE, was launched and sent to classmates in South Africa, the UK, USA, Israel and Australia. The response was quick to follow. “You are doing a great job,” wrote one. “I’m sure it will be appreciated by all,” wrote another. “Thanks for including me in the first newsletter. I am greatly honored and more so to be part of this illustrious class of medical students and over-achievers in their respective fields,” added a third.

Dean Martin Veller thanked us “for sharing your newsletter with me. It is absolutely fabulous.” Professor Veller recalled that he had worked closely with some in our class. “In particular” he said “I spent a number of years working with Tony Meyers in the transplant unit at the Johannesburg hospital. Irving Lissoos also was involved at times. Clive Rosendorff was head of Physiology when I studied.”

In this Newsletter

We feature memories of **rotations and house jobs at Baragwanath Hospital** as recalled by *Neonatologists* **Avroy Fanaroff** of Cleveland Ohio and **Jeffrey Maisels** of Royal Oak, Detroit, Michigan. (The innovative prem baby units and ‘drip rooms’ at Bara, pictured right, must have made a big impression on them.) We invite you all to send us your reminiscences of working at Bara or any of the of the other teaching hospitals. If you look on the **Who’s Who page** of our dedicated website, https://wits_medical_alumni_1960.mailchimpsites.com/whos-who--the-class-of-1960 you can click on the name-links to the stories we have received so far of our colleagues, Boner, Gazedis, Jassat, Meyers and Milunsky. We look forward to receiving your story. You can also read Newsletter # 1 on the Newsletter page and for convenience you can see how to donate to the Tobias Bursary Fund at the top of every page on our website.

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Memories of Baragwanath as students and registrars

Avroy Fanaroff *Neonatologist* Cleveland Ohio

and **Jeffrey Maisels** *Neonatologist* Royal Oak, Michigan

As students during 1958 and ‘59, our class did rotations at Baragwanath Hospital. Some of us also served as interns and registrars there from 1962 to 1966. In 1961 some of us also did locums at ‘Bara’ before we officially started our residencies.

For those that don’t know, ‘Bara’ was, and is, widely renowned as a huge, sprawling and bustling hospital to the South West of Johannesburg, serving what was then known as the ‘Non-European’ population of the nearby townships of Soweto (South West Townships). Students and interns who had the opportunity of working there received the most extraordinary medical training, meeting with every kind of medical problem and surgical condition in quick succession. The ‘chiefs’ who worked there were legendary and young doctors were set up for life.

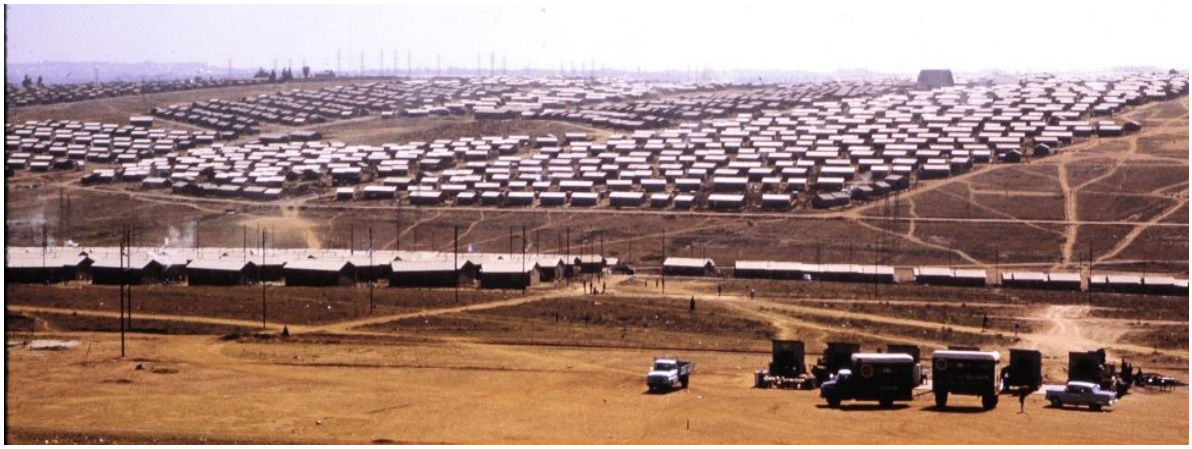
Construction of the 1544-bed hospital, began in November 1941. It was commissioned by the British Army to care for injuries to the allied soldiers serving ‘up North’ in Africa, the Middle East and Italy. It was speedily built on the barrack system of field hospitals. You can see the individual buildings with long outdoor corridors.

The hospital was built near to where the old Wayside Inn run by a Cornishman named John Albert Baragwanath had been situated. The Inn was known as simply as ‘Baragwanath’s’, and the name transferred to the new hospital.

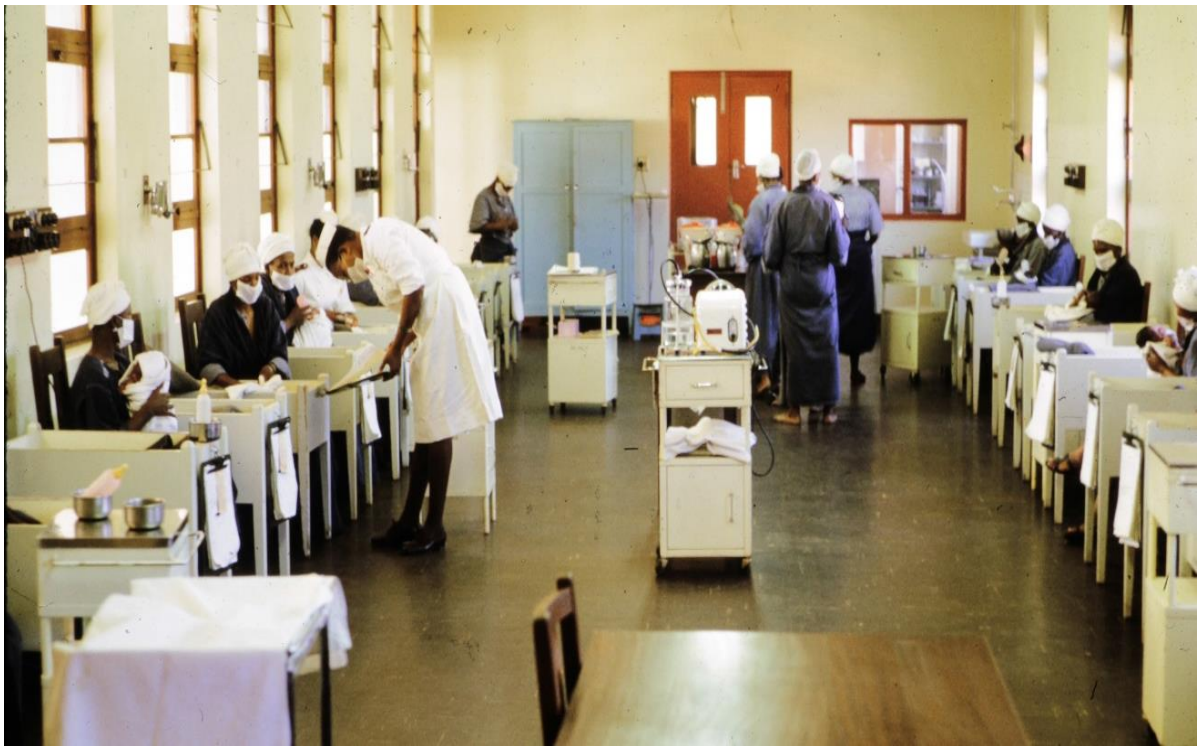
So urgent was the need, that before a year had passed on 23 September 1942, Field Marshall Smuts officially opened the hospital. He used the opportunity to indicate that after the war, the Government would use the hospital for the Black population of the Witwatersrand. In the meanwhile, Baragwanath was called on to deal with casualties of the war, mainly from the Middle East Command. During the latter part of the war Baragwanath treated mostly tuberculosis patients, not only from Middle East Command, but also from the Far East Command - mainly the Burma theatre.

After the war, the South African Government took over the hospital and on 1 April 1948, the black section of Johannesburg General Hospital (known as Non-European Hospital) was transferred to Baragwanath, and the new stage of the hospital opened with 480 beds.

Patients (above) waiting to cross the road from Soweto (below) to the Hospital.



The impact of the hospital was immediate. When it opened the infant mortality was 250 per thousand. Within one year with the establishment of a rehydration center (“drip room”) the mortality was down to 60 per thousand and within a few years down to 30 per thousand. Also, the establishment, by Eric Kahn and Sam Wayburne, of two 75-bed premature baby units (one seen below) with mother’s caring for their babies, lowered premature mortality to levels equivalent to the best in the world.



Over the next 30 years Baragwanath grew in size and stature. Today it is the third largest hospital in the world occupying around 173 acres (0.70 km2), with approximately 3,200 beds and about 6,760 staff members. Approximately 70% of all admissions are emergencies, including about 160 victims of gunshot wounds per month.

Accident and Emergency

Accident, emergency and ambulance transports are the busiest services, with over 350 daily patients. Every year, about 150,000 inpatient and 500,000 outpatient cases are registered. These represent a small amount of outpatient visits because today there are also many clinics surrounding the hospital in Soweto, for primary care and referrals. Bara not only serves Soweto, but also as a referral hospital for a large part of the country and also other African States.

Jeff Maisels and Avroy Fanaroff remember:

To get to Bara, most of us took the bus from the Johannesburg General Hospital parking lot. The contrast of the high-rise spacious buildings in Hillbrow on the ridge above Johannesburg, to the dense low dwellings of smog filled Soweto was striking. The smog was generated from the fires used to cook warm their homes, which had no central heating.

If we were assigned to the general outpatient service, it was not unusual to be confronted with a line of 50 or more patients who had walked from Soweto and were waiting patiently to be seen. We worked extremely hard, but also made sure there was time for socialization unlike the frenetic pace that many of us subsequently embraced in our adopted countries.

Morning rounds

On the adult services, the rounds would begin early in the approximately 50 bed male and female units. At ten o'clock, even if you were between the first and second heart sound, you stopped and went up to the cafeteria for cucumber sandwiches and tea, provided by Matilda. There, Professor Leo Schamroth, a world-class cardiologist and expert in ECGs, held court, and read all the complex ECG's. At the same time, he would find out who had a car, and could give him a ride home in the early afternoon. He also handed out ECG's with the command "Fanaroff, start talking." If you came up with the (usually) incorrect answer he would say "A shame and a disgrace, gegannen (went) in college and wasted his father's money."

Bara had very basic facilities, although everything necessary for medical and surgical patient care was available and the quality of the devoted nursing staff was excellent. There was no library nor recreational facilities when you were on call overnight. We were there way before the Internet, beepers or cell phones. Your biggest fear was that you would get "Bara Guts" a dysentery-like illness from the food, when you stayed overnight. There was a nice swimming pool and tennis courts, but very few opportunities to use them. It was interesting to watch the paraplegics playing wheel-chair basketball. Lipschitz and Bloch had established a world-class paraplegic care and rehabilitation center (for victims of spinal injury, usually intentionally administered with a bicycle spoke stab to the neck).

On Call

Each unit was on call every 4th day. We would start with about 10 empty beds in our 50 bed ward. At the end of 24 hours we would have received between 40 and 60 medical admissions. The big influx of admissions came as the ambulances arrived jam packed with

patients from the surrounding health care facilities. Pretty soon, there would be patients in beds, patients under beds, patients on stretchers between the beds and on chairs and the 50-bed unit would have expanded dramatically.

The experience was at times overwhelming, but the variety of patients presented a remarkable opportunity to further out medical skills, as we were exposed to the whole gamut of medical conditions. We worked with interpreters and they would have a long interchange with a patient, and then inform you: “He says no” to the question.

Surgical service

On the surgical side, one could admit 60 to 100 new patients a day including stab wounds, fractures, acute abdomens and a full array of surgical conditions. It was sometimes difficult to keep track of them. It was not uncommon for a patient who was scheduled for surgery to disappear only to reappear when dinner was served. Another problem was the orderlies just leaving patients in the corridor on their way to the operating suite, while they went on their tea break. New operating theaters were built when we were students. The architects miscalculated badly so the place flooded with the first rain as the water came down the service supply road and into the theaters.

Gyne and Obstetrics

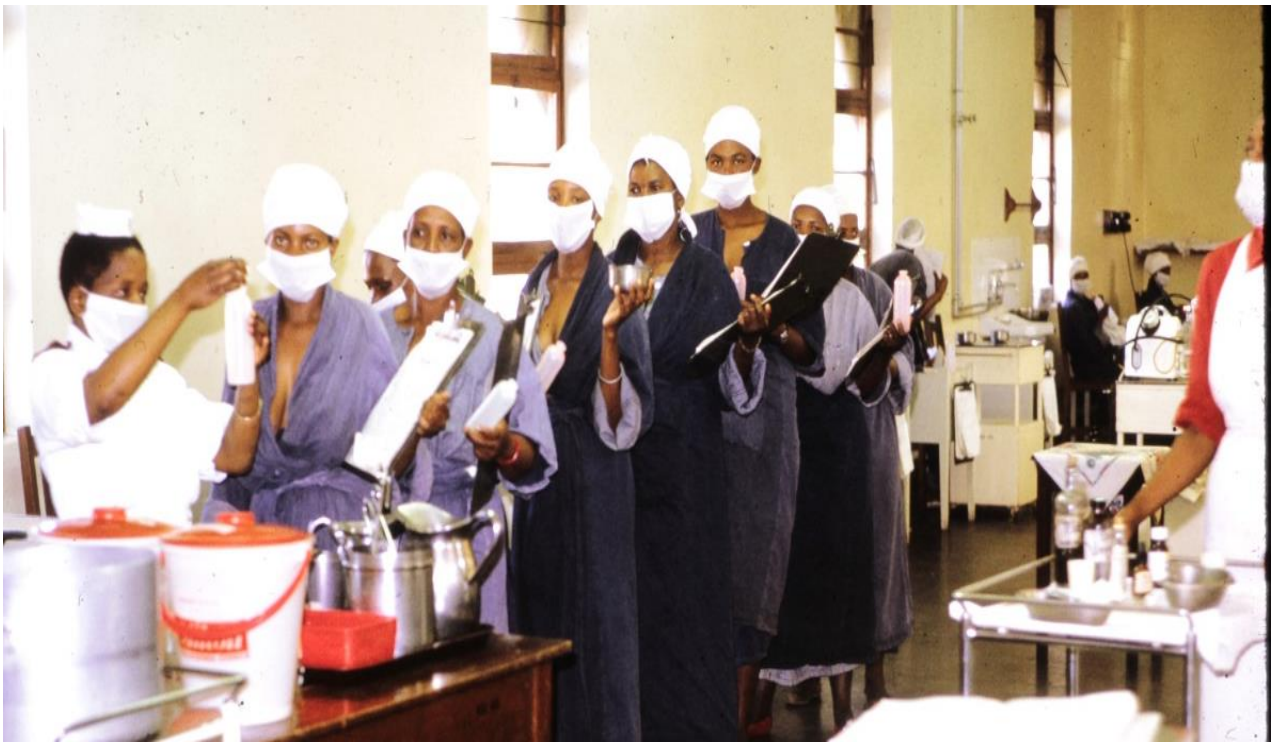
The obstetric service was also remarkable with about 18,000 deliveries a year. Because many patients came from the country, the policy was to avoid Cesarean section at all costs, so we were forced to witness the primitive symphysiotomy. The Gynecology department took care of 10 and 20 illegal abortions a day. Vaginally delivered well mothers and babies were discharged within 24 hours and cared for by the district nurses.

Pediatrics

In this picture above we see the many children with their mothers waiting calmly to be seen. Doctors saw at least 40 patients in each session. There were approximately 250 pediatric beds covered by only two physicians in house at night. Common conditions included kwashiorkor, (protein calorie malnutrition), marasmus, rickets, scurvy, tuberculosis, tetanus, measles (pre-vaccine) and the full scope of pediatric disorders. There was a superb faculty of teaching staff.

Premature Baby Units

One of the key features of the Pediatric department was the premature baby units. One picture we saw above with about 75 babies covered with cotton wool in wooden cribs. As they could not heat each crib, they heated the whole room with two stoves in the middle of the ward. The average temperature in each unit was 84ºF. The two nurses in each unit were technically superb and started the scalp vein Intravenous drips. The premature babies were cared for by their mothers. The mothers lived in an adjacent ward. They provided all of the routine care for their babies and contributed breast milk, which was pooled and pasteurized (see the picture below). This system was likely responsible for the very low nosocomial infection rates in those units. The survival rate was equal to the best units in the USA.



Another key feature of the Pediatric department was the drip rooms, where dehydrated babies lay side by side on long tables about ten in a row and, during the summer months, we had as many as 50 in each unit.

Drip Room: Note the 1 Liter bottles – if the spigot moved unintentionally, the volume released could cause heart failure.

It was depressing to see the amount of gross malnutrition in a country producing enough food to feed all its people.

Our training

As a registrar you were assigned a patient, and after a short evaluation time, you were grilled in front of your peers. However, in the end you were like tempered steel, very self-confident and ready to face the world. One of us observed a classic ward round encounter by Harry Seftel, a physician with an encyclopedic knowledge of internal medicine. After the resident presented the case (and had apparently done something during the night that was not correct) Harry turned to the rest of the group and said in his usual stentorian tones “Gentlemen, we are standing in the presence of a monumental error!” A similar proclamation today would immediately be reported to some higher authority, but then we were quite used to this type of good-natured abuse that was considered part and parcel of the learning experience, well before political correctness imposed itself on our daily lives.

Mental Confusion?

A unique set of patients on the Medical Service were those with “Mental Confusion”. After they were stabilized, they often walked around the hospital corridors and were labeled with a piece of tape on the back of their hospital shirt asking that they be returned to their respective wards. Perfectly fit young male adults would present with this disorder. We suspected they had been to the traditional witch doctor because they often had scratch marks on their skin. We could never detect toxins, yet some of them died, with nothing abnormal revealed at autopsy. Some of these confused patients were quite violent and received an intravenous “lytic cocktail” of Demerol (pethidine), Valium, and another sedative. According to a possibly apocryphal story, one of these patients was being restrained and the resident grabbed the nearest arm and injected the cocktail, whereupon one of the attendants collapsed.

An amusing response to the interpreter asking a potentially ‘confused’ patient whether he heard voices was ‘Yes’. When asked ‘what do they say?’ he said “Calling Dr Seftel. Calling Dr Harry Seftel. Calling Dr Harry Cecil Seftel”.

There was once a scam by the orderlies on security duty. They decided to charge the visitors a tickey (three-pence) for admission. This was discovered when a woman complained to the superintendent that she had already paid, went out through the gate and they wanted to charge her again when she returned.

A remarkable education at Bara

We received a remarkable education at Bara. But it was not for the faint hearted. The teachers were tough, and not afraid to embarrass you, but they were remarkably well-informed over a wide range of subspecialty areas. With the current practice of sub-specialization, generalists of this quality simply no longer exist.

Some of the most dreaded calls you would get from the ward nurse was: “Doctor, your patient is gasping.”. This was the euphemistic way of informing you of the death of a patient. Sometimes you would arrive, and they would be bathing the corpse because it has been so long since they discovered him, and rigor mortis had already set in.

We look back fondly on our experience at Bara, although at the time, we often hated it because we felt frustrated and overwhelmed by the sheer volume of patients.

Chris Hani Baragwanath Hospital (from Wikipedia)

In 1997 soon after the fall of apartheid, a new name was added to the hospital. After the tragic murder of the prominent activist, Chris Hani, his name was coupled with that of Baragwanath, to give the hospital the name "Chris Hani Baragwanath Hospital"

Hani was a remarkable man. He was born on 28 June 1942 at Cofimvaba in the Transkei, and matriculated at Lovedale college. He obtained his BA degree (Latin & English) from the Universities of Fort Hare & Rhodes in 1961. Shortly hereafter he joined the military wing of the African National Congress (ANC) or Umkhonto we Sizwe (MK). During 1962 he was mostly active in the Eastern and Western Cape but was soon involved in military operations in the then Rhodesia.

Although he spent time in Botswana and Zambia, he infiltrated South Africa again during 1973 to settle in Lesotho, where he stayed active until 1982. Repeated assassination attempts, however, forced Hani, now Deputy commander and Commissar of MK, to leave Maseru for Lusaka.

From 1983 to 1987 he was Political Commissar, as well as a member of the National Executive Committee of the ANC (a post he had held since 1974). During 1987 he was promoted to Chief of Staff of MK - a post he held until his untimely death.

On his return to this country he was actively involved in the negotiations towards an interim Constitution and preparations for the first Democratic Elections. His death on 10 April 1993 left the nation with a great loss. Coupling his name to that of the hospital cemented the best of the past with the best of the present. A healing act and firm step towards reconciliation.

Chris Hani Baragwanath is a microcosm of what is happening in South Africa.

Memories of working at Baragwanath

by Avroy Fanaroff MD (Cleveland) and **Jeffrey Maisels MD** (Detroit)
Both are Neonatologists and Professors of Pediatrics and Department of Pediatrics Chairmen in their respective cities.

Edited by Geraldine Auerbach MBE, London, July 2020

Class of 1960 is a project initiated by Chaim M Rosenberg

Newsletter #2, 28 July 2020, is
compiled by **Chaim M Rosenberg Chicago**
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