The Jairos Jiri Hostel and Rehabilitation Centre

BY

Mr. J. H. G. ROBERTSON

Anyone visiting Harare hospital during the last few weeks will have noticed buildings rising on land close to the main hospital entrance at the western end of Birmingham Road. These buildings represent the first phase of the rehabilitation centre for African children which the Salisbury branch of the Jairos Jiri Association have been planning for a number of years.

Early in 1961 the Salisbury Society for Handicapped Africans were granted 2½ acres in Harare township on which they intended to build a small 22-bed hostel. Plans had been approved and the whole project was well under way when it transpired that the Jairos Jiri Society, whose headquarters were in Bulawayo, had succeeded in obtaining a grant of land adjacent to Harare Central Hospital on which they announced their intention of erecting a 120-bed hostel for handicapped African children. It was obvious that such duplication in the one field of rehabilitation could not be contemplated and the two societies met for discussion, as a result of which, after prolonged negotiations, the Salisbury Society for Handicapped Africans agreed to surrender its identity and form a national body—the Jairos Jiri Association for Rehabilitation of the Disabled and Blind. The Salisbury society then became the Mashonaland branch of the parent body. At the same time, three other branches came into being. They were the Matabeleland branch, centering on Bulawayo, the Midlands branch, which catered particularly for the elderly and those considered incapable of benefiting from vocational training, who were taken care of at Silobela, outside Gwelo, and the Manicaland branch, which revolved about the Mukwasi clinic and hostel near Rusape.

It became obvious that the ambitious plan which had originally been envisaged would be incapable of realisation, and for the next two years the branch's efforts were directed to finding the means to provide a smaller scheme which could be expanded as the need increased and finances became available. In 1965 agreement was reached to build a phased scheme at a total estimated cost of £34,000. These plans provided for a residential 30-bed hostel with kitchen, dining room, laundry, matron's quarters and staff accommodation. It may also be possible to provide the nucleus for a separate treatment block using the United Nations' recommended plans. Later an administration block is envisaged. Money for the launching of the scheme came from the Wolfsohn Foundation Trust, who gave an amount of £10,000. The State Lotteries and the Ministry of Social Welfare are also providing assistance.

For the present it is intended that the children accommodated at the hostel will be those in need of daily treatment by physiotherapy, as well as patients from the country districts who, in the past, have experienced great difficulty in obtaining accommodation in Salisbury while waiting for orthopaedic appliances to be made and fitted. The day clinic at the Beatrice Road Cottages will continue to provide out-patient treatment for children in the Salisbury area. Two physiotherapists and two trained nurses are at present employed there, and the number of out-patients on the register, with whom contact in their homes is maintained by a social worker, numbers 208. This worthwhile effort to provide an essential service for the underprivileged section of the Rhodesian community is deserving of both support and success.

A Womb with a View

BY

FREDERIQUE WINTER

Coming from a medical family, I can truly claim that right from the days of ante-natal care I have enjoyed a womb with a view! Not that I was at any time actively engaged in the noble profession; I nevertheless had a close relationship with the medical world and can consequently bear witness to the many phases and developments that have taken place in my lifetime to date.

The drama in medicine fostered through family journals and medical digests by giving the one-in-a-million case great prominence pretending to contribute better knowledge, whilst in fact just increasing the general fears with which natural functions are viewed nowadays, makes even ingestion and digestion of the average meal a hazard not to be taken lightly.

HELD UP TO RANSOM

Medicine has also become so specialised and departmentalised that the ordinary general practitioner, once affectionately known as the family doctor, rarely feels confident enough to take full responsibility of a case and passes his patients on to a number of specialists for the highly esteemed "second opinion."
Take the problem, now, of what used to be considered a woman's normal function—childbirth.

Admittedly since Eve was created out of Adam’s rib the mechanics of birth have never been the same; and of course when these, our ancestors, were expelled from the Garden of Eden pretty threatening forecasts as to the difficulties of child-bearing were made by the Archangel, which for fear of infringement of copyright I do not wish to repeat here; anybody interested in the exact wording can look it up in the first book of the Bible—Genesis.

FUN BEFORE FEAR

Despite these warnings, however, the preliminaries of the nine-month-long process were so pleasurable that nobody seemed to mind the threatened consequences, and so for many thousands of years woman looked forward to the prospect of holding a child in her arms with keen anticipation. This happy-go-lucky state of affairs lasted unchanged until recently, when certain media of communication began to convert child-bearing into a scientific exercise.

Except for those who cling tenaciously to the story of the stork, what “used to come naturally” has now become a process of many months of frightened speculation, often aided and abetted by some doctors who grab the opportunity of enhancing their image in the eyes of the expectant mother and her family; or others who simply take advantage of increasing their income by quite a few additional specialised opinions, tests and X-rays.

A confinement is therefore not to be looked forward to as a happy event any more; indeed, the whole procedure of having a baby is no longer a matter between a mother and her child. As for the father who is involved in the process more or less, even he can now be kept in a test tube until required!

MONKEY BUSINESS

Then we find the over-emphasis on preventive medicine often through family pressure, when quite healthy normal people insist on being subjected to blood grouping, Rhesus factors, injections, inoculations, vaccinations and X-rays which so frightens and confuses the expectant mother that she no longer believes the easy delivery possible which all these elaborate preparations are designed to guarantee, and decides, in consequence, that only a capital city can provide the facilities to cope with what she by now is convinced must be beset with complications.

FROM THE FRYING PAN . . .

But little thought is given to the ensuing and much graver dangers and complications this “move to town” can entail; there is the overburdening of the existing facilities by all those for whom quite adequate provisions have been made in their country districts now streaming into the big town. The staff, medical and nursing, of the central institutions, which in fact is geared for extraordinary and complicated medical events, are being worn out by the, for them, humdrum work of normal deliveries now foisted on them. Apart from wearying the personnel, their attention has to be divided among an abnormally large number seeking it and by the ever-increasing press of new arrivals.

Danger of infection is always greater when overcrowding occurs than where fewer patients need to be attended, and the risks of babies born whilst travelling, with the obvious risks of bleeding and infection, and the lack of skilled help during those occurrences in a motor car or by the wayside, are proof that what was meant to be an insurance of greater safety has in fact turned out to be a greater risk!

HOME SWEET HOME

Compare this with unforeseen complications occurring in one of the smaller centres. Here doctors and sisters can arrange for the emergencies, which cannot suitably be dealt with on the spot, to be taken to the larger centre, but with proper provision of nurse, oxygen and any necessary medication. Those cases where anything untoward happens and the very rare occasions of unforeseeable complications arising suddenly are of course the same which would have fared much worse if all this had happened to them in their own car on the way to the “safe” centre where they had booked their confinement. Let us here remember the case of the Dionne quintuplets delivered by an ordinary practitioner in a very small nursing home and which gained world-wide notoriety only after the event, which was by all those originally involved considered “normal”!

FATE AND FOET

So far I have only mentioned the difficulties besetting the expectant mother and her equally expectant family; if one wants to think of the fate of the foetus, the vistas opening up before the mind’s eye become really dazzling. Freud (incidentally, this German name means “joy”) has painted a gloomy picture of the little chap inside his mother’s womb, which throughout the
centuries has been considered the safest place on earth to be in, and indeed until fairly recently the young creature was allowed the privacy of not having to divulge, at least before being actually "issued forth," whether "it" was to be a boy or a girl, nor furnish proof what his Rhesus factor was like. Neither was he assailed by injections, pokers and proddings before he was born; in fact, his ultra-uterine life used to be one of ease and undisturbed serenity.

Once born, however, it becomes even worse, and in retrospect the baby realises that all this ante-natal interference by the doctors was absolutely child's play compared with what happens to a fully-born baby. Every month he is given prick or scratches—if he manages to keep healthy, that is! If not, the injections multiply and he runs the risk of being put in an oxygen tent or having to breathe nasty vapours, quite apart from the liquids or capsules he is made to swallow, or stuff he gets instilled either in his nostrils or the opposite end.

THE LAST JOURNEY
If he is taken overseas, more injections, inoculations and vaccinations are required, and the ever-recurrent contact with the laboratory continues from conception to demise, with the exception of the intervention of the priest who administers the lastunction for his safe conduct to eternity!

Viruses and Human Cancer

BY

HENRY G. HADLEY, M.D.
Research Foundation, Inc., Washington, D.C.

While the relationship of many viruses to neoplastic diseases of animals has been studied, the Rous sarcoma virus (RSV) seems to be the only one generally effective in causing malignant changes.

The polyoma and leukosis viruses will often produce tumours if the animals are inoculated early in life. However, these tumours appear only after a period of several months and at some place other than the site of the injection.

The RSV does not usually kill the host cells in the transformation from normal cells to malignant cells. It does release offspring virus from the cell surface, but does not reproduce itself without the Rous associated virus, RAV. The explanation is made that the RSV is unable to produce protein for the outer coat without the associated virus, RAV, which does not produce infectious progeny by itself, although it retains the basic RNA blueprint. It is claimed that the viral genome injected into the cell by RSV is incapable of reproducing an active virus without RAV. If the possibility of DNA relationship to cancer could be proven, it is thought that some alteration of the DNA may be induced which will cancel the incidence of cancer. The possibilities suggested are that either some property or function of an incomplete virus may produce neoplastic growth or that some absent ingredient might cause the uncontrolled cell multiplication. The failure of tumour production is assumed to be due to an inability to enter the cell rather than a failure to multiply.

Researchers have attached no significance to the possibility that bacterial agents may be a cause of human cancer, but it is quite possible that such an opinion may be erroneous. Although the injection of bacteria into animals does not result in the production of cancer any more than might be assumed to arise by chance, if such injections are combined with carcinogenic agents a considerable percentage of tumours will be found to appear at the site of the injection within a period of six months. These are either carcinomas, sarcomas or mixed tumours. Tumours can be produced by the use of dimethyl-amino-azobenzene alone if the chemical is repeatedly administered, but the resulting tumours are usually hepatomas or similar growths at various distant sites, and appear to be due to the general chemical effect rather than to a local stimuli.

REFERENCES

2. HADLEY, HENRY G. Microorganisms in Etiology of Neoplasms, Revista Medica de Cordoba, Cordoba, Argentina.

Letters to the Editor

MEDICAL COUNCIL OF RHODESIA

Sir,

During a recent police enquiry into a case of a person obtaining supplies of amphetamine illegally, it was noted that five medical practitioners who had telephoned prescriptions to pharmacists for this drug had failed to confirm the order in writing within seven days, as required by Section 11 of the Poisons Regulations (Federal Government Notice No. 172 of 1961). The medical practitioners concerned have signed admissions of guilt and each has paid a fine.

My Council would be grateful if the attention of all medical practitioners could be drawn to