

The Jane Furse Memorial Hospital

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The Jane Furse Hospital is the largest Mission Hospital, not only in the Transvaal, but in the whole of South Africa. It was founded as a memorial to young Jane, only daughter of Bishop Furse, in 1921, and is situated in the Reserve area of Sekhukhuniland, which has a population of about 200,000 people. If you are wondering where it is, take as three points of a triangle Pietersburg, Groblersdal and Lydenburg, and the hospital is right in the centre. Climbing up the hill close by and looking back, you can see it spread out over 200 acres, many single-storied buildings set amidst the trees; a veritable oasis in this rather dry country. We are on a plateau 4,500 feet up, and in every direction there are ranges of hills rolling on for miles. As you enter the hospital gates, a sandy track to the left leads to "Harley Street", where some of the doctors and their families live. Beyond them is the farm, which is a comparatively new venture, and struggles against difficulties because of the lack of rain. Despite this, fresh milk and vegetables are provided for patients and staff alike.

The hospital is a training school for some ninety nurses and midwives, there being a large maternity section. There are general medical and surgical wards including orthopaedic beds, an eye ward, a general ward for babies and another one for the older children. In a separate block are the T.B. patients and isolation. Officially there are about 500 patients, but there are usually more. "Jane" is well equipped, having two theatres, a busy dispensary, X-Ray and laboratory. There are ten clinics within a radius of forty-five miles around this centre, and all are visited by a doctor once a fortnight. In addition the call-outs go on day and night, and the Land-Rover brings back patients from the most inaccessible places!



A general view of the Physiotherapy department.

My own department was started by the late Miss Frere in 1946. The present room was opened in 1954, and equipped and paid for by Miss Frere herself. Since then various additions have been made and now I have everything except an ultra-sonic machine. I have one large room with three cubicles, and a certain amount of space for exercises, although it is impossible to take a large class. The office leads off it, and the department is decorated throughout in pale green with Marley tiling on the floor. My windows look out

onto the O.P.D. and on Wednesdays the mothers queue there for their cards before going to the Baby Clinic. They come early and make a day of it, and the babes are spotlessly attired in European clothes and the latest plastic panties. However, if you look a little closer, you may see the odd bit of animal skin underneath! I have an African assistant to help me, and she not only acts as cleaner and portress, but interprets in five languages! Some patients speak Afrikaans, but I have found an elementary knowledge of Northern Sotho has proved very useful.

Because I am the only physiotherapist here, the type of work I have is varied and I have the full co-operation of all the doctors. At the time of writing there are only four doctors here, but the full complement is six. Those patients whom you would normally treat as out-patients have perforce to become in-patients as their homes are so far away; a point not altogether appreciated by one city doctor, who sent a patient back from a Johannesburg hospital with instructions "to have daily injections as an out-patient, as the walk will do him good." As the patient had only half a lung and lived twenty miles away, it did not seem to be very practicable! Once a month an Orthopaedic Technician comes up from Pretoria to see and advise on any patients needing appliances. He can usually manage to measure them one month and return with the finished article the next month, or at latest, within eight weeks. I have a number of children to treat who are either mentally affected after encephalitis, or are deaf and therefore dumb, spastics, old contracted polios, and little malnutrition cases, unable to walk or smile, who are sent along to join my "joy and agility class", as one doctor put it on the bed-letter! When some of these children reach school age there would seem to be a good chance in the future of getting them admitted to a special handicapped school which is being built about sixty miles from here.



Leg Class. Two of these patients are recovering paraplegics after T.B. Spines.

Attached to the hospital is the Priory, the centre of all mission work carried out in this vast area. There are two European priests and one African. In the hospital grounds we have a small chapel where the services are held in English, but in the larger Parish church they are all held in Sotho. The local people have particularly colourful clothes, the women wearing countless long cotton garments, or blankets, wrapped tightly round their waists, and all surmounted by a loose smocked frock. Their heads and necks are swathed about with usually a vivid pink or orange scarf, which often covers their faces as well, leaving only their eyes showing. They have a great love of beadwork and visiting hours sometimes produces a wealth of colour.

People ask me in mystified tones what we *do* up here in our spare time, but I find it quite hard to fit in all that I want or have to do! We are one hundred and eighty miles from

Johannesburg and one hundred and sixty from Pretoria, and the sixty miles of dirt road has so improved in the last two years that one can get to Pretoria in three hours. There is a communal car belonging to the Sisters' House which several of us share, which means that we can take it for weekends or on leave. We are allowed to accumulate public holidays and for an occasional long weekend it is possible to reach a number of places from here like Kruger Park, Loskop Dam, Swaziland, or Lourenco Marques. There is a library here that gets replenished regularly, several of us have record players, there is a tennis court, and scope for various hobbies; photography, play-readings, Scottish dancing and so on. As you can imagine, it is a question of making your own entertainment, as there is no chance of going round the corner to the bioscope! The nearest one is sixty miles away. The nurses do sometimes have a film in their Recreation Hall, but it is usually easier seen than heard, and you may be called upon to work the projector anyway, as there are a multitude of little ploys of this nature that seem to need doing! All in all, the life here is not nearly so isolated as one might expect, and for someone who has had a certain amount of experience the post of physiotherapist is an interesting one, and you certainly see a very different side to African life.

BOOK REVIEW

THE PERIPHERAL NERVOUS SYSTEM. J. P. Schadé.

Publishers: Elsevier. 1966. p.p. 230; Illus. 84; Charts 3. Price: R7.20.

This book is divided into four sections, excluding a bibliography and index.

The introductory chapter gives a brief but comprehensive discussion of recent developments in the structure of a nerve cell, including electronmicroscopic sections of nerve tissue.

Section two on the spinal nerves. The description of the nerve plexi is too generalised and lacking in detail on the courses and relations for physiotherapists. The diagrams are excellent, except that these could have occupied a whole page, to advantage, instead of leaving large blank areas. The clinical application and applied anatomy is good. An extremely short chapter on the spinal autonomic system concludes this section.

Section three on the cranial nerves is excellent, with clinical application and applied anatomy for each nerve. This section includes a short concise chapter on the cranial autonomic system. The diagrams are excellent.

Section four, the compendium, is a most useful section having diagrams on the segmental distribution of the spinal nerves, followed by charts showing the segmental motor innervation of the trunk and limbs. This, in turn, is followed by diagrams showing the possible motor points of the body, for electrical stimulation, including points where nerves are most superficial. These latter diagrams would have been much improved by the inclusion of bony landmarks. The paragraph on the ascending and descending spinal pathways is clear, concise and extremely well illustrated. The final part of the compendium gives the attachments, nerve and segmental supply, action, and where applicable, how to test the function of muscles of the body, these are arranged in alphabetical order for easy reference. Detail is again lacking in this part and there are a number of omissions of either attachments or actions.

The bibliography is extremely short, whereas the index to subject matter is very good and cross referenced.

With the book are three charts, one for each main section of the book.

Plate I.

The diagrams of the distribution of the peripheral nerves showing both motor and sensory supply is well illustrated,

but I found the numbers a little confusing initially. The diagram of the spinal cord and spinal nerves is very good.

Plate II.

The diagrams showing the formation and distribution of the cranial nerves is beautifully illustrated. The base of the skull and base of the brain showing the cranial nerves is cross referenced to show where the nerves leave the skull.

Plate III.

Shows the ascending and descending tracts of the spinal cord, in colour, at each level from sacrum to cervical, also the integration and intersegmental connections, as well as the peripheral termination. Again the diagrams are excellent.

Each of these charts can also be used as teaching aids and wall charts.

The layout of the book is unusual in that the text is confined to the left hand pages and the relative diagrams are on the right hand pages.

Like all "aids" it has its shortcomings, but as a book for revision or quick reference it is extremely good, the diagrams and plates are superb. It is intended for use by persons having a knowledge of the standard text books on the subjects covered by this book. There are omissions, for example, such as only the bony insertion of gluteus maximus is given, there is a change of colour scheme on Fig. 75, these should be obvious to readers, except possibly students. The book will make a useful addition to any medical library, and qualified physiotherapy staff may find it a handy easy reference book. Students may find difficulties, as this is not intended to replace the standard text books, and a good grounding in these are required to get the maximum benefit from this type of book.

J. Stockton.

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