

REPORT FROM BETHESDA HOSPITAL*

by Storer Emmett, M.D.

I propose to write a short article each month for the Highway reporting on the progress and development of our Bethesda Hospital and incidents that I feel may be of interest in connection with our medical work in Rhodesia.

The report this month is a little lengthy since I would like to give a statistical summary on our medical work for this past year, 1960. Except for the month of December following my arrival, the work has been under the direction of our two nurses, Miss Uta Chase and Mrs. Nina Haywood. There were 931 in-patients admitted to the hospital during the year representing a total of 5,096 in-patient days; among these there were 7 deaths. There were 2,950 patients seen in the out-patient clinics during the year representing 7,725 treatments. One can really see that our nurses have been very busy. dw never aid reward

On October 12, 1960, a new 22 foot two room plastered brick Clinic Building was opened at Jambezi (Jam-bay-zi), an area 17 miles farther into the Reserve. It was built by the mission from a grant given to us by the Wankie Council (a group of native head-men and government representatives). Since its opening, a Clinic has been held each week at Jambezi attended by 40-80 patients. The seriously ill patients are taken to Bethesda for hospitalization. A short service is held before the Clinic is begun each week. The Clinic has been a contact for us in that area of the Reserve and a church is growing at Jambezi.

On February 2, 1961, the ground was cleared for an extension on Bethesda Hospital to include another ward, a medical laboratory, a delivery room and temporary operating room, and a doctor's office. These features are

badly needed. Ward space is at a premium. The average in-patient load for January has been 29 patients per day; this has meant that on certain days there have been as many as 42 in-patients. The children have one relative with them to care for their personal needs. All this in a hospital with only 14 approved beds in two 19 by 19 foot wards plus a small maternity ward. Needless to say, many patients are sleeping on the floor. The situation is entirely unhygienic. At present we are attempting to rid the hospital of a bed bug infestation which is an inevitable occurrence with such crowding-although all beds, blankets are cleansed thoroughly and each patient is issued a clean hospital gown on admission.

I hope that you will sense the challenge as we do. There has been a steady increase in our patient load and without increased accommodations and facilities we are at a loss to cope with the situation. We believe that each challenge carries with it a clear cut call to action. We urge you to pray for our hospital extension program and to give liberally until the Mission Board is able to allot us the necessary funds with which to build.

This month I want to tell you briefly about Smarty Tshuma, a 10 year old Munanzwa boy admitted to Bethesda Hospital shortly after my arrival. (The Munanzwas are a more primitive original inhabitant of the area in contrast to the Mundebele-near Zulus-who also live in the area; the Munanzwas have no written language).

Rev. Haywood and I were called to an area 10-12 miles from the hospital near the Zambezi River which becomes quite rocky and almost impassable even by Land Rover. Entering the darkened smoke-filled hut, we noted on a mat in the corner the form of a small boy. The pulse was rapid and the fever high. His neck was severely arched and every movement called forth a cry of pain. With a clinical diagnosis of meningo-encephalitis we hastily transported him to Bethesda Hospital where he was placed on the critical list. With no further facilities available for laboratory diagnosis, he was started on 10 million units of penicillin in intravenous solution—the first intravenous to be given at Bethesda. (To next Page) agota had just were, swallowed up by the pagans, their spiritual witness

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