

SURGERY IN RHODESIA

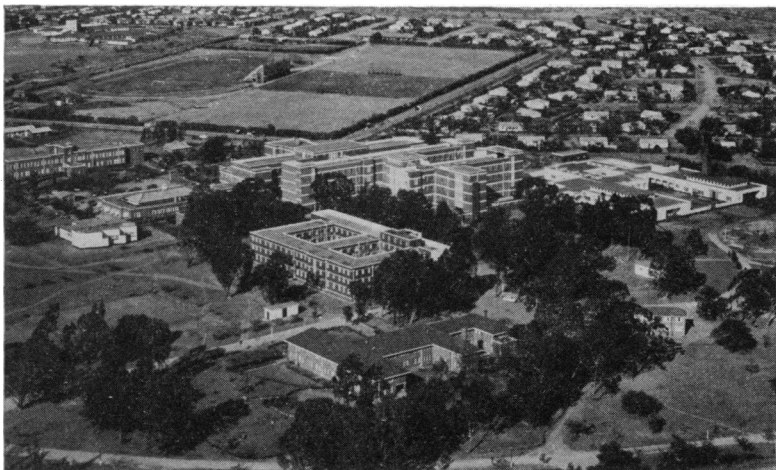
MPILO CENTRAL HOSPITAL, BULAWAYO

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MPILO CENTRAL HOSPITAL at Bulawayo was completed and opened in 1958. The final stage of its building added the general unit of 580 beds to the previously established chest and maternity hospitals nearby.

This hospital was designed to provide specialist services for the western and southern parts of Rhodesia, which have a population of almost two million people. During its first 14 years it has developed into a sophisticated centre serving mainly the African population of Matabeleland and the neighbouring countries as well as providing some specialized radiology, ophthalmic services, radiotherapy, and radioisotope studies for all races.

The department of surgery was established with two full-time and four part-time surgeons. This establishment has now grown to four full-time and seven



part-time surgeons controlling 236 beds. We are assisted by nine residents and three registrars who rotate through general surgery, orthopaedic surgery, and the specialties.

The main bulk of surgical admissions has always been for acute traumatic conditions. To cope with this type of work an efficient casualty department was developed to provide a resuscitation room, two theatres, dressing room, examination rooms, and two wards of six beds each. This department is under the control of and staffed by a full-time orthopaedic surgeon and four full-time casualty officers assisted by residents, who gain useful experience in dealing with major casualties as well as casualls presenting with minor complaints. The department has proved its practical worth on many occasions when multiple traffic accidents or similar tragedies have presented it with a flood of victims. Attendances at night in the casualty department are about 37,000 per year.

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This heavy usage of the casualty services is due to the large number of assaults and, to a lesser extent, road traffic and industrial accidents in this area. One-fifth of all hospital admissions are for trauma, one-third of the deaths in surgical wards are from the same cause, and roughly half of these deaths are due to head injury. The general surgeons deal with about 300 admissions for head injury annually. These are particularly numerous because of the predilection of the Matabele people for the knobkerry as a mode of settling an argument. These club-like sticks can produce a very severe localized vault injury with a well-recognized pattern of cerebral damage and accompanying intracranial haematoma. A large number of fractures are treated by our two full-time orthopaedic surgeons; their care and follow-up require daily fracture, orthopaedic, and appliance clinics. We are fortunate in having a senior dental surgeon on our staff to take care of jaw fractures. Visits each month from a neurosurgeon and plastic surgeon are occasions for joint consultations and referral of difficult problems in these specialties.

Two suites of three operating theatres are in use at Mpilo. A recovery room was opened in 1963 and has been improved by the addition of monitoring equipment and a blood-gas analysis laboratory in an adjacent room. This unit acts as an intensive care ward for the whole hospital and will expand over the next few years to provide 12 beds; it is under the direct control of the full-time consultant anaesthetists.

Our X-ray department is fully equipped for most modern techniques. It is a training school for radiographers and maintains an excellent museum of films for teaching purposes. Radiotherapy is available at a centre attached to Mpilo. This department also carries out all cancer chemotherapy and radioisotope work as well as maintaining the cancer registry.

The pathology department gives a comprehensive service in all branches except virology, which is referred to the University of Rhodesia laboratory. More than 90% of hospital deaths are examined post mortem. This high autopsy rate is maintained in order to provide accurate figures for the Bulawayo Cancer Register, which is now in its tenth year.

Associated with the hospital is a medical research centre. It is maintained from trust funds and is supported by the Rhodesian Government. The Matabeleland goat has proved to be a useful experimental animal in the examination of cardiovascular and respiratory problems.

In 1964 the hospital started a controlled trial of the treatment of spinal tuberculosis. This trial was directed by the Medical Research Council of Great Britain, Mpilo being one of six centres chosen to take part. We have completed the treatment and five-year follow-up of 200 cases and await the final analysis of the results of this important contribution to a common African problem.

Postgraduate education has always been the main area of training at Mpilo. From its opening the staff have held regular clinical meetings; to these have been added journal clubs, clinico-pathological conferences, symposia, and refresher courses. During the past five years we have gradually evolved a more integrated programme culminating in a course of lectures on the basic medical sciences for all postgraduate diplomas.

Despite the difficulties of the anomalous political position in Rhodesia we feel that our hospital service has never stopped improving, and we were proud to be able to show Mpilo Central Hospital to many distinguished visitors during the Rhodesian Medical Congress in September, 1972.

ACKNOWLEDGEMENT

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