

# Red Cross Hospital - reflections over 40 years

**To the Editor:** I registered as a first-year medical student in 1966, a time when UCT Medical School was not particularly 'woman-friendly'. The following are my reflections over four decades of association with the University of Cape Town (UCT) and Red Cross Children's Hospital (RXH). I ask you to join me in imagining the following.

It is 1967, and there are three anatomy labs - one for females, one for coloured males, and a large 'palace' for white males (nothing for black people).

It is 1968, and only white medical students can attend the postmortems of white cadavers.

It is 1969, and a group of 4th-year medical students have signed a petition; they are outraged because the Government has agreed to build the Institute of Child Health (ICH), rooms for a bunch of 'old profs', but has refused to make measles vaccine available at clinics.

It is 1972, and RXH will only take two female Senior House Officers (SHOs) per intake. All the registrars are white males, except for one lone, white, unmarried female.

It is 1973, and you are a white female SHO, on call for the wards. The Medical Outpatient Department (MOPD) SHO is Chinese. He got the job by special permission because he was the top student in the class of 1971. A white child comes to OPD after 23h00 when the registrar has gone home. The Chinese doctor cannot see the patient. The white female is called.

It is 1973, and you are the SHO. It is after 23h00 and a child presents who may have meningitis. You do the lumbar puncture, check the CSF glucose level, and do the Gram stain in the procedure room. If necessary, you give intrathecal penicillin.

It is 1973, and B1 is a whites-only ward.

It is 1977, and you have to resign from your job because there is no maternity leave.

It is 1980, and you do 19h00 - 23h00 sessions in MOPD at RXH to keep your 'hand in'. The corridor is full. The mothers have waited for hours to be seen, maybe just to get worm medication or scabies treatment. There are no local clinics.

It is 1981 - 1990, and you see in the folders: 'No history available as the patient doesn't speak English or Afrikaans'. What about the doctor not speaking isiXhosa!

It is 1981, and 3% of all medical graduates in South Africa are black. The overwhelming majority of doctors are white. Blacks comprise 70% of the total population and whites 15%.

It is November/December 2004. As you enter MOPD at RXH there is a play area. A cultural and colour mix of children laugh and play together. The room is donated by the Jewish Women of Cape Town, there is a Christmas tree in the corner, a Moslem woman in a burka watches the children, and you read a notice saying, 'We wish all our Hindu patients a happy Deepavali, Vannakam'.

It is 2006. Staff demographics reflect the country's demographics. There is gender equity. Patients can attend local clinics for primary health care problems. Interpreters are available so good histories are taken. RXH is truly a tertiary institute with excellent care and facilities. The ICH serves a useful function and measles vaccine is available at the clinics. The community is proud of the hospital, and the community has contributed to make it what it is - a world-class institution where children come first.

We are grateful, *siyabulela, ons is baie dankbaar!*

## Kathie Buley-Walker

Department of Paediatric Neurology  
Red Cross Children's Hospital and  
University of Cape Town  
buley@iafrica.com

