



GREY'S HOSPITAL GREYPE - VINE 150 YEARS 2005



Editorial:

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At our monthly committee meeting in October we discussed the possibility of producing a special edition **Greype-Vine** to celebrate Grey's 150th.

Letters were sent to people who used to work at the 'Old Grey's' and have either retired or moved on, as well as to people who were at 'Old Grey's' and are still part of our establishment. The response was amazing and I thank one and all who responded so willingly. We have put together, with very little editing; all the articles received and hope that all our efforts will be rewarded as you enjoy reading them.

Grey's is a very special hospital and I hope all who study and work here appreciate the learning opportunities and take away with them the caring and professionalism that a hospital and its patient's deserve. May we continue into the future with pride and with commitment to continued service excellence.

Thank you to all who helped make this magazine possible, their names are too many to mention, but their patience as I continuously bothered them to do things for me was amazing. Although we had hoped to publish this magazine in Grey's 150th year, it has not been possible and so we have had to wait until the 151st year. We hope you enjoy the read and continue to feel some fondness for this great institution.

Alison Guise-Brown.

History of Grey's Hospital

Sir George Grey (1812-1898) - Founder of Grey's Hospital

The need for a hospital in Pietermaritzburg was evident for some years but the inhabitants of the colony were not able to finance such a project. Sir George Grey, Governor of the Cape Colony and High Commissioner for adjacent territories, visited Pietermaritzburg in October 1855. He had recently made provision for the building of a hospital in Port Elizabeth and now set about planning one for Pietermaritzburg. He promised funds of 1000 pounds for the erection of the building, provided that the Town Council contributed a suitable site, and 1000 acres of "choice spots in various parts of the Town Lands".



The hospital was referred to as Sir George Grey's Hospital and then more favourably as Grey's Hospital.



Grey's Hospital in the 1880's.

The first matron of Grey's was Isabella O'Hara and she was paid the princely sum of £36 a year. In 1858 her husband, who was previously a gaoler and later a court usher, was appointed as 'male attendant' and he too earned £36 a year.

In 1864 visiting hours were confined to Thursdays from 10am to 4pm and to Sundays from 2pm to 6pm and only with permission from the hospital surgeon.

In 1872 the first 'nurse' was employed at Grey's. Mrs. F Paulson worked from 6am until 9pm (later if

required). There was no night nurse.

In 1877 Mrs Elizabeth Macdonald was appointed Matron of Grey's. She was the last of the lay matrons and worked at the hospital for 28 years. The first ward to be established for children only was opened in 1907 and monies collected by the Macdonald Memorial Fund were used to equip and furnish it. The ward was named Macdonald Ward after Matron Macdonald and was officially opened by Sir Matthew Nathan, Governor of Natal in 1908.



Only in 1882 was the post of night nurse created, until then the matron or the day nurse had to get up to care for the patients.

In 1893 the training of nurses was formally recognised by the Natal Government. This training was simply achieved by the young lady placing her services as a nurse at the disposal of the Medical staff of a recognised training hospital for 3 years. During this time she received no remuneration but was given her board and lodging.



The **Grey's badge** is thought to have come into being in about 1910. The significance of the symbols on the badge are explained as follows:

Elephant: Umgungundlovu or place of the elephant. A

Zulu word denoting seat of government and the name given by them to Pietermaritzburg.

Southern Cross: The five stars of this group signifying Grey's position in the Southern hemispheres.

Rays of the sun: This is a reminder that Vasco Da Gama discovered Natal at sunrise on Christmas day.

Belt surrounding the Emblem: Symbolises the

trained nurse's belt.

Motto: AMORE ET SERVIRE: Translated this means "With love and to serve". It seems likely that its originator intended "Amare et Servire" meaning "To love and to serve" but the other form has passed through so many generations that a change to more correct Latin seems unlikely.



In 1927 a bequest of £5000 to the hospital under the will of Albert Nathan resulted in the building of Nathan Ward. It was originally used as a maternity ward and then as a men's medical and later as a female surgical ward.



Dr R.E. Stevenson was Medical Superintendent from 1928-1936. He was an energetic man who brought about many changes at Grey's thus bringing it in line with many other leading hospitals in South Africa. In 1974 he took over as Chairman of the Grey's Hospital Advisory Board and remained at the helm until 1983.

In 1932 appeals for a Grey's badge were granted and trained staff were allowed to wear one once qualified. In 1942 the green, red and blue buttons denoting seniority were worn.

In 1939 a large bequest to the hospital by the late Martha Welch was used to build a nurse's lounge and a new female ward, both of which were named after her.

In 1951 Miss Mavis Nash, Assistant Matron, retired after 20 years service to Grey's. For many years she was the sister of the Midwifery section and was responsible for teaching the midwives their craft. In 1942 she was appointed Acting Assistant Matron and in 1944 Assistant Matron. An award was instituted in her name for Devotion to Duty.



DR W.J. O'BRIEN, CHAIRMAN OF THE HOSPITAL BOARD, AND MISS LORNA DAVIES, INSPECTRESS OF NURSING, CUT THE CENTENARY CAKE

In 1959 Dr William J O'Brien, chairman of the hospital board for 63 years, died aged 99. One of the prizes given out annually at Graduation is named after him.



In 1957 the large ceramic 'Mother and Child' was fixed to the wall in the main admin/maternity block and became the emblem of the Midwifery section. This statue was moved to the new hospital and can be seen at the entrance to the Maternity section. This design formed part of the Midwifery Badge worn by Midwives who had completed and passed the one-year Midwifery course at Grey's.

In the 1960 Grey's nurses were allowed, for the first time, to take part in the Azalea Queen competition. Miss Grey's was nearly always amongst the finalists and in 1964 Gael Souter (Sr. Meter) was chosen as the Azalea Queen.



Gael Souter: Miss Grey's 1964.

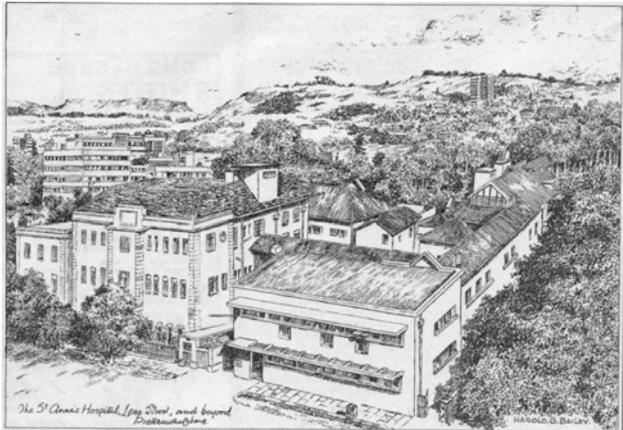
Towards the end of the 1960s the uniform was changed. Student nurses were allowed to wear short sleeves and the paper cap with the Grey's badge on the front was introduced. The large sister's veil was discarded and a smaller one devised by Sr. Olive Harte. (Sister in-charge of the Nurses Home). Grey's is one of the few hospitals in the country whose nursing staff still wear caps.

During the early 1960's the old Teacher's Training College residence was opposite the hospital and at least one male student, after a heavy night out, is known to have put on his pyjamas and ambled over to the hospital for a 'snack'. He would walk the quiet corridors near the wards and when he met one of the night nurses tell them he was hungry. Thinking he was a patient, they would happily make him Milo and

toast and send him back to bed.

In 1965 Old Merchiston School was converted into a College of Nursing. In 1968 the new nurse's home was built for student nurses. The old C Home remained in use and B home was used for the trained staff.

In 1971 the decision was made to build The New Grey's Hospital on Town Hill.



Old St Anne's Hospital.

In 1972 The Sanatorium in Loop Street, was taken over by Grey's and became known as St Anne's. It took mainly private patients and had a Cranio-facial Unit; the only one of its kind in South Africa. St Anne's was founded in 1897 by the Right Reverend Bishop Jolivet OMI and opened in 1898. Until that time Grey's Hospital was the only one where private patients were admitted, but private practitioners were not allowed to visit and attend to patients. Pietermaritzburg doctors approached Bishop Jolivet and asked him to institute a sanatorium. At first patients in the 'san' were treated free of charge but later those who could afford to were made to pay. In those days all the work was done by Roman Catholic nuns who acted as nurses, cooks, laundry maids, gardeners and dairy maids who looked after the cows that were kept on the property.

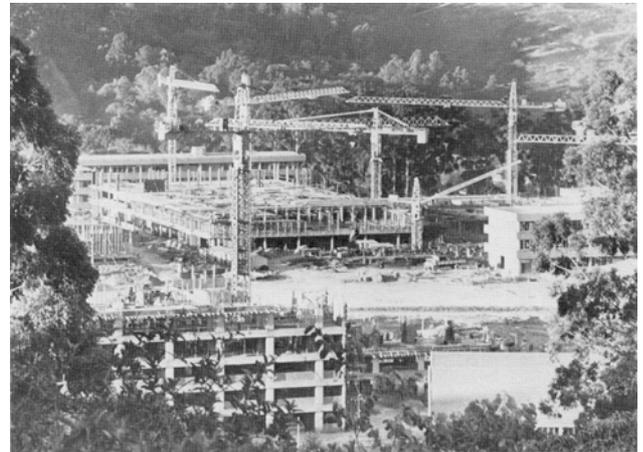
The Nursing College.



In 1975 a new syllabus for nurses was introduced and

exams had to be written at the end of each year. Nurses were allowed to wear 'civvies' to college, but only once the 'PTS' block was finished.

In March 1984 the New Grey's was finally completed, a year after the scheduled date. The various departments of the hospital started to move 'up the hill', workshops being the first to go. The great walk took part on Sunday 22nd July 1984.



Construction of New Grey's.

In 1986 the first intake of students to do the 'Four Year Course' was enrolled. The 3-year course had its last intake in 1985. The first intake of Bridging Course Students commenced at Grey's in 1990. Grey's and Northdale Campuses amalgamated and became known as The Grey's/Northdale Campus. As of January 2006 it will revert to its name of The Grey's Campus, as Northdale Hospital will no longer take students to do their training. All students doing their Nursing training will be affiliated to Grey's Hospital.

Graduation Choir.



Graduation Ceremony's in the City Hall were an annual event, where all the first year nurses had to sing in the Choir. Twice a week the students went to choir practice in the Nurses Home, under the guidance of Brenda Di Petro and Mrs Human, who

played the piano/organ. (Those of us who could not sing were told to mime but we were not allowed to not take part.) Mrs Human retired from playing the organ for the Choir in 1999 after playing at graduation for 30 years. Unfortunately this tradition stopped in 1999 and the graduation Ceremony has seen a number of choirs since.

On Arbor Day 9 August 1991 sixty-five trees were planted in the hospital car park as part of The Greening Of Grey's campaign.

In 1992 Grey's held a Victorian Fayre and staff dressed up in Victorian clothing to add to the atmosphere of the day.

1992 saw the formation of three previously unheard of positions. Mrs Jean Dixon was appointed as the hospital's first AIDS counselor, Elspeth Ferguson as the first Liaison Officer (PRO) and Sr. Lesley Liebenberg as the first Infection Control Nurse.

February 2000; the first Greype-Vine magazine was printed, as one of the requirements for Accreditation.

December 2001: Grey's was Accredited by COHASAS and the staff heaved a huge sigh of relief.

2004 Grey's Hospital was awarded the Kwazulu-Natal Premier's Service Excellence Silver Award.

On Friday 9th December 2005 Grey's Hospital was awarded the Kwazulu-Natal Premier's Service Excellence Gold Award.

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Message from Miss Findlay.

As Grey's celebrates 150 years of service to the community, it is a most opportune time to reflect on, acknowledge and give credit to the tens of thousands of staff who have over these years given so much to make Grey's what it is today. I truly believe that, given time, all who have been at Grey's and who are currently there, have developed a sense of pride and dare I say love/passion for the grand old lady. And why is this so?? Is it not that each generation has left its mark and seemingly there have always been sufficient persons left to share the philosophy, and the culture of improving standards or at least maintaining acceptable standards of service and strengthening the concept of a Grey's community?

Looking at Nursing, specifically Grey's Hospital and the Campus, can be extraordinarily proud of the products they have produced over the years. The

Grey's trainees have been highly sought after and continue to be so today. Many have from the inception of training in the early 1880's gone on to become international or national leaders either in nursing or in other fields.

In congratulating you all on this wonderful achievement, may you go from strength to strength in the future, and may you continue to be deliverers and achievers.

Changing Face of Midder from Old Grey's to New.

Back in the 60's when Midder was done
a year it took, with loads of fun.

District was included in the fast moving year
and many a new 'Mum' shed a tear.
Babies were transported to mothers in trolleys
for breast feeding and cuddling,
while fathers peered through glass windows to
catch a glimpse
of their new little Blimpes.

No strangers were allowed in the hallowed wards,
lest infection they carried when they walked
through the doors.

Times have a changed since those years then,
when mothers today are delivering ten.
They are up and about within the hour
to make for the door and a quick shower.

Babies are left at mother's bedside
for her to feed, tend and chide.

It's called 'Rooming in' and bonding
so that fathers and family can participate
in a mother's happy psychological state.
The course, now 6 months is over in a jiffy
with not too many patients becoming a 'stiffy'
So out with the old and in with the new
changes are many and nurses are few
But midder remains the best way
for nurses to practice their duty today.

Flea Lowe.

The Great Grey's Walk.

Sunday 22 July 1984



The old Grey's Hospital had given a service to the community of Maritzburg and district for nearly 130 years. Furthermore it was the oldest hospital on its original site in the country; hence the move to the new Grey's was not only an event of considerable historical significance but also a nostalgic occasion for all who had been associated with the hospital in the past.

To mark the importance of the occasion it was decided to hold a GREAT WALK from the old Grey's hospital to the new to provide an opportunity for members of the Medical and Nursing professions to pay a last tribute to a fine hospital where so many of them received their early training.

The Chief Matron, Miss Heather Findlay, accompanied by her Senior Matrons headed a cohort of student nurses in their gleaming white uniforms. To the straining of 'Auld Lang Syne' the procession moved off and the emotional intensity of the event struck home to the assembled crowd. Many a seasoned health professional was seen to wipe a glistening eye.

No official records were kept by it is believed that the oldest person to finish was Mrs. Helen Hill aged 83, mother of the Hospital Chaplain who, as Miss Urquhart, graduated from Grey's in 1924.

The walkers were welcomed to the new hospital by the strains of rousing music played by the Carbineers band. The walk was an act of symbolic significance. It acknowledged our debt to the past and transferred to the New Hospital that magnificent spirit of dedication and service so typical of Grey's which not only enhanced its reputation in the past but also enabled

Pietermaritzburg to develop as a regional center of medical excellence.

Terence Rockey.

FROM THE OLD TO THE NEW.

How does anyone document 28 years? There have been times of joy and sorrow, happiness and unhappiness, friends made and relationships broken, job satisfaction and times when we all hate the thought of coming to work. Normal thoughts for all of us. But through all of this the Grey's spirit has prevailed.

Working in the equipment office (now assets control) housed in the old Merchiston School, recently used by Body Dynamics as a gym, was very different from the modern offices of today. We had lots of fun with stocktaking, 4 times a year, and everything, even the teaspoons, had to be counted. The ward staff hated it when we appeared to do hardware or linen stocktaking just as they were serving breakfast.

The Admitting department was very different, housed alongside Casualty on the roadside at the entrance to the old hospital. No security in those days. The offices opened straight out onto the verandah with the pavement right there. On the other side of the main door was the switchboard and staff watched everyone who came in or out of the hospital.

Ambulances drove in and parked in the portico. At night the doors were wide open, except if it was very cold. No other means of ventilation. Also off the main passage was the kitchen and who will forget the smells coming



The front entrance to 'Old Grey's'.

from there especially when the only thing you had for lunch was a dry old sandwich.

Then came the day that we had all been warned about. The GREAT TREK was underway. Wards were closed and everything moved to the NEW hospital, only emergency admissions were admitted and nursed in St Anne's. The casualty and admitting section stayed open until the big day. Closing up at 7am when night staff went off duty and reopening in the BIG NEW HOSPITAL on the hill. Packing up 120 years of occupation was not easy but somehow it was all accomplished and we took up residence up the hill. Sr. Pocock, senior sister in-charge of casualty, told us to leave a little space in the top of all the boxes so that the spirits of Grey's could find a place to come with. Since June 1984, it often seems that these spirits have got lost but then something happens and they all come out again. Long may the spirit of Grey's remain even when we who brought it with have left the scene and gone on to other pastures?

The corridors of new Grey's are wide enough for a car to drive through, wards more manageable and the other sections all having a space they can call their own. Who can remember Dr Losken riding his bicycle through the corridors? And wonders of wonders: 'AIRCONDITIONING'. What a contrast, gone were the draughty corridors, big long wards housing 30 patients, spread out across the area from C wards down near the mortuary to the "modern" maternity block. Office accommodation spread out across the area, some in prefab buildings, icy cold in winter and roasting in the summer. Air conditioning was something we had 'heard' about but we all survived.

When asked to do this article I really didn't know where to begin and as I have spent 21 out of my 28 years working here it was not easy. I have grown old in this hospital, during which time I have seen so many changes, but in conclusion may I say GOD BLESS YOU GREY'S AND ALL WHO KEEP THE HOSPITAL GOING. MAY YOU ONLY GO FROM STRENGTH TO STRENGTH INTO THE FUTURE.

Marge Gray.

Message from Dr K Naidu: Hospital Manager.

I would like to take this opportunity to thank all staff, stakeholders and organisational team leaders for helping to make the Grey's Hospital's 150th Anniversary celebration a momentous occasion that will not be forgotten in the minds of those who participated in a few or all of the functions.

From the Sports Day held on the 1st October to the Fete, (12 November), Dinner & Dance (26 November) and the final Official Function on the 29th November, I must congratulate the teams who worked tirelessly, and with the utmost dedication gave their best to ensure that each and every function was a success. To all those who participated in the celebrations, we say a big thank you for without your support, all this would not have been possible.

We also acknowledge the support and assistance throughout the year of our social partners in governance e.g. The Hospital Board members and Organised Labour.

Staff dedication and their strive towards excellent service delivery was made evident on the 9th December when Grey's Hospital was the proud recipient of the **GOLD** Award at the Premier's Service Excellence Award ceremony held at the International Conference Centre in Durban. This was indeed a wonderful ending to the year of celebrating the 150th Anniversary of Grey's.
Yours sincerely

DR K NAIDU.

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ECG Department.

We have come a long way since I started here (22 years ago) in the ECG Department. In the 'olden' days we only did ECGs at the request of the doctors. Lots of ECGs for G.O.P.D. then off to the wards to do ECGs on patients for theatre. (Every one who was over 50 and was going to theatre needed an ECG.) Then we became a Tertiary Institute. Out with the old machines (little fekudu's), in with the modern computerised machines. The department now proudly comprises of a Stress Exercise Machine, Pacemaker Testing machine and Holters.



Cardiac Cath Lab.

Our specialised Cardiac Department has gone from one Cardiologist to 3 'big boys', four registrars and three interns.

Everything is so exciting.

Cheryl Aranja.

Grey's 150th

This week I attended a dinner to mark the 150th anniversary of my old school: founded, like Grey's Hospital, in 1855. I was struck by the historical significance of the occasion, and by the fact that my own association with the school went back a decade prior to its centenary celebration, seeing that my name had been put down for admission at birth.

My official link with Grey's Hospital as a doctor began a mere twenty-eight years ago, but has been continuous since then, and I did attend a Miss Grey's Ball some years earlier, when friends were house-officers. I was then working at a mission-hospital upcountry, and was not prepared for a black-tie affair. So the first half-hour found me shirtless, albeit sporting borrowed dress-suit and bow tie, until a colleague arrived with the missing article of clothing.

Two cousins did their nursing training at Grey's, so family links go back more than forty years. I was filled with both awe and admiration when I heard how younger sibling Penny and her colleagues had dealt with over-attentive army lads on the train from Bloemfontein. They coaxed an unsuspecting pest into their compartment, offered him a cigarette, told him to relax and roll up his sleeves, and plunged a syringe of Lasix

deep into his deltoid muscle. Thereafter the army sounded the retreat and gave the nurses, who were using diuretics for weight-reducing purposes, a wide berth.

Recently-weds, my wife and I arrived in Pietermaritzburg in 1977. I was newly specialised and recall attending my first Wednesday medical meeting at Old Grey's in a three-piece suit. I gather Nattie Kemsley-Pein did his ward-rounds in a morning-suit when he first came to town. The weekly meetings continue at New Grey's: an open-necked shirt is acceptable attire. Unfortunately the doctors' tearoom at Old Grey's, where one was bound to meet colleagues from every discipline, did not survive the move to the sprawling new venue.

In Old Grey's male medical ward there was always a collection of slightly confused elderly men who sat at a big table, saying little and doing less. Ruth Brand, the kindly sister-in-charge, was horrified one day to find that a helpful character was spreading slices of bread liberally with the thick pale paste used for pressure areas, and handing them round to his companions. The wards were of Florence Nightingale layout, other than in the maternity/private block. There all three of our children were born within two-and-a-half years. An emphysematous one-armed patient from Northern Natal, who needed regular hospital admissions, knitted them beautiful little matching brown outfits with yellow elephants across the fronts. These they wore for the Big Walk from Old to New Grey's in 1983.

The first requirement at New Grey's was to find the shortest routes between wards, casualty and ICUs: subterranean past the mortuary and engine-rooms seemed the quickest option. Plastic surgeon Wolf Losken was soon banned from riding his bicycle along the basement corridors. Basil Munro and I converted a Gilbert-&-Sullivan operetta into *Trial by Surgery*, which was performed in the splendid Nurses' Recreation Centre as part of the official opening ceremony for New Grey's in 1984. The following year we took it to the Grahamstown Festival. *Grey's Cells*, Ronnie Nelson's brainchild, transplanted successfully to New Grey's as the annual hospital concert:

but more than a decade must have passed since it last appeared.

Grey's has changed greatly. The trees have grown – almost into forests. Security is a major, and necessary, issue: originally all the gates were permanently open. Private beds, initially representing about half in-patient occupancy, have long since vanished. Demographics now reflect the population of South Africa: it is hard to believe that the first black inpatients were prisoner hunger-strikers admitted as recently as 1989; and that “non-white” doctors started working at Grey's only a couple of years before that. The Medicine Department is now a fully-fledged part of the Nelson Mandela Medical School. All-importantly, Grey's is functioning close to its capacity, and remains outstanding as a training hospital for nurses. Things bode well for the next one hundred and fifty years.

Robert-Ian Caldwell

A message from Mrs Pam Brown.

I would like to share a few paragraphs from a talk I listened to at the “Old Grey's Girls” luncheon a few weeks ago. I Quote: ‘Is there the same respect for our seniors and doctors, or is there a less professional approach? 50 years ago we would never have considered or even thought of a strike action.

When Grey's first opened in 1855 the only water had to be fetched from a sluice in Commercial road, stored in barrels on the verandah and fetched by the ward staff as required.

After the First World War there was a typhoid outbreak in the local camp. 16 patients were nursed in tents in the hospital grounds, and only one died. Doesn't this show what a high standard of nursing prevailed, and it is hoped still exists in our dear Training School today. With all these changes and mind boggling advances and improvements in all spheres of medicine and surgery today, surely good basic nursing care, caring and comfort should never be outdated or replaced.’

Food for thought to us as nurses. Remember teamwork is important. Let us together strive to maintain standards and quality patient care as was done 150 years ago. Great challenges lie ahead for us as nurses. Good luck

Mrs. P Brown.

Acting Deputy Nursing Manager

RANDOM RECOLLECTIONS OF OLD GREY'S HOSPITAL'S EARLY DAYS 1957 –

I first set foot in Grey's Hospital in January 1957 and how I got there is quite a story. My Mother had recently returned from the UK on board ship with the then Provincial Secretary of Natal. She had mentioned that her son who had just completed his 2 years post graduation experience was returning to South Africa and looking for a job. I was a little nonplussed when, before I left England, I got a telegram from the Provincial Secretary offering me a post at Grey's Hospital starting immediately. (Edendale Hospital had just opened taking the majority of medical officers and leaving Grey's with an acute shortage). With some misgivings that there must be a snag somewhere I accepted the post.

Grey's in those days was run by general practitioners who combined some services to the hospital with their private practices. There were very few specialists and some, who claimed to be specialists, had had no special academic training or experience but were allowed to continue as they had started prior to the promulgation of the Specialist Register.

I vividly remember one occasion when a medical officer recently returned from the endocrine unit at Edinburgh and who had to have some GP time in order to get on the specialist register, had put up a drip on a patient. The specialist on his rounds said “I don't hold with this new fangled nonsense. Take it down and give him some rectal water”. The medical officer left shortly afterwards. The GPs were intensely jealous of their status and considered it an insult if they were asked for a second opinion. They attempted all sorts of surgical procedures for which they had had no training. One memorable occasion a GP attempted a hysterectomy reading the procedure out of the textbook as he went along. He couldn't find the utero-sacral ligaments so after messing about for an hour, he sent for a surgeon to complete the operation. The next morning he held her hand, looked into her eyes and said that it was the most difficult hysterectomy he had ever done. She thought he was marvelous. However, with a few exceptions the services provided by these part-timers were more than adequate when judged by the standards pertaining at the time.

The doctors were always well dressed in suit and ties. One senior GP always wore a homberg hat and black gloves as well, which he ceremoniously put on and took off between patients. He was also the school doctor of a local school. He was called to see a boarder pupil and diagnosed acute appendicitis and said he would operate immediately. The parents in Johannesburg were contacted and demanded a specialist. No problem he said. He got a specialist anaesthetist and did the operation himself. This anti-specialist phobia went to absurd lengths. When the Province advertised for a Specialist Physician, the selection committee recommended one of their own GPs saying he knew as much as any specialist. The Province however appointed Dr Kemsley Pein as the first Registered Specialist Physician at Grey's Hospital.

I left as soon as I could to pursue my specialist training in a more enlightened environment.

RETURN TO GREY'S 1965

In 1965 I left Edendale Hospital where I had been Head of the Department of Obstetrics and Gynaecology, to go into Specialist Private Practice and I was also appointed as a part time Obstetrician and Gynaecologist at Grey's Hospital. Grey's had changed dramatically in the intervening 8 years. The old unregistered specialists had disappeared to be replaced by properly trained consultants. The quality and scope of medical care had improved considerably. However the diehard untrained surgeons did not give up easily and I remember one GP who booked a slate, which included an enucleation of an eye, a breast reduction and an ovarian cyst. Whether this was great surgical versatility or lack of insight on his behalf is a matter for conjecture. While the vast majority of GP surgeons were responsible and only did operations within their competency, there was no mechanism whereby the odd medical maverick could be constrained.

There was still a great reluctance for GPs to refer patients and when I asked one patient if she had been referred "yes in a manner of speaking". The GP had said, "let your fingers do the walking through the yellow pages".

Nonetheless Grey's was a happy hospital to work in largely due to the excellent rapport the doctors had with the nurses. There were numerous activities in which the doctors and the nurses joined together such as cricket. (The doctors had to bat left handed and retire

when they made 10 runs) and hockey where the girls were quite vicious with their hockey sticks. Gerry Grey, the matron, felt that nurses needed a general education as well as a technical training so from time to time put on debates. One in which I was involved was on the interaction between religion, science and medicine. A subject which is still relevant today.

Undoubtedly the highlights of the social scene were the Grey's Balls. At least 3 a year. They were well attended with good bands. The Nurses hall in the Old Grey's was an excellent venue and a great deal of effort was put into its decoration for the occasion. The girls looked gorgeous and it was fun watching the Cedara students vying for their attention. In December 1979 Ronnie Nelson produced the first of the Grey Cells Musical Review, which was to become an annual event in the following years. All these activities served to maintain nurse's morale and cement Grey's Hospital's reputation as a leader in nursing care and training.

Another Grey's institution was the Doctors Tea room. Every morning at 9 a.m. the hospital provided tea for all the doctors who forgathered after doing their rounds in the hospital. It provided an opportunity to discuss cases, the local news, and the hottest scandal and created a wonderful fellowship between all members of the medical profession. It was one of the major losses when Grey's moved to its new site.



The final memory of the Old Grey's was the Great Grey's Walk, which I had suggested as a symbolic gesture, transferring the tradition of care, and compassion, which had been built up over generations in the old hospital into the new. It provided an opportunity for members

of the medical and nursing professions to pay a last tribute to the fine hospital where so many of them had received their training.

To the strains of "Auld Lang Syne" provided by the band of the Natal Carbineers the procession moved off and many a seasoned health professional was seen to wipe a glistening eye.

Terence Rockey

RADIOLOGY DEPARTMENT.

Working at the "Old Grey's" seems so very long ago but could never ever be forgotten! - Long lunches of one hour, sufficient time to take a stroll to town for shopping and back, or even a leisurely lunch at a restaurant! Radiation workers were privileged to work a maximum of 35 hours per week. Now, working 40 hours per week with only 30 minutes for lunch does not allow much of a break. Our department was very small - 4 examination rooms, 2 radiologists, 8 radiographers, 5 admin support staff and 3 porters. (Six staff members from old Grey's are still working in our department!!) The current staff complement is 52 - 8 doctors (Radiologists, registrars and medical officers), 28 radiographer posts, 9 admin support staff and 7 porters. (How wonderful it would be if all the posts could be filled!). We were also responsible for providing services at the old St Anne's Hospital and would travel there daily to perform x-rays in the wards and theatre. The darkroom there consisted of wet developing - a wet, smelly environment, with large tanks where the radiographer would dip the films in to develop, fix and wash the films, and then hang up to dry. (At least, if your exposure was too dark, you could cheat and only develop the film for a few seconds!!).

Equipment, and the services offered at new Grey's, has improved enormously - we have three automatic processors, a 64 slice CT scanner, MRI department, Cardiac Cath



M.R.I.

Lab, Ultrasound department with 4 units, casualty x-ray and in the main department we have 6 examination rooms - general radiography, tomography, screening, neuro-angiography room, angiography suite, panoramic room and the soon to be introduced mammography service. We also perform many x-rays in the wards and theatres. The department is HPCSA accredited for radiology registrar training, as well as for diagnostic and ultrasound student radiography training.

At "old Grey's" we provided an after-hours on-call service, where the majority of patients x-rayed were private patients seen in Casualty by their private doctors. We now provide a full 24-hour service, 2 radiographers are on duty after-hours and the doctors are on call for specialised procedures. Can you imagine doing theatre work without an image intensifier (real-time images)? All procedures were performed by taking an x-ray, going to the darkroom and processing the image, going back to theatre to show the doctor the film and only then proceeding further, when the next image would be taken. Rather tedious, considering how radiographic theatre work is performed today. Angiography was another long procedure, particularly cerebral angiography, which was performed as above. The doctor injected by hand and would call "connecting... injecting... shoot... pull" The radiographers (one to "shoot" (expose) and the other to "pull" (pull the cassette out so the next cassette was ready) were a bundle of nerves because the timing for "shoot... pull" had to be exact in order to get the correct images otherwise the whole

procedure would have to be repeated! Today, we are able to produce up to 8 images per second and have automatic injector pumps that can be set to start injecting the contrast at the correct time, the exact amount and at the right pressure.

The amount of paperwork and various meetings to be attended has grown enormously especially with all the projects that we are now involved with. In 2001, the Directorate: Radiation Control introduced compulsory quality assurance programmes for each unit – this involves a number of



CT Scanner

compliance tests to be performed monthly by the radiographer and annual tests, which are performed by the technicians. This ensures that the equipment is functioning correctly; thus image quality is optimised, diagnosis improved and unnecessary radiation reduced. We have really come a long way as far as technology is concerned and one can only wonder what exciting new imaging procedures await us in the future.

**Mrs D Wood, Assistant Manager,
Radiology Department.**

Student Nurse training 25 years ago.

After completing my schooling in Zimbabwe, in January 1981 I commenced my nursing training at 'The Old Grey's' Hospital. We were on holiday in Amanzimtoti and my parents had to bring me up to Pietermaritzburg,

on New Years day, to book into the nurse's home. Sitting waiting for me on the dressing table was the biggest paper hat you have ever seen.

I can remember unpacking my bags and sitting deciding which jewellery I would wear to work the next day. A few minutes later all my plans were scuppered as the Lady Warden, Mrs Ridge, told me all I was allowed to wear was a pair of small gold stud earrings, no wristwatch, no necklace and no nail polish.

For the first year it was compulsory for all student nurses to 'live in' and we could only move out once our parents had given us written permission to do so. We spent our first 4 months living in C-Home and then moved over to the New Nurses Home. If we were off the next day we were allowed out until 01h30, but if we were working we had to sign in by 23h30 or it was into the Nurse's Home Matron's office the next morning to explain. (We spent many hours trying to find a way into the Nurses Home that did not mean having to walk past the Housekeeper and sign in but we never succeeded. Security was very tight.) A morning or day off meant we could order breakfast in bed, which would be deposited outside our door with a gentle knock, at 07h30. On our first morning in the wards we gathered in the foyer of the nurse's home to meet the senior nurse who would take us to work. I was working on B-Floor at St Anne's, in Loop Street, and my 'mentor' told us she was taking us there in her car. Little did we know that she had a bakkie and we would be riding in our crisp new uniforms, on the back.

For our first month, as PTS's, all we were allocated to do was 'Sluice room, Toilets and Bathrooms,' where we made sure that each toilet had enough toilet rolls, that the baths were clean and we soaked the bedpans daily- a painful affair. There were no giant stainless steel sinks to soak the bedpans in, only a large black rubbish bin which we filled by balancing a plastic basin on the sink and running water into the basin so it overflowed into the bin. The Phenolic Disinfectant burnt your skin, so after a 30-minute soak, we quickly reached into the strong smelling water to retrieve a bedpan, and then rapidly rinsed our arm under cold water to wash off the burning liquid. After doing this for a week the skin on our arms was red and raw. (There were no unsterile gloves either.)

There was great excitement, when we were told, for the first time after hand over in the morning, that today we were doing observations

We worked a 44-hour week; there were no 7-7s only split shifts (on duty at 06h45, off at 12h45, back on again at 15h45 and off again at 18h45.) This meant, if you were working at St Anne's and living at Grey's, a brisk 15 minute walk to work leaving at 06h30, a return walk at lunch time, another brisk walk back to St Anne's at 15h30 and thankfully a bus trip home at 19h00. In the freezing cold of winter and the boiling heat of summer we walked backwards and forwards to work. (I can remember one February day being the hottest ever recorded in Pietermaritzburg, at 44°C and I was working a 'split')

As I said we worked a 44-hour week, there was no overtime pay, and we didn't get our time back. On Night duty, in a 4-week month, we worked as much as 36 hours extra, but we knew no different. One night-duty sister worked between four wards and so we were given much more responsibility. The senior nurse carried the drug cupboard keys, she wasn't allowed to open it but she kept the keys and called the sister who would come to the ward to check drugs or if there was a problem. Some of the surgical wards were so busy they had three nurses working on them on night duty and so we had to go to three different 'midnight' lunches. Third lunch was dreadful; there was hardly anyone else there and consequently no one to talk to. If you wanted to go to your room and sleep, you would ask the housekeeper and she would wake you, by calling you over the intercom in your room, in time to get back to work at the end of your lunch hour. The third nurse's job was to do the QID dressings on the infected wounds, at 22h00 and 06h00.

All our diabetic patients on sliding scale insulin, would have their urine tested QID and we would give them insulin according to the number of plusses of glucose and ketones in their urine. There were no glucometers. My first pay cheque was for R146:00 and I still managed to save R50:00 and buy myself a bicycle to get around on.

At the end of three years our group had dropped in numbers from 72 to 33 and of those only 22 were from my original group. Before commencing our training we had to have

thorough 'Medicals' to ensure we were healthy and in a fit state to nurse. This included chest x-rays, tine tests, height and weights and various vaccinations like BCGs and Diptheria. If you fell pregnant you were excluded from the course.

Things have changed over the years, and although I started my training 25 years ago, sometimes it seems like the other day and sometimes it seems like a lifetime ago.

Alison Guise-Brown.

Midwifery at Grey's.

I have been in the Midwifery Department at Grey's Hospital for 32 years (actually, since pa fell off the bus!!) and have been asked to contribute an article for The Greype-Vine: well here goes!

Looking back I realize just how long it has been and how time has flown. A time that has brought with it many many changes over the years, some good, others..shall we say challenging?

It was many years ago now that I decided to make Midwifery my career and to specialize in a subject I really loved.

I commenced my one-year midwifery at the Old Grey's after completing my general training at Groote Schuur in Cape Town. This was a year of hard work, fun, laughter and camaraderie.

Having to meet the high standards insisted upon at Grey's was daunting at first, but with the excellent tuition from Miss FKG Hackland and clinical supervisors Mrs. J Wragg and Mrs. Knobel, we did not disappoint them.

A highlight in my midwifery training was the tour of S.A. made by Mrs. Margaret Myles (the doyen of Midwifery world wide). I had the privilege of meeting her, hearing her lecture and obtaining her autograph.

We had very strict ward sisters and matrons in those days who maintained discipline, expected professionalism at all times and instilled in us the art of midwifery, especially the art of delivering a baby, something I fear is being lost over the years.

Keeping a watchful eye on our naughty group of midwives and our progress was of course Mrs. G. Gray-Chief Matron, who was an example to us all.

Obstetrics and neonatology have made incredible advances over the years and Midwives have had to keep pace in order to provide the highest level of care expected (rightly so) by our Obstetric and Paediatric colleagues and the patients we care for.

The position of Midwife is an ancient one. Midwives have been recorded from the beginning of history. There was a time long ago when Midwives were unprofessional, drunken, talkative women: the 'Sairey Gamps' of this world.

Today they are professional, responsible and accountable practitioners in their own right. This responsibility can be a frightening experience for new midwives just starting out in their new careers. In my opinion, their training today is too short for the amount of knowledge and skill required and for the responsibility they undertake.

I agree with the SA College of Obstetricians, who a few years ago, asked for this training to be extended. So far this has not occurred.

Here at Grey's we have seen many advances, from the 4 year nurses training, the development of our 'state of the art' Neonatal Intensive Care unit to the rationalization of the Health Care System. Change is never easy and often requires periods of adjustment.

We at Grey's have always strived for excellence in Midwifery and Neonatology and the maintenance of high standards of nursing care.

I feel it is important for me to mention the wonderful obstetricians and Paediatricians I have had the privilege of working with over the years. Names like Drs Whitfield, Lecona, Kearney, Swan, Stavrides, Rockey, Vaughan, Hadley-Grave, Conradie and Nelson who guided my early career, instilling in me a love of and passion for Obstetrics. Drs Friedlander, Higgs and Duys who developed the Neonatal Unit in the 70's and recently Dr McKerrow and DuCasse who have continued the service.

On completing my advanced Midwifery training I was then privileged to work with Dr TR Moodley. Due to his wisdom, insight and confidence in the Advanced Midwives in the unit, we have been able to practice our profession as practitioners in our own right and not as Obstetric Nurses.

As a result, the Midwives in labour ward have gained valuable experience, improved their clinical skills and confidence, thereby offering a high standard of skilled care to our

patients. Dr Moodley and his wonderful team of doctors recognise our special knowledge and skills, allowing us all (medical and nursing staff) to run the department as a highly skilled team, working side by side to achieve our obstetric objective.

The responsibility of the midwife today can be disheartening and have far reaching consequences; hence it is vital that midwives keep abreast of the latest trends and advances. It is their professional responsibility to keep updated.

What an incredible journey this has been for me, the awards I have won, my academic achievements, the book on midwifery I helped to write. A journey of constant learning and enriching experiences, learning from the many, many mothers I have had the privilege of assisting in childbirth, the students I have taught over the years, many of whom are tutors themselves in the Campus; the wonderful friends and colleagues I have worked with on this journey.

May I end with a message to the Midwives of the future by quoting the words of Tao Te Ching who said these words of Midwifery 2500 years ago.

"You are a Midwife, you are assisting at someone else's birth. Do good without show or fuss.

Facilitate what is happening. If you must take the lead, lead so that the mother is helped, yet still free and in charge. When the baby is born, the mother will rightly say. 'We did it ourselves'"

Senior Sister LK Scott. Labour Ward.

Our dear Friend Grey's is 150 years old.
She stands with dignity, calm and bold.

How lucky we were to be part of her
history,
Though how she survived is sometimes a
mystery!

We wore our uniforms white and clean,
With caps where seldom a hair was seen.
No rings or earrings graced our forms,
And only natural varnish was worn.
Our rolled up sleeves were quickly rolled
down

Whenever Doctors did their rounds.
Our lectures were all in off duty hours

And to complain we had no powers
We worked so hard 'til our duties were
done,
But still had time for so much fun.

Who would have missed those happy
days?
Although our labours earned paltry pay!

How good it is, Joy keeps us in touch
And how we enjoy the fun and lunch!
How hard they've all worked with the
preparations
To make our lunch a special celebration.
To our committee great thanks and cheers,
May we keep going for many many more
years!

Monica Greene
**Grey's Old Girls Guild and Non-
Practicing Nurses Group.**

A SHORT HISTORY OF RADIOTHERAPY AND ONCOLOGY AT GREYS HOSPITAL

Radiotherapy records in the Oncology Department date back to ±1948 when more benign conditions than malignancies were treated with radiation therapy. Some of these benign conditions were: warts, plantar warts, blocked eustacean tubes, pigmented patches, sinusitis, lupis erythematosus, ankylosing spondylitis, arthritis, ringworm of the scalp, TB glands, osteomyelitis and keloids. In among these is the odd rodent ulcer, squamous Ca of the skin, Ca cervix, Ca Breast and Lymphoma.

Today only a few non-malignant conditions receive radiation, the most common being Keloids post op to prevent re-formation, Thyrotoxicosis with radioactive iodine and Pterygium of the eye with radioactive Beta plaques.

Radiotherapy continued to be given at Old Grey's Hospital and in about 1981 Professor Jordaan started seeing cancer patients once a month and for the first time chemotherapy was administered. This was when the late Dr Bill Duckworth started to take an interest in medical oncology. Radiotherapy at that time

was being given by Dr Borrowdate (Radiologist) and Mrs Audrey Warren, the Chief Radiographer in the x-ray department.

With the opening of the new Grey's in 1984 Radiotherapy and Oncology was separated from the x-ray department and fell under the care of Professor Jordaan from Addington Hospital who came once a week to see and treat new patients. The radiotherapy unit had been moved across from Old Grey's and is still in service! Patients requiring more sophisticated radiotherapy are sent to Durban.

Dr Sally Barstow was the part-time medical officer at that time and administered chemotherapy and saw patients for follow up. She subsequently specialised in Medical and Radiation Oncology.

In 1985 the first full year at Grey's – 266 new patients were registered. In 2004 1088 new patients were registered.



**The entrance to the oncology department
when the floors were being laid.**

Our old Orthovoltage radiation therapy machine has been a useful workhorse over the years but is now obsolete and we look forward to moving into our beautiful new department with linear accelerator, treatment planning system, brachytherapy and chemotherapy all under one roof. Patients will no longer have to go to Durban for treatment.

Having started working in the Oncology as a Radiotherapist in 1984 and seen the growth and development in 21 years I will now happily ride off into the sunset knowing the

future for Radiotherapy and Oncology at Grey's is very bright!



New oncology building.

SHIRLEY GORRIE

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MAINTENANCE: ONE HUNDRED AND FIFTY YEARS.

Once you were accepted into the N.P.A. it was a privilege due to the snoring filled dead man's shoes, as it was known.

But what was evident was the comradeship between all staff and the family home spirit, although you respected your supervisors at all times.

Being an old hospital building, each section of the maintenance department had a routine check and faultfinding procedure; this maintained a steady maintenance programme.

Management would regularly pop in and chat, especially at tea times and we would enjoy the humor, not overlooking the times when they also scolded us if it was due.

There were many incidents, which resulted in stories that were repeated for years. Especially once the social club was officially formed and then there was no way you could dodge the penalties imposed on you or have an excuse for what you had done. "What a laugh". Not forgetting the fact that the nursing staff would also have their say and coming from their side the stories were enriched and made to be much worse.

Many of the older staff members knew when and where the strange things occurred around the hospital. Naturally they had scary connotations, which inevitably put you on edge, and you were somewhat uncomfortable

working in those areas. Now being a newcomer to the maintenance staff, unbeknown to you, you would be instructed to carry out work in a spooky area. You were set up and they all would have a huge laugh at your expense. This would continue until all the areas were rigged and they had had the last laugh.

One must recall there was a very old graveyard next to the hospital. You would be put on stand-by and the fun would begin. I am amazed that nobody was admitted to I.C.U. or ended up with a serious medical problem. – Wow! There were some very serious scary moments. Again the same family spirit would be there to comfort you and help you back to being an almost normal human being.

Doctors would hold parties, the likes of which you would never imagine possible; I could write a book on them. A party without nursing staff is not a party is that not so?! Oh boy, could they enrich the atmosphere, whew! How the future medical staff members ever passed exams and the patients survived nobody knows. Florence Nightingale was their saviour, is all I can imagine.

The big move was planned for years. Eventually the hill on the west side of town showed signs of development. Many staff members were resistant to the move; out of town, double bus fare, not being able to go shopping or do banking during lunch brakes, etc. All this and salaries remained the same.

Plans for the move were a management problem. If my memory serves me correctly, the first staff member to have an office there was a young clerk, Mr. Diya Harriparsad, who is still employed at stores, in the buying office.

Vehicles from government departments were summoned to assist with the "great move up the hill". Equipment had to be disconnected, disassembled, dismantled and dispatched. "Dit was a helse job" for weeks. The pile of paper work was enormous and headache pills were a necessity.

Eventually the items were in position and then came the patients, oh what a scene from outside.

We had a major flood throughout the plant rooms when the copper pipes burst. What a clean up! A new building, no maintenance ha ha! It did not take long and the problems started. Under counter urns had to be removed from every ward, certain taps changed, glass tinted concrete paving redone and so on. Then rooms did not suit officials and wards did not suit Doctors, we changed M5 then, and in 12 years changed it 5 times more. Stores was changed – linen room had

problems, voids had to be made usable for various reasons. I.C.U. had to be redone to suit. After some years it seemed to slow down, but then there were alterations to do, Paeds needed daylight so we put in 3metre windows. O.P.D. was redeveloped internally. Pharmacy was extended at the rear, and workshops extension to the stores area was done.

Doctors Quarters revamped their social area (wow what an opening night “weekend”). CSSD had a re-change and again another one 10 years down the line. X-Ray extended 10 years later into CSSD. Operating theatre pack room moved 16 years on and again 2 years after that.

Now Oncology is on the move (chemo therapy). Another big change was all the shelving – wrong colour. The auto dishwasher was a menace until new machines were purchased. Rats continued to feed on new wiring - we replaced, until the rats cassette was located. Now a new cassette has being found and new measures have been put in place. Hopefully maintenance will succeed to barricade them from entering.

In between all this, the little Grey’s Social club also found a room – a snug corner where the jovial spirit continued. What would we have done without that spirit and with all the combined changes?

The maintenance staff compliment has reduced and contractors are doing some of the work. There is a handful of Old Grey’s maintenance staff remaining from the Old Grey’s but we all stand together! The beat goes on as in a medical term “Cardiac-thumb-bleep” and maintenance terms “Crash-thud-hiss”.

Mike Thomas.

Grey’s Hospital – the old and the new.

Asking the “older generation” to reminisce about the past is risky. Few things are as fallacious as human memory– much is forgotten, much is incorrectly remembered, facts and events are transported, and much is recalled through rose-tinted glasses. So it is with some diffidence that I pen some of recollections, and leave it to the reader (should there be one) to interpret my memory. My association with Grey’s extended from

1968 to 1999, and with the move having taken place in 1984, I spent very nearly the same amount of time in the ‘old’ and the ‘new’.

The old Grey’s Hospital was an extraordinary hotch-potch of architectural styles, developed over a century, resulting in a variety of roof lines, gables, Victorian red brick, white plaster and modern (1950’s era) functional lines. With each ward looking different, one always knew exactly in which ward one was. “Florence Nightingale” type wards—a long ward of some 20 beds, 10 beds along each wall facing each other. All these disparate buildings connected by a series of corridors, many covered but open-sided, which exposed staff and patients, including post-op patients being wheeled back to the ward, to the cold winter air, and lashing summer thunderstorms.

What a contrast to the new modern buildings, with corridors wide enough to drive a bus down, comfortable 6-bedded wards, but lacking the variety of the old. And how we tended to get lost in the early days, especially in the passages leading to Pharmacy and Outpatients.

The ceremonial walk symbolizing the move from the old to the new hospital was a stirring event. Literally hundreds of people who had an association with Grey’s, nurses past and contemporary, doctors, physiotherapists, radiographers, pharmacists, administrative and artisan staff, cleaners, and most telling, many many grateful patients, made the long walk along Prince Alfred Street and Boshoff Street, Chatterton Road and Town Bush road. I believe that the youngest that day was my 3-month-old granddaughter, pushed in a pram by my daughter, an ex-Grey’s nurse.

In 1968 there was no ICU, but lobbying from the younger generation of surgeons and anaesthetists who were extending the range and magnitude of work being done, resulted in the Medical Superintendent, Dr Leo Fernley, finding some funds, and the

Matron Mrs Gerry Gray finding the staff, to set up a fledgling ICU, from which evolved the highly technically, sophisticated facility available, and simply taken for granted, today.

Hospitals, however, consist of people rather than buildings—the patients and the health carers of all categories, and here one thinks of the dramatic demographic changes. In 1968 the bulk of the patients were white private patients together with a smaller number of white hospital patients, and, in segregated wards, coloureds and Indian maternity patients. The opening in the latter seventies of Northdale Hospital left Grey's as an all white hospital in respect of patients, doctors and nurses. How different is the totally integrated hospital of today, including medical staff from many countries elsewhere in the world.. By 1999 private patients were uncommon—are there any today? Another demographic change of note is the gender of medical staff— in 1969 female doctors were very uncommon, but since then the numbers have increased year by year and it would not astonish me if the males were now a minority group.

A custom, which died with the move from Prince Alfred Street to Town Bush Road, was the daily doctor's morning tea in the hospital tearoom. From 9.00 to 9.30 it was the private practitioners, followed from 9.30 to 10 by the hospital doctors. It was a daily opportunity for the various specialists and general practitioners to meet and interact, both professionally and socially, and it was a significant factor in the closeness of the profession as a group. Sadly that tradition fell away with the move, and I believe that the profession was the poorer for it.

Perhaps a final comment about dress code is not inappropriate. In the sixties no doctor would consider going to work, other than after-hours, not wearing a collar and tie. The private practitioners usually wore a suit, and the hospital doctors a long white coat. By 1968 this

had been relaxed to the extent that a white safari suit was acceptable during the hot summer months. How times have changed since then.

The one common thread throughout my time was, however, the dedicated care, concern and compassion of the Grey's nurses – long may it last.

Berti Hellberg.

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Coronary Care Unit Over the ages.

C.C.U., which opened in 1984, was predominantly a Coronary Care Unit that catered for private patients. The odd ventilated patient was admitted; a ventilator was borrowed from I.C.U until 1987.

The next two years saw general medical patients being added to our patient population, which were nephrology, neurology and pulmonology patients requiring Intensive Care. With this the emphasis changed from C.C.U. to a mixed medical I.C.U. In 1998 Paediatric patients were being admitted for Intensive Care.

Nursing and medical care was becoming more sophisticated. Staff skills and training were increasing to keep pace with challenges. Opportunities for congresses, updates and I.C.U. training were now increasing with the overall change in South Africa. This also saw dramatic changes in our patient population, which moved from private to state patients. CCU purchases their own ventilators, defibrillators and invasive monitoring equipment.

In July 2003 paediatrics moved to their own Intensive Care.

November 2005 saw the phenomenal addition of the cardiac catheterisation laboratory for PMB. With Grey's having Tertiary Status this saw an influx of referred cardiac cases that needed diagnostic catheterisation.

At present we remain a mixed medical ICU dealing with anything from ventilation to haemodialysis to cardiac patients needing coronary angiography to thrombolytic therapy. CCU also supports the disciplines of surgery, orthopaedics and gynaecology when intensive care is needed.

The future direction of CCU is to be an exclusive Coronary Care Unit with exciting technology such as interventional angiography and Intra Aortic Balloon Pumps, once a full

time cardiologist is appointed, which might be soon. In the interim we continue to provide a varied and sophisticated service to the public with a superb team of medical officers and physicians.

Bev Douglas.

Mina Thembi Martha Mchunu ngaqala ukusebenza eold Grey's zingu 13th February 1976 ngasebenza eTheatre nasenase..awondini ngiyireel ngagcina senzi permanent ecreche. Ngo 1984 sathutha seza lana anew Grey's ngasebensza khona ecreche ngiyathanda ukusebenza nezingane.



Martha and the children at the crèche.

Ngibonga unkulukulu ongigcine kwaze kuafrika lesikhathi ngiqeda u 30 years lana e Grey's.

Elaine Oliver (nee Whitford) Group **7/58.**

I started my training on 1st July 1958 and completed on 31st December 1961. My midwifery training went from 1st October 1962 to 14th October 1963 After 20 years as a ward sister I was promoted to the matron's Office and I worked there until I retired in 1999.

I really enjoyed my student training at the Old Grey's. Regardless of the cold, we used to have to walk down Prince Alfred Street to the college.

We used to have to attend roll call in the morning before breakfast, but on our days

off it was served (cold) to us in bed. In the evening, we had to get dresses properly to attend dinner, and once the matron had said Grace we were allowed to sit and eat. On many a winters evening, we would bath early and put on our pyjamas, then roll up the legs of the pants, put on a coat and go down to supper dressed like that. Some evenings we then decided to go to movies in the same attire and we'd have to come running home to the Nurses home before the doors closed at 22h45- if we were late we had to sign late leave; of which we were allowed one a month until 00h30.

Looking back on my midwifery training I enjoyed it, but at the time, I hated it. District was the best; the car that took us round over Christmas had a stork on the bonnet carrying a baby. We did call at night and sometimes were left with the mother while she was in labour and the sister was busy with another delivery. Remember there were no cell phones in those days and sometimes no home phones either, so if the baby was ready to be born we just had to get on with it.

As matron I had many experiences but the one that sticks in my mind the most was the move from Old to New Grey's. Doctor's Quarters went first followed by the Nurse's Home. Night nurses slept for the day in C Home and everyone else had to be out of the Nurses Home by 08h00. They were allowed into the New Home at 16h00. The entire Nurse's Home was moved in one day and we only lost two boxes- not bad going! It took us months to get ourselves straight and remember where we had put everything.

A message from the first Editor of **The Greye-Vine.**

Having worked only in large hospitals in the UK prior to emigrating to S.A. in 1963 and, on arrival being catapulted into a small country hospital I was yearning to

find a spiritual home in nursing. This I found at Grey's Hospital in 1965 when I commenced working in the Maternity Department, known as M2.

It was situated on the first floor, which overlooked the Commercial Road cemetery and consisted of about four six-bedded postnatal wards, several private wards, a nursery and labour ward area. There were about four beds in the first stage labour ward and when delivery was imminent the woman was moved to the delivery room. No fathers were allowed to be present for the event. The mom was then moved to the postnatal ward where she remained for ten days.

Babies were kept in the nursery and transported to mothers for feeding in a wooden compartmentalized trolley known as the cattle truck! At visiting hours a nurse held up the baby for viewing behind a glass partition, for fathers and grandparents to ogle over. The word 'bonding' hadn't been invented and it didn't seem to matter as moms and dads still formed an attachment for their offspring.

The Chief Matron was Mrs Knox and the Midwifery Matron was Mrs Hazel Mackay, both of whom wore navy blue uniforms. When we heard their footsteps in the corridor, we underlings, scuttled like cockroaches into far corners of the department. The sister-in-charge or 'white shoes' was Doreen Burn, the senior Staff Nurse was Di Lee. Elsie Classen and Patty Geldenhuys were involved in Clinical teaching and the other staff nurses were Joan Forbes and Kitty Anderson. We all wore uniforms with wide, white stiff belts, brown stockings and regulation brown shoes and had to endure huge cumbersome veils which inevitably got tangled up in the curtains which surrounded the beds. Shirley Rawstorne and Di Linscott were student midwives.

We worked hard, we played hard and there was great camaraderie. That was forty years ago. Enormous changes have taken place for the better... Epidural blocks relieve pain in labour, machines monitor progress of labour, there are disposable nappies, technology has swept into midwifery, metrication is used, fathers

attend Ante-natal sessions and hold the mothers hand in labour and at birth. Rooming-in is practiced and mothers go home a couple of days after delivery.

Now that 2005 has been reached, celebrations are taking place to mark 150 years of Grey's Hospitals' existence. My wish for it is that it goes from strength to strength in order to serve the communities in Pietermaritzburg, as was its brief from Sir George Grey all those years ago. For me it is, and always be, my spiritual home in nursing in South Africa. Thank you Grey's Hospital.

Elsbeth Ferguson.

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Sister Kathy Blakey writes:

I have worked at Grey's for 25 years, coming here as a transfer from Pretoria, as a dark Blue button. I started work in Welch Ward at Old Grey's, with Sister BJ White and learned very quickly what was expected of me and how to do things the "Grey's Way." We were always expected to be immaculate with dresses knee length, shoes polished and wearing a petticoat. Hair always off our collar and neat and tidy.

The patients received wonderful care and attention, their flowers, of which there were many, had to be watered every day, temperature charts were immaculate: if you made a mistake the whole chart had to be redone. As time went by and I moved closer to qualifying I really enjoyed myself doing what I had wanted to do since I was 8 years old. We laughed and joked with our patients but were always there to reassure them when necessary. Landing up on the other side with family as a patient was very harrowing. My eldest son was involved in an accident and was in J Ward, Children's ward, from July to November. The staff were wonderful but the toll it took was immeasurable. Visiting for months on end, fitting in home work, night duty and studying was a huge juggle. The support from management was wonderful through the whole time.

I thoroughly enjoyed my midwifery. Seeing the mom admitted in labour, being with her and finally assisting her with the delivery and then seeing her hold the baby in her arms was a miracle. I wanted to stay in Midwifery but 'the powers that be' had other

plans and I have been in paediatrics ever since.

The work was wonderful, seeing the children ill or injured and nursing them back to health was very rewarding. We had a few patients that were never to go home, like the patients with Cystic Fibrosis or cancer, mainly leucaemia, but they were few and far between. While working in paediatrics I was often asked to do night duty and over the years I eventually landed up doing permanent night duty.

In 1984 the move to New Grey's started happening. We packed boxes, patients became fewer and fewer and eventually we moved. The transition was huge. We saw new diagnoses ie, plastics, which had previously been at St Annes, cleft palate repairs, cranio facials and other exciting surgery. The ward had medical, surgery and a small ICU. It was busy but we worked together and supported each other.

The ward has changed dramatically now. In my first few years we had very few deaths but now there are sometimes 2-3 a day. The children are so ill and the diseases so lethal. The arrival of HIV and AIDS has made such an impact on nursing. The struggle the little ones go through to survive is heart rendering. The heartbreak in the mother's faces when they are told this is the beginning of the end is so sad.

The doctors have also changed. We no longer have private doctors, only state doctors. The support from them is always wonderful and having them on the premises makes such a difference, when you have an emergency. The doctors on our medical ward are amazing and so dedicated to their work with the children.

Language is a huge barrier especially when trying to explain and comfort a grieving parent.

Nursing has become more challenging over the years but I will always love what I am doing and give of my best when on duty.

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Senior Sister Pat Carpenter.

Wow Grey's is 150 years old. That's a whole century and a half, we are an antique! Thank goodness we are talking about the name and

reputation only and not the buildings, equipment or ideas.

Having been part of Grey's for the last 27 years and seeing so many changes: The move from Old Grey's and St Annes to New Grey's, the big walk. The closing of the psychiatric unit, M5 & M4 (private wards) and the blood bank. The changes in the wards, such as D2 from psychiatric to medical to renal unit, A1 from medical to paediatrics and presently closed. The opening of CDC clinic, paediatrics clinic, maxfax, eyes, ENT, Cardiac Cath lab, MRI Scanner and CT scanner to name but a few. The changing to a multiracial facility and now from primary to a tertiary level hospital and just to add to our confusion Good Governance and Accreditation. And all this in the last 15 years. I wonder what changes occurred before I came to Grey's, and I wonder what it must have been like in 1855 when Grey's first opened.

Unfortunately not all the changes have been for the good. The loss of so many experienced staff has increased the stress levels of those of us left behind. No more Graduation or Miss Grey's Balls, the end of Christmas Carols sung by the nurses as they walked around the hospital at Christmas time, the lack of accommodation for student nurses in the Nurses Home along with subsidised board and lodging and the loss of a special ward for sick nurses. Unfortunately with all the changes there is good and bad and lets hope that we move forward into the next 150 years with our focus on the positive and our patients our top priority. May we show acceptance and caring for our colleagues and may we grow together building an untouchable medical facility which serves our community with excellence and without prejudice.

move forward into the next 150 years with our focus on the positive and our patients our top priority. May we show acceptance and caring for our colleagues and may we grow together building an untouchable medical facility which serves our community with excellence and without prejudice.



Entrance to CDC Clinic.

To all who are or who have been a part of Grey's, here's to positive progress, good nursing care and great friendships. May the future bring more good memories for all.

The Grey's Old Girls Tea.

On Wednesday 14th December 2005, the final event to celebrate the Grey's 150th Anniversary was held on the Colonnade next to the Nurses Home Recreational Hall. Over 70 Old Grey's Girls were invited to a tea hosted by the Matron's Office and a few helpers. The response was disappointing but those who did attend appeared to enjoy themselves. Mrs DuPreez updated them on a few of the changes and achievements during the past year and they were all 'introduced' to our Good Governance Gold Award.



Sr. Williams and Sr. Neethling at the Old Girls tea.



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GREYS HOSPITAL
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YEARS

