



THE GREYPE-VINE.

**GREY'S HOSPITAL
PIETERMARITZBURG.**
May 2004.



EDITORIAL COMMITTEE.

Editor: **Alison Guise-Brown** **Pager 515**
Members: **Mrs A Chetty** **Pager 200**
Mr W Hoosen. **Pager 314**
Sister E Harper **OPD**
Sister C Stilwell **H1**
Mr S Mthembu **Pager 800**

Editorial:

Sadly for us, but happily for Sister Stilwell, we will have to say a temporary farewell as she has been accepted to do the one year Midwifery Course at Edendale Hospital, commencing in July. She has assured us that she will be back to join us on the committee once she has completed the course and we would like to wish her a fun filled and interesting year of study.

Although Sr. Stilwell is leaving us, our numbers on the committee will not diminish as Mr Mthembu, the new hospital Public Relations Officer, will be coming to join us. We endeavour to keep the committee as multi-disciplinary as possible and would welcome other members of staff wishing to join us. If you do not want to commit yourself to a committee, but would like to contribute an article to the magazine, your input will be most welcome. The magazine is published every three months, in February, May, August and November. Articles for publication can be given to any one of the committee members.

The new Clinical Orderlies, General Orderlies and Ward Clerks start work in the hospital on 1st June and we would like to wish them a long and pleasant stay at Grey's. We hope they will enjoy working here as part of the Grey's Team and that we all take the time to impart as much of our knowledge to them as possible.

Grey's has two members of nursing staff who deserve special mention. Several weeks ago, while working in the Neonatal ICU, they noticed that a very tiny baby weighing no more than 1.5kg was not in it's crib. Before going to tea they had checked on the baby and it was being bathed by it's mom. On returning from tea it was nowhere to be seen. They ran down to the Montgomery Drive gate and asked security if they had seen the mom and the baby. She had been seen getting onto a taxi. Both nurses then asked another taxi to take them to Market Square but they arrived too late, both mom and baby were on the way to Greytown. Fortunately, someone knew the cell phone number of the driver of the taxi that the baby was on. He was contacted and brought the mom and baby back to Market square, and our two nurses brought both mom and baby safely back to Grey's.

Student Nurse Pretty Nzimakwe and Enrolled Nursing Assistant Patience Makhathini both went above and beyond the call of duty and must be commended on their caring and quick thinking.

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Talk slowly but think quickly.

Profile on Mrs. H. Gee.

Mrs. Helen Isobel Gee, the eldest of three sisters, was born in Durban and spent most of her childhood there. She went to junior school in Durban and in the Transvaal and then returned to Durban for her high school years. At first she was a boarder but after a few years, once her younger sisters started high school, they stayed in a boarding house and attended the same school as day scholars. This she much preferred as they had far more freedom than the boarders who were only allowed out of school to attend church on a Sunday.

On completion of her schooling she started her General Nurse training at Addington Hospital. (She was accepted at Grey's but a friend convinced her that Addington was a better option.) Part way through her training she was given the opportunity of converting her 3 ½ year course into a 3 year course and she and 5 other girls decided to take the shorter option. She was so nervous for her final oral exams she was unable to talk and so had to write her answers onto a piece of paper.

On completion of her General Nursing she studied Midwifery at Addington and then went on to do the Diploma in Operating Theatre Technique, something, which she says today, was a mistake as she had spent very little time in the wards and so lacked experience. Once qualified, she transferred to Wentworth Hospital and was one of four Theatre Sisters working in their three theatres. She rotated between Cardio-thoracic surgery, which she didn't enjoy as she couldn't see what was happening, Plastic Surgery and her favourite Neurosurgery. She left Wentworth just before the first heart transplant surgery was performed.

In 1967 she did the 18-month full-time Nursing Education course at Durban University and then went to Edendale Hospital Nursing College as a tutor. During her three-year stay at Edendale she was asked to run the operating theatre for three months because their theatre matron was ill. She requested a

*Bouts of tearfulness

*Insomnia

*Feelings of extreme fatigue

*Evidence of confusion

*Incoherence

*Obsessive concern over baby.

A note about **psychotic symptoms**: These may vary from **mania** (extreme excitement, over activity, rushed speech, ‘bossiness’ or aggression, insomnia) to **severe depression** (crying uncontrollably, unresponsiveness). Other symptoms may include **delusions** (strange, fixed beliefs) or **hallucinations** (senses affected e.g. hearing voices, seeing things). Delusions usually center on the baby, for example:

- thinking the baby is defective or even dead
- thinking the baby has ‘supernatural powers’ (is the Messiah or the devil)
- believing she has the wrong baby
- believing she is a virgin and has not had a baby
- thinking people are out to harm her and the baby.

Hallucinations may also occur with similar content and may involve voices telling her to kill the baby.

Treatment: A nurse or family member is often the first to notice a change in the patient. It is important to remain calm and approach the mother in a non-threatening manner.

Remove her to a quiet, secure environment (to minimize environmental stimuli and ensure her safety) and summon medical help as a matter of extreme urgency.

Remember! Delusions and hallucinations cannot be corrected through logical reasoning so avoid contradicting, arguing or attempting to disprove them. Do not “go along” with them, either, in order to try and gain their co-operation as this only reinforces their false belief or perception and can increase their anxiety and agitation.

Treatment should take place in a psychiatric unit and will involve one, or a combination of, the following:

Antipsychotics, antidepressants, electro-convulsive therapy and

psychotherapy. Some patients settle on treatment quite quickly – within a few days to weeks. 80% recover within three months and about 20% may become more chronic.

**LINDA NEL.
Staff Counselor.**

Promotions!

The following staff have been promoted to Chief Professional Nurse.

- Mr. D Naidoo. B1
- Sister L Liebenberg Infection Control
- Sr P Nursoo B2
- Sister Bilenge M1.

We would like to congratulate them and wish them well with their new positions.

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Language Laughs.

-Does the name Pavlov ring a bell?

-Shotgun wedding: A case of wife or death.

-A boiled egg in the morning is hard to beat.

-Practice safe eating – always use condiments.

-A lot of money is tainted – It taint yours and it taint mine.

-Acupuncture is a jab well done.



GARDENING GETAWAY.

My front verandah has been home to two little feathered families. From the onset of the rainy season, a pair of Swifts worked feverishly, building a mud nest in the corner of the verandah roof. It is a lesson in perfection to monitor the construction of these nests. Each little blob of mud forming a tiny “brick”, moulded perfectly to form a rounded nest leading into an outlet tunnel. Admittedly I have had to accept the stream of white droppings that adorn the wall but well worth the inconvenience just to be graced with the little Swift family.

Next a little Wagtail couple decided that the delicate fern in a hanging basket at my front door would be the ideal spot for their nest. These dainty little creatures with their perky stance, objected strongly each time I ventured out of my front door, while simultaneously flattening my fern to make space for the dearest little nest. In no time “mum” had produced a couple of eggs, soon to hatch two tiny pink babies. Sadly, one disappeared. What predator would have the audacity to venture up to my front door? However, one has to accept Nature for what it is and I found joy in monitoring the rapid growth of the remaining chick- it’s huge appetite forcing the parents to spend their days in a relentless search for food to satisfy the chick’s needs.

I trust that the Autumnal nip in the air has stimulated all gardeners to embrace the challenge of the outdoors. Don’t be tempted to hire a gardener- I promise you, the joy (and the pain!) of doing it yourself gets the endorphins surging through the blood making one feel rejuvenated, ready to take on the world and most importantly at one with nature.

GAEL METER.

GROUP 7/88 LIGHT OF LEARNING TROPHY.

At the recent finalist’s tea, Group 7/2000 awarded Mr. Deena Naidoo, Senior Sister of Ward B1, the above trophy. He was unanimously voted the ward sister who most willingly and unselfishly gave of his time and knowledge to the students.

Congratulations!

Campus Update.

The long awaited new tutors arrived at the Nursing Campus at the beginning of April.

***Mrs. Gill Cooke** taught at the Campus in the 1980’s leaving in 1990 to work Night Duty in St Anne’s ICU. From 2000-2004 she stayed at home with her three daughters and now she is back with us, teaching mainly Anatomy and Physiology.*

***Miss Phumelele Hlomuka** comes to us from Charles Johnson Memorial Campus in Nqutu and will be teaching*

General Nursing Science to the Enrolled students, Community Health to the Four Year Course students and Nursing Education to the Bridging Course. She studied her General Nursing at Edendale Hospital, did Midwifery at McCords and completed her Nursing Education and Administration degree through UNISA.

Mr Bheki Gwala completed the Four Year Course at Addington Hospital, then worked in their Medical Wards, The Accident and Emergency Department, their Intensive Care Unit and lastly the Clinical Teaching Department as a clinical facilitator before coming to Grey's. He studied to become a Tutor by doing Health Services Management and Health Services Education with the University of South Africa.

Mr Subisiso Matibela worked and trained at Addington Hospital completing the four Year Course in 1999. He has worked in their ICU, Trauma Department and in their surgical wards. He completed his B.A. Cur Degree in 2003 and is currently studying his M.A. Cur Degree with UNISA.

Miss Sindisiwe Nonhlanhla Majozi completed the four year course at Bonalesedi Nursing College under the Sebokeng Campus and then did her B. Curr. Education and Administration with Potchefstroom University. She worked at Untunjambili Hospital from 1998-2002 and then worked at Inkosi Albert Luthuli Central Hospital from 2002-2004. She is teaching Midwifery at our Campus.

We welcome them all to The Grey's/Northdale Campus.



Ever wonder why:

-the sun lightens your hair but darkens your skin!

-women can't put on mascara with their mouth closed?

February's Competition.

The competition in February's **Greype-Vine** attracted an exceptional amount of interest. However, of the 120 entries received, only 9 were correct. A few answers included people such as Mrs. Pearson (a matron who left Grey's in the 1980's) and even some members of the Clinical Department. The photograph was of Senior Sister Gwen MacIntosh from Ward H1. It was taken of her when she was about 8 years old. The winner of the Chocolate cake sponsored by **Chatters Coffee Shop** was Student Nurse Candice Whittle Group 4/03.



Thanks from Ouma Des.

The Nel family would like to thank all the staff in Nathan Ward for the love and wonderful care their mother received before she passed away on 16th March 2004.

'Everyone was wonderful. Dr Yemi, Dr Velasquez and the team did all that was possible and she mentioned more than once that this hospital's staff is so good in what they do they were a 'nuisance' when she was tired. The private hospitals must come and learn from Grey's what dedication means. We are very grateful. Thank you.'

Des Fouche. (Crèche supervisor.)

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Rabies.

Rabies remains one of the most widely feared afflictions. This is because once clinical symptoms have set in; it is largely untreatable with a rapid progression to death within a few weeks.

Rabies is endemic in Kwazulu-Natal and we have the highest prevalence in South Africa.

Identification:

Human Rabies: an almost invariably fatal, acute viral encephalomyelitis.

Clinical Symptoms;

1st stage- Prodromal period- lasts 2-10 days. Headache, fever, malaise, sore throat, nausea, anorexia, diarrhoea and fatigue. Patients may display characteristic anxiety, irritability, depression and insomnia at this stage.

Second Stage- Acute neurological period lasting 2-10 days. Agitated phase with maniac behaviour, hyperactive episodes of running or thrashing about. May undergo convulsive seizures. In between these episodes the patients may become anxious but lucid and co-operative. They progressively lose their ability to swallow, they hyper-salivate and manifest hydrophobia. Aerophobia is a reaction which occurs when the patients are exposed to a draft or air.

Third stage- lasting 10-14 days. Characterised by multi-organ failure, coma and death. The average time from first presentation of symptoms to death is 7 days.

Canine Rabies:

In the initial illness there is a change in animal behaviour. Duration of illness is 3-7 days.

Furious Rabies: - animal is restless, excited, aggressive then unco-ordinated and finally paralysed, death.

Dumb rabies: - animal is quiet, has difficulty in chewing and swallowing, coma and death.

Reservoir: Main rabies vectors in South Africa are dogs but it can be carried by the Black Backed Jackal, Bat Eared Fox and the Yellow Mongoose.

Mode of Transmission: (Spread) A bite from a rabid animal, because the virus is carried in the saliva.

Transmission from person to person is theoretically possible since the saliva of an infected person may contain the virus, but this has never been documented. Corneal transplants (5 cases) taken from a person dying of unsuspected rabies have resulted in rabies in the recipients.

Diagnosis: In humans, rabies is diagnosed on the basis of a history of infection, the occurrence of characteristic signs and symptoms. The virus may be isolated from the saliva, cerebro-spinal fluid, corneal scrapings and a parotid aspirate.

Methods of animal control: Register all dogs and ensure they have annual rabies vaccinations.

Collect and euthanase ownerless animals and strays.

Strange acting or sick animals should not be picked up or handled, notify the SPCA. Detain and observe for 10 days any dog known to have bitten a person.

Humans: High-risk individuals e.g. Veterinarians, wildlife conservationists, laboratory personnel working with rabies should receive pre-exposure immunization.

Treatment of dog bites:

All people who are bitten or scratched by a dog that does not have a reliable history of having been vaccinated for rabies during the last year should report to the local doctor/clinic/hospital. Rabies vaccination and immunoglobulins should then be administered.

Rabies remains a disease that is widely feared; yet readily prevented.

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New Medical dictionary.

Bowel- letter like A.E.I .O.U.

Enema - not a friend.

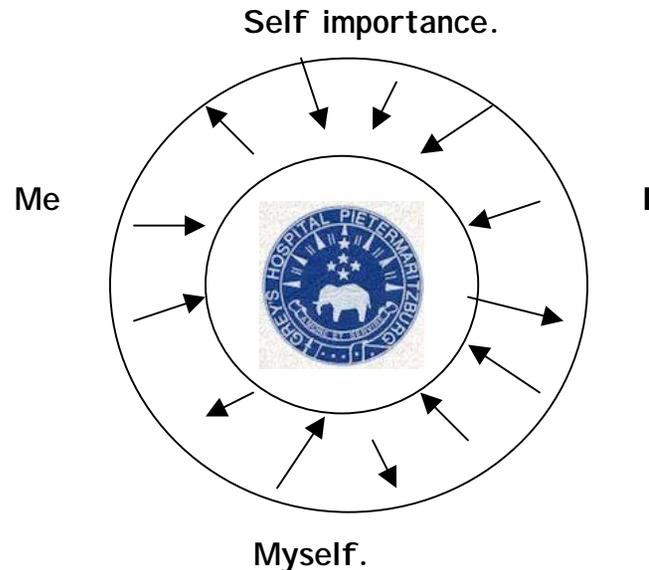
Pelvis - cousin of Elvis.

Fibula - small lie

Benign - what you will be after eight.

WHICH WAY ARE YOUR ARROWS POINTING?

ARE YOU HERE FOR GREY'S OR IS GREY'S HERE FOR YOU?



Ask yourself, What can you do for Grey's?

There will always be someone better than you.

What matters is being at peace with yourself,
Being the best you can be.
If you are at peace with yourself, chances
are you'll be more relaxed and tolerant.
And that's a life skill worth cultivating.

Dilbert's rules of order

1. I can only please one person per day. Today is not your day. Tomorrow is not looking good either.
2. I love deadlines. I'm particularly fond of the whooshing sound they make as they go flying by.
3. Tell me what you need, and I'll tell you how to get along without it.
4. Accept that some days you are the pigeon and some days the statue.
5. Needing someone is like needing a parachute. If he isn't there the first time, chances are you won't be needing him again.
6. My reality check bounced.
7. On the keyboard of life, always keep one finger on the escape key.
8. I don't suffer from stress. I am a carrier.
9. Today, I'm planning on being slower than a herd of turtles stampeding through peanut butter.
10. Everybody is somebody else's weirdo.
11. Never argue with an idiot. They drag you down to their level, and then beat you with experience.
12. Don't be irreplaceable. If you can't be replaced, you can't be promoted.

- 13. After any salary raise, you will have less money at the end of the month than you did before.
- 14. You can go anywhere you want. Just look serious and carry a clipboard.
- 15. If it weren't for the last minute, nothing would get done.
- 16. When you don't know what to do, walk fast and look worried.

IMPLEMENTATION OF THE BASIC ACCOUNTING SYSTEM (BAS)

From the 1st April 2004, The Financial Management System (FMS) was replaced by the Basic Accounting System (BAS) Other accounting system. Persal, Logis and Medtec will remain unchanged.



Major Differences between BAS and FMS

BAS

- Payments are processed and accepted daily. Payment to supplier is available after 4 working days.
- The report request can be viewed prior to printing. Selected information can be printed.
- No official can access another official's user ID.
- Relevant Officials have access to view the status of the reports requested.
- The user of inserted date of entry can be traced.

FMS

- No option to view report requests.
- Cannot choose what you want to print- unnecessary or unwanted information is always printed.
- Limited options.
- Cannot monitor the progress of the requested data.
- Payments are processed and accepted on 2 runs per week. Payment to supplier available after 5 working days.

**MR G.B.C.KHWAULA
FINANCE MANAGER.**

Some label instructions found on consumer goods.

Found on a bottle of children's cough syrup: Do not drive a car or operate machinery after taking this medication.

And on a packet of peanuts: Warning; contains nuts!

Printed on the underside of a pudding: Do not turn upside down!

Patient Admin News.

The Patient Administration Department (Admitting & Revenue) provides a support function to all other Departments of Grey's Hospital. Our core business objective includes the provision of various support services to Institutions to ensure constant monitoring of accounting processes within the Patient Administration Cycle. Furthermore, our Departments primary objective for this financial year 2004/2005 is on the optimisation of Revenue collection through the formulation and implementation of effective and efficient strategies.

Our aim is to ensure that all relevant policies and accounting processes are in place and utilised to ensure that the Public Finance Management Act (PFMA) and Treasury Regulations are complied with.



Crime does not pay, You eventually get caught.

A member of the public supplied falsified information to this department and a case of fraud was open at the SAPS. The case was heard in the Pietermaritzburg Criminal Court of which the court ruled in favour of this department and confined the fraudster to 6 months imprisonment and a further 5 years which was suspended

MR S.COTCHOBOS
MANAGER PATIENT ADMINISTRATION.

REHAB NEWS

FAREWELL YUGESH

Yugesh has left us for greener pastures as she jets off to Ireland to work in a stroke unit.

She has been part of our rehab family for about 8yrs, and it is sad to say goodbye.

We remember her as an outstanding team member, dedicated, compassionate and efficient, a wonderful friend, an effective manager for her unit, and an overall fun person.

We would like to thank her for enriching our lives and those of her patients over the past years and wish her love, joy, fun and adventure in all of her future endeavours.

From the rehab team.

ADVENTURES OF RESHMEE LACHMAN

I had just come back from my long awaited end of year leave and felt like I am in desperate need of a true vacation. A vacation where I would do only what my heart desires and all else would be waved away by a magic wand. All I needed was a desperate break from cooking, cleaning, seeing to screaming children, keeping house, and please some sleep, sleep and more sleep. What I was offered instead was a dream come true, and, it was a great honor. Early in February I was informed that I had been one of three South Africans selected to attend an advanced nutrition course to be held in Germany. I was standing at the time, and I reached out for my chair, I

needed to sit, take a breath and make sure that I heard correctly. "Yes! Reshmee you are going to Germany", I was told. From that moment on I knew that someone was looking out for me and one who new how much this honor would help to rekindle my spirit, motivation and bring back my sparkle that had been slowly fading away. I attended FRANC 04, in Bad Homburg, together with my Dietitian colleagues from Groote Schuur Hospital and Johannesburg General Hospital. Twenty-seven countries were represented at this prestigious course with a total of 72 delegates. Surgeons, Anesthetists, Dietitians, Pharmacists, Pediatricians, Gastroenterologists and Intensivists made up the delegation. The course was profoundly vibrant, energetic and intense. Unlike many of the congresses I have attended, it was very hands on with the group being divided and case studies given for us to work on. Well known experts like John Macfie, Richard Griffiths, Prof. Attilio Giacosa and Prof. Herbert Lochs presented their latest nutrition research findings. The topics included Malnutrition, All In One Nutrition Support, Omega-3-Fatty Acids, Parenteral Nutrition, Glutamine, Cancer, Pharmaconutrition and Ethical Considerations of Nutrition Therapy. A lot of emphasis was also given to Nutrition Risk Screening with reference to the recent ASPEN guidelines. Of all the countries present, South Africa was one of the very few countries that have had the opportunity in certain Provinces to develop and implement this screening tool. Off course Kwa Zulu Natal has taken the lead once again. With the rollout of the ARV programme and the Health Facility Based Nutrition Programme, we will at some stage or the other come into contact with this vital tool for identifying patients at risk of malnutrition. Although South Africa is recognized as a third world country, I was very heartened to see, that compared to

most of the countries present at this course, that in terms of clinical nutrition practices, we are very much ahead of the first world countries. And this is especially evident where there is a stable, fully developed Dietetic or Nutrition Service in the hospital.

Overall key points to consider: "To feed or not to feed,"

- Patients are to be fed within 24-48 hours of admission*
- Feed as early as is possible, (EEN or EPN). Start with small amounts 10-15ml/hour and increase with tolerance*
- If the gut works use it to commence feeds*
- Start with a polymeric feed and if required progress to a semi elemental feed*
- Always give complete nutrition (protein, carbohydrates and fats). Intravenous infusion of glucose and or amino acids on its own is insufficient to meet increased nutritional needs.*
- Glutamine- enterally or parenterally?*

Apart from the hard work of lectures, case studies and presentations, I did get to do what my heart desired. For a total of 8 days, I did not cook, clean, see to household chores, meet deadlines, attend to screaming children, and amazingly I managed to get some SLEEP. We were treated like royalty and all our needs were taken care off. Bad Homburg promised champagne air, beautiful castles, and amazing parks with Tulips in bloom and squirrels happily running from tree to tree. There was no honking on hooters, screaming and shouting, no taxis and I did not witness a single accident even though the automobiles were driving at 220km/hr on the autobahn. Needless to say we had to hold on very tightly to our seats.

Now that I am back, I am eternally grateful to the company who hosted this course, for the experience, for

the honor of being chosen and the opportunity of implementing and sharing the knowledge with all my colleagues and patients at Grey's Hospital.

By Reshmee Lachman

On 13th and 14th May 2004 several staff members attended a Quality Assurance workshop in The Nurses Home Recreational Hall. Below are a few photographs, taken during the day.





Students Representative Council News.

This year sees the Student Representative Council bidding a sad farewell to two of its most prominent members. Senior Sister K.T.McKenzie and Sister T. A. Prince have both contributed tremendously to the efficient running of the Grey's SRC, and will be sadly missed by both SRC committee members and the students at large. We wish them nothing but the best in all their future endeavours.

N.S. Mkhize.
Vice Chairperson. SRC.

MRI Scanner.

We are delighted that the state-of-the-art Philips Intera 1.5T MRI scanner has now been installed at Grey's Hospital, and that the application training for the selected radiologists has begun.

Bookings will be taken as from 14th June on a consultant-to-consultant basis with Dr Stoker, the Chief Radiologist, and clinical scanning will begin that week.

MRI request forms, which are to be completed in triplicate, are available from the MRI department.

Standard consent forms must accompany the patient in case intravenous gadolinium needs to be given. 2 hours prior, starving is advisable.

Initially only MRI scans of the brain and spine will be done, each of which would be expected to take approximately 45 minutes. As time progresses and our experience increases with further application training, head and neck, MR angiography, musculo-skeletal, paediatrics, abdominal, thoracic and breast MRI will be performed.

Dr A.F.Stoker.

Why don't you ever see the headline:
"Psychic wins the lottery"?

May's Competition.

May's Competition is once again sponsored by *Chatters Coffee Shop* and the prize is a large chocolate cake.

We invite you all to try and identify the following spot in the hospital.

I'm big and I'm small
I can be seen by all.
I'm in designer ware
Though I'm not all there.
I need to be scaled
When my progress is unveiled
I am award winning,
That should set you mind spinning!
So start scratching your brain
Or chocolate cake LESS you shall remain!

All entries can be sent to Sr. Guise-Brown at the Nursing Campus by Friday 2nd July 2004.



Winter Special.

Still at R9:95

Curry and Rice/Phutu/Samp.

Telephone 033-8973274 or phone us on extension 3274 and we will have your order ready for you to collect.

Business hours:

Monday-Friday

07h00-17h00

Saturday and Sunday

08h00-16h00.

The following is an extract from a newsletter sent out to the parents of Cordwalles Prep School by their headmaster, Mr Simon Weaver.

In April we celebrated 10 years of democracy in our country. They were important celebrations and we all look with hope to the future.

Our country has had a traumatic time over the past 60 years. We have had to deal with many different problems – apartheid and the continuous threat of civil war, as well as the spiraling crime rate, HIV/AIDS, racial hatred, corruption, inflation, and poverty which have all contributed to negative perceptions being held of this country.

Before the landmark 1994 elections, it was as if the country was about to face a violent storm of racial hatred and intolerance that was set to engulf all of us and wreak havoc in its path. However, the miracle is that the storm was not as fierce as everyone had predicted and it did not leave a path of total destruction. As it passed over us the clouds cleared and the sun shone through, creating a wonderful rainbow. Nelson Mandela and many others created that clearing. He ensured that our nation was able to experience the beauty and the hope of the rainbow. The change created by the storm left much altered and broken, but forgiveness and reconciliation have now restored faith in our country.

We now stand and watch the storm move away into the distance and the veld around us begins to spring to life. South Africa begins to move forward positively into the future. We have so many victories and good news stories to celebrate in this springtime of our relatively new democracy.

Compared to all countries in the world South Africa has the most progressive democratic constitution, we are the second largest exporter of fruit, we have the cheapest electricity, the third cleanest water, the largest gold mining company in the world (Anglogold), the second largest beer manufacturer (SAB-Miller), two thirds of Africa's electricity is generated in South Africa and we have the greatest share of metal and mineral reserves. Did you know: Walt Disney theme parks only serve South African wines, South Africa has three Nobel Peace prize winners (Mandela, De Klerk and Tutu), South Africans invented and designed some world-renowned products like; the Kreepy Krauly pool cleaner, The Flymo lawnmower, the CAT scan, the heart transplant, the third umpire in cricket and of course the braai.

We, in this country, at this time, are watching new life and faith take hold and develop. There is a new vision for a re-emerging Africa, a continent of which all of us can be proud. As we view these victories, we feel a new sense of purpose and resolve amongst the people of South Africa to create and build a vibrant and strong country, which will be of benefit to the African Continent. However, the vision will only become reality if we all commit to Africa's development and future.

South Africa, in its springtime, after the storm, needs each one of us to make a contribution to make this country great. We are poised at the forefront of a new and exciting frontier with the rest of the world watching us with envy, awe and admiration. In the words of Leo Buscaglia "The time for action is now – and only we can make the difference".