

South Africa's oldest hospital

Somerset Hospital, the oldest hospital in South Africa, has again been identified by the Western Cape Health Department as a target for closure, on the grounds that the area is considered to be well served by other institutions and there are more pressing needs for hospitals elsewhere. On the occasion of the hospital's 150th Anniversary in August 2009, Norman Levy presented an historical overview on which the paper in this issue is based.¹

The original Somerset Hospital was built in 1818 at the initiative of Dr Samuel Bailey to serve Cape Town's civilian population, as the only hospitals at the time were for military, naval and government personnel. When that building became unsuitable the foundation stone of the 'New' Somerset Hospital was laid in 1859.

The New Somerset Hospital became the first centre for the teaching of clinical medicine in 1918. The seeds for this development had been sown in about 1840 by Dr Henry Bickersteth, who had been appointed to succeed Dr Bailey. The reputations of Somerset Hospital and the University of Cape Town (UCT) Medical School were greatly enhanced by the appointment in 1920 of the first three clinical professors: A W Falconer in Medicine, C M Saint in Surgery, and E C Crichton in Obstetrics and Gynaecology.

Somerset Hospital's prestige as a training centre for clinical medicine was lost when Groote Schuur Hospital opened in 1938. However, teaching was increasingly re-established and in 1954 a gynaecology ward was opened for the use of the Medical School. Dr Harry Jordaan became the first coloured registrar to be appointed by the UCT Medical School and also the first coloured honorary consultant in the gynaecology department at UCT.

Apartheid politics influenced the use of the hospital for teaching purposes and the racial allocation of its patients, and in keeping with these policies the new West Wing for white patients, adjacent to the existing Somerset Hospital, opened in 1973. However, there are also encouraging records of many courageous and dedicated doctors and nurses who provided excellent service to the community and teaching to undergraduate and postgraduate students.

Warfarin-induced skin necrosis

Warfarin-induced skin necrosis (WISN) is a rare complication of warfarin therapy, with an estimated prevalence of 0.01 - 0.1 in individuals receiving warfarin. Few cases have been reported worldwide. Bhajee *et al.* report on one of the largest case series of WISN – 6 cases that occurred in 973 patients receiving warfarin therapy for venous thrombosis at G F Jooste Hospital, Cape Town.² All occurred in HIV-1-infected women with microbiologically confirmed TB and venous thrombosis.

WISN is associated with high morbidity, often necessitating aggressive surgical intervention, and may be fatal in the absence of early accurate diagnosis and treatment. WISN

typically occurs in obese perimenopausal women who are receiving anticoagulant therapy for deep-vein thrombosis (DVT) or pulmonary embolism. Women are affected more frequently than men. About 90% of affected patients develop symptoms between the 3rd and 6th day of warfarin therapy. Classic histological features of WSIN include full-thickness epidermal necrosis and thrombosed vessels in the dermis.

HIV infection is an acknowledged risk factor for venous thrombo-embolism, and *Mycobacterium tuberculosis* may present clinically as DVT. Various aspects of these clotting mechanisms and their management are discussed.

Mercury exposure and small-scale goldmines

Coal combustion and goldmining are sources of mercury pollution, other sources of exposure including releases from dental fillings containing mercury, consumption of contaminated fish, and breakage of mercury-containing devices such as thermometers and fluorescent lights. It is estimated that gold production from large- and small-scale mining in Africa accounts for about 45% of total mercury emissions on the continent. Mercury is toxic even at low concentrations, particularly the organic form, methylmercury. Oosthuizen *et al.* report on their study to establish whether a community in a goldmining area in which there were potentially also small-scale goldmining activities was exposed to mercury.³

Gold amalgamation is popular among small-scale goldminers because it efficiently extracts fine gold particles from the mining concentrates and the equipment is inexpensive. It is an important source of mercury emitted into the environment. The authors describe the difficulty of determining whether or not individuals are involved in small-scale goldmining, as this is usually illegal. Their findings of high levels of mercury in some blood and urine samples lead them to conclude that some individuals in their study may be occupationally exposed to mercury.

Neglect of water/sanitation systems

South Africans have taken for granted the overall excellent quality of our drinking water and sanitation services. The health of communities and ourselves as individuals is critically dependent on these services. SAMJ news editor Chris Bateman brings us the latest on the serious neglect of these matters.⁴ It makes sobering and frightening reading.

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1. Levy N. Somerset Hospital: South Africa's oldest hospital. *S Afr Med J* 2010; 100: 358-360.
2. Bhajee F, Wainwright H, Meintjes G, *et al.* Warfarin-induced skin necrosis in HIV-1-infected patients with tuberculosis and venous thrombosis. *S Afr Med J* 2010; 100: 372-377.
3. Oosthuizen MA, John J, Somerset V. Mercury exposure in a low-income community in South Africa. *S Afr Med J* 2010; 100: 366-371.
4. Bateman C. Second report slams crippling neglect of water/sanitation systems. *S Afr Med J* 2010; 100: 342-344.