

## VAN DIE REDAKSIE : EDITORIAL

## GENEESKUNDIGE ALMANAK : SEPTEMBER

September is the sewende maand van die ou Romeinse kalender, en dit behou ook later sy betiteling selfs toe dit die negende maand van die Juliaanse kalender word. Die groot spele, Ludi Magna ter ere van Jupiter, Juno, en Minerva begin op 4 September.

Hierdie maand is met die oestyd verbind in verskeie Europese lande: Gerstmonath in Anglosaksies, Herbstmonat in Switserland en die 'Harvest month' van Charlemagne. Die verwantskap met die oestyd herinner ons in Suid-Afrika aan die ryke oes gewin aan die Britse Setlaars van 1820—'n gebeure wat ons op 6 September as openbare vakansiedag herdenk. Hierdie volksgroep was dan ook die laaste wat die amalgaam van Suid-Afrikaanse nasie voltooi het. Om slegs één van die 4,000 immigrante wat met 21 skepe tussen Desember en Januarie uit Engeland vertrek het, uit te sonder, kan ons dr. John Atherstone noem. Sy roem as geneesheer is alleen oortref deur dié van sy oudste seun, William Guybon. (Sien Junie se aantekeninge.)

Heel gepas is besluit om die Britse Setlaarsgedenkteken te Port Elizabeth te bou volgens ontwerp van F. G. McIntosh wat, simbolies, gestalte gee aan die eenvoud, selfbeheersing en opregtheid van dié groep mense. Hierdie gedagte aan 'n gedenkteken het die eerste by professor Cory, skeikundige en historikus, posgevat. Die Suid-Afrikaanse geneeskunde, wat in so 'n groot mate op Britse lees geskoei is, het mettertyd 'n eie tradisie ontwikkel waarop tereg met trots gekyk kan word. Die onlangse Mediese Kongres wat op Port Elizabeth gehou is, bevestig dié gedagte en assosiasie met die Britse Setlaars aan wie ons dan hierdie maand hulde bring.

5 September 1902. Rudolf Ludwig Carl Virchow oorlede. Bekend, nie alleen vir sy *Cellular Pathologie* nie, maar het waarskynlik ook vir Duitsland op meer diverse gebiede roem verwerf as enige ander man. Nadat hy direkteur van sy hospitaal geword het, het hy verreikende hervormings teweeggebring. Sy politieke aktiwiteite as rewolusionêre sosiaal-demokraat lei tot sy ontslag as professor te Berlyn. Na 'n roemryke periode te Würzburg kom hy terug na Berlyn waar hy 'n teenstander van Bismarck word nadat hy in 1880 tot die Reichstag verkies is. As lid van die Berlynse stadsraad voer hy sanitasie in en gebruik die rioolwater, nadat dit deur 'n sanderige plein geloop het, vir besproeiing. Verwerf hierna ook onderskeiding in die etnologie, blyk 'n pionier in die antropologie te wees, en is geken as 'n vooraanstaande egiptoloog. Vir die geneeskunde bly hierdie diverse prestasies egter ondergeskik aan sy rigting-gewende beginsel—dat die patologie op sellulêre vlak sy uitwerking laat geld. Dit is trouens maar vandag eers dat ons by uitstek die sel as funksionele lewens-eenheid bestudeer en ontgin, met ultramikroskopiese tegnieke.

7 September 1936. Berkeley George Andrew Moynihan oorlede. Groot abdominale chirurg en skrywer in 1904

van *Abdominal Operations*. Die tegniek van die Britse chirurgie is deur hom tot nuwe hoogtes gevoer. Hy skryf die volgende van die chirurgie: 'There is nothing in the craft of any art so exquisitely beautiful that it can surpass that shown by the skilful master of surgery.'

8 September 1821. Edward Bancroft oorlede op die ouderdom van 77 jaar. Hierdie genie word deur Sir A. S. MacNalty genoem 'the most complex personality of medical history'. Hy het onder andere sy seun se monogram oor geelkoors geredigeer; sy bydraes tot die literatuur was van 'n hoë gehalte, en hy het hom as skrywer van novelles onderskei. Hy was 'n boesemvriend van Benjamin Franklin, saam met wie hy ook aktiewe belang getoon het in fisiese navorsing. As filosoof was hy spoedig bekend, maar hy het hom voorts ook onderskei as politikus ('Remarks on a Review of the Controversy between Great Britain and her colonies', 1769.) Afgesien van die feit dat hy 'n filantroop was en deur die groeiende nywerheid in Amerika as tegniese deskundige in tekstiel-kleur prosesse beskou is, is hy deur sy lewe heen beskou as 'n groot Amerikaanse patriot. Met 'n skok word ongeveer 70 jaar na sy dood besef dat hy in werklikheid 'n spioen in die Britse diens was. Om as spioen so te werk dat hy as patriot beskou word, is gering in vergelyking met die 70-jaar lange geheimhouding daarvan.<sup>1</sup>

8 September 1850. Paul Gerson Unna gebore; beroemde duitse dermatoloog. (Sien Januarie se aantekeninge.)

16 September 1932. Ronald Ross oorlede. Na hy by Manson die malariaparasiet gesien het, het hy onverpoos gewerk om die lewenssiklus daarvan te ontrafel. Hy dissekteer duisende muskiete en erken Anopheles as draer van menslike malaria en Culex as draer van malaria onder voëls. Sy merkwaardige bydraes word in 1902 vereer deur die Nobel-prys, toegeken vir sy studies oor malaria.

28 September 1789. Richard Bright gebore. Hy publiseer in 1827 sy *Reports of medical cases selected with a view of illustrating the symptoms and cure of diseases by a reference to morbid anatomy*. Die eerste deel hiervan beskryf nefritis wat vandag nog vereer word met sy naam—Bright se siekte. Tot 1826 was niks bekend van die bestaan van chroniese nefritis nie, en edeem is as 'n primêre siekte beskou. Hy kon edeem en albuminurie as simptome en tekens korreleer met sy outopsiebevindings en ontdek aldus 'n baie algemene siekte wat tot op daardie tydstip totaal onbekend was. Sy grafskrif het gelees (deur 'n bom vernietig in Wêreldoorlog) 'He contributed to medical science many discoveries and works of great value and died while in full practice of his profession, after a life of warm affection, unsullied purity and great usefulness.'

1. MacNalty, A. S. in Cope, Z. red. (1957): *Sidelights on the History of Medicine*. London: Butterworth.

## THE BENEVOLENT FUND

The Benevolent Fund of the Medical Association was established a number of years ago with the object of providing a trust fund in order to help necessitous widows and dependants of medical practitioners. It was envisaged that a considerable amount of money would be raised which could be invested; the interest on this money (and such other additional sums as the Association may decide on) would then be used to pay grants to deserving cases of dependants of doctors who have been left without a means of livelihood.

The Fund is at present being administered on the following lines: The capital of the Fund is invested, and the interest on this money plus an amount slightly larger than the amount of the interest (in terms of a decision by the Federal Council), from the contributions made to the Fund in the course of every year, are used to pay grants to the beneficiaries of the Fund. Grants are made by the Management Committee of the Benevolent Fund, each recommendation being carefully scrutinized. Although the dependants of deceased members of the Association are given preference, help is sometimes afforded to the dependants of those who were not members of the Association.

The Benevolent Fund has been well known to a large number of members of the Association who, in the past, made regular donations and other contributions. Most of the Branches of the Medical Association have also been consistent in their support of the Fund and of the cause which it represents. However, in order to be able to help as many dependants as possible and also to extend the scope of the Fund to include the education of dependant children of doctors who are left without the necessary funds to provide for their education after the deaths of their parents, it is necessary that the capital amount of the Fund be built up continuously.

Some time ago the East London (Border) Branch of the Medical Association introduced a completely new approach to this matter.<sup>1,2</sup> The scheme that they started

amounts briefly to this: that members of the Border Coastal Branch are approached to undertake by means of bank stop-orders to pay an average of R2.00 per month for a period of 3 years. The Border Branch feels that in order to guarantee success this scheme should be propagated on the basis of a personal approach to every member of the Branch. In trying to do this they have had magnificent success and the Border Branch has been able to donate a very large sum of money to the Benevolent Fund.

As they rightly point out, if the whole membership of the Medical Association would do this then the Fund would increase to an extent where grants which have to be made would be much more reasonable than those which the limited resources of the Fund allow at present.

The Cape Western Branch of the Medical Association has now decided to follow the example of the Border Coastal Branch in introducing a similar scheme in its area. A special committee was established for this purpose and this committee is at present making plans to launch a Branch-wide drive in the near future. We should like to appeal urgently to all individual members of the Association and to all Branches and Divisions to consider the matter seriously whether they would not be able to introduce a similar scheme and/or to do everything in their power to support this Fund. Many near relatives of deceased doctors are in dire need of help. The need is so great that the Committee which has been entrusted with the administration of the Fund often does not know how to discharge its responsibilities. By cooperating in every possible way in building up the Benevolent Fund of the Association into as strong a Fund as possible, we will be taking advantage of the opportunity to make a noble and worthy gesture to the memory of our deceased colleagues. (See also 'From the Secretary's Desk' in this issue.)

1. Editorial (1965): *S. Afr. Med. J.*, **39**, 243.  
2. Correspondence (1965): *Ibid.*, **39**, 266.