

*EDITORIAL*

*VAN DIE REDAKSIE*

## Travelling

Our Association has not only passed its infancy, but has also outgrown its adolescent stage. We are now spreading our wings and taking our place as a respected and even senior member of the World Medical Association. If we wish to accept the responsibilities which adulthood brings in its wake, we will have to adjust to the concept of more and more travelling by office-bearers and officials.

International communication has become essential in order to render full service to the public on a clinical as well as an organizational level. No man is an island. We cannot afford to live in isolation and we can therefore expect that travelling, in South Africa as well as abroad, will increasingly become a way of life for those who accept the burden of looking after the affairs of our Medical Association. We have a contribution to make at world meetings and we must recognize this as an important duty towards the profession and the public, here and overseas.

The glamour of international travel, alas, wears thin only too quickly and the envy of the stay-at-homes very soon becomes a misplaced sentiment. However well planned a journey may be and however important and tiring the attendances at meetings are, at some stage of every day the traveller finds himself in an hotel room and loneliness starts closing in from all four walls. No matter how luxurious the hotel may be or how exotic the venue, there is a basic sameness about the accommodation which becomes as familiar to the experienced traveller as the grip on his valise.

After only a few international flights the glamour of a view over the Thames or the White House outside the hotel window disappears and all that remains are memories of endless delays on airports and a desperate need to communicate about the trivia of everyday life. Loneliness is the traveller's constant companion.

At most congresses it is the contacts made on a social level which eventually prove to be the most

important to the individual as well as to the organization he represents. It is in this respect that the wives could play such an important role. They have the ability to engineer new acquaintanceships or to pour oil on troubled waters when opinions threaten to differ too vehemently. Gatherings under the auspices of medical associations, especially if the topic of the congress is essentially at organizational level, belong as much to the wives of the members as to the members themselves. In fact, frequently it is the wives who will implement the decisions taken by the Assembly.

International hospitality among doctors is a pleasant reality; in fact, it can sometimes become a very fatiguing one. It makes it so much easier for the hosts if their guests are accompanied, for then entertainment can be arranged for family units, resulting in a better understanding of problems and customs—the building blocks of international respect.

It is time we follow the example set by other member associations of the World Medical Assembly and allow wives of delegates to accompany their husbands at our Association's expense. At first glance it seems financially impossible to expect this from our organization, but seen in the light of the total budget of the Association it is not an unattainable ideal. The value that will accrue from such a policy will soon surpass the actual expenditure provided we do not shortsightedly try to calculate it in terms of rand and cents.

We must be seen regularly at international meetings to voice our valued and respected opinion and our delegates can acquit themselves of their task with far greater efficiency if they can be assured of the companionship and support of a wife who will cry halt when needed and will goad him on when the lone traveller may have decided to brood in isolation.



## Vet Kinders

'n Vet pokkeltjie is 'n ma se oogappel en dit is te dierbaar om 'n kind met 'n goeie aptyt te sien smul aan alles wat aan hom voorgesit word. Wat egter nie vergeet mag word nie, is die gevaar dat ooreetgewoontes op 'n vroeë leeftyd aangekweek kan word wat uiters moeilik later reggestel word. Ouers let naorstiglik op hul kinders se gesondheid en maak sover moontlik seker dat geen waninvloede hul welsyn sal beïnvloed nie. Die dokter word geraadpleeg oor alle aspekte van voorbehoedende en behandelende geneeskunde, soms selfs weens oormatige nougesetheid. Elke huisarts kan getuig van die kommer wat 'n moeder uitspreek oor dikwels onbenullige infeksies of klein afwykinkies wat van geen kliniese belang is nie.

Te midde van sulke lofwaardige kinderversorging gebeur dit egter al te dikwels dat die gevare van oorgewig by die kind genegeer word en selfs pertinent ontken word. 'n Rubens-baba is mooi om na te kyk en waarskynlik 'n sonstraaltjie in die huis, maar wat van die kind se toekoms? Uit bitter ervaring weet oorgewigpasiënte dat daardie lekkerbekgewoontes van hul kinderjare soos meulstene om hul nekke bly hang. Daar is selfs rede om te glo dat die metabolisme van die kind wat gedurig ooreet genoegsaam geaffekteer word om gedurende later jare 'n werklik patologiese toestand te skep. Hier moet ons huisartse skouer aan die wiel sit, want dit is hulle wat die grootste bydrae kan lewer om die ouers te oortuig van die kwaad wat hul welbedoelde kosinproppery kan doen.

As ons so op 'n Saterdagmiddag na ons jeug kyk waar hulle op die sportveld ontspan of om die snoeperywinkeltjies saamdrom, moet ons ons kommer uitspreek oor ons vet gemeenskap in wording.

Dit is nie 'n maklike saak om aan te pak nie want om van 'n moeder te verwag dat sy haar kind kos moet weier, is veel gevra. Dit druis reëlreg teen haar moederlike instink in en die oortui-

gingswerk wat die dokter moet doen, sal van begin tot einde 'n opdraande stryd bly.

Om lekkernye te verbied of te beperk, is maklik. Selfs die toegeeflikste ma sal die verstandigheid daarvan kan insien. Ongelukkig word die lekkergoed en koeldranke egter die kind ontnem ten einde hom meer, en dan nog meer, aan tafel te laat eet. Advies oor peuselbeperking word heelhartig aanvaar, maar die dokter wat die vleis- en die aartappelporsies gedurende die hoofmaal wil inkort, moet hare op sy tande hê. Daar sal onderlangs geprewel word oor die dokter wat kwanuis die arme bloedjie wil laat sterf van die honger en met ons geskiedkundige agtergrond is krete van 'konsentrasiekamp' nog maar steeds net onder die gemoedsoppervlakte.

Ons het onlangs weer 'n sarsie op ons niepubliserende huisartse afgevuur.<sup>1</sup> Hier is nou hulle kans. Ervaring is daar genoeg en ons wil ons kollegas nooi om hul siening oor hierdie aktuele volksgesondheidsprobleem in die **Tydskrif** te lug. Elke praktisyn leer mettertyd kunsies aan en ontwikkel 'n benaderingsbeleid insake spesifieke mediese probleme wat gereeld kop uitsteek. Ons is daarvan oortuig dat die huisartse waardevolle wenke en inligting sal kan verstrekk. Dit is altyd so 'n plesier om 'n besoek aan 'n dokter se spreekkamer te bring en so dan en wan by te sit gedurende 'n konsultasie. Elke praktisyn het sy eie maniere om 'n pasiënt hok te slaan—kunsgrepe wat uit jare se ervaring tot verfyning gebring is. Die meeste geneeshere het egter selde of nooit die geleentheid om 'n kollega se spreekuur by te woon en derhalwe sal dit so interessant en nuttig wees as ons daardie ervaring in die **Tydskrif** geboekstaaf kan sien.

Nou, soos immer in die verlede, wag ons op ons huisartse. Hierdie is hul tuisgebied en as hulle praat, sal selfs die mees gesaghebbende spesialis moet luister want niemand kan hul ervaring ewenaar nie.

1. Van die Redaksie (1971): S. Afr. Med. Tydskr., 45, 1326.