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VAN DIE REDAKSIE *EDITORIAL*

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Die alomteenwoordigheid van die *E. coli* basil is ons almal welbekend, maar 'n mens kry tog die indruk dat ons nie die morbiditeit en mortaliteit wat hierdie gastro-intestinale 'kommensaal' veroorsaak in die regte perspektief sien en dus met die nodige agting bejeën nie.

Dit is algemeen bekend dat die basil sekere eienskappe het wat veral by kinders en bejaardes, en veel meer so na operasies, eers werklik belangrik word. So byvoorbeeld kan 'n non-enteropatogeniese kiem selde skade doen in sy gasheer maar wel patogeneties word vir ander indien die milieu die basil begunstig. Ook weet ons dat die enterotoksienes wat geen effek het in die onderste gastro-intestinale kanaal nie simptome kan veroorsaak indien in die bodeel van die kanaal teenwoordig. Ook is die beeld van 'septiese skok' met die meegaande haglike prognose een van die omseilbare oorsake van dood wat ons tot dusver nie met die verdiende agting benader het nie.

Elke persoon in 'n operasieteater betrokke het 'n paar keer daagliks kontak met sy eie fondament en hanteer daarna allerlei en ook pasiënte. Nieteenstaande die versigtige benadering wat aan die dag gelê word in die voorbereiding en versorging van die pasiënt en in die slaggereedmaking van die operateurs, is daar tog 'n paar aspekte hieromtrent wat met meer sorg benader kan word en 'n baie insiggewende navorsingsprojek kan wees. Onlangs het ons verskeie interessante bakteriologiese artikels gepubliseer oor die verspreiding van kieme in hospitale en die voedsel verskaf, maar die baie ooglopende bron van die *E. coli* bly rustig onontbloot.

'n Eenvoudige eksperiment is om, nadat die intergluteale gleuf op gebruiklike wyse gereinig is met steeds duurderwordende papier, met 'n nat jammerlappie die prosedure te herhaal, en daar sal gevind word dat min gleuwe dan werklik skoon is en sekerlik nie steriel nie. Dieselfde geld natuurlik vir die hande na die luiterse afspoel so outomaties na die gebeurtenis.

Die ander aspek van belang is dat wanneer teaterpersoneel verklee, verwyder hulle die boklere en vervang dit met die gebruiklike drag, maar die onderklere word behou en sodoende word enige passasiers doodluiters die slagveld ingedra. Dieselfde geld natuurlik vir die pasiënt en alle ander persone wat in 'n teater werk. Nou dat wegdoenbare klere en apparate so in die mode is, skyn dit logies te wees dat dieselfde behoort te geld vir die broekies en onderbroeke van diegene wat teaters betree. Dit kan dalk ook lewensreddend belangrik wees dat die bekende anatomiese bron van die kieme met meer aandag gereinig word en dat ten minste seep en water aangewend word met die hulp van 'n bidet.

Dit is dus die doelstelling van hierdie inleidingsartikel dat die werklike bron van die *E. coli* by pasiënte ondersoek word en dat, indien ons stelling bewaarheid word, ten minste 'n sitbadjie verpligte ameublement moet wees in die beplanning van operasieteaters.

How to Start Practising

The Public Relations Department of the Medical Association of South Africa, with the co-operation of the Department of Family Planning of the University of Pretoria, has published a booklet called *A Guide to Entering Medical Practice*. This is a timeous publication, and those who were responsible for its compilation deserve our fullest congratulations. Similar publications are available, but on the whole they are not practical for South Africa, since conditions of practice and the entire organisation of medical services differ so fundamentally in various countries. Now, for the first time, newly qualified doctors have a handbook that will give them all the information they require in order to set up practice.

It is truly surprising that medical students, during a long and arduous training, lasting 7 years in all, are taught a comprehensive course comprising every aspect of medicine from basic sciences through clinical work to medical ethics, and yet the one thing they will really need to know after qualification is not even touched upon in most universities. The best the intern can do is consult his various chiefs, but if he is doing his seventh year in a teaching hospital, the likelihood is that he will be asking full-time doctors, who have never themselves conducted private practice, to advise him.

When an intern is working in a smaller hospital, not attached to a teaching unit, and staffed by part-time practitioners, it is understandable that these seniors will do their best to prevail upon the young doctor to join their own practices, as the medical manpower shortage is becoming chronic. Such an attempt at influencing a decision cannot be deprecated, and in most instances the intern may do far worse than join his erstwhile chief after he has completed his hospital year. But the advice he receives may well not be the best for his particular case at that specific stage. The senior colleague may be enthusiastic about acquiring a partner or an assistant mainly because he wants to go on a long-sought-after sabbatical leave. This would mean that the newcomer will be entirely on his own immediately after assuming duty.

Young doctors are now able to consult a guide that has been compiled by experts who not only have themselves seen active general practice, but who are also completely *au fait* with the various aspects of organisation, which are not even always known to experienced practitioners who have never made a specific study of these matters. In addition, the senior co-workers are still conducting practices and are therefore fully aware of current trends and conditions.

It is to be sincerely hoped that this booklet will not lie forgotten on shelves to gather dust, but will be used by those for whom it is intended, and to this end every member of the Association should actively strive. Teachers should bring the existence of the booklet to the notice of their students, and full-time and part-time doctors who work with interns should refer them to it. We trust that superintendents of hospitals which accommodate interns, will ensure that copies of these booklets will be readily available in the hospital reading-room as well as at the administrative offices.