

## Die Teenstem

I disapprove of what you say,  
but I will defend with my life your right to say it.  
Voltaire

Waar en wanneer eindig demokrasie? Dit is maklik om te sê waar en wanneer dit begin het. Athene was die oorsprong, nagenoeg drieduisend jaar gelede toe dié polis slegs 'n bevolking van ongeveer 50 000 siele gehad het. Met so 'n klein bevolking is dit nie moeilik om werklik demokraties op te tree nie, want iedereen kan 'n geleentheid gegee word om sy sê te sê. Ware demokrasie het egter 'n duur speletjie geword en ons moet aanvaar dat met die huidige bevolkingsmassas dit nie meer moontlik is vir iedere burger om sy persoonlike siening te lug nie. Iedereen kan nog steeds 'n teenstem uitbring, maar oor die algemeen kan hy nie toegelaat word om sy stelling te verdedig nie—altans nie op 'n publieke platform nie.

Die Mediese Vereniging van Suid-Afrika is 'n demokratiese liggaam en as ons die aantal lede in aanmerking neem, behoort dit teoreties steeds moontlik te wees om die enkeling aan te hoor. Ons het wel die nadeel van groot afstande waarmee die ou Grieke nie te kampe gehad het nie, maar in die plek van geografiese samesnoering het ons 'n moderne posdiens en ander kommunikasiemedia. Elke lid van die Vereniging, junior of senior, het dus die volste onvervreembare reg om daarop aan te dring dat sy stem gehoor moet word, die vraag is slegs waar, wanneer en hoe.

Ons moet een grondbeginsel nie uit die oog verloor nie. Demokrasie vereis dat die enkeling gehoor moet word, maar dit vereis ook dat hy hom by die meerderheid moet neerlê. Dit is een van die onderliggende verskille tussen anargie en demokrasie. Totdat daar tot stemming oorgegaan word is dit nie slegs die reg nie, maar ook die plig van iedere lid van ons Vereniging om sy opinie te lug.

As die meerderheid dan teen hom stem, staan dit hom ook vry om sy anderse opinie te laat boekstaaf, maar daarna moet hy hom onttrek.

Waar kan die enkeling in ons gelede 'n platform vind? Daar is verskeie moontlikhede. Hy kan gedurende takvergaderings luidkeels sy stem laat hoor en indien sy kollegas hom wil ondersteun kan hy selfs lid van die Federale Raad word om daar, voor ons hoogste gesagdraende liggaam, sy saak te stel. Indien hy weens persoonlike omstandighede nie in staat is om self teenwoordig te wees nie, kan hy 'n kollega vra om vir hom op te tree, of hy kan by wyse van 'n memorandum sy standpunt uiteensit.

Ook die briewerubriek van die **Tydskrif** is vir iedere lid oop om, solank daar nog oor 'n saak geredekawel word, te probeer om sy kollegas te oorreed om sy siening te aanvaar. Maar wanneer die meerderheidsbesluit egter gevel is, moet ons, onder sekere omstandighede, hierdie platform in die **Tydskrif** van die enkeling onttrek. Dit geld veral in omstandighede waar die enkel teenstribbelende stem die bykans eenparige standpunt van die Vereniging kan skaad. As so 'n enkelstem toegelaat word om in weerwil van die meerderheid die Vereniging van koers te laat verander, loop ons gevaar om ondemokraties te word.

Dit beteken natuurlik nie dat iedere meerderheidsbesluit die finale nekslag moet gee aan alle persoonlike denke nie. Dit sou tot ernstige stagnasie lei en sou tot gevolg hê dat ons nie meer in staat is om ons by veranderende omstandighede aan te pas nie. Maar wanneer die voorsittersgaffel eers op 'n aangenome besluit geval het, moet die enkeling weer die hele paadjie deurloop en by sy tak gaan aanklop om die saak weer by die Federale Raad te berde te bring.

Ons praat maklik en lekker van demokrasie, maar ons vergeet dikwels dat dit 'n tweesnydende swaard is.



# Diabetes Mellitus Par Excellence

The Pima tribe of American Indians boast the highest prevalence of diabetes in the world, according to their sponsors from Cleveland who quote a figure of 50% among those aged 35 years and over.<sup>1</sup> This remarkable frequency is largely corroborated by the fact that 29% of people in the same age range were already recognized as diabetics **before** systematic glucose tolerance testing was undertaken.

The Pima people reside mostly on a reservation in Arizona—a hot, dry area which it is believed they and their ancestors have inhabited for at least 2 000 years. A well-defined portion of the reservation was selected, and 2 491 out of the 3 035 residents listed in the 1966 census aged 5 years and over were tested. In each subject the venous plasma glucose level was estimated 2 hours after the ingestion of 75 grams of a cola-flavoured carbohydrate load, administered regardless of age, weight, time of day or of last meal. Diabetes was considered to be present when the level was more than 160 mg per 100 ml.

Apart from the extraordinary frequency of hyperglycaemia a number of other interesting features have emerged from this study. The prevalence of diabetes rose with age to 69% in 55-64-year-old females, then fell to about 59% in the next decade, to 45% in those over 75 years of age. A similar fall in the prevalence rate of diabetes in old age has been reported from Sweden<sup>2</sup> and there are several other indications that carbohydrate intolerance is less frequent in the aged than in the elderly.<sup>3</sup> The inference would be that **ageing alone** is not a cause of significant hyperglycaemia.

At the other end of the age scale, 2.5% of 604 girls aged 5-14 years were discovered to be hyperglycaemic, and the overwhelming majority of these were asymptomatic. A comparable frequency of asymptomatic, previously undetected, hyperglycaemia was found among (East) Indians and Coloured children in South Africa<sup>4,5</sup> but not among White or Bantu people.<sup>6,7</sup> It seems clear that what is usually called 'juvenile diabetes' is in fact by no means the usual form of diabetes among juveniles in many non-White races.

When the distribution of blood sugar levels at different ages was plotted in both males and females above 35 years a **bimodal** pattern was obtained. As far as we are aware this is the first time such a finding has been reported. In all other population groups the distribution has been unimodal, indicating no clear separation between normal and abnormal. Several interesting implications arise from these findings. First, the intersects of the two

apparent distribution curves were around 200-250 mg per 100 ml in both sexes and in each decade over 35 years, suggesting that the abnormal zone in this population was at least over 200 mg per 100 ml. The biological significance of this division was suggested by the observation that the specifically diabetic retinopathy and nephropathy occurred frequently in those in the lower component. Possibly, component of the distribution curve and infrequently in those in the lower component. Possibly, then, the criterion of 200 mg per 100 ml at 2 hours for diabetes diagnosis would give a more correct estimate than 140 or 160 mg. Even if this were accepted the prevalence of diabetes remained very high, viz. 41% among those above 35 years. The bimodality of the distribution curve further suggests that diabetes in this community is a genetically unifactorial rather than multifactorial disorder, although the latter view is becoming widely accepted for diabetes in general.

The reasons for such a high frequency of diabetes among the Pima are not clear but are probably multiple. Even assuming a high rate of genetic abnormality, there would seem to be several environmental factors that would tend towards the production of hyperglycaemia. In general the Pimas are extremely obese, overstuffed with carbohydrates, with little initiative or energy; they have large families and are highly inbred. A close comparison can be made with a small, also inbred, community of Tamilian Hindus in Cape Town, in which 37% of the members of 25 years of age were found to be diabetic by comparable criteria,<sup>8</sup> while among larger Indian communities in Cape Town the prevalence was 21% in persons over the age of 35 years.<sup>6</sup>

Comparison of the Pimas with other American Indian tribes is interesting. Some, such as the Seneca, Cherokee and Cocopah have almost as high a prevalence,<sup>1</sup> while others, including Athabaskan Indians of Alaska and the slimmer, more energetic Navajos and Apaches, have very little diabetes.<sup>9</sup> Since all American Indians apparently come from the same stock, the influence of environment would appear to be very considerable.

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