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EDITORIAL

Beroepsvoorwaardes vir Vroedvroue

In die *Staatskoerant* No. 4447 van 18 Oktober 1974 word sekere handeling van vroedvroue wat deur die Suid-Afrikaanse Verpleegstersraad goedgekeur is, omskryf. Hierdie regulasies is veral van belang vir geneeshere in afgeleë gebiede, omdat daar altyd 'n mate van twyfel bestaan het oor presies wat aan sulke verpleegsters toevertrou mag word. Die teenwoordigheid van 'n dokter by 'n bevalling is sekerlik 'n ideaal wat nagestreef behoort te word, maar 'n mens moet ook prakties wees. Met ons beperkte mediese mannekrag en die uitgestrekte gebiede wat bedien moet word, is dit eenvoudig nie in alle gevalle moontlik om konstante mediese hulp te versker nie.

Dit sal beslis die moeite werd wees vir diegene wat gereeld op die samewerking van vroedvroue op die platteland en ook in kleiner dorpe moet staatmaak, om hierdie regulasies versigtig te bestudeer. Daar is verskeie bepalinge, en ons kan hier slegs 'n paar noem wat gereeld van toepassing is. 'n Ervare vroedvrou is 'n dokter se regterhand, en wedersydse vertroue, veral in die wete dat handeling wat gedelegeer word binne die raamwerk van die regulasies val, is onontbeerlik.

'n Geregistreeerde vroedvrou mag toerusting in haar tas dra om binnearse infusies in 'n noodgeval toe te dien. Dit is 'n belangrike bepaling, want tot dusver was daar altyd twyfel of sulke lewensreddende optrede wel die goedkeuring van die Verpleegstersraad sou wegdra. Nou weet ons klinkklaar dat akute skokbeelde, hetsy as gevolg van bloeding of enige ander omstandigheid, doelgerigte versorging kan geniet tot tyd en wyl mediese hulp beskikbaar is. Dit is te hope dat vroedvroue sal toesien

dat sulke toerusting wel in hul besit is.

Indien 'n geneesheer nie beskikbaar is nie, mag 'n geregistreeerde vroedvrou 'n episiotomie doen om fetale nood of 'n skeur van die perineum te voorkom. Dit is ook 'n welkome regulasie, want al is 'n ervare persoon ook hoe handig, ly dit geen twyfel nie dat tweede- en selfs derde-graadse skeure van die perineum gereeld voorgekom het, bloot omdat die amptelike toestemming tot sulke ingrepe tot dusver ontbreek het. In aansluiting hierby word ook bepaal dat 'n vroedvrou, wanneer 'n geneesheer nie bekom kan word nie, 'n eerste- of tweede-graadse skeur van die perineum mag heg, asook 'n episiotomie. Sy mag egter slegs plaaslike verdoving gebruik en mag ook nie 'n totale dosis van 20 ml oorskry nie. Pudendale blok word spesifiek belet.

Wat narkose betref, mag 'n vroedvrou slegs stikstofsuboksied en suurstof gebruik met die skriftelike of persoonlike toestemming van 'n geneesheer, en onder aanwysing en op die verantwoordelikheid van die geneesheer. Indien die vroedvrou egter 'n geregistreeerde bykomstige kwalifikasie in verloskundige analgesie en resussitasie besit, of 'n sertifikaat van bekwaamheid in die toediening van sodanige gas-analgesie, mag sy dit op eie besluit toepas, mits daar 'n persoon wat ouer is as 16 jaar teenwoordig is, en die apparaat die goedkeuring van die Raad dra.

Spanwerk is aan die orde van die dag, en kennis van die toelaatbare handeling van hulppersoneel is vir die geneesheer van groot waarde. Nou weet ons wat gedelegeer mag word en wat in noodtoestande toelaatbaar is. Sulke duidelike omskrywing kan slegs tot die uiteindelijke voordeel van die pasiënte strek.

Honey: Sweet and Dangerous or Panacea?

From time to time a good or even innocuous food is adversely criticised. For health reasons it is urged, sometimes vehemently, that the consumption of a particular foodstuff or nutrient should be restricted or even avoided. At present there is a crusade, urged by Yudkin¹ and Cleave,² for the drastic curtailment of sugar intake in order to reduce the prevalence of obesity, diabetes, coronary heart disease, and other degenerative diseases. Even honey is looked at askance, for Cleave² in his condemnation of sugar, includes honey. This is astonishing, since currently in both Western and developing populations, honey provides only a small contribution to the total intake of sugar. Cleave maintains that, although a natural food, 'honey should be regarded for practical purposes as being as dangerous as sugar'. For support he asserts that in the past, little honey was eaten because of its lack of availability, and moreover, 'King Solomon advised using it in very small quantities'. Historically, these views are misconceived.

Again and again, when the Children of Israel were in Egypt or were journeying through the desert, the promise was made that their destination was to be 'a land flowing with milk and honey'. Once they reached and settled in the land there is no record that they thought they had been misled over the promise. Solomon³ made several remarks on honey: 'Honey whets the appetite . . . It is harmful to eat too much honey . . . Do you like honey? Don't eat too much of it or it will make you sick . . . Even honey seems tasteless to a man who is full'.³ Solomon was clearly writing of a food well known to all and available in by no means small quantities. He was simply telling one and all, 'don't be a pig when eating honey or you'll make yourself sick!'

Over 4000 years ago, a Sumarian poem spoke of 'honey and wine abounding'.⁴ A few centuries later, in Egypt, it was stated that 'so sweet-toothed were the Egyptians that they could not produce enough honey for their needs (sugar had not yet

been introduced), and had to import extra supplies from Greece and Syria'. In Roman times and later, honey was used to disguise the rancidity of certain foods, and to counteract the saltiness of fish that had been preserved in brine. Palladius, in the fourth century, wrote a manual *On Husbandry*, a work used as a textbook in England until as late as the fifteenth century. To make mead, the recipe was '. . . at the rising of the dog-star add a pint of skimmed honey to six of clear water . . .'⁴ Hippocrates recommended a mixture of honey, water and various medicinal substances for the treatment of acute fevers.⁵

There is no evidence that the over-consumption of honey is linked with disease. Its cost, which nowadays approaches ten times that of sugar, discourages over-eating, and moreover, too much cannot be eaten because excessive sweetness is cloying. In the past at carnivals, mop-fairs and fêtes, competitions were popular and prizes awarded to the one who could drink the most milk, eat the most doughnuts, and the like. There appears to be no record of challenges as to who could eat the most honey.

On the other hand, numerous claims have been made about the benefits to be derived from eating honey. It has been claimed that honey is excellent for babies suffering from acute malnutrition, for sick and elderly adults, and that it will cure gastric and intestinal ulcers. Other beliefs are that it is excellent for deep-sea divers and athletes, as well as for those suffering from heart troubles; honey, too, is said to counteract bed-wetting!

Unfortunately, just as there is absence of specific evidence that honey is dangerous, there is very little evidence of the benefits claimed. Why not simply eat it and enjoy it?

1. Yudkin, J. (1972): *Sweet and Dangerous*. New York: Wyden.
2. Cleave, T. L. (1974): *The Saccharine Disease*. Bristol: Wright.
3. Taylor, K. (1971): *The Living Bible*. London: Hodder & Stoughton.
4. Tannahill, R. (1968): *The Fine Art of Food*. London: Folio Society.
5. Adams, F. (1939): *The Genuine Works of Hippocrates*. Baltimore: Williams & Wilkins.