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EDITORIAL

THE WAY TO A MAN'S HEART

There is evidence, not yet amounting to proof, that patients suffering from coronary-artery disease may benefit from the application of certain dietary principles. Two theories have been propounded. The earlier theory is that excess of any kind of fat in the diet is liable to lead to atheroma; the later one draws a distinction between saturated and unsaturated fats and is based on certain observations that the ingestion of highly unsaturated fats does not lead to a rise in serum-cholesterol and may even neutralize the tendency of saturated fats to do so. (Animal fats on the whole contain a lower proportion of unsaturated fats, and vegetable fats and those from fishes and marine mammals a higher proportion of unsaturated fats.) These theories are based on evidence but, let it again be said the evidence does not amount to proof and the two theories have yet to be reconciled. Nevertheless, coronary patients may, not unreasonably, wish to avail themselves of advice based on these theories even before final proof is achieved. How, then, can we as doctors advise them according to these theories on the composition of the diet and the best method of its preparation?

On the first theory, viz. that fat of any kind should be limited, the recommended diet is very conducive to weight reduction. Since overweight is probably also undesirable the restricted fat-intake serves a double purpose, provided excessive carbohydrates in the form of rice, bread, sugar, sweets, honey, syrup, and 'cool drinks' are not substituted. The diet includes all fresh fruits and vegetables with the exception of avocado pear. It contains bread, cereals, jams, tea and coffee. Egg white but not the yolk may be eaten. Lean meat and fish form the basis of the diet and are allowed freely. Mutton, being usually very fatty, is best avoided, with the exception of the inner portion of the leg. In pork the fat is so inextricably mixed

VAN DIE REDAKSIE

DIE WEG NA 'N MAN SE HART

Die resultate van sekere proefnemings dui daarop dat pasiënte wat aan kroonslagaarsiekte ly baat sal vind by sekere dieetbepalings, maar hierdie feite kan nog nie as afdoende bewys volstaan nie. Twee toerieë is voorgelê. Die eerste een is dat 'n oormaat van enige soort vet in die dieet na slagaarvervetting kan lei; die jongste teorie onderskei tussen die versadigde en die onversadigde vette en is gebaseer op sekere waarnemings, nl. dat die inname van hoogs onversadigde vette nie die serum-cholesterolstand van die bloed laat styg nie en dat dit moontlik selfs die neiging van die versadigde vette om die cholesterolstand te verhoog kan teenwerk. (In die algemeen bevat die dierevette na verhouding min onversadigde vette, terwyl die vette van plante, vis en see-soogdiere 'n groter proporsie onversadigde vette bevat.) Hierdie teories is op feite gebaseer, maar dit moet goed verstaan word dat hierdie feite nog nie afdoende bewys is nie, en die twee toerieë moet tewens ook nog met mekaar versoen word. Dit is egter verstaanbaar dat kroonslagaar-pasiënte gebruik sal wil maak van dieetkundige raadgeewings gebaseer op hierdie stellings nog voordat 'n finale beslissing bereik word. Watter raad kan ons as geneeshere hulle gee oor die samestelling van hul dieet en die beste manier om hul kos voor te berei?

Uit die aard van die saak is 'n dieet gebaseer op die eerste teorie, nl. dat alle soorte vette beperk moet word, baie verslankend. Aangesien oorgewig klaarblyklik op sigself ongewens is, sal 'n beperkte vet-inname 'n tweeledige diens bewys, mits die vette dan nie vervang word met te veel koolhidrate soos rys, brood, suiker, lekkergoed, heuning, stroop en koeldranke nie. Die dieet sluit alle vars vrugte en groente, behalwe avokadoperie, in. Brood, graankos, konfyt, tee en koffie word toegelaat. Die wit van eiers mag geëet word, maar nie die eierdooier nie. Vis en maer vleis vorm die grondslag van die dieet en word ruimskoots toegelaat. Skaapvleis is gewoonlik baie ryk aan vet en moet liefers vermy word; die binneste gedeelte van die bouid mag egter gebruik word. By varkvleis is die vleisvesels so onafskeidbaar 'deurspek' dat die vet nie verwyder kan word nie, en varkvleis word dus nie toegelaat nie.

with the meat fibres that it cannot be removed and so pork is not permitted. Veal is low in fat and so is the white meat (breast) of chicken. The cheaper grades of beef, albeit a bit tougher, contain much less fat. Some fish are more fatty than others. Mackerel, herring, haarders and snoek are all very fatty. Stockfish, kingklip and crayfish are all relatively poor in fat. Condiments not containing fat are all allowed, including salt, pepper, mustard, tomato sauce, pickles and Worcester sauce. Alcohol is not indicted. Chestnuts are the only nuts which are fat-free. Whole-milk products (milk, cream, butter, cheese, ice cream) cannot be allowed except in minimal amounts, but skim milk and cottage cheese may be allowed. All varieties of pastries, pies and puddings containing any of these products or their substitutes (e.g. margarine, vegetable fats) must be indicted, and so must chocolates, toffee and fudge.

Is this the end of all tasty cooking? Can one possibly cook without the use of fat? It is not easy but it can be done. There cannot be a great deal of variety and the cook must develop skill in the preparation of sauces such as those consisting of tomato, onion, mushroom, condiments, meat extracts, vegetable extracts and gravy powders. Meat and fish must be grilled or boiled, not fried or roasted, though it may be roasted in a double roaster, which avoids the use of fat entirely, and the gravy can be removed before serving. All obvious fat must be removed. Casserole dishes can be cooked without the use of fat. Soups and stews can be prepared the day before, chilled overnight and the layer of fat which collects on the surface can be skimmed. Vegetables may be eaten either raw, boiled or grilled. Slightly undercooked pressure-cooked vegetables can be very tasty.

The composition of commercially prepared foods should be looked into. Tinned soups may contain cream; prepared puddings and stews may have large amounts of fat. If in doubt it is a good idea to write to the manufacturer.

The second theory, tending to exonerate unsaturated fats, which are present in vegetable and marine oils, is based on very recent experimental work. Such oils are contained in wheat and maize germ and this may be a reason for preferring brown or whole-meal bread to white. Similarly oats or mealie meal may be better than foods from which the oils have been removed in processing, e.g. certain commonly used breakfast cereals. More important, this theory may permit the use of certain cooking oils, which are commonly blends of sunflower-seed oil, maize oil, cottonseed oil and peanut oil. The more expensive brands usually contain more of peanut oil, which is not quite so unsaturated as the others. Hardened or hydrogenated fats are saturated, and even if made from

Kalfsvleis, en die wit hoendervleis (borsgedeelte) is arm aan vet. Die goedkoop grade beesvleis is nou wel 'n bietjie taai, maar bevat baie minder vet. Party vissoorte bevat meer vet as ander. Makriel, haring, haarders en snoek bevat almal baie vet. Stokvis, koningklipvis en kreef bevat betreklik min vet. Genot- of geurmiddels wat geen vet bevat nie word toegelaat—sout, peper, mosterd, tamatiesous, atjar en surigheidjies, en Worcester-sous. Alkohol mag gebruik word. Kastaiings is die enigste neute wat nie vet bevat nie. Volmelkprodukte (melk, room, botter, kaas, roomys) kan slegs in baie klein hoeveelhede toegelaat word, maar afgeroomde melk en ondermelkkaas mag gebruik word. Alle soorte gebak, pasteie en poedings, sjokolade, en ander lekkergoed wat hierdie produkte of hul plaasvervangers (bv. kunsbotter en plantvette) bevat, moet nagelaat word.

Maak hierdie voorskrifte nou 'n end aan smaaklike etes? Kan 'n mens voedsel voorberei sonder om vet te gebruik? Dit is wel moeilik, maar dit kan tog gedoen word. Daar kan nie juis veel afwisseling wees nie, maar die kok moet maar bedrewendheid in die sousmaakkursus opdoen. Souse kan bestaan uit tamatie, uie, sampioene, speserye ens., vleis- en groente-ekstrakte en souspoeier. Vleis en vis moet of sonder vet gebak, of gekook word. Dit mag egter nie met vet in 'n pan of in die oond gebraai word nie, maar 'n dubbelbraaipot waarin die vleis sonder vet gebraai kan word, kan gebruik word, en die sous kan dan verwyder word voordat die kos opgeskep word. Waar moontlik moet al die vet van die vleis afgesny word. Skottelgeregte kan sonder die gebruik van vet in die oond gebak word. Sop en gestoofde geregte (bredies) kan die dag tevore voorberei word, en dan afgekoel word sodat die laag vet afgeskep kan word. Groente kan rou geëet word, of kan gekook of gebak word. Effens rou groente wat in 'n drukpot gekook was smaak baie lekker.

Ondersoek moet ingestel word na die samestelling van kossoorte wat in die handel aangebied word. Blikkiessop bevat dikwels room; voorbereide poedings en stoofgeregte bevat soms baie vet. As daar enige twyfel bestaan kan 'n mens aan die bemarker skryf.

Die tweede teorie, wat op baie resente proefnemings berus, pleit blykbaar die onversadigde vette wat in plant- en marine-olies voorkom, vry. Hierdie soort olie kom in graan- en melieliekem voor, dit is moontlik die rede waarom ons growwe brood bo witbrood verkies. Om dieselfde rede is hawer en meliemeel moontlik gesonder kosse as dié waaruit die olie gedurende die handelsvoorbereiding verwyder is—onder laasgenoemde tel sekere ontbytgraankosse wat baie gewild is. Dit is miskien van nog groter belang dat hierdie tweede teorie die gebruik van sekere kookolies toelaat; gewoonlik is hierdie olies mengsels van sonneblomsaad-olie, melie-olie, katoensaad-olie en grondboontjie-olie. Die duur soorte bevat gewoonlik 'n groter hoeveelheid grondboontjie-olie, wat minder onversadig is as die ander. Verharde of met waterstof verbinde vette het gedurende hierdie bereiding versadig geraak en, selfs al is hulle van hierdie olies gemaak, word hulle *nie* toegelaat nie; hoewel grondboontjiebotter en alle soorte neute mag geëet word. Die vetterige vissoorte bevat baie onversadigde vetsure, en is

these oils, are *not* permitted, but peanut butter and all nuts are allowed. The oily fishes are rich in unsaturated fatty acids and are perhaps beneficial. All this will naturally make the diet more palatable and acceptable, but will of course add to the calorie content. The whole subject is still very new and controversial and for the moment the problem is best approached with extreme circumspection. Perhaps dietary relaxations might be permitted on a couple of days a week.

The question must inevitably arise whether it is all worth while. It offers at least an escape for the coronary patient from the 'nothing can be done' school; it is a positive approach. More extensive studies are needed before dogmatic statements can be made but on our present knowledge it is at least a hopeful wager.

THE PORTALS OF ENTRY TO THE MEDICAL PROFESSION

Dr. G. v. R. Mostert's valedictory presidential address to the Northern Transvaal Branch of the Medical Association of South Africa has aroused wide public interest, evident from the comment made in the daily press. By courtesy of the *Cape Times* we reprint in this issue of the *Journal* (page 715) their leading article 'In Defence of Doctors' of 20 July 1956. Dr. Mostert's address was circulated to Association members in the first of the new series of Association newsletters, and was not published in this *Journal*, where Branch presidential addresses usually appear. There was an idea that subjects which the Association wished to discuss in committee (as it were) and not in public might be canvassed in the newsletter free from public notice. This valedictory address contained little, if any, matter that could not properly be set out in public; but what has happened does show that it was idle to expect that matter published in the newsletter would be treated as confidential.

Dr. Mostert gave expression to the commonly held view that the quality of medical students today is not what it was 30 or 40 years ago when 'the medical schools were fed almost exclusively by young men from the professional classes—the sons of doctors, of lawyers and so on'. He said that State subsidies had 'brought the study of medicine within the orbit of almost every boy or girl', and suggested that a proportion of medical students were entering the profession for the sake of social status and a lucrative future, and not in pursuance of a worthy vocational call. The present requirement for admission to a medical school is possession of an accepted matriculation certificate; Dr. Mostert maintained that a revision was required in the method of selection, but admitted that it was difficult to devise a satisfactory method. He favoured vocational tests and selection by a university selection committee which would include as a member a person specially trained in vocational tests, and emphasized that while

misken voordelig. Al hierdie feite sal die dieet natuurlik smaakliker en aanneemliker maak, maar dit verhoog natuurlik ook die kalorie-inhoud. Die hele onderwerp is nog maar baie nuut en polemies, en op die oomblik moet die probleem baie versigtig benader word. Misken kan die strengheid van die dieet vir 'n dag of twee elke week versag word.

Onvermydelik ontstaan die vraag of al hierdie beperkings die moeite werd is. Vir die lyster aan kroon-slaarsiekte bied dit ten minste 'n uitweg aan uit die 'daar is niks aan te doen' denkwyse; dit is 'n positiewe benadering. Meer uitgebreide studies is nodig voor enige dogmatiese stellings neergelê kan word maar, bereken op ons huidige kennis, bied dit ten minste 'n goeie kans.

the requirements should include 'intelligence, integrity and interest' he would place 'intelligence' last. Dr. Mostert concluded his address by declaring, in spite of what he had said, that the moral standard of medicine in this country was still very high.

The Association's Federal Council had this matter before them at their last meeting, in April 1956. Dr. Mostert's address to the Northern Transvaal Branch was delivered on 14 February, and the Branch took a resolution in which it was suggested that the Association should press for the limitation of number and the screening of medical students. The resolution came before Federal Council and after a short discussion the Council decided not to support the proposal.¹ The present policy of the Association, therefore, is against the selection of medical students on grounds other than academic.

It may well be doubted whether there is any substance in the idea that the quality of medical students has deteriorated. Fifty years and more ago medical practitioners were esteemed as men of high ideals, but that esteem hardly extended to medical students, who, judged by their conduct, were regarded by the public as being a shade more rowdy and Ben-Allenish than the students of other faculties. If the medical students of that day were actuated by high ideals they were very successful in concealing them. Nor, however, did they display much evidence of social or financial ambitions. That university students are today drawn from a wider range of social classes than formerly there is no doubt; and this is not commonly regarded as a thing to deplore. Any other screening of applicants for entry to the universities than an academic screen recalls the days when the ancient English universities were open only to adherents of the Church of England and were closed to dissenters, Roman Catholics and Jews; and when one of the express purposes for which University College, London, was founded was to provide university opportunities for such 'outsiders'. It would be highly dangerous to authorize even the most well-meaning body of persons to deprive applicants of the right of university education on any grounds other than academic.

The isolated cases of misconduct or crime on the part of individual medical students that were quoted in the address are obviously insufficient to call for radical reconstruction of the portals to the medical profession. The available disciplinary procedures for dealing with delinquent students, as with delinquent doctors, would appear to be adequate. Let us beware of the view that the medical profession ought to be recruited from a particular social class, or that the sons of business men (for example) are less eligible than the sons of doctors or other professional men. We have yet to hear that the sons of the clergy are reputed to have more of the qualities that are looked for in a parson than the sons of other men. This may be an undeserved slur, for just as misconduct by parsons,

doctors and lawyers is hotter news than similar acts on the part of other people, so a few 'black sheep' amongst parsons' sons may be unduly conspicuous. The professional classes are constituted by the professional people themselves, and not from a general social class from which alone recruits to the medical profession should be drawn. In fact there is no professional class.

As for vocational tests we doubt whether any as now practised can be put forward as a suitable criterion of the character that is desirable in a medical practitioner.

1. Minute 128 (1956): S. Afr. Med. J., 30, 576 (16 June).