MINISTER OF HEALTH REPLIES TO MEDICAL MEMBERS IN PARLIAMENT

FROM A PARLIAMENTARY CORRESPONDENT

The Senate's debate on the policy of the Minister of Health, Mr. J. F. Naudé, (reported in the *Journal* 21 May p. 504) was followed within a short time by comprehensive discussions of the Minister's votes in Committee of Supply in the House of Assembly. At the outset of his first intervention in these discussions the Minister said he realized his new portfolio would be a difficult one for him as a layman, but he relied on the support that he knew he could expect from the medical profession.

In discussing the anti-poliomyelitis vaccine, he said it had been gratifying to receive the tribute from America that a great debt was owed to the South African Poliomyelitis Research Foundation for its contribution of scientific information. Before the vaccine would be used in South Africa it would be tested 'doubly and doubly and yet again doubly'. The supply of vaccine would be sufficient for about 250,000 people, and the committee concerned with mass inoculation would advise what age-groups and what areas it would be advisable to tackle first. Every month a further 250,000 persons could be vaccinated, provided sufficient monkeys were obtained.

Dr. C. de Wet, M.P. for Vereeniging District, complimented the Minister on his energetic handling of the poliomyelitis epidemic. He said that, notwithstanding what America had done in producing the anti-poliomyelitis vaccine, South Africa stood with Sweden, Australia and France in the front line of the campaign against this disease, and South African research workers had achieved world fame. It was not improbable that the South African vaccine would be more effective and simpler than even the Salk vaccine.

Millions of parents were uncertain and worried about having their children inoculated, largely because of the inappropriate way the success of the Salk vaccine had been announced in America. 'I do not think the method was generally worthy of the medical profession', he said. 'The manufacturers exploited the worry and concern of humanity to obtain cheap publicity—for a vaccine which still is certainly not fully effective and which will have to undergo intensive tests for many years yet.'

He said there was a tremendous difference between the ethical standards of the medical experts in the South African department and those possibly in other countries. He hoped the high standard in this country would be maintained. He urged the Minister to see that many thorough tests were carried out before mass inoculations began in the Union. It was a strange vaccine and one did not know whether children who were inoculated might be sterile when they grew up. He did not think there was any hurry. Poliomyelitis was a most dramatic illness but it was not reaching anything like the proportions of, for example, diphtheria. In 1953 there were 298 deaths from diphtheria and 247 last year, compared with 193 from poliomyelitis in the 1948-49 epidemic and 35 last year. Emphasising the importance of anti-diphtheria inoculations, he said that if every child in South Africa could be inoculated tomorrow the disease would be eradicated from South Africa within a few years.

The Minister appealed to members of the public to have all children inoculated against diphtheria. It had not been desirable to carry on with these during the recent poliomyelitis epidemic, but now during the winter months the inoculations were perfectly safe. It was urgently necessary to go ahead with them at once.

HOSPITAL ACCOMMODATION FOR MENTAL PATIENTS

In reply to various members who enlarged on the lack of hospital accommodation for mental patients, Mr. Naudé agreed that the present overcrowding was pathetic. Steps were being taken throughout the country to provide better accommodation as far as possible. All the mental hospitals were short of staff. One solution might be to use more Coloured and Native aids instead of having a majority of European nurses. It was unfortunate but unavoidable that a considerable number of mental patients had to be detained in prisons or police cells from time to time. It happened mainly at the smaller centres where there was no institutional accommodation. The man who was certified had to be held somewhere. The policy had obtained for 10 or 20 years, but conditions were being improved as quickly as possible.

Dr. Z. J. de Beer, M.P. for Maitland, said he was pleasantly surprised to hear recently that the overcrowding was relatively moderate: there were 18,730 patients in mental hospitals where accommodation was provided for 17,582. He hoped South Africa would not be slow in following other countries that had trans-

formed their approach to mental disease, regarding it as a disease to be treated like other diseases, with prospects of a cure in many cases. In some of the Union's mental hospitals the admission rate of European male senile dementias was as high as 50 or 60%. This type of case did not require medical treatment, but merely to be kept, fed and washed and to be protected from self-harm. This was in sharp distinction to the more acute forms of mental disease which were treated by electro-convulsive therapy, by psychiatric measures and by a positive approach which effected cures in roughly 40 or 50% of the cases. But all too often this type of case could not obtain admission to hospital until degeneration had set in and they had become incurable.

Many patients of the degenerative type of case of senile dementia and allied disorders blocked for perhaps 20 years beds in mental institutions which might otherwise be used for curable cases. 'It seems to me', said Dr. de Beer, 'that a great deal can be done before we get extra beds, by readjusting the classification of patients and providing the expert treatment facilities which we are fortunate enough to have in certain of our institutions, for those cases where they can be most beneficial'.

The detention of persons in gaol in terms of the Mental Disorders Act meant, apart from other unpleasant considerations, that they could not possibly be given any of the care they deserved, and their condition was bound to deteriorate. He urged that, when mental institutions are sited or moved in future, the extreme importance should be borne in mind of keeping them near enough to medical schools to permit the students to get adequate training in this highly important branch of medicine.

Dr. de Beer quoted from the article which Dr. F. R. Luke wrote in the *South African Medical Journal* last year, about the trend of the provision of medical services, by private physicians to the public, to change in type and in method. As medical science broadened, methods of treatment, unfortunately, tended to become more expensive. So the people of South Africa, as of many other countries, had recourse to medical aid societies. 'It is a development which is regarded by all interested parties, I think, as a healthy one', said Dr. de Beer. 'I would, however, urge the Minister to keep a close eye upon its repercussions on the public and the medical profession, because difficulties are tending to arise which will, unless they can be controlled and dealt with at this stage, wreck the entire scheme in South Africa.'

He quoted from an address on this subject which Sir Earle Page, the Australian Minister of Health, gave to the World Medical Association, when he said: 'The Australian Government believes that a partnership of the medical profession, the community, insurance organizations and the Government can evolve a method of retaining all the existing traditions and advances on the medical side and still bring the cost of a first-rate medical service within the means of the people'.

TUBERCULOSIS, BLINDNESS, DIPHTHERIA, CORONARY DISEASE

Col. O. L. Shearer, M.P. for Pietermaritzburg City—another medical practitioner—said it was psychologically important that a tuberculosis patient on his discharge, when he was no longer suffering actively, should be employed. One of the difficulties in detecting the disease among non-Europeans was the fact that the man ceased to be the breadwinner and the family could not balance its budget.

In speaking about blindness he said that 90% of its incidence in the Union was preventable. It would therefore be a great saving to finance a voluntary agency such as the St. John's Ophthalmic Hospital for the purpose of limiting the incidence. He quoted the words of a doctor who wrote in the *South African Medical Journal* that trachoma 'is of far greater public health significance as a problem requiring urgent control than is poliomyelitis'.

Turning to diphtheria, Colonel Shearer said the country had made tremendous advances in limiting its incidence. Yet the incidence was 30 times as high as in England. It had remained unaltered in the Union for the past 14 years, during which its prevalence in other countries had been reduced by 94 to 100%. To eradicate the disease would require the immunization of between 55 and 80% of the infants and 95% of schoolchildren.

In speaking about cardiac conditions, and particularly coronary disease, Colonel Shearer reminded the committee that Dr. Ancel Keys, a physiologist from the United States, had, during a recent visit to Cape Town, attributed the heavy incidence of coronary disease to a high fat-intake. 'I am not going into the pros and cons of that', Col. Shearer said, 'because I feel that his visit to the Cape was very brief. I do not think that he was justified in making an over-all assertion, particularly in so far as the non-Europeans are concerned. We know that the non-Europeans, especially the Bantu people, have a deficiency rather than an over-intake of fat. But there is no doubt that coronary disease is largely due to a rich diet.'

Mr. Naudé said he happened to attend a lecture by Dr. Keys recently, in which it was shown that most people who suffered from coronary diseases—which were rapidly increasing—had their condition attributed to a large extent to the fact that they ate too much fat. On the other hand there were people who did not have enough fat. More attention would steadily be given to teaching the population to maintain a balanced diet.

SEPARATE REGISTERS

At a later stage of the discussion Dr. de Wet said that of the 7,878 registered medical practitioners and specialists in South Africa, 2,647 were in the service of the Government or the provincial administrations. In other words 1 out of every 3 available doctors rendered free services to the public. One out of every 6 was on full-time service. There was a district surgeon to every 20,000 members of the population, White and non-White. Infectious diseases, for which the Department of Health was responsible, had been brought thoroughly under control.

He did not think that last year's legislation, giving the South African Medical and Dental Council the right to maintain separate registers for various groups of practitioners, created a sound position. But the initiative for a change should come from the Medical Council and the Medical Association of South Africa, as a domestic matter. The onus did not lie with the Minister.

The public was unnecessarily exposed to the payment of higher fees because the specialist, purely through being on a different register of the Medical Council, enjoyed certain privileges over his colleagues of being able to ask for higher fees—without his conduct being properly prescribed and controlled. The only solution appeared to be to allow consultants alone to charge the higher fees.

The Minister said the system in the Union, as elsewhere, was that the wealthy were called upon to pay for the poor. 'I do not think that is so wrong, either', he added. The Government for its part was trying to give the poor the services to which they were entitled.

SUGGESTED SELECTION OF STUDENTS

Mr. D. J. G. van den Heever, M.P. for Pretoria Central, said some universities accepted medical students who were not bilingual, though such persons could not make a success of medical practice in South Africa. They might perhaps do laboratory work instead. He therefore advocated the appointment of a selection board to choose for university entrance only those medical students with the right temperament and the qualifications to work with the broad masses of the people. He added that he had been informed that doctors who served their year's internship in the smaller town hospitals derived good training, but those who went to the large specialist hospitals virtually wasted a great deal of the year. He suggested that the year's work should once more be made subject to inspection.

The Minister replied that the universities had their own rules for the selection of students. Any question of admission would have to be referred to the Department of Education, Arts and Science. He hoped the large hospitals would make provision for newly-qualified doctors to get the necessary further training, even though that was where one found all the specialists. The possibility of appointing an inspector to look into such facilities at the hospitals was being considered, but there was the question of who should pay his salary.

Mr. Naudé urged that more people, Members of Parliament included, should join the blood transfusion services.

ENRICHED BREAD

In answering questions about his Nutrition Vote, the Minister said brown bread was enriched by the addition of a mixture containing ground-nut meal, milk powder, calcium carbonate and calcium acetate. The pre-mix was prepared by a Johannesburg firm and supplied to bakers throughout the Union. The Department of

Nutrition paid £69 7s. 6d. per ton for the pre-mix, and it paid the transport and delivery charges as well. Bakers' fat was added, costing the department an average of £100 12s. 9d. per ton. This fat, supplied to the bakers, was used in the baking process on a basis of 1 lb. per 100 lb. of meal. To every 200-lb. bag of meal was added 13 lb. 6 oz. of pre-mix. The total cost of the enrichment ingredients was 11s. 3d. per bag and the estimated expenditure on the enrichment of bread was now £524,000 a year.

Experiments were continually being carried out on the enrichment of mealie meal, but the problem of discolouring the pure white meal was difficult to overcome. At present the enriched meal was supplied only to prisons and other institutions where people were fed with an improved mixture. The enriching mixture consisted of soya-bean meal, milk powder, food yeast and calcium carbonate. Each 170 lb. bag of mealie meal contained 10 lb. of the enriching mixture, which cost £95 7s. 5d. per ton.

The mines and large industrial concerns were using both enriched bread and enriched mealie meal.