

## S.A. SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS : OPENING ADDRESS AT CONGRESS\*

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It gives me great pleasure to extend a hearty welcome to the participants of this congress and to express the hope that they will not only find the deliberations fruitful, but that they will also enjoy their brief stay in the administrative capital of this country. I should like to refer particularly to our overseas visitors who have honoured us with their much appreciated presence. Both Professors R. Keller of Edinburgh and R. J. Lowrie of New York are specialists of international repute in the field of obstetrics and gynaecology. They are specially welcome in South Africa because of the strong cultural and political links which have always existed between their countries and ours and because South Africa has always subscribed to the western way of life epitomized by these countries.

The medical profession in South Africa owes great debts of gratitude to Scotland and the USA for the hospitality extended to our medical students since the commencement of our existence as a nation. Edinburgh attracted more medical students from this country than most other university cities, particularly in the days before we had our own medical faculties. More and more South Africans are enjoying the hospitality of American institutions at the postgraduate level. We are grateful to the U.K. and the U.S.A. for all these opportunities of advancement and I wish

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to make use of this occasion to respectfully ask our illustrious colleagues to convey these sentiments to their professional brethren in their home countries.

This is an appropriate occasion to pay tribute to the speciality of obstetrics and gynaecology for its proud history of uninterrupted service to mankind through the ages. The speciality has revealed a solidarity of purpose unequalled by any other and has remained one of the corner stones of medical science since the beginning of medical history. Where fragmentation and super-specialization have often threatened the existence of other branches of medicine, obstetrics and gynaecology has presented an impenetrable front which has successfully repulsed all attacks and has survived all the storms in medical history. It survived the difficult period before antiseptics and before anaesthesia, and it has taken numerous breath-taking discoveries and developments in its stride. It appears to be quite undaunted by the impact of the atomic age with its succession of startling developments.

I have often thought of the words of Ovid that 'it is not wealth nor ancestry but honourable conduct and a noble disposition that make a profession great', and realized how true these words are when applied to this branch of medicine. The speciality has remained important but it has in many respects kept aloof from other sciences. I doubt whether it is fair to wonder what effect the philosophy of Sydney Smith had on this attitude when he

said: 'Have the courage to be ignorant of a great number of things in order to avoid the calamity of being ignorant of everything.'

This branch of medicine—obstetrics and gynaecology—has been pregnant with many new ideas in its own field and has made numerous contributions to medical science.

#### RADIOLOGY

Carcinoma of the cervix, for example, has remained a problem for the speciality, and the controversy on what is the best form of treatment is still raging. Improved technical developments in the field of radiotherapy have enhanced its position as the treatment of choice, but this popularity has in recent times been seriously challenged by operative surgery, particularly because the mortality has been reduced to a negligible degree as the result of developments in the fields of transfusion, antibiotics and anaesthesia. Whatever advantages may be claimed in respect of either method, it remains a fact that no authoritative report on a comparable series of cases is at present available. There can be no question that the one method is a valuable adjunct to the other.

Considerable attention has in recent years been directed towards the relative merits of supervoltage radiotherapy and conventional radiotherapy. The impression has been created that the former method was by far the superior one and presented the complete answer to the problem of the treatment of cervical malignancy. The advantage of supervoltage over conventional therapy is essentially of a physical nature, there being greater penetration, reduced skin damage, a lessened tendency to bone necrosis, and on the whole a greater measure of tolerance on the part of the patient and fewer late complications. It must, however, be stressed that the emphasis should be placed on the properly trained staff, medical as well as paramedical, with available proper facilities and working in a team, rather than on the machine.

The use of interstitial radio-active cobalt needles has given disappointing results mainly because of the distressing complications like proctitis which develop in such a high percentage of cases. Similarly, the value of pelvic exenteration has not been determined because of the high mortality rate. There is some hope that with improvement in technique, a more hopeful outlook in advanced cases may be expected.

The end-of-treatment biopsy method has been advocated in some quarters, but it appears to be an unreliable prognostic guide on the evidence so far available, chiefly because of the failure to obtain a representative section in the deep tissues, which has been a great source of error.

The evaluation of basal cell in radiosensitivity studies has shown that clinical regression of a lesion is more closely related to good basal response than any other finding. The behaviour of basal-cell activity before and during treatment serves as a good index of the resistance of the host, and a progressively increased basal-cell response during treatment is of great prognostic significance.

The endeavour to determine radiosensitivity in cancer of the cervix by studying the growing edge by serial biopsy specimens taken before and during radiation therapy has also received attention in certain quarters, and it has been suggested that cytochemical prognostication might be a valuable guide by indicating the nature of future therapeutic procedures; e.g. continuation of therapy in patients who respond well, supplementary operative removal of lymph glands where there is a fair response, and discontinuation of radiation therapy and substitution of radical therapy where the response is poor.

A study of the influence of systemic factors on differentiation and radiocurability of cancer of the cervix has indicated that it will be useful to investigate the factors which influence the differentiation of malignant tissue rather than to seek agents which inhibit mitosis and control growth temporarily.

#### Potential Dangers of Radiation

The dangers to man of nuclear and allied radiations have enjoyed a great deal of publicity in the lay and professional press in recent years and statements at present quite unsupported by sufficient scientific data have been made about the extent of the dangers. A marked degree of public awareness and anxiety has resulted and has interfered with essential radiographic investigations and treatments as well as with the training of essential personnel.

There can be no doubt that ionizing radiations (from X-rays,

radium, radio-active isotopes) are potentially harmful to the human, particularly because of the genetic changes which may result from exposure of the reproductive organs. It is obviously necessary that X-ray examinations of persons in the reproductive stage and of pregnant women should be reduced to the minimum and that the international standards of radiation safety should be stringently applied. There is, however, reason to believe that the dangers have been grossly exaggerated and that a more realistic approach by the public is desirable in the best interests of all concerned.

In my opinion, a good case can be made out for refraining from conducting pelvic radiographic investigations on pregnant women unless absolutely necessary because of the potential danger to the infant. Similarly radiographic pelvimetry, as a routine method, should be dispensed with. I have an abhorrence for some of those specialized radiographic examinations like placentography and feel that there should be good reasons on medical grounds before we embark on this type of investigation. The use of ionizing radiations in obstetrics and gynaecology cannot be altogether dispensed with, but they should be used with great discretion.

The public should appreciate that the doctors are aware of the potential dangers and that every effort is being made to safeguard the health of the individual.

#### EDUCATION AND RESEARCH

In the field of medical education the position of the speciality obstetrics and gynaecology remains entrenched both as regards the undergraduate and postgraduate curriculum. Here too I think the teachers of obstetrics and gynaecology have through the ages adhered to a basic and simple philosophy, that 'the great end of education is to discipline rather than furnish the mind; to train it to the use of its own powers rather than fill it with the accumulation of others'.

Similarly in the compulsory internship scheme, experience in obstetrics and gynaecology is acceptable as partly fulfilling the requirements for full registration.

Medical research in this country is under the aegis of the Council for Scientific and Industrial Research, which is charged by Parliament to sponsor medical research developments. The CSIR is supporting research, mainly at universities, by means of the research grants scheme and by the establishment of research groups and units. It also makes available a number of bursaries for directed research in overseas institutions. The CSIR is administering approximately £½ million a year on medical research in this country, which of course is very satisfactory, considering the population and financial resources.

There have been established a number of units and groups at universities and other institutions but so far none is in existence in the field of obstetrics and gynaecology. A good deal of money however, has been made available to research workers in this branch in accordance with the provisions of the *ad hoc* and bursary schemes.

In my opinion, a good deal more research can be done by practitioners in this branch. South Africa is a veritable natural laboratory, with abundant material allowing of full exploitation of the concept of geographical pathology and environmental medicine. This Society will render a signal service to the community by sponsoring a policy of such research as an adjunct to the unfettered fundamental research already carried out at universities.

We must strive to get an alliance of interested persons. 'We gain nothing by being with such as ourselves: we encourage each other in mediocrity—I am always longing to be with men more excellent than myself' (Lamb). We must also ask the question whether science can prevent education from becoming a means for giving a fixed direction to stupidity. I think an alliance of interested people can prevent this from happening.

#### MATERNITY SERVICES

With great respect to the Society, one of the greatest deficiencies exists on the organizational front. It is a well-known fact that preventive medicine, with particular reference to antenatal care is of the greatest importance for the continued growth of this branch of medicine. It is also known that maternity services are at present generally on an unsatisfactory basis and that there is little, if any, coordination of antenatal care, delivery and treatment of abnormalities. In my opinion, it should be one of the

first priorities of your Society to correct this deficiency in the interests of the speciality as well as the public.

I think I can state without fear of contradiction that the Provincial Administration of the Transvaal and its department of hospital services have through the years displayed great foresight in the planning of progressive medical services. In my opinion the absence of properly coordinated maternity services cannot be blamed on the authorities in this Province. It is more than likely that the divided control between different competent authorities may have slowed down the cooperative effort.

The Society has an urgent task to tackle this problem in an endeavour to provide the sorely needed service. I appreciate that we live in the age of the overworked and the under-educated, in which we are so busy that we have in many ways started to suffer from intellectual rigor mortis. But in a matter like this, it is very important that the Society should embark on a sustained battle for improvement of the services.

#### INTERCHANGE OF KNOWLEDGE AND PERSONALITIES

It is also my view that the Society should continue to stimulate interchange of persons and knowledge locally and abroad in an attempt to overcome any possible danger of scientific isolation. By this I do not mean that mere attendance at international conferences should be encouraged. Actually, large international conferences suffer from numerous deficiencies. A specialistic congress like this is of greater value and so is the sending overseas of bright people to work in famous clinics and to learn new techniques and apply them locally on return. Science does not recognize international frontiers and we should make full use of the fact in establishing international relationships.

I am happy to say that in South Africa the Medical Dental and Pharmacy Act provides for exemption from registration of eminent medical visitors by the Minister of Health on the recommendation

of the Medical Council for specific periods, and this enables universities to invite famous people from overseas to demonstrate their techniques locally. It is also possible for foreign doctors to be registered in this country for a period of 5 years (which can be extended) should they wish to enter the employ of the Government service, universities, research institutions and mission hospitals. Furthermore there is full reciprocity between SA and the UK and restricted reciprocity also exists with Holland. From the practical point of view therefore, South African law permits the registration of numerous categories of medical people from overseas, and this facilitates active international cooperation in a professional sense.

#### THE CONGRESS

The Seventh Congress of The South African Society of Obstetricians and Gynaecologists, under the presidency of Dr. J. C. Coetzee, of Cape Town, was held in Pretoria on 4, 5 and 6 August 1958. The hosts on this occasion were the Pretoria Sub-group of the Society and the deliberations took place in the clinical building of the Pretoria Hospital.

There were two overseas guests: Prof. Robert J. Kellar, of the Department of Obstetrics and Gynaecology at the University of Edinburgh, addressed the Congress on 'The Endocrine Control of the Menstrual Cycle during Health and Disease'. Prof. Robert J. Lowrie, of the Department of Obstetrics and Gynaecology of the New York University College of Medicine, read a paper on 'The Surgery of the Bartholin Gland with special reference to the new operation of marsupialization'.

The Congress was opened officially on Monday morning, 4 August, by Prof. S. F. Oosthuizen, President of The South African Medical and Dental Council. His address is published above.