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EDITORIAL : VAN DIE REDAKSIE

DR. T. SHADICK HIGGINS

On 30 June Dr. T. Shadick Higgins retired for a second time from spheres of activity in which he has made invaluable contributions. These contributions should be placed on record, for they not only redound to the credit of the medical profession, but also reflect the progress achieved in the public health of our country and the unity of the Medical Association of South Africa.

The citation read at the Adjourned Annual General Meeting of the Medical Association of South Africa held at East London on 28 September 1959, when the Association's Gold Medal for Distinguished Service to the Profession was presented to Dr. T. Shadick Higgins, was published in the *Journal* of 28 November 1959.[1] This gives a summary of his brilliant academic career and also of his achievements as Medical Officer of Health of Cape Town, to which post he was appointed in 1922.

It was our good fortune that the appointment of Dr. Higgins as Medical Officer of Health of Cape Town and Professor of Public Health at the University of Cape Town coincided with the period following immediately on World War I, when overseas public opinion swung in favour of a better and more secure welfare state for everybody. These ideas and opinions also found an echo in our country. Thus the time was ripe and the right man arrived in our midst to help lay a foundation for a practical approach to some of our more urgent problems, such as tuberculosis and promotive health. It was in the field of promotive health especially that Dr. Higgins, with the backing he gained from the Cape Town Municipality, planned and set a pattern of service and organization from which many branches of public health work benefited—maternity services outside hospitals, antenatal and postnatal care, infant welfare, health visiting, and medical advisory services for the promotion of health and the prevention of disease. The beneficial influence of this work was felt and appreciated far beyond the boundaries of the Cape Peninsula.

It was inevitable that this unassuming, erudite, courteous and friendly man would find himself associated at high level with many of the activities within and without the Medical Association of South Africa. Thus, for instance, he found himself playing an important role for varying periods in the Cape Western Branch Council, the Federal Council, the South African Medical and Dental Council, the South African Branch Council and Board of Examiners of the Royal Sanitary Institute, and as the doyen of our Medical Officers of Health (State Medicine) Group, of which he was the President for some fifteen years.

When he retired as Medical Officer of Health of the Cape Town Municipality and as Professor of Public Health at the University of Cape Town he had every reason to look back with satisfaction on his achievements in his adopted homeland, and well may he have rested on his laurels. But this was not to be.

Within a few years Dr. Higgins found himself recalled to duty in the service of the Medical Association of South Africa when, in 1953, he was appointed Editor of the *South African Medical Journal*. It is opportune to place on record that his seven years of service as Editor of the *Journal* coincided with a period of peculiar difficulty in the affairs of the Medical Association and, through his outstanding tact and conspicuous ability, the *Journal* and the Association were able to weather that stormy period so that he could hand over to his successor a sea-worthy ship sailing on an even keel.

It is with a sense of pride that I claim to have had the privilege and honour to have been associated with Dr. T. Shadick Higgins as a colleague and friend ever since he arrived in South Africa, and I am sure I am speaking for the medical profession as a whole when I say to him: We are glad you came, we honour you for what you have done in our country, and we hope you will spend many more happy years in our midst.

Written, at our special request, by
Dr. J. P. de Villiers, of Cape Town.

1. Association Medals (1959): S. Afr. Med. J., 33, 1014.

SELFMOORD EN POGINGS TOT SELFMOORD

Een van die ernstige probleme waarmee die algemene praktisyn en die personeel van hospitale gereeld te doen kry, is die probleem van die hantering van pasiënte wat pogings tot selfmoord aanwend. En alhoewel hierdie soort pasiënte probleme oplewer wat van algemene mediese belang is, hoort die probleme wat saamhang met selfmoord en pogings tot selfmoord eintlik hoofsaaklik tuis by die voorbehoedende medisyne, die sosiale medisyne, en die psigiatrie.

Ons het reeds al van tyd tot tyd verslae gepubliseer[1,2] wat handel oor verskillende aspekte van dié probleem, soos dit aangetref word in spesifieke gebiede in ons land. Omdat die probleme in hierdie verband egter sulke ernstige implikasies het vir die geneesheer sowel as vir die gemeenskap, sal dit goed wees om sommige van dié implikasies weer van naderby te beskou.

In die eerste plaas is dit belangrik om aan te toon dat daar sekere tipes van pasiënte is wat *veral* in hierdie verband van belang is. Selfmoord of 'n poging tot selfmoord is byvoorbeeld altyd 'n potensiële gevaar in die gevalle van bedrukte pasiënte. Dit sluit pasiënte in met enige vorm van bedruktheid, byvoorbeeld manies-depressiewe toestande, ander endogene bedruktheidstoestande, organiese, reaktiewe, en psigoneurotiese bedruktheidstoestande, en involusiemelancholie.

'n Besonder belangrike groep toestande wat baie algemeen voorkom, maar wat dikwels misgekyk word, is die vae, onomskrewe bedruktheidstoestande van middeljarige persone. Hierdie toestande is besonder verraderlik omdat hulle dikwels ernstiger onderliggende toestande versluier.

Dit is uiters belangrik om nooit 'n egte of 'n pseudo-bedruktheidstoestand gering te skat nie.

Pasiënte wat ly aan ander toestande van ernstige geestesversteuring is ook potensieel selfmoordgevalle. So kom selfmoord of pogings tot selfmoord soms voor by skisofreniese en veral paranoïde pasiënte. Neurotiese pasiënte pleeg selde selfmoord, tensy onderliggende toestande van angs en spanning oorweldigend word. Aan die ander kant kom ,onsuksesvolle' pogings tot selfmoord, betreklik gesproke, dikwels voor by histeriese neurotiese pasiënte—in welke gevalle die hoofdoel gewoonlik nooit werklike selfmoord is nie, maar 'n poging om aandag op hulself toe te spits.

Pogings tot selfmoord kom natuurlik ook voor by gevalle van vergiftigingsdelirium en ander toestande van ylhoofdigheid waarby die insig en oordeel van die pasiënt tydelik versteur is.

Die vraag of persone wat selfmoord pleeg altyd ,abnormaal' is en of selfmoord nie ook by ,normale' persone voorkom nie, is al dikwels bespreek.[3] Alhoewel dit voorkom of hierdie probleem, soos dit nou gestel is, hoofsaaklik van akademiese belang is, het dit nogtans praktiese implikasies. Dit is nie so seer die vraag of persone wat selfmoord pleeg normaal of abnormaal is wat belangrik is nie, as die feit dat daar by sulke persone altyd 'n ernstige mate van persoonlike en maatskaplike disintegrasie teenwoordig is.

Dit is 'n interessante feit dat selfmoord en pogings tot selfmoord somtyds die afmetings van 'n ,sosiale mode' aanneem. Hierdie soort gedrag is naamlik aansteeklik en dit is bekend dat daar in sekere distrikte soms reekse selfmoordpogings voorkom. Ook wat die metode van selfmoord betref, is daar 'n faktor van ,aansteeklikheid'.

Dit wil voorkom asof daar in die gemeenskap soos dit op die huidige oomblik saamgestel is, 'n daadwerklike behoefte bestaan aan meer geleenthede vir mense om raadgewing te ontvang op verskillende gebiede van die lewe. Daar is byvoorbeeld baie gevalle waar die geneesheer nie nodig is nie, omdat die betrokke persoon nie siek is nie, en waar die psigiater ook nie nodig is nie, omdat die persoon nie geestesversteurd is nie; maar waar 'n simpatieke raadgewer tog noodsaaklik is. Sulke adviserende dienste word orals oor die land onderneem deur Verenigings soos die Vereniging vir Geestesgesondheid, huweliksburos, kinderleidingsklinieke, die Kerke, ens. Hierdie soort voorkomende dienste behoort uitgebrei te word sodat toestande van ontreddering vroeg behandel kan word voordat hulle ontwikkel tot ernstige vorms van liggaamlike of geestesiekte, of voordat hulle uitloop op die ontwikkeling van wanaanpassing, dranksugtigheid, of pogings tot selfmoord.

1. Walton, H. (1950): S. Afr. T. Geneesk., 24, 933.
2. Klintworth, G. K. (1960): *Ibid.*, 34, 358.
3 Oliven, J. F. (1951): New Engl. J. Med., 245, 488.