

EDITORIAL : VAN DIE REDAKSIE

### THE BENEVOLENT FUND

In view of the fact that we are fast nearing the end of the year — traditionally a time of goodwill and benevolence — it will be fitting once again to draw the attention of members to one of the special services rendered by the Medical Association: the organization and administration of the Benevolent Fund.

The Benevolent Fund of the Medical Association was established some years ago with the object of providing a trust fund in order to help necessitous widows and dependants of medical practitioners. It was envisaged that a considerable amount of money would be raised which could be invested; the interest on this money (and such other additional sums as the Association may decide on) would then be used to pay grants to deserving cases of dependants of doctors who have been left without a means of livelihood.

The Fund is at present being administered on the following lines: The capital of the Fund is invested, and the interest on this money plus an amount slightly larger than the amount of the interest (in terms of a recent decision by the Federal Council), from the contributions made to the Fund in the course of every year, are used to pay grants to the beneficiaries of the Fund. Grants are made by the Head Office and Journal Committee of the Federal Council, each recommendation being carefully scrutinized. Although the dependants of deceased members of the Association are given preference, help is sometimes afforded to the dependants of those who were not members of the Association.

In order to be able to help as many dependants as possible, it is necessary that the capital amount of the Fund be built up continuously. The four main sources of income of the Fund are:

1. *Donations.* Persons or groups contribute to the Fund from time to time. No contribution is too small to be welcome; here as everywhere it is true that every little helps. During the past few years it has become customary for Branches to make special efforts to contribute considerable amounts of money to the Benevolent Fund. These efforts by the Branches are usually organized by special local committees on which the wives of doctors and other interested persons serve. In this way it has been possible for some Branches to contribute an amount of R1,600 or more to the Fund. The Southern Transvaal Branch has, on more than one occasion, contributed the generous amount of R5,000.

2. Contributions to the Fund are sometimes made *in memoriam*, i.e. in lieu of wreaths or other tributes. In such instances a suitably worded votive card is sent to the next-of-kin by the Association on behalf of the donor. Contributions of this kind are now being used for a special educational fund for doctors' dependants.

3. Contributions are often made to the Fund *for services rendered* by one practitioner to another. In this case an

acknowledgement card is sent to the doctor who has rendered the service, indicating that his assistance has been appreciated.

4. Bequests are always welcome as an additional source of income to the Fund.

Recently a new method was tried to increase the income of this Fund. On the initiative of Mrs. Gétaz, a member of the Association of Medical Women of the Natal Coastal Branch of the Medical Association, an opportunity was created to collect a considerable amount of money for the Benevolent Fund. The Standard Triumph Co. Ltd. presented a Triumph Herald Coupè motor as a prize in a competition. The competition was organized on a national scale by the advertising firm Lindsay Smithers (Pty.) Ltd.

Unfortunately the results of this undertaking were disappointing. The final amount of money collected is not available yet, but it will be considerably less than was expected. It seems that it was a mistake to limit the period for the fund-collecting too drastically — it would probably have been wise to have extended it over the Christmas season.

In addition to what was done, a more intensive personal appeal to individual doctors in the various Branches should have been made. If every doctor had taken one whole book of tickets, a much larger amount would have been collected.

Nevertheless, our experience in this regard can still be utilized by concentrating on an individual appeal. This could, for instance, be done by requesting every member of the Association to add a contribution of one or two rand for the Benevolent Fund as a routine when paying his members' subscription at the beginning of every year.

The Benevolent Fund has been well known to a large number of members of the Association who, in the past, made regular donations and other contributions; but there are still many members who are unaware of the existence of the Fund. It is realized that if the attention of members is directed to the Fund, it will result in increased opportunity for assistance by the Association to those who are in urgent need of help. For this purpose a special booklet resembling a cheque book has been prepared. By filling in a form in this booklet a prospective contributor can indicate whether he wishes to make a contribution 'for services rendered' or 'in memoriam', or whether he desires to bequeath a legacy to the Benevolent Fund. It may be advisable to keep this booklet, which can be obtained from the Secretary of the Association, P.O. Box 643, Cape Town, in a drawer of a desk so that it may be available whenever it is needed to help others through the medium of the Benevolent Fund of the Association.

We should like to appeal urgently to all individual members of the Association and to all Branches and Divisions to do everything in their power to support this Fund. Many near relatives of deceased doctors are in dire

need of help. Their need is so great that the Committee which has been entrusted with the administration of the Fund, often does not know how to discharge its responsibilities. By cooperating in building up the Benevolent

Fund of the Association into as strong a Fund as possible, we will be taking advantage of the opportunity to make a worthy and noble gesture to the memory of our deceased colleagues.

### VERBOD OP DIE LEES VAN 'N BEKENDE STANDAARDWERK

Tot nog betreklik onlangs was die opvatting taamlik algemeen gangbaar dat daar oor geslagsake maar liever geswyg moet word, en dat veral jeugdige (insluitende alle ongetroudes) versigtig beskerm moet word teen die 'minder aangename' werklikhede van die lewe. Danksy die lewenswerk van iemand soos Havelock Ellis en die 'deurbraak' van Freud (of ons nou ook al met sy teorieë saamstem of nie), het dinge in hierdie opsig nou egter tog so verander dat belangrike geslagsake op 'n verantwoordelike manier vryelik bespreek kan word. Onderwerpe wat vroeër as taboe en verbode beskou is, maar belangrik is en in die individuele en openbare belang bespreek behoort te word, word nou só bespreek. Voorbeelde hiervan is probleme soos wanaanpassing in die huwelik, geslagsvoorligting, gesinsbeplanning, ens. Die belangstelling in hierdie onderwerpe gaan egter verder as net bespreking — die afgelope aantal jare het byvoorbeeld die ontstaan gesien van sulke nuttige en belangrike instellings soos huweliksvoorligtingburo's, professionele geslagsvoorligting-dienste aan ons skole, en klinieke vir verwagte en nie-verwagte moeders waar die metodes van geboortebepanking en gesinsbeheer beskikbaar gestel word.

In sommige opsigte het daar dus vordering gekom. Maar, in ander opsigte is ons idees nog net so verstar en ons gemoedere nog net so geslote soos ooit tevore. 'n Voorbeeld hiervan is die probleem van homoseksualiteit en die baie nuwe-probleme wat daarmee saamhang.

Om die een of ander onverklaarbare rede bestaan daar nog 'n wydverspreide vooroordeel en 'n byna aggressiewe weerstand teen almal en alles wat die homoseksuele 'etiket' dra, en probleme in hierdie verband word nog benader op die vlak van oningeligte en onkundige afkering. Om aan te toon hoe diep die wortel van die kwaad in hierdie verband lê, moet ons tot ons professionele verleentheid en wetenskaplike ontsteltenis daarop wys dat 'n bekende standaardwerk oor homoseksualiteit, wat in 1955 deur 'n Engelse psigiater geskryf en gepubliseer is, so pas in Suid-Afrika in die ban gedom is.<sup>1</sup>

Kragtens die verbodsartikel word verklaar dat *Homosexuality* (Pelican Book No. A 477) deur dr. D. J. West (wat 'n voltydse hospitaal-psigiater is en Assistent-Redakteur van die *International Journal of Social Psychiatry*), onbetaamlik, onwelvoeglik, of aanstootlik is, en dat dit ingevolge sekere subartikels van die doeanewet nie in die Republiek ingevoer of besit mag word nie, op die gevaar af van 'n skuldigbevinding wat strafbaar is met 'n boete van tweeduizend rand, of 'n gevangenisstraf van hoogstens vyf jaar, of met sowel die boete as die gevangenisstraf.

As amptelike, wetenskaplike orgaan van die Mediese Vereniging van Suid-Afrika haas ons ons om daarop te wys dat daar in hierdie geval 'n ernstige mistasting begaan is. Ons is sedert die eerste verskyning in 1955 deeglik met hierdie boek bekend. Dit is een van die beste boeke in sy soort — 'n 'voorbeeldige', gebalanseerde, en wetenskaplike

opsomming van 'n probleemgesteldheid wat taamlik algemeen voorkom. Die objektiewe manier waarop dit die moeilike probleme in hierdie verband benader, het al veel daartoe bygedra om die geluk en welsyn te bevorder van baie mense wat direk of indirek met hierdie probleem gemeed is. Seer sekerlik is daar hoegenaamd niks in die hele trant van die boek wat onbetaamlik, onwelvoeglik of aanstootlik is nie, en die gesindheid waarmee die boek geskryf is, is onbesproke.

Die doel van die skrywer was om die moeilike en ingewikkelde probleme in hierdie verband kalm en sonder vooroordeel te bespreek teen die agtergrond van ons moderne wetenskaplike kennis van die saak. Die boek bevat 'n opsomming van homoseksuele gedrag in primitiewe gemeenskappe en in historiese tye, en dit lei tot 'n omvattende beskrywing van die maatskaplike, geregtelike, en morele probleme, soos hulle te voorskyn tree in verskillende lande. In die oorsig van die oorsake van hierdie toestand, word die endokriene, biologiese, en psigoanalitiese teorieë almal bespreek, en die vraag word behandel of daar 'n moontlike verband tussen homoseksuele gedrag en ander afwykings, soos alkoholisme en psigopatie, bestaan.

Die feit dat hierdie standaardwerk wat in 1955 uitgegee is, nou as 'n Pelican-uitgawe verskyn het, beteken nie dat dit skielik pornografies geword het nie. Dit beteken maar net dat die Pelican-uitgewers, soos die uitgewers van ander soortgelyke boekreekse, dit moontlik gemaak het dat 'n boek met 'n wetenskaplike inslag, wat alreeds die professionele goedkeuring van deskundiges verkry het, nou ook beskikbaar gestel kan word om gelees te word deur 'n breë leersbevolking. Omdat die probleme wat in verband staan met die homoseksuele gesteldheid so 'n wye omvang aanneem, behoort 'n boek met 'n objektiewe benadering en wat met so 'n onbetwyfelbare goeie gesindheid geskryf is, juis deur soveel mense as moontlik gelees te word. Wat eintlik behoort te gebeur is dat die owerhede 'n paar keer tweeduizend rand beskikbaar moet stel om hierdie boek te help versprei; ook behoort tronkstraf van vyf jaar opgelê te word op enige geneesheer, maatskaplike werker, onderwyser, of enigiemand anders wat belas is met die opvoeding van jongmense en die voorligting van volwassenes, wat *nie* hierdie boek of 'n soortgelyke objektiewe opsomming van die onderhawige probleem bestudeer het nie!

Om af te sluit wil ons graag die volgende sê: Dit val nie binne ons bevoegdheid om te oordeel of leesstof snert of pornografie is en as sodanig as verbode leesstof verklaar behoort te word nie. Eintlik wil ons ons hoegenaamd nie inlaat met die moeilike probleem van die plaas van 'n verbod op die lees van 'ongewenste' boeke nie. Wat ons egter wel voel, is dat dit vir ons almal as beskaafde mense tot skade en skande strek dat 'n aanvaarde standaardwerk — wat deur sy invloed al grootliks daartoe bygedra

het om menslike leed te versag en geluk en welsyn te bevorder — dat so 'n werk verbied moet word. Hierdie soort fout behoort *nie* te kan plaasvind nie. Sou die komitee wat belas is met die keuring van boeke dit nie as beginsel kon aanvaar om in gevalle soos hierdie ten minste eers die raad en advies van 'n deskundige op die

betrokke gebied te soek nie — veral aangesien dit tog duidelik aangedui word dat die boek deur 'n professionele wetenskaplike geskryf is? So 'n prosedure sou ons vrywaar teen die soort verleentheid waaraan ons nou blootgestel is.

1. Staatskoerant, p. 20, 27 Oktober 1961. Pretoria.

## ACCOUNTS

It is of considerable importance that practitioners should render accounts to persons to whom the Tariff of Fees for Approved Medical Aid Societies is applicable in a suitably detailed manner. It will facilitate the assessment of claims and lead to prompter payment. Considering that for most societies a separate claim form need not be completed, account forms should be of a reasonable size that will allow the details to be set out clearly.

The details required are:

- (a) Member's name, initials and number (if known) and, when applicable, dependant's name and relationship.
- (b) Home address and business address (this applies particularly to societies or organizations with branches all over the country).
- (c) Nature of complaint.
- (d) Dates of attendances and injections, etc., plus cost of material for injections.
- (e) Nature of operation (if any).
- (f) Time occupied by operation or anaesthetic.
- (g) Names of assistant(s) and anaesthetist.
- (h) To or by whom referred.

(i) Appropriate tariff section and item number.

It is advisable to render accounts monthly whenever possible, because it will encourage members of medical aid societies to submit their claims promptly and within the prescribed time laid down by their respective societies.

One further observation should be made. Practitioners should make sure of the correct name of a society, especially if they wish to advise a society that an account has not yet been paid.

Accounts have been sent to the wrong society and even the wrong claim forms have been used. For example, in the printing industry there are ten societies connected to newspaper offices, while the Printing Industry Medical Aid Society exists for the members of the South African Typographical Union (the works' employees) and the Federation of Master Printers Medical Aid Society for the office staffs of a number of printing firms. Confusion has occurred, particularly in connection with the last-mentioned two societies, causing unnecessary delay in the settlement of claims.