

THE MEDICAL CONGRESS, CAPE TOWN

The regular biennial Medical Congress of the Medical Association of South Africa will this year be held in Cape Town during the week 24-30 September. The Congress will take place in early Spring—one of the most attractive seasons in the Cape. The Congress programme offers a wide variety of attractions: There will be a Congress Ball, a Banquet, a Mayoral reception, opportunities for taking part in various sporting events, excursions, and special entertainments for the wives and other relatives of doctors. In addition there will be a scientific exhibition, a hobbies (arts and crafts) exhibition, an exhibition of medical and surgical products, and a closed-circuit colour-television programme of surgical operations and paediatric procedures.

The most important part of the Congress will, however, be the excellent scientific programme which is being arranged. As was done in the past, a number of plenary sessions will be held. The Scientific Committee has decided to arrange two of these meetings, on the subjects: *Care of the Aged* and *Diabetes*.

Care of the Aged

The problem of the care of the aged is one which, in recent years, has greatly increased in importance. There is a tendency throughout the world towards a relative and absolute increase in the number of aged persons in the community, and this gives rise to numerous new medical and social problems.

In the discussions at the plenary sessions this subject will be approached from various angles. Mrs. Zerilda Steyn, Chairman, South African National Council for the Welfare of the Aged, will speak on *Comprehensive care of the aged*. Dr. J. H. Sheldon, of England, will discuss the problem of *Old people and their health*. Dr. I. M. Hurwitz, of Cape Town, will address the meeting on *The incidence of disease or disability in persons living at a Home for the aged*, and Dr. R. Getz, of Johannesburg, will talk on *The growth of work at a Jewish Aged Home*. Mr. S. P. Watson, Secretary of the Rand Aid Association, will discuss the problem of *Rehabilitation of the aged*. Dr. R. L. Retief, Director of Hospital Services in the Cape, will deal with the question of *The Place of the Provincial Administration in the care of the aged*, and the Deputy Minister for Social Welfare and Pensions, Mr. B. J. Vorster, will address the meeting on *The Place of the Department of Social Welfare in the care of the aged*.

Diabetes

The progress which has been made in the fields of research on and treatment of diabetes, has been phenomenal. The study of diabetes has, in fact, become a science on its own. This subject, too, will be approached from many angles.

The first part of the discussion will be on *Diabetes in Africa* and will be opened by Dr. W. P. U. Jackson, of Cape Town, who has earned an international reputation for his work in this field. Dr. G. D. Campbell, of Durban, will then talk on *Recent observations on diabetes in Zulus and Natal Indians*, and Dr. H. C. Seftel, of Johannesburg, will discuss the problem of *Diabetes in the African as seen in Johannesburg*. Dr. W. M. Politzer, also of Johannesburg, will talk on *Diabetes in rural and urban Africans*, and Prof. J. A. Tullock, of Kampala, will address the meeting on *Diabetes—a comparison with other parts of the tropics*.

After the tea interval the problem of *Oral agents in diabetes* will be discussed. Dr. D. Jackson, of England, will talk on *Chemistry, pharmacology and indications for oral antidiabetic substances*. Dr. T. Schneider, of Johannesburg, and Dr. P. E. S. Loubser, of Bellville, will both discuss their *Clinical experiences with oral hypoglycaemic drugs*, and Dr. J. B. Herman, of Cape Town, will talk on *Glucose-tolerance tests and hypoglycaemic drugs*. In the afternoon a combined sectional meeting will continue the discussion of various other aspects of the problem of diabetes.

In order to make the Congress programme as attractive for as many doctors as possible, and to emphasize the basic unity which exists in medicine in spite of the tendency to specialize and super-specialize, the Organizing Committee has arranged two combined sectional meetings which can be attended by specialists in different subjects and by general practitioners.

At the first meeting the problem of *The diagnosis and treatment of occlusive arterial disease* will be discussed, and at the second meeting the problem of *Antibiotics, chemotherapy and cross-infection*. In addition to these combined meetings two symposia will be held on *Pleural and pulmonary neoplastic disease* and *Rheumatic heart disease*.

Besides the plenary sessions, the combined sectional meetings and the symposia, sectional meetings have been arranged in the different fields of medicine. The national Groups of the Medical Association will have an opportunity to meet and to hold their business meetings.

Once more we should like to appeal to all our colleagues to contribute to the social and scientific success of this Congress. It has frequently been said, and not entirely without justification, that the Medical Association devotes too much of its time to discussions of the economics of medical practice to the exclusion of other matters of equal or greater importance. This Congress presents an opportunity for all members of the Association to contribute to the success of an undertaking which is essentially a scientific and cultural venture.

Prof. J. F. Brock, of Cape Town, will deliver the opening lecture of Congress.

MALARIA

Ten spyte van die prysenswaardige vordering wat die Departement van Gesondheid oor die afgelope jare op die gebied van malariabestryding in Suid-Afrika gemaak het,

moet dit in gedagte gehou word dat malaria nog 'n gevaar is waarmee die publiek, en veral geneeshere, rekening moet hou.

Die redes waarom hierdie gevaar nog bestaan, is die volgende:

1. Die muskiete wat malaria oordra, word nog in verskeie dele van die land aangetref, en wanneer hierdie muskiete hulself met malariaparasiëte besmet (deur die bloed van 'n persoon te suig wat met die parasiëte besmet is), kan hulle die siekte verder onder die bevolking versprei.

2. Persone wat die Republiek van Suid-Afrika binnekom van dele waar die siekte nog algemeen voorkom, soos sommige van ons buurstate, is 'n werklike bron van gevaar, soos hierbo verduidelik is. Hoewel die Departement van Gesondheid van hierdie bedreiging bewus is en alles doen wat moontlik is om hierdie gevaar die hoof te bied, is dit moeilik en soms onmoontlik om die bewegings van hierdie persone te beheer en te kontroleer.

3. In die geval van malaria, net soos in die geval van enige aansteeklike siekte, moet die oogmerk wees om dit in die kiem te smoor voordat dit epidemiese afmetings aanneem. Dit kan slegs bewerkstellig word indien die diagnose so gou moontlik gemaak, die behandeling van die pasiënt onmiddellik ingestel, en doeltreffende voorsorgmaatreëls teen die verspreiding van die siekte getref word.

Aangesien malaria nie meer dikwels in die hierdie land voorkom nie, veral buite die gewese malariastreke, word daar soms nie aan die moontlikheid van hierdie siekte by die ondersoek van 'n pasiënt gedink nie, soms met noodlottige gevolge. Medici moet die moontlikheid van malaria nie uit die oog verloor nie en moet nooit versuim om by die afneem van die anamnese navraag oor die bewegings van die pasiënt gedurende die voorafgaande tyd te doen nie. Die moontlikheid dat die pasiënt die siekte ver van sy onmiddellike omgewing kon opgedoen het, is nie uitgesluit nie.

'n Belangrike vereiste is dat medici hul pasiënte wat voornemens is om na enige gebied te gaan waar malaria voorkom, vooraf moet inlig oor die gevare van die siekte en die maatreëls wat hulle moet tref om hulself teen aansteeking te beskerm. Hierdie maatreëls is die volgende:

(a) Gedurende hul verblyf in die malariagebied, moet hulle elke nag onder 'n muskietnet slaap.

(b) Hulle moet elke dag hul motor, tent, of slaapvertrek met 'n neurvellende insektegif, soos 'pyrethrum', bespuit om die aanwesige muskiete te vernietig.

(c) 'n Deeglike bespuiting van hul woonhuise en buitegeboue, met 'n nawerkende insektegif soos D.D.T., elke drie maande, sal baie daartoe bydra om die muskiete in hul onmiddellike omgewing uit te roei.

(d) Muskietafwerende middels moet in die aand en gedurende die nag aan ontblote dele van die liggaam gesmeer word, veral wanneer hulle buitenshuis moet wees.

(e) Bewoners van gebiede waar malaria gedurende die afgelope jare voorgekom het, moet toesien dat alle deure, vensters, en ander openinge in die huis met muskietwerende gaas voorsien is.

(f) Persone wat tydelik na malariagevaargebiede gaan, moet ten sterkste aangeraai word om een van die malaria-onderdrukkende middels profilakties te gebruik. 'n Doeltreffende middel wat aanbeveel kan word, is chlorokien. Die standaard-dosis vir volwassenes is 300 mg. van die basiese middel per week (twee tablette). Dit word dus aanbeveel dat volwassenes twee van die tablette elke week op dieselfde dag van die week sluk. Kinders moet die volgende gedeelte van die volwasse dosis neem:

Onder 1 jaar	$\frac{1}{8}$ tot $\frac{1}{4}$ van volwasse dosis.
1 - 3 jaar	$\frac{1}{4}$ tot $\frac{1}{2}$ van volwasse dosis.
3 - 6 jaar	$\frac{1}{2}$ tot $\frac{1}{2}$ van volwasse dosis.
6 - 9 jaar	$\frac{1}{2}$ tot $\frac{3}{4}$ van volwasse dosis.
9 - 12 jaar	$\frac{3}{4}$ tot volwasse dosis.

Hierdie weeklikse enkeldosis moet een week voordat die malariagebied binnegegaan word, geneem word, volgehou word tydens die verblyf daar, en eers vier weke nadat die streek verlaat is, gestaak word. (Dit geld vir volwassenes en kinders.)

Wanneer hierdie voorsorgmaatreëls getrou nagekom word, sal dit 'n beskerming vir hulself en die tuisbevolking bewerkstellig.

Ten slotte word geneeshere daaraan herinner dat malaria 'n aanmeldbare siekte is, en dat hulle asseblief nie moet versuim om elke geval so gou as moontlik aan te meld nie.