

RETROSPECT AND PROSPECT

To pause for a moment, at the turn of the year, in order to make an objective appraisal of the achievements as well as the failures and the lost opportunities of the past year, is a sign of sound self-criticism and emotional maturity. Without doing this it would be difficult to assess the measure of success with which we have discharged our responsibilities. It is however not enough to look back. We must also look forward to the coming year in terms of our experiences of the past and our expectations for the future.

One of the distinctive features of the past year is the fact that we have become aware, perhaps more so than at any other time in the past, of a disconcerting feeling of uncertainty and anxiety. As we pointed out on a previous occasion,<sup>1</sup> this awareness has not only manifested itself in our own country in the political, social, and financial spheres, but it is also present in other countries where it finds expression on national and international levels. Accepted values and customs are disintegrating and changing. Well-established views are being modified, and the whole milieu of our spiritual and practical existence has become fluid.

Another important phenomenon in the field of medical practice arises from the fact that the basic pattern of our medical services is changing rapidly and radically. The family doctor, as previous generations knew him, is fast disappearing. Medical services are being provided more and more by teams of doctors working in clinics and hospitals. In his arresting article on 'The personal doctor', Dr. T. F. Fox,<sup>2</sup> Editor of the *Lancet*, set down in detail his reflections on this subject. Speaking of Great Britain he says 'with hospital specialists almost everywhere accessible, the general practitioner (composite or otherwise) is dead. But the personal doctor is needed more than ever'.

It was interesting to see that this statement elicited a strong reaction from correspondents both in England<sup>3</sup> and in our own country.<sup>4</sup> The general consensus of opinion seems to be, and with this view we concur, that it is quite inconceivable that the general practitioner will disappear from a country like South Africa. There will always have to be men like the general practitioners we have known over years, who are entrusted with the responsibility to treat most of the ill people (including seriously ill patients), who are spread over the length and breadth of this vast sub-continent. But the general practitioner must remain a personal doctor. In so far as he is able to fulfil this rôle, his status as a doctor and a human being will be enhanced. In this country we will never be able to do without specialists (especially consulting specialists) and general practitioners, but a heavy responsibility rests on both to maintain their relationship with their patients on the level of the personal doctor in the true sense of the word.

The feeling of uncertainty and anxiety was also noticeable during the past year in the field of the

economics of medical practice. The tendency to render medical services against a background of medical aid societies and insurance company medical aid becomes more pronounced every day. This is probably inevitable because of the continuous and drastic rise in the cost of living, including the cost of medical services. The medical profession is, however, not completely powerless in this respect. What it can and should do is to ensure that in negotiating for an acceptable *modus operandi* between itself and the vested interests concerned, it will maintain its status and dignity as a profession, whose whole reason for existence is summarized in one word: service.

In South Africa, as in other countries, the year 1960 will be remembered as the year which inaugurated the victory over poliomyelitis. South Africa has joined many other countries in an all-out attempt to banish poliomyelitis completely by organizing a mass campaign of vaccination with Sabin strains of live attenuated poliovaccine. All evidence goes to show that we are producing the safest and most effective live poliovaccine available. However, as we pointed out when this matter was discussed,<sup>5</sup> we are under the obligation to ensure that this campaign is undertaken on a truly national and community basis. It seems therefore fitting to reiterate the warning that we may be able to wipe out poliomyelitis completely in South Africa, but it may be introduced again from some other country. Unless all children are immunized in infancy against poliomyelitis, as they are against smallpox, they will be at great risk if wild strains of poliovirus reappear. It may well be necessary in the future to institute compulsory vaccination against poliomyelitis to obviate the possibility of a catastrophe.

Our future, as Dr. Gear points out so convincingly in his article on page 1109 of this issue of the *Journal*, is intimately bound up with the trend of events in the wider world. It is, for instance, impossible to ignore the fact that the Western World has been living in a state of war or of armed peace ever since 1939. According to all calculations, about 70 million people had to leave their homes as refugees during World War II; a further 40 million have had to leave their homes subsequently; and there is once more an alarming stream of refugees from the various African states. These facts cannot but reflect unfavourably on the community as a whole and on the guardians of its health and happiness in particular. As doctors we cannot ignore the implications of this problem, as we cannot ignore the basic instability of the world of which it is a symptom.

Each one of us, whether he accepts it or not, shares the responsibility for the wellbeing and survival of the human race. In the words of John Donne 'any man's death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls; it tolls for thee'. It would appear that we have embarked upon projects which may lead to the annihilation of the world as we know it. It is therefore imperative

that we examine the present world-wide armament race in atomic weapons in the light of all available evidence.

We need not dwell on the disaster of Hiroshima – the facts are known only too well. But recently other alarming reports have come from Japan.<sup>6</sup> It was reported that in 1955 in the area affected by atomic bomb explosions years ago, there were some twenty children born distorted in some way. The Next year, 1956, the number was thirty-five, and in 1957, sixty-five. That is, the number of such births has multiplied by three in three years. These facts are probably not yet entirely interpreted and completely understood, but if they mean what they seem to mean, it may be that far greater damage has been done to the early undeveloped ovum than anyone has known before. It is difficult to imagine a more significant warning on the implications of our actions.

Illuminating light has also been shed on other aspects of our medical and social life in which we have failed lamentably to meet our obligations. A short while ago Dr. Neudörfer-Redlich,<sup>6</sup> the representative of Austria on the Board of the United Nations Children's Fund quoted the fact that there are now about 900 million children in the world, about 600 million of whom are hungry and

sick. These are therefore children in relation to whom the world is not fulfilling even the simple responsibility of providing food and reasonable medical care.

As a result of all these circumstances, the place and status of the medical profession in the world today is being questioned more than ever before. It is therefore necessary for the profession as a whole to review its basic tenets and values, and to meet the challenge of a changing world in such a way that its status as a learned body of professional men remains untarnished. Furthermore, it behoves us all as civilized people to embark on many reappraisals, in particular with reference to our responsibilities as human beings. Let us, at the turn of this critical year, rededicate ourselves to the principles of charity and humanity, and let us find the justification for our existence in the coming years in the true meaning and spirit of the adage of the Romans of old: to work is to pray; and the labour in which we find our joy, heals the pain.

1. Van die Redaksie (1960): S. Afr. Med. J., 34, 644.

2. Fox, T. F. (1960): Lancet, 1, 743.

3. Correspondence (1960): S. Afr. Med. J., 34, 700.

4. *Idem* (1960): *Ibid.*, 34, 768.

5. Editorial (1960): *Ibid.*, 34, 985.

6. Chisholm, B. (1960): *Uprooting and Resettlement*, pp. 9 and 11. London: World Federation for Mental Health.

## BY DIE WISELING VAN DIE JAAR

Om by die wisseling van die jaar 'n oomblik stil te staan en eerlik terug te kyk op die geleentheid en prestasies, maar ook op die verlore kanse en mislukkings van die afgelope jaar, is 'n teken van gesonde selfkritiek en emosionele volwassenheid. Daarsonder sou dit moeilik wees om 'n objektiewe bepaling te maak van hoe goed of hoe sleg ons rekenskap gegee het van ons rentmeesterskap. Om terug te kyk is egter nie genoeg nie. Ons moet ook die jaar wat voorlê tegemoetsien in terme van ons ervarings van die verlede sowel as in terme van ons verwagtinge in die toekoms – want dit is 'n teken van verantwoordelike verstandigheid.

Een van die kenmerke van die afgelope jaar is dat ons, miskien meer as in die verlede, bewus geword het van 'n sekere gevoel van onrustigheid en onsekerheid wat, soos ons by 'n vorige geleentheid aangetoon het,<sup>1</sup> nie net in ons eie land waar te neem is in die politieke en maatskaplike en finansiële lewe nie, maar wat ook aanwesig is in baie ander lande waar dit op die nasionale en internasionale vlakke tot uiting kom. Vaste waardes en gebruike is aan die verander en aan die kantel. Gevestigde opvattinge word gewysig en die hele milieu van ons geestelike en praktiese bestaan het meer vloeibaar geword.

Een van die belangrikste verskynsels op die gebied van die beoefening van die medisyne is die feit dat die basiese patroon van geneeskundige dienste dreig om radikaal te verander. Die gesinsdokter, soos hy bekend was aan vroeëre geslagte, is byvoorbeeld aan die verdwyn. Mediese dienste word al meer gelewer teen die agtergrond van spanne dokters in klinieke en hospitale. In sy opspraakwekkende artikel in die *Lancet* oor 'The personal doctor' het dr. T. F. Fox,<sup>2</sup> redakteur van die *Lancet*, 'n deuringende ontleding van hierdie probleem gegee. Met betrekking tot Groot-Brittanje het hy o.a. gesê, 'met hospitaalspesialiste omtrent orals beskikbaar, is die alge-

mene praktisyn dood. Maar, daar is 'n groter behoefte as ooit tevore aan die persoonlike dokter'.

Dit was interessant om te sien dat daar uit sowel Engeland<sup>3</sup> as uit ons eie land<sup>4</sup> skerp reaksie gekom het oor hierdie uitspraak. Die algemene gevoel skyn te wees, en daarby sluit ons ons ook aan, dat daar geen sprake daarvan kan wees dat die algemene praktisyn in 'n land soos Suid-Afrika kan verdwyn nie. Daar sal en moet altyd mense wees, soos die algemene praktisyn, wat verantwoordelik moet wees in plattelandse gebiede vir die versorging van verreweg die meeste siektes en kwale van die lede van daardie gemeenskap, insluitende die versorging van ernstige siektes. In die mate wat die algemene praktisyn hierdie dienste verrig ook as 'n persoonlike dokter, sal sy status as mens en dokter hoër wees. In Suid-Afrika kan ons dus nie klaarkom sonder spesialiste (veral konsulerende spesialiste); en algemene praktisyns nie, maar op albei rus die verantwoordelikheid om hulle verhoudings tot hul pasiënte te bly bewaar op die vlak van die persoonlike dokter in die ware sin van die woord.

Die gevoel van onrustigheid en onsekerheid waarna ons hierbo verwys het, het ook gedurende die afgelope jaar veral tot uiting gekom op die gebied van die ekonomiese organisasie van die mediese praktyk. Mediese dienste word al meer gelewer teen die agtergrond van hulp- en versekeringskemas. Aangesien die lewenskoste in die algemeen (en dus ook van mediese dienste) 'n steeds stygende kurwe vertoon, is hierdie veranderende patroon van mediese dienste eintlik onvermydelik. Wat die mediese profesie egter wel *kan* doen en *moet* doen is om te sorg dat die status en die waardigheid van die profesie nie in die gedrang kom by die ekonomiese organisasie van die mediese praktyk nie.

In ons land, soos in ander lande, sal die jaar 1960 ook bekend staan as die jaar wat die oorwinning oor polio-

miëlitis ingelui het. Suid Afrika staan saam met ander lande in 'n omvattende poging om, onder andere, deur middel van die toediening van lewende verswakte polio-sluketstof, poliomiëlitis geheel en al die hoof te bied. In hierdie verband weet ons dat al die gegewens daarop dui dat ons in hierdie land die veiligste en die mees doeltreffende lewende polio-entstof wat beskikbaar is, vervaardig. Soos ons aangetoon het toe hierdie saak bespreek is,<sup>5</sup> spruit daar uit ons optrede in hierdie verband in die verlede egter 'n groot verantwoordelikheid vir die toekoms, om naamlik toe te sien dat hierdie onderneming op 'n volledige gemeenskapsbasis aangepak word. Dit sal dus goed wees om hier weer die waarskuwing te herhaal dat, tensy alle kinders op 'n vroeë stadium teen poliomiëlitis ge-ent word, soos die geval is met pokkies, hulle blootgestel sal word aan groot gevare as wilde stamme van die poliovirus weer te voorskyn kom. Dit mag wel nodig wees dat verpligte inenting teen poliomiëlitis in die toekoms ingestel moet word om die moontlikheid van 'n katas-trofe te voorkom.

Ons lotgevalle, soos dr. Gear so oortuigend aantoon in sy artikel op bladsy 1109 van hierdie uitgawe, word ook geraak en bepaal deur die gebeurtenisse in die wyere wêreld. Ons kan byvoorbeeld nie onverskillig staan teenoor die feit dat die Westerse wêreld nog steeds, sedert 1939, in 'n staat van oorlog of beleërde vrede lewe nie. Die feite dat daar volgens berekening nagenoeg 70 miljoen mense was wat hul huise as vlugteling *gedurende* die laaste wêreldoorlog moes verlaat; dat *sedert* die oorlog nog 'n verdere 40 miljoen mense deur dieselfde lot getref is, en dat daar nou weer die groot stroom vlugteling uit die verskillende lande en state in Afrika is, kan nie anders nie as om 'n ongunstige neerslag te hê op die samelewing in die geheel. En daarom is dit ook duidelik dat ons as geneeshere hierdie probleem – en die basiese onstabieleit in die wêreld waarvan dit een simptoom is, nie kan veronagsaam nie.

Elkeen van ons het ook, teen wil en dank, mede-verantwoordelik geword vir die welsyn en voortbestaan van die menslike ras. Daar is gedurig bewyse dat ons ons op paaie begeef wat kan lei tot die algehele vernietiging van die wêreld soos ons hom ken. Dit sal dus goed wees om die huidige wedloop om bewapening met kernwapens te sien teen die agtergrond van wat alreeds bekend is. Die tragiese feite van Hiroshima is te goed bekend om hier te

herhaal. Maar, onlangs het daar uit Japan 'n verdere ontstellende berig<sup>6</sup> gekom dat daar in 1955 in die gebiede wat jare gelede betrokke was by ontploffings van atoom-bomme, ongeveer twintig kinders gebore is wat op een of ander manier mismaak is. In die volgende jaar, 1956, was hierdie syfer vyf-en-dertig, en in 1957, vyf-en-sestig. Die aantal het dus meer as verdriedubbel in drie jaar. Wat die implikasies van hierdie feite is, weet ons nie; as hulle egter beteken wat hulle skyn te beteken, kan dit wees dat veel meer skade berokken is aan die vroeë onontwikkelde ovum, as wat moontlik geag is. 'n Ernstige waarskuwing om na te dink oor die gevolge van ons daad op 'n globale grondslag, kan ons skaars bedink.

Interessante lig word ook gewerp op ander gebiede waarop die wêreld as 'n geheel gefaal het in sy verantwoordelikheid ten opsigte van die voortbestaan van die mensdom. Dr. Neurdörfer-Redlich,<sup>6</sup> die verteenwoordiger van Oostenryk op die Raad van die Verenigde Volke se Kinderfonds, het gesê dat daar vandag in die wêreld, volgens berekening, omtrent 900 miljoen kinders is waarvan omtrent 600 miljoen honger en siek is. Ons kan skaars 'n sterker aantying bedink van die mate en omvang waarin die wêreld gefaal het in die nakoming van sy basiese verpligtinge om te sorg vir die voeding en die mediese versorging van die kinders wat hom toevertrou is.

Onder al hierdie omstandighede het die plek en status van die mediese profesie in die moderne wêreld meer as ooit tevore in die gedrang gekom. Dit is dus noodsaaklik dat ons as 'n profesie ons eie uitgangspunte en waardes moet hersien. Op die mediese profesie rus die verantwoordelikheid om die uitdaging van die veranderde omstandighede en waardes in 'n veranderende wêreld te aanvaar en op so 'n manier te verwerk dat sy status as 'n liggaam van geleerdes en van professionele persone, wat 'n spesiale diens het om te lewer, onaagetas bly. Laat ons bowe alles ons vreugde en die regverdiging vir ons bestaan in die jare wat voorlê vind in die toepassing van die ware gees en gesindheid van die uitspraak van die ou Latyners wat hierin geglo het: om te werk is om te bid, en die arbeid waarin ons 'n lus het, heel die pyn.

1. Van die Redaksie (1960): S. Afr. T. Geneesk., 34, 644.

2. Fox, T. F. (1960): Lancet, 1, 743.

3. Korrespondensie (1960): S. Afr. T. Geneesk., 34, 700.

4. *Idem* (1960): *Ibid.*, 34, 768.

5. Van die Redaksie (1960): *Ibid.*, 34, 1009.

6. Chisholm, B. (1960): *Uprooting and Resettlement*, pp. 9 en 11. Londen: World Federation for Mental Health.