

EDITORIAL : VAN DIE REDAKSIE

THE ESTABLISHMENT OF CITIZENS' ADVICE BUREAUX

On a previous occasion we drew attention to the fact that the basic approach to welfare work has undergone radical changes during the past few decades. Previously, the relief of distress, mainly by providing money, used to be the essence of this kind of work. Today, however, experts in the field of community care and social work agree that the approach to these problems should be much more constructive and dynamic in nature.

Preventive social work is therefore being approached today in terms of specific social needs. Where such needs exist, attempts are made to try to fulfil them, e.g. people are helped to obtain (according to their needs) old-age pensions, disability grants, unemployment benefits, etc.; and facilities are being provided for the care of special groups of disabled or partly disabled persons, e.g. elderly people, juvenile delinquents, people with various kinds of physical disabilities, epileptics, mentally disordered persons, etc.

With the ever-increasing and unparalleled complexities of day-to-day living, with the increase of bureaucracy, legislation and specialization, it is becoming more and more obvious that the average person is in need of a central source of information to help him solve the many problems with which he is being confronted every day under normal or extraordinary circumstances.

The establishment of such central sources of information as Citizens' Advice Bureaux, presents one of the modern developments of our current concept of responsible and preventive welfare work. Bureaux of this nature were first evolved in the United Kingdom during the hard days of World War II when many women were left on their own to face the rigours of wartime living while their husbands and other menfolk were away in the armed services.

The Toc H organization was among the first to recognize the problem and to stimulate action to solve it. Other organizations also accepted the challenge, and many Bureaux (over 400 in the UK alone) were established and accepted by the central and local government authorities. The Danish Government is also at present considering the establishment on a large scale of bureaux of this nature, and a similar movement is in progress in Southern Africa. Four Bureaux have, for instance, been established in the Rhodesian Federation, and an obvious need is felt in the Republic of South Africa. Plans are already being made to start a Bureau in Johannesburg, and a Citizens' Advice Bureau has just been opened in Cape Town

with a central office, a secretary, and a committee consisting of interested people.

The following are examples of subjects on which the Bureaux would be competent to assist: Civic, local and national information; land tenure; communications and travel; education; master and servant regulations; employment; family and personal affairs; health and medical problems; insurance; property; service and ex-service questions and pensions; trade and manufacture; and hire-purchase and general contracts.

Information and advice may be sought from the bureaux either personally or by telephone or letter by any member of the public or by any organization, free of charge, on any subject. If the information is not readily available every effort will be made to obtain it as soon as possible. Where necessary the enquiry will be referred to the pertinent authority or specialist. All enquiries and interviews will be conducted in the strictest confidence.

The specific services which the Bureaux are able to render can be summarized as follows:

(a) Directing people to the right source of help. Helping them to complete forms. Helping them to untangle legal problems. Reassuring them following official decisions. Helping them to understand, and use, appeal machinery.

(b) Coordinating the various social services, both voluntary and statutory, which may be needed to solve a complex problem.

(c) Interpreting the formal written word so that they may understand the various forms of legislation which may affect them, and also be aware of contractual responsibilities and benefits.

(d) Filling the gaps in social services and dealing with personal problems which are at present 'nobody's business'. Acting as a safety valve through the simple act of listening sympathetically. Recognizing deep-seated and difficult social problems of which the enquirers themselves may not be aware.

This new movement in preventive social work should receive the wholehearted support of the medical profession as a whole and of the public in general, since it represents a constructive approach to the many and varied problems of social pathology.

As we have pointed out already, plans are in progress to establish a Bureau of this nature in Johannesburg; the address of the secretary of the Cape Town Bureau is: 23 St. George's Street (telephone 41-1203), Cape Town. Further information can be obtained from this office.

BESTRALINGSKADE

Alle selle is verwondbaar deur bestraling. Hierdie skadelike uitwerking hang egter af van die spoed van selverdeling — selle wat meer aktief is, ondergaan groter beskadiging. Ons kennis van die uitwerking van bestraling op menslike

weefsels is gegrond op waarnemings wat gemaak word gedurende 'ongelukke' wat somtyds voorkom en word afgelei van eksperimente op proefdiere. Blywende velskade, nekrose van been, anemie, leukemie en karsinoom kan

teweegebring word. Komplikasies van hierdie aard is byvoorbeeld al waargeneem by röntgenoloë, mense wat verligte oorlosie-wyserplate maak, uranium-delwers, en die oorlewendes van atoombom-ontploffings.

Bowe en behalwe hierdie langtermyn-uitwerking, is daar ook die onmiddellike gevolge van bestraling. Groot bestralingsdosisse veroorsaak byvoorbeeld bestralingsiekte, waarvan naarheid en braking vroeë tekens is. Besonder groot dosisse kan die sentrale senuweestelsel beskadig en die dood veroorsaak. As die dood eers 'n aantal weke na die bestraling intree, is dit gewoonlik die gevolg van sekondêre infeksie wat noodlottig verloop omdat die beskadigde liggaam nie die normale mate van weerstand het nie.

Elke mens is blootgestel aan bestraling wat onder normale omstandighede aanwesig is in sy omgewing. Bykomstige, mens-gemaakte bestraling vermeerder egter steeds, en daar word noukeurig gelet op die gevare van onnodige bestraling. Daar word bereken dat bykomstige bestraling in 'n land soos Engeland, byvoorbeeld, soos volg ontstaan:<sup>1</sup>

Atoom-neerslae	1 persent
Oorlosies, aanpas van skoene en diverse bronne	1 persent
Diagnostiese röntgenondersoeke en mediese prosedures	20 persent
Beroepsblootstelling	0.5 persent

Bestraling wat deur die mens veroorsaak word, vorm dus ongeveer 25 persent van die normale agtergrondbestraling, en dit is aan die vermeerder.

Daar bestaan 'n Internasionale Kommissie vir Röntgenologiese Beskerming wat aanbevelings maak oor die maksimum dosisse van bestraling wat onder verskeie omstandighede toelaatbaar is. Hierdie liggaam het reëls neergelê wat nagekom moet word in gevalle van blootstelling aan hoë dosisse gedurende noodtoestande en ongelukke.

Met betrekking tot beskerming teen bestralingsbronne buite die liggaam, moet verskillende faktore oorweeg word.<sup>1</sup> Afstand is byvoorbeeld die goedkoopste en eenvoudigste vorm van beskerming, aangesien die intensiteit van bestraling in die omgewing van 'n bron verminder ooreen-

komstig die omgekeerde vierkantswet, of vinniger. Die duur van blootstelling is ook belangrik. Verskansing kan doeltreffend wees teen alpha-deeltjies wat heeltemal gekeer word deur die wande van houers, rubber-handskoene, en klere; beta-deeltjies word gekeer deur die glaswande van reagensbottels of deur perspex, maar gammastrale kan slegs versag word, en nie gekeer nie, deur oorvleulende lood- of sementstene.

Vir diegene wat met radionuklides werk, is volstrekte sindelike en verstandige beplanning van eksperimente noodsaaklik om hulle te beskerm teen inaseming of inname van die materiaal waarmee gewerk word. Die toksisiteit van radionuklides hang van hul biologiese half-leeftyd af, en dit weer hang af van die fisiese half-leeftyd van die element en die snelheid van die omkering daarvan in die liggaam. Die soort en energie van die bestraling en die graad van selektiewe lokalisering van die radionuklides in die liggaam is ook belangrik met betrekking tot toksisiteit.

Opsporingsinstrumente is beskikbaar en word al meer gebruik deur diegene wat aan bestraling blootgestel word. Personeel in 'n hospitaal of laboratorium dra byvoorbeeld filmskyfies. Die verkleuring van die skyfies staan in verband met die dosis wat deur daardie gebied van die skyfie geregistreer word. Die skyfies word gewoonlik op die kraagomslag van die wit oorjas gedra, maar hulle kan ook op die hande of vingers gedra word onder spesiale omstandighede. Elektroskoop-dosismeters wat in die sak gedra kan word, is ook beskikbaar. Gereelde bloedsel-tellings moet gemaak word. In die laboratorium moet daar ook 'n monitor in gedurige gebruik wees om die bestralingsvlak aan te dui, en daar moet verkieslik 'n hoorbare waarskuwingsteken wees wat veranderinge in die vlak van agtergrondbestraling aankondig. Verskillende soorte monitor-apparaat word gebruik in daardie laboratoriums waar bestralingsmateriaal geberg of ondersoek word. Ook is die opruiming van afvalprodukte 'n belangrike probleem. Die metodes wat in hierdie verband van toepassing is, verskil na gelang van die aard van die besondere soort materiale wat in die laboratorium gebruik word — soliede afvalprodukte wat lank aktief bly, vorm 'n groot probleem.

1. Davis, H. (1961): *Bentley's Textbook of Pharmaceutics*. London: Baillière, Tindall & Cox.