

EDITORIAL : VAN DIE REDAKSIE

SANTA FIGHTS TUBERCULOSIS

SANTA, the South African National Tuberculosis Association, deserves the active and wholehearted support of the medical profession. In the sixteen years since it was founded, SANTA has done magnificent work in combating tuberculosis on many fronts.

A letter in this issue of the *Journal* from Dr. A. Bloom, a senior physician now living in retirement in Durban, who has done more than 50 years of active tuberculosis work, commends the excellent achievements of SANTA and highlights the difference in approach to tuberculosis today and in his early days of practice. Nevertheless, although we have such diagnostic aids as mass radiography, tuberculin, and now percutaneous BCG, and although anti-tuberculosis drugs have been with us for well over a decade, the rate of notifications and deaths from this disease is still extremely high in South Africa.

Not even all doctors, let alone members of the lay public, know what havoc tuberculosis continues to cause among all sections of our community. A few figures may be of value in demonstrating this. In 1962 notifications throughout South Africa were 63,450—an increase of just under 5,000 since the previous year. These notifications represent more than 170 new cases each day, and there are about 15,000 annual, or 40 daily deaths from tuberculosis in South Africa. There have also been increased notifications in every section of the community, from the most privileged to the most primitive. Of course, since poverty, malnutrition, poor hygiene, bad housing, and all the other social ills that go with these conditions, are important factors in preparing the ground for the tubercle bacillus, the largest number of cases are among the poorer sections of the population. Even so, it was pointed out recently by the national secretary of SANTA that there was a 23 per cent increase in notifications of tuberculosis in White children under the age of four years during 1962.

It will at once be obvious that the 5,000 increase in notifications during 1962 does not necessarily represent a true increase—active case-finding, especially in the rural areas, might have uncovered cases that would not otherwise have come to light.

But whichever way we look at it, the position is a most serious one. There had been high hopes of a knock-out blow being delivered to tuberculosis with the advent of chemotherapy. That this has not been so is obvious from the figures, and from the disturbing reports of increased drug resistance by the tubercle bacillus in many parts of the world. Minimum inpatient treatment periods are still lengthy for those with many types of tuberculosis, and beds are always urgently needed for such patients. It is true that the bed position in South Africa has improved out of all recognition over the past twelve years—from 2,900 in 1946 to 22,867 in 1961. But with *new* patients appearing at the rate of 63,000 a year, much more has obviously to be done.

Where does SANTA fit into this gloomy picture? The Central Government and the local authorities have the statutory duty of combating tuberculosis, while SANTA is a voluntary national body, consisting of dedicated men and women, active in every field of anti-tuberculosis endeavour. SANTA considers that its main responsibility is to stimulate officialdom and at the same time to get the people to demand that officialdom acts to combat the tuberculosis menace adequately. By being the active conscience of the people in this respect, SANTA, with the power of the example of its achievements, can continue to harry the authorities to 'put right what is still so very wrong' in the tuberculosis field.

What are SANTA's achievements? It has established 34 centres throughout South Africa with 7,000 beds in them. At these centres, at the lowest possible cost, over 40,000 patients have been treated. It has 120 branches, staffed by voluntary workers, many of them doctors. At these branches indigent tuberculosis patients and their families are helped with food, clothing, rent, advice and, when necessary, rehabilitation. Clinics are maintained and transport is organized. Most of the work of these branches concerns the dependants of tuberculosis patients—by assuring patients that their dependants will be cared for, SANTA relieves them of a worrisome burden and enables many to continue long-term inpatient treatment which they would have refused under other circumstances.

A major part of the work of SANTA is in the health education field. As SANTA states, this education drive is 'an organized battle against the almost insurmountable ignorance, superstition and incomprehension of a largely primitive people and the alarming apathy of a highly civilized one'. Both the primitive and the civilized attitudes are ones extremely dangerous to the well-being of the community as a whole. All possible media are employed in this education drive—posters, pamphlets, films, lectures, audio-visual aids—and all sections of the community, both urban and rural, are reached.

Case-finding is another important part of the work of SANTA. Because the public has confidence in SANTA, its appeals for public support of mass radiography do not go unheeded. In Johannesburg it maintains two mobile X-ray units itself, and, apart from this service, it persuades many people to have X-ray examinations under the aegis of the State Health Department or of local authorities.

SANTA has an ambitious programme mapped out for the future. In addition to the work it is now doing, which will be intensified, it will take an active part in promoting the idea of BCG vaccination, which it is hoped will shortly be introduced on a large scale; SANTA will also provide sheltered employment for chronic tuberculosis sufferers and will establish scholarships for workers in the tuberculosis field.

This brief outline clearly shows how important is SANTA's work in South Africa. It is true that the tuberculosis position is, if anything, deteriorating in South Africa, but we make bold to say that it would have been far worse had it not been for the efforts of the workers in SANTA. Control of tuberculosis is of paramount importance to the country, and we as medical practitioners must obviously play our part in bringing about this control. However, there is far more to control of this disease than mere doctoring, and here we can do little actively to put matters right. As a sociological problem of great magnitude it requires the active cooperation of many Government departments and all local authorities. And as a body to stimulate these statutory departments

and to provide a national framework for action, it needs SANTA.

To work effectively, SANTA needs money. This year SANTA is making an all-out effort on a national scale to amass a large sum of money to finance its work over the next several years. Its last national appeal was in 1952. Since then it has done wonders, but its coffers are low. It behoves us all as doctors to support SANTA financially, as well as in other ways, and to impress on the lay public, where possible, the need for this support for so worthy a body—a body that is not a charity, but 'a social movement in the field of health'.

1. Editorial (1963): SANTA News, 2, June, 2.

UNIVERSELE TEENGIF AS 'N NOODHULPMIDDEL

Gedurende die afgelope aantal dekades het ons eksterne milieu in baie opsigte radikaal verander van wat dit voorheen was. Ons lewe nie net onder die skadu van 'n atoomoorlog wat 'eendag' mag uitbreek nie, maar ons is *van dag tot dag* blootgestel aan die vernietigende gevolge van praktiese lewensomstandighede wat letterlik handuit ruk. Voorbeelde van sulke omstandighede is blootstelling aan verkeersongelukke, waaroor ons al baie in die *Tydskrif* geskryf het, en blootstelling aan duisenderlei gifstowwe wat selfs in ons huise 'n gedurige bedreiging vorm.

In Amerika word daar bereken dat 150,000 Amerikaners jaarliks siek word of sterf as gevolg van die inname van gifstowwe—per ongeluk of met voorbedagte rade. Van hierdie aantal is 90% kinders. Hierdie syfers sal heelwaarskynlik proporsioneel ook op ons omstandighede van toepassing wees.

Dié verontrustende toestand van sake is die gevolg van die feit dat ons alledaagse omgewing vandag min of meer oorlaai is met letterlik honderdduisende giftige produkte wat vir die algemene gebruiker bekombaar is. Dokters uit vroeëre geslagte sou nooit van so iets kon droom nie. Hierdie produkte wissel van arseenpreparate vir gebruik in die tuin tot politoere, olies en medisynes. Die blote feit dat daar so baie van die gevaarlike middels is, maak die probleem van voorkoming en behandeling uiters moeilik.

In verskeie dele van die wêreld is daar sentrale buro's wat dokters bystaan in die behandeling van gevalle van vergiftiging. Dit is egter nie voldoende nie. Heel dikwels is dit die tydfaktor wat deurslaggewend is, m.a.w. 'n noodhulpmiddel behoort in private huise beskikbaar te wees om onmiddellik as noodhulpmaatreeël gebruik te word.

Dit is interessant om daaraan te dink dat die behoefte aan sò 'n noodhulpmiddel al baie oud is. Meer as tweeduisend jaar gelede al het koning Mithradates van die Swartsee-land 'n teenmiddel teen gifstowwe gebruik (omdat hy die wraak van jaloerse onderdane gevrees het). Hy het die middel mithradatum genoem en dit elke dag as 'n roetine voor ontbyt geneem! Dieselfde soort voorkomende maatreeël is ook deur Nero se hofgeneesheer ge-

tref deur 'n teenmiddel wat 62 bestanddele bevat vir die vors te berei.

Gelukkig bestaan daar vandag 'n sogenaamde universele teenmiddel. Hierdie middel bevat geaktiveerde houtskool, magnesiumoksied, en looisuur. Wat hierdie universele teengif doen, is om die chemiese samestelling van 'n gegewe gif so te verander dat dit gereedlik uitgeskei kan word. Baie giftige alkaloides word, byvoorbeeld, aangegetrek deur geaktiveerde houtskool; sure word geneutraliseer deur magnesiumoksied, en sommige glukosides en baie giftige metale word gepresipiteer deur looisuur.

Die universele teenmiddel is spesifiek effektief teen genoeg alle gifstowwe wat gewoonlik in en om die huis aangetref word. Onder hierdie 'giftstowwe' moet so 'n belangrike middel soos asetiëlsaliëlsuur (wat 'n belangrike kinderdoder is) ingesluit word, asook ander medisynes, toksiese kosmetiese middels, skoonmaakmateriaal, verf, insektedoders, tuinbenodigdhede, vuurmaakmateriaal, ens.

Dit is dus verkieslik dat 'n voorraad van die universele teenmiddel altyd tuis beskikbaar moet wees, en dat dit ook saamgeneem moet word op reis en na pieknieks, ens. Dit is egter baie belangrik om daarop te let dat die gebruik van hierdie middel *nooit* mediese aandag moet uitsluit nie. Dit moet slegs as 'n noodhulpmaatreeël gebruik word tot tyd en wyl die dokter, wat in elk geval dadelik geroep moet word, opdaag. Ook is dit uiters belangrik dat al die ander gewone noodhulpmaatreeëls ook streng nagekom moet word totdat die dokter kom. Lees in hierdie verband Hoofstuk 8 van die onlangs-gepubliseerde *Moderne Eerstehulp en Voorkoming van Ongelukke*.¹

Alhoewel die universele teenmiddel dus slegs 'n noodhulpmiddel is, kan dit 'n groot bydrae maak tot die redding van lewens. Behalwe die soort gevalle waarna ons reeds verwys het, sterf talle persone daagliks omdat hulle self per abuis 'n giftige middel inneem. As hierdie noodhulpmiddel gereed staan vir gebruik, kan dit 'n onmisbare deel word van ons uitrusting vir gebruik in onvoorsiene gevalle van gevaarlike vergiftiging waar selfs die paar minute voor die dokter opdaag van deurslaggewende belang kan wees.

1. Chirurgicus (1963): *Moderne Eerstehulp en Voorkoming van Ongelukke*. Sentrale Nuusagentskap.