

VAN DIE REDAKSIE : EDITORIAL

DIE FUNKSIE VAN 'N GENEESKUNDIGE TYDSKRIF

Sedert die eerste verskyning van *The Lancet* in 1823, het hierdie vorm van joernalistiek verbasende groei beleef. Vandag verskyn daar tussen ses en nege duisend geneeskundige tydskrifte dwarsdeur die wêreld, wat jaarliks ongeveer 2,000,000 bladsye beslaan. Die patoloog, William Bulloch, het hierdie vermeerdering as patologies bestempel —'n joernalistieke blastoom.¹ Dit is die doel van hierdie tydskrifte om mediese inligting van die skrywer tot die leser oor te dra. Voorheen moes sulke inligting deur persoonlike briewe versprei word. Terwyl die aantal tydskrifte in getalle beperk was, was al die wetenskaplike inligting in 'n paar tydskrifte gekonsentreer. Maar nou is daar jaarliks 'n duisternis van gegewens oor mediese aangeleenthede in die swerm van tydskrifte verskyn, is kommunikasie deur disseminasie vervang, aldus J. D. Bernal.² Inligting word die wêreld ingestuur amper soos deur 'n plant wat sy stuifmeel op die wind strooi. Nou bestaan die gevaar dat baie van die stuifmeel nie by die plante uitkom, wat dit veronderstel is om te bevrug nie. In 'n poging om selektiewe pollinasie te bewerkstellig, het geneeskundige tydskrifte meer selektief geword. Die meeste tydskrifte bedien 'n beperkte leserstal en bevat inligting oor 'n bepaalde geneeskundige rigting, terwyl nog ander 'n groot verskeidenheid probeer aanbied.

Dan ook verskil geneeskundige tydskrifte in die aanbieding van hul leesstof. Terwyl sommige hulle slegs toespits op die bekendmaking van hoogs wetenskaplike navorsingswerk en tegnieke, is daar ander wat soos 'n koerant meer op nuuswaardighede ingestel is en wat kritiseer, vertolk en stimuleer. Die rigting wat 'n tydskrif inslaan word bepaal deur die behoeftes—nie alleen van sy lesers nie, maar ook van sy medewerkers, wat die vrug van hul waarneming of navorsing wêreldkundig wil maak. Wat hierdie behoeftes is, hang ook af van die land waar hy verskyn en hoeveel ander tydskrifte daardie omgewing bedien. Die redakteur van elke tydskrif handhaaf 'n sekere styl, drukvorm en grammatikale eenvormigheid, wat soms tradisioneel is vir daardie tydskrif, of wat mettertyd gewysig word, maar wat daardie tydskrif 'n onderskeidende kleur en karakter van sy eie gee. In die proses gebeur dit dikwels dat 'n medewerker omgekrap raak oor veranderinge wat daar in sy geskrif aangebring word, of soms sit die skoen aan die ander voet, wanneer die redakteur sy geduld verloor met 'n vitterige medewerker. Marcus Rosenblum² het hierdie verhouding as volg opgesom: 'Die publikasieproses begin gewoonlik met 'n tydskrif-

redakteur wat geïrriteer of vies voel vir 'n outeur en eindig gewoonlik net andersom.'

Die *Suid-Afrikaanse Tydskrif vir Geneeskunde* bevind homself in die posisie dat hy veelvuldige take moet verrig, weens die uiteenlopende aard van die behoeftes van sy lesers en medewerkers. Ten eerste, moet hy die spieël wees van oorspronklike navorsing wat hier te lande gedoen word en die resultate bekendmaak van behandeling wat in ons inrigtings toegepas is, en dit vergelykender wyse met dié van ander wêrelddele in verband bring. Dan moet hy ook as mondstuk dien vir die Mediese Vereniging oor beleidsake, mediese gelde en ander onderwerpe wat geneeshere in hierdie land raak. Derdens, moet hy ook algemene inligting versprei wat soms net van belang is vir 'n besondere groep van geneeshere in hierdie land. Hierdie doelstellings moet bereik word teen 'n agtergrond van wisselende belange van sy lesers en medewerkers en binne die aantal bladsye wat sy inkomste dit vir hom moontlik maak. Dit sou maklik genoeg gewees het om slegs bydraes wat hoogstaande navorsing verteenwoordig, te publiseer deur die snoeiskêr drasties te gebruik wanneer bydraes gekeur word—maar wat word dan van die bydraes van skrywers met minder ondervinding wat nietemin verteenwoordigend is van die werk wat hier gedoen word? Publikasie van hierdie werk dien as aansporing vir daardie medewerkers en help hulle soms om beter betrekkinge te bekom, waar hulle die geneeskunde kan dien. Op dieselfde manier kan die *Tydskrif* maklik genoeg sy inhoud beperk met inligting wat slegs die algemene praktisyn sal interesseer; kliniese simptome, opknappingsartikels oor alledaagse siektes en probleme; maar dan nogeens is daar 'n groot groep van die mediese bevolking van die land wat nie bedien word nie.

Die redaksie van hierdie *Tydskrif* probeer om die hele veld so goed as wat moontlik is te dek en om 'stuifmeel', soos dit bekom word, te versprei aan elk en ieder 'plant wat bevrug kan word'. Waar daar ook ander geneeskundige tydskrifte in die land verskyn, sommige waarvan slegs oorspronklike werk publiseer, terwyl ander hulle soos 'n nuusblad meer op alledaagse berigte toespits, wil ons dit duidelik stel dat daar na ons mening plek is vir elkeen op sy eie gebied. Geneeskundige tydskrifte is daar om mekaar aan te vul.

1. Fox, Sir T. (1965): *Crisis in Communication*. London: University of London, Athlone Press.
2. Rosenblum, M. (1962): *AIBS Bull.*, 12, 31.

PSYCHIATRIC PRACTICE : A STATE OF EMERGENCY

There has been grave concern for a long time about the conditions and standards of mental health services in this country. There is, for instance, a totally inadequate number of trained specialist psychiatrists in the Republic in both private and hospital practice—including mental hospitals and general hospitals. There are only a few fully trained psychiatric nurses. There is a high wastage rate

of mental nurses and there are only two trained psychiatric social workers in the country. The results of these conditions are that patients have perforce to be neglected in mental hospitals—as is evidenced, for example, by the numerous passionate pleas by the Commissioner for Mental Health on behalf of the chronic patients in the hospitals; that private patients do not get the attention

that their conditions merit; that the standards of undergraduate and postgraduate training in psychiatry are threatened; and that manpower in general is tragically wasted.

In order to discuss the whole problem, and because it was felt that the time was overdue for a survey to be made of the problems of mental health, a National Conference on Mental Health was held in Cape Town in October 1963 under the auspices of the South African National Council for Mental Health. The theme of the conference was 'Action planning in mental health', and the purpose of the conference was to review the present services and facilities, and to formulate guiding lines for future action.

This was a truly representative conference if ever such a conference was held. Altogether 249 persons registered, including the Director-General of the World Federation for Mental Health, the Moderator of the Federated Synod of the Dutch Reformed Church, the Secretary for Health, the Commissioner for Mental Health, and representatives of almost all institutions and organizations who are even remotely connected with mental health.

From the large number of papers read and the discussions which followed, it became clear:

1. That there is reason for grave concern about the increase in mental illness in the country;
2. That there should be integration of all health services that are now under individual control;
3. That the deteriorating psychiatric and paramedical services must receive priority for immediate attention;
4. That the erection of large mental hospitals without having the necessary qualified staff should be discouraged;
5. That psychiatric practice should become community orientated and not be wholly settled in the hospitals; and
6. That the present Act governing mental health services should be revised drastically and that the positive approach in the modern outlook of psychiatry should be incorporated in a new 'Mental Health Act'.

At the end of the conference it was resolved unanimously as follows: 'This National Conference is convinced of the great need for proper coordination of all medical services in South Africa, especially with reference to

mental health, from the viewpoint of the general shortage of manpower that exists, and that this shortage is applicable to medical, nursing and related professional and semi-professional vocations. The Honourable, the Minister of Health, is respectfully requested to appoint a commission of enquiry with the assignment to investigate the problems in detail and to determine the full implications thereof.' This resolution was forwarded to the Honourable, the Minister of Health, but as yet no further action has been taken in this matter.

In order to approach the Minister once again with the urgent request to appoint a commission of enquiry to investigate the serious problems in this chaotic field, it was decided to ask the Minister to receive a deputation on behalf of the Medical Association of South Africa, the National Groups of Neurologists, Psychiatrists and Neurosurgeons of South Africa, and the National Council for Mental Health. It is sincerely hoped that the Minister will lend a sympathetic ear to the members of this deputation.

In the meantime we must do what we can—each in his own field—to relieve the position. One of the specific pressing needs at the moment is the serious shortage of registrars—who are psychiatrists in training. We cannot allow our already depleted numbers of trained psychiatrists to dwindle still further. We should therefore like to appeal to our colleagues in general medical practice and at the various university medical schools to encourage as many as possible of our younger colleagues to embark on a period of training in psychiatry.

Academic facilities for trainees in all the various branches required for a further diploma or degree or fellowship in psychiatry are available at some of the teaching hospitals attached to medical schools, e.g. Groote Schuur Hospital, Cape Town; Pretoria General Hospital; Johannesburg General Hospital; and at Tara Hospital, Johannesburg. Facilities for training are also available at some of the mental hospitals, e.g. Valkenburg Hospital, Observatory, Cape; Stikland Hospital, Bellville; Weskoppies Hospital, Pretoria; and Sterkfontein Hospital, Krugersdorp. Candidates may be appointed to posts as registrars for which fixed salary scales are approved. Further information can be obtained either from the Superintendents of the respective hospitals or from the Heads of the Departments of Psychiatry at the associated medical schools.

SOMERSET HOSPITAL CLINICAL CASE REPORTS

This number of the *Journal* is devoted to the publication of a number of extremely interesting clinical case reports from the Somerset Hospital, Cape Town. This is an important innovation. It means that we are making available for general information the results of the clinical studies of important and stimulating case-material by a large number of colleagues from the 'Somerset'.

The Somerset Hospital is well known to most doctors in this country. It can be looked upon as the birthplace of systematic medical teaching in South Africa. And even though the main focus of academic teaching shifted to Groote Schuur Hospital after its completion in 1938, the

'Somerset' continued to occupy a very special place in the history of medicine and in the establishment of a characteristic and distinctive medical tradition in this country.

That this hospital has remained, in spite of its physical and architectural defects and shortcomings, and in spite of many other untoward circumstances, a vital, modern institution where clinical medicine is practised with vision and devotion, is once again evidenced by the publication of these Somerset Hospital clinical case reports. All those who have contributed towards the publication of this issue are congratulated on a splendid effort.