

## VAN DIE REDAKSIE : EDITORIAL

## GESONDHEIDSVoorligting DEUR MIDDEL VAN OPENBARE SKAKELWERK

Die vraagstuk van hoe om betroubare mediese inligting beskikbaar te maak vir die algemene publiek, is al op verskillende vlakke en uit verskillende hoeke bespreek. Dit is 'n belangrike vraagstuk, aangesien die ingeligte deel van die algemene publiek hierdie soort leiding en inligting wil hê.

Die kanale waarin inligting van hierdie aard gewoonlik vloei, is hoofsaaklik die dagbladpers, die populêre tydskryfpers, die radio, en persoonlike praatjies en voorlesings. Laat ons kortliks na elkeen van dié media kyk.

Die dagbladpers stel hoofsaaklik belang in berigte wat van aktuele belang is en onmiddellike nuuswaarde het. En die bronne waaruit nuus van hierdie aard ontleen word, is mededelings deur geneeshere of verwante werkers en wetenskaplike publikasies. Omdat tegniese en hoogs wetenskaplike materiaal dikwels inderhaas deur leke-joernaliste gehanteer moet word, vind onakkurate en misleidende berigte soms hul weg tot die nuuskolomme. Die meeste, verantwoordelike koerante het wel ervare joernaliste om nuusberigte van hierdie aard te hanteer. Nogtans sluip daar foute van ernstige aard in.

As ons oor hierdie saak skryf, het ons dit nie te doen om inperking van nuus nie. Trouens, ons wil net die teenoorgestelde bereik. Ons wil soveel mediese nuus as moontlik beskikbaar maak. Maar die groot euwel waarteen ons moet waak is om berigte op 'n sensasionele manier in te klee en wel op so 'n manier dat valse hoop by mense wat siek is of ly, gewek word.

Ons pleit dus vir die dagbladpers om sover moontlik te skakel met die persskakelbeamptes wat deur die meeste Takke van die Mediese Vereniging aangewys is in die meeste groot sentrums orals oor ons land. En ons wil hierdie skakelbeamptes ook aanmoedig om 'n welwillende paneel van geneeshere op te bou wat te eniger tyd gewillig sal wees om leiding en advies te gee aangaande spoedberigte.

Wat ons hierbo gesê het, geld ook in 'n groot mate die populêre tydskryfpers. Net, hier is die spoedfaktor minder belangrik, sodat ernstige foute minder verskoonbaar is. Tydskrifte met 'n algemene inligtings- en literêre inslag, het dikwels vaste geneesheer-joernaliste as medewerkers. Hierdie mense het 'n groot verantwoordelikheid en hulle lewer ook, soos enkele bekende gevalle bewys, 'n uitstekende diens aan die publiek.

Waarteen veral gewaak moet word—en dit geld die dagbladpers sowel as die tydskryfpers—is dat geneeshere hulself, in die drif van hulle entoesiasme, skuldig maak aan oordrywing en wanvoorstelling. Dit is iets wat van tyd tot tyd gebeur en dan meer kwaad doen as goed, omdat dit die vertroue van die algemene publiek in belangelose voorligting skok.

Ook moet gewaak word teen die praktyk wat in sommige koerante en tydskrifte beoefen word, om oor die pos voor te skryf en te behandel. 'n Onlangse brief in die *Tydskrif*, geskryf deur die Registrateur van die Suid-Afri-

kaanse Geneeskundige en Tandheelkundige Raad, vestig die aandag op misbruikte in hierdie verband.

Die Mediese Vereniging self, en ook sulke organisasies soos die verskillende Nasionale Rade vir die bekamping van siektes, sowel as versekeringsmaatskappye, ens., versprei van tyd tot tyd publikasies wat belangrike gesondheidsinligting bevat. Dit is 'n vertakking van die gesondheidsvoorligting in die algemeen, wat nie sterk genoeg aanbeveel kan word nie.

Die radio word al meer 'n belangrike medium van inligting—veral vir sekere groepe van luisteraars soos kinders, huisvroue en bejaardes. Hierdie medium van inligting moet ten volle uitgebuit word. Dit is egter goed om daarop te wys dat daar in hierdie geval sekere tegnieke en aanbiedingsmetodes is wat eie is aan dié soort medium. Geneeshere moet hulle dus laat lei deur kenners op dié gebied. Oor die algemeen is 'praatjies' waarskynlik minder doeltreffend as, bv. goed-uitgewerkte dramatiserings. In hierdie verband wil ons verwys na 'n onlangse, baie geslaagde, gedramatiseerde uitsending oor kindergeboorte en die probleme van die verwagte moeder. Dit is hierdie *soort* uitsending wat ons wil aanmoedig, alhoewel daar gewaak moet word teen die aanprys van onbevestigde tegnieke.

Onder persoonlike mededelings val daar te wys op individuele publikasies, waarvan daar baie goeie voorbeelde is, onder andere wat betref babasorg, voeding, die probleme van bejaardes, ens. En dan is daar die medium van praatjies en openbare voordragte. Geneeshere was dikwels in die verlede, na ons mening, té versigtig om nie die gees en bedoeling van die Geneeskundige Raad se reël, wat waarsku teen advertensie, te oortree nie. Dié reël is nou so gewysig dat dit aan die oordeel van elke geneesheer wat as publieke spreker optree, oorgelaat word om te besluit of hy die reël oortree of nie. Ons wil in hierdie verband 'n beroep doen op ons kollegas wat sprekerstalent het om, binne die gees van die reël wat ons genoem het, soveel as moontlik te doen om gesondheidsvoorligting te bevorder en die beeld van die mediese professie as 'n inligtingsbron, naas 'n diensbron op te bou.

Miskien sal dit goed wees as sulke verenigings soos die Mediese Vereniging van Suid-Afrika en die Suid-Afrikaanse Akademie vir Wetenskap en Kuns, wat altwee organisasies is wat op 'n breë, nasionale vlak optree, die rigting van gesondheidsvoorligting, deur middel van openbare skakelwerk met massamedia, ondersteun en aanmoedig deur die stigting van permanente, vaste komitees wat met dié werk belas kan word. Verbeeldingryke leiding en voorligting sal veel kan vermag om die verhouding tussen die mediese professie en die algemene publiek op 'n gesonde grondslag te plaas en te hou, en om sodoende samewerking te verkry in die taak wat ons per slot van rekening vir ons almal gestel het—om die grootste mate van geluk en welstand vir die grootste aantal mense te probeer bewerkstellig.

### CHANGING SEX INCIDENCE OF DIABETES

It is usual for European and American physicians to consider that diabetes is considerably more common in women than in men.<sup>1,2</sup> The excess of the fair sex is due to a female preponderance of maturity-onset diabetes, seen after the age of 35-40. Pyke<sup>3</sup> and Fitzgerald and his co-workers<sup>4</sup> actually produced apparently unimpeachable figures and reasoning to show that, in Britain at least, the excess of middle-aged diabetic women could be explained by parity—each pregnancy adding a little more diabetogenicity until the fully blown disorder sprang from its latent bud. This nice theory, however, did not take into account the fact that in most of the non-Caucasian countries of the world there is no female preponderance among diabetics<sup>5</sup>—in fact the evidence (unfortunately inconclusive) points to a male preponderance in many tropical countries.

There is more striking evidence which suggests that this early 20th century Caucasian female diabetes ascendancy was a purely transitory oddity even in White people themselves. In the last century there was probably more diabetes in men than in women in Britain and on the European continent.<sup>6,7</sup> Thus Pavy,<sup>7</sup> in figures from his private practice in London, treated 260 men between the ages of 40 and 49 and only 79 women. Standardized mortality rates for England and Wales from the records of the Registrar General also show a death rate from diabetes twice as high for men as for women in the 1860s.

From the beginning of this century there was a steady rise in the mortality rate from diabetes in women, as shown in the statistics from several European countries.<sup>8</sup> Malins and his co-workers<sup>9</sup> have published figures from their diabetes clinic showing the number of new cases in 5-year groups from 1930 to 1964. At the beginning of this period the preponderance of women was already well-marked and there was no significant change in the male/female ratio until 1955-59, when the growth of the female diabetic population eased while that of the males progressed steadily. Thus in 1945-49 the male/female ratio was 0.48 and in 1960-64 it was 0.90. Standardizing their figures against the appropriate census figures made virtually no difference to the ratios. As Malins *et al.*<sup>9</sup> point

out, there are certain possible errors. Where more than one hospital clinic exists in a city, practitioners may choose to refer young patients to one clinic and older patients with mild diabetes to another. Mild cases and the aged or severely disabled may never be referred to hospital. Men may be more reluctant to attend hospital because of the time and money lost from work. As far as is known none of these considerations applied to any significant extent to the diabetes clinic at the general hospital from which the material of Malins' enquiry was drawn. Even if they did, it is difficult to imagine that a change would have occurred in the last twenty years which would affect one sex rather than the other.

Further analysis of Malins' figures indicate that the change is due to a more rapid increase in the number of men developing diabetes since 1950, particularly between the ages of 35 and 64. This increase in male diabetes is probably not brought about by an increase in routine testing of the population, although this would be expected to lead to the discovery of more men than women diabetics between the ages of 50 and 69.<sup>10</sup>

The explanation of this change is obscure. Malins considers the possibility that there has been a recent decline in the number of women presenting with diabetes, but there is no good evidence that this is occurring. If it were true it could not be explained either by a reduction in obesity or by changes in parity of the female community. Malins ends by warning that it is necessary to show considerable caution in applying formal genetical analysis to data collected in periods of comparatively rapid change.

1. Joslin, E. P., Root, H. F., White, P. and Marble, A. (1959): *Treatment of Diabetes Mellitus*, 10th ed., p. 33. London: Henry Kimpton.
2. Pyke, D. A. (1956): *Lancet*, **1**, 818.
3. Fitzgerald, M. G., Malins, J. M., O'Sullivan, D. J. and Wall, M. (1961): *Quart. J. Med.*, **30**, 57.
4. Tulloch, J. A. (1962): *Diabetes Mellitus in the Tropics*. Edinburgh: E. & S. Livingstone.
5. Bouchardat, A. (1875): *De la Glycosurie ou Diabète Sucré*. Paris.
6. Saundby, R. (1891): *Lectures on Diabetes*, p. 30. Bristol: John Wright & Co.
7. Pavy, F. W. (1885): *Lancet*, **2**, 1033.
8. Harris, H. and MacArthur, N. (1951): *Ann. Eugen.*, **16**, 109.
9. Malins, J. M., Fitzgerald, M. G. and Wall, M. (1965): *Diabetologia*, **1**, 121.
10. Report of a Working Party appointed by the College of General Practitioners (1963): *Brit. Med. J.*, **2**, 655.

### SECOND SOUTH AFRICAN ISSUE—'YOU AND YOUR BABY'

The first South African issue of the booklet *You and Your Baby*, which was published last year by the Medical Association of South Africa in conjunction with the British Medical Association, proved to be a very great success. The booklet contained articles written by authorities (in English and Afrikaans) on practically every aspect of those problems on which expectant mothers would like to have information.

Last year 80,000 copies of this booklet were printed and these copies were distributed to all general practitioners, obstetricians and gynaecologists, paediatricians and hospital administrators in the country. In addition to this, copies were distributed to approximately 500 hospitals and clinics all over the country where expectant mothers are being seen and treated, to the health departments of all our large towns and cities and to organizations like the National Council for Child Welfare and the various

women's organizations and federations in all the provinces. The booklet is also being used in the training of maternity nurses.

The reception of the booklet was so overwhelming and requests from doctors and clinics for more copies so great, that we had to double the second edition which is to be published in September this year; 150,000 copies are therefore being printed and they will be distributed as indicated above.

This year's edition of *You and Your Baby* will be an improved and extended version of last year's issue and will contain the following articles: 'Baby on the way', 'How baby starts to grow', 'The confinement—where', 'Breast feeding', 'Financial support for the mother', 'Exercises', 'Immunization' and articles by a beauty specialist and by a qualified dietitian, etc. The advertisements have also been planned in such a way that each one contains information

which will be important for the expectant mother.

A number of copies will be sent free of charge to all members of the Medical Association to whom this publication may be of use—for instance, to general practitioners, obstetricians and gynaecologists, paediatricians and hospital administrators; the Association looks upon it as a service rendered by the Medical Association to its members and to the public. The booklet will therefore be available for distribution to patients who are expecting babies, irrespective of whether they are private patients or hospital patients attending outpatient or antenatal clinics.

In view of the fact that no separate lists of addresses of

colleagues in full-time employment are available, copies will be received by a number of colleagues who have no private patients of their own; it will be greatly appreciated if these colleagues would give the copies that will be sent to them to doctors whom they know are in private practice or to clinics where expectant mothers are being treated.

It will be greatly appreciated if colleagues would let the Association know in due course whether they find the booklet useful. They are also requested to inform the Association whether they need more copies than those sent to them, in which case a further free consignment will be forwarded to them for distribution to their patients.