

VAN DIE REDAKSIE : EDITORIAL

**DIE 47STE MEDIESE KONGRES**

Die Kongres was 'n reuse sukses. Daar kan niemand aan twyfel nie, en ons moet die Reëlingskomitee en al hul helpers ons grootste lof toeswaai. Hierdie was die grootste Kongres wat nog deur die Mediese Vereniging gereël is, en hoewel ons aanvaar dat daar agter die skerms seker 'n paar dinge skeef geloop het, kan ons met oortuiging sê dat die gemiddelde kongresganger daar nie van bewus was nie en werklik min gehad het om oor te kla. Trouens, die enigste vergissing wat die Reëlingskomitee werklik aan skuldig was, was 'n onderskatting van die belangstelling en aantal afgevaardigdes wat die Kongres sou uitlok. Die brosjures en die tasse en talle ander items het vroeg reeds opgeraak omdat etlike honderde dokters opgedaag het wat nie vooraf hul voorneme om die Kongres by te woon te kenne gegee het nie.

In dié verband moet ons eers 'n ernstige versoek rig aan al ons kollegas wat van plan is om toekomstige kongresse of konferensies te ondersteun. Vul tog asseblief die verskillende voornemensvorms vroegtydig in. Dit is onregverdig om van die Reëlingskomitee te verwag om skattings te maak van die aantal geneeshere wat gaan opdaag, veral as mens in aanmerking neem dat 'n oorskatting aansienlike finansiële verliese kan teweegbring. Dit is opvallend dat dit juis die plaaslike dokters is wat die traagste is om vooraf kennis te gee van hul voorgenome bywoning. Miskien is dit omdat hulle nie nodig het om plaasvervangers vir hul praktyke te reël nie en dus tot op die laaste oomblik nog nie weet of die drukte van werk hulle wel gaan toelaat om die kongres te ondersteun of nie. Die dokters wat van ver af moet kom, daarenteen, moet lank vooraf die nodige reëlings tref en kan dus reeds maande vooruit vir die kongres inskryf.

Aan ons oorsese gaste wil ons ook die Vereniging se dank oordra vir hul bydrae tot die sukses van ons Kongres. Dit is reeds 'n afgesaagde bewering dat die grootste waarde van so 'n byeenkoms gesoek moet word in die teekamers waar die kollegas mekaar kan ontmoet en gedagtes kan wissel. Dit is wel waar, maar gedurende die afgelope Kongres was dit uit wans uit duidelik dat die kwaliteit van die referate sulks was dat dit nie net die onderlinge gespreke was wat waardevolle mediese kennisuitruiling teweeggebring het nie. Iedere besoeker het sy of haar bydrae gemaak en die besprekings wat na die verskillende sessies gevolg het het duidelik bewys dat daar wye belangstelling was. Dit was veral verblydend om te hoor hoe daar welwillende kritiek uitgespreek is en beide kritikus en gekritiseerde altyd 'n rustige wetenskaplike objektiwiteit behou het. Dit is sulke kennisuitwisseling wat 'n kongres stimulerend maak en wat verhoed dat dit slegs 'n vervelende voorlesing van een referaat na die ander word.

Die Openingsaand op 7 Julie was 'n luisterryke affêre. Dit help nie dat ons probeer voorgee dat prag en praal geen plek in ons beroep het nie. Dit is by sulke formele

geleenthede dat mens besef dat mens lid is van 'n gesiene professie met 'n lang tradisie. Ons wil graag van hierdie geleentheid gebruik maak om die dokters wat eretoekenings ontvang het van harte geluk te wens. By die voorgesele sitasies was dit duidelik hoe welverdiend die medaljes wel was.

Die sosiale byeenkomste het nie agterweë gebly nie en mens sien eintlik uit na 'n blaaskansie sonder enige onthale of dinees. Daar was vermaaklikhede om van te kies en te keur en die verskillende owerhede in Pretoria het hul deel terdeë bygedra om die besoekers welkom te laat voel. Ons wonder trouens of mens nie gedurende toekomstige kongresse bietjie moet stadig met al die onthale nie. Vlees en bloed kan dit nie staan nie. In tradisionele roes van Suid-Afrikaanse gasvryheid is ons geneig om te vergeet dat die grootste gedeelte van ons binneland op 'n veel hoër vlak bo seespieël lê as meeste van die lande van waar ons oorsese sprekers trek. Ons het op een stadium op 'n professor uit Europa afgekom waar hy inmeekaargedoke onder 'n boom sit, starende die verté in, poot-uit. Aan toekomstige reëlingskomitees vir al sulke byeenkomste wil ons vra dat hulle sekermaak dat daar daaglik tye ooggelaat word vir die geëerde gaste om net op 'n bed te lê en 'n boek te lees. Keer tog dat die arme mense nie soos uitgesuigde lemoene huis toe gestuur word nie.

Aangaande die publikasie van die referate wat by die Kongres gelewer is, wil ons die volgende besluite aankondig. Die abstrakte wat reeds by die Kongres beskikbaar was sal binnekort *in toto* in die *Tydskrif* verskyn. Referente word gevra om te verseker dat hulle afskrifte van hul referate beskikbaar hou sodat diegene wat die volledige teks wil sien, na aanleiding van wat hulle in die abstrakte gelees het, direk met die betrokke referent of groep kan reël om die manuskrip te bekom. Sekere geselekteerde referate sal natuurlik volledig gepubliseer word en in dié verband wil ons weer beklemtoon dat seleksie sal geskied op meriete en dat sodanige keuring ook die geskiktheid vir publikasie in aanmerking sal neem. Die toenemende omvang van ons kongresse maak dit al hoe moeiliker om die magdom van uitstekende materiaal in die *Tydskrif* te plaas en ons moet daarteen waak dat die wagtende manuskripte van een kongres skaars afgewerk is voor die volgende kongres 'n nuwe sarsie uitstort.

Dit is nie net die referate wat die wetenskaplike waarde van die Kongres verseker het nie. Die verskillende uitstallings het ook groot aftrek gekry en ons kan veral die handelsuitstallings gelukwens met die uitstaande gehalte van hul stalletjies, waar enige dokter wat probleme gehad het met enige aspek van sy praktykvoering sonder moeite deskundige advies kon inwin. Ons is dank verskuldig aan die verskillende firmas wat ons Kongres so mildelik ondersteun het en meegehelp het om dit vir iedereen interessant te maak.

**ORTHOPAEDICS, PHYSIOTHERAPY AND CHIROPRACTIC**

A register of medical auxiliaries (which includes physio- and occupational therapists) was instituted by the Medical Council in 1943, but to date registration remains voluntary. Persistent and unremitting efforts on the part of the

physio- and the occupational therapists for compulsory registration with the Medical Council continue to be unsuccessful, and it is significant that in 1947, when they appeared to be approaching their objective, they were

thwarted by an organization calling itself the 'South African Health Freedom Society'. Members of the Society were drawn from the ranks of those who were not registrable with the Medical Council, and it gained enormous popularity and was given considerable publicity in the daily press.

Manipulation of the spine is the point at issue: The quick and easy 'cure' of the chiropractor—one hour absent from the office, a quarter of an hour with the 'quack', a deft jerk of the neck or back, R1.50 - R2.00 out of the pocket, and virtually no risk.

The appeal to employers and employees alike is almost irresistible, for what do they stand to lose? At least 80% of all complaints of disease are of a passing and trivial nature, self-curing because of the absence of a serious pathological basis. Minor strains or 'sprains' of joints, tender inflammatory nodules in muscles, adhesions in capsular ligaments and synovial membranes of joints unable to tolerate the sudden, unaccustomed demand of an unfamiliar movement—these and many others are the factors which give rise to stiff necks, painful shoulders and lumbar backaches, all of which may be relieved by skilful manipulation. These, and *only* these, are the conditions which may safely be submitted to this form of therapy.

In terms of medical and paramedical training, these are in fact the only conditions which are (on occasion) treated by manipulation.

In terms of chiropractic (pseudo-medical), these, and every other conceivable complaint, may be relieved and dis-ease may be cured by this simple and unsophisticated procedure.

The founder of the cult—for such indeed it is—was Dr D. C. Palmer, D.C. (Doctor of Chiropractic), who, in 1895, invented the practice and described it as a philosophy, a science and an art, the purpose of which was to free any or all impinged nerves which cause deranged function. In the USA, where the cult originated, definitions vary from State to State, from 'school' to 'school' and from individual to individual. In Los Angeles, at the College of Chiropractic, the variety of diseases which received treatment included gastric ulcers, diabetes, poliomyelitis, cancer, kidney ailments, anaemia and measles, as well as backache, wry neck and sciatica.

In a Wisconsin, USA, Court of Law, Dr B. J. Palmer, son of the inventor of chiropractic, declared under oath: 'Harvey Lillard was a janitor in the building in which father had his office. Harvey came in one day, thoroughly deaf. Father asked him how long he had been deaf and he replied 17 years. Father said, "How did this occur?" Harvey said, "I was in a stooped, cramped position and while in that position I felt something pop and heard it crack in my back." Father looked him over, laid him down on the cot, and there was a great subluxation (mal-adjustment) on the back.... Father reasoned out the fundamental thought of this thing, which was that if something went wrong in that back and caused deafness, the reduction of that subluxation would cure it. That bump was adjusted—was reduced—and within 10 minutes Harvey had his hearing...' (The above report is quoted from: *State of Wisconsin vs. S. R. Jansheski*, December 1910.)

This, then, was the invention from which was to evolve the 'philosophy, art and science' of chiropractic; this the concept which was to set at naught the researches of the Pasteurs, the Listers, the Bantings and the Flemings, and

to relegate to the historical scrap-heap such procedures as the administration of immunological vaccines and sera, sulpha drugs, antibiotics and insulin.

In South Africa the Chiropractors' Bill, aimed at securing statutory recognition and establishing a formal register of chiropractors, with a council divorced in all respects from the control of the Medical Council, was passed after its first reading in the House of Assembly in 1961, and was subsequently shelved pending the report of a Commission of Inquiry appointed in 1962 by the Minister of Health, Dr Albert Hertzog, under the chairmanship of Dr H. A. Mönning. The report of the Commission has not yet been made public. In the Bill, a definition of chiropractic was offered, which read: 'Chiropractic means a philosophy, science and art of healing and maintaining health; a system of locating and removing interference to nerve transmission and expression to restore and maintain health, without the use of drugs or operative surgery'.

The policy of the S.A. Medical and Dental Council in its relationship to chiropractic is stated unequivocally: 'a medical practitioner or a dentist who collaborates in any way with a chiropractor is guilty of a transgression...' of which the Medical Council may take notice. A statement of the policy of the Medical Council has already been published in the *Journal*.<sup>1</sup>

The compulsory registration of medical practitioners became law with the promulgation of the Medical, Dental and Pharmacy Act, 1928. In spite of the continued efforts of the physio- and the occupational therapists' societies to make compulsory the registration of their members, some resistance is still being offered and the matter now becomes one for proper research and investigation, in the interests of the public.

The techniques and technical skill involved in manipulative procedures are the prerogative of no single group of practitioners. The objectives are, however, widely divergent—in the case of the orthopaedic surgeon and the physiotherapist, they are limited to the improvement of restricted mobility and the relief of pain in joints involved in capsular fibrosis and peri-articular adhesions; in the case of the chiropractor they are unlimited and include also gastric complaints, measles and diphtheria, as well as joint affections.

There is a further significant difference, for, while manipulation which follows competent clinical, radiological and laboratory investigation is safe, manipulation undertaken without these investigations becomes an uncalculated risk and may precipitate such complications as pathological fractures in bones displaying osteolytic lesions, aggravation and flare-up of chronic, low-grade infections, and pathological subluxations or luxations of vertebral joints with the associated disaster of para- or quadriplegia.

In the final analysis, 'you pays your money and you takes your choice'—a practicable and an acceptable maxim. It is axiomatic that, in making that choice, one is guided not only by financial considerations, but by an intelligent knowledge of the implications of one's choice.

It is not unlikely that when the findings of Dr Mönning's Commission are made available, the cause or causes of the curious obstruction to the compulsory registration of ancillary medical services will be exposed.

1. South African Medical and Dental Council (1967): *S. Afr. Med. J.*, 41, 812.