

EDITORIAL : VAN DIE REDAKSIE

UNWINDING THE SNAKES

The Bible tells us to take care not to become involved with snakes, for 'the serpent was more subtle than any beast of the field' (*Genesis 3 : 1*). This should be ample warning to any man to take heed lest, in attempting to unwind the snakes, he end up entangling them in even greater knots.

In virtually all mythologies the serpent epitomized immortality, health, wealth and wisdom. It cunningly lodged among the branches of the trees of life and knowledge and was master of immortality, which it proved by shedding its skin and thus appearing in new, fresh garb every year. It is not surprising that the snake fascinated primitive man, for its remarkable ability to disappear into the ground, its undulations and its deadly bite all ensured that it would be regarded with envy and awe. Feared and adored, the serpent could kill and protect, could tempt Eve, and could thwart Enkidu, the hero of the Gilgamesh epic, who sought the secret of immortality.

Equally important in mythology is the staff round which the snake entwines itself. Probably it was originally a branch of the sacred tree of life and death upon which the serpent rested, and later became a rod or staff, the symbol of authority. One must, of course, be careful not to read too much into ancient legends and beliefs, for such a tendency is but a small step away from total absurdity; it is nevertheless tempting to see in the staff of authority the various other symbols of mythology, such as the shepherd's crook, which stood for tender protection, the divining rod, still in common use today (in its modern form it can even find oil deposits) and the opiate rod of Milton's *Paradise Lost*. Inevitably, with our present tendency to emphasize sex, the rod will also occasionally serve as a fertility symbol.

Thus the staff and the snake were meant for each other, and it is not surprising that various mythological figures made use of their association. Asklepios, the great healer, wound a snake round his staff, and Mercury, or Hermes, went one better by using 2 serpents. It is tempting to read into this a rivalry between the two gods, each trying to outdo the other. One might even fancy that this messenger fellow was getting uppity in trying to be one step ahead of a true gentleman. But, as we have already warned, it is all too easy to go off at a tangent with this sort of conjecture.

So firmly is the tradition established that links snakes with Greek gods and healers, that one might almost imagine the healing serpents as being true Hellenes. Linnaeus even called the harmless species found at Epidaurus *Coluber asklepii*.

It seems decided that physicians are to be satisfied with one snake. We do not wish to compete with mere messengers and such hired underlings, and now that the World Health Organization has decided upon one snake, and various banks and other commercial undertakings are beginning to sport two, we should take a firm stand and proclaim that the single snake is undisputedly our property. The Army Medical Corps may console themselves with the thought that their badge with its two serpents also signifies the need for reliable communications during times of war. Let us not look down upon poor Hermes—he has his good points.

Mercury or Hermes was the god of commerce, of

thieves and dice-players and of messengers. Why the caduceus which he carried should have had two serpents is difficult to explain. Perhaps it had something to do with the two white ribbons that were originally attached to his wand. Or they might have been male and female snakes, or good and evil snakes—who knows?

It is likely that the Greek healing serpent is, in fact, Egyptian in origin, as is the Greek tongue. Egyptian culture filtered north via the coasts of Canaan and the island of Crete. Bronze serpents have been excavated from the soil of Israel, and the Minoans had a flourishing serpent cult. The little goddess figure from the Minoan court, with her tight bodice and bare breasts, holds two sacred snakes in her hands.

The Pharaohs wore a golden cobra in their headdress, it being the symbol of upper Egypt, and erect serpents guarded the portals of the tombs of the kings. The evil snake Apopis attempted at each dawn to devour the rising sun barge, and in a tomb of the 20th dynasty he lies before the branched and fruit-laden sacred tree. It is therefore very likely that the legend of the Garden of Eden has an Egyptian origin. The vulture goddess, Nekhbet, from the old kingdom of Egypt (*circa 2500 BC*) is depicted holding a staff and serpent. As one of her functions was to protect women in childbirth, one could interpret this statue as the true origin of Asklepios' association with the healing snake. Asklepios is, after all, but an infant compared with the healing deities of Egypt. Snakes were kept in the temples of the physician god Imhotep, and Egyptian medical fame outdated and outpaced that of Greece.

Many biblical snakes also emanated from Egypt. Moses, with his truncated Egyptian name (compare Ra-Mose, Tut-Mose, etc.), used a brass serpent to stem an epidemic in the wilderness (*Numbers 21 : 9*). There are tales of mobile rods which might have been snakes devouring one other in Egypt (*Exodus 4 : 2, 3 and 7 : 10 - 12*), and these snake-rods were associated with leprosy (*Exodus 4 : 6*), blood (*Exodus 7 : 15, 17, 19 and 20*) and with epidemics of lice and frogs (*Exodus 8 : 5 and 16*).

Luckily, the emblem of our College of Physicians, Surgeons and Gynaecologists also has an Egyptian motif in the *crux ansata* of the healing staff. This handled cross is better known as the *ankh*, the Egyptian symbol of life, health, healing and wholeness.

The entwined serpent might have originated in Egypt, but it is still as the emblem of Asklepios that we know and accept it. This mythical figure held court at Epidaurus, where it is said he was even visited by the famous Hippocrates, a typical instance of the vague, confused state of Greek mythology. The story told by present-day Epidaurians to the tourist—with complete confidence—that a nebulous personality who antedated Hippocrates by some 2 or 3 centuries was visited by him, is a piece of legerdemain that smacks of the very magic for which Asklepios was renowned, and which he no doubt inherited from his patron god, Apollo.

Ours is an ancient art, and we may be justly proud of it. But let us remember that our emblem contains a serpent which can curl round and bite its master. Let us hope it will do so only when provoked by unethical conduct on the part of its disciples.

DIE OPLEIDING VAN HUISARTSE

Om algemene praktyk te kan doseer, of om 'n werklik funksionerende departement van algemene praktyk in 'n mediese skool tot stand te bring, het mens 'n algemene praktyk nodig. Dit is verbasend hoe dikwels hierdie skynbaar vanselfsprekende feit uit die oog verloor word. Om dit te negeer is feitlik dieselfde as om te verwag dat die professor van chirurgie sonder 'n operasietheater in sy departement moet klaarkom. Maar dit is maklik genoeg om die feit te konstateer; dit is 'n ander saak om die probleem op te los.

In Edinburgh, Skotland, het prof. R. Scott die voordeel gehad dat hy 'n bykans ideale praktyk tot sy beskikking gehad het om vir onderrigdoeleindes te gebruik. Op die oomblik administreer sy departement twee 'apothecary practices' wat reeds baie jare bestaan, en hulle dien dan as die opleidings- en navorsingspraktyke vir die mediese skool. In Utrecht is prof. J. C. van Es besig om 'n praktyk vir sy skool tot stand te bring, en dieselfde geld vir prof. Den Haan in Rotterdam. Ons hier in Suid-Afrika moet onomstootlike feite in die gesig staar: Dit gaan nie vir ons moontlik wees om hier 'n tipiese huisartspraktyk ter beskikking van 'n mediese skool te hê nie; daarvoor is ons gesondheidsdienste se organisasie te verskillend van dié van Europa of van Engeland of Skotland.

Wat staan ons nou te doen? Oral in die wêreld, en ook in ons land begin die besef posvat dat huisarts opleiding 'n onontbeerlike deel van die mediese leerplan moet wees. Soos in chirurgie is daar verskeie uitweë uit die moeilikheid, maar, presies soos in chirurgie, is die radikale benadering die een wat op die lang duur die beste resultate gaan gee.

In alle bestaande skole het die departemente vir huisartskunde stiefmoederlik by die agterdeur ingesluip en moet hulle 'n karige bestaan voer, in stryd met die ouere erkende afdelings van die geneeskunde, soos ginekologie, interne geneeskunde en dies meer. Kom ons breek nou 'n slag weg van hierdie tradisionele en verouderde stelsel, en kom ons gee aan die huisartse die erkenning wat hulle toekom. In 'n vorige uitgawe het ons reeds in hierdie rigting gemik, en nou wil ons rondborstig met die voorstel voor die dag kom. Gee die dekaanskap aan die departement van algemene praktyk.¹

Wat is die implikasies en hoe gaan so 'n stelsel werk? Laat ons argumentshalwe voorlopig die ander, spesialisdepartemente in die hospitaal en in die mediese fakulteit ignoreer en slegs die werking en taakgebied van die dekaansdepartement in oënskou neem. Die huisarts buite in die praktyk het die volle beheer oor al sy pasiënte—daar is nie so iets soos chirurgiese, dermatologiese of ginekologiese afdelings nie; die hele sielebestand van die praktyk is die verantwoordelikheid van die huisarts. So hoort dit en so moet dit ook in die mediese skole die geval wees. Buitepasiënte of diegene wat toegelaat is tot die sale kan almal onder die een departement sorteer. Waarom nie? Dit is tog immers wat ons almal graag in die privaat praktyk wil sien gebeur. Waarom nie dieselfde norme vir die opleidingsentrums stel nie?

As 'n pasiënt hom- of haarself by die buitepasiënte afdeling meld moet die dokter wat die voorfront van die geneeskundige diens daarstel 'n algemene praktisyn wees. Saam met die voorgraadse studente versorg hy die pasiënt volledig, indien dit 'n toestand is wat normaalweg op

huisartsvlak afgehandel moet word. So 'n reëling sal al dadelik verhoed dat die arme meisie wat werklik slegs kom aspiriene soek het vir haar hoofpyn, onvermydelik in die worsmasjien van intensiewe ondersoek vasgevang word en 'n ellelange lys van röntgenfoto's, bloedtellings en ander spesiale prosedures ondergaan om op die ou end tog maar met 'n papierkardoes vol aspiriene die hospitaal te verlaat.

Indien die huisarts en sy span egter vind dat 'n konsultasie nodig is, kan hulle die pasiënt na die betrokke spesialis afdeling verwys, met die duidelike verstandhouding, soos in die praktyk, dat dit 'n konsultasie is. As daar besluit word dat opname nodig is, word die pasiënt tot die hospitaal toegelaat onder die sorg van die departement van algemene praktyk, en daarna word die betrokke spesialis ingeroep om te help met die diagnose en versorging. Om praktiese redes sou dit natuurlik wenslik wees dat voorsortering wel plaasvind, sodat chirurgiese pasiënte in die daarvoor bedoelde sale te lande kom, maar sulke interne organisasie behoort nie veel probleme op te lewer nie.

Die spesialis afdelings hoef geensins afgeskeep te word nie. Hul bestaansreg is onteenseglik, maar hulle behoort te funksioneer in raadgevende en hulpbiedende kapasiteit tot die sentrale figuur, die huisarts.³ Dan, en dan alleen kan ons met reg sê dat ons volwaardige medici oplei wat hul plek kan volstaan in die land se gesondheidsbehoefte; medici met 'n besef van die korrekte organisasie wat sal verseker dat die pasiënt nie, soos helaas op die oomblik al te dikwels die geval is, tussen die verskillende onderafdelings van die geneeskunde heen en weer dobber sonder enige korrelasie van feite of bevindings nie.

Sowel die Mediese Raad as die Mediese Vereniging is in beginsel daarvoor te vinde dat ons in Suid-Afrika die huisarts moet behou as die kern van die gesondheidsdienste—kom ons voer die gedagte dan deur tot sy logiese konklusie.

As die masjinerie eers geskep is kan ons verder gaan: Ons kan tesame met die distriksgeneeshere en die distriksverpleegsters 'n huisbesoek-stelsel ontwerp om die buitepasiënte ook tuis te versorg, soos enige goeie huisarts dan reeds doen. As ons aan elke kliniese student een of twee families toesê vir wie hy verantwoordelik moet wees, onder strenge toesig natuurlik, kan ons ook verseker dat die omvattende gesondheidsversorging met al die begrippe wat daarmee gepaard gaan, nie agterweë bly nie. En sie-daar, ons het ons huisartspraktyk gestig!

Daar sal baie probleme opduik, en soos altyd die geval is, selfs in die mees verligte kringe, sal heelwat weerstand ondervind word. Nuwe idees vat nie maklik pos nie en 'n magdom van sensitiewe tone sal seker raakgetrap word, maar ons het nou die geleentheid, met die drie nuwe skole wat gestig moet word, om nuwe gedagtes ten uitvoer te bring. Op die oomblik word iedere student herhaaldelik op die skouer geklop en gesê dat die huisarts die ruggraat van die beroep uitmaak, om dan dag na dag gedurende sy opleiding te sien hoe die algemene praktisyn watertand op die periferie moet bly staan en toekyk hoe sy gespesialiseerde kollegas die goeie geneeskundige versorging van die publiek waarneem. Is dit verbasend dat ons te min studente oplei wat huisartse wil word en bly?

1. Van die Redaksie (1969): S. Afr. T. Geneesk., 43, 349.