

VAN DIE REDAKSIE

EDITORIAL

'n Kwarteeu van Diens

Professor S. F. Oosthuizen het na 25 jaar as President van die Geneeskundige en Tandheelkundige Raad besluit om homself nie weer vir hierdie hoë amp verkiesbaar te stel nie. Sy soort is dun gesaai, en sy dienste aan die Geneeskundige en Tandheelkundige beroepe in ons land is haas nie te bereken nie. Ons wil nie hier 'n *curriculum vitae* uiteensit nie, en trouens, as mens al die prestasies en aktiwiteite van hierdie veelsydige man wil opnoem, sal ons beskikbare ruimte in die *Tydskrif* hopeloos te kort skiet.

Sarel Oosthuizen, of Oom Sarel, soos ons hom nou seker maar amptelik sonder gevaar van 'n brander vanuit die Presidentstoel kan noem, het 25 agtereenvolgende jare bewys dat die lede van die Mediese Raad, soos hulle gekom en gegaan het, hom nie moes onderskat nie. Ons het die voorreg gehad om hom 'n aantal jare vanuit die persbanke in aksie te sien en het met dankbaarheid telkemale as oom Sarel uit die voorsitterstoel opstaan om iemand hok te slaan, die immuniteitsmantel van mediese persstatus hegter omgewikkel en met bloeiende hart die kwesbares bejammer. Nie dat hy ooit nodig gehad het om stem dik te maak of te tob en te kere te gaan nie. Dit is die minderes onder ons wat genoodsaak word om humeur te verloor. Diegenes soos oom Sarel se glimlag gepaard met 'n waarskuwende vinger vermag veel meer as die lawaaiigheid van baie ander.

As dit so is dat die hele Suid-Afrika vol hopies uitgebrande as lê waar mistastendes professor Oosthuizen onderskat het, is dit tegelyk waar, en van groter belang, dat daar ook talloses is wat sy onderskraging en advies ontvang het, dikwels son-

der om eens te besef presies hoeveel dit werd is. Dikwels het die bevoorregte eers jare later besef hoeveel insig aan die dag gelê is, of hoeveel invloed uitgeoefen is. 'n Kollega het dit presies opgesom: 'As oom Sarel sê spring, dan spring jy 2 meter hoog en bly daar hangende totdat hy sê jy kan maar weer afkom.' Om sulke mag te hê en dit nooit te misbruik nie, is 'n kenmerk van die grotes.

Afgesien van spasiegebrek, is dit ook onvanpas om op hierdie stadium 'n lewensgeskiedenis te publiseer, want met sy uittrede as President van die Geneeskundige en Tandheelkundige Raad is professor Oosthuizen se storie lank nog nie verby nie. Daar is haas nie 'n aspek van die geneeskunde in ons land waaraan hy nie op een of ander manier steeds deel het nie. Ons sien uit na nog vele jare van sy advies en leiding.

Ook die weermag het professor Oosthuizen se waarde nie misken nie, en as Luitenant-Generaal staan hy steeds sy plek vol saam met ander senior kollegas, onder andere die nuwe President van die Mediese Raad, asook natuurlik die nuwe Tesourier uit die geleedere van die tandartse, dr. L. Blum.

Die verkiesing van professor H. W. Snyman as President van die SA Geneeskundige en Tandheelkundige Raad is welkome nuus. Ons het reeds jarelange ervaring van sy organisatoriese vermoë in sy hoedanigheid as Vise-President, en aan professor Snyman wil ons die hartlike gelukwense van die Mediese Vereniging oordra. Die nuwe Vise-President, dr. E. W. Turton, is 'n ou bekende, en as sy jare van Voorsitterskap van die Federale Raad enige aanduiding is, sal hy en professor Snyman 'n formidabele tweespan uitmaak.

Causes of Death: Ancient and Modern

In Britain, simple parish registers for the recording of deaths were introduced in 1586 by Thomas Cromwell. In determining the cause of death, the clerk sought the advice of 'the Searchers'; these were usually women who formed their opinion at the side of the corpse. Actually, with few exceptions, no weekly bills of mortality in London have survived before 1603. Among the exceptions are some limited records kept at the Guildhall Library. Forbes¹ has analysed the causes of 4 253 deaths for the period 1583-1589, from the old parish records of St Botolph without Aldgate. Some highlights of the information obtained were summarised in a contribution by McMenemey.² It was found that of total deaths, plague accounted for no less than 23.6% (the Great Plague was not until 1664). This was followed by consumption, 'pining' and 'long sickness', ague, flux, smallpox, and 'childbed' (1.5%, representing 2.35% of births). Less usual reasons for death included bleed, purples, mother, planet, toes off, thought, canker of privies, and heaving of lights. No cause was given in 14.4% of cases. From additional records it was revealed that in a period of 51 years, there were 111 deaths not due to natural causes; 55 were accidental, and 21 were caused by drowning. Forbes cited one of the latter as 'a 3-year-old girl who fell in the town ditch when her chair in a privy "whelmed backward" . . . Only 4 children died of burns. Street accidents accounted for very few deaths but it would seem that pedestrians were at special risk if they went through a city gate alongside a horse-drawn vehicle'.³ It is interesting to note that the illegitimacy rate in one decade apparently was only 1.6%.

In these and later times, mortality among the young was always high. As late as 1730-1749 three-quarters of all children died before the age of 5 years.³

Turning to our modern period, the patterns of death nearest to those of our ancestors are to be found in less privileged populations when living a primitive, simple and frugal life. Among Africans in Uganda, a recent inquiry into the causes of death of the elderly showed that they die, not from

degenerative diseases but from 'diseases of childhood, such as infections, acute tuberculosis, neglect and malnutrition'.⁴

In rural India, infections are responsible for the great majority of deaths. In a study undertaken in Mysore, the first ten causes of death were infections.⁵ In contrast to the situation prevailing with these Indian peasants, it has been found that in Indian populations who have settled in other countries, and become comparatively prosperous, the mortality pattern changes from one characterised by infections to one in which degenerative diseases are especially prominent. Among Indians in South Africa, leading causes of death are coronary heart disease, cerebral vascular disease, diabetes and cancer. Nowadays, these are the diseases which, combined with deaths by violence, are responsible for three-quarters of all deaths in affluent Western populations.⁶ In Denmark, in 1966, causes of deaths were: arteriosclerotic heart disease, 33%; cancer, 22%; cerebral vascular disease, 12%; deaths by violence, 7%. Together, these causes accounted for 74% of all deaths.⁷

It is important to realise that the change in the mortality pattern described has brought very little gain in the expectation of life of the *elderly*, say, at 60 or more years. Indeed, there has been only slight improvement in this respect during the last three centuries.⁷ Moreover, in some populations, such as the Jews in the USA, the expectation of life of the elderly is decreasing.⁸ This little appreciated lack of improvement is particularly disappointing in view of the billions that have been spent on medical research.^{9,10}

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