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EDITORIAL *VAN DIE REDAKSIE*

Acknowledgements

Who gets the kudos and the recognition? Authors regularly send lists of names with their manuscripts with the request that these persons be acknowledged as having had a part in the research or the production of the article. It is always a difficult decision whom to leave out and whom to include, and from time to time deletions by the editorial staff in accordance with *Journal* policy have resulted in differences of opinion. For this reason we wish to set out our house-rules for the guidance of authors.

There are obviously three possible attitudes as far as acknowledgements are concerned: we can categorically refuse all such postscripts on the understanding that if anyone had contributed sufficiently to the work, he or she should qualify for co-authorship. This is the attitude of many international journals, especially in the USA. Secondly, we can open the floodgates and include every name the author submits. Experience has taught that such permissiveness soon leads to unnecessary inclusions, such as the name of the copy typist, and in one instance even the names of the researcher's children who had had to put up with the disrupted household routine!

The third and most acceptable variation would be to allow only a limited number of acknowledgements in accordance with certain definite standards, which can be briefly summarised as follows:

Any person who did a substantial amount of work as far as the actual research is concerned, should be afforded the honour of co-authorship, and if such recognition cannot be agreed upon, there should be very careful judging as to the right to acknowledgement at the end of the article. In most instances this will be found to be unjustified. Actual work done will only be acknowledged if such activity does not form part of the normal duties of the helper. The laboratory technicians of a research unit, for instance, form part of the normal team and their salaries include, or should include, remuneration for their efforts. If, however, a complete outsider assists with certain aspects of the work, especially if it is done without any recompense, acknowledgement would be in order, in fact, these are the only persons who really require such recognition.

Permission to publish by the various authorities such as the superintendents of hospitals, must be sought by the authors, but the *Journal* need not actually print this clearance for publication. We will assume that the author has seen to it that the permission was obtained, but it is not the responsibility of the *Journal* to publicise the fact. In this regard it must be pointed out that various authorities must not institute firm rules requiring their staff to insist on publication of certain forms of acknowledgement. These bodies have no jurisdiction over independent publications, and such firm policy decisions can therefore only be binding on their own house publications.

What can definitely not be included are acknowledgements of advice and moral support, especially by heads of departments. It is, after all, the duty of the professor to encourage and advise his staff, and if he does not do so, he should be dismissed. That is exactly what he is paid to do.

In essence, therefore, the *Journal* will only acknowledge work done that falls short of co-authorship, which was not the normal duty of that person, and which cannot in any other reasonable way be recompensed. The *Journal* should not be a means of escaping the traditional box of chocolates or bunch of flowers.

Ondeurdagte Voorskrifte

Die ontsaglike hoeveelheid geneesmiddels wat daagliks deur die publiek gesluk word, die immerstygende koste van medisyne, die newe-effekte van moderne terapeutiese middels en vele ander aspekte van dieselfde probleem is gereeld in vaktydskrifte onder bespreking. Simposiums word gehou om die korrekte gebruik van medisynes uit te pluis en dokters word voortdurend gewaarsku om versigtig en ekonomies te werk te gaan met die nuwe hoogs-effektiewe en duur preparate. En die sinnelose, agtelosige uitreiking van voorskrifte sonder die minste wetenskaplike fondering, duur onverpoos voort. Talle dokters skryf daagliks breë-spektrum antibiotika voor sonder dat daar enige rede is om te vermoed dat die ontsteking deur 'n kiem veroorsaak word wat selfs moontlik deur die middel geraak sal word, en susmiddels word natuurlik uitgedeel soos lekkergoed.

Wat is die rede vir die refleksiewe voorskrifgewoontes wat so algemeen voorkom? Waarom skryf 'n senior, ervare huisarts 'n breë spektrum antibiotikum aan 'n jong pasiënt met 'n effense seer keel voor, sonder om 'n depper te neem of enige afwagtende houding in te slaan? Dieselfde geneesheer sal vers en kapittel die newe-effekte van die middel kan opnoem en sal, as hy op die keper af gevra word, presies weet wanneer om 'n virus as die patogeen te vermoed, eerder as 'n streptokokkus. En tog reik hy die voorskrif uit. Waarom? Die senior lektor wat met indrukwekkende voorbeelde die studente die dood voor die oë skryf as hulle dit sou waag om hul toekomstige pasiënte aan die gevare van psigiese afhanklikheid van susmiddels bloot te stel, stap die lesingsaal uit en skryf 'n voorskrif vir 100 fenotiasien-tablette uit vir sy jong suster wat op die vooraand van haar matriek-eksamen staan.

Enige leser wat ontken dat sulke voorskrifgewoontes eerder die norm as die uitsondering is, moet 'n slag met objektiewe gemoed navraag doen. Daar wag vir hom 'n groot verrassing. Die redes vir die onwetenskaplike gebruik van hoogs-werksame middels moet gesoek word, eerstens in die opleiding van mediese studente en ten tweede in sekere praktiese oorwegings waarmee die huisarts en spesialis in privaat praktyk te kampe het.

Miskien word ons mediese studente te veel geleer van diagnose en 'n te groot navorsingsinslag word gekweek, met onvoldoende klem op alledaagse, praktiese terapie. Die gemiddelde student in die kliniese jare weet presies hoe om 'n miksedeem te herken, en, wat nog meer belangrik is, weet hy ook hoe om 'n Fallot se tetralogie te ondersoek of te laat ondersoek. Maar is hy ewe op hoogte met die gebruik van digitalis-preparate in die verskillende tipes hartversaking soos die huisarts hulle feitlik daagliks in die praktyk gaan teekom? Trouens, sal hy die miksedeem wat hy so akkuraat gediagnoseer het, met selfvertroue kan behandel? Omdat sy leermeesters in die groot sentrums belangstel in navorsing, sal ook die student se aandag in dié rigting gelei word, en daarom sal hy meer tyd spandeer om uit te vind hoe miksedeem ontstaan, as om seker te maak dat hy weet hoe om die pasiënt in die praktyk te hanteer.

In die privaat praktyk moet sowel spesialis as huisarts die werklikheid voor oë hou. Dit is alles goed en wel om voor te stel dat geen antibiotika gegee mag word sonder 'n klinkklare laboratorium-sensitiwiteitsbewys nie, maar as die huisarts iedere pasiënt met 'n seer keel aan die koste van 'n keeldepper en kiemkweking gaan blootstel, gaan iemand gou begin kla. Lang ritte in die platteland wat noue en gereelde kontak met die pasiënt moeilik maak, is nog 'n rede om uit wans uit maar liefs hard te slaan met breë-spektrum doepa. Hierdie praktiese probleme bestaan en ons wil hulle nie negeer nie, maar hulle regverdig nog nie die voorskryf van susmiddels aan 'n jong kind nie, en ook nie die gebruik van antibiotika om 'n gewone verkoue te behandel nie.