

In Memoriam

Louis Marocé Marchand 1900-1994



Louis Marchand

Dr. C. E. M. Viljoen, Voormalige Sekretaris-Generaal MVSA, skryf: Dr. Louis Marocé Marchand is op 25 Julie 1994 in die ouderdom van 93 jaar en 9 maande stil oorlede, en met sy heengaan het die einde van 'n era in die geskiedenis van die MVSA aangebreek.

Na voltooiing van sy skoolloopbaan aan die South African College School (SACS) in Kaapstad is hy na die Universiteit van Kaapstad, waar hy die grade B.A. en M.B.Ch.B. verwerf het. Na kwalifikasie in 1924 het hy eers

op Stutterheim in die Oos-Kaap en later op Robertson gepraktiseer voordat hy in 1951 in 'n heelydse hoedanigheid by die Sekretariaat van die MVSA aangesluit het, waar hy gou tot Mede-Sekretaris bevorder is. Benewens verkiesing in 1938 as Burgemeester van Stutterheim, is dr. Marchand ook in 1939 as President van die Grenstak van die MVSA verkies.

Dr Marchand's main task as Associate Secretary of the MASA was to assist with and to co-ordinate the work of the Central Committee for Contract Practice — a task for which he showed outstanding aptitude and enthusiasm, thus making the task of both the Committee and the Federal Council that much easier and more effective.

Dr Marchand should without doubt, be seen as the moving force behind the establishment of the original so-called 'Perferential Tariff', forerunner of the present 'Guide to Fees for Medical Services'. This was a monumental task requiring hours, days, weeks months and even years of meetings and negotiations, not only with representatives of the various groups within the Association, but also with representatives of the medical aid schemes and other interested parties. To do this successfully required exceptional talents as doctor, diplomat and negotiator. He was at all times a courteous, efficient and helpful colleague and official to whom tribute was paid not only by the medical profession and the Association, but also by the representatives of medical aid societies.

Dr Marchand het nie net vader gestaan vir die eerste Voorkeurtarief van die MVSA nie, maar het ook die voortou geneem met die vertaling daarvan, sodat die tarief vir die eerste keer ook in Afrikaans kon verskyn. As sy opvolger in die Sekretariaat van die MVSA was dit vir my 'n groot voorreg om hierdie taak te kon voltooi, veral nadat hy as 't ware my hand vir die eerste ses maande gevat het. Dit was egter maklik om te bou op die fundamente wat deur dr. Marchand gelê is, en veral ook met die voorbeeld wat deur hom gestel is.

As bewys van die hoë agting wat die MVSA en die mediese beroep vir dr. Marchand gehad het, dien die feit dat die MVSA se Bronsmedalje vir uitstaande diens in 1961 aan

hom toegeken is, terwyl hy in 1966 verkies is as President van die Vereniging — 'n posisie wat hy met groot waardigheid beklee het.

Dr Marchand was nie net 'n geneesheer en mediese administrateur wat hoë agting afgedwing het nie, maar ook 'n gelowige persoon wat aktief by sy kerk betrokke was en sy bydrae gelewer het. Hy was egter by uitstek 'n gesinsman wie se lewe om sy vrou, Anna, sy twee kinders, sewe kleinkinders en 11 agterkleinkinders gewentel het. Aan al sy naasbestaendes wil ons ons innige meegevoel betuig. Hy was 'n eggenoot, vader en geneesheer om op trots te wees.

Books

Principles and Practice of Surgery, Including Pathology in the Tropics

2nd ed. Ed by: E. A. Badoe, E. Q. Archampong & M. O. A. Jaja. Pp. 1249. Illustrated. Accra: University of Ghana. ISBN 9964-1-0324-7.

Isigidimi

The messenger

This is a large book that covers general surgery and all the surgical specialities. It also has chapters on anaesthesia, organ transplantation, radio- and chemotherapy, contemporary imaging and infections. The book has 1 249 pages and 41 contributors, most from the Universities of Lagos and Ibadan, Nigeria, and Ghana. It sets out to provide a text for use in the tropical and subtropical world as well as a conventional account of surgical disease; the target audience is undergraduate and postgraduate students, and the practising surgeon will find it a useful reference.

This enormous enterprise succeeds remarkably well. I think that this is, without question, the best comprehensive text to emerge from Africa. At an international level it is not quite in the cohort of, say, the Sabiston, Way or Schwartz tomes, but it is walking not very far behind.

I have usually deplored texts on Medicine in Africa, as they have usually implied that the diseases are miraculously different from elsewhere. An example from the past was Immune (idiopathic) thrombocytopenic purpura which was called that in the Western World, but transformed itself to onyalai were an African to suffer it. While the authors of such texts were, no doubt, well meaning, the lines positively dripped with condescension and paternalism. This is no such book: it stands firmly on its own two feet with conventional and up-to-date descriptions of the pathology

and management of surgical disease. References to Africa are confined to disease frequency (which may differ from the Western World), and the robust text covers everything from amoebiasis to heart transplantation. The book does what it set out to do, and would satisfy its target audience.

What are my criticisms? Most deal with layout and presentation. I fully understand that were a 1 000 plus text professionally laid out and printed on glossy paper by a medical publishing house, it would fall way beyond the means of most potential readers, and that this was word-processed at Ghana Medical School and printed by the Assemblies of God Literature Centre. Nonetheless, some of the chapters could have been leavened with more pictures, figures, and diagrams. Some of the existing ones could be more professionally drawn. The word processing should allow lists to be put in boxes, embedded in the text. Running text should be serif and diagrams sans-serif. Correction of these minor quibbles would give the book a contemporary friendly face.

This is a strong (and economical, I imagine) contender for the surgery text of choice in the tropics.

D. M. Dent

So you have Diabetes!

By Dr Larry A. Distiller. 2nd ed. Pp.x + 119. Illustrated. Roodepoort: Alex White & Company (Pty) Ltd. 1994. ISBN 0-620-18254-7.

Education and health behaviour issues are now considered integral factors in diabetes management, although they are poorly supported by public health care funds or medical insurance schemes. Patients are becoming increasingly aware of this themselves and are asking to be educated, but health care personnel are sometimes overwhelmed by large numbers of diabetic patients and feel that they cannot afford the 'luxury' of educating them.

It is not difficult to find introductory reading for people with newly diagnosed diabetes. But what next? A more complicated text is likely to confuse the patients more than offer meaningful guidance. This long-awaited revised edition of *So you have diabetes!* by Dr Larry Distiller fills just the right gap. One of the foremost authorities in South Africa in the field of Diabetes and Director of the Centre for Diabetes and Endocrinology in Johannesburg, Dr Distiller has successfully condensed, in an attractive handbook, important information on a wide range of topics spanning basic pathogenesis, inheritance, to goals of treatment, dietary regimens, insulins, oral-agent therapy and complications. Specific chapters address the problems of diabetes in pregnancy and in children, and the emotional factors that surround this lifelong disorder.

Readers receive clear advice about real situations from someone who can convince them that the future looks good. The author instructs diabetic persons in the proper techniques for achieving and maintaining optimum control and avoiding complications. Dietary guidelines, insulin-dose adjustment, and glucose-monitoring options are carefully discussed in an easy-to-understand home programme that includes explanatory charts, diagrams and illustrations.

I found this book very appealing. Will it reach those for whom it is intended? I hope so. The presentation is good and the price reasonable. The style is easy to read with liberal use of a spot colour to highlight diagrams. It is written in layman's language with limited medical terminology. The real message central to the author's philosophy is that by intensive education, by acknowledging the risks and above all by thoughtful self-care, people with diabetes can live life to the full.

Doctors and other health professionals can strongly recommend this publication to their patients, and even clinics with minimal resources should buy copies to loan out.

F. Bonnici

The Health of Young People: A Challenge and a Promise

Pp. x + 109. SwFr.23. Geneva: WHO. 1993. ISBN 92-4-156154-8.

This attractively produced booklet is remarkably successful in presenting a large amount of material from the numerous disciplines concerned with adolescent health in a comprehensive yet succinct and readable manner. Among the topics included are: (i) influences affecting adolescent development; (ii) the impact of the behaviour of young people on their health; (iii) and methods of promoting young people's health. There is a commitment to placing youth themselves in the forefront; this is manifest in the book itself in that it is laced with quotations by young people. WHO priorities are emphasised by prominently displayed quotations from various World Health Assemblies. Also, there are many 'boxes' in which imaginative initiatives, many of which have been implemented in countries poorer than South Africa, are described.

The book concludes with a number of methodologies that have been developed by the WHO to achieve a multi-sectoral, interdisciplinary and multi-agency approach to adolescent health. For example, a grid approach is described that has as its output the identification of action that is necessary to reduce the gaps between needs and current responses. Other methodologies include the narrative research method, counselling skills training in adolescent sexuality and reproductive health, and the use of drama as a research tool.

Those whose work involves (or should involve) young people will benefit by being able to contextualise this involvement in terms of international developments in the field of adolescent health. In particular, they will benefit by exposure to innovative strategies for improvement in the status quo. In South Africa, there is much scope for improvement since adolescent health has received a lamentably low priority by health service planners, service providers, and academics.

A. J. Flisher