

A DRINKING PROBLEM

It is not hard to see why doctors have been so slow to accept the alcoholic as a sick man. For, in fact, alcoholism is only in part an illness. Firstly, the condition develops on the basis of personal habits and, secondly, treatment is only possible when the alcoholic agrees to accept it and himself work for it. In a sense, one chooses to be an alcoholic and has to choose to stop being one. The doctor, after all, a product of his culture, may find himself disapproving morally of his alcoholic patient, prepared to treat what illness there is but unable to overlook the 'lack of will power'.

The doctor may also become impatient at having to wait for his patient to concede that he is ill and in need of treatment. A man dangerously diseased from drink, his life in ruins about him, often will hold obstinately that he is not an alcoholic. (He can stop if he wants to—only he has not wanted to yet. And why shouldn't he be able to drink when other people can?) Alcoholics Anonymous has a tragic slogan that a man cannot be helped until he has hit rock bottom. However, it would seem that the doctor, through his calling, has a powerful weapon which can save many drinkers before they are physically or socially decrepit: if the alcoholic is permitted to say that he suffers from an illness, he thereby obtains the privilege and the right to seek a doctor to treat his illness. The misfortune, of course, remains that he may now consult a doctor too prejudiced to undertake to treat him, or so uninformed about alcoholism that he permits the alcoholic's touchy aggressiveness to antagonize him.

That alcoholism has become regarded as an illness is therefore a step of tremendous consequence to the alcoholic. He need not cringe as a weakling, or guiltily come forth as a sinner. He has the status of a patient. In 1956 the American Medical Association had unanimously passed by its House of Delegates a resolution that alcoholics are valid patients and should be treated as such. This was another step forward, as great as had happened in 1939 when an alcoholic layman searched for an alcoholic physician in Akron,

Ohio, and together they founded Alcoholics Anonymous.

In accord with this enlightened attitude is the publication,¹ in the Modern Monographs in Industrial Medicine series, of a handbook for physicians about the management of alcoholic patients. Most doctors get confronted by some aspect of alcoholism in their work, either when treating the families of drinkers or the drinkers themselves.

Psychological factors are central in the causation of alcoholism. Therefore, after the patient has been 'dried out', he needs medical aftercare while he attempts to regain a place in the community. He may often need psychiatric guidance in understanding his inability to tolerate stress. As he learns new techniques for handling the anxiety roused in him by work or social demands, Alcoholics Anonymous may afford him most substantial support. However, many ex-drinkers cannot tolerate the confessional and spiritual orientation of this organization, and because of this and for treatment of deeper character distortion, they will need medical psychotherapy.

An important medical aid, if correctly advised, is Antabus, which the drinker can use as a crutch once on the drug, which he should take each morning so regularly that it becomes a habit. He knows he will not enjoy a drink unless he gives the drug three days to leave his system. He thus provides himself with a period of grace, during which he can rethink whether it is necessary for him to start up on the drink again. Often enough, in this time, he deals with the problem facing him, and recommences his Antabus and not his drinking.

It may be that a doctor working regularly with alcoholics, gets to know them best and assists them most easily. Nevertheless, the profession as a whole should be aware of the responsibility to the alcoholic which contemporary medicine admits, and of the valuable human material that can be saved, and family life protected, through an intelligent approach to the men and women who have a drinking problem.

1. Pfeiffer, A. Z. (1958): *Alcoholism*. New York and London: Grune and Stratton.

AKADEMIESE JAARDAG—MEDIËSE SKOOL STELLENBOSCH

Dit is 'n ou en bekende gebruik by akademiese inrigtings om op gesette tye spesiale byeenkomste te reël wat die geleentheid bied om die ontstaan van die inrigting in feestelike herinnering te roep; wat dien as vertoonvenster van die kulturele bedrywighede van die betrokke inrigting, maar wat eintlik, en veral, 'n geleentheid bied om die doel en strewe en voortbestaan van die inrigting in kritiese voorbetragting te neem.

Hierdie gebruik is nodig en goed en gesond. So 'n gereelde byeenkoms kan, as dit reg aangevoer en uitgebou word, een van die belangrike hoekstene word waarom 'n wyere akademiese tradisie groei en gedy. Dit kan lei tot intellektuele selfondersoek van die lede van die inrigting, tot bekend-

stelling van sy doel en strewe en metodes aan 'n wyere wêreld en tot die aanblaas van 'n vonk van wetenskaplike en humanitêre entoesiasme wat, veral in die geval van 'n moderne geneeskundige fakulteit, onontbeerlik is.

Met die viering van die tweede akademiese jaardag van die mediese skool van die Universiteit van Stellenbosch en die Karl Bremer-Hospitaal, Bellville, is dit duidelik dat so 'n tradisie besig is om daar te ontwikkel. Soos dit die geval met die eerste jaardag was, het die byeenkoms die vorm aange- neem van 'n feesdag met 'n program wat bestaan het uit wetenskaplike referate en uitstallings, afgewissel deur gesellige sosiale verkeer.

Elders in ons blad (in die rubriek *In die Verbygaan*)

publiseer ons meer besonderhede aangaande die verrigtinge van die program van die jaardag soos dit afgehandel is. Hier wil ons hoofsaaklik die beginsel van dié soort byeenkoms vermeld en aanprys, en ons wil dit in die vooruitsig stel dat hierdie soort akademiese byeenkoms 'n vaste beslag sal kry aan die mediese skool waar dit ontstaan het; ook dat soortgelyke of ooreenkomstige gebruike by ons ander mediese skole sal ontwikkel.

Geleentheid soos hierdie sou dan in die toekoms benuttig

kon word, nie slegs om 'n akademiese program van die betrokke inrigting self uit te voer nie, maar ook om kritiese en welwillende verteenwoordigers van al die ander suster-universiteite bymekaar te bring met die doel om vriendskaplike betrekkinge aan te knoop en te bestendig en om saam te beraadslaag oor die groot en belangrike verantwoordelikhede wat daar rus op 'n moderne geneeskundige skool en die produkte wat hy lewer.

,THE HISTORY OF MEDICINE IN SOUTH AFRICA'

Die eerste besending van die bogenoemde boek, geskryf deur dr. Edmund Burrows, is gereed vir verspreiding. Lede sal onthou dat die Mediese Vereniging onderneem het om hierdie boek uit te gee as 'n diens aan sy lede en aan die land.

Alle lede van die Mediese Vereniging van Suid-Afrika is geregtig op een eksemplaar van die boek, gebind in luukse band en teen die voorkeurprys van 25s. (Die boek, wat in 'n linneband gebind is, sal aan die algemene publiek beskikbaar wees teen 63s.) Met die goedkeuring van die Mediese Vereniging (en in ooreenstemming met die gebruik van Verenigings wat boeke van besondere belang publiseer om aan hulle lede die geleentheid te gee om voorkeur te geniet by die verkry van eksimplare), sal die uitgewer een eksemplaar aan

elke lid stuur tensy hy alreeds die aanbod afgewys het. Ook sal elke lid die reg hê om die boek na insae, en binne 'n beperkte tyd, terug te stuur; ons hoop nie dat dit sal gebeur nie.

Die boek is die eerste uitvoerige verslag van die geskiedkundige ontwikkeling van die mediese praktyk in Suid-Afrika en dit gaan die interessante geskiedenis, van die begin af, na van die stryd teen siekte en ongesteldheid in hierdie land tot die einde van die 19e eeu.

Hierdie boek wat uitgegee is onder beskerming van die Mediese Vereniging van Suid-Afrika, kan beskou word as die amptelike geskiedenis van die medisyne in Suid-Afrika. Die Vereniging het volle vertroue dat elke lid graag hierdie waardevolle stukkie Africana sal wil besit.