From the editor • Van die redakteur

A Great Congress

A great experience! To share four days, with just on four hundred colleagues, in Cape Town at its best, is most enjoyable. The weather, the Cape Sun as the venue and the programme were all excellent.

Die 6de Algemene Praktisynskongres is goed gereël en het glad verloop. Met die nabetragtenis het een kollega gesê dit was vir hom 'n vriendelike kongres. Nie almal sal met hom saamstem nie want daar was wel ontevredenes. Daar was diegene wat nie van sekere sprekers se uitlatings gehou het nie en ook gevoel het daar was nie genoeg Afrikaans gebruik op die kongres nie. Vir die gebrek aan Afrikaans is daar twee goeie redes. Daar was bloedweinig aanbod van Afrikaanse referate gewees. (Iets wat vir ons tydskrif ook geld.) Dan was daar ses oorsese sprekers wat nie Afrikaans magtig was nie, asook 'n groot aantal kollegas wat die Kongres uit Australië, Kanada, Amerika, Zimbabwe en Botswana bygewoon het.

In spite of the good spirit at the congress it was also clear to me that there is much potential disagreement. Disagreement that is deep enough to divide our ranks as generalists in general practice/primary care. There are the more superficial divisions of language and the political with greater divisive potential. Further, we are divided between those in the public and private sectors — between those dispensing and not dispensing. There are those in urban and rural practices and those serving affluent and poor populations. At several discussions during the congress it was impressed upon me that it is vital that we have some sort of unified forum for general practice. A platform from which we can propagate the best kind of primary health care in which the patient comes first.

As soon as we allow ourselves to be distracted from this central issue, the people of our country will lose a future in which the primacy of the person may again be recognised in medicine. My feeling is that we should protect the measure of cooperation we have achieved in the SA Academy of Family Practice/ Primary Care across the country. We should stick to this central concern across all barriers and exercise our sectional and ideological interests that bring division, through other bodies. We are living in a divided country that is virtually at war with itself. It is only a very powerful issue or central concern that can bring us to talk to one another and hopefully, also to work together.

Sam Fehrsen

Guest Editorial

A perplexing arthritides

An endemic polyarticular arthritides, mainly affecting the hip and knee joints, has plagued the local population surrounding Mseleni and Manguzi areas of the Ubombo District in KwaZulu, South Africa[1]. (This area being adjacent to Lake Sibaya, the largest fresh water lake in Southern Africa).

There are more than 2 500 Zulus of the local indigenous Bantu population suffering from this crippling clinical entity, known as Mseleni Joint Disease[2]. To date, despite extensive research, including nutritional[3], biochemical[4], fungal[5], and miscellaneous other surveys[6,7] no causation has been found since the condition was first scientifically described in 1970. The most recent research presents a Histomorphometric Analysis of Osteopenia associated with Mseleni Joint Disease[8]. Pathologically, M J D bears some resemblance to Multiple Epiphyseal Dysplasia (M E D)[9], and a severe form of Polyarticular Osteoarthritis (P O A), which can progress to Protrusio Acetabuli[10]. The possible components, ie genetic[11], environmental[12], or multifactorial[13], have not been completely elucidated. The overall prevalence is 16,8%, with a 3:1 female to male incidence. Fifty percent of 40 to 50 year old women are affected[14]. There is a 50% chance of a 40 year old person, and an 85% chance of a 70 year old person in the community being affected[15]. Many non-sufferers live in constant fear of becoming new victims of what the indigenous population call the "pain".

Recently the South African Broadcasting Corporation screened a documentary highlighting the plight of these patients. The socio-economic impact of M J D extends to the whole family. Fifty percent of children with an affected parent have received no formal education, compared to 30% of children of unaffected parents.

Fourty-seven percent of females and 67% of males who are eligible for Disability Grants are not receiving remuneration. However, a Mobile Cripple Care Service and a Physiotherapist energetically pursue financial aid through the Magistrate's Office at Ubombo.

Unfortunately, the present financial restraints prevent the willing Regional Orthopaedic Unit at Ladysmith from embarking upon further hip replacements, which still remains the treatment of choice[16]. Recent offers from a multidisciplinary group, under the auspices of the Medical Research Council, to co-ordinate a combined Survey, are welcomed.

Notwithstanding, the pertinent practical problems of provision of formal education for sufferers' children, transport of patients, sheltered employment for younger victims, and financial aid for affected families, remain.

Such a large problem in such a small Community prompts one to ask, "How many other perplexing problems remain unresolved in many parts of Africa, and indeed, other Continents?"[17]

V Fredlund
J R Hunter

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