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discipline and religions. So that when pathology strikes, it seems to create a social withdrawal almost to the extent of abhorrence and shame, and very serious concern about the effect on the community.

Clinically the work involved from the doctor's point of view is always fascinating and varied, both with visual and practical experience which is unheard of in a city practice, and clarity of thought and careful diagnosis are always rewarding and enriching in management of the problem.

It is not uncommon to be consulted in a day's work, about anything that does NOT involve medicine. It has many side-effects, and problems related to financial planning, business problems, domestic issues, veterinary aspects, and dozens of other aspects can make the astute country G.P. conscious of the part the integral complexities of life play on that particular person, when he becomes a patient. To some extent this is compensatory for the loss of hospital and other clinic facilities.

Accidental or sudden death is always a major crisis in a close-knit community. Such catastrophies are handled in panic fashion, rather chaotic and disorderly, and probably out of proportion to a similar event in a city. This again is not out of context when the community involvement is so high, and limited or no facility is available for ambulance, resuscitation or hasty action.

Distance too, plays an integral part in the problems with crises in the country. The doctor is obviously essential in the immediate approach and his ability to cope with the disorganisation and chaos surrounding such crisis situations.

Many other aspects both of sociological and medical roles are manifest in country practice, but the problems facing the country G.P. today are whether he fits into such a role at this present time, or should he now pack his bags and head for town? Or must he now reassess and reinstate his rightful place in a community, as a loved and respected member of that community, but at what cost both to himself, and to his patient?

Or are we deliberately underestimating our existing country G.P.'s potential?

**Chris van Selm**

## Environment, genetics, affect rheumatoid arthritis

Evidence indicates that the major determination of rheumatoid arthritis are environment factors, but genetic factors do play a part in the pathogenesis. Prof. Peter Beighton, of the Department of Human Genetics, Medical School, University of Cape Town, revealed his findings in a recent interview reported in "Rheumatology Review", a continuing medical education publication.

Studies in South Africa have shown that disease incidence differences exist between Black and White races, and between urban and rural populations. Epidemiological surveys conducted during the last 10 years have shown that there are genuine geographic and ethnic discrepancies in the prevalence of rheumatoid arthritis and that in general this disorder is mild and uncommon in communities with an unsophisticated life-style. Prof. Beighton pointed out that in a series of South African surveys, using standardised methodology, the prevalence of combined "definite" and "probable" rheumatoid arthritis in a rural South African Black community, was found to be 0,87 per cent (Beighton, Solomon and Valkenburg, 1975). In a genetically similar urban group, the corresponding figure was 3,3 per cent (Solomon, Robin and Valkenburg, 1975).

The realm of geographical and ethnic variation in bone and joint disease is endless, said Prof. Beighton: "Why is osteoarthritis of the hips common in the White South African population but not in the Black?" The same holds for the relative prevalence of intervertebral disc lesions of the lumbar spine.

Prof. Beighton went on to discuss a study on the orthopaedic aspects of

Gaucher disease which was conducted over a seven year period, by himself and Drs. J. Goldblatt, also of the Department of Human Genetics, Medical School, University of Cape Town, and S. Sacks, formerly of the Department of Orthopaedic Surgery, Medical School, University of the Witwatersrand. "This inherited condition has a high prevalence in the Jewish population of South Africa. At least one in 30 individuals in this community is an asymptomatic 'carrier' of the gene, while about one in 3000 persons has received a faulty gene from each parent, and develops the full manifestations of Gaucher disease.

"For these reasons," he added, "if skeletal problems and splenomegaly co-exist in a Jewish patient, the diagnosis of Gaucher disease warrants serious consideration."

When a young White adult presents with hip-joint pain, the general practitioner should ask two questions: Does the patient have a large spleen? Is the patient Jewish? affirmatives to these two questions should raise the possibility of a diagnosis of Gaucher disease.

"Current trends," Prof. Beighton concluded, "towards molecular genetics will be as important to medicine as the introduction of antibiotics."

Other items of interest in "Rheumatology Review", issue three, include reviews on the diagnosis of "Ankylosing Spondylitis" and the "Control of Idiopathic-Type Pain".

Copies of "Rheumatology Review" are available from the Professional Services Department of Pfizer Laboratories (Pty) Ltd. P.O. Box 1600 Johannesburg.

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