

Comment

by Prof Sam Fehrsen



Dr Martin Bac

Scientific ritual vs prevention

Since 1955 when Hansen, Brock et al¹ first proved that kwashiorkor was a disease of protein deficit, a vast amount of money has been spent on researching its intricacies. Its effect on all the organs of the body, down to cellular and sub-cellular changes, have been unravelled. The result has been a load of publications and degrees, and a marked improvement in those patients' treatment in hospitals.

This whole 'scientific' ritual and expense has been brought about to cope with a condition that need not exist. The remedy was known before the disease was even vaguely understood². On the other hand, the modest efforts put into studying and demonstrating how the condition can be prevented has received much less attention. Dr Martin Bac has helped towards bringing balance into this equation. His six-part article, in this and further issues of SA Family Practice, takes the process from the documentation of the problem, through an intervention, to a very significant success in a period of only three years.

Not losing sight of its limitations, he has opted to start with a quick result solution, which may not be a lasting one as it depends on a continuous feeding scheme for disadvantaged children.

Within this context, only a scheme that offers self-sufficiency within families and communities can be said to

last. Dr H H Stott who recently retired after 32 years of service to the Valley Trust socio-medical experiment³, has shown that a slower approach, built entirely on self-reliance, can produce similar results. Protein energy malnutrition has been virtually eradicated in their area. At Gelukspan, Dr Bac has chosen to start with 'hand-outs' and move into a development phase, maintaining improvement by gradually giving the people sufficient understanding and motivation to solve the problem of malnutrition from their own resources. We wish him and the people of Gelukspan every success. We also congratulate him and his co-workers for looking beyond their immediate preoccupations as clinicians in Primary Care. They have successfully moved on from dealing with individual problems in the consultation room and hospital ward to prevention. This is often not possible for us with many of the problems that we face but it is eminently possible in the field of malnutrition, outside of disaster situations.

References

- 1 Brock, J F, Hansen, J D L et al (1955) : *Lancet*, 2, 355
- 2 Fehrsen, G S (1975) ; *S Afr Med J*, 49 2221
- 3 *Annual Report 1982, The Valley Trust. Botha's Hill, Natal*