



*Professor Carel van Aardt, Director of Unisa's Bureau for Market Research.*

companies often stepped into the breach (as in Botswana).

The conference heard that 3 years ago, an ING-Barings/Global Insight study found that HIV/AIDS could reduce real GDP in South Africa by an

average of 3.1 - 4.7% between 2006 and 2015. An Arndt and Lewis study concluded that HIV/AIDS would reduce GDP by as much as 17% by 2010.

Senior economist Ian Marsberg said nobody could be sure who was right because all the studies relied on underlying assumptions.

However, what was hugely sobering and true was the World Bank finding that the AIDS pandemic would peak 'far in advance' of the economic damage it would ultimately cause.

Van Aardt said the racial income gap had increased in spite of political stability and improved social services because South Africa had moved from isolation into the global economy.

Most studies agree that the number of South Africans infected with HIV/AIDS will peak naturally during this and next year, but that the burden of social,

human and economic misery will continue increasing for many years.

***The poverty trap included the inability of AIDS-stricken poor people to generate income or pay for decent food or access medical help.***

Consultant to the Medical Research Council's Burden of Disease Unit, Mr David Bourne, said the debate 'may continue over the detail, fuelled by the lack of good quality statistics, but the broad picture of the epidemic is very clear'. He said it was useful to look back just 2 short years. 'We've come from denying that there even was an epidemic caused by HIV/AIDS. There's been a huge mindset change.'

**Chris Bateman**

## The South African Medical Journal

### 100 years ago:

It seems to us that medical training has much to do with the attainment of political eminence by medical men. In the first place they must be men of a higher education than the colonial average. Secondly they receive a training only second to that of the lawyer in the logical sequence of ideas, and in drawing correct deductions from ascertained facts. The man accustomed to diagnose the diseases of the individual body, and to guide his therapeutics accordingly, consciously or unconsciously follows the same lines of thought in diagnosing and treating the ailments of the body politic. Again, medical men have an enormous advantage over almost all others, in the fact that their daily work brings them into contact with every class of the people, gives them a knowledge of the wants of all, and widens their ideas. And lastly, your medical man soon finds out in practice how disastrous 'nibbling' treatment is, and in politics he invariably goes right through a question and takes up the responsibility of a definite position just as he has to do when he is face to face with a case requiring operation.

### 50 years ago: Unusual cases of measles

I have recently seen 2 unusual cases of measles which might be worth recording. In 17 years of general practice, I cannot recall seeing similar cases.

The first was a boy of 7 who presented the signs and symptoms of acute laryngitis. He had such marked dyspnoea that a diagnosis of laryngeal diphtheria was entertained in the beginning. Only when the rash appeared did the aetiology become obvious. The usual early signs of measles such as Koplik's spots and conjunctivitis were absent. Here the laryngitis, present to a degree in most cases of measles, dominated the whole picture.

The second was a little boy of 2½ who showed all the classical signs and symptoms of measles during the first few days. But there was no rash on the 4th day. The 5th day passed and still there was no rash. I began to think that this was a case of morbilli sine morbillis. However on the 6th day of the illness, i.e. from the onset of pyrexia, the typical rash appeared. I have often seen the rash occurring on the 5th day but never on the 6th day. This makes me wonder if students are still taught, as I was, that the rash always appears on the 4th day.

The literature does mention the occurrence of laryngitis in measles, but as complications. In the cases described the laryngitis and gastro-enteritis were present from the onset as the major condition.

**I Hendler**