



The South African Medical Journal

100 years ago: Medical Ethics: Presidential Address to the Natal Branch, BMA by D Campbell Watt

If I regard every sick individual within the sphere of my work as belonging by right to me, feel annoyed if some prefer to consult a neighbouring practitioner, and regard every other practitioner not as a professional brother but as an opponent to be jealous of, then I am in a miserable frame of mind indeed and one altogether unjustifiable. It is quite wrong for neighbours to think of each other as 'opponents', for such an attitude of mind is an apt culture-bed for all uncharitable thought and the prompter to unworthy action. Nor is any man entitled to regard another as an intruder where there is reasonable ground for supposing that there is scope for another. To many it is undoubtedly a trial to find a stranger setting up his brass plate in a locality where they have long been accustomed to regard themselves as possessing a monopoly and even a vested interest; and it is a still ruder shock to find some of their best patients preferring the 'interloper', as they would call him. Professional honour and gentlemanly feeling ought however to restrain them from committing any act or adopting any attitude towards the new-comer which would lower him in the eyes of the community and so drag the profession in the mud. Nothing pleases some people more than to see medical men at war with each other I and they delight in retailing to their own doctor little bits of scandal more or less exaggerated about another doctor. Such mischief makers should be firmly suppressed.

50 years ago:

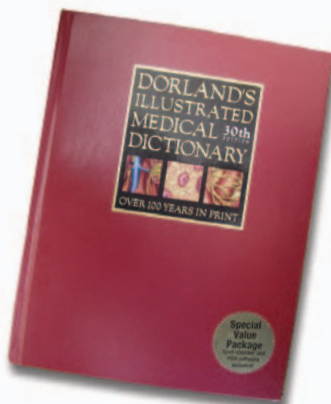
There are three cogent reasons why the medical profession in South Africa should be prepared in the event of future warfare:

- (1) Another world war is likely to involve South Africa.
- (2) In modern warfare South Africa is within striking distance by air from its potential enemies.
- (3) The atomic bomb can thus be deliberately exploded upon important strategic targets in South Africa...

It will fall to the medical and nursing professions to provide the medical services for the sick and injured as in the past. While first-aid and other ancillary services can up to a point be improvised and adjusted to meet emergency needs, this does not apply to the medical profession, whose skill and training are indispensable and cannot be replaced.

Three significant features arise out of a consideration of these facts, which show that the need to be prepared is so urgent that unless we set about planning systematically in advance we shall be unable to cope with the emergency if it comes:

- (1) There are likely to be far more casualties than in the last world war.
- (2) With atomic warfare... the majority of medical men may become casualties and will require help instead of being able to give it.
- (3) Evacuation and distribution of the sick and wounded from the area of disaster to efficient medical and surgical treatment centres may be greatly hampered by atomic phenomena such as fire storm and radio-activity.



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