

THE ANGEL IN 'SCRUBS'

The image of doctors in white coats is becoming almost as outmoded as the top hat and gold-topped cane of earlier medical generations. This image is moving further towards patient-friendliness and a brighter appearance, thanks to the initiative of Dr Teresa Smith de Cherif. She is an American doctor, based at the University of New Mexico Hospital, who has made a second home here in South Africa. She tells a fascinating story of how she became interested and involved in an admirable project.

Teresa has a Master's degree in international affairs and a certificate in African studies from Columbia University, New York. She went on to her 'second career', obtaining her medical qualification at the University of Miami. While there she became interested in infectious diseases and especially HIV.

'What better place could there be to really hone my interest in HIV/AIDS than South Africa? What's more, where is there a greater need in Africa than South Africa?' She made contact with Professor Gary Maartens, who agreed to act as her mentor, and she is now an annual visiting registrar in internal medicine at the University of Cape Town.

She has lived in 15 African countries before coming here, and she believes South Africa is the place where she can make a difference. Smith de Cherif is involved in a number of research projects that, hopefully, will result in more and better knowledge of the effects of HIV on the community.

It was while she was working in the Western Sahara that she came upon hand-dyed fabrics made by women in villages and refugee camps. The bright colours rekindled the fascination she experienced at age nine, when she first laid eyes on her great-grandmother's handmade quilt. She then made some dresses out of African fabrics, and when she was in her first year of medical school in Miami, a Saharan relative made her a set of 'scrubs' (what we call theatre garb) out of fabric tie-dyed in Africa. 'Well, people either thought it was great – or I was insane! I thought that this was a great way to promote Africa.'

Teresa came to South Africa in her



Innovator, Dr Teresa Smith de Cherif, of Albuquerque, New Mexico. Picture: Fred Sanders.

senior year of medical school and seeing it was Christmas time, she arrived with over 200 Christmas stockings for children at six orphanages in South Africa, all filled by children in Florida, including her son and nephew. She was received with such warmth that she decided to raise funds for at least one orphanage in South Africa. She chose Fikelela Centre in Khayelitsha, which houses AIDS orphans. To raise funds, she decided to try and sell African scrubs to doctors, nurses, and medical staff in the USA. She imported fabric from West Africa, and taught women at three different sites around Cape Town to make scrubs

of really high quality. On return to the USA, she began taking orders. Demand is growing, with increasing numbers of orders at each visit to South Africa.

She has started to source South African fabric as well, catering for a demand for particular designs. She sees this as a way of linking the USA to different parts of Africa. 'Every scrub worn in New Mexico is a direct link to several persons in South Africa, and to people in West Africa, too. The colourful scrubs, like oral literature in Africa, invite people to ask, "Where did you get that?" Then, the story of people reaching out — the meaning of *fikelela* — to help HIV-positive orphans in South Africa can be told. Each scrub

made enables a sewer to start on her way to becoming a little more economically independent than she was previously. This is how we can combat the further spread of AIDS. If we can give people the economic means of saying "no" to unprotected sex, we are a little further on in the bigger struggle, which is to implement a prevention and treatment programme in a real way, that has a practical effect.'

'In only one year, we have met all of our costs, and have made enough profits to give Fikelela a cheque for \$2 000 (R15 500), which will fund the clinic needs (excluding antiretrovirals) to cover their entire current budget.'

'I feel so honoured and privileged

that I was accepted to come to this country, where I have had a chance to implement an idea that seems to be working — and that I was able to establish such great relationships.'

Teresa would like every doctor visiting from the USA to take on one little project — 'Everybody has some idea that he or she has always wanted to try'.

More power to you, Teresa, and may you only have success in your venture.

For details of the scrubs and to place orders, contact the local project managers, James and Leonie Dormehl, tel (021) 939-7348.

Fred Sanders

The South African Medical Journal

100 years ago: 'On varicose veins', by Sir Kendal Franks, Surgeon to the Johannesburg Hospital. (Read before the Transvaal Medical Society.)

The treatment of varicose veins by operation requires no apology today, and yet, some twenty years ago, surgical interference was attended with no inconsiderable risk, and was generally deprecated. In Gross' *System of Surgery*, published in 1882, I find the following: 'Excision and direct exposure of the diseased vessels are too dangerous to be practised, being extremely liable to be followed by phlebitis, erysipelas and pyremia . . . My conviction is that no surgeon should ever expose a patient to such risks.' To-day we know that veins can be excised or otherwise dealt with, with very little of that awe and reverence which they inspired in the older school. This change has been brought about, like most of the changes in surgery, by the introduction of the antiseptic method. I remember well the day when one of our leading physicians at home came into the theatre when I was operating on varicose veins, and the look of astonishment on his face. Before leaving the theatre he observed: 'We treated veins with greater respect in my day.'

50 years ago: Ethnology and medicine

When western medicine, preventive or curative, is applied to primitive peoples, or to people of alien culture, conflicts arise between the new ideas and the ancient beliefs and cultural concepts, and unless the new ideas are modified or acclimatized to fit the old environment they are unlikely to take root. Perhaps the leading example of the successful grafting of western culture on an alien civilization is to be found in Japan. When the Japanese adopted the science, and the industrial, commercial and other methods, of the west they did so of their own volition, and they resolved the conflicts between the old and the new for themselves. They were inspired with an understanding desire to secure the benefits which they believed they could get by following the example of the west. It is when the attempt is made to press upon an unwilling, uncomprehending and, it may be, resentful people, ways and methods which are in conflict with their established habits and beliefs that opposition is met which makes success unlikely... In all civilizations mental and nervous diseases used to be attributed to possession by a spirit. Every doctor working among Africans, as among many other peoples, learns to take into account those of their peculiarities which he understands. It is, however, becoming increasingly realized that in the complex field of myths, rituals, taboos, witchcraft and sorcery, in the realm of the fear and anxieties inspired by certain concepts of the world around us, only the ethnologist can move with confidence and interpret the ideas and practices of a population and its beliefs and customs. An ethnologist has in fact been attached to the WHO Regional Office for Africa, and similar appointments have been made in connexion (sic) with health programmes in other parts of the world.