Says Emmerich: 'There may well be a dual diagnosis such as an anxiety disorder or depression, but you can't treat this while they're drinking or drugging.'

His experience is that 'when you deal with the addiction, the majority of the patients' perceived problems disappear'.

The irony is that making a dual diagnosis requires that the addiction be treated first.

Most addiction outpatient facilities use the disease model and 12-step programme and require a daily 2½-hour client commitment for between 3 and 5 days a week for 6 weeks, plus abstinence.

Sessions run from 16h30 to 19h00, with the first hour consisting of lectures and information on addiction followed by 90 minutes of group therapy, considered to be the primary vehicle of recovery.

Defences are dismantled and clients 'own' their unmanageability, shame and guilt.

Says Wolf, 'It's amazing how perceptive they are – they're able to see right through one another's defences'.

The ultimate aim, once clients are 'engaged with recovery', is to reach self-acceptance.

The clients are also required to commit to at least one individual therapy session, plus two compulsory 12-step meetings a week (Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous or Overeaters Anonymous).

Most clinics conduct random urine testing and provide strong aftercare support with Kenilworth Clinic insisting its clients come in once a week for a minimum of three months.

Many outpatient clinics charge their clients on an income-based sliding scale and several of the more progressive medical aids provide reasonable cover.

The outpatient programme costs about R 5 500 (versus about R20 000 for an inpatient one).

'You don't have to be locked up to make a substantial commitment or change in your life – there are many people who can do it by putting the walls of the treatment centre in their head,' says Wolf.

Both men said addiction was a 'real phenomenon' among doctors and dentists, with alcohol and pethedine the drugs of choice, but said they only formed a small percentage of their outpatient groups.

'I think this is more a reflection of the small percentage of health care professionals in the population than anything else,' remarked Wolf.

Chris Bateman

The South African Medical Journal

100 years ago:

In reply to your request for some unscientific account of the medicine-men in the native territories and their methods, I venture to send you a short notice from my own observations, which is not intended to be a complete record of all native practitioners and their practices. A native woman was suffering from strumous inflammation of the glands of the neck. The witch-doctor diagnosed the necessity for killing a red ox, with an eye to the lion's share of a fat beast of that colour he had seen in the kraal. The ox having been killed, the head with the horns intact was placed inside the hut, which had been cleared of everything else and swept clean. The ox head was surrounded with green herbs and gourds, and the patient having been placed on the opposite side of the hut, was directed to look continuously at it. No satisfactory result taking place after some days of the treatment, due no doubt to the patient not carrying out the doctor's instructions, the friends accepted my suggestion, and the swelling was soon reduced with the aid of a pocket bistory.*

*Usually spelt 'bistoury' — a long, narrow surgical knife used for incising abscesses.

50 years ago: Pregnancy outside the membranes — grossesse extramembraneuse

Fig.1. Photograph showing the relation of the foetus to the ectopic sac as found at laparotomy.

In this condition the foetus develops outside the membranes and in the reported cases usually the pregnancy has been intra-uterine. Sometimes following rupture the membranes shrink and the foetus is left inside the uterus but outside the chorion. Grossesse extramembraneuse according to Munro Kerr usually manifests itself by a periodic bloody discharge, and has to be differentiated from hydrorrhoea gravidarum, in which the intermittent discharge is usually clear and yellowish, but only sometimes blood-stained... The child is generally born dead, but occasionally it is born alive, in which case it is feeble and poorly developed. Recently such a case was seen at King Edward VIII Hospital (Fig 1). At laparotomy, the foetus was found free in the peritoneal cavity.