



## Traditional biltong a dietary OK?

South Africans abroad hanker for familiar food products not readily available in their new surroundings, among which are Mrs Balls' chutney (in times past the label suggested endorsement by the *BMJ!*), Marmite, biltong and boerewors. Biltong has often been considered to be one of the deadly sins, together with the burnt offerings sometimes posing as 'braaivleis', in terms of its cancer-stimulating qualities. Readers with secret yearnings for biltong will therefore take heart at the findings of Walubo, Coetsee and Badenhorst (p. 903) concerning the effect of biltong on some cancer-associated enzymes.

It is now accepted that diet is a significant factor in predisposing man to some cancers and that some cytochrome P450 enzymes are involved. At times the products of metabolism are carcinogenic, as in cancers induced by pro-mutagens and pro-carcinogens formed during the cooking of meat at high temperatures.

This study demonstrated that with regard to pro-carcinogen content meat is safer when eaten dried, as in biltong prepared in the traditional South African way. The preparation of biltong involves the pre-treatment of the raw meat using salts and other chemicals in a process akin to marinating, before gentle drying. These appear to be the cornerstone to reduced formation of carcinogenic agents.

## Traditional healers in primary health teams?

Statutory regulation of traditional medicine to ensure that it is practised in a safe and competent manner is now a reality in South Africa. Of course reality may become a myth if the capacity to regulate is limited or possibly even non-existent. Traditional healers greatly outnumber medical doctors — by about ten to one! It is impossible to monitor and control the vast number of religious belief systems — how then are we to cope with such a well-established health belief system which has within it many variations?

Meissner (p. 901) considers some of the realities facing our society in reconciling the fact that most patients in this country consult traditional healers only and sometimes also doctors. Her findings that modern physicians are sceptical with regard to traditional healers are in keeping with similar findings elsewhere in the world.

She found that traditional healers were often interested in better co-operation with modern health care personnel. Others do not wish to be trained, such as those who feel that their calling comes from God or the ancestors.

The ability to influence and to train traditional healers in many aspects of modern medicine is an important difference compared with many of the other 'alternative' health systems. Their part of the primary health care team has potential in treating many prevailing illnesses, educating people in aspects

of preventable conditions and bridging the cultural gap in the concept of health and disease.

## Students uncover obstetric health hazards

Medical schools worldwide are making increasing use of teaching opportunities beyond the traditional central teaching hospital, and South Africa is no exception. Farrell and Pattinson (p. 897) uncover serious potential defects in such a system.

Both maternal and perinatal mortality are far too high in South Africa. Since death is only the tip of the iceberg there should be concern about what is happening in routine management of labour in public institutions throughout the country. Medical students at the University of Pretoria are obliged to go to university-approved public institutions outside of the academic centres for their obstetric rotation, which includes conducting births. The authors evaluated the logbooks and portfolios that students are required to keep and discuss during an oral examination. During this process many harmful practices were uncovered, details of which are provided in the article.

It is well documented that the public hospitals are battling against great odds to provide adequate services to the community and that these often fail. The findings reported in this study call into question the current emphasis on training medical students at non-academic institutions where considerable harmful practice occurs. The first solution is to withdraw students from harmful teaching environments and bring them back to academic institutions. The ideal solution is probably to provide outreach to all new teaching sites to ensure that harmful practices are eliminated. Between these extremes there are several less ideal alternatives, some of which are receiving attention, such as quality assurance programmes.

Many years ago a colleague who was (and is) at the forefront of fighting for and providing better health services to the poor observed somewhat cynically that to ensure that medical students leave the country, they should be exposed to the peripheral health care services during their training. The importance of extending teaching and good standards beyond the teaching hospitals is again highlighted.

## Hope for multiple sclerosis

Multiple sclerosis is the leading cause of chronic neurological disability in young adults worldwide. It is an inflammatory immune-related demyelinating disease that affects the central nervous system (brain, optic nerves and spinal cord).

The Neurological Association of South Africa provides a useful summary of the condition and proposes guidelines for the use of beta-interferons in patients with multiple sclerosis (p. 917).

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