

HOLIDAY MALADIES AND A HOLIDAY PRACTICE ON THE NATAL COAST

P. LYNCH, M.R.C.S., L.R.C.P., L.M.S.S.A.

A general practitioner in a holiday resort has his own peculiar problems. He is dealing with another doctor's patients to whom he is unknown and the patient-doctor relationship is, in any case, only temporary; therefore he is at a disadvantage from the start. These are additional problems to that of treating the patient's illness.

Each doctor, no doubt, has his own methods. My own experience has taught me not to be too credulous of past histories as related by the patient, and to keep an extremely open mind concerning alleged statements and pronouncements made by the patient's family doctor, since there seems to be a marked tendency among the majority of the holiday patients to be confused about what their doctor has actually meant. Therefore, I always play for safety by sending a note back with the patient outlining their condition and treatment. I have found, too, that in serious and important cases a telephone call or a telegram to the patient's family doctor is extremely helpful and a great psychological help to the patient and his relatives in establishing a more definite patient-doctor relationship and bringing peace of mind to all concerned.

The illnesses, injuries and problems chiefly met with on holiday in their order of frequency are as follows:

Dermatological Conditions

Sunburn. This is treated in nearly every case by the chemist, and the medical practitioner usually sees only the bad cases and those allergic to the different sunburn lotions. The bad cases of sunburn are best treated on A. P. Codeine, a penicillin injection, phenergan at night (anthisan for the young) and the application of a calamine oily linament on layers of gauze. It is remarkable how often, through total ignorance of the effects of the sun's rays, the holidays of many people in all walks of life are spoilt.

Solar dermatitis due to different rays of the sun's spectrum is not uncommon. In 17 years of practice I saw none on the highveld, but in the hot humid months at the coast as many as 4 to 6 a week. Sensitivity to the sun is so peculiar that it varies in 50 miles of the same coast in the same person. I have only seen one patient who had also complained of sensitivity 'inland' and he was a Reef practitioner who had received no help from 5 different dermatologists and who was quite yellow from atebtrin. Strict protection from the glare and rays of the sun for the rest of the holiday is advised, tannic acid 5% in lannette wax or with 25% alcohol should be applied for protection. Pabavel (paramine benzoic acid) 800 mg. and phenergan .025 mg. should be given

in daily oral doses. Should the skin be broken, zinc cream with gentian violet, 1 : 5,000 in water, is advisable. In most cases I have advised the patient to have his urine and faeces examined for porphyrins.

Papular urticaria in children is a relatively common condition. In this part of the world, it is due to a sensitivity to bananas in 60% of cases; 5% due to citrus; 5% due to pineapples; 2% due to fish; 2% due to nuts, dates and raisins, and the rest is due to miscellaneous and unknown agents. Impetigo, or the Natal sore or veld sore, often follows due to the scratching. It is more common during a holiday because of the enormous increase in the consumption of the above foods. The banana rash and most of the others respond very well to complete exclusion of the cause and elixir of anthesis syrup; this medication should be given in full doses depending on tolerance in the patient. Simple dietetic measures can be followed even in a hotel, the patients being allowed to eat only what they would eat at home. Calamine with 1% vioform is a good all-round application.

Sandworm disease is a horrible affliction and it is rightly dreaded by all holiday makers who know about it. It is also called creeping eruption. The patient is usually seen after he has been unsuccessfully treated by a chemist, and the infestation is sometimes so multiple that it is serious. Once the exact position of the larvae has been ascertained, the rest is easy. As this can usually be verified by the patient, my procedure is not to charge for the first visit, but to send the patient away with instructions as to how to find the larvae. The tract must be rubbed with cotton wool so that it glows and this procedure must be done 3 or 4 times a day, when the worms' course can be clearly seen. Instructions are also given at the free consultation to take a sedative (sodium amylal barbiturate) some time before treatment, especially in the very young. Provided these instructions have been faithfully followed, freezing with ethyl chloride seldom fails and for good measure I prescribe hetrazan tablets and phenergan for the irritation. Preventative measures against this troublesome and unpleasant disease are to urge the public—and to warn them—always to wear some form of foot-wear on the beaches, and in particular, to avoid sand at the back of the beaches not reached by the sea.

Ear Diseases

Ear diseases are common on a holiday and *otitis externa* is a frequent worry and affects the holiday maker more than the residential population. It occurs mostly in males and is almost certain to occur in all ear scratchers in the hot humid months. The cause of the condition is uncertain and a perusal of a good deal of literature has made it no clearer. Up country mainly the ear scratchers appear to be subject to *otitis externa*, but at the coast all and sundry are afflicted. An ear itch can be psychosomatic, neurotic or due to various organic dermatological conditions.

The most troublesome form of external *otitis* is the oedematous desquamatus type, where the discharge is often like chewed-up blotting paper which school boys flick at the ceiling. I wrote to 6 specialists regarding treatment and 6 different types of treatment were suggested. After having carried out these treatments on a trial-and-error basis, I have arrived at the following solution: A warm glycerine and ichthyl wick is used in the acute stage. The wick must be packed in tight and used before the oedema occurs making this procedure impossible. A long-acting form of penicillin is injected, sedatives and analgesics are necessary and the application of heat is soothing. On resolution of the oedema I have found that liq. hydrarg. perchlor. glycerine and S.V.R. drops are better than any antibiotic, less expensive, and can be used without seeing the doctor at the slightest symptoms of relapse. Antibiotics have caused extremely severe sensitivity reactions when I have used them.

Sinusitis, despite all the swimming, is not a common disease. *Otitis media* is very common. I do not know whether I am original in my theory, but it is my considered opinion that this sometimes serious and crippling malady, which may result in deafness, is sometimes caused in people, especially children, who are suffering from a heavy cold and travel in fast-moving vehicles from higher altitudes to the coast. I should, therefore, like to suggest that no-one should travel until the acute stage of the cold has passed off, and once over the acute phase, nose drops such as agyrol should be used before and during travelling.

Miscellaneous Diseases

Asthma often spoils a holiday. If I find that a patient remains in a mild state of status asthmaticus I advise him to return home. This is always a disappointment, and often not easy to deal with when the patient has made all arrangements for the holiday. But, since this condition can spoil a holiday, I think it is the most sensible advice I could give. Asthma is more common in a humid sub-tropical climate with a lush vegetation. I know I am going to have asthma cases when there have been showers of rain, a high tide causing a mist from the sea and a hot sultry sun.

Tick-bite is seasonal, but we have cut down the incidence tremendously by removing all cattle from the vicinity of the holiday-makers.

Regarding *honeymoon couples*, it is my practice to have on hand 2 copies of 'Successful Marriage' by Fishbein and Burgess and to lend these to couples afflicted by sexual and other problems. This avoids much time being lost in discussion, and the suggestion that the book is borrowed, read and subsequently returned, is usually accepted with relief. A bride is often subject to cystitis and pyelitis, fortunately usually of a mild type, which quickly responds to appropriate sulfa drugs.

Occasionally a very shy, over-modest, and frightened bride is taken to hospital with a complaint of unsuccessful sexual intercourse or dyspareunia to be examined under an anaesthetic. Examination nearly always shows nothing abnormal and the 'trick' is to pack the vagina with an impressive amount of gauze packing which is only removed when she is again conscious—to reassure both her and the husband together that there is nothing abnormal and that they are two perfectly normal people having almost normal difficulties and troubles.

In *paediatric complaints* infectious diseases in hotels are dreaded both by the parents and hoteliers. One encounters measles, chicken-pox and mumps, but typhoid, paratyphoid, small-pox, meningitis and poliomyelitis are fortunately rare. The common infectious diseases are dreaded because of the close proximity of the children to each other in the hotels, the difficulty of isolation and the high cost of hospitalization in these days. I should like to suggest that all hotels catering for large numbers of children should, in their own interest as well as that of their guests', make provision for a small sick-bay, well away (where this is at all practical) from the rest of the hotel building. In paediatrics mild enteritis is the commonest complaint and it is usually settled by prescribing a suitable proprietary brand of milk such as pelleran and one of the sulfa drugs.

Mild bronchitis is encountered in babies on holiday but, with the exception of children with asthmatic tendencies, they can be easily cured. From my experience it would appear that only the more intelligent mothers take a holiday as they all appear to handle their children expertly without the assistance of the clinics, doctors and welfare visitors, who are to be found around every other block in the bigger centres.

Injuries are very common. Many holiday-makers indulge in all forms of sport: riding, climbing, surfing, and many of them—particularly those who lead sedentary lives—do so with more enthusiasm than caution. Surfing injuries are comparatively rare, but I have had 3 cases of fractured necks because the visitor, through inexperience, attempted to surf in large waves breaking in shallow water.

Foot and leg troubles. Orthopaedic problems are very common, particularly in regard to the lower extremities. One sees a tremendous amount of ruptured plantaris muscles of the calf. Due to the pain, the patient is crippled for 3 or 4 days. The main treatment consists of rest, supportive treatment with an elasto-crepe (and not a crepe) bandage, and by raising the height of the heel on the affected side by as much as $\frac{1}{4}$ inch in some cases. The supportive bandage is necessary owing to the bleeding which often accompanies such ruptured muscles. The chief cause of this injury in my opinion, is the change from wearing a shoe with a heel to flat shoes or sandals, and to violent exercise taken on beaches, tennis courts and sports grounds. Foot strain is a common malady among the visitors, and is more marked in the female. A girl with symptomless flat feet at home, who puts on a bit of weight during the year can, as a result, have a miserable holiday. The condition is prevented by using suitable footwear. Fractured toes are common due to the shedding of the normal protective footwear.

Drowning is, fortunately, a rare occurrence, and is likely to

be even rarer now we have the shark-protection nets. It may be of interest to record that I attended 4 fatal shark injuries in the last year, and the most startling thing was the completely ensanguinated appearance of the corpses. It was not established whether this was caused by shock or by bleeding from the large wounds.

Psychological disturbances are common and it is surprising how many men and women become mentally upset whilst on holiday. They visit one in an abject state of mind, obviously disturbed by leaving their work and having nothing to occupy their minds, and suicide, although not common, has been known to occur.

In the very emotionally upset and depressed patient, it should be borne in mind by the family practitioner that a holiday should only come *after* psychiatric advice. It is my practice to see such cases twice a week, give them some supportive advice, prescribe sedation for them during the day and see that they sleep soundly at night, and to encourage them to find something with which to occupy themselves. This is often difficult, for the majority of cases are not interested in the usual trivial holiday pursuits.

From my observations, I have come to the conclusion that many of our top executives, and men and women holding important government and business positions, are taxing themselves beyond their capacities, and this strain is very apparent when they visit a doctor whilst on holiday. In many cases the job is too big for the man: his promotion has been too rapid and his background too poor to cope with the demands of an expanding economy.

A simpler psychological holiday complaint, yet one which is very difficult to handle, is that of the child (up to 5 years old) who has not yet become adjusted to the so-called oedipus complex, and who, instead of seeing his father for perhaps one hour every day at home, now sees him all day on holiday. These children sometimes behave so badly and bewilder their parents so completely that they spoil the holiday for the whole family. For those who may find this difficult to believe, Benjamin Spock's sensible book provides the complete answer.

The alcoholic is seldom encountered in a holiday practice. The governing factor here would appear to be one of finance, since the alcoholic is seldom in a position to be able to afford a holiday. When alcoholics are seen, they are encouraged to return home and join the A.A. The A.A. seems to have special methods of taking care of their 'arrested' members on holiday.

We also encounter the insecure, dissatisfied, and the really sick patient who wants to check up on his own doctor whilst away from home. This is more marked in those who come from areas

where it is difficult for the patients to obtain a second opinion. A blend of discretion, tact and honesty is required, especially if one comes across the undiagnosed diabetic or the grumbling Medical Benefit Society patient with a paranoid personality.

Malaria is of course the commonest tropical disease seen, and is often precipitated by swimming in a cold current or on a cold day.

When death occurs on holiday it seems even sadder than at any other time, and it is particularly distressing for the bereaved relatives, who may be many hundreds of miles from home, or who may have to travel many miles from home to make the necessary arrangements.

The Provincial Hospital service causes concern because the hospital really only caters for the residential population. With the influx of visitors the bed problem becomes acute. It is sometimes the practice to admit no 'cold' cases during the holiday season. Tonsillectomy for the local children then becomes quite a problem.

Book-keeping in a holiday practice presents its own problems. A practice changes every month and the doctor's memory is often unmercifully taxed. Matters are not made easier by the numerous medical aid society forms, and I cannot help feeling that the medical practitioner is exploited by these societies, for, in addition to rendering services at reduced fees, he is also compelled to do the Societies' book-keeping gratis.

Seldom, if ever, is a practitioner saddled with a bad debt from a holiday patient, and accounts are always settled promptly, usually before the patient leaves for home. Apparently the financially insecure cannot take a holiday.

In conclusion, may I say that a holiday practice, despite its difficulties, has its compensations and rewards, and offers challenges that are perhaps not found in other types of practice. One is judged not only by one's patients but by the patients' doctors. In turn, there is the opportunity of judging the work of one's colleagues all over the continent, and this aspect is often most revealing.

SUMMARY

The commonest holiday maladies and complaints such as dermatitis, otitis externa, otitis media due to travelling from a high to a low altitude, and special psychological states are mentioned and their treatment suggested. Problems in general practice at the coast are mentioned and advice tendered.