VAN DIE REDAKSIE : EDITORIAL

MEDIESE PROBLEME VAN DIE ADOLESSENT

Uit die volksgebruike van die meeste gemeenskappe, of hulle nou ook al primitief of beskaafd is, is dit duidelik dat die rypingsjare van jeugdiges as 'n baie belangrike fase in hul lewens beskou word. Hierdie opvatting berus op die algemene ervaring dat adolessente persone wel *anders* is en dat hulle nie behandel kan word soos klein kindertjies of volwassenes nie.

Ongelukkig slaag die samelewing nie altyd daarin om die jeugdige se onrustige gemoedslewe goed te verstaan nie, met die gevolg dat daar 'n reaksie van afkeuring aan die kant van die samelewing, en 'n reaksie van verset aan die kant van die jeugdiges ontstaan. Hierdie toestand van sake openbaar hom dan byvoorbeeld in die ontstaan van eendstert-bendes en ander weerspannige groepe.

Ons leef egter in 'n tyd van ongekende spanning en drukte op alle terreine van die lewe — 'n toestand van sake wat nie net op politieke gebied tot uiting kom nie, maar ook op nagenoeg alle gebiede van die maatskaplike lewe. Oor die algemeen gesproke het ons byvoorbeeld, soos die meeste ander Westerse nasies, 'n bevolking van stadsbewoners geword — selfs grotendeels 'n bevolking van kamer- en woonstelbewoners. Daarby het die moderne verkeersmiddels, en inligtingsdienste soos die pers en die radio, bygedra tot 'n verbrokkeling van gevestigde gebruike en waardes, sodat daar 'n geslag van jeugdiges ontstaan het wat nie die verankering het wat hul ouers gehad het nie. Die emansipasie van die jeug het gouer 'n groter finaliteit bereik as ooit tevore.

In die lig van die feite wat ons hier kortliks opgenoem het, is dit dus meer dringend nodig as in die verlede dat die gemeenskap sy jeugdiges — wat sy volwassenes van môre is — goed sal verstaan. Die meeste moeilikheid wat daar in die wêreld is, ontstaan reeds as gevolg van gebrekkige individuele reaksies van persone en van nasies teenoor mekaar. As 'n gemeenskap kan ons dit dus nie bekostig om die bande met ons jeugdiges verder te sien verbrokkel nie.

Dit is interessant en ontstellend om te sien in hoe 'n mate ons, selfs in hierdie wetenskaplike eeu, in gebreke gebly het om aan ons jeugdiges dieselfde nougesette aandag en sorg te gee as wat ons byvoorbeeld gedoen het ten opsigte van klein kindertjies en oumense. Die kindergeneeskunde en die geriatrie het ontwikkel as twee hoogs gespesialiseerde vertakkinge van die geneeskunde. En in die samelewing self is daar 'n wydverspreide besef van die spesiale en eiesoortige behoeftes van suigelinge en oumense. Maar, die betekenis en die implikasies van die rustelose en woelende gemoedslewe van die jeugdige word nog te dikwels totaal misken.

Dit is dus goed om te weet dat daar persone en inrigtings is wat dit vir hulle ten doel gestel het om 'n spesiale studie van die adolessent te maak. Twee boeke wat onlangs verskyn het en wat handel oor mediese en algemene probleme van adolessente persone, verdien spesiale vermelding. Die eerste is 'n handboek oor *Medical Care of the Adolescent*[1] wat geskryf is deur Dr. J. K. Gallagher, hoof van die Afdeling vir Adolessente van die Children's Hospital Medical Centre, Boston. Hierdie waardevolle bydrae tot ons kennis van die adolessent en sy mediese probleme handel oor 'n wye verskeidenheid van onderwerpe, soos byvoorbeeld die persoonlikheidstrekke en emosionele behoeftes van die jeugdige, hoe hy of sy benader en ondersoek moet word, en spesiale toestande waaraan jeugdiges dikwels onderhewig is, byvoorbeeld skolastiese vertraging, sportbeserings, groeiprobleme, gedragsmoeilikhede, geslagsprobleme, epilepsie, hartsiekte, dismenoree, ens. Daar word deurgaans 'n poging aangewend om aan te toon hoe die veranderende fisiologie en die ontluikende persoonlikheid van die adolessent in aanmerking geneem moet word by oorwegings oor hoe hy versorg en behandel moet word.

Die ander boek waarna ons verwys het is geskryf deur Dr. J. Hemming[2] en dit handel meer spesifiek oor die probleme van adolessente dogters. Die skrywer probeer om die faktore te ontleed wat daartoe sal bydra dat dogters gewillig sal wees om die hulp en leiding wat hulle wel nodig het, te aanvaar. Sy aanbevelings verdien die ernstige aandag van almal wat graag daartoe sou wou bydra om 'n gelukkiger, gesonder, en meer emosioneel-volwasse geslag van mense voort te bring.

1. Gallagher, J. R. (1960): *Medical Care of the Adolescent*. New York: Appelton-Century-Crofts, Inc.
2. Hemming, J. (1960): *Problems of Adolescent Girls*. London: Heinemann.

SCREENING FOR PORPHYRIA

Porphyria variegata, which is particularly common in South Africa, is inherited as a Mendelian dominant trait. Until the era of sulphonamides and barbiturates its importance was more academic than practical. We know now, however, that there is a possibility of serious, even fatal, attacks of acute porphyria being precipitated by these drugs in patients suffering from porphyria variegata. Even if an acute attack is not brought about, the resistance of these patients to future acute attacks may be lowered.

In this issue of the *Journal* Dr. G. Dean highlights the problem in his report of the routine screening of patients admitted during one year to the Provincial Hospital and the St. Joseph's Hospital in Port Elizabeth. From 1 April 1959 to 31 March 1960, 6,458 routine tests were carried out at the two institutions, and twenty-nine patients were found to have porphyria variegata. Dean points out that this variety of porphyria is difficult to detect in its quiescent phase unless routine stool and urine tests are carried out. Among the families of the twenty-nine patients a further fifty-three hitherto undiagnosed porphyria cases were discovered. There was only one death after thiopentone anaesthesia among all admissions to the two institutions during the year under review. The patient who died was a porphyric who presented with apparent intestinal obstruction and whose stool could not be obtained for examination. His urine was not

examined either and, after a stormy postoperative period, he died. From his figures Dean considers that about 1 in 250 of the hospital admissions in the Eastern Cape have the gene for porphyria variegata, but this is probably slightly higher than the incidence outside the hospital.

The facts presented by this routine testing are important and disturbing. Dean believes that throughout Southern Africa there are approximately 8,000 White and Coloured porphyrics among the descendants of the original Dutch settlers, Gerrit Jansz and his wife Ariaantje, from one of whom the gene was inherited. From estimates he has made of hospital admissions at other large centres in the Union, it seems that there may be a higher proportion of these descendants in the Eastern Cape, but that the incidence of porphyrics will be found to vary from about 1 in 400 at the General Hospital, Pretoria, to 1 in 1,000 at the Addington Hospital, Durban.

The only centre where routine testing has so far been carried out is Port Elizabeth. However, with the extremely common use of barbiturate anaesthetics, not to mention other barbiturates and the sulphonamides, it is reasonable to suggest that this screening should be undertaken in other parts of the Union. It will then be possible to tell whether Dean's figures, and the important assumptions he draws from them, can be substantiated elsewhere. If his estimates are proved correct, an important contribution to preventive medicine throughout South Africa will have been made.

PERSONAL DATA TO BE CARRIED IN CASE OF EMERGENCY

In 1958 we commented[1] on the difficulty facing casualty departments and private doctors when patients with open wounds require tetanus prophylaxis. Although immunization with tetanus toxoid is becoming more common, the patients themselves seldom know whether they have been immunized, or, even if they know this, they may be unconscious after an accident. Yet they need protection against possible tetanus and have perforce to be given antitetanus serum with its concurrent dangers. It was suggested then that their immunization history should be carried on the person in some acceptable form.

In this issue of the *Journal* we publish two letters dealing with other aspects of the same problem — one from a doctor, the Medical Superintendent of the McCord Zulu Hospital, Durban, and the other from a non-medical man, the former chairman of ESCOM.

There is an obvious and urgent need for some form of identification of people who are sensitive to various drugs or who suffer from a variety of illnesses which may render them unconscious in circumstances where a medical history is not available. Many conditions where this identification might be lifesaving spring to mind. These include: sensitivity to penicillin and ATS, diabetics taking insulin, porphyrics who may not be given sulphonamides or barbiturates,* bleeders who may need emergency operations, and so on. In this regard, with iatrogenic diseases and sudden catastrophes occurring more and more often after the use of some modern drugs, it is our duty to make every attempt to safeguard our patients, wherever possible, from these dangers. Doctors, too, would be prevented from innocent errors of commission if these facts were available.

What would be the best way to provide the identification in these cases? Where would the list end? These problems require careful thought and discussion. One of our correspondents suggests that suitable internationally-acceptable symbols should be decided on, and then tattooed on the skin. This would obviously be the most permanent way of recording the information, and it would certainly always be with the patient, but it is doubtful if this method would be aesthetically acceptable to many people.

Whatever method is eventually used, the whole problem must be tackled sooner or later. Ways and means of overcoming the difficulties will have to be found, and members of the medical profession should take the initiative in this matter.

* See Editorial article on 'Screening for porphyria' and Dr. G. Dean's article on 'Routine testing for porphyria variegata' on pages 752 and 745 of this issue of the *Journal*.

1. Editorial (1958): S. Afr. Med. J., **32**, 720.