Correspondence : Briewerubriek

The views expressed in the Correspondence published in the Journal are not necessarily those of the Medical Association of South Africa.—Editor.

Die menings gelug in die Briewerubriek van die Tydskrif is nie noodwendig dié van die Mediese Vereniging van Suid-Afrika nie.—Redakteur.

TAY-SACHS DISEASE

To the Editor: May I have the opportunity of replying briefly to the correspondence[1,2] which resulted from the publication of my article on Tay-Sachs Disease (TSD).[3]

My article was written in a simple style, and an attempt was made to give the reader information on broad principles only. References were cited for further reading. It is unfortunate that 2 errors in regard to statistics crept into my article. To correct this fault, the text should have indicated that there are probably 40 000 Jews in the child-bearing age of whom 1 300 are likely to be carriers.

The figures which Jenkins *et al.*[2] purport to be the likely incidence of TSD in Johannesburg are fallacious and irrelevant. It is scientifically incorrect to use a presumptive figure of 'approximately 2 cases of TSD per annum' to calculate the frequency of the disease and to suggest that the frequency of the disease in South Africa is different from other areas of the world based upon these calculations.

I consider a limited study of TSD in South Africa to be both a waste of time and money and that it would serve no purpose. It is preposterous to presume that 50% of the knowledge to be gained is already known and to deduce from a limited study if whole-population screening is worth while.[2]

The opinion expressed that psychologic trauma is likely to result in people tested for a genetic disorder[2] is not true. Dr Bruno Volk, who incidentally has had much more experience and has seen more cases of TSD than anyone in the world, stated: (*a*) screening the whole Jewish population in South Africa for TSD would be a very worthwhile project; and (*b*) problems suggested as arising from psychologic trauma should be disregarded as grown-up people should not bury their heads in the sand in order to avoid the truth.[4]

It is unfortunate that the laws of nature do not obey the hypotheses of man. Thus in a family where carrier marries carrier of a recessively transmitted disease, it is hypothetically possible that the risk of occurrence of the disease is 1 in 4. Of course it may be 1 in 2 in a specific family and the occurrence of even 1 case of such a disease in a family is 100% occurrence.

While it has been suggested that 1 case of TSD is likely to occur per annum in South Africa,[2] again nature is unpredictable. Thus, I believe that at the present time, 5 infants are languishing with TSD in this country, all of whom will die. The tragic birth of these infants could have been prevented and the sooner similar cases are prevented, the better.

Screening programmes should identify every person at risk — and not a selected few.

R. L. van der Horst

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1. Correspondence (1973): S. Afr. Med. J., **47**, 468.
2. Correspondence (1973): *Ibid.*, **47**, 597.
3. Van der Horst, R. L. (1973): *Ibid.*, **47**, 181.
4. Volk, B. W. (1973): Personal communication.

ADVERTISING

To the Editor: There is a most peculiar advertisement on page XXXIX of the *Journal* of 17 February 1973. A patient, with eyes blocked out, is shown with, presumably, consultant, registrar, houseman and a nurse. If the doctors are genuine, they are advertising. If not genuine, why block out the patient's eyes?

Ian Kennedy
Medical Superintendent

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Ramoutsa Village
Botswana

We give full marks to our observant reader. The 'nurse' and 'doctors' were actors but the patient was genuine and therefore had to be afforded anonymity.—*Editor*

PITUÏTÊRE DWERGIES

Aan die Redakteur: Net 'n paar reëls om aan te sluit by u inleidingsartikel[1] oor pituïtêre dwergies. Myns insiens moet die wetgewing wat voorsiening maak vir verwydering van pituïtêre kliere uit kadawers veel wyer wees en ook voorsiening maak vir benutting van ander liggaamsdele soos byvoorbeeld korneas, ens.

Ek lees gereeld die briewerubriek en dit val my op dat die meeste briewe in Engels verskyn—vir die gerief van buitelandse lesers is dit noodsaaklik—maar dit kom my voor as ek na die name van die skrywers self kyk, dat my Afrikaanssprekende kollegas maar baie traag is om so nou en dan 'n opinie te waag.

Nico Coetzee

Posbus 5
Gingindhlovu
Natal

1. Van die Redaksie (1973): S. Afr. Med. J., **47**, 464.

BOOK ON RENOWNED PHYSICIANS

To the Editor: I am editing a book on renowned and notable physicians and their faiths. I am interested in hearing from contributors who have a special knowledge of the faith or religion of one or more notable and outstanding physicians. I am considering such physicians as Sir William Osler and Sir William Fleming, or those who are still living today.

Would anyone interested in this project, or who could suggest renowned physicians to write about, please contact me at the below-mentioned address.

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COMBINED MEASLES, RUBELLA AND MUMPS VACCINE

To the Editor: An efficient vaccine is indicated in diseases which either threaten life or have morbid consequences. This is particularly so where the disease is inclined to occur in epidemic form. Smallpox is an ideal indication because of its high mortality and because it often assumed formidable epidemic proportions in the unvaccinated. It is pertinent that the applicability of the combined measles, rubella and mumps vaccine now offered by various firms be critically examined.

Measles carries a considerable morbidity and mortality, particularly in mal- or undernourished children under 5 years of age. As in diphtheria and poliomyelitis, the threat from measles starts at about the age of 6 months when the passive immunity obtained from the mother disappears. Measles at present carries a higher mortality than the notifiable infectious diseases so that immunization is definitely indicated. The best time to administer measles vaccine is just before 6 months of age—the same as for triple antigen (diphtheria, pertussis and tetanus) and poliomyelitis.

Rubella, on the other hand, is never a threat to the life, and seldom even to the well-being, of the sufferer. Rubella only acquires its sinister quality when it attacks a woman during the first 3 months of pregnancy when her child is likely to be born with physical and mental defects. In addition, even if such a child is born apparently normal, it continues to excrete rubella virus often for the rest of its life, and so constitutes a menace to society. A solution to the problem of congenital defects so produced, is to ensure that *all* mothers of a population are immune to rubella *before* they start bearing children, i.e. they should either have suffered from rubella, or have had efficient immunization from an attenuated live virus vaccine. It is not safe to use this live virus vaccine later than 6 weeks before conception, and certainly never during pregnancy. The solutions are (*a*) routine rubella immunization of all 13 - 14-year-old schoolgirls which is offered as a routine in many advanced countries, and should be considered for South Africa; (*b*) before, or even as a condition of, marriage; unfortunately this would omit unmarried mothers; (*c*) married women at risk, either immediately after childbirth or on condition that efficient contraception is applied; and (*d*) it has been reported recently that the Japanese strain of rubella virus is non-teratogenic. If this should be confirmed and the existing teratogenic South African virus could be replaced by the Japanese strain, the problem would likewise be solved.

The administration of rubella vaccine in children under 5 years old appears irrational, as there is no absolute certainty that the immunity would last until child-bearing age.

Mumps, like rubella, is practically never a threat to the sufferer's life. The most important complication is an orchitis in sexually-mature males, which is very rarely followed by sterility. The latter is no serious indication for immunization in this overpopulated world, and whether an orchitis is, is debatable. However, supposing these do indicate immunization, this should be given to sexually-mature males.

I suggest rubella vaccine should be offered to all 13 - 14-year-old schoolgirls, and mumps vaccine concurrently to 13 - 14-year-old schoolboys. This would eliminate discrimination between the sexes in mixed schools.

Thus, a vaccine against measles, rubella and mumps is a bad combination, although separate vaccines against each disease may have a place in prophylaxis.

H. R. Ackermann

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DRUG ABUSE

To the Editor: As the Chief Executive of a pharmaceutical company with extensive international affiliations within a group which markets a number of psycho-active drugs throughout the world, I have a professional interest in international drug abuse patterns. As a father of adolescent children, I have a personal interest.

At a recent congress in London, it was recognized that, apart from the problems posed by indigenous cannabis in South Africa, drug abuse in the Republic, and particularly the misuse of pharmaceutical compounds, was on a scale much lower than that of some parts of Europe and the USA.

One of the reasons suggested for this was that of relative communication failure, and the point was made that South Africa could not hope to escape the consequences of 'improved' communications. Irresponsible reports in the mass media which draw attention to brand-names, the 'underground' names, availability, how to recognize the product and the highly subjective effects to be expected can be guaranteed to stimulate the curiosity of young people.

International travel, particularly that related to the movements of the so-called 'hippies', improves communications even in the rapidly developing non-print culture of Europe.

So far our lay press has adopted a responsible attitude but it seems that this is changing. Recently a Transvaal daily newspaper printed the photograph of a smiling woman holding a plant of the genus *Datura*. The plant, the seed pod and seeds were easily identifiable as a common weed throughout much of South Africa. The accompanying text related the story of a local youth who swallowed one hundred seeds 'for excitement' and had 'a 4-day hallucinatory trip'. Two days later, despite an appeal to the journalist concerned not to identify the product, a Natal Sunday newspaper printed a story on one of our products, Mandrax, in which, among other things, it was described as an aphrodisiac.

The symptoms of gross overdosage in selfpoisoning cases were distorted and linked with its ordinary therapeutic use in such a way that patients who have taken Mandrax for longer than 2 months were led to expect convulsions, delirium tremens, and 'stomach haemorrhage 3 - 5 days after discontinuing'. Attention was also drawn to its abuse potential. This, together with a photograph of the pack, could be predicted to have 2 effects. The first is to cause grave concern among those patients for whom the product has been prescribed and the second is to draw attention to the fact that psycho-active drugs taken with alcohol have a potentiating effect.

My local information is that both articles have had the predicted effect. Adolescents *are* searching for the 'malpitte' (mad pips) of *Datura* and chewing a few seeds to experiment with dosage, and some patients, unfortunate enough to have read and believed the Mandrax article, *are* concerned for their lives.

It is doubtful whether any form of control can or should be exercised over newspapers to preclude this kind of irresponsible reporting. I would suggest, however, that since presumably journalists have to have recourse to personal medical advice from time to time, the profession should exert its not inconsiderable influence over these people, pointing out the results of irresponsible distortions of medical facts and the publication of 'do-it-yourself' drug abuse formularies.

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