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VAN DIE REDAKSIE : EDITORIAL

GENEESKUNDIGE ALMANAK : OKTOBER

'Die mooiste, mooiste maand' van die geneesheer-digter en voormalige redakteur van hierdie *Tydskrif*, C. Louis Leipoldt, het in die ou Angelsaksies 'Winterfylleth' geheet omdat, met die volmaan (*fylleth*) die noordelike winter begin het. Die huidige benaming is na die ou Romeinse kalender te herlei daar dit toe die agste maand was.

Die laaste van die groot epidemies van die negentiende eeu aan die Kaap het vanaf Junie 1867 tot Januarie 1868 gewoed. Tydens Oktober het die nie-spesifieke koorssiekte sy hoogtepunt bereik, met 'n sterftesywer van 20%. Die *Cape Argus* het 'n noodlenigingsfonds gestig wat mettertyd £1,200 opgelewer het. Die weeklike tol aan lewens in Kaapstad was ongeveer 50, en altesam het 1,151 Kapeenaars hieraan beswyk. Hieronder was ook dokters A. C. K. T. Graf en Alexander Brown. Hierdie epidemie het gekom op 'n tyd toe openbare gesondheidsmaatreëls reeds in swang was en het dus verder krag verleen aan daaropvolgende wetgewing.¹

1 Oktober 1835. Adam Politzer gebore te Alberti, Hongarye. Beskou as die vader van die moderne otologie. Beskryf in 1863 sy metode vir inflasie van die middeloor vir diagnostiese en terapeutiese doeleindes met sy sagte rubber sak (Politzer se Sak).

1 Oktober 1850. Paul Grawitz gebore te Zerrin. Assistent van Rudolf Virchow en beskryf hipernefroom wat ook bekend is as die Grawitz-tumor. Later was sy hoofbelangstelling by weefselkulture, waar hy dan ook baanbrekerswerk verrig het.

2 Oktober 1859. Henry Koplik gebore in New York. Beskryf die klein blou-wit kolletjies aan die binnekant van die wang wat patognomies is van masels, en wat die veluitslag voorafgaan.

2 Oktober 1865. Berkeley George Andrew Moynihan gebore op Malta. Daar word beweer dat hy meer as enige ander chirurg daartoe bygedra het om Britse chirurgiese tegniek te vervolmaak.

7 Oktober 1899. Harvey William Cushing oorlede. (Sien April se aantekening.)

11 Oktober 1876. Hoeksteen gelê van die Frontier-hospitaal, Queenstown.

16 Oktober 1846. Die gebruik van eter as narkose word vir die eerste maal gedemonstreer deur W. T. G. Morton in die Massachusetts Algemene Hospitaal.

15 Oktober 1859. Auguste Klumpke gebore te San Francisco. Beskryf 'Klumpke se Verlamming' terwyl nog student. Dit was haar tweede prestasie as student, die eerste synde die feit dat sy toelating as mediese student kon kry op 'n tyd toe daar sterk verset was teen die emansipasie van die vrou. Haar derde prestasie in haar studentejare was haar huwelik met Jules Déjerine in haar finale jaar. Na sy dood in 1917 het sy haar man se navorsing oor neuroanatomie voortgesit. Sy was presidente van die Société de Neurologie en ook 'n offisier van die Legioen van Eer.

17 Oktober 1781. Johann Friedrich Meckel, jnr., gebore te Halle. Was beroemd as anatoom, maar sy naam word gewoonlik gekoppel aan Meckel se divertikel.

21 Oktober 1833. Alfred Bernhard Nobel, Sweedse ingenieur, gebore. Ontdek dinamiet en stel later ook die Nobelprys in. Die prysgeld is die rente op R3,600,000 wat hy by sy dood nagelaat het en wat jaarliks in vyf prys verdeel word: 1 en 2 vir die belangrikste ontdekings in die fisika en die chemie; 3 vir die belangrikste ontdekking in die fisiologie en die geneeskunde (toekenning gemaak deur die Karolinska Mediese Instituut, Stockholm); 4 vir die belangrikste werk in idealistiese literatuur, en 5, die Vredesprys vir die belangrikste voorstander van die vrede (toegeken deur die Noorse Stigting of wetgewende liggaam).

21 Oktober 1862. Benjamin Brodie oorlede. Bekend vanweë Brodi se abses, in 1832 beskryf onder titel *Chronic Abscess of the Tibia*. Verwerf in 1811 die Copley-medalje vir fisiologiese navorsing. Word in 1818 chirurg vir George IV en later ook vir William IV. President van die Royal College of Surgeons en ook van die Royal Society. Op die ouderdom van 75 jaar word hy die eerste president van die General Medical Council.

28 Oktober 1794. Robert Liston gebore. Tot 1823 baie groot vriende met James Syme (sien Junie se aantekening), maar as gevolg van professionele mededinging en naywer vind verwydering en vyandskap later plaas. Eers versoen by Liston se dood. Liston word onthou as briljante chirurg en sy naam is gekoppel aan Liston se beentange en Liston se spalke.

Hy het ook die eerste operasie onder eter-narkose in Europa uitgevoer.

1. Burrows, E. H. (1958): *A History of Medicine in South Africa*. Kaapstad: Balkema.

HEPATIC COMA

In recent years there has been considerable interest in the pathogenesis and treatment of hepatic coma. Evidence has been advanced in support of the concept of an encephalopathy resulting from the action of toxic substances which arise at least in part from bacterial decomposition of protein in the intestine. Among the possible toxins studied have been ammonia and amines, but at the present state of our knowledge no single agent can be specifically incriminated. The offending substance or substances are

normally removed from the portal blood by the liver. Failure to do this will result from the massive destruction of the liver as in acute yellow atrophy owing to hepatitis, or from abnormal shunting of blood from the portal to the systemic circulation, as in portal hypertension. In the latter instance the poor liver function of cirrhosis is responsible for the failure to remove these substances from the systemic blood.

The present treatment of hepatic coma is based on this

concept of its aetiology, and indeed many of the theories of pathogenesis have resulted from successful or partially successful forms of therapy. All dietary protein is withheld, and poorly absorbed antibiotics such as neomycin or kanamycin are given in an attempt to sterilize the intestine. Coma in cirrhosis is not a rare event in any big hospital and may be precipitated by abdominal paracentesis, the injudicious use of thiazide diuretics without adequate potassium replacement, the administration of ammonium chloride or sedatives, and by massive gastrointestinal haemorrhage from varices. In contrast, acute yellow atrophy and coma is a rare complication of hepatitis. The ominous signs in these patients are repeated vomiting, a liver rapidly decreasing in size, a flapping tremor, foetus hepaticus, abnormal behaviour and confusion which is often nocturnal. Coma arising from acute yellow atrophy, like other forms of hepatic coma, carries a high mortality. Of McDonald's¹ thirteen cases only four survived, while of Sherlock's² series only three out of eleven recovered.

In addition to the measures already described, such patients are usually given large doses of corticosteroids, but, as indicated, the results have been very disappointing. This has led to attempts at haemodialysis,³ cross-circulation with human volunteers⁴ and perfusion of the patient's blood through the cooled isolated pig's liver.⁵ The first of

these methods has no therapeutic effect and the last two carry immunological and other hazards.

Of great interest is the report by the Cape Town workers published in this issue of the *Journal*.⁶ Over the past three years, they have been treating hepatic coma from acute yellow atrophy by exchange blood transfusion. All their patients had failed to respond to a protein-free diet, antibiotics and large doses of corticosteroids and were in deep coma. Of the seven patients they treated five recovered completely and are alive and well. Two patients recovered from the hepatic coma, but died subsequently from other complications.

The results obtained in Cape Town with exchange transfusion in hepatic coma resulting from acute hepatitis are better than those recorded here or elsewhere with other forms of therapy, and it is to be hoped that further experience with this form of treatment will prove equally successful.

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2. Sherlock, S. (1963): *Diseases of the Liver and Biliary System*, 3rd ed. Oxford: Blackwell Scientific Publications.
3. Kiley, J. E., Pender, J. C., Welch, H. F. and Welch, C. S. (1958): *New Engl. J. Med.*, **259**, 1156.
4. Eschbach, J. W. jr., Hutchings, R. H., Meston, B., Burnell, J. M. and Scribner, B. H. (1964): *Trans. Amer. Soc. Art. Int. Organs*, **10**, 280.
5. Eiseman, B. (1965): Moynihan Lecture at Royal College of Surgeons, London.
6. Trey, C., Burns, D. G. and Saunders, S. J. (1965): *S. Afr. Med. J.*, **39**, 858.