

EDITORIAL

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Slow Neurological Virus Disease in Man

There are several virus diseases of the central nervous system of man and animals characterised by a long incubation period, insidious onset and a slowly progressive clinical course lasting months or years before ending in death,¹ which may be grouped conveniently according to the type of host response to the presence of the virus.

The 'slow viral diseases' group includes *kuru* and Creutzfeldt-Jakob disease in man, *skrapie* in sheep, and transmissible mink encephalopathy. The striking similarities of the neuropathological lesions and the unusual nature of the causal infectious agents, led Gibbs and Gajdusek² to group them as the subacute spongiform encephalopathies with a histological picture quite unlike that usually associated with virus infections of the brain.

By contrast, in the 'slow virus infections' group, there is an inflammatory response in the central nervous system tissues denoted by perivascular cuffing and an inflammatory infiltration of the parenchyma by mononuclear cells. Gibbs and Gajdusek,³ on this basis, have included in this group delayed and slow measles encephalitis or subacute sclerosing panencephalitis (SSPE); subacute papovavirus encephalitis or progressive multifocal leucoencephalopathy; *epilepsia partialis continua*, or Kozhevnikov's epilepsy caused by Russian spring/

summer encephalitis virus; progressive congenital rubella and cytomegalovirus brain infections, and subacute herpes simplex encephalitis and subacute adenovirus encephalitis.

In this issue of the *Journal* there are two reports on SSPE in the Cape Province. The authors draw attention to the unusually high incidence of the disease among the non-White groups of the population. They rightly stress that every effort should be made to explain their findings over the past two years, and to ascertain whether or not anything similar to the situation in the Cape has occurred in other Provinces of the Republic, in South West Africa or in Rhodesia. It is to be hoped that an early effort will be made to establish the precise magnitude of the problem through a comprehensive survey of the occurrence of SSPE in these areas.

While some aspects of the pathogenesis of this serious and distressing complication of measles are already being investigated, a full understanding of the deficiencies in the affected children is necessary for effective prevention. In particular it must be established why their response to the measles virus is so different from that of their siblings and fellows of the same age and community group, who are able to terminate the clinical manifesta-

tions of measles infection unequivocally, completely and permanently.

Even if the final answers are not yet available, it is important to consider how far the risk of developing SSPE can be reduced by vaccination of the vulnerable groups with live measles virus vaccine. The authors of these communications suggest that SSPE in the Cape Province of South Africa occurs almost exclusively in one segment of the community. A more precise definition of this aspect of the epidemiology is urgently required, as SSPE is by no means the only unfortunate and serious aftermath of measles. It is, however, sufficiently prevalent to draw to the attention of the

authorities concerned yet another reason why routine vaccination against measles should be considered for the underprivileged. Although SSPE is not confined to the underprivileged, it is in this population group that severe and complicated measles is common, and causes a high mortality rate, which would appear to be unnecessary in the light of the extent and the quality of the medical services that are available.

1. Hadlow, W. J. in Day, S. B. and Good, R. A., eds (1972): *Membranes and Viruses in Immunopathology*, pp. 381-396. New York: Academic Press.
2. Gibbs, C. J. and Gajdusek, D. C. (1970): *Proceedings VIth International Congress on Neuropathology*, pp. 779-801. Paris: Masson.
3. *Idem* in Day, S. B. and Good, R. A. eds (1972): *Op. cit.*,¹ pp. 397-409.

Opinies Uit Alle Oorde

In hierdie uitgawe publiseer ons die eerste artikel in 'n nuwe rubriek met die titel 'Klip-in-die-Bos—Dragging Coat-tails'. Die tyd het aangebreek dat die geneesheer bietjie meer ontvanklik word vir gedagtes uit die wêreld om hom heen. Ons versorg ons pasiënte en het daaglik te doen met die wel en weë van die mensdom, maar ons neig om 'n geestelike gordyntjie oor alles te trek en nie genoeg te luister en te lees nie. Dokters onthaal dokters en die enkeling wat van buite die beroep ingedwaal kom, word as vreemdeling bejeen, en selfs meewarig beskou as 'n arme drommel wat nie tot die elite van die mediese beroep verkies is nie.

Hierdie eerste aflewering in die rubriek is geskryf deur 'n geneesheer, maar iemand wat ons reeds leer ken het as 'n kollega met 'n kykvermoë na buite. Maar dit sal nie net by dokters bly nie. In die toekoms wil ons ook hoor wat die denke en voorstelle van andere is, en ons hoop dat ons lesers dit nie net interessant nie, maar ook stimulerend sal vind om sulke artikels te lees. Ons wil dus hier 'n ope uitnodiging stel aan enigeen wat 'n bydrae te lewer het. Ons behandel die totale mens, en ons kan dit slegs doen as ons die totale mens ken en met hom saamleef as medeburger in 'n beskawing waarvan ons ook ons volwaardige bydrae moet lewer.