

***VAN DIE REDAKSIE***

***EDITORIAL***

## **Slaapdeuntjies**

Dit tref dat hoewel 'n mens gemiddeld een-derde van 'n leeftyd op 'n bed deurbring, so min aandag geskenk word aan die 'materiaal en metodes' van slaap. Opmerklik ook is dit dat in die roetine benadering van 'n pasiënt so min aandag geskenk word aan die verskynsels verbonde aan slaap.

Die meeste mense is dit eens dat 'n bed enkel, ferm en gelyk behoort te wees, die beddegoed los, lig en snoesig warm, en die liggaam gereinig en skamel bedek. Rus moet die verstand ook verkwik en afferente irritasie moet uitgekakel word sodat 'n optimale omgewing geskep word—donker, stil, 'vars', smaakvol en alleen. Die liggaam moet lekker moeg wees en die gemoedstoestand kommervry, vooruitsienend na die herkou-proses wat die vorige dag se gewaarwordings integreer met bestaande kennis. Indien 'n persoon nie reg is vir slaap nie moet hy homself doelgerig voorberei deur sy spiere af te mat en sy denkprosesse in neutrale rat te bring, indien nodig met aangename afferente afstomping en ontspanning.

Gedurende slaap varieer die graad van onderbewustheid van onbewuste diep slaap tot amper wakker. Die inisiële wegsluiting word na 'n halfuur gevolg deur die vasste slaap en dan volg drie vlakkerwordende vasslaap-periodes afgewissel deur ligter droomfases wat na die eerste uur en weer in die derde, vyfde en sewende ure intree, en toenemend tien, vyftien, dertig en sestig minute duur

en uiteindelik vervlak tot ontwaking. In hierdie fasiese patroon skuil die verklaring waarom mense verskillend reageer as hulle gewek word op sekere tye.

Volledige waarneming van temperatuur, polsnelheid, bloeddruk, asemhalingspoed, ens. gedurende slaap kan meehelp dat siektebeelde, veral kardiopulmonaal, beter ontleed word. En kennisname van spierbewegings, bringolwe en uitinge, veral gedurende die droomfases, en ontleding van droominhoud, veral indien herhalend of voortgesit, kan psigologiese neigings demonstreer en psigiatryse abnormaliteite antisipeer. Die hipnagogiese hallusinasie en hipnopompiese doelwitte mag insig-gewend wees.

Drome is 'n integrale en essensiële aspek van slaap en is deels die resultaat van gister se waarnemings met die bestaande kennis, en reflekteer die genieting of verwerping daarvan. Drome reflekteer ook onderdrukkinge, neigings en behoeftes sintuiglik weerspieël, soms simbolies, soms verplaas, en, hoewel onwaarskynlik konstruktief, mag dit tog ten dele die volgende dag se handeling bepaal. Kennis van hierdie dinge mag die geneesheer in staat stel om sy pasient te help by sy omgewing aanpas en om sy slaaptijd optimaal te benut, en sodoende aftakelingsprosesse te vertraag en miskien langer en gelukkiger te lewe.



## Dosage and Toxicity

In this issue we publish a letter reporting the accidental ingestion of an overdose of diphenoxylate hydrochloride and atropine sulphate (Lomotil) by a child of just under 2 years of age. It is of the utmost importance that we remain aware of the dangers of overdosage and the toxicity of our modern therapeutic preparations, and such cases should appear in our literature, for these reports help others to develop the correct *modus operandi* when they are faced with similar clinical emergencies. Similar reports have appeared in other journals<sup>1</sup> and it is a proud fact that our knowledge of pharmacology makes it possible to treat these children successfully, for only a few years ago the outcome would almost certainly have been tragic.

In addition to the clinical information they supply, such reports raise a number of important questions about poisoning in general.

The first consideration is dosage. We have already alluded to this in our discussion of the carcinogenic properties of cyclamates.<sup>2</sup> In this particular instance a child ingested between 50 and 70 tablets of Lomotil. We would assume that the correct amount of fluid to give a child of that age in order to quench his thirst would be in the region of 200 ml depending on various factors. Should one somehow manage to give the same child 70 times this amount, in other words, 14 litres of water, it is extremely unlikely that he will survive. Although it would admittedly be impossible to give such an amount of water, we use this as an example, and on a more practical level it may be pointed out that the ingestion of almost any preparation, from sugar to chalk in an amount of more than 50 times the normal dosage, will result in serious trouble.

It is of the utmost importance that we should be cautious of the dangers of overdosage and realise the toxicity of our modern therapeutic preparations,

but we must at the same time be careful not to lose our sense of perspective. These reports must appear in print as exercises in the handling of such accidents, and not as suggested proof of the dangerous toxic properties of medicines that have served us well.

A second point that is raised by such instances of gross overdosage is the possession of the family of such fantastic amounts of potent medicine, in this particular case more than 70 tablets of a preparation that is normally prescribed in dosages of one or two tablets. Such a household must be seriously prone to diarrhoea, or possibly the father had been planning a very extended safari through dangerous swampy lowlands. However romantic the latter notion is, one must assume the more likely explanations, namely those of hoarding and overprescribing.

The third consideration in these cases is an age-old one, and it is unlikely that we will ever be able to solve it. Why were the tablets within the reach of a young child? To possess such excessive stocks of medicine is odd enough, but to leave it where a toddler can reach it, is difficult to understand. But we are afraid that as long as people leave loaded rifles around the house, they will also neglect to keep medicines under lock and key. What we must never forget is that every accidental poisoning of a child who got hold of medicine when there was inadequate supervision, is an indictment against the persons responsible, and we must keep educating the public to exercise the necessary care. In this respect the doctors and the pharmacists should make a joint effort to warn every patient when such a preparation is prescribed and dispensed, that it should not be left within the reach of children.

1. Leading Article (1973): Brit. Med. J., 2, 678.  
2. Editorial (1969): S. Afr. Med. J., 43, 1389.