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ENDOCRINE THERAPY IN ENDOMETRIOSIS

In the past the use of hormones in gynaecology has met with success, but perhaps more often with failure. This result can, no doubt, be partly ascribed to abuse—it is unfortunately not always remembered that no benefit can be expected from the indiscriminate use of hormones. However, failure should not discourage, but rather stimulate thought and research in this field, and a careful search should be made for the particular gynaecological conditions for which endocrine therapy is indicated. One of the problems that calls for a full investigation is the scope of endocrine treatment in endometriosis. In recent years there has been an increasing interest in the potentialities of endocrine therapy in endometriosis. This is a hopeful step in the approach to a disease for which present-day treatment is far from satisfactory.

There is no doubt that endometriosis is a common clinical disorder. In most cases treatment has been surgical and often, of necessity, radical, entailing the removal of both ovaries. This approach is all too frequently undesirable because the majority of cases occur between the ages of 30-40 years and younger. Conservative surgical treatment may be successful, but the success is often of a temporary nature. Moreover, surgical treatment may not be feasible.

Since the disease cannot exist in the absence of the ovarian hormones, endocrine therapy appeared to be a rational form of treatment and, in 1948, the use of large doses of stilboestrol was suggested. This was not followed by extensive use of oestrogens, because of certain drawbacks associated with therapy of this nature. Another approach arose as a result of the observation that existing endometriosis may be improved by pregnancy. The amelioration of endometriosis during pregnancy is thought to be due to the formation of decidua and subsequent necrosis in the areas of endometriosis.[1] With the discovery of the newer and more potent progesterones, a few cases have been treated with these substances by inducing a state of 'pseudo pregnancy'. It is too early to assess the results of this therapy, and the rationale is open to some doubt on pathological grounds. Moreover, the cost of the hormones required for this type of treatment is at present very high.

Androgen therapy has been abused in gynaecology and is frowned upon. Nevertheless, with increasing experience during the past twenty-five years, the reluctance to use androgens is giving way to the knowledge that in androgen therapy the therapeutic dose can be small and safe. Yet it still remains important to be on the look-out for undesirable effects. Androgens have been used on a small scale in the treatment of endometriosis, but detailed and long-term results have not been reported to any extent. In an article in this issue of the *Journal* the largest series of cases of endometriosis treated with androgens, with a detailed follow-up study of up to nine years, is reported. Although 25 per cent of the patients were completely resistant to treatment, the fact that 75 per cent responded (36 per cent temporarily and 38 percent permanently) is a finding of great importance.

With the dosage employed adverse side-effects were negligible. It appears that androgens can safely be used, firstly, in carrying out a therapeutic test when the diagnosis is in doubt and, secondly, in the many cases where conservative surgery had failed or where radical surgery is undesirable. The routine use of androgens pre- and especially post-operatively would appear to deserve careful consideration. However, as pointed out in the article, only half the cases seen in clinical practice are suitable for a trial with this therapy.

While surgery will probably remain the chief method of treatment for some time to come, endocrine therapy might have an important place in selected cases. The results of further clinical trials with androgens and progesterone will be awaited with interest. It is gratifying that the subject of endocrine treatment in endometriosis will be discussed at the forthcoming South African Medical Congress in East London. This will emphasize the importance of finding additional methods of dealing with a common clinical problem, the treatment of which has, up to the present time, left much to be desired.

1. Kistner, R. W. (1958): Amer. J. Obstet. Gynec., 75, 264.

SORGBEHOEWENDE KINDERS

By 'n vorige geleentheid[1] het ons aangetoon dat hierdie eeu met sy besondere spanninge en druktes vir die geneesheer van die moderne tyd probleme geskep het wat sy voorgangers in die beroep nie geken het nie. Ons het toe ook aangetoon dat die verskynsel van die ontwortelde mens waarmee elke dokter vandag in die uitoefening van sy praktyk te doen kry, een van die groot probleme van ons tyd is.

Een van die spesiale vorms wat die verskynsel van die ontwortelde mens in ons land aanneem, is die probleem van die sorgbehoewende kind. Onder die term sorgbehoewende kind sluit ons in alle kinders wat nie noodwendig aan die een of ander liggaamlike of geestessiekte ly nie, maar wat verwaarloos is in so 'n mate dat die samelewing moet ingryp by hul versorging. Wat die presiese omvang van hierdie

probleem is, is nie maklik om te bepaal nie. Wat ons egter wel weet is dat daar in ons land 'n stelsel van tehuise en industrieskole bestaan waartoe sorgbehoewende kinders in duisendtalle toegelaat word.

Wat in hierdie verband veral ontstellend is, is nie soseer die bestaan van die probleem van die sorgbehoewende kind as sodanig nie—dié probleem sal altyd daar wees. Maar, dit is die spesifieke vorm wat die probleem in ons land aanneem wat verontrustend is.

Betroubare navorsing het byvoorbeeld onlangs aan die lig gebring—hierdie feite is ontleen aan 'n proefskrif wat dr. I. J. J. van Rooyen vir die graad D.Phil aan die Universiteit van Suid-Afrika voorgelê het — dat slegs 13 persent van die 2,001 blanke sorgbehoewende kinders wat hy ondersoek het, weens die dood of siekte van hul ouers na kindertehuise gestuur is. Die meeste kinders van hierdie groep, ongeveer 70 persent, het in tehuise beland omdat hulle deur hul ouers verwaarloos is. Wat die aantal dogters in die ondersoek betref wat aan onsedelikheid skuldig was, kom nie minder nie as 64 persent uit redelike goeie huise.

Hierby moet ook nog dr. van Rooyen se bevinding gevoeg word dat een van die grootste alleenstaande faktore wat sorgbehoewendheid by kinders in die hand werk, drankmisbruik deur die ouers is, veral deur die vaders. Daar is ook ander nadelige invloede wat tot 'n mindere of meerdere mate onder die gesinne in die ondersoek voorgekom het, byvoorbeeld armoede, swak huislike toestande oor die algemeen, 'n swak omgewing, onsedelikheid onder die ouers, rusie of onenigheid in die huis, en die werkende moeder wat haar kinders verwaarloos.

Hierdie feite is onstellend omdat hulle 'n refleksie is van die gebrekkige integriteit en solidariteit van die huisgesin in ons land. As dokters, wie se werk dit uit die aard van die saak meebring dat ons gedurig met ons pasiënte op 'n besondere intieme en persoonlike vlak verkeer, kan ons ons nie van hierdie probleemgesteldheid losmaak nie. Ons weet maar te goed dat gebrekkige huise lei tot gebroke persone—tot ongelukkigheid en wanaanpassing en ontreddering, en uiteindelik tot liggaamlike- en geestessiekte.

As 'n mediese beroep moet ons dus ons kragte saamsnoer met almal wat in hierdie saak wil optree. Dr. Van Rooyen bepleit veral drie metodes wat gevolg moet word met die doel om hierdie leemte uit die weg te probeer ruim: (1) Dat meer en doeltreffender pogings aangewend moet word om ouers te rehabiliteer—hierdie benadering tot die probleem word alreeds met groot welslae deur verskeie welsynsorganisasies gevolg; (2) dat die hele probleem van die verkryging van geskikte pleegouers ondersoek word—voorstelle tot verandering van die Kinderwet is alreeds in die Parlement bespreek; en (3) dat 'n groter mate van huislike atmosfeer in die kindertehuise geskep moet word.

Wat ook al die oplossing van hierdie vraagstuk mag wees, wil dit vir ons voorkom of die tyd ryp is vir 'n deurtastende ondersoek van staatsweë, sowel as deur gemeenskaps- en welsynsorganisasies, na die vraagstuk van die sorgbehoewende kind, in die besonder, en na metodes en maniere waarop die morele en maatskaplike fondamente van ons gesinstruktuur in die algemeen verstewig kan word.

1. Van die Redaksie (1958): S.-Afr. T. Geneesk., **32**, 700.