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ASPEKTE VAN GEESTESGESONDHEIDSDIENSTE

Die algemene jaarverslag van die Suid-Afrikaanse Nasionale Raad vir Geestesgesondheid, wat so pas verskyn het, vestig weer by vernuwing die aandag op die groot en omvattende dienste wat daar in ons land deur hierdie organisasie en sy konstituerende verenigings gelewer word. Dit vestig ook die aandag op allerlei *ander* probleme in verband met die voorsiening van geestesgesondheidsdienste in ons land.

Die Suid-Afrikaanse Nasionale Raad vir Geestesgesondheid het, sedert sy stigting ongeveer 40 jaar gelede, 'n baie belangrike rol gespeel in die daarstelling van dienste vir geestesversteurdes in ons land. Daarnaas was die Raad besonder aktief by die beïnvloeding van die openbare mening om 'n meer aanvaarde houding jeens die probleem van geestesiekte aan te neem. Om die omvang van die dienste wat deur die Raad gelewer word te beklemtoon, sal dit goed wees om sy oogmerke hier weer te gee. Die oogmerke van die Raad is om:

(*a*) Alle sake van 'n nasionale aard in verband met geestesgesondheid asook alle sake van 'n internasionale aard in verband met geestesgesondheid, sover dit op watter wyse ook betrekking het op die belange van die gebied wat deur die Raad bedien word, te behartig;

(*b*) Die geestesgesondheid by die hele gemeenskap, afgesien van ras of geloof, tot die hoogste moontlike peil te bevorder, waarby die uitdrukking ‚geestesgesondheid' in sy ruimste biologiese, geneeskundige, opvoedkundige, beroeps- en maatskaplike sin gebruik word;

(*c*) Die vermoë te ontwikkel om 'n bevredigende en harmoniese lewe in 'n veranderende omgewing te lei. Dit behels beheer van emosionele botsing en spanning by die indiwidu, tussen indiwidue, en tussen groepe;

(*d*) Maatreëls te tref om enige bestaande fasiliteite te help verbeter wat bedoel is om ongesonde geestestoestande te voorkom en te behandel, nasorg te verskaf aan persone wat behandeling ter verbetering van hulle geestesgesondheid ontvang het, en om die persone te rehabiliteer; dit sluit in die behandeling van alle soorte geestesafwykings, of die persoon nou kranksinnig verklaar kan word of nie, en of dit nou by indiwidue dan wel by groepe voorkom; en omvat emosionele en gedragsprobleme, persoonlikheidsgebreke, psigoneurose, dranksugtigheid, epilepsie, afwykinge van verstand, vertraagde opvoeding, wanaanpassings by die gesins-, beroeps- of maatskaplike omgewing, en die psigosomatiese en maatskaplike aspekte van die geneeskunde en verpleging;

(*e*) Die openbare mening met betrekking tot alle geestesgesondheidsake, insluitende die voorafgaande, te help vorm en ontwikkel;

(*f*) Samewerking aan te moedig tussen wetenskaplike en professionele groepe wat iets tot die verbetering van geestesgesondheid bydra of kan bydra;

(*g*) Op die gebied van geestesgesondheid wetenskaplike navorsingswerk te verrig, opnames te maak en demonstrasies te hou, en om sulke bedrywighede te bevorder;

(*h*) 'n Hoër peil van opleiding vir alle groepe op die gebied van geestesgesondheid te bepleit;

(*i*) Doeltreffende samewerking met en tussen staatsdepartemente, provinsiale administrasies, munisipaliteite, welsynsorganisasies, inrigtings, verenigings en indiwidue in verband met geestesgesondheidsake of enige aspek daarvan te handhaaf en te bevorder;

(*j*) Die stigting en onderhoud van geestesgesondheidsverenigings aan te moedig en te bevorder en om hulle bedrywighede te koördineer en leiding in verband daarmee te verskaf; en om

(*k*) As amptelike skakelliggaam tussen die samestellende liggame aan die een kant en Staatsdepartemente en nasionale liggame aan die ander kant op te tree.

As konstituerende dele van die Nasionale Raad vir Geestesgesondheid is daar die verskillende verenigings vir geestesgesondheid wat versprei is in al die grotere sentrums in ons land. Daar is naamlik sulke verenigings in Johannesburg, Pretoria, Potchefstroom, Durban, Pietermaritzburg, Kaapstad, Oos-Londen, Port-Elizabeth, Kimberley, en Bloemfontein. Hierdie verenigings verrig elkeen in sy eie gebied uitgebreide geestesgesondheidsdienste, insluitende die hou van klinieke, die organisasie van gevallestudiewerk, nasorgsdienste, ens.

In 'n land soos Suid-Afrika waar daar op 'n praktiese vlak nog so 'n groot behoefte bestaan aan die lewering van genoegsame en bevredigende geestesgesondheidsdienste, kan ons nie die lofwaardige pogings van hierdie organisasie genoeg prys nie. Langs hierdie weg wil ons dan ook ons heelhartige ondersteuning aan die organisasie toesê.

In die algemeen sou ons kon sê dat die probleme wat betref die lewer van geestesgesondheidsdienste legio is. Ons kan en wil nie nou na almal verwys nie. Wat ons egter wel wil sê is dat die grootste behoefte waarskynlik nog op die gebied van mannekrag is. Daar is nie genoeg geneeshere wat in die psigiatrie belangstel en gekwalifiseer is, om die werk wat dringend gedoen moet word, te doen nie. Uitbreiding van fasiliteite val dus weg as die basiese verpligtinge nie eers nagekom kan word nie.

Om die leemte aan te vul, sal dit nodig wees om meer fasiliteite aan al ons mediese skole te skep vir die opleiding van psigiaters. In die verlede het studente nie in die vak belanggestel nie — veral nie met betrekking tot verdere nagraadse studie nie — hoofsaaklik omdat die psigiatrie te ver verwyderd gestaan het van die algemene medisyne.

Dit sal dus nodig wees om die vak meer as in die verlede te integreer met die algemene medisyne. Daarna sal dit nodig wees om meer studente op 'n gevorderde vlak op te lei sodat hulle weer as onderwysers van die vak kan optree. Eers dan kan ons dink aan radikale uitbreiding van fasiliteite soos die oprig van hospitale vir senuweekwale, ens. Dit is dus by die opleiding van studente aan die mediese skole dat ons moet begin. Intussen lewer 'n organisasie soos die Suid-Afrikaanse Nasionale Raad vir Geestesgesondheid, tesame met sy konstituerende verenigings, 'n onberekenbare diens op die praktiese vlak, ook en veral as 'n skakeldiens met die publiek.

SNAKES, SPIDERS AND SCORPIONS

The incidence of snakebite in Southern Africa increases gradually with the return of warm conditions and increased rainfall, being at its lowest in the months of June, July, and August.[1] A true estimate of the incidence is difficult to obtain despite the requirement of the law that all cases of snakebite, whether fatal or not, be reported to a magistrate for the purpose of medical statistics.

The majority of those bitten have been of the male sex. Among White persons it is interesting that children up to ten years of age represent about 25 per cent of those who are bitten, presumably because they usually are barefooted at that age. The incidence of snakebite could probably be halved if shoes or boots were worn.[2]

The puff-adder is the largest and most venomous viper in Southern Africa, and is the commonest cause of snakebite, followed by the night-adder. A small number of cases is due to the ringhals, the Cape cobra, and the mamba. The incidence of snakebite is highest in the coastal regions especially in Natal, but also in the Transvaal lowveld and near large centres in the highveld.

Persons bitten by the ubiquitous adders seldom suffer much harm, but sometimes there are serious consequences. Death is delayed but uncommon; recovery is usually complete after viper bite, even if it is sometimes slow. The venom may cause marked damage at the site of the bite, but its effect on more distant structures appears late if at all. Following a bite from an elapine snake (cobra, ringhals, mamba) general symptoms may come on after a period varying from minutes to hours. This depends on the species, the dose of venom, and presumably on factors inherent in the patient.

If specific antivenom is available it is unquestionably the best treatment for snake-bite. To ensure rapidity of action it should be given intravenously after utilizing any method available to extract some of the venom from the wound, and, in the case of elapine snakes, after the earliest possible application of a ligature to prevent the entry of the venom into the blood stream. The bite is almost invariably on an extremity; a tourniquet should be applied well above the site, and it should be loosened for five to ten seconds every ten to fifteen minutes. The usefulness of this procedure has been questioned in the case of bites by vipers. As antivenom should be administered as soon as possible, the injection should usually be made without first giving a trial dose. In the circumstances it might be advisable to give 1 ml. of 1 : 1,000 adrenaline intramuscularly as soon as the serum injection is begun, and to repeat the dose of adrenaline, or half of it, fifteen minutes later. The dose of serum should be large and never less than that advised in the leaflet of the manufacturer, whose instructions should be followed. The time elapsing between the bite and the injection of serum is also an influencing factor on dosage.

If intravenous injection is impracticable because the patient is in a state of collapse, the intraperitoneal route has been suggested, or failing that, the intramuscular. Local injections of 2-3 ml. have also been advised if the patient is treated soon after he is bitten. This is specially indicated in viper bites, when even larger doses are recommended if anatomically possible.

The amount of any venom which will kill young children is, owing to their very small body-weight, much less than that causing fatality in adults. The dose of antivenom injected into children should be related to the presumed dose of venom injected rather than to their body-weight, and should, therefore, *never be less* than the adult dose.

Tetanus antitoxin should be given to all cases of snakebite because of the possibility of tetanus infection as a complication. There may be an appreciable risk even when the snake is non-poisonous.[2]

Certain snakes are 'spitters', that is to say they can eject venom which may strike the eyes causing intense irritation and inflammation. In such cases the eyes should be washed with water or other harmless fluid, and diluted antivenene may then be instilled; antivenene should not be injected into the victim.

The female of certain Latrodectus species of spider, commonly called 'knopie-spinnekop' or 'button-spider' can produce serious illness in man.[3] This spider is about 20 mm. long and has a well-rounded belly from which it derives its name. It is jet-black or dark-brown in colour, and the dorsal surface may have irregular white or yellow spots. Bites have been reported from the wheatlands of the Western Province and elsewhere. The potent venom can produce excruciating cramp-like pain in the limbs, chest and abdomen of the victim. On occasion the syndrome may resemble an acute-abdominal condition. The introduction of a specific antiserum has revolutionized the treatment, and remarkable recoveries follow injection of this material. During 1949 to 1953, 1,794 ampoules were issued by the South African Institute for Medical Research, Johannesburg.

The toxicity of scorpion venom would appear to be much greater than that of snake venoms, but the scorpion injects only a small amount of venom.[4] If treatment is deemed necessary the measures include the use of a tourniquet, loosened for one minute every ten minutes, artificial respiration with oxygen (if respiration has been depressed), injection of specific antiserum (if this can be obtained), control of convulsions (the use of central nervous depressants requires great care), and the administration of calcium gluconate injection to relieve muscle cramps. Application of crushed ice with a little water to the site of the bite will delay the onset of symptoms; an entire limb can be immersed in this cold mixture for about two hours. Severe allergic episodes are best treated by giving hydrocortisone injection by slow intravenous infusion.

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3. Finlayson, M. H. (1956): Med. Proc., **2**, 634.
4. Dreisbach, R. H. (1959): *Handbook of Poisons*. California: Lange Medical Publications.