

EDITORIAL : VAN DIE REDAKSIE

TOXAEMIA OF PREGNANCY

Toxaemia of pregnancy is a complicated problem which is of interest to scientists working in different disciplines, e.g. pathology, physiology, biochemistry, and many others. The term toxaemia has not been acceptable to many workers. It has been condemned as giving a spurious sense of unity to the various obscure complications in pregnancy and implying that they are caused by the action of a chemical substance or toxin.<sup>1</sup> One fact that is important in the natural history of pre-eclamptic toxaemia is the dramatic subsidence of symptoms after parturition. Parturition is accompanied by a disappearance of the causative agent of the hypertension and other features. It has long been thought that the placenta is a possible source of a toxin affecting the mother.

A tremendous amount of work has been done to solve the problem of the aetiology of the toxaemias of pregnancy, and many theories and facts are available from workers in many different parts of the world. While many significant changes have been demonstrated in the various organs, such as the liver and the kidneys, it has not been disproved that there is an association between placental changes and toxaemias of pregnancy.<sup>2</sup> One hypothesis based on experimental work states that an absolute or relative insufficient blood supply to the placenta is an important factor in the genesis of toxaemia.<sup>3</sup>

Vascular lesions are significant in eclampsia. Characteristic changes are found in the liver and the kidneys. In the placenta and other organs special changes have been described, different workers laying emphasis on particular observations they have made. The endocrine glands have been studied in detail, and some regard the rôle of the adrenal cortex of special importance. The foetus is not the cause of pre-eclampsia and eclampsia, since pre-eclampsia is many times more common in hydatidiform mole than in normal pregnancy, and eclampsia has occurred many times with moles. The chorionic villi of the placenta show syncytial degeneration in pre-eclampsia and eclampsia, but in hydatidiform mole there is proliferation of both syncytial and cellular layers.

It has been deduced that abnormal function of the maternal placenta appears to be the cause of pre-eclampsia and eclampsia, and that some alteration in the cells might be the stimulus for liberation of a factor causing maternal hypertension by chemical means.<sup>4</sup>

The hypertension that accompanies toxaemia of pregnancy has been relieved in 64 of 67 patients with acute toxaemia by postpartum uterine curettage. This observation has been made by Hunter<sup>5</sup> who reported last year the discovery of hysteronin as a *pressor* substance in toxaemic mothers. The highest concentration of this substance was found in decidual tissue, and lesser amounts in the amniotic fluid and blood plasma. He and his colleagues followed blood-pressure changes after removal of 8-20 grammes of decidual tissue from each patient. In three patients with essential hypertension and no superimposed toxaemic hypertension, there was no response to curettage. The 64 patients whose blood pressure returned to normal had mild or severe pre-eclampsia. These findings are of great interest and importance, and further reports are awaited for confirmation from other workers.

The toxaemias of pregnancy are still major complications of human reproduction. The cause of pre-eclampsia remains to be established, and there are no specific therapeutic agents for its prevention or cure. The antihypertensive drugs are merely palliative agents, and although the blood pressure can usually be controlled by such drugs, the underlying disease process is unaltered. It is to be hoped that in the not too distant future a better understanding of the cause of the disease will be forthcoming, so that more rational therapy can then be attempted than has been possible up to the present time.

1. Pickering, A. W. (1950): In *Toxaemias of Pregnancy* (A Ciba Foundation Symposium). London: Churchill.
2. Falkiner, N. M. (1950): *Ibid.*
3. van Bouwdwyk Bastiaanse, M.A. and Mastboom, J. L. (1950): *Ibid.*
4. Sapeika, N. (1943): *Clin. Proc.*, 2, 49.
5. Hunter, C. A. (1961): *Spectrum* (Pfizer), 5, 91.

NARKOSETEGNIEK VIR MEDIESE STUDENTE

Met die verskyning van *Narkosetegniek vir Mediese Studente*<sup>1</sup> deur Gordon Ostlere en Roger Bryce-Smith, soos vertaal deur J. A. Pretorius en A. B. Bull, het daar weer eens 'n toevoeging gekom tot ons nog skrale voorraad van mediese hand- en leerboeke in Afrikaans. As sodanig wil ons die publikasie van hierdie boekie verwelkom. Die feit dat ons heel onlangs die verskrywing van die *Aptekers-woordeboek* in Afrikaans kon aankondig, en nie so lank gelede nie *Chirurgiese Ondersoekingsmetodes* deur proff. F. M. Saint en J. H. Louw, toon aan dat die stroompie van Afrikaanse geneeskundige publikasies, alhoewel dit nog nie sterk vloei nie, tog daadwerklik aan die loop bly.

Een van die baie opvallende feite wat betref vordering met die Afrikaanse geneeskundige vaktaal gedurende die afgelope paar jaar, is die feit dat daar sulke groot vooruitgang gemaak is. Dit is bevredigend om 'n geneesheer oor enige moontlike tegniese onderwerp in die medisyne in vlot, vloeiende, idiomatiese en korrekte Afrikaans te hoor praat. Hierdie feit in sigself weerspieël 'n kulturele bydrae tot ons algemene kultuurstand in hierdie land wat van geen geringe betekenis is nie.

Die vertalers van *Narkosetegniek vir Mediese Studente* bied die poging aan in die hoop dat Afrikaanssprekende studente en kollegas die aanbieding van so 'n welbekende boekie nuttig en aanneemlik sal vind. Ons wil daarby

spesifiek die hoop uitspreek dat die boekie as grondslag vir die onderwys van studente in die narkoseleer gebruik sal word by altwee geneeskundige skole waar Afrikaans as onderrigmedium geld, en ook elders waar Afrikaanse studente en kollegas leer en werk.

Die vertalers besef dat die Afrikaanse vaktaal nog grotendeels in sy vormingstadiums is; daarom het hulle geen dogmatiese opvattinge oor die aard en kwaliteit van die woorde en terme wat hulle gebruik nie. Hulle spreek dan ook die hoop uit dat die boekie, wat die terminologie betref, as 'n basis van bespreking kan dien en stimulerend mag inwerk op andere wat geskryfte oor die narkoseleer in Afrikaans wil publiseer of bestudeer. Opbouende kritiek en konstruktiewe wenke sal dus hartlik verwelkom word.

Soos kenners van die vak wat bekend is met die boekie sal weet, handel dit hoofsaaklik oor een aspek van die narkose, naamlik, die toediening van algemene narkose.

Hierdie vorm van narkose is egter die vorm wat meestal in die praktyk gebruik word. Dit is ook die vorm van narkose wat by die grootste verskeidenheid van chirurgiese tegnieke aangepas kan word. Daar is dus 'n groot aantal spesialisnarkotiseurs en algemene praktisynnarkotiseurs wat in die verskyning van hierdie boekie behoort belang te stel.

Oor die algemeen is die Afrikaans wat deur die vertalers gebruik is vlot, idiomaties en waardig, en hulle moet met hierdie poging gelukkigewens word. Mag ons die hoop uitspreek dat baie ander kollegas in hul voetspore sal volg, wat betref die publikasie van vertalings sowel as van oorspronklike werk.

1. Ostlere, G. en Bryce-Smith, R.; soos vertaal deur Pretorius, J. A. en Bull, A. B. (1961): *Narkosetegniek vir Mediese Studente*. Kaapstad, Wynberg en Johannesburg: Juta.