

DIE DRANG NA GEWELD

'n Verskynsel in die hedendaagse samelewing wat elke geneesheer in die loop van sy alledaagse werk moet opval, is die vernietigende, alomteenwoordige drang na geweld. Daar is haas nie 'n gebied van die lewe waar die sadistiese smaak vir geweld nie ingesypel het en reeds deur 'n ontstellende groot persentasie mense min of meer as die normale gang van sake aanvaar word nie.

Die geneesheer kom die uitings van geweld teë by die slagoffers van gewelddadige aanrandings, by pasiënte wat ná onbeteuelde gevegte na die noodgevalle-afdeling van 'n hospitaal gebring word, by mishandelde kinders wie se ouers voor die hof gedaag word weens hul wrede optrede teenoor die kinders. Ook op die gebied van menslike verhoudinge kom die geneesheer dikwels geweld in 'n meer verborge, subtieler vorm teë. Liefdeloosheid neem so maklik die sadistiese vorm van emosionele geweld aan.

Die drang na geweld lê diep in die mens. En elke mens dra die stempel van die menslike aard. Daar is oomblikke in elkeen van ons se lewe, sê Schopenhauer, wanneer die boosheid van ons natuur ons tot moordenaars kon maak. Dit is 'n drang waarteen elke mens in sy strewe na self-beheersing en geestelike groei gedurig moet waak. Die tragiek lê daarin dat die stryd nie vir almal gelyk is nie. Een mens ondervind meer dwarsboming as 'n ander. Dwarsboming kan so maklik tot 'n gevoel van verontregting lei en uit verontregting word wraaksug gebore. En die bevrediging wat geweld bied, voed die wraaksug.

Die smaak vir geweld word ongetwyfeld deur 'n gevoel van verveling gevoed. In hierdie gemeganiseerde eeu ken baie min mense die vreugde van skeppende arbeid. Die gevoel dat 'n mens in die persoonlike sin 'n plek het in die beskaafde staat word flouër en flouër; en waar daardie sin van persoonlike verantwoordelikheid in duie stort, word die mens 'n onwortelde sonder tuiste en sonder anker. Sô word hy by uitstek vatbaar vir die verdowing van geweld. Vir die geneesheer wat gedurig met mense te doen het, is dit van belang om op sommige van dié faktore te let wat vandag tot die kultus van geweld in die samelewing bydra.

Groot kweekplek vir geweld in die hedendaagse samelewing is sonder twyfel die bioskoop. Daar word selde 'n rolprent vertoon waarin geweld nie 'n rol speel nie. 'n Rolprent waarin daar nie 'n verbete vuisgeveg voorkom nie, is 'n hoë uitsondering. Moorde word gepleeg, brand word gestig, daar word sonder inhibisie kruis en dwars geskiet en mense sterf op aaklige wyse sonder dat iemand ooit protesteer. Geweld word nie as pornografie bestempel nie en ouers gee skynbaar nie om dat hul kinders Saterdagmiddag na Saterdagmiddag op geweld getrakteer word nie. Die bioskope loop nooit leeg nie en niemand spreek op grond van die geweld kritiek op die rolprente uit nie.

'n Ander vrugbare medium vir die kweek van geweld is die strookprent wat vandag vir baie mense die enigste leesstof is waarvoor hulle kans sien. Verreweg die belangrikste inhoud van die strookprente, veral van die gekleurde strookprente wat in die naweek-koerante verskyn en die strookprente wat die kinders verslind, is niks anders as

groot, onverbloemde geweld nie. Die smaak vir dié soort leesstof bestaan en dit word naartogtiglik gevoed.

In die intellektuele kringe is daar 'n ander teken van die tyd: 'n fyn, gekultiveerde geesdrif vir stiergevegte. Dit word vandag as 'n teken van hoë geestesontwikkeling beskou om 'n smaak vir die stiergeveg te bely. Daar is baie mense wat dit as 'n hoogtepunt van hul lewe beskou om 'n pelgrimstog na Spanje te maak net om 'n stiergeveg by te woon. En dié wat nie die stiergeveg kan bywoon nie, lees diepsinnige boeke oor die mistieke kultus van die stiergeveg. Maar in die werklikheid is dit niks anders as 'n verdere vorm van verslawing aan geweld nie. Die Romeine het eers gewoon geraak om die openbare slagting van diere te aanskou en dit as 'n vorm van vermaak te waardeer. Daarna was dit makliker om die slagting van mense te aanskou en dit as 'n vorm van vermaak te waardeer. Die dieptes van ontarding word nie in 'n enkele stap bereik nie.

Dit is opvallend dat die misdadiger as held vandag 'n heel besondere plek het in die hedendaagse literatuur. Meer as een tronkvoël het al beroemdheid verwerf met sy lewensverhaal. Artikels en verhale oor misdaad het altyd 'n gretige leserskring. Sodra daar 'n groot hofsak in 'n koerant gerapporteer word, styg die sirkulasie van die koerant. Daar word nie 'n moordenaar verhoor nie of daar is 'n groot skare vroue wat die hofsitting kom bywoon. Dit is asof die gedwarsboomde, verveelde mens bevrediging soek in sy bure se toingrigheid, swakheid en onvolkomenheid. In vroeër eeue was daar die ketterjagte, die uitruk van hekse, die aanskoulike dood op die brandstapel. Vandag drom die skares saam by die hofsitting waar 'n moordenaar ter dood veroordeel word. Die donker drang is nog daar. Ons het nog nie so beskaafd geword dat ons die smaak vir geweld verloor het nie.

Die behepthed met geweld kom ook tot uiting by die groot gehore wat boksgevegte bywoon. Mense word ernstig beseer en in sommige gevalle selfs gedood in die bokskryt, maar sodra daar sprake is dat boks as 'sport' afgeskaf moet word, kom die aanhangers daarvan in heftige opstand. As 'n mens die primitiewe bloedlus van die mens in sy naakte vorm wil aanskou, moet jy net die gehore by 'n boksgeweg gaan dophou.

Vir die geneesheer wat hom beywer vir die liggaamlike en geestelike welsyn van sy pasiënte, is dié probleem van geweld 'n vraagstuk van wesentlike belang. In sy benadering daarvan sal hy steeds sterker tot die insig kom dat die mens se grootste behoefte 'n behoefte aan betekenisvolle inhoud in sy lewe is. Die geneesheer wat sy pasiënt deur simpatieke begrip en wysheid kan help om daardie sinvolle inhoud vir sy lewe te vind, hetsy deur meer positiewe aandag aan persoonlike verhoudinge, hetsy deur 'n verandering van werkkring, 'n verbreding van belangstelling, 'n stokperdjie waaraan hy sy geesdrif kan wy, 'n manier waarop hy die gemeenskap kan dien, of 'n geleentheid om nuwe vriendskappe te sluit — die geneesheer wat dié kan doen, sal in der waarheid kan voel dat hy 'n oorwinning behaal het oor die vernietigendste mag in die wêreld — die mag van geweld.

SUDDEN DEATH IN EARLY LIFE

The subject of sudden and unexpected death in infancy has been studied by a number of authors.¹ It is dealt with in a paper recently read by Morrison¹ before the Pediatric Society of North-Eastern Pennsylvania and published in the *Journal of the American Medical Association*. He records that, in the six and a half years ended 30 June 1959, of the one hundred and eighty-nine paediatric deaths at the Geisinger Memorial Hospital, seventeen were classified as unexpected, according to the following definition of the term: 'The death of a child who was thought to be in good health or whose terminal illness appeared to be so mild that the possibility of a fatal outcome was not anticipated'.² All the seventeen children were either moribund when cause for alarm was recognized (fourteen) or were found dead (three). In none of them had symptoms been present for more than forty-eight hours. Their ages ranged from one day to thirty months; ten were between two and eight months old, five were aged one month or less (including one who was one day old), and the other two were twenty months and thirty months old.

A study was made of the clinical, laboratory and necropsy findings in the seventeen cases. The following procedures were carried out in all of them within ten minutes of the pronouncement of death: Cultures from heart blood; nose, throat and anal cultures; lumbar puncture, followed within thirty minutes by cultures from the centrifuged CSF sediment, and examination of the CSF for cell, protein, and sugar content. A complete autopsy was performed in each case, including gross and microscopical examination. The seventeen cases were classified according to the diagnoses that were made from these studies.

It was concluded that seven of them died of infective conditions, viz. meningococcal septicaemia (three cases), pneumococcal meningitis, meningitis due to *Haemophilus influenzae*, staphylococcal septicaemia, and croup resulting from laryngotracheitis and oedema of the glottis due to *Haemophilus influenzae*, type B.* Under treatment with antibiotics and sulphonamides these conditions are ordinarily considered to be curable. All seven showed signs of illness from two to forty-eight hours before death, and Morrison expresses the opinion that several of these children could possibly have been saved.

In three cases a postmortem diagnosis of endocardial fibro-elastosis was made. The cause of this condition, which is said to be always fatal, is not known; it is commonly associated with other forms of congenital heart disease. The three cases were less than a month old, and (like the rest of the series) they all died within forty-eight hours of the onset of symptoms. If they could have been diagnosed clinically the fatal conclusion would not have been prevented. This applies also to another patient in the series, who died at the age of twenty-nine hours and was found at autopsy to be a case of congenital heart disease with absence of coronary ostia and tricuspid and aortic valve and hypoplasia of the right ventricle.

In three other cases pulmonary oedema was the only

abnormal finding after death. One of them was found dead in his cot after minor and non-specific symptoms of forty-eight hours' duration and the other two had been in apparently normal health when they were unexpectedly found dead in the cot. In a fourth case found dead in apparently normal health (aged eight months) pulmonary oedema was the only anatomical finding, but a coagulase-negative staphylococcus was cultured from the blood and electrophoresis showed only 0.081 g. per 100 ml. of gamma globulin in the blood, as compared with the observed normal range of 0.54-1.03 g. per 100 ml. at the age of seven to eleven months. (It has been suggested that a lowered antibody level or hypogammaglobulinaemia may be a factor in unexpected death during infancy, leading to rapid death from an ordinary minor infection.)

The significance of pulmonary oedema in infants who die suddenly remains undetermined. In Morrison's series it was also found in some of the infants in whom the cause of death was in fact identified.

The series of seventeen cases is completed by a boy (the twenty-months-old case) known to be suffering from nephrosis for three months before he was admitted to hospital for a (second) course of treatment with ACTH, where he died suddenly, possibly, Morrison suggests, as the result of this treatment, and a baby aged two months whose death resulted from birth injury and intramedullary haemorrhage.

It is noteworthy that not one of the cases of sudden death was attributed to status thymicolymphaticus. Excluding one six-month-old infant who died with meningococcal septicaemia and bilateral adrenal haemorrhage and had a thymus gland weighing 60 g., the weight of the thymus glands in the series ranged from 4.4 to 38.0 g. (as compared with Boyd's figures of 4.3 to 31.0 g. for the normal thymus gland in the first year of life.³)

Nor were any of the cases attributed to mechanical suffocation. In the literature Morrison¹ finds little satisfactory evidence of deaths from suffocation with bed-clothes and pillows. Davison⁴ reported on three hundred and eighteen cases in which, on the death certificates, infant deaths had been attributed to suffocation. He was only able to corroborate this diagnosis in twenty-five cases, and in eighteen of these the baby was sleeping in bed with another person; the death might therefore have been caused by overlying.

Two main conclusions are to be drawn from Morrison's study of sudden and unexpected deaths in early life: (1) A proportion (in his series forty-one per cent) of the cases are due to infection and with due care might be diagnosed during life and possibly saved. The meningococcal infection is a well-known cause of sudden death, not only in young children, and it should especially be borne in mind when cerebrospinal fever is prevalent. (2) The problems presented by the cases characterized by endocardial fibro-elastosis, and those in which pulmonary oedema is the only finding, remain unsolved and are subjects for further investigation.

* This case of croup occurred in the child (a boy) aged thirty months. The type B strain differs from the *H. influenzae*, ordinarily found in the nose and throat of healthy persons, in possessing a capsule.

1. Morrison, S. S. (1960): *J. Amer. Med. Assoc.*, **173**, 1199.
2. Adelson, L. and Kinney, E. R. (1956): *Pediatrics*, **17**, 663.
3. Boyd, E. (1932): *Amer. J. Dis. Child.*, **43**, 1162.
4. Davison, W. H. (1945): *Brit. Med. J.*, **2**, 251.