

## TATOEËERMERKE

Die Egiptenare is, sover bekend, die vroegste volk wat hulle liggame met getatoeëerde patrone versier het. Mummies van 2000 v.C., byvoorbeeld, toon hierdie verskynsel. Die gewoonte is in 787 n.C. in Engeland deur die kerk verbied en is weer herontdek met ontdekkingsreise. Die woord is afgelei van Kaptein Cook se verslag dat die inwoners van Tahiti van albei geslagte hulle liggame verf deur swart kleurstof onder die vel in te lê. Hulle het dit genoem 'Tattoo'.<sup>1</sup>

Enige genesheer, veral diegene wat baie met die Kleurlingbevolking in aanraking kom, sal getref wees deur die hoë voorkoms van hierdie gewoonte onder hulle, veral onder diegene van hulle wat seevarende ambagte volg. Die hoë voorkoms van hierdie gebruik onder mans en die seldzaamheid daarvan onder vrouens, is ook opvallend. Ebensten<sup>2</sup> beweer dat dit as 'n simbool van rytheid onder sekere groepe geld, met ander woorde, rytheid as soldaat of seeman. Hierdie groepe se prestige word dan verhoog deur die aantal getatoeëerde seniors in hul range. Onder ander redes meen Ebensten dat oorlogskentekens as 'n masker vir 'n sagmoedige geaardheid verkies mag word. Die naakte vrouefiguur mag homoseksuele neigings probeer weerspreek, of godsdienstige tekens mag as simbool dien vir innerlike gebrek aan oortuiging. Die pynlike tatoeëerproses mag masochistiese drange verlig. In sommige lande word die tatoeëerwerk veral deur vroue gedoen, en dit verklaar waarskynlik die interessante gesegde dat tatoeëermerke 'n mens aan die moontlikheid van 'n sifilitiese infeksie moet laat dink. Onder primitiewe volkere was dit 'n aanvaarde veronderstelling dat tatoeëermerke identifikasie in die geestewêreld vergemaklik. Hoër beskaafde volke gebruik hierdie soort merke vir identifikasie van gevangenes; ook word die gebruik van tatoeëermerke aanbeveel as 'n metode om die bloedgroep van persone aan te dui met die oog op spoedeisende optrede in gevalle van ongelukke.

Verskillende stowwe word vir verskillende kleure ge-

bruik, by swart (skyn deur die vel as blou-swart) kan die gevolg wees van koolstof, ysteroksied, of sekere houtsoorte. 'n Rooi skynsel kan veroorsaak word deur kinnabar (kwiksulfied) of kadmium selenied. Ander kleure wat gebruik word is groen, van chroomoksied of ftalosianied-kleurstowwe. Geel tatoeëermerke is nie gewild nie, want hulle is geneig om blase te vorm in sonlig.

Onder komplikasies kan kokkale infeksie of selfs sifilitiese of tuberkuleuse infeksies, genoem word. Velreaksies, soos psoriasis, lupus eritematose, lichen planus, keloïed formasie, en hipersensitiwiteit vir kwikpreparate kan genoem word.<sup>3</sup>

Tatoeëring kan ook nuttig wees en gebruik word om 'n naevus flammeus te verberg. Dit het Virchow se aandag 'n eeu gelede gevestig op limfdreinasie toe hy kinnabar in die okselklere van 'n erg getatoeëerde soldaat gevind het.<sup>4</sup> Tatoeëring kan die gevolg wees van ongelukke soos skietongelukke, waar kruut onder die vel ingeblaas word. Dit is ook 'n industriële siekte by steenkappers, mynwerkers, en sweisers.

Daar is ook omstandighede buite menslike beheer! Die deursteeke hartjie met byskrif 'Ewig joune Annie', mag dalk gewysig moet word om trou te sweer aan Mabel of Ora, of dit mag gebeur dat die nuwe beminde nie graag wil hê dat haar minnaar sy gevoelens op sy mou moet dra nie! Om nou hierdie simbole te verwyder is moeilik. As die letsels klein is kan hulle weggesny word en met of sonder transplantaat genees word. As die materiaal oppervlakkig is, kan dit weggeskuur word met sandpapier. Die gebruik van vretende stowwe op die oppervlakte word nie aanbeveel nie, en oor die algemeen gee behandeling nie goeie kosmetiese resultate nie.<sup>4</sup>

1. Annotasie (1953): *Lancet*, 2, 926.

2. Ebensten, H. (1953): *Pierced Hearts and True Love*. Londen: British Book Centre.

3. Virchow, R. (*Cellular Pathology*, Engelse Vertaling, Londen 1860). Aangehaal deur Wright, G. P. (1958): *An Introduction to Pathology*. Londen: Longmans Green.

4. Marshall, J. (1960): *Diseases of the Skin*. Londen: Livingstone.

## COUGH REMEDIES

A great variety of cough mixtures is to be found in pharmacies and other stockists of this type of remedy. Many of these remedies are used on an empirical basis, but there is no question that proper evaluation and controlled clinical and experimental techniques will eventually result in the discarding of many of these traditional mixtures. Considerable doubt has been expressed in recent years regarding the value of so-called expectorant drugs used in the treatment of cough. The inhalation of steam or of cold vapour as an aerosol is believed by many to be the most efficient agent in the treatment of non-productive cough; humidification promotes the removal of secretions in the respiratory tract and diminishes the impulses arising from irritated areas.

The use of cough remedies is only justified as symptomatic treatment after proper investigation has been made to determine the cause of the cough. Many diseases may

produce cough, and a great variety of agents and methods of treatment are used to deal with the underlying condition — chemotherapy, anti-allergic regimes, cardiotonic drugs, and surgical techniques. Symptomatic control of cough may be used concurrently with such basic treatment. For many people, however, the common occurrence of cough in acute respiratory diseases has made cough remedies an indispensable item in the domestic medicine-chest in addition to such drugs as aspirin.

Most drugs which depress the central nervous system will have an effect on the cough centre in the medulla. However, the centrally acting antitussive agents that have proved especially useful in diminishing the cough reflex, by raising the central threshold, include several important drugs. The opium alkaloids, natural and synthetic, have for long been used as cough suppressants. The use of morphine is limited by side-effects such as depression of

respiration, constriction of tracheobronchial smooth muscle — especially in allergic subjects — and reduction of bronchial secretion. In addition it may dull the sensorium, and cause nausea, anorexia, and constipation, and there is the hazard of drug addiction. Codeine is weaker in action, but is favoured because of the lower incidence of side-effects. Dihydrocodeinone ('dicodid') is in many ways superior to codeine because of even less side-effects. Pholcodine is also more potent and produces less adverse side-reactions than codeine. Methadone and 'pethidine', which are not opiates, are also potent antitussive agents, but are subject to the same drawbacks as morphine.

Among the non-narcotic agents used to depress the cough centre are dextromethorphan ('romilar'), noscapine (narcotine, an opium alkaloid), carbetapentane citrate ('toclase'), and others. Unlike its laevorotatory homologue, dextromethorphan possesses no significant analgesic properties, no depressant effect on respiration, and no addiction liability.<sup>1</sup> Its antitussive action is approximately as great as that produced by equal doses of codeine. The incidence of side-effects is low. Noscapine is of course not a new drug, but its name has been introduced because the original name narcotine erroneously suggested the drug is narcotic. In the treatment of cough it appears to be equal to codeine, and produces minimal side-reactions. It

appears to be particularly effective in spasmodic cough. Carbetapentane has antitussive, atropine-like, and local-anaesthetic properties, but more data are required for the complete evaluation of this drug as a cough remedy.

Another group of agents used to diminish cough act peripherally on the respiratory tract to reduce the impulses which pass to the cough centre. They may act by producing a mild analgesic action on the mucosa of the tract, by reducing the viscosity of the mucus in the passages and thus facilitating the expulsion of retained secretions, by humidifying the tract, and by relaxing the smooth muscle spasm. The agents that produce these effects still require much study. Many are to be found in the empirical syrups that through some pharmacological and psychological effect produce relief of cough or comfort in the patient.

The term smoker's cough has entered the literature but is still ill-defined. It is perhaps not an entity but comprises coughs of varying aetiology, aggravated by irritants including tobacco smoke.

The development of experimental techniques and proper clinical trials has given new impetus to the search for better cough remedies,<sup>2,3</sup> thus following the general trend in therapeutics.

1. Cass, L. J. and Frederik, W. S. (1956): *J. Lab. Clin. Med.*, **48**, 879.
2. Chakravarty, N. K. *et al.* (1956): *J. Pharmacol. Exp. Ther.*, **117**, 127.
3. Winter, C. A. and Hataker, L. (1954): *Ibid.*, **112**, 99.