

EDITORIAL : VAN DIE REDAKSIE

THE TESTIS

Mack¹ has recently ruminated on this organ, and some of the products of his ruminations are worth repeating.

The origin of castration is uncertain, but there is evidence that it was used in China as a punishment as early as 1100 B.C., and eunuchs were common in the Assyrian Empire. Man has always been inquisitive and destructive, and in his early battles with other tribes would tend to kill the vanquished rather than have them live on, a burden and a menace, in his dwelling place. Some prisoners were spared, though they might be rendered harmless by having an arm cut off; we can only surmise that others were humiliated by amputation of the symbols of virility. Many of these must have died from haemorrhage, especially if the penis were removed, but some would survive and it must then have dawned on some early genius that such people were of infinitely greater use about the camp than those minus a hand; they were able-bodied, strong yet docile and no longer a nuisance to the women. We can then surmise that the next step would be to cut off only the testicles, thus reducing the mortality rate; perhaps boys were so treated in the first instance. However it came about, some astute observer must have watched with interest the differences in bodily configuration: the increased fat, the loss of aggressiveness, the pitch of the voice and the almost feminine characteristics of these first eunuchs. Either he or someone else must then have wondered whether a similar operation might not solve the almost impossible problem of herding the cattle where more than one bull was present.

Castration of men is less commonly performed today, but there is no doubt that removal of the testes of the adult male is not usually followed by impotence. If castration be performed before puberty impotence is more likely, but even then is not certain to ensue. Testosterone may be necessary to enable prepubertal hypogonad individuals to obtain and maintain erection.

Some of the Roman poets, including Juvenal, made great play with the fact that the spadoes were by no means impotent; according to them they were much sought after by the Roman matrons who could thus satisfy their sexual desires without the necessity for an abortion afterwards. It is evident further that removal of the testes alone is a highly unsatisfactory method of treating sexual abnormalities.

It is well known that certain groups of hypogonad males, particularly those with chromatin-positive Klinefelter's syndrome, do contain an unduly high proportion of mentally subnormal individuals, but castration, in itself, has no

deleterious effects on a man's mental capacity. Some extremely outstanding intellectuals have been castrated. Peter Abelard (1079-1142) was castrated by Fulbert, canon of Notre-Dame, after he had seduced the latter's niece, Heloise; Abelard became one of the greatest scholars of his time.

Gibbon in his *Decline and Fall of the Roman Empire* appears to go out of his way to stress how notable and prominent the eunuchs of the Eastern Empire were. Perhaps Gibbon's views were coloured by the fact that he must have been testicle-conscious, carrying about with him, as he did, an enormous hydrocele for over thirty years—a hydrocele which, when it was eventually tapped by Cline, contained four quarts of fluid at the first paracentesis and refilled within two weeks to yield six quarts; by this time it was infected and caused his death in 1794.

Castrating people in order to 'make' eunuchs has ceased only in recent times, if it has indeed ceased. The demand at one time was high. The Emperor of China had 3,000 in his establishment, and there were many in the Turkish Empire and in parts of the Indian Empire while, in the eighteenth and nineteenth centuries, singers were still required for the Opera and for the Vatican Choir. There were really two distinct types of eunuch for commercial purposes: in the Orient where the eunuch was, as his name implies, a 'bed-watcher', complete removal of the penis and testicles was essential if he were to be employed in the harem; whereas, in the West, where voice production was the aim in view, destruction of the testicles by some means or other was all that was required. Thus we can differentiate between (1) *true castrati* from whom both testicles and penis have been amputated and (2) *spadones* where only the testicles had been removed; two other sub-groups existed, (3) *thlibiae* where the testicles had been destroyed by crushing and (4) *thlasiae* where the cords had been cut.

After many other ruminations, Mack ends by quoting Prentiss and his colleagues² to the effect that silicone rubber is the best substitute for the testis at present in filling the empty scrotum. It is easily shaped, easily sterilized and feels like a normal testis. The cost of silicone, too, at \$4 a pair, is very much less than vitallium, since, in using vitallium the initial price and the difficulty of moulding may involve an expense of \$75 for a substitute that is hard and unyielding—a poor simulacrum of one of Nature's masterpieces.

1. Mack, W. S. (1964): Proc. Roy. Soc. Med., 57, 47.

2. Prentiss, R. J., Boatwright, D. C., Pennington, R. D., Hohn, W. F. and Schwartz, M. H. (1963): J. Urol. (Baltimore), 90, 208.

BLAAMLOOS?

Daar is aanduiding dat die geneeskundige beroep nie altyd die aansien by die publiek geniet wat so 'n ou en gevestigde beroep, wat aan diens aan die mensdom toegevoeg is, toekom nie. Hoe anders kan 'n mens die openlike

vyandigheid deur 'n groot deel van die publiek jeens die profesie verstaan? Daar is 'n gedurige gemor oor doktersgelde. Elke misstap deur 'n dokter word deur die openbare pers uitgebasuin, ten spyte van die feit dat ons weet dat

die Geneeskundige en Tandheelkundige Raad dit maar selde nodig vind om oor onetiese gedrag van dokters op te tree. Ten spyte daarvan dat daar gedurende vordering gemaak word in die behandeling van chroniese en voorheen ongeneeslike kwale, floreer kwaksalwery nog steeds. In 'n toenemende mate word nuwe siekefondse gestig en word die publiek georganiseer om mediese dienste op sý terme te verwag. En ongeag die teenkating van die mediese beroep probeer sekere finansiële instellings om hul gelde en diensvoorwaardes op ons af te dwing.

Waarom gebeur dit dan dat die geneeskunde steeds meer in aansien kwyne en met 'n ondankbare openbare mening te doen kry? In die lig van die feit dat die mensdom in steeds toenemende getalle genesing ontvang en aan 'n langer lewensbestaan gehelp word, kan die vinger tog seker nie op die gehalte van die hedendaagse praktyk gerig word nie. Wat het ons dan te midde van ál hierdie vooruitgang ingeboet en in hoeverre het ons self tot die huidige toestand van sake bygedra?

Indien die mediese professie wel self tot hierdie toestand van sake bygedra het, moes dit op die persoonlike vlak gebeur het—in daardie intieme verhouding tussen die dokter en sy pasiënt. Die vraag ontstaan of daar nog genoeg rekening gehou word met die pasiënt se verborge gevoelens, sy vrese vir 'n onbekende siekte, sy nuuskierigheid oor wat in sy liggaam plaasvind, sy bekommernis oor hoe sy siekte sy beroeps- en gesinslewe gaan raak en ook sy fynere emosies as mens.

Hy word met koue, wetenskaplike toerusting soos 'n röntgenapparaat en 'n elektrokardiogram ondersoek. Bloed word uit sy are getrek en tesame met ander liggaamsafskiedings aan 'n patoloog vir ontleding voorgelê. Hy ontvang rekenings van mense wat hy soms met geen oog gesien het nie, en die betekenis van hul ontledings word dikwels nie tot sy verstand gebring nie. Kragtige en somtyds baie duur geneesmiddels word vir hom voorgeskryf, wat hy dikwels met agterdog bejeën omdat hy uit die lekepers allerhande skrikberigte daarvoor gelees het. 'n Gewelde gemoed of 'n pynlike liggaam se gevoel word met verdowingsmiddels gesus, dikwels sonder dat die pasiënt die ontstaan van sy moeilikhede kon begryp of sy hart daarvoor kon uitpraat. Die chirurgiese pasiënt lê na die operasie in die hospitaal en wonder: Het hulle dalk kanker gevind? Wat dreiner uit my liggaam uit? Steek hulle vir my iets weg?

Natuurlik het die geneeskunde hom ook aangepas by die sneller leefwyse van vandag en by die veranderde

maatskaplike ekonomiese agtergrond. Die rustige benadering en die tydszaamheid wat ons voorvaders aan die dag kon lê, is besig om, tesame met die paar oorblywende dokters van die ouer garde wat nog in ons midde is, te verdwyn. Spesialisering het geweldig uitgebrei en steeds groter getalle van medici werk voltyds in hospitale en navorsingsentrums. Dit is sekerlik tot groter heil van die siekes se liggame, maar baat dit hulle geestelik net soveel?

Die gevaar bestaan dat 'n pasiënt bloot as 'n hospitaalnummer of 'n interessante sindroom beskou kan word, of miskien as 'n liggaam wat 'n siek galblaas herberg. Hy kan dalk in die oog van die dokter net 'n roggelbors of 'n keel met ontsteekte mangels verteenwoordig, wat met 'n paar inspuitings genes kan word.

Pasiënte toon 'n steeds groter bewustheid van hierdie verandering wat in die mediese praktyk ingetree het. Hulle voel net nie meer so eerbiedig as teenoor die arts wat urelank saam met hulle die krisis van 'n pneumonie afgewag het nie, al was dit ook in hulpelose verslaetheid. Dokters word deesdae al minder uitgenooi na die doopplegtigheid van babas wat hulle gehelp het om in die wêreld te kom. Kinders wat voor hulle groot geword het, lê selde vandag by dokters 'n beleefdheidsbesoek af, en hul ouers kom raadpleeg hulle byna nooit meer as vertrouelinge om advies te gee oor hul kinders se toekomstige loopbane nie. Dit is alles tekens van die tyd en van die verminderde aansien wat die beroep by die breë publiek het.

Selfs in die gejaagdheid van ons tyd dien dit nog elke dokter om te besef dat hande wat selftevrede saamgevoel word, terwyl daar op die uitwerking van 'n kragtige geneesmiddel gewag word, vir die pasiënt maar min moet inboesem. Hy wil liever hê dat daardie hande gevoelvol op hom gelê moet word. Die simpatieke oor bly nog sy beste trooster. Hy soek nog dieselfde hoedanighede by 'n geneesheer as Voltaire van ouds:

„Niks is meer prysenswaardig nie as die geneesheer, wat in sy jeug die natuur bestudeer het, wat die hoedanighede van die menslike liggaam ken, asook die siektes wat dit bedreig en die rate wat dit sal genees, en wat sy kuns met oorleg beoefen en gelyke aandag skenk aan die rykes en die armes.”

Die een hand moet die ander was, en op die persoonlike vlak kan geneeshere baie daartoe bydra om 'n beter gesindheid tussen die mediese beroep en die algemene publiek op te bou.

ZINC PHOSPHIDE

The announcement in the lay press that large quantities of zinc phosphide are being flown to South Africa from overseas for use as a rodenticide against the plague of mice and gerbilles calls for great care in the handling of this poisonous substance.

The toxicity of this agent is said to be due to the liberation of phosphine gas when it comes into contact with moisture or when released by the action of gastric acid.

This causes dyspnoea, nausea and vomiting, bradycardia, circulatory collapse, and possibly death.

Treatment includes the ingestion of weak alkali which may minimize the action of gastric acid, and lavage with sodium bicarbonate solution (3-5 percent) is advised. There is no specific antidote for the poison, and treatment is essentially supportive or symptomatic. Survival for four days is ordinarily followed by recovery.