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VAN DIE REDAKSIE : EDITORIAL

SIMPOSIUM OOR VOORBEREIDING VIR 'N NUTTIGE OUDAG

Oor aspekte van die groot aantal vraagstukke in verband met die hantering van die probleme van bejaardes, is daar al op verskillende geleenthede hier en in die openbare pers geskryf. Ons besef dat ons op die gebied van die interne maatskaplike struktuur van die samelewing waarin ons leef vandag te staan gekom het voor die nuwe vraagstuk van nie duisende nie, maar honderdduisende bejaarde mense in ons midde.

Die belangrike vraag wat ons dus aan onsself moet stel in hierdie verband, is hoe ons te werk moet gaan om die groot aantal bejaardes in ons midde, en ook vir onsself wat die bejaardes van môre sal wees, te help om ten spyte van die ouderdomsproses en die daarmee-saamgaande onvermydelike afname van lewenskrag en energie, tog nog 'n bevredigende en betekenisvolle lewe te ly.

Ons het daar geen twyfel aan nie dat die antwoord op dié vraag, in elke geval gedeeltelik, lê in verbeeldingryke beplanning vir die toekoms. Hierdie beplanning moet, soos ons dit sien, drie hoofelemente bevat, nl. (1) 'n grondige en omvattende wetenskaplike ondersoek om die hele omvang en aard van die probleem van bejaarde mense te ondersoek, (2) 'n program van aksie wat gegrond is op die bevindinge van die voorgenoemde ondersoek, en (3) 'n studie van alle moontlike diens-benaderings van voorkomende, versorgende en terapeutiese aard.

Dit is dus met groot genoë dat ons kan aankondig dat die Nasionale Ontwikkeling- en Bestuurstigting van Suid-Afrika, in medewerking met die Afdeling Opvoeding Buite Skoolverband van die Departement van Onderwys, Kuns en Wetenskap, alreeds die inisiatief geneem het deur 'n simposium te beplan oor ‚Voorbereiding vir 'n nuttige oudag'. Hierdie simposium word ge-organiseer deur 'n *ad hoc* komitee wat bestaan uit verteenwoordigers van die Nasionale Ontwikkelings- en Bestuurstigting van Suid-Afrika; die Instituut vir Personeelbestuur; die Nasionale Raad vir Bejaardes; die Afdeling Opvoeding Buite Skoolverband van die Departement van Onderwys, Kuns en Wetenskap; en die Mediese Vereniging van Suid-Afrika.

Afgevaardigdes na die kongres sal onder meer insluit lede van die organisasies wat hierbo genoem word, asook lede van buitestaande belanghebbende organisasies, staatsdepartemente en hulle sekretarisse (of verteenwoordigers), die provinsiale administrasie, spoorweë, poswese, en die universiteite.

Die konferensie sal in Kaapstad gehou word op 15 en 16 Augustus 1966, en Sy Edele, die Minister van Arbeid, sal versoek word om dit te open. Die aanvangstyd is 9 vm. op 15 Augustus en die konferensie sal afsluit op 16 Augustus na die voormiddagsessie. 'n Noenmaal sal dan aangebied word by die Klub Here XVII vir die Minister en vir sakehoofde van die stad.

Onder die vooraanstaande gaste wat as sprekers sal optree, sal ook wees mnr. Andrew M. Atkinson, van Glasgow, wat 'n erkende outoriteit op hierdie gebied is. Hy sal optree as inleier van een van die paneelbesprekings en praat oor die voordele van die herindiensneming van afgetrede persone. Die onderwerpe wat op die simposium bespreek sal word, kan ingedeel word onder die volgende hoofde: (1) Geld van geleende tyd, (2) By die end—lewenskrag of agteruitgang, (3) Die vinger in die dyk, en (4) Langer ‚lewe'.

Ons wil graag van hierdie geleentheid gebruik maak om almal wat belang het by die probleme van bejaardes aan te moedig om die simposium by te woon. Ons weet almal dat 'n gelukkige, vreugdevolle en bevredigende oudag tog wel moontlik is vir sommige mense. Maar die kernbeginsel in hierdie verband, wat terselfdertyd ook een van die basiese beginsels van die geesteshigiëne is, is dat daar steeds vir die ouderdom voorberei moet word en dat hierdie voorbereiding reeds al in die vroeë lewensjare moet begin. Dit is die doel van hierdie simposium om 'n begin te maak om dié kernbeginsel in 'n positiewe daad om te skep.

ANTI-WOMAN OR SUPERMAN?

Women with an extra X chromosome (i.e. 47 in all, with XXX as their sex chromosome complement) have been known as 'super females' despite their actually being rather inadequate sexually. The usual chromosome abnormality found in mongolism (Down's syndrome) is trisomy for chromosome 21, giving 47 total chromosomes. Reisman and colleagues[1] have reported an abnormal child with partial monosomy for chromosome 21; in other words, with only 45 total chromosomes. This syndrome they chose to designate 'anti-mongolism'. When particles of matter meet their appropriate anti-matter, both are annihilated with the production of energy; there is no suggestion that the meeting of a mongol with an anti-mongol would produce such a strange result.

We now find that some men have an extra Y chromosome.[2] The *Lancet*[3] notes that at least 14 examples of XYY (47 chromosomes), 1 of XYYY, 8 of XXYY and 1 of XXXYY have been reported. Following the above-mentioned nomenclature, the simplest and most frequent of these, XYY, might be an anti-superfemale (anti-woman) or a supermale. The *Lancet*[3] prefers to designate the whole group as the 'YY syndrome', remarking that they might also be referred to as 'anti-Turner's syndrome', since Turner's syndrome may be considered as a monosomy of that paired segment common to the X and Y which carries important genetic material. YY can be considered to represent a trisomy of this segment.

Jacobs and her co-workers[4] reported the result of a survey of the chromosome constitution of patients with criminal records detained at a State mental hospital under conditions of maximum security. The most common abnormality they found was the XYY pattern in 7 patients out of a total of 197 examined. Now Price and colleagues[5] have described the clinical findings in these 7

and in 2 others identified at subsequent testing. They found that 8 were mentally retarded and the ninth schizophrenic. All had criminal records. There were no outstanding physical features that distinguished them from normal men except that 6 of the 9 were over 6 feet in height. Nothing was known of their fertility, but the external genitalia were normal. They were thus quite different from the 'male' possessors of more than one X. XXY represents the ordinary Klinefelter's syndrome, while XXYY is another Klinefelter configuration. XXYY, however, has a further reason for consideration. Casey and co-workers[6] looked for chromatin anomalies among men in special security institutions and found 21 chromatin-positive out of 942 (this would of course not include any possible XYY cases) This number of positives was about twice that expected among ordinary mental defectives and ten times that of the general population. Of these 21 patients, 7 turned out to have the actual constitution XXYY—far more than expected—and they were unusually tall.

It would thus appear that the possession of an extra Y is associated with mental abnormality and delinquency, frequently with violence, and also with tallness. It is possible that half the men in special security institutions who are over 6 feet are YY. Although the YY syndrome should not really be considered as 'anti-XO' ('anti-Turner's')—for they are not true opposites—yet a constant feature of XO Turner's syndrome is a height under 5 feet, and tallness appears to be an interesting characteristic of the YY.

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2. Townes, P., Ziegler, N. A. and Lenhard, L. W. (1965): *Ibid.*, **1**, 1041.
3. Leading article (1966): *Ibid.*, **1**, 583.
4. Jacobs, P. A., Brunton, M., Melville, M. M., Brittain, R. P. and McClemont, W. F. (1965): Nature (Lond.), **208**, 1350.
5. Price, W. H., Strong, J. A., Whatmore, P. B. and McClemont, W. F. (1966): Lancet, **1**, 565.
6. Casey, M. D., Segall, L. J., Street, D. R. K. and Blank, C. E. (1966): Nature (Lond.), **209**, 64.

TIGHTNESS OF THE SKIN OVER THE FEET AND LOWER LIMBS ASSOCIATED WITH HAEMOSIDEROSIS

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Iron overload is known to be common in the Bantu of Southern Africa, and an incidence of 40 - 88% has been recorded in various investigations.[1] The siderosis is most marked in the liver and reticulo-endothelial system and it reaches its greatest degree between the ages of 40 and 50 years.[2] It has been suggested, though not universally accepted, that the presence of iron in the portal tracts of the liver might provoke cirrhosis, especially in the presence of chronic malnutrition.[3] In advanced cases of Bantu siderosis there may also be widespread deposition of iron in epithelial tissues. Indeed, the histological picture may be indistinguishable from that of idiopathic haemochromatosis which McDonald[4] believes to be a variant of alcoholic cirrhosis occurring in subjects exposed to high iron diets, rather than a specific metabolic disorder in which excessive amounts of iron are absorbed from a normal diet.

In Rhodesia siderosis is probably much more common than is generally realized. In a series of 134 unselected autopsies carried out on adults over the age of 20 years at Harare Central Hospital, Buchanan[5] found 84 with stainable iron in the liver—an incidence of 62·7%, while if only the males are considered, the incidence rises to 76·3%. Moreover, of the 93 males in this series, no fewer than 48 (51%) were found to have moderate or heavy deposits of iron in the liver. On the other hand, deposition of iron in the skin is much less common, and in only 2 of Buchanan's cases was this feature found; both of these were males who had postnecrotic cirrhosis of the liver and pancreatic fibrosis with heavy deposits of iron in the liver, pancreas and heart. Thus it seems likely that iron deposition in the skin only occurs in the more advanced cases of iron overload in the African.

Despite the large amount of work which has been done on Bantu siderosis, no characteristic skin change appears to have been described. The classical appearance of skin resulting from iron deposition is, of course, pigmentation which may consist of a bronzing due to increased melanin or a slate-grey discolouration due to the presence of iron itself. Atrophy of the epidermis may accompany the pigmentation and give the skin a fine, soft texture, but contraction and tightening of the skin does not appear to have been described as a feature. It would seem of some interest, therefore, to report 3 cases in which this association has been found.

CASE REPORTS

Case 1

Jackson, an African male patient aged about 55 years, was admitted to Harare Hospital on 13 February 1963 complaining of backache and pain in the left leg. The most striking feature on clinical examination was that the skin over both legs appeared tightly contracted and was adherent to the subcutaneous tissues. It was also noted that his skin was generally darker than normal and that his tongue was pigmented, though he said he had been born with a dark skin and that the other members of his family were similar in appearance. His hair was rather fine and scanty, and a firm liver was palpable 2 fingerbreadths below the right costal region.

Investigations showed anaemia (Hb. 63%), a leucopenia (WBC 2,800/cu.mm. with 51% neutrophils and 49% lymphocytes) and a raised ESR (64 mm. in 1 hr.). Urine and stool examinations were normal, but liver-function tests were deranged (alkaline phosphatase 30 KA units, zinc sulphate turbidity 12 units and thymol flocculation positive), and there was a marked inversion of the A/G ratio—albumin 1·6 G/100 ml. and globulin 5·8 G/100 ml., but direct serum Van den Bergh was negative and serum bilirubin was normal at 0·4 mg./100 ml. Urinary porphyrins were absent, blood urea was 39 mg./100 ml. and serum electrolytes, serum calcium and serum inorganic phosphorus were within normal limits.

It was thought that this patient was suffering from a collagen disease such as dermatomyositis or scleroderma, and a skin and muscle biopsy was performed. Dr. Buchanan reported: 'Section of the skin shows a scanty, patchy chronic inflammatory cell exudate in the dermis. The dermal collagen exhibits degenerative changes. Deposits of haemosiderin pigment are also seen.

'Sections of muscle show extensive replacement of the muscle fibres with fibrous tissue among which are seen focal collections of lymphocytes. There are also extensive deposits of haemosiderin pigment. This looks most like an area of old trauma, but could possibly be advanced dermatomyositis. The