Pre-birth Diagnosis

From such diagnosis genetic disease therapy can be greatly aided.

Twin infant boys born in the United States suffering from a rare genetic disease, diagnosed months before their birth, are currently receiving a new medical treatment made possible by early discovery of their condition. This has been reported by a University of Wisconsin research team, headed by Dr. Robert Demars.

The boys are affected by the Lesch-Nyhan syndrome, first reported in 1964. The abnormality is transmitted through a mutant gene by a carrier mother in a manner similar to haemophilia; females carry the disease but do not develop it, passing it on instead to half their sons. Boys with the disease have excessive uric acid in their blood; they are retarded, spastic and slow growing and exhibit a strange self-destructive disease died young, but with comprehensive care some are now living into their teens.

In the present study, the mother of the twins had a family history which suggested she might be a carrier of the Lesch-Nyhan mutant gene; examination of her skin cells indicated that she was. During the 22nd week of pregnancy, cells were obtained from the amniotic fluid surrounding the foetus which, when examined, indicated that the child would be male (the presence of twins was not then determined) and chemical tests proved further that the child would have the syndrome.

Studying these mutant cells in the test tube, it was found that they failed to grow unless the culture medium was supplemented with adenine or high levels of folic acid, which also is involved in the body's production of adenine. This chemical appears to overcome the mutant cells' lack of an enzyme which leads indirectly to a shortage of adenine and other substances vital to normal cell growth. Following the twins' birth, therapy began with adenine and folic acid.

Results after seven months are encouraging but it will be several years before the full effectiveness of such therapy can be assessed. There is also the possibility that in future pregnancies treatment could begin before birth.

Meanwhile, women in families having a history of Lesch-Nyhan syndrome can be examined and informed early in pregnancy if an affected son is to be born. In that event parents may wish to consider therapeutic abortion.

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superior figure on duty is also the person responsible in the hostel. Incidents and feelings in the hostel and on duty carry influence back and forth into relationships which become inseparable. Thus the nurse becomes a prisoner of the environment.

Let us consider how the attitudes of superiors towards nursing itself influence the nursing student and the young graduate nurse. Many senior nurses show very little respect with regard to the standards that they maintain, what they wish to achieve in nursing or what they expect of nursing as a profession. Added to this is the lack of respect from the public and community (nursing in India still struggles for social status) as well as other professions. We have a serious problem of helping the young nurse to develop a respect for nursing.

PROFESSIONAL CONTROL AND DEVELOPMENT: Frustrations can also come when nurses find that they have little control over their own professional development or that of their professional organization. A profession is not really a profession unless it can direct and control its growth and its development. Nursing in India is not self-controlled, but it is in a subordinate relationship to others. The most obvious controlling figure is the doctor.

There was a time in the history of nursing in India when the role of the doctor as a leader in nursing was necessary. Now, however, with the growing number of well qualified and capable nurses, members of our profession should be able to take these roles of leadership. Often, we are not allowed to do so. Professional nursing bodies are still being chaired by doctors, nursing education is still being controlled by doctors, nursing service often continues to function as a service subordinate to that of the medical profession.

Even doctors in teaching institutions look at the nurse, not as a colleague or team-member, but as a person who is to carry out his orders. Beyond that the nurse gets no recognition. Nursing is neither treated with respect by its own members, nor is it respected by other professions, at least in the health team.

If nurses were honest, they would not only recognize the above facts, but try to change the situation so that they could feel the pride of belonging to a real profession. In recruitment we must be able to offer an environment conducive to personal, professional and social development; as a profession, we must be allowed to plan and control our development. It is a difficult task, but only when this is done can Nursing in India hope to become a profession in the future.
