

result of repeated administration of other oestrogens, does not occur. Similarly it has been proved clinically that Tace has no demonstrable effect on the adrenals and, unlike other oestrogens, does not produce adrenal hypertrophy or hyperactivity.

#### Clinical Action and Uses

*In the climacteric syndrome—where the periods have stopped but symptoms continue*—the fat storage of Tace produces a continuous even release of oestrogen which continues even after cessation of therapy. The prompt symptomatic relief is therefore prolonged and often persists for months after Tace is discontinued. This has been borne out clinically by sustained vaginal cornification and reduced pituitary gonadotrophin levels. Gradual oestrogenic release from body fat simulates natural hormonal secretion, assisting the patient to make a physiological adaptation to a normal, symptom-free postmenopausal state. Tace brings about a restored sense of belonging, and smoothly declining oestrogen levels obviate the peak-and-valley effect of short-acting oestrogens, thus virtually eliminating withdrawal bleeding. In those patients where symptoms continue beyond cessation of menstruation, one short course of Tace—2 capsules daily for 30 days—may often hasten the post-menopausal adjustment and avoid dependence on protracted oestrogen therapy. In severe and recurrent cases, additional courses of Tace may occasionally be required.

*Postpartum Breast Engorgement.* Clinicians have reported that Tace is a superior oestrogen for the suppression of lactation. Fat storage and its gradual release after cessation of therapy greatly reduce recurrence of re-engorgement symptoms and virtually eliminate withdrawal bleeding.

*Prostatic Carcinoma.* Tace has provided truly satisfying and even dramatic results in the palliative treatment of prostatic carcinoma. It has achieved effective results as demonstrated by relief of pain, increase in weight, and improvement in the pathological and blood pictures. In many cases this has been effected in patients where other oestrogens had failed.

Because Tace, unlike other oestrogens, has no demonstrable effect upon the pituitary and adrenals, the danger of androgen rebound may be averted. Lack of adrenal activation may account for the superior effects of Tace over other oestrogens and the high survival rates in patients treated with Tace.

Besides providing prolonged around-the-clock protection, Tace is extremely well tolerated. Gynaecomastia, nausea and vomiting, and oedema, are rarely encountered.

*Indications and Dosage.* For relief of menopausal symptoms, 2 Tace capsules daily for 30 days. In severe cases where symptoms recur additional courses may be required. For *postpartum breast engorgement*, 4 Tace capsules daily for 7 days. For palliative control of *prostatic carcinoma*, 1 or 2 Tace capsules daily.

*Note.* Gradual release from fat depots makes Tace especially valuable in the climacteric patient whose periods have ceased. Relative freedom from withdrawal bleeding with Tace precludes its use in cases where oestrogens are required to induce cyclical bleeding.

*Supplied* in bottles of 60 and 300. Each capsule containing 12 mg. of Tace (chlorotrianisene).

Manufactured under the control of the Wm. S. Merrell Company, Cincinnati, USA. Marketed in South Africa by Mer-National Laboratories (Pty.) Ltd., P.O. Box 4551, Johannesburg. Distributed by Westdene Products (Pty.) Ltd., P.O. Box 7710, Johannesburg.

### A VAN FOR HOSPITAL TRANSPORT

The following information is supplied by Keith Pulvermacher (Pty.) Ltd., Phoenix House, Burg Street, Cape Town, and Pharmacy House, Jorissen Street, Braamfontein, Johannesburg.

To facilitate the transport of medical equipment, laundry hampers and similar supplies between hospitals, a specialized vehicle has been purchased by the Northern Ireland Hospital Authority.

Based on a petrol-engined Karrier Bantam chassis/cab of 8 ft. 2 in. wheel-base, the vehicle is fitted with a box-van body, the sides of which are formed by 4 large sliding panels (2 on each side) individually secured by handle-operated locks. In addition two vertically-hinged doors are fitted at the rear of the body. In this way easy access can be gained to the interior of the body, even when the vehicle is parked in a confined space. This feature, combined with the low loading height and short wheel-base of the chassis, provides a vehicle ideally suited for inter-hospital transport.

As the body, which measures 10 ft. 10 in. long × 5 ft. 7 in. high × 6 ft. 3 in. wide, is constructed from light alloy sheet, it can be easily cleaned and maintained.

The body was constructed by Harkness Coachworks Ltd., Belfast, and the vehicle was supplied by A. S. Baird Ltd., the Belfast distributors for Rootes Group products.

## REVIEWS OF BOOKS : BOEKRESENSIES

### THE MATRIX OF MEDICINE

*The Matrix of Medicine.* Some Social Aspects of Medical Practice. Edited by Nicolas Malleon, M.D., M.R.C.P. Pp. xviii+234. 4 Figures. 1 Plate. 137 References. 45s. net. London: Pitman Medical Publishing Company Ltd. 1958.

Can the general practitioner be linked with hospital and nursing facilities; what is a family doctor; how can his work, and interest be improved; does religion make any difference to the management of a young married woman with mitral stenosis; is cancer of the lung preventable; are nurses 'sickness nurses' or are they encouraged in their training to assist the patient towards happier living?

These are some of the practical questions discussed by a variety of authors including the clinicians Cicely Williams, Reginald Lightwood and A. F. L. Logan, a nurse, and a general practitioner, in a book which is written largely in non-technical language and will have a wide appeal. Medical students and young nurses will obtain a broad understanding of the relevance of the patients' culture, environment and domestic background in the treatment of his illness, while the knowledgeable, the experienced and the teacher of medicine, including the specialities, will find much that is useful and stimulating.

Workers in the fields of mental health will be interested in almost every chapter and will not be disappointed with chapter XI. Child Welfare is discussed from several angles.

A few may argue, but all will be impressed by the facts and outspoken views presented by H. Joules in his chapter on preventable chest diseases. His holistic approach involves industry, government taxation, habits and emotions of the population,

as well as overcrowding in the causes of 46,000 deaths per year in England and Wales—30,000 from bronchitis (not reduced by antibiotics) and 16,000 from cancer of the lung.

Treatment of the 'lesion' has led to amazing control of tuberculosis, diabetes etc., but 'the conquest of disease has not proved to be the conquest of suffering'. Dr. Malleon is to be congratulated on assembling a series of convincing articles on treating the 'person' and not merely his 'disease'.

B.J.K.

### AFRICAN INTERLUDE

*African Interlude.* By J. F. Holleman. Pp. 278. 6 Photos. 21s. Cape Town: Nasionale Boekhandel Bepenk. 1958.

*African Interlude* is a powerful testimony of faith in humanity and the brotherhood of man; one of the most moving documents to come out of Southern Rhodesia; an exciting, splendid tale of adventure.

Early in December 1945 an idealistic young anthropologist entered the Sabi valley. From the Rhodes-Livingstone Institute he had received a generous Fellowship sponsored by the Beit Railway Trust for work among the Mashona tribes of Southern Rhodesia. He came for 3 years and was enabled to stay for 6. *African Interlude* is the absorbing account of his exciting and unusual experiences, encounters and adventures during those 6 years in the wilds of Africa. It is a compelling document infused with a spirit of rare compassion and sincerity. For Dr. Holleman is a humanist trained in the essentials of the humanistic tradition. 'A man who is prepared to fight for an ideal could do much for happiness of millions of indigenous people,' his father

had said and the writer has heeded the voice of conscience to which this remarkable book bears clear and unmistakable testimony.

His findings gathered with great patience and extraordinary perseverance are recounted in a lively, amusing narrative enriched with fascinating information about Mashona tribal and marriage customs, kinship laws, social and political organizations, land tenure rights, contractual obligations, tribal court sessions and the much discussed and criticized lobola system (the payment of cattle to the family of the bride). These invaluable findings were eventually to form the basis for Dr. Holleman's scientific treatise *Shona Customary Law* which has only recently established itself as a standard work of reference in the courts of Southern Rhodesia. *African Interlude* is the human and highly personal story which lies behind the compilation of this very important contribution to Rhodesian Native Legislation.

J.K.S.

### METABOLISM OF THE NERVOUS SYSTEM

*Metabolism of the Nervous System.* Edited by Derek Richter. Pp. xiv+599. Illustrations. £5. London, New York and Paris: Pergamon Press. 1957.

This volume contains the proceedings of the 2nd International Neurochemical Symposium held at Aarhus, Denmark, in July 1956. The first symposium held in 1954 dealt with the embryology of the nervous system and the proceedings were published under the title *Biochemistry of the Developing Nervous System* (Academic Press, 1955). The present volume supplements and extends the previous one by giving a fuller account of the metabolism of adult nervous tissues. Recent work of outstanding interest and importance was presented and discussed.

The following are some results of special interest. Most of the energy required by the brain is derived from the metabolism of glucose, but recent observations indicate that certain types of brain cells under certain conditions have the ability to oxidize lipids. The paper on nerve metabolism discusses the relationship between oxidative processes common to all animal cells and the electrochemical processes of conduction common to all axons. Following the ionic exchange associated with each nerve impulse, adenosine triphosphate (ATP) is used to resort the ions and to restore the initial state of the membrane structure. Subsequently the ATP content is restored by glycolytic and oxidative phosphorylation. It seems that the axons have an oxidative machinery not unlike that of other cells. In the paper on the nature of the synaptic transmitter substances evidence is presented which indicates that acetylcholine cannot be the transmitter agent at all central synapses. The author examines the evidence for non-cholinergic transmitter substances including a new factor which produced excitation of the cerebellum.

In work on the cholinesterase of developing neurones the tadpole of *Xenopus laevis* was chosen for the investigation because it has several special advantages e.g. large batches of eggs can be obtained to order by injections of pituitary gonadotrophins into adults, hatching occurs after only 3 days and is followed by a larval existence lasting many weeks, and the tadpoles are so transparent that it is easy to make detailed observations and surgical operations on them.

The final section of this symposium includes a report summarizing biochemical work on the identification, localization, formation, and metabolism of serotonin in the central nervous system.

The symposium will appeal mainly to biochemists. Not only does it deal with the special metabolism of nervous tissue but there is also a wealth of information on the general aspects of metabolism. As Lipmann points out: 'From the point of view of the general biochemist it was rather satisfying to find that it practically is impossible to attack any major biochemical problem without contributing to some extent to the understanding of brain metabolism'.

Some 30 years ago Joseph Needham wrote: 'I by no means accept the opinion that the phenomena of the mind are not amenable to physico-chemical description. All that we shall ever know of them scientifically will be related as closely as possible to physico-chemical facts obtained from observations on cerebral metabolism'. This symposium on the metabolism of the nervous system represents a contribution to the ultimate realization of that goal.

H.Z.

### THE FOSTERING OF YOUNG CHILDREN

*Where Love Is—The Fostering of Young Children.* By Josephine Balls. Pp. 224. 16s. London: Victor Gollancz Ltd. 1958.

Commissioners of child welfare, probation officers and social workers should read this book, as well as the members of child care organizations and the board members of homes for unmarried mothers. The last mentioned could well ponder the following view: 'Where it can be clearly seen during pregnancy that adoption is the answer, it would perhaps be wiser to forgo breast-feeding and separate mother and child when they leave hospital. This may sound a hard-hearted policy, but if a break has to be made it is surely kinder to make it before the mother's instinctive emotions cloud her better judgement.'

Miss Ball's book is a plea for foster care for children under five who are committed under the Children's Act. She is of the opinion that such young children cannot receive the proper care in institutions. She describes an experiment by Northumberland County when it closed its institution for under-fives in 1952 and placed all the children in foster care. Miss Balls discusses a number of case histories to prove her opinion. Finally, there is a chapter on prevention. She discusses various ways in which families in need can be assisted. Many of these are practised in this country but the following should be carefully considered by our welfare organizations and social workers: Training homes for neglectful mothers, nursery play centres, rest homes for mothers and children, domiciliary nursery nursing services and parentcraft in schools.

H.C.L.

### HEART RECORDINGS

*Heart Recordings.* A Group of Auscultatory Findings with Suggestions to help in Self Training. By George David Geckeler, M.D. CBS BLD 7089. Sole Distributors: Gramophone Record Co. Ltd.

This long-playing record aims to assist and train students in the art of cardiac auscultation. The makers must be congratulated on this novel form of medical education and on the excellent sound recordings produced of a difficult subject. However, whether it would be of any assistance at all to the student or doctor is doubtful.

The subject matter consists, for the most part, of mitral valve disease, particularly stenosis, with some information on aortic incompetence and patent ductus arteriosus. The other common murmurs of congenital heart disease are not even mentioned. The sounds and murmurs produced are of necessity distorted and do not really resemble what is heard at the bedside. It certainly cannot replace bedside auscultation, which has to be learned by each individual student on live patients. Whether it will be of any real benefit listening to the murmurs in a quiet room, divorced from the patient, is doubtful.

Certain statements are, to say the least, debatable and some are unacceptable. For example, the statement that the opening snap is usually associated with the mitral systolic murmur is completely invalid. In the development of mitral stenosis a presystolic murmur is stated to occur when the mitral valve has reached a buttonhole orifice. It is well known that even after successful mitral valvotomy when the mitral orifice is wide, a presystolic murmur persists.

The sound reproductions of innocent systolic murmurs certainly do not sound innocent, probably due to distortion and amplification. No attention at all is paid to the duration of the systolic murmur nor to the importance of the site of maximal intensity of the murmur.

The record is of interest as an example of progress in modern electronics and in recording systems. Whether it will serve any useful purpose to the student is open to question.

V.S.

### RADIATION BIOLOGY

*Medical Radiation Biology.* By Friedrich Ellinger, M.D. Pp. xxiv+945. Illustrations. £7 10s. 0d. Oxford: Blackwell Scientific Publications. 1957.

Many disciplines have raised the subject of medical radiation biology to its present important stature in 20th century medicine. The subject has become the concern of a vast body of medical practitioners and scientists, to whom the advent of atomic energy

has brought a bewildering array of new problems and responsibilities.

The literature in this large and rapidly growing field is scattered throughout countless journals and texts, reports of conferences and symposia, and it increases faster than can be tabulated or digested. Many of the latter are specialized text-books, independent of one another, and devoted to the diverse facets of the subject, such as radio-therapy, radiation chemistry, radiation physics and nuclear medicine. There is a long-felt need for a synthesis of knowledge and coordination in this field.

One must, therefore, pay tribute to Dr. Ellinger's initiative and industry for having undertaken the mammoth task of writing this major treatise, which is largely a vast record of factual information relating to experimental work and human clinical data.

The author presents in systematic fashion the fundamental concepts of radiation interaction with living cells, tissues, and the whole body, induced, by a wide spectrum of ionizing radiations. Brief consideration is given to the physical and chemical changes which precede the final biological consequences, gross and microscopic, and which comprise the major body of the book.

The author defines the relative radiosensitivity of different tissues, tolerance doses, the vulnerability of normal and neoplastic tissue, and differential recovery rates which elucidate the rationale of radiotherapy, and the nature of radiation hazards.

One feels that this somewhat lengthy book could have been shortened by the omission of much data which is now obsolete and historical. The same applies to demodulated radiotherapy techniques, such as Pfahler's X-ray treatment of thyrotoxicosis (page 310).

The wide adherence to the concept of 'air dose' is to be deplored in a modern radiation text-book. More graphs, tables and diagrams would have made a clearer presentation of many aspects.

There are a few errors (such as in the table on page 126 relating to field size) which do not, however, detract from the value of this work. The bibliography of 4,600 titles is indicative of the book's broad scope, and must surely be one of the most comprehensive reference lists available anywhere in a single volume.

The book is to be recommended to those readers who have had some basic training in radio-biology, and who desire an appropriate source of reference. It would be a valuable addition to any library frequented by research workers, medical practitioners, radiologists, military, industrial and public health personnel.

The printing, binding and illustrations are of a high standard.  
D.D.

### BLOOD PROTEINS

*Entzündung und Bluteiweisskörper.* Von Priv.-Doz. Dr. H. Odenthal. viii+115 Seiten. 32 Abbildungen. DM 19.50. Stuttgart: Georg Thieme Verlag. 1958.

The author outlines his method of chemical analysis and reliability of statistics achieved. The normal values are displayed and compared to those obtained during pathological conditions with special emphasis on infection and equivalent aberrations. It is also quoted that the normal fibrinogen value is directly proportional with the age group. A value varying from 200-400 mg.% is regarded as normal. All values in this series were determined by means of electrophoresis.

According to their study all acute inflammations cause a sudden increase in fibrinogen and x-globulin with a proportional drop in albumin concentration. A large haemorrhage produces a lowering of all fractions of blood proteins with in normal ratio. The author's figures also indicate that fibrinogen exerts an increased permeability during acute infections in an attempt to localize further spread of disease. Chronicity of all forms produces an increase in Alpha-globulins especially where antibody formation is required.

Leucocytosis-promoting factor is reviewed. The general consensus of opinion seems to regard Alpha-globulin as the stimulus initiating an increased leucocytosis via chemotaxis. Leucocytosis appears to be more effective in the presence of leucotoxin, hyaluronidase, hyaluronic acid and histamin. Mention is also made of a non-specific agglutinin which occurs in the serum of rheumatic fever sufferers—something which has not yet been fully investigated. The characteristic features of secondary infections

include reduced albumin concentration with increased globulin, fibrinogen and antibody formation.

It is also the experience of the author that large doses of cortisone and A.C.T.H. result in involution of lymphatics and lymph nodes, spleen and connective tissue i.e. that these drugs act like a tissue poison.

### PSYCHOANALYSIS

D.J.H.

*Science and Psychoanalysis. Volume I. Integrative Studies.* Edited by Jules H. Masserman, M.D. Pp. vi+201. \$5.75. New York and London: Grune and Stratton, Inc. 1958.

The Academy of Psychoanalysis was formed in Chicago in April 1956, one of its objects being 'to constitute a forum for inquiry into the phenomena of individual motivation and social behavior'. It is constituted of psychoanalyst members and scientific associates from the behavioural sciences and allied fields.

This volume comprises a number of papers presented to the Academy in May 1957. The subjects dealt with in Part I, under the heading 'The Interdisciplinary Survey of Psychoanalysis' are a philosophical appraisal of psycho-analysis, its biological roots, anthropological roots and pre-Freudian origins. There are also two good papers on the difficulties of communication among psychiatrists themselves and with patients in psychotherapy. Part II consists of discussion on the above papers in which marked differences of opinion are sometimes very vigorously expressed. Part III, an incongruous tail-piece by the editor, entitled 'A Musical Interlude' could well have been omitted.

This volume, though not entirely satisfying, is stimulating and one can look forward with interest to future publications in the same series.

W.A.S.

### THE ELECTRO-ENCEPHALOGRAM IN CHILDREN

*L'elettroencefalogramma del Bambino Normale.* By Fois. Pp. 140. Pisa: Istituto di Ricerche V. Baldacci Editore. 1957.

In order to dispel what he claims are misconceptions and mistakes in interpreting the electro-encephalograms of children, the author undertook a special study in this field. This book is an account of his investigations and a record of encephalograms obtained in normal children up to the age of 14 years. There are 30 pages of Italian text and the remainder of the volume is taken up with the reproduction of 101 Figures, each consisting of 8 distinct electro-encephalograms; the inclusion of these tables imposes a special format of this edition of a kind one usually associates with a book of drawings.

Profound differences in type exist between the encephalogram of the adult and that of the child and the present collection of recordings made in the department of Pediatrics of the University of Sienna by Dr. Fois and his collaborators is intended to show up these differences and establish standards for comparison.

A brief description of the physiology underlying the changes of electrical potentiality in the brain is given and the author outlines the technique he used to register them. He employs small electrodes of silver, 4 on each side of the cranium, symmetrically disposed and so connected to the amplifying recording apparatus that movements of the child cannot upset the experiment. In carefully chosen surroundings, records are made under varying conditions of mental activity, in deep sleep, light sleep, the fully awake condition and in mere drowsiness. Not only did Dr. Fois meet many individual variations but he also observed notable changes in the type of electrical waves in different age groups. Thus, in the 1-4 months age group, as could be expected, no great differences were observed between the recordings obtained in sleep and those obtained during the waking state. As the child grows older a different wave pattern emerges and these all receive the close attention of the expert author in presenting a picture more or less typical of each age group. He pays due tribute to previous workers in this line of research and the large bibliography at the end of the book bears witness that electro-encephalography has attracted many diligent workers.

This is not a book on the ready diagnosis of cerebral pathology by detecting and recording abnormal electrical wave impulses. It is, as the author insists, a record of findings in the normal child in varying states of cerebral activity.

It is idle perhaps, though interesting, to speculate on what

might be the patterns in normal adult types of different vocations. Would, for instance, the contented pensioner or placid landscape gardener provide a picture of smooth, rhythmic undulations to

contrast with the paroxysmal, unharmonious and explosive discharges of the party politician or busy medical practitioner.  
C.K.O'M.

### CORRESPONDENCE : BRIEWERUBRIEK

#### WITWATERSRAND FACULTY, COLLEGE OF GENERAL PRACTITIONERS

*To the Editor:* As you know the National General Practitioners Group decided at the meeting of its Executive Committee on 30 September 1958 to sponsor the formation of Faculties of the College of General Practitioners, it being left to the individual areas to apply to the College of General Practitioners in Great Britain for recognition and the right to form a Faculty.

We, in the Witwatersrand area have acted accordingly, and have been granted that right by the Council of the College of General Practitioners in Great Britain. At a meeting held in Johannesburg on 21 November 1958 a Board of the Faculty was elected. The Faculty has been named the Witwatersrand Faculty of the College of General Practitioners, and the following were elected as office-bearers of the Board of this Regional Faculty: *Chairman* Dr. G. W. Schepers. *Vice-chairman* Dr. Derek Pirie. *Hon. Secretary/Treasurer* Dr. Leslie Levy. *Assistant Hon. Secretary* Dr. Michael Tonkin. *Members of the Board* Drs. S. Binder, R. C. de Kock, H. Parke Forster, S. Lachman, W. A. M. Miller, H. A. Shapiro, M. Shapiro, S. A. van Lingen.

Provisionally, we shall be prepared to receive applications for membership from General Practitioners in the Transvaal Province, until such time as other Faculties may be formed, when regional jurisdiction will be decided by mutual arrangement.

Applications for membership may be made to the Board of the Witwatersrand Faculty of the College of General Practitioners; letters should be addressed to Dr. Leslie Levy, 11 Millson House, 106 Twist Street, Hillbrow, Johannesburg.

We hope to hear in the near future that other Faculties have been formed, or are in the process of applying for recognition, so that we may contact them with a view to close cooperation.

The Board of the Witwatersrand Faculty of the College of General Practitioners extends to the Medical Association of South Africa its cordial greetings, and wishes to emphasize at the outset that its functions are purely academic, and wishes further to thank those individuals members and bodies of the Medical Association who have made it possible for us to achieve this ideal.

While the Faculty has been formed to promote academic interests of the General Practitioner, we must make it clear that we do not wish to remain an isolated body, but rather do we wish to cooperate with other existing academic organizations.

Ons wil ook graag herhaal dat toe daar besluit is om oor te gaan tot die stigting van Fakulteite in Suid-Afrika wat voorlopig ge-affilieer is met die Kollege van Algemene Praktisyne in Groot-Brittanje, dit gedoen is met die duidelike verstandhouding dat sodra ons in Suid-Afrika gereed is om selfstandig en onafhanklik te funksioneer, dit slegs 'n kwessie sal wees om so 'n besluit te neem en die Kollege van Algemene Praktisyne in Groot-Brittanje dienoorkomstig in kennis te stel.

G. W. Schepers

74-80 Jenner Chambers *Chairman, Witwatersrand Faculty, The Jeppe Street, Johannesburg College of General Practitioners*  
22 November 1958

#### ASSESSMENT OF PELVIC PLASTIC SURGERY FOR CHRONIC PELVIC INFECTION

*To the Editor:* For many years I have been advocating plastic surgery for women with varying degrees of chronic pelvic infection causing symptoms such as menorrhagia, oligomenorrhoea, dysmenorrhoea, dyspareunia, general ill health often as a result of chronic appendicitis, loss of libido, and infertility. My views on the source of infection in these cases are well known to many practitioners. I have now done a very large number of pelvic plastic operations, including ovarian repair, salpingolysis, freeing of densely adherent uteri, meticulous peritonizing of raw areas and, last but not least, salpingostomy without polythene tubing.

The gynaecological out-patient clinics at the Conradie Hospital, Pinelands, and the New Somerset Hospital, Green Point, are large and numerous. I have attempted three follow-ups—1939,

1949 and 1958. The results of the operations I have personally performed are most gratifying, judging by my standards. I claim 80% good results, 15% fairly good and 5% unsatisfactory. The cure rate of infertility I assess at 33½% at least. I cannot however verify these figures without a greater number of written replies or personal interviews with patients who have been operated on.

May I make an earnest appeal to my colleagues, especially those in the Cape Peninsula, to let me have the addresses (they change so often) of any cases whom I have operated upon and who are now under their care.

At last month's meeting of the Cape Western Branch of the Association such divergent views were expressed by consultants and general practitioners that a fuller investigation is necessary of the relative results from (a) the radical removal of pelvic organs, (b) physiotherapy (e.g. diathermy) and (c) the pelvic toilette type of surgical treatment. These operations should now, once and for all, be weighed up and either found wanting or otherwise.

D. P. de Villiers

Robb's New Buildings  
Belmont Road, Rondebosch, Cape  
24 November 1958

#### 9TH INTERNATIONAL CONGRESS OF PAEDIATRICS MONTREAL, 19-25 JULY 1959

*To the Editor:* Through the medium of the *Journal* I should like to appeal to all paediatricians who have decided to go to the above Congress please to advise me.

E. Fasser

South African Paediatric Association  
201 Medical Centre  
319 Pretorius Street, Pretoria  
21 November 1958

*Hon. Secretary*

#### THE HALF-CROWN NOTIFICATION FEE

*To the Editor:* The completion of Notification of Disease Form 180 (Health) and book entries associated with it call for a considerable amount of time and labour. In former times, when money was 3 times as valuable as it is today, the fee for such notification was 2s. 6d., as it still is. It is high time that the fee was raised to 7s. 6d.

When lawyers complete simple legal documents their usual fee seems to range from 10s. 6d. to £2 2s. 0d. Why should doctors be paid such a pathetically low fee for completing Form 180 (Health)?

F. A. Lomax

91 Cross Street, Kroonstad  
25 November 1958

#### UNREGISTERED PHYSIOTHERAPISTS

*To the Editor:* The Central Executive Committee of the South African Society of Physiotherapy is deeply concerned that some medical practitioners are using the services of unqualified and unregistrable persons where qualified physiotherapists are available. We should like to draw the attention of the members of the Medical Association of South Africa to the fact that there is a Directory of Private Practitioners in Physiotherapy available. All the persons on this register are fully qualified and are members of the South African Society of Physiotherapy and registrable with the South African Medical and Dental Council.

This Society has striven for many years to obtain and maintain a uniform and high standard of physiotherapy and has the full support of the South African Medical and Dental Council. We therefore appeal to your members through the medium of the *Journal* to support the members on our register. Many copies of the register have already been circulated to members of the medical profession, and extra copies may be obtained from the General Secretary, South African Society of Physiotherapy, P.O. Box 11151, Johannesburg.

(Miss) J. Blair  
*Chairman*

P.O. Box 11151, Johannesburg  
21 November 1958 *For South African Society of Physiotherapy*