South African Medical Journal : Suid-Afrikaanse Tydskrif vir Geneeskunde

Cape Town, 7 September 1963 Volume 37 No. 36 Deel 37 Kaapstad, 7 September 1963

EDITORIAL : VAN DIE REDAKSIE

SYNTOMETRINE

There have recently been a few papers in which favourable comment has been made on the use of a new oxytocic preparation 'syntometrine'. This is a combination of 'syntocinon' (which is a synthetic octapeptide free from vasopressor principle and foreign polypeptides) and the ergot alkaloid ergometrine, available in ampoules for intramuscular injection. The preparation is stable and contains 5 units of the synthetic oxytocin and 0·5 mg. of ergometrine. Several obstetricians in South Africa have already published their findings in regard to this preparation. The results of these workers, as of others overseas, demonstrate a superiority of syntometrine under the conditions in which the studies were made. Intramuscular syntometrine is better than intramuscular ergometrine. It is claimed that the oxytocin acts promptly and the ergometrine prolongs its action; the end result is rather like that of an intravenous injection of ergometrine on its own. In a recent tocographic study syntometrine was revealed as the best substitute for intravenous ergometrine, which suggested its use when intravenous therapy is undesirable or impracticable.[1] Obstetricians have been using ergometrine intravenously, but for routine use by midwives or when intravenous injection has not been feasible, ergometrine intramuscularly with or without hyaluronidase (hyaluronate lyase) has been advocated.

Embrey and co-workers[1] have recommended syntometrine for routine use by the unaided practitioner or midwife in the active management of the third stage of labour, and in the prophylaxis of postpartum haemorrhage. An appreciable reduction of postpartum haemorrhage was noted without any increase in the incidence of retention of the placenta. Their technique won approval from the nursing staff. The authors do not make exaggerated claims for their methods. They point out that the traditional conservative attitude to the management of the third stage of labour is changing, that the routine administration of an oxytocic with the birth of the head or anterior shoulder is becoming increasingly common and no longer needs to be justified. In a paper published locally[2] in 1951 Louw indicated his use of ergometrine once the anterior shoulder is delivered, and he quoted the use of oxytocics by Hart in 1912.

Other workers have reported essentially similar findings. Thus Chalmers and colleagues[3] concluded that intramuscular syntometrine should replace ergometrine in the routine management of the third stage of labour. They found it valuable in reducing third-stage complications. In the management of the third stage of labour they waited for signs of separation of the placenta, whereas Embrey and co-workers endeavoured to express the placenta by fundal pressure when the uterus was first felt to be contracting strongly. In his study to assess the practical value of syntometrine Kemp[4] found a reduction in the mean length of the third stage and in the total blood loss; while pointing out that certain results might come within the realm of chance, he concluded that syntometrine shows promise of being better than intramuscular ergometrine in the management of the third stage of labour. In an investigation made locally de Villiers and du Toit[5] found that the results were more or less the same with ergometrine plus hyalase, methergin plus hyalase, and syntometrine, when they were given intramuscularly with the crowning of the head. In the *South African Journal of Obstetrics and Gynaecology*, which is published as a supplement to this issue of the *Journal*, a paper by Dr. Stearn on 'Cord traction in the management of the third stage of labour' is published. In this paper Dr. Stearn comes to the conclusion that 'active management of the 3rd stage by traction, following either intramuscular ergometrine with hyalase or, preferably, intramuscular syntometrine, is a safe, kind and rapid technique'.

In an editorial comment on bloodless labour,[6] where reference to the recent publications on syntometrine is made, it was concluded that the drug is a useful supplement to the conduct of the third stage of labour; avoiding using it in high-risk patients is emphasized, and also the necessity for close observation and vigilance in and after the third stage.

1. Embrey, M. P. (1961): Brit. Med. J., **1**, 1737.
2. Louw, J. T. (1951): S. Afr. Med. J., **25**, 906.
3. Chukudebelu, W. O., Marshall, A. T. and Chalmers, J. A. (1963): Brit. Med. J., **1**, 1390.
4. Kemp, J. (1963): *Ibid.*, **1**, 1391.
5. De Villiers, J. N. and du Toit, J. P. (1963): S. Afr. Med. J., **37**, 237.
6. Leading article (1963): Brit. Med. J., **1**, 1359.

HONDERDJARIGE BESTAAN VAN DIE ROOIKRUISVERENIGING

Die honderdjarige bestaan van die Rooikruisvereniging word vanjaar dwarsoor die wêreld gevier. Vir almal wat denkende mense is, is dit 'n besondere geleentheid. En die belangrikste rede waarom dit 'n besondere geleentheid is, is omdat die Rooikruisvereniging deur al die jare van oorlogsverskrikking en verwoesting, buite die stryd bly staan het en bo verdenking gebly het. Dit het deur al die jare heen die hoop van die mensdom op die moontlikheid

van 'n vreedsame beslegting van sy geskille gesimboliseer.

Die Rooikruisvereniging is in 1863 gebore uit die ontroering van 'n sensitiewe mens, die Switser, Henri Dunant. Dunant was in 1859 teenwoordig by die slag van Solferino, en hy is met sulke afgryse vervul by die aanskou van die onnodige pyn en lyding, en ook van die ontoereikendheid van die mediese versorging van die strydende magte, dat hy dadelik aan die werk gespring het om iets positiefs op hierdie gebied te doen. As gevolg van sy optrede is 'n vergadering van verskeie nasies in 1863 te Genève gehou, en is die eerste Geneefse Konvensie of ooreenkoms opgestel ‚Vir die leniging van die toestand van die gewondes en krankes in die gewapende magte in die oorlogsveld'. Op hierdie manier het die Rooikruisbeweging ontstaan.

Die regerings van verskeie lande het hierdie ooreenkoms onderteken en daardeur onderneem om die aanvaarde voorwaardes in oorlogstyd na te kom. Met die verloop van jare is ander konvensies opgestel sodat daar vandag vier sulke konvensies is wat onderteken is deur die meeste nasies van die wêreld.

Die Suid-Afrikaanse Afdeling van die Rooikruisvereniging is op Nuwejaarsdag 1896 gebore—36 jaar na die eerste Geneefse konvensie. Op daardie dag het vier dokters President Paul Kruger besoek met die doel om sy toestemming te kry vir die stigting van die Rooikruis in die Transvaal. Die President het sy persoonlike steun aan die beweging toegesê, en die Rooikruisvereniging van die Transvaal is amptelik by Volksraadsbesluit ingestel op 2 Julie 1896. Die Volksraad het ook 'n bedrag van vyfhonderd pond vir uitrusting, ens. bewillig—'n aansienlike bedrag vir daardie tyd. Vandag het ons in die Republiek van Suid-Afrika 'n eie Nasionale Rooikruisvereniging met verskeie takke en afdelings dwarsoor die land.

Die groot dienste van barmhartigheid wat die Rooikruisvereniging gedurende oorlogstyd lewer, is wel bekend. 'n Mens dink met angs en beklemming aan die aaklige toestande wat daar moontlik kon ontstaan het as daar nie gedurende oorlogstye so 'n vereniging bestaan het nie.

Wat minder algemeen bekend is, is dat die Rooikruisvereniging ook gedurende vredestye voortreflike dienste lewer. Onder andere is daar in ons land 'n mediese leendiens wat stootstoele, krukke en siekekamertoerusting uitleen; hulpdienste lewer waar die moeder siek is; opleiding van gebreklikes in kuns en huisvlytwerk bewerkstellig; klasse gee in tuisverpleging en eerste hulp; studiesentrums reël vir seuns en dogters; klubs vir eensames en besoeke aan bejaardes organiseer; 'n opspoorburo dryf om vermiste familielede te soek; ambulansdienste, klinieke, tehuise vir oues van dae organiseer, en nog baie meer. In hoofsaak word daar getrag om dinge te doen wat gedoen moet word waar daar niemand anders is om dit te doen nie.

Om die Rooikruisvereniging in staat te stel om voort te gaan met die noodsaaklike dienste wat hy lewer, is daar natuurlik fondse nodig. Die vereniging word geheel en al deur vrywillige bydraes ondersteun en is dus afhanklik van die goeie gesindheid en daadwerklike hulp van almal wat geesdrif het vir hierdie saak. En alhoewel daar gedurig talle van oproepe om ons ondersteuning is, behoort die Rooikruisvereniging hoë voorrang te geniet.

Op 'n tydstip wat Suid-Afrika gevaar loop om op baie vlakke geïsoleer te word van die buitewêreld, sal ons Suid-Afrikaanse Rooikruis, deur sy affiliasie met die neutrale Internasionale Rooikruiskomitee en die Rooikruisverenigingsbond in Genève, 'n middel van onpartydige en onbevooroordeelde internasionale kontak verskaf. Dit is 'n belangrike addisionele oorweging wat nie uit die oog verloor moet word nie.

Diegene wat dit kan bybring, word dringend versoek om ruim geldelike bydraes te maak ter ondersteuning van die Rooikruisvereniging. En diegene wat nie geld het om te gee nie, kan op baie ander maniere hul bereidwilligheid om te help, toon. Daar is byvoorbeeld geleentheid vir baie mense om te help as instrukteurs; ook is daar altyd 'n behoefte aan persone om opgelei te word in eerste hulp en tuisverpleging.

Laat ons by die geleentheid van die honderdjarige viering van die bestaan van hierdie unieke organisasie besluit om 'n verbeeldingryke bydrae te maak tot die voortbestaan van 'n vereniging waarvan die doelstellings hulp aan die lydende mensdom is. In 'n wêreld waar daar soveel negatiewe strominge en rigtings is, kan die positiewe en doelgerigte optrede van die Rooikruisvereniging nie sterk genoeg aangeprys word nie.

THE MEDICAL DIRECTORY OF SOUTH AFRICA

We should like to draw the attention of our readers to the fact that some copies of the second edition of *The Medical Directory of South Africa* are still available for sale, and urge those who have not yet acquired a copy to do so without delay.

The Pennant Publishing Company, of Durban, has shown great enterprise in producing a second bilingual Medical Directory for South Africa, and it is obvious that the Editor, Dr. Crowhurst Archer, undertook a monumental task in doing the necessary editorial work. The publication of the Directory is certainly evidence that the medical profession has reached an important milestone in its progress. We, as a profession, should therefore not only be grateful, but we should also do everything in our power to ensure the ultimate success of this undertaking.

The Directory reflects all the facets of medical professional life in South Africa, from the constitution of the Ministry of Health to the smallest local list of doctors in our far-flung communities. Information that many are continually seeking is easily found here, compactly set out, and as up-to-date as such changeable information can be. We feel sure that all South African doctors can make full use of it. A copy of the Directory should also be available in all the medical libraries, hospitals, health departments and editorial offices in the country.

The price of the Directory is R4.20 and it is obtainable directly from the publishers or from leading booksellers throughout South Africa.