

become less significant. The *Prosopis (Prosopis spp.)* is fairly common in parts of South West Africa and gives rise to symptoms of seasonal pollinosis mainly in October and November. These trees are rather scant in South Africa, but do occur in isolated places.

RACIAL DISTRIBUTION

Generally speaking it has been observed that the incidence of respiratory allergy is considerably lower in the Bantu peoples than it is in the European population. The approximate racial distribution in some of the bigger centres of South Africa is indicated in Fig. 5.

The Coloured or Eurafrikan population constitutes a considerable proportion of the community in the Cape Province especially in Cape Town and Kimberley as shown in the map, and in them the incidence of respiratory allergy is virtually the same as in the Europeans. In the Asiatics—the Indian population—who form a large proportion of the community in

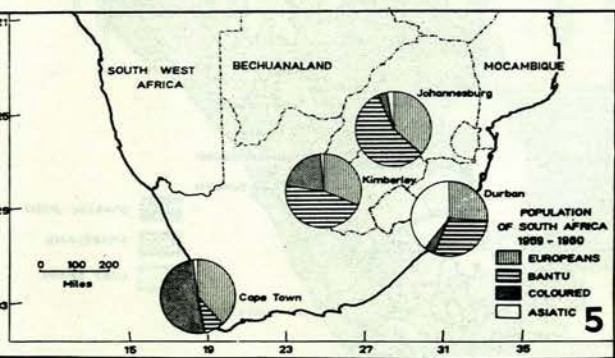


Fig. 5. Map of South Africa showing the race distribution in some of the bigger centres.

Durban and district, respiratory allergy, including asthma, appears to be more common than in the Europeans. The reason for this is under investigation, but it seems that the greater emotional instability in this group is probably a factor in the causation of perennial allergy, vasomotor rhinitis and asthma. Studies are being made to determine whether specific food-

stuffs used by the Indian peoples may be of significance.

Although definite figures for comparison are difficult to obtain in a condition which is not notifiable, it would seem from the impressions of persons who have practised medicine in different parts of the country, that respiratory allergy is relatively common in Durban and district. The reasons for this are probably that in that sub-tropical coastal region the high temperature and the high humidity, both within relatively narrow range daily and annually, contribute the significant factors favourable for the production and maintenance of the 'Climate group' type of respiratory allergy; and that the Asiatic population, who are probably more susceptible to respiratory allergy, are present in large numbers. Durban itself is an ideal natural laboratory and clinic for the study of respiratory allergy, and we have frequently visited Durban and Pietermaritzburg, some miles inland, for purposes of investigating the condition. The 4 racial groups—Europeans, Eurafrikan, Indians and Africans—live almost side by side, and the comparison of the incidence, aetiological factors, manifestations and effects of respiratory allergy can be made without undue difficulty.

SUMMARY

The relative incidence of respiratory allergy in the different parts of South Africa is discussed with the aid of maps, in relation to geographic, climatic and vegetation distribution features as well as in relation to the racial distribution of the population.

Thanks are due to Miss E. J. Walker for drawing the maps in Figs. 1, 2, 4 and 5 and to Mr. M. Ulrich of the Photographic Unit of this Institute for the photographs.

Various details regarding climate and vegetation have been obtained from the *Official Year Book of the Union of South Africa*⁷ and the data of race distribution from the *Year Book and Guide to Southern Africa*.⁸

REFERENCES

- Schultz, B. R. (1947): *S. Afr. Geogr. J.*, 32.
- Ordman, D. (1955): *S. Afr. Med. J.*, 29, 173.
- Idem* (1956): *Int. Arch. Allergy*, 9, 129.
- Idem* (1958): *S. Afr. Med. J.*, 32, 853.
- Idem* (1961): *Ann. Allergy*, 19, 29.
- Idem* (1963): *S. Afr. Med. J.*, 37, 321.
- Official Year Book of the Union of South Africa, 1960*. Pretoria: Government Printer.
- Gordon-Brown, A. (1962): *The Year Book and Guide to Southern Africa*. Cape Town: Howard Timmins.

ASSISTANCE TO COLLEAGUE

In October 1962, a special appeal for funds was made by the benevolent Fund of the Medical Association, through the medium of the *Journal*, to aid a young colleague, Dr. J. A. Sachs, who required an urgent aortic-valve repair operation, which could only be performed overseas. Through the great generosity of the medical profession and various pharmaceutical firms, Dr. Sachs was enabled to proceed to England where

the operation was performed on 5 March 1964.

A letter has now been received by the Secretary of the Association from Dr. Sachs, advising that the operation was a great technical success and, although he will require a long period of convalescence, he is now almost fully recovered. Dr. Sachs wishes once again to thank most sincerely all the contributors who gave him such great assistance and encouragement.

KONFERENSIE OOR PREVENTIEWE GENEESKUNDE BY DIE BANTOE

Die Konferensie oor Preventiewe Geneeskunde by die Suid-Afrikaanse Bantoe, gereël deur die Soutpansberg Tak, V.S.A., sal gehou word by die Universiteitskollege van die Oorlog, Pietersburg, Transvaal, vanaf 25 tot 27 Junie 1964. Registrasie vind plaas vanaf 10.00 vm. op Donderdagoggend 25 Junie. Die konferensie word verdeel in drie afdelings en die orlopige program is soos volg:

Donderdagmiddag 25 Junie:

Tema: *Invloed van lewenswyse en gewoontes op gesondheidstoestand* (Voorsitter dr. I. S. Steyn).

'Die volkekundige agtergrond tot hierdie afdeling', prof. E. Potgieter.

'Voedingsgewoontes', dr. P. J. Quin.

'Sekere verloskundige gebruike', dr. J. A. Rosset.

'Waarde van en probleme met gesondheidsvoorligting op skool', prof. W. Kware.

Inleiding tot die besprekings in hierdie afdeling, Sy Edele, dr. W. W. M. Eiselen.

Donderdagaand 25 Junie:

Amptelike opening van die Konferensie deur Sy Edele, dr. A. Hertzog, Minister van Gesondheid.

Vrydagoggend 26 Junie:

Tema: *Die siektebeeld en siektelas by die Bantoe* (Voorsitter dr. Sunley Uys).

'Die siektebeeld in die stamgebiede', dr. H. P. Botha.

'Die siektebeeld in die stedelike gebiede', dr. V. H. Wilson.

'Patologiese aspekte van die siektebeeld', prof. F. Wainwright.

'Psigologiese aspekte sover dit gesondheidstoestand beïnvloed', prof. T. van Dyk.

Inleiding tot die besprekings in hierdie afdeling, prof. H. W. Snyman.

Vrydagmiddag 26 Junie:

Tema: *Aktiewe preventiewe maatreëls* (Voorsitter dr. P. Naude).

'Bakteriële en virussiektes', dr. P. A. D. Winter.
'Taenia en ander ingewandparasiete', dr. R. Elsdon-Dew.
'Bilharsiasie', dr. J. H. S. Gear.
'Malaria', dr. N. F. le Roux.
'Rol van voeding as maatreël ter voorkoming van siektes', dr. P. J. Pretorius.

Saterdagoggend 27 Junie:

Voorsitter: dr. F. A. B. Lombaard.

'Gesondheidsaspekte by beplanning van dorpe en tuislande', mnr. Marais.

'Preventiewe maatreëls vir die werker in die myne en industrie', dr. A. M. Coetzee.

'Preventiewe maatreëls ten opsigte van psigiatriese toestande', dr. A. P. Blygnault, redakteur van die *Tydskrif*.

Inleiding tot besprekings in hierdie afdeling, dr. A. Strating.
Enige navrae in verband met die Konferensie moet gerig word aan dr. N. J. le Roux, Posbus 128, Pietersburg.

IN DIE VERBYGAAN : PASSING EVENTS

University of the Witwatersrand, Postgraduate Refresher Course. A full-time intensive refresher course will be held at Medical School, University of the Witwatersrand, from 20 to 24 July 1964. This Course will follow the lines of previous Refresher Courses, but will pay greater attention to recent advances in Medicine. The fee for the Course is R10.00, and applications should be made before 21 June to the Secretary, Medical Graduates Association, Medical School, Hospital Street, Johannesburg. A full-time 1-week Refresher Course in anaesthetics will be held later this year. All those interested are requested to advise the Secretary of the dates most suitable for them.

Mr. Stephen Eisenhammer, surgeon, of Johannesburg, has been elected one of the five continental Vice-Presidents of the International Society of University Colon and Rectal Surgeons, in recognition of his significant contribution to surgery. The Society was formed in 1962 and membership is limited to 100 persons, each of whom should be dedicated particularly to the practice and teaching of surgery of the rectum and colon. Mr. Eisenhammer, unanimously elected as Vice-President representing the Continent of Africa, will hold this distinction for 2 years.

Mr. Eisenhammer has left for Philadelphia, USA, where he will read a paper at the Joint Meeting of the American Proctological Society and the Section of Proctology of the Royal Society of Medicine of England. He will also attend a meeting of the International Society of University Colon and Rectal Surgeons.

Mr. J. D. Joubert, urologist, of Cape Town, has changed his residential address to Jacaranda House, Forest Avenue, Bishops court. His new home telephone number is 71-5558.

Dr. J. D. Joubert, uroloog, van Kaapstad, het sy huisadres verander na Jacaranda House, Forestlaan, Bishops court. Sy nuwe telefoonnommer is 71-5558.

University of Cape Town, Research Forum. The next meeting of Research Forum will be held on Thursday 4 June at 4 p.m. in the Tutorial Room, Department of Pathology, Medical School, Observatory, Cape. Dr. H. Gordon will speak on 'A prospective interracial study of hypertensive toxæmia of pregnancy'.

DIE BICKERSTETH MEDIESE VERENIGING : THE BICKERSTETH MEDICAL ASSOCIATION

CLINICAL EVENING, SOMERSET HOSPITAL, TUESDAY 21 APRIL 1964

Mr. L. Chanock was elected President (1964 - 1965).

Clinical Presentations

1. Dr. M. A. Manuel described the progress of a 20-year-old African presented previously. He had a small penis, a small scrotum without testes, and gynaecomastia. Buccal mucosal smears and polymorph leukocytes showed the female nuclear pattern. Laparotomy performed by Mr. L. Chanock revealed the presence of a uterus, tubes, and ovaries. The breasts and ovaries were removed.

Histologically both gonads were ovo-testes, and the patient was thus an example of true hermaphroditism. Dr. S. Klempman¹ has stressed the high incidence of this abnormality as a

Universiteit van Stellenbosch en Karl Bremer-hospitaal, Klinies-patologiese Besprekings. Die volgende vergadering vind plaas op Dinsdag 26 Mei om 4.30 nm. in Lesingkamer 1 Farmakologiegebou, Karl Bremer-hospitaal, Bellville. Dit sal die vorm neem van 'n klinies-patologiese konferensie. Alle dokters wat belang stel, word vriendelik uitgenooi om die konferensie by te woon.

South African Institute for Medical Research, Johannesburg, Staff Scientific Meetings. The next meeting will be held on Monday 8 June at 5.10 p.m. in the Institute Lecture Theatre. Dr. I. Bersohn will speak on 'The effect of atomid in hyperlipidaemic subjects suffering from coronary artery disease'. All interested persons are welcome to attend the meeting.

University of Cape Town and Association of Surgeons of South Africa (M.A.S.A.), Joint Lectures. The next lecture will be given on Wednesday 27 May at 5.30 p.m. in the E-floor Lecture Theatre, Groote Schuur Hospital, Observatory, Cape. Mr. I. Jacobson will speak on 'Ureteric injuries during surgical procedures'.

Dr. R. D. Tucker, therapeutic radiologist, of Cape Town, has changed his residential address to Mount Edgely, Tennant Road, Wynberg. His new telephone number is 71-3320.

Dr. J. W. Pont, ortopediese chirurg, van Johannesburg, het sy adres verander na Oslergebou 303, Jeppestraat, Johannesburg. Telefoon: Spreekkamer 23-9278.

Mr. J. W. Pont, orthopaedic surgeon, of Johannesburg, has changed his address to 303 Osler Chambers, Jeppe Street, Johannesburg. Telephone: Rooms 23-9278.

University of Cape Town Medical History Club. The annual general meeting of the Club will be held on Monday 25 May at 8.15 p.m. in the Physiology Lecture Theatre, Medical School, Observatory, Cape.

Programme: The Chairman's report; election of president; election of committee. Dr. Reuben Mibashan, who recently spent a year in Salt Lake City, Utah, will speak on 'Medicine and the Mormons—therapeutics in the Wild West'. All interested persons are invited to attend the meeting.

cause of abnormal sexual development in the Bantu in Johannesburg. The patient is being treated with testosterone.

2. Dr. J. Forgue presented a 53-year-old woman complaining of a painful right knee which was injured in one of her attacks of 'falling sickness'. The history then emerged that, following thyroidectomy for goitre in 1958, she started suffering from attacks of unconsciousness since 1959. These attacks are preceded by paraesthesiae and by visible cramps in her hands and feet.

The suspected diagnosis of postoperative hypoparathyroidism with tetany could not be confirmed by estimation of the serum calcium, which was normal.

However, attention was drawn to the prevalence of para-