turates or chlorpromazine. Nevertheless Pacatal proved itself an excellent substitute and indeed, along with Noludar, it is difficult to see how the case could have been better controlled. It should be made clear that the Pacatal merely facilitated nursing and the giving of the electroconvulsive therapy—it was the latter which improved his hypomania—but without Pacatal the management of the case and the rapid recovery could not have been achieved.

CONCLUSIONS

Pacatal compares favourably with chlorpromazine in the control of a group of cases with emotional disorders, tension states, and muscle-contraction headaches. It is not in itself a nostrum but it does help the physician in the management of the patient and it helps the patient by lessening his inner tension. Nearly all those who took Pacatal said they felt calmer and slept more readily. The side-effects as compared with those of chlorpromazine are few—no rashes, no jaundice, no blood dyscrasia, no marked alteration of blood pressure or pulse rate. It did, however, produce a dryness of the mouth which was unpleasant in some cases; blurred vision, anorexia and, in big doses, ataxia were also produced, but it should be noted that the bigger doses were usually employed only in the most severely agitated cases and the side-effects were mild compared with the increased control of agitation and tension.

As with chlorpromazine, the dosage required for individual patients may vary from 100 mg. in one to 800 mg. in another, though they may be clinically comparable. In our experience, Pacatal proved somewhat more painful than chlorpromazine on injection, but by means of dilution with water and deep injection this can be ameliorated.

In using Pacatal one must remember its potentiating effects, which are like those of chlorpromazine, on hypnotics and analgesics. In electroconvulsive therapy Pacatal seems to have an anticonvulsant effect which may make the treatment more difficult, but in electric-coma treatment it helps, probably by potentiating the effect of the introductory intravenous thiopentone, in keeping the patient asleep while the current is being passed.

SUMMARY

Pacatal, a phenothiazine derivative, is structurally related to chlorpromazine but differs in its heterocyclic side-chain structure. Indications for its use are similar to those for chlorpromazine but it has less side-effects.

There is a very definite place for the use of Pacatal and some indications for its use are discussed.

REFERENCES


THE MENACE OF TUBERCULOSIS AND THE DANGER OF SANTA

Medical Superintendent, Nessie Knight Hospital, Qumbu, C.P.

The first part of the above heading needs no explanation, extension or argument for any medical people whose work brings them into direct contact with this disease, especially as it occurs amongst the Bantu. But even for some of them, and certainly for the many medical practitioners in the multitude of diverse specialties and occupations contained in Medicine today who are not immediately concerned with the ravages of this particular disease, the second part of the heading certainly calls for some sort of explanation and justification. It is my purpose to endeavour to supply both: not because I wish to attack SANTA (the South African National Tuberculosis Association) as such, but because I feel strongly that the presence of SANTA in our midst is (unwittingly) blinding the eyes of Government and public alike to the vastness of this whole problem. And when I say Government I am not referring specially to the present Government, but to any Government. There is nothing political in this, because this is a matter altogether beyond party-politics: and there is nothing personal in it, except that, as a person who has been engaged for nearly 30 years in working with and for sick Bantu, I have some small claim to know what I am writing about.

The immensity of the problem of tuberculosis as it occurs in the Bantu has been ever before me for many years; and I have tried without success during the past few years to get, through the Union Department of Health, an adequate grant to enable us to build a separate tuberculosis hospital here to accommodate the ever-increasing number of patients suffering from open pulmonary tuberculosis who come seeking treatment. But always we have come up against the stone wall erected, unwittingly no doubt, by SANTA in their provision of settlement beds at a cost not exceeding £150 per bed—a price at which it is impossible to build and equip a hospital. In the end our Hospital Board decided to drop the whole project. But when, at a recent count, I found that in this general hospital of 130 beds we have no fewer than 90 patients suffering from tuberculosis. I realized that whether we were disgusted or not, whether we wanted to do so or not, we were compelled to reopen the campaign for the provision of more accommodation, not only here but throughout the country.

And then—I happened to read the editorial in The Territorial News, Umtata of 20 September:

'The eighth annual meeting of delegates from the many branches of SANTA was held in Port Elizabeth last week. Since its inception, this splendid body has gone steadily forward in its aim to halt the spread of the dread disease which, it was at one time feared, would play such havoc with the Union's indigenous population that their future would be gravely imperilled. Thanks to scientific discoveries in recent years, and to a more vivid realization of the danger ahead, hope has been aroused that, within a measured term of years, tuberculosis can be overcome, provided the public generally remains conscious of the danger, and is prepared to assist in its eradication. The first and most important steps necessary to fight the spread of the disease is the segregation of the sufferer in a manner which will prevent its communication to others.

'The heavy cost of building hospitals makes it impracticable to provide hospital beds for all those requiring treatment, and it is in this direction that SANTA has come to the aid of South Africa. Instead of £1,500 required for each hospital bed, SANTA has found the way to provide beds at an average cost of a little
over £100. In the past 8 years SANTA has made 1,970 beds available, and expects to add another 700 to this total before the end of March next. Each year will produce the maximum number which available funds can finance, until such time as the backlog in beddage has been overtaken. When it is borne in mind that the administration of all the settlements established has been almost entirely in the hands of local voluntary workers, the results achieved are indeed worthy of note. In addition to caring for the sickness of locals, SANTA has done and is doing its part in caring for dependents, so that the patients are relieved of a good deal of worry which, otherwise, might hinder recovery.

"Among the additional settlements contemplated for the present financial year is one at Umtata, which it is hoped to see started within a very short time. Consideration is also being given to a number of settlements within the Reserves, though nothing definite has as yet been decided in this connection.

Now The Territorial News is the leading paper in the Transkei, and the Transkei is the biggest Native Reserve in the whole Union. The Editor of this paper has published this article in all good faith: and it is not beyond the bounds of possibility that editors of papers with a wider circulation might very well publish articles of a similar nature. And what is the harm, or danger?

In the first place it seems to me that the general impression conveyed to the minds of the public might be that with the 'wonder drugs' and medical hands for combating this disease the efforts of SANTA, the problem and the dangers of tuberculosis are neither of them so great or so serious after all; and that if we only had more SANTA settlements the whole thing could be brought under reasonable control in a comparatively short time.

This, unfortunately, is far from being the truth. The second paragraph of the article gives an entirely wrong impression. SANTA does not provide hospital beds because SANTA does not provide hospitals. What SANTA has undertaken to do is to endeavour to provide settlements or colonies where the fortunate few—patients who have been in hospital for a considerable time and who are now convalescent or in those whom the disease is already quiescent—can carry on their treatment with or without their families beside them. In any case the settlement idea postulates patients who are ambulant, i.e. who are able to be up and about for most of the day and who are even able to undertake light tasks.

This however takes no cognisance of the vast majority of Bantu sufferers from tuberculosis who are quite unsuitable for admission to SANTA settlements and whose primary need, and indeed whose only hope is to be accommodated in proper hospital beds where they will have to remain strictly in bed for varying but lengthy periods of time. Now, there is a great difference in the cost of building a hospital in the true sense of the word and building a SANTA settlement.

The Editor is not exaggerating when he quotes the figure of £100 per bed as being the cost of building and equipping certain hospitals for the treatment of tuberculosis. The Government has in recent years constructed hospitals at this very high cost. The question is, and has been asked, whether or not the Government will make grants for the building of SANTA settlements. If it has taken SANTA, with all the help of voluntary workers and newspaper publicity and all the rest of it 8 years to provide 2,000 beds, it is obviously utterly impossible for them to overtake this problem in any measurable or practical period of time. By all means let us pay tribute to the splendid efforts of the voluntary workers and paid officials of SANTA and let us remember that these beds are for the convalescent and/or ambulant type of patient. Now set this figure of 2,670 against the figure quoted above of 30,000 and let us remember that 30,000 represents the estimated figure for the Transkei only, and it immediately becomes apparent that despite their splendid efforts SANTA is barely touching the fringe of this mighty problem, and indeed these very same efforts are in danger of lulling the public mind into a state of complacency over what is indeed the greatest public health menace in South Africa.

Further on the article says, 'Each year will produce the maximum number of beds which available funds can finance, until such time as the backlog in beddage has been overtaken.' Until such time! When is this state of Utopia to be reached? If it has taken SANTA, with all the help of voluntary workers and newspaper publicity and all the rest of it 8 years to provide 2,000 beds, it is obviously utterly impossible for them to overtake this problem in any measurable or practical period of time.

By all means let us pay tribute to the splendid efforts of the voluntary workers and paid officials of SANTA and let us go on supporting them to the limit of our ability. But this problem goes far beyond SANTA or any other private organization and can only be dealt with at top level by the Government working through the Union Health Department, the Provincial Administrations and possibly the Native Affairs Department.

This is probably the most real of all the ‘problems’ in our country today: and only a Government can command the necessary funds to tackle it. Money will have to be spent, plenty of money: but a tremendous economy could be effected if the Government would avail itself of the many mission hospitals throughout South Africa which are able, for a variety of reasons, both to build and to run at much lower costs than the Government can be expected to achieve through its usual channels.

SUMMARY

It is submitted:

1. That SANTA is (unwittingly) blinding the eyes of Government and public to the immensity of the problems of tuberculosis.

2. That is because in the transfer of providing beds in SANTA settlements, mission hospitals are being offered inadequate grants for the building of hospitals for the treatment of tuberculosis.

3. That there is a danger of the public being misled into a state of benevolent complacency as the result of newspaper articles.
written in all good faith but based on misconception and on lack of knowledge of the true facts.

4. That the incidence of active, open tuberculosis in the Native population is truly appalling; and that it constitutes a problem which cannot be tackled by any 'private' organization but must be dealt with at top level by Government.

ANNUAL REPORT OF CHAIRMAN OF RMO GROUP FOR YEAR ENDING 30 SEPTEMBER 1956
L. O. Vercueil

The results of our negotiations with the Executive Committee of the Central Sick Fund Board have been circulated to all members of the Group.

The increase of 3s. 0d. in basic capitation rate for general practitioners is substantial, and will amount to over £50,000 per year. Although many RMOs will receive the 20 shillings capitation rate we requested for everybody, there are still many who will not. The Sick Fund is adamant on the point that there should be a difference between the capitation of the RMO under the Swart Scheme, and the one who does surgical work has been done by specialists only for so many years in the large centres in the Union that one cannot blame lay people for thinking that the man who does surgery has greater 'magic' than the one who does not.

Perhaps in time the Sick Fund will do what the Mines Benefit Society and other big benefit societies do, viz., pay a uniform capitation rate. The reason why several of the requests were turned down was merely SAR policy, and because they would have resulted in more favoured treatment for RMOs than other railway servants if they had been granted. This applies to the request for RMOs to become members of the Sick Fund, and the request for a limited number of PTOs for retired RMOs.

On the whole our negotiations have been successful in getting a capitation rate nearer to that laid down by the Medical Association.

Increased Fees for Paediatricians. I anticipate that the pre-membership fee will be raised. The Sick Fund is awaiting the report of Mr. Hurley in this matter.

Physical Medicine Specialists. As the result of our request for the appointment of physical medicine specialists a pilot scheme will be tried out in the Western Transvaal system. The posts will be advertised in the near future.

Swart Scheme. The Swart Scheme is being implemented in the Transvaal, and I feel on all RMOs affected to cooperate and make it a success. There may be numerous little difficulties at the beginning, but they will be surmounted. As regards the grouping of the various districts, the Division have shown a desire to meet the wishes of the RMOs, and the latter were all consulted.

To the additional RMOs who have been appointed, we extend a hearty welcome and hope they will join our Group. It may take anything from 1 to 3 years to extend the scheme to the other provinces. I hope that a friendly spirit of competition and cooperation will prevail. It is hoped that the RMOs will not pander to patients in order to increase the size of their panels. Very often when appointed open panels there is a tendency for medical practitioners to be liberal in their prescribing and a tendency to meet 'request' medicines, which are sometimes of most expensive nature. The too easy issuing of sick notes to draw 'custom' may also cause a rise in the already scandalous amount paid out in sick-pay by the Administration. We must assist the Administration in keeping the wheels turning.

Cost of Medicines and Dressings. This year the cost has not shown the same fantastic rise as in previous years, although it has increased, and I still feel that there is room for further reduction in the cost structure. Some RMOs are still prepared to prescribe expensive antibiotics and other medicines and drugs, where much cheaper preparations would be equally effective.

Sick-pay. The amount paid out by the Administration is far too high; in fact it amounts to nearly 6 times more per member per annum than in the Mines Benefit Society. This is not to the credit of the RMOs, who should clamp down on malingerers and on undue liberality in issuing sick certificates.

Boycotting of Specialist Posts. The boycotting of urological and orthopaedic posts was to my mind quite unnecessary, for the salaries advertised were adequate as far as we can judge at this stage. Many of the RMOs and salaried specialists took an active part in the negotiations which resulted in the calling off of the boycott. If the RMO Group approves of the salaries attached to posts, it should be an indication to the rest of the profession that these posts are in order.

Membership of Group. It should be our endeavour to get a 100% membership of our Group. With the appointment of additional specialists this year, our Group, the oldest in the Medical Aid Societies, Medical Benefit Societies, Railway appointments and all other affairs which may be referred to them by Federal Council as being matters of 'Contract Practice'.

This amazing resolution takes away our right to negotiate directly with the Sick Fund, which I strongly resent. In 1949 the RMO Group requested the Medical Association to negotiate with the Sick Fund on their behalf. For a year nothing happened because the Sick Fund refused to negotiate with anybody but the RMO Group. Eventually the RMO Group requested Federal Council to be allowed to negotiate again on its own behalf. The result you all know, and there has been a considerable improvement in our conditions of service, which was due to our own efforts, although we were appreciative of the value of the solid backing of the Federal Council and the Association. Unfortunately there are quite a number of Federal Council members who have not the foggiest notion of Contract Practice and the difficulties of benefit societies, and allow themselves to be swayed by some 'extremists' north of the Vaal. Unfortunately there are now some 'extremists' in the Cape also.

We are most grateful to Federal Council for their help in the past. They have always come to our assistance in any trouble we have had with the Sick Fund.

Resolved: That the policy of this Association shall be to ensure free choice of doctor by the patient, and that the patient's choice is the patient's choice. In pursuance of this policy all future appointments to Benefit Societies should be on the basis of open panels for general practitioners and specialists, unless in exceptional circumstances and after approval by Federal Council.

A motion will be put forward at the October meeting of Federal Council for the recision of the above resolution. We all know that an open panel is the ideal set-up, but it is entirely impracticable for as long as the Sick Fund is concerned. Specialists' fees at Medical Aid rates would break the Sick Fund in less than a year.

Federal Council members are apt to forget that the average incomes of railway employees are low, and that the Sick Fund conforms to the Association's requirements for a benefit society.