

the Ciskei tribal complex, will give some idea of the problems involved, and how the health department is trying to cope with them.

My area covers 314 square miles (813.2 km²) with a population of almost 14,000 people, 6% of whom are white. Any person, irrespective of colour, can apply to the magistrate for free treatment. I examine and prescribe for these patients with the help of a staff of seven, six of whom are African. I supply drugs out of my own stocks and am reimbursed for these drugs by the health department. I am in no way limited as to what drugs I dispense, and Pretoria has never questioned a prescription. Since January this year over 13,000 non-white patients have been treated, for which they pay nothing. The nearest hospital is 25 miles away and free transport is also provided for patients needing hospitalization. Dr. W. P. Leary (17 June, p. 715) states the need for a health service. I suggest that there already is one. This free treatment also covers all family planning, immunization programmes, and the treatment of tuberculosis and other infectious diseases.

Secondly, in previously published letters readers are given the impression that only African doctors are allowed to treat African patients. Nothing could be further from the truth. I thus take strong exception to Dr. Coovadia and Dr. Meer's statement (15 July, p. 176) that "the paucity of medical services for the Blacks is due entirely to a lack of Governmental concern for our needs." This is utter rubbish. One of the main reasons for overburdened medical services is the lack of medical personnel.

Thirdly, I have seen no mention of the fact that every second weekend a team of South African specialists and their theatre staff fly to Maseru in Lesotho, where they give their time and experience helping with problem cases. They average 16 major and 16 minor operation a visit. Other teams also visit Swaziland and Malawi at less frequent intervals. One day soon I hope that there will be equal pay irrespective of colour, but the welfare of the underprivileged will be the first to suffer if overseas doctors are discouraged from coming to work in this country.—I am, etc.,

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Depigmentation from Corticosteroid

SIR,—Increasing use is being made in general practice of the technique of intra- and periarticular corticosteroid injection, so that the following unusual side effect may be of interest.

A 30-year-old woman of African origin was given 1 ml of methylprednisolone into the site of a painful tennis elbow. Some four weeks later an area of complete depigmentation of about the size of a postage stamp appeared at the injection site and has persisted ever since (now about 12 weeks). She has had no similar areas of pigment loss. The makers of the drug have had no other like cases reported to them.—I am, etc.,

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Case of Parotitis

SIR,—A 45-year-old nurse presented on 9 June with swelling of the left parotid gland and duct. She gave a history of intermittent swelling of the parotids on about 10 occasions since 1959—mostly right sided, very painful, lasting about a day, and clearing with an emission of saliva from the duct. Two attacks were suppurative, clearing within 48 hours with antibiotics.

With this attack she felt unwell also. X-ray examination showed no opaque calculus and when the symptoms persisted the ducts were probed to no effect—indeed, a painful exacerbation followed involving both parotids and submandibular glands. Mumps parotitis seemed the likely diagnosis, and she was treated with aspirin and rest. The swellings slowly subsided but she still felt unwell.

By 5 July both parotids were swollen and as tender as ever, and she was given ampicillin. Chest radiograph and a full blood count on two occasions were normal. The E.S.R. was 5. Progress was slow. Viral studies on 17 July gave the following titres: mumps "S" 40, mumps "V" 20, Eaton 1,280. Now mycoplasma infection was considered. Inquiries at Colindale produced no knowledge of mycoplasma infections outside the lungs. The tests were repeated on 2 August and the Eaton titre had fallen to 640 while the mumps titres were the same. The patient was given tetracycline on 11 August and, for the first time, felt better in herself after six days. There is still occasional swelling of the right parotid at mealtimes, but less painful and it clears fairly quickly.

It seems unwise to do sialograms to see if there is underlying sialectasis, but it would be interesting to know of any similar cases. Perhaps mycoplasma infections can occur outside the pulmonary region in previously damaged tissue.—I am, etc.,

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Cataracts after Renal Transplantation

SIR,—We agree with Dr. G. H. Hall and others (19 August, p. 469) that cyclophosphamide was given to a significant number of our patients who subsequently developed cataracts after renal transplantation, and for this reason we included it in our Table. However, we were reluctant to ascribe cataractogenic properties to it for a number of reasons.

Firstly, there were three other patients in the original 39 who received similar doses of cyclophosphamide but did not require above-average doses of prednisone. None of these patients developed cataracts during a similar period of observation. Secondly, there were the two patients whom they mentioned who developed posterior subcapsular cataracts after the use of large doses of prednisone but who have not received any cyclophosphamide. Therefore two patients were able to develop cataracts without receiving cyclophosphamide and those patients on cyclophosphamide who did develop cataracts did so only when it was used in conjunction with extremely high doses of the known cataractogenic drug prednisone.

These points and the fact that we were unable to find any reference in the literature

to possible cataractogenic properties of cyclophosphamide made us reluctant to be more specific about this possible side effect of the drug.—We are, etc.,

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College of Anaesthetists

SIR,—We have read with interest and concern the Association of Anaesthetists' document of information about the referendum on the future structure of anaesthetic organizations and the correspondence from two schools of thought—one in favour of the establishment of a college of anaesthetists (Dr. D. W. Barron and others, 19 August, p. 468) and the other from Professor T. C. Gray (26 August, p. 528) expressing the opposite view.

Comparing the various specialties we find that though the number of obstetricians, pathologists, and psychiatrists is smaller than the number of anaesthetists each have their own college. Dr. Barron and others so aptly point out that the Faculty of Anaesthetists is a subsidiary part of an institution devoted to a different specialty. It is rather discouraging to see this situation in the very country which was responsible for so much of the modern developments of anaesthesia.

Though in theory the appointed representative of the Faculty of Anaesthetists on the council of the Royal College of Surgeons is eligible for the office of president, or vice-president of the College, in practice he has a remote chance of being elected to this office, because the majority of council members are surgeons elected by the surgical Fellows, who remain in office for 12 years. The solitary anaesthetist who represents the Faculty on the council for a period of only three years would hardly have a chance of being elected.

The Fellows of the Faculties of Anaesthetists and of Dental Surgery are supposed to enjoy parity of status with other Fellows of the College. In point of fact 3,000 anaesthetist Fellows are represented on the College Council by only one member, appointed by the Faculty, while 24 surgeons sit on the Council duly elected by 8,000 surgical Fellows. No anaesthetist nominated by the Faculty of Anaesthetists has had more than one period of three years in office, though by statute he could sit for a maximum of six years. Thus we find that the proposals for the new consolidating charter of the Royal College of Surgeons do not go far enough to give the Fellows of the Faculty of Anaesthetists satisfactory parity of status and respect with other Fellows of the College.

We feel strongly that an independent college of anaesthetists is the key for the attainment of professional status and advancement in this field of medicine, and it would no doubt exert a strong influence in attracting many of the specialty. Lastly, we would like to refute Professor Gray's suggestion that differing loyalties might interfere with the special relationship that exists between anaesthetists and surgeons. We find that membership of different colleges does not interfere with this satisfactory relationship.—We are, etc.,

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