recruit staff locally. We, and other mission hospitals, have a chronic staff shortage, parti-
cularly of senior staff. Salary scales at mission hospitals are delineated by Govern-
ment, which, because it pays the subsidies, is in a position to “pay the piper and call
the tune.” Compliance with the existing state of affairs on the part of mission
hospitals does not necessarily imply acquiescence to the principles, or lack thereof,
underlying the policies which have resulted in the differential salary scales.

While at present I cannot see any clear way
in which nationalist policy can be changed
in South Africa, except by education of
those blinded by racial prejudices, I believe
the white population of South Africa would
ultimately be the greatest losers as the result of any measure which reduced the inflow of medical per-
sonnel, particularly those with humanitarian mores who apply for posts here.
This letter expresses my personal views, and
not necessarily those of other members
of the staff of King Edward VIII Hospital or
Zululand General Hospital, Durban. It would
be interesting to know whether or not Dr.
Dowling’s views on medical isolation of
South Africa reflect the attitudes of my
non-white colleagues and friends with whom
she came into contact—I doubt it.—I am,

J. K. McKECHNIE
Durban, S. Africa.

Sir,—I would like to urge you to consider
seriously Dr. R. Hoffenberg’s constructive
suggestion (8 April, p. 111). Advertisements
carried in the British Medical Journal for
posts in South Africa—which seem to have
become very large lately—are indelibly
leading and liable to cause serious embarras-
sment to a proportion of your readers.
South Africa must surely be the only
country in the world where doctors are paid
according to the degree of pigmentation of
their skin. There are countries which dis-
criminate against non-nationals, but the
Provincial Administrations in South Africa
offer better conditions of service to foreign
immigrants if they are white than to South
Africans if they are brown.

Advertisements for medical posts in
South Africa should state unequivocally:
(1) Whether the post is intended for a
black doctor or a brown doctor or for
either.
(2) Where a post could be held by a doctor of any colour, the
salaries for white, coloured, and African
doctors should be clearly written down.
If you were to insist on this, Sir, you
would surely be helping to stop a situation
about which your counterpart the editor of
the South African Medical Journal, writing
within the country, recently concluded: “there must come a change, for we can no longer
tolerate the situation.”—I am, etc,

A. S. TRUSWELL
Queen Elizabeth College,
University of London,
London W.3.

SIR,—We should be grateful to Dr. Sue
Dowling (11 March, p. 689) and Dr. R.
Hoffenberg (8 April, p. 111) for drawing
attention to the fact that our black colleagues
in South Africa receive only 70% of the pay
given to white doctors for doing the same
job.
This is something that concerns us all,
and we should certainly urge the Editor of
the B.M.J. to carry no advertisements for
medical posts in South Africa until it is
ascertaining that the terms offered for the
post are not dependent on the applicant’s
colour.—I am, etc,

YOLANDA FRIEDEL
London S.E.1

Imipramine in Pregnancy

SIR.—Dr. D. L. Crombie and others’ other
(18 March, p. 745) based on the 1964 study
on the outcome of pregnancy in non-white
women in South Africa, and Wales prompted us to review the data
of a similar study in Scotland. This was
organized by the Royal College of General
Practitioners in 1965-7 and co-ordinated
by Dr. Norman Deane, then at the Usher Insti-
tute, University of Edinburgh. All medi-
cation, whether prescribed by her own
doctor or taken on her own initiative during
the period from six weeks before the end of pregnancy, together with morbidity,
was recorded for each mother in approxi-
mately 15,000 pregnancies.
There were 17 mothers for whom imipri-
mine was prescribed, all (except one) within
the first 10 weeks of pregnancy. No ab-
normalities were reported in 14. One patient
aborted at 14 weeks. Two patients were
reported to have given birth to a child with
congenital abnormalities—one had defective
dominal muscles and possible abnormality
of gut, the other was subsequently dis-
covered to have a diaphragmatic hernia.

Of 31 mothers for whom amitriptyline
was prescribed no abnormality was reported
in 28. One mother aborted at six weeks,
there was one stillbirth, and one child was
dborn with hypospadias.

These findings from the Scottish study,
in conjunction with those reported by Dr.
Crombie and colleagues, do not suggest that the antidepressants men-
tioned are associated with a high risk of
fetal abnormality.—We are, etc,

E. V. KUENNSBERG
Reuter, Scottish Outcomes of Pre-natal Study
J. D. E. KNOX
Scottish General Practitioner Research Support Unit
University of Dundee,
Department of General Practice

Congenital Absence of Carpal Scaphoid

SIR.—A man 22 years of age presented him-
self to the accident department of Leicester
Royal Infirmary complaining of pain in the
left wrist as a result of a fall on the out-
stretched hand. On clinical examination the
obvious abnormality was an obliteration of
the snuff-box by swelling and some tender-
ness over this area. Routine x-rays showed
what appeared to be an absence of the carpal
scaphoid. The man was found to have a
full range of wrist movement, no deformity,
normal muscle power, and intact sensation.
Movements of the fingers were free. In view
of the tenderness and swelling over the radial
side of the wrist joint, the condition was
diagnosed as a sprain. A crepe bandage was
applied and he was instructed to resume his
work as soon as the pain subsided. There
was no previous history of injury or opera-

Radiological examination confirmed that
the left carpal scaphoid bone was absent.
The bone was not apparent in one carpal in
appearance and anatomical relationship. No
bony injury was detected. The opposite
wrist was x-rayed and this showed a normal-
looking carpus. (Fig.)

Three and a half months later the patient
was reviewed again and he stated that his
symptoms had subsided two or three days
after the injury and he was able to carry
on his work as a lorry driver without
difficulty.

There were no symptoms of congenital
absence of the carpal scaphoid prior to a
minor sprain. The absence of this bone
would not appear to have affected the
strength of the wrist nor produced any
distortion of the normal carpal relationships.
A search through the literatures has failed
to reveal an example of this condition,
although abnormalities in the carpus in
which the scaphoid has been absent but
associated with such conditions as flail thumb or absence of the thumb have been
described. 1, 4

We would like to thank Mr. R. C. J. Hill
and Mr. M. McLeary for their guidance and advice.

—We are, etc,
P. PAPANIKOLAOU
Orthopaedic Department,
Royal Infirmary,
Leicester.

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Hand and their Surgical Treatment. Springfield,
Thomas, 1948.
2 Davison, E. F., Journal of Bone and Joint Sur-
urgery, 1957, 39, 816.
3 Hanley, T. and Conlon, P. C., Journal of Bone
and Joint Surgery, 1957, 39, 816.
4 Holsteon, A. R., British Journal of Surgery,
1943, 31, 55.
5 Jones, F. Wood, The Principles of Anatomy as
seen in the Hand, 2nd edn., London, Baillière,
Tindall and Cox, 1941.

Coalminers’ Pneumoconiosis

SIR,—Dr. J. P. Lyons and his colleagues
(18 March, p. 713) have reported some
further results on their group of deceased
miners and ex-miners, most of whom had
suffered from pneumoconiosis during life.
Their earlier study (29 August, 1970, p. 481)
was criticized on the grounds that a sample
of deaths occurring within a fixed period
need not be representative of the total popu-
lation in which these deaths have occurred
(17 October 1970, p. 176; 31 October 1970,
p. 305). It is regrettable, but not surprising,
that this criticism has not been answered in
their more recent paper. We say it is
not surprising because it was clear from
their letter (5 December 1970, p. 623) that
they regarded it as totally irrelevant. They