On 23 June 1994 interns from Groote Schuur and Tygerberg hospitals, together with Peter Brewer of the MASA, met Dr Sutcliffe, deputy Director-General, Hospital and Health Services, CPA. After lengthy negotiation a proposal was put to the interns which was accepted. The proposal outlined a plan for a commuted overtime allowance, paid in a fixed monthly amount in recognition of interns' long working hours. The proposal was accepted by the MEC for Health, Mr Ebrahim Rasool. With the CPA no longer responsible for the old Cape Province, this proposal only covered interns in the Western Cape.

Subsequent to this meeting, the OFS agreed to a fixed overtime allowance for interns. In an about-turn, negotiations with the TPA for a commuted overtime allowance was also accepted. JUDASA has also secured the same benefits for interns in the Northern and Eastern Cape. An agreement with the Natal administration is nearing completion.

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Morphine for cancer pain

To the Editor: The reason for inadequate pain management is a pavlovian conditioned reflex.

The law and associated bodies instil fear in medical students — the dreaded 'schedule 7'. Then this is reinforced by the stigma of heroin, drug trafficking, addiction and conviction.

Yet control of pain in a cancer patient at the end of the therapeutic road is simple. Start with paracetamol and *quickly* work the way up the pyramid to opioids and tranquillisers.

We need a clear signal from the lawmakers and the South African Medical and Dental Council that will tell all cancer patients that they and their doctors have their unconditional blessing, and that for the purpose of controlling cancer pain morphine is a gift from the gods.

Not to be forgotten is the important role the radiation oncologist can play in relieving both localised and diffuse pain due to metastatic disease with localised and wide-field radiotherapy, or newly developed bone-seeking agents like 153-Sm and possibly 117m-Sn.

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Headache and backache after epidural block for postpartum sterilisation

To the Editor: Epidural block performed by obstetricians for pain relief in labour has long been established at Paarl Hospital.[1] Since 1990 this technique has been extended to use in postpartum sterilisation.[2] Anaesthetists have both condoned[3] and criticised[4] this approach. Contributions (except for one from Durban[5]) on epidural block in the South African literature are few.

When one of Paarl's maternity sisters returned to Paarl Maternity Hospital in January 1994, she remarked that the loss-of-air-resistance technique had been abandoned at Groote Schuur and Mowbray hospitals. This prompted us to put a prospective questionnaire to 105 consecutive patients upon whom an epidural block was performed for postpartum sterilisation. The procedures were performed by medical officers from the beginning of April to the end of July 1994.

After the epidural space was located with the loss-of-air-resistance technique (20 ml air injected under pressure), 20 ml bupivacaine 0,5% (100 mg) was injected as a bolus at T12-L1 or one level higher or lower. The sterilisation was then performed, and on the following day the patients were asked four questions. Eleven of the 105 (10,5%) had found the procedure unpleasant or painful, and 4 (3,8%) had had a headache afterwards. Most of the patients (102, 97,14%) would advise their acquaintances to have an epidural block. This study seems to indicate that the loss-of-air-resistance technique is generally acceptable to obstetric patients and should not be abandoned at Paarl Hospital.

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Johan se raad

Aan die Redakteur: David[1] is heeltemal verkeerd om spontane nagkrampe by die hoofbrekende toestande te klassifiseer. Inteendeel, dit is nodig om net 'n klein bietjie te dink voor voorgeskryf of raat gegee word. Min of meer soos volg:

Eerste gedagte: Neem hierdie pasiënt iets wat nagkrampe kan veroorsaak — deur my of 'n kollega voorgeskryf of dalk van 'n ander pasiënt geleen of selfmedikasie (onthou opelyfmiddels)?

Tweede gedagte: Is die nagtelike fleksor krampe?

Derde gedagte: As die pasiënt elke aand met slaaptyd die kuitspiere stadig rek sal medikasie dalk nie nodig wees nie. Passief, indien nie moontlik om aktief te oefen nie. Vyf-en-negentig persent opgelos.

Bedien dan die jenewer met lemmetjiesap.

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