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Myocarditis and anaesthesia

To the Editor: Now that VAT is about to become a reality, I ask my professional brothers and sisters how they feel about taxing the stroke victims, the asthmatics, the cancer victims, the single mothers with their perpetually sick children, the hypertensives, the diabetics, the disabled, etc.

The government deals with statistics, and perhaps statistics are sick only twice or three times a year. We, however, deal with people, and people are not afflicted with diseases uniformly like statistics.

It may be easy to levy a tax on a statistic, but how many of us can find it in their hearts to levy a tax on the unfortunate? Is the government asking us to do its dirty work? Is this tax moral? Should we, together with pharmacists and hospitals, not be saying to the government: 'No, we will not collect this tax for you.'

Cecilia A. Wedwood

70 George Avenue
Sandringham
Johannesburg

Post-coital contraception — correction to the SAMF

To the Editor: The editors of the South African Medicines Formulary draw readers' attention to an error in the 2nd edition of the SAMF (p. 170).

Please amend the paragraph that reads: "The currently favoured approach, causing fewer and less severe adverse effects, is to use 2 doses of ethinylenesradiol 100 mcg plus norgestrel 1 mg (2 Ovral® tablets) 2 hours apart, starting as soon after unprotected coitus as possible (not later than 72 hours)’ to read:

"The currently favoured approach, causing fewer and less severe adverse effects, is to use 2 doses of ethinylenesradiol 100 mcg plus norgestrel 1 mg (2 Ovral® tablets) 12 hours apart, starting as soon after unprotected coitus as possible (not later than 72 hours).’

Thus, the interval between the two doses of Ovral® should read ‘...12 hours apart,...’ and not ‘...2 hours apart,...’.

M. Holderness
J. L. Straughan

Department of Pharmacology
University of Cape Town

Myocarditis and anaesthesia

To the Editor: In assisting the courts during formal inquest hearings or advising colleagues, I have come across 3 cases in which children had died during anaesthesia and the essential histological features of the hearts were described as ‘...lymphocytic infiltration and myocytolysis...’ ‘...lymphocytic infiltration and patchy necrosis...’ and ‘...lymphocytic infiltration’. In all 3 cases there was little evidence of congestive heart failure (apart from a sinus tachycardia of 120/min in 1 child). At the time this had been regarded as part of his acute and chronic osteomyelitis.

The anaesthetics were well planned and executed in accordance with acceptable practice. Inhalational agents were used and in all 3 cases cardiac arrest occurred towards the end of the procedure.

Little has been published with regard to active myocarditis and anaesthesia. On the basis of the known pathophysiology and decreased function of the acutely inflamed myocardium, it can be speculated that the interaction between the inhalational agents, which are known cardiac depressants, and the myocardial disease resulted in acute mechanical failure.

I realise that a cause-and-effect relationship has not been established in this anecdotal report, but I consider that the circumstantial evidence of these 3 cases warrants the suggestion that this condition may prove extremely risky to the child receiving a general anaesthetic. It may be worth while for colleagues to maintain a high index of suspicion regarding this condition when dealing with children.

André Coetzee
Department of Anaesthesiology
University of Stellenbosch
Parowvallei, CP