

Hypertrophic cardiomyopathy in the black population of South Africa

To the Editor: Hypertrophic cardiomyopathy (HCM) is characterised by the idiopathic hypertrophy of the interventricular septum. Most physicians regard HCM as a rare disease in the black population of South Africa.

During the period 1 February 1978 - 28 February 1989, 26 patients (15 males, 11 females) at Pelonomi Hospital in Bloemfontein were found to have this condition. The echocardiographic criteria described by Doi *et al.*¹ were used. The more important measurements were the following: (i) ventricular septal thickness ≥ 13 mm; (ii) ventricular septal thickness/posterior wall ratio ≥ 1.5 ; (iii) systolic anterior motion of the mitral valve; and (iv) early closure of the aortic valve.

Patients were referred for echocardiography by any physician employed by the hospital. Most presented with dyspnoea and a systolic cardiac murmur. The clinical diagnoses included various rheumatic valve lesions (15 cases) and congestive cardiomyopathy (8 cases). In only 2 cases did the referring physician consider the diagnosis of HCM.

Although dyspnoea and complaints compatible with cardiac failure were the major presenting features, clinical examination and the chest radiograph did not show the expected dilated heart. In this situation echocardiography is an important non-invasive means of diagnosing HCM. The distinction between HCM and dilated congestive cardiomyopathy is of paramount importance, since the treatment of these conditions differs radically.

This study confirms the finding of Lewis *et al.*² that HCM is not an uncommon disease in the black population of South Africa.

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Perinatal mortality in the black homelands

To the Editor: Much is unknown about perinatal mortality rates for the black population of South Africa, particularly in the 'homelands'.

In a detailed study of 1473 consecutive hospital and clinic deliveries (above 500 g birth weight) from 1 April 1989 to 31 August 1989 at Jane Furse Memorial Hospital, Lebowa, the perinatal mortality rate was found to be 46/1000 total births (stillbirth rate 25/1000 total births).

This compares with perinatal mortality rates of 47,1/1000 at Baragwanath Hospital in 1982,¹ 33,6/1000 in the Peninsula Maternity Service in 1987 (D. L. Woods, Department of Paediatrics, University of Cape Town — personal communication), and 44,3/1000 in Mdantsane, Ciskei, in 1982.²

Full details of the study are to be presented for publication.

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Unilateral tonsillectomy

To the Editor: The mild and courteous dispute regarding the pros and cons of unilateral tonsillectomy in obstructive airways disease^{1,2} is possibly due to semantics. When Dr Laubscher¹ referred to sleep apnoea, I suspect that he was not fulfilling the academic criteria to which Chris Prescott² alludes. I have no dispute with Chris's comments, but my own practice is to do a unilateral tonsillectomy when a child presents with upper airway obstruction and on doing an adenoidectomy I find that the adenoids are not sufficiently large to have caused the obstruction. The results have been surprisingly good! So have those of John Duff at Groote Schuur Hospital. I have never had postoperative problems with these patients, but probably because they do not fulfil the academic criteria for sleep apnoea to which Chris correctly alludes.

I therefore feel that there certainly is a place for adenoidectomy and unilateral tonsillectomy in cases of established upper airway obstruction when the patient is not apnoeic, and to date I have had no problems. Only one patient has needed to come back some years later to receive the 'second barrel' by having the remaining tonsil removed. However, when doing a unilateral tonsillectomy I always make a point of warning patients that their friends will think that the ENT surgeon is positively unhinged — everyone who has ever read a popular magazine knows that you always take both tonsils out! But then there is always the occasional exception that proves the rule. Especially when the procedure works.

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The Association of Physicians — a plea

To the Editor: The Association of Physicians of South Africa is at present in transition. Physicians both senior and junior and the College of Medicine of South Africa view with anxiety the disintegration of the Association. This is due to the 'hiving off' of various disciplines among physicians — the cardiologists, pulmonologists, dermatologists, neurologists, rheumatologists, haematologists, and many others.

As a result, attendance at clinical meetings has dropped off markedly in recent years — each discipline attends its own meetings. For similar reasons congresses are insufficiently attended. The national congresses of the Medical Association of South Africa have also not proved successful in that the time allocated to each of the disciplines is insufficient, so they do not attend the Association of Physicians meetings.

The Association of Physicians was founded in 1947, the prime movers at that time being Drs Mosie Susman and Herman Ruskin, together with Drs Dave Marais and Hennie Muller of Cape Town. The objects of the Association are to promote the science and practice of internal medicine and related disciplines and to promote and establish relationship among physicians of all disciplines. In 1958 the constitution was revised and brought up to date and accepted by a majority. However, the face of medicine has continued to change and a circular was recently sent to physicians in all four provinces. It is apparent, however, that many physicians did not receive it. Hospital physicians and others in practice have not answered the questionnaire. It is of vital importance for the Association of Physicians to have reaction to the viewpoints that were set out in the circular. We received only 104 answers from all four provinces; 94% of responders were of the opinion that the main body of the Association of Physicians should continue to exist. Some 88% agreed with the fact that subgroups from the various provinces should elect a representative, and also that representatives on the main body should be called for from various disciplines. Seventy-six per cent felt that the