demonstrating the actual costs of dispensing medicine and the number of prescriptions attended to in any one day of a business operation (the PSSA said this came to a daily average of 70).

While it was given front-shop costs, the Pricing Committee was not given the necessary breakdown reflecting the complete costs of dispensing activities.

The Committee had struck a balance between the pharmacists' need for professional remuneration and the need to make medicines and scheduled substances affordable.

'Just because the applicants might disagree on the dispensing fee that was finally recommended and accepted, does not in itself mean that it is inappropriate,' Judge Yekiso wrote.

The majority judgment said regulations that contemplated publication by the Director-General of Health of a methodology for conforming to international pricing benchmarks did in fact exist.

This kind of information 'ought to be readily accessible' to manufacturers and importers of drugs, either through international price lists or trade representatives.

There was no evidence to suggest that manufacturers and importers had had any difficulty in complying with the single exit price regulation since it was applied on 2 June this year.

The judges said they were therefore unable to find any basis for the 'considerable confusion' complained of between the determination of the drugs price and the logistics fee.

An application for leave to appeal against the majority ruling due on 2 September was postponed until 20 September.

In the meantime pharmacists began charging for deliveries, phone calls to medical aids, faxes and consultations, with several adding on an 'administration fee' of between 10% and 15%, something the Department seemed legally confused about.

Zokufa urged customers to be aware that they could be 'charged for additional things', and was initially unsure whether the *ad hoc* 'administration fee' was legal.

While some medicines have come down in price, certain private hospitals have increased their ward and theatre tariffs to compensate for the expected loss in profits.

Zokufa said the regulations were 'firmly in place' until the outcome of the appeal application, or unless an interim order to have them suspended was granted.

Chris Bateman

The South African Medical Journal

100 years ago: Pretoria Medical Society

A meeting was held on 13 May in the Government Library. Dr Kay read a paper on malaria. He commenced by shewing that there are local differences in malaria, every malarious district having some peculiar symptom or symptoms. After enumerating the common symptoms, he went on to describe the parasite and its mode of introduction. In South Africa, as he pointed out, it is common for ague to be at first quotidian, then tertian, and quartan as convalescence approaches, cases varying greatly according to the amount of poison introduced into the system. Latent malaria is exceedingly common in malarious districts, where nearly all affections are complicated with it, or bear its impress. Dr Kay traced the advent of malaria into Pretoria, where, he contended, the opening of the soil on various occasions had much to do with outbreaks, the mosquito being unknown in those days, and he suggested the possibility of infection through the lungs as well as by the mosquito. As regards treatment, he laid stress upon Warburg's tincture preceded by a weak purge, also on the hypodermic use of quinine, and in children its introduction per rectum, and he deprecated the use of tabloids.

50 years ago: Colds and controls

The common cold is one of many diseases for which wild claims for certain remedies have been made. Thus extravagant claims were made a few years ago for certain anti-histamine drugs, but when hundreds of patients were treated by an expert committee, half of the patients receiving tablets containing the drug while the other half received inert dummy tablets, it was found on statistical analysis, that the results were almost as good with the dummy as with the drug. It is interesting to note too that unpleasant side-effects attributed to the drug occurred with the same frequency in both groups... The two groups should be as nearly equal as possible for the experiment [and] one absolutely essential requirement for a valid experiment is that allocation to the two groups must be random. Errors of assessment must be avoided, best by the use of the double blind technique, in which neither the doctor nor the patient knows which patients receive dummy treatment; the controls receive dummy tablets similar in appearance, taste and smell to the real tablets... It is only by proper planning of an experiment and precautions such as indicated by Gaddum[1] that 'the subjective opinions of a group of patients can be interpreted with mathematical precision'.

1. Gaddum JH. Proc Roy Soc Med 1954; 47: 195.