oesophagus (most prevalent among men) was hugely encouraging.

'Who knows, we could well develop a vaccine for the papillomavirus,' Hale suggested.

However, what was 'alarming' was that half of all scientific output in South Africa now came from the 50 - 60-year age group. He appealled for measures to 'foster and retain' young scientists in what was a globally competitive village.

While the shortage of pathologists was twice as bad as in First World countries, South Africa was 'streets ahead' of developing countries and led the way in Africa.

There was currently no major impact on public service delivery, but things were 'teetering on the edge and could go either way', without large-scale training.

Hale said the NHLS currently had 70 registrar posts vacant.

Robertson stressed that no posts had been cut in the rationalisation.

Added Hale wryly, 'One of the effects of the shift to primary health care is that you do discover more sick patients'.

Chris Bateman

The South African Medical Journal

100 years ago:

The sixth South African Medical Congress opened at Cape Town on the 28th of December, after an intermission of four years, due to the war. ... Prior to the formal opening of the Congress a day was devoted to business of a general nature, Dr Stevenson, the President, taking the chair and welcoming the members ...

Dr Darley-Hartley then read a paper on the formation of a [Cape Colony] Medical Guild, pointing out in general terms the absolute necessity of combination amongst medical men, not only for the securing of just remuneration and rightful privileges, but for expressing the views of the progression as a body, and preserving it from that loss of ethical tone which invariably followed overcompetition and the *res angusta domi**. He reminded his hearers that all the world was combining nowadays, and that if they neglected to follow suit, they would certainly be crushed between the upper, nether, and circumferential millstones...

Dr CFK Murray was thoroughly in favour of the proposal, but thought that it would require very careful digestion before fixing on its details, and that it should be applied to the whole of South Africa.

(*South African Medical Record* Jan 15, 1904; **II** (1):1.)

*Can be translated as: Narrowed circumstances at home, limited means

50 years ago: Use of anal sphincter in stress incontinence

After the closure of the vesico-vaginal fistula following severe cases of obstetrical pressure-necrosis, the patient is often left incontinent of urine because no bladder sphincter remains. There may also be very little vagina left, with menstrual function permanently in abeyance. In such cases one has tried various forms of sling operation, with only occasional success, since more often than not the fistula is accidentally re-opened... In 11 cases one has closed what little remained of the vagina and brought the urethra out between anal mucosa and anal sphincter. The results as regards urinary control have been excellent. A vagina may be constructed later with the urethra and bladder below and the symphysis pubis above, using McIndoe's methods. One has tried to use this operation in severe cases of stress incontinence where there is a normal vagina, by creating a passage round the vaginal entroitus. This was not successful as the passage tended to break down, but in elderly women with postmenopausal contracture of the vagina, the operation may be employed by combining it with a colpocleisis*.

It is respectfully suggested that urologists could make similar use of the anal sphincter in males who have no sphincteric control of the bladder.

(Charlewood G P. *South African Medical Journal* 1954; **28**(1): 15-17.)

*Surgical closure of the vaginal canal.