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CORRESPONDENCE

Correspondents are asked to be brief

Doctors in South Africa

SIR,—The list of salary scales, set out in the Table below, is taken from a recent advertisement in the *South African Medical Journal* for doctors in one of the provincial administrations. You will notice the differential salary scale, in which coloured and Asian medical officers and registrars receive from 76% to 81%, and African doctors 61% to 74%, of the white doctors' salaries. Similar salary scales exist in all state hospitals, in all provincial hospials and in most municipal hospitals. Nurses' salary scales are equally discriminatory.

TABLE—*Minimum and Maximum Commencing Annual Salaries (in Rands) Granted in Respect of Previous Appropriate Experience*

	(*Rands p.a.*)	
I. Medical: White		
Principal specialist	12,600	(fixed)
Senior specialist	12,000	(fixed)
N.B. To the ranks mentioned hereunder a pensionable allowance of 15% in respect of Whites and 17½% in respect of non-Whites are payable on the basic salary of full-time personnel with effect from 1 April 1973.		
Specialist	8,400	9,300
Senior superintendent		8,400
Senior medical officer		8,400
Medical officer	5,700	8,100
Registrar (Must be qualified for at least two years)	5,700	8,100
Clinical assistant (Must be qualified for at least two years)	5,700	8,100
II. Medical: Coloured/Asian		
Registrar	4,350	6,600
Medical officer	4,350	6,600
III. Medical: Non-White		
Registrar	3,480	6,000
Medical officer	3,480	6,000

This must be a unique situation in the world.

Though no law prevents coloured doctors from issuing instructions to white nurses, this is not allowed in provincial and state hospitals. Coloured doctors are not allowed to visit white wards. Any coloured colleague from Britain would not be able to attend ward rounds in the white wards of South African teaching hospitals.

The South African Medical Association has frequently condemned these discriminatory practices, but has apparently not done much more about it.

The South African College of Medicine has not commented on this situation, as far as I know, but coloured and African candidates for the college examinations are never allowed to examine white patients in their practicals.

The comments of the B.M.A., the royal colleges, and your readers would be most interesting. It is only by exposing this remarkable situation that the combined weight of informed opinion may be mobilized to exert pressure to effect change.—I am, etc.,

IAN BERNADT

Cape Town, South Africa

**The *B.M.J.* has now stopped accepting advertisements from South Africa unless assured that no discriminatory salary attaches to the post advertised.—ED., *B.M.J.*

Female Sterility Produced by Investigation

SIR,—Some doctors still use iodized oil as the contrast medium for hysterosalpingography. It has serious disadvantages in that oil embolism is a danger and deaths have been reported, and pelvic adhesions may form following peritoneal reaction to the iodized oil. This can be clinically silent and detected later by repeat hysterosalpingography, laparoscopy, or at laparotomy. On the other hand, there can be an acute reaction with a clinical picture of pelvic peritonitis. When unsuspected pelvic tuberculosis is present we have seen violent reactions with pelvic abscess formation.

We have investigated several patients with bilateral tubal occlusion which appeared to develop at the fimbrial end of the tubes following hysterosalpingography using iodized oil. Normal tubal patency had been confirmed at the initial examination.

We consider oil contrast media for hysterosalpingography to be both dangerous and unnecessary. It is tragic, and there could be medicolegal consequences, when a technique demonstrating normal tubal patency causes subsequent sterility. In reminding doctors of the possible complications of injecting iodized oil into the peritoneal cavity we recommend the use of water soluble contrast media, which do not have any of these disadvantages and which allow a quicker, more certain, and less dangerous demonstration of tubal anatomy and patency.—We are, etc.,

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Measles

SIR,—I am glad that the question of pathogenesis of measles has been raised in your leading article (28 July, p. 187). Despite the advent of measles vaccine this disease remains a challenging problem for the treating doctor, especially in India.