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Briewerubriek : Correspondence

Die menings gelug in die Briewerubriek van die SAMT *is nie noodwendig dié van die Mediese Vereniging van Suid-Afrika nie.*—Redakteur.

The views expressed in the Correspondence published in the SAMJ *are not necessarily those of the Medical Association of South Africa.*—Editor.

CHARGES FOR MEDICAL CONGRESSES

To the Editor: It is still customary for organizers of medical congresses, general and specialist, to charge entrance fees from doctors in full-time hospital service which are different to the fees for those in part- or full-time private practice. Invariably, the private practitioner has to pay the higher subscription.

This dates back to the period when there was a considerable difference in the earnings of these two groups, and the full-time group was considered to be underpaid.

The situation now, however, has changed — the full-time hospital staff is better remunerated and, with overtime pay, to which many are entitled, their salaries, with the other advantages of being in full-time practice, make them quite as well off as most private practitioners.

In addition to this, a private practitioner who attends a medical congress loses his earning capacity for the duration of the congress. The full-time practitioner continues to receive his salary (although not overtime pay), and may even be subsidized if, for example, he delivers a paper at the congress. For these reasons, I feel that this customary differential should be scrapped.

I suggest that at all congresses of the Medical Association or its groups, equal subscriptions should be charged, except for interns, who should be able to attend the congresses without charge.

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RAMPANT CARIES AND LABIAL CARIES — SYNONYMS?

To the Editor: Caries in the deciduous dentition has received much attention. Workers in many parts of the world have studied aspects of its aetiology, especially associated factors, such as the use of sweetened comforters, bottle feeding, and its relationship to socio-economic gradings. Workers in this field have not failed to notice the widespread decay so often associated with caries in the very young, which may be so extensive that 'such a process may lead to the entire destruction of the deciduous dentition by two-and-a-half years of age'.[1] There is no doubt that this extensive caries may be aptly described as rampant (there is perhaps no better word), which is defined by *Webster's English Dictionary* as 'overleaping restraint or natural bounds'.

Winter *et al.*,[1] in a discussion of rampant caries, wrote: 'Although there is little universal agreement on a definition of rampant caries, it may be described as a lesion of acute onset involving many or all of the erupted teeth, rapidly destroying coronal tissue . . .' These authors go on to discuss labial caries as merely the primary stage of a more widespread disease of the deciduous dentition, which can undergo partial or complete arrest. Several definitions of rampant caries have thus arisen. Rampant caries is present if there are a minimum of 2 maxillary incisor teeth which either have carious lesions involving the labial or palatal surfaces, or have been extracted;[1] if there is labial caries on at least 1 deciduous incisor;[2] or, according to Whitehouse,[3] if a child has 10 or more DMF teeth, and if no attempt has been made to classify on the number of anterior teeth alone. Surely the first two descriptions fit the term 'labial', and the third that of 'rampant caries'?

In order to avoid unnecessary confusion, we feel that labial caries should be reported separately, and be defined as being present if there is a carious lesion affecting at least 1 maxillary incisor on its labial surface. This may or may not occur in the presence of caries affecting 1 or more teeth on surfaces other than labial. The term 'rampant caries' should be defined as carious lesions present on 5 or more teeth, i.e. 25% of the deciduous dentition, irrespective of whether there is or is not labial surface involvement. The two terms are not, in our opinion, synonymous, and therefore a clear delineation may assist in avoiding the present confusion. This differentiation does not preclude the fact that labial caries may well be the primary stage of a more widespread carious process, nor that a child with 5 or more carious teeth, i.e. with widespread decay, but with no labial involvement, should be regarded as not suffering from rampant caries.

To cite an example, in a survey of dental caries in South Africa on 736 Black (519 rural, 217 urban) and 518 White children aged from 1 to 6 years, the overall prevalence of caries was 36,0% in Black rural children, 47,9% in Black urban children, and 67,6% in White urban children. In children with rampant caries, defined as a DMF score of 5 or more, prevalences were 13,7% in Black rural children, 27,6% in Black urban children, and 34,7% in White children, respectively. However, the prevalence of labial caries (defined as caries on the labial surface of 1 or more maxillary incisor teeth) was 11,6% in rural Black children, 2,8% in urban Black children and 11,2% in White children. Thus there were marked differences in the prevalence of total and rampant caries compared with the incidence of labial caries. The two conditions can hardly be regarded as the same.

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1. Winter, G. B., Hamilton, M. C. and James, P. M. C. (1966): Arch. Dis. Childh., **41**, 207.
2. Jackson, D., Murray, J. J. and Fairpo, C. G. (1974): Brit. dent. J., **137**, 317.
3. Whitehouse, N. M. (1973): Dissertation for Diploma in Dental Health, University of Birmingham, Birmingham, England, p. 45.

MEDICAL TREATMENT OF HYPERTENSION

To the Editor: With reference to Dr Y. K. Seedat's article,[1] I wish to point out that although the seventh edition of *Harrison's Principles of Internal Medicine*, 1974, gives 'Mutabase' as a trade name for diazoxide, the registered trade name in South Africa is 'Hyperstat'.

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1. Seedat, Y. K. (1977): S. Afr. med. J., **51**, 127.