difficulty was at the brim. Had caesarean section been performed more frequently in this group, the foetal mortality might have been greatly reduced.

It may be thought that by resorting to caesarean section more frequently, the art of obstetrics is being lost. Yet in placenta praevia, the maternal and foetal mortalities have been greatly diminished on that account. Who can possibly be in a better position to dictate the line of treatment than the obstetrician examining the patient under anaesthesia in the second stage, with facilities for vaginal or abdominal delivery? It seems reasonable to expect a marked reduction in the foetal and maternal mortalities, and that surely is the art of obstetrics.

In the first stage of labour, when there is neither foetal nor maternal distress, there is no indication for interference. The patient should be sent to an institution where complications can be dealt with as they arise.

**SUMMARY**

1. A series of 21 cases of brow presentation is analysed.
2. The controversy in the literature with reference particularly to the incidence, the maternal and foetal prognosis, and the method of treatment is discussed.
3. The pros and cons of early or late interference are considered in detail.

**CONCLUSIONS**

Intelligent expectancy in the first stage is advocated. If no added complications arise, the choice of the method of delivery is best made on examination in a fully prepared theatre, in the second stage.

**NEW PREPARATIONS AND APPLIANCES**

**BUTAZOLIDIN GEIGY**

Butazolidin Geigy is a new pyrazolone derivative intended for the treatment of rheumatic diseases. Chemically it is the sodium salt of 3,5-dioxo-1,2-diphenyl-4-n-butyl-pyrazolidine.

**Mode of Action:** Extensive clinical trials conducted throughout the world have confirmed that Butazolidin is not only an effective analgesic, but also possesses marked anti-inflammatory, together with some degree of antipyretic activity.

**Indications:** Butazolidin is a powerful new anti-rheumatic, exceptionally effective in the treatment of rheumatoid arthritis and a wide range of rheumatic conditions. It is valuable both for the treatment of acute phases of rheumatic conditions and in the more chronic type of case. Diminution of pain and increased freedom of movement are strikingly noticeable, and result in a marked improvement in the general well-being of the patient.

**Contra-Indications:** Butazolidin is contra-indicated in the treatment of patients with peptic ulcer. Treatment with frequent large doses is not advised for patients suffering from cardiac disease, renal or hepatic insufficiency.

**Side Effects:** A few cases of dizziness, gastro-intestinal irritation and slight skin rash have been reported following administration of the drug, but further dosage is usually attended by a disappearance of these symptoms.

Oedema has occurred with somewhat greater frequency, but in no case has this failed to subside when the amount of salt in the diet has been reduced, and an adequate fluid intake has been ensured.

**Dosage:** Butazolidin may be administered orally or parenterally. The Tablets have been specially formulated to disintegrate in the small intestine, thus obviating any risk of irritation of the gastric mucosa.

The average dose is 2 tablets 2 or 3 times daily. In children and debilitated adults the dosage should be reduced proportionately.

**Packing:** Butazolidin is only available at present as Tablets each containing 0.2 gm. in boxes of 20, 50 and 100.

**Manufacturers:** Pharmaceutical Laboratories Geigy Ltd., Basle and Manchester.

**Agents and Distributors:** Pharmakers (Pty.) Limited, 215 Gibraltar House, Sea Point, Cape Town.

**ASSOCIATION NEWS : VERENIGINGSNUUS**

**GRIQUALAND WEST BRANCH : AUGUST MEETING**

Dr. S. Perel (in the Chair) and 20 members were present.

_Arising out of the Minutes_, a letter from the Medical Secretary was read in respect of the resolution regarding payment of X-ray, laboratory, and other fees.

_Itinerant Practice_. This Branch is in favour of the amendment of Clause 4. Dr. J. P. Collins read out a guide to the maintenance of Medical Ethics. Certain aspects were discussed.

Dr. M. Kahn read an extremely interesting paper describing what happens when an atom bomb is detonated, what casualties can be expected, the effects on the blood system, gonads, gastro-intestinal tract, skin, etc., and the treatment. It is to be noted that a ruthless selection is to be made between those who are obviously going to die and those who are likely to recover.

The meeting closed with a vote of thanks to the Chair.