a certain extent, abolishing the painful contractions of parturition; there is also evidence that the duration of labour is shortened.7,8 Read's technique depends on the use of education, relaxation and suggestion, and by employing trance states one only carries his method a stage further.

CONCLUSIONS
1. Antenatal preparation of the expectant mother, with special reference to education, removal of fear and ignorance, relaxation and instruction in the use of various analgesic apparatus, is essential.
2. Early in labour a mild sedative or hypnotic is all that is required.
3. When labour is firmly established a narcotic—usually pethidine or pethilofan—is indicated. Where labour is expected to be somewhat prolonged, morphine is the narcotic of choice.
4. Inhalational analgesia is the method of choice for relief of pain late in the first stage and during the second stage of labour.
5. Employment of local and pudendal nerve infiltration is recommended for the majority of forceps deliveries as well as all breech deliveries.

REFERENCES

CIRRHOSIS OF THE LIVER IN THE THREE ETHNIC GROUPS IN CAPE TOWN*

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Much of the scanty information on the frequency and types of cirrhosis of the liver in Africans is of restricted value in the absence of uniform grounds for its diagnosis and classification. Furthermore, the material is often selected, and the patient is often young Bantu male with primary carcinoma in addition to his cirrhosis. A project has been initiated by the African Cancer Committee of the International Union against Cancer to obtain comparable information on cirrhosis and primary cancer from different centres in Africa south of the Sahara, using the strict criteria and histological classification of Steiner and Higginson. This preliminary report is part of that project.

In the records of the Department of Pathology of the University of Cape Town, over the 10-year period 1948-1957, 121 cases of cirrhosis were found in 5,500 autopsies. This included a large number of infants, mainly Coloured and African, and the frequency figures are based on subjects over the age of 10 years (total 3,150). This autopsy material from the main teaching hospitals of the University of Cape Town, is representative of the 3 racial groups, except that no autopsies are carried out on hospitals of the University of Cape Town, is representative of the 3 racial groups, except that no autopsies are carried out on the Moslem section of the Coloured community (Cape Malays).

Results
The incidence of cirrhosis in autopsies over the age of 10 was 5.2% in Europeans, 1.66% in Coloured and 6.4% in Africans. In all groups more males than females were examined at autopsy, and the corrected figures for the sexes are, males: Europeans 6.2%, Coloured 2.68%, and Africans 8.3%; and females: Europeans 3.8%, Coloured 0.66%, and Africans 2.3%. The figures for Africans are based on small numbers but are similar to those based on larger numbers from Johannesburg. The figures for Europeans are similar to those of other countries of European stock, with perhaps a rather higher figure for females. The incidence of cirrhosis in the Coloured is low in males and very low in females. In all 3 groups the frequency of the histological types was very similar, with post-necrotic and portal types accounting for the majority. Types with fat were less frequent in the Coloured than in Europeans, and rarest in Africans. This relative uniformity of morphological types is not regarded as indicating uniform aetiological factors.

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