The Golden Mortar

Newsletter of the Southern Gauteng Branch of the Pharmaceutical Society of South Africa and associated Sectors

Edition 1/February 2018

Stop, think Malaria!

Sumari Davis, B. Pharm, Amayeza Info Services

Returning from the holidays is never easy or fun and even more so for those who may have returned with more than just memories and a suntan...

Malaria occurs in 91 countries worldwide and an estimated 216 million cases of malaria resulted in around 445 000 deaths in 2016. Travellers returning from any of these 91 countries may present with signs and symptoms of malaria within 10 to 15 days (range 7-35 days) after contracting this protozoan parasite, and even in those who took malaria prophylaxis, a diagnosis of malaria should not be ruled out. In the aftermath of the festive season it is important that pharmacists be on the lookout for any signs and symptoms in travellers presenting with fever, and the first question to patients requesting treatment for a fever should always be: "Where have you been"?

Malaria is present in tropical and sub-tropical areas including countries in Africa, South America, the Indian subcontinent, Southeast Asia, islands of the South Pacific and to a lesser extent in the Middle East and Central America. However, in rare cases, patients can also contract malaria even if they have not been in a high risk area. This is called "taxi-" or Odyssean malaria and occurs when a mosquito has travelled in a suitcase or vehicle with travellers, and it is well documented, especially in the Gauteng Province.

Early diagnosis is key!

Successful management of malaria requires early and accurate diagnosis and prompt treatment with effective drugs and therefore a high index of suspicion for malaria is urgently required for patients presenting with fever or influenza-like symptoms. Table 1 provides a summary of the most common symptoms of malaria.

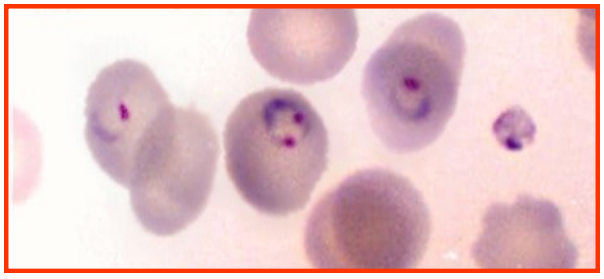

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Table 1: The most commonly occurring clinical symptoms of malaria

Uncomplicated malaria		
Young Children	*Adults*	
Fever Febrile seizures Lethargy Poor feeding Vomiting Diarrhoea	Fever (at irregular intervals each day) Myalgia Malaise Rigors (chills) Headache Fatigue Tachycardia Tachypnoea	Sweating Cough Anorexia Nausea Vomiting Diarrhoea Abdominal pain
Severe (complicated) malaria		
Altered consciousness with or without seizures, agitation, prostration (indications of cerebral malaria) Pallor (severe anaemia) Jaundice Petechiae (intravascular hemolysis) Hepatomagaly and/or splenomegaly Circulatory collapse Metabolic acidosis Hypoglycaemia Significant bleeding		
More common in Children	*More common in Adults*	
Convulsions Coma Hypoglycaemia Metabolic acidosis Severe anaemia	Jaundice Renal failure, hemoglobinuria (blackwater fever) Acute respiratory distress syndrome (acute pulmonary oedema)	

Patients with the following danger signs should be referred to a doctor for admission to a hospital as soon as possible:

- Unable to drink or breastfeed
- Repeated vomiting
- Recent history of convulsions
- Lethargy
- Unable to sit or stand

Patients who are at high risk for severe (complicated) malaria include:

- Young children and infants
- Elderly (>65 years)
- Pregnant women and their children
- Immunocompromised patients (including HIV-infected)
- History of splenectomy
- Patients with comorbid conditions
- Patients who had not been in a high risk area (Odyssean malaria)

Patients with symptoms should be referred to a doctor as diagnosis should be confirmed using rapid antigen detection diagnostic tests or laboratory identification of parasites on a blood smear. An initial negative test does not exclude malaria and repeat testing within 8-24 hours is mandatory until a positive result or alternative definitive diagnosis is achieved.

Treat promptly with effective drugs

The choice and route of treatment depends on disease severity. There are 5 parasite species that can cause malaria with *P. falciparum* being the most common in South Africa. Treatment also differs slightly depending on the causative species.

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Uncomplicated malaria		
Treatment	**Patient counselling**	**Comments**
First-line treatment for 3 days: Arthemeter-lumefantrine (Coartem®)	• Take with a fat-containing meal or drink (full cream milk) • Drink enough fluids • Continue taking doses regularly despite improvement • See the doctor if vomiting starts, condition deteriorates or fever does not settle by day 3	• Indicated for everyone including children and pregnant women • Avoid NSAIDs and treat fever with paracetamol • For patients >80 kg alternative dosing may be recommended and monitor carefully to detect treatment failure.
Alternative treatment for 7 days: Oral quinine with doxycycline For children <8 years and pregnant women: Oral quinine with clindamycin	Take quinine with or after meals to reduce gastric irritation	Gastrointestinal side-effects and transient tinnitus/deafness may lead to non-compliance
For *P.vivax* and *P.Ovale:* Treat as above and then follow on with primaquine to prevent relapses	Take with meals or antacids to reduce gastric irritation	Do not use in patients with G6PD deficiency Available only as Sect. 21

Patients should be monitored for at least one hour after the first oral dose since vomiting is common in patients with malaria. If vomiting occurs within 30 min of administration, the dose should be repeated. If vomiting occurs between 30 – 60 min, an additional half dose should be administered.

Treatment failure can occur due to vomiting of oral medication, underdosing, non-compliance with medication, failure to take medicine with fatty food or milk, parasite resistance, re-infection and relapse of *P. ovale* or *P. vivax* where patients fail to take primaquine. It is therefore important to inform patients to return for follow-up if they start vomiting or if symptoms worsen, persist or re-appear.

Severe/Complicated malaria		
First line: IV Artesunate (Garsun®)		Treat with a full course of Coartem as soon as patient can tolerate oral treatment
Alternative: IV Quinine		Only if artesunate is not available promptly. Treat with a full course of Coartem as soon as patient can tolerate oral treatment.

Conclusion:

The main objectives when treating malaria is to eliminate parasitaemia and prevent disease progression that may result in death. In order to achieve these objectives, it is essential to identify and correctly diagnose malaria as soon as possible. The pharmacist is in the ideal position and can assist in identifying travellers that may potentially need further testing and treatment for malaria. Considering that malaria transmission is predicted to be higher than usual in the 2017-2018 season, pharmacists should be aware and bear in mind the signs and symptoms for malaria and should assess and inform their patients accordingly.

References:
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4. Hopkins H. Diagnosis of malaria. UpToDate Topic 5707 Version 33.0
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PSSA SG Branch Election Results Branch Committee 2018.

At the end of last year the call for nominations of members for the six positions on the Branch Committee resulted in 32 nominations being submitted and 18 of those members accepting nomination.

The result of the election that took place to establish who would serve on the Branch Committee was as follows;

Lynette Terblanche
Chairman

Val Beaumont
Vice Chairman

James Meakings
Treasurer

David Bayever

Dr Sybil Seoka

Charles Cawood

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In the election 467 votes were cast and the six members listed above gained the most votes and secured the available positions on the Branch Committee for 2018.
The interest shown by members in making themselves available for nomination to serve the Branch as well as the participation of members in the election process was very encouraging and we are grateful for member's interest shown in this important process.

In terms of the Branch Constitution the four Sectors are each entitled to appoint two members to the Branch Committee. Currently these are;

- SAAHIP Mrs. Tabassum Chicktay and Mrs. Rofhiwa Mulibana
- SAACP Mr. Tshifhiwa Rabali and Mr. Richard Barry
- SAAPI Mr. Hilton Stevens
- Academy Prof. Paul Danckwerts and Mrs Stephanie de Rapper.

In addition to these committee members four Honorary Life Members of the Branch Committee regularly attend meetings namely, Mr. Raymond Pogir, Mr. David Boyce, Mr. Gary Kohn and Mr. David Sieff.

At the first meeting of this new Branch Committee held on the 18th January 2018 elections were held for the three Honorary Officer positions on the committee.
The outcome of these elections was as follows.

- Branch Chairman. Mrs. Lynette Terblanche
- Vice Chairman. Mrs. Val Beaumont.
- Treasurer. Mr. James Meakings.

The Golden Mortar takes this opportunity to wish all members of the Branch Committee successful and rewarding terms of office.

In the interests of members of the PSSA a copy of PSSA Newsletter #5 is reproduced below.

Pharmaceutical Society of South Africa
PSSA Newsletter #5/2018 – 23 February 2018

Selling cannabis products in pharmacies
It has come to the PSSA's attention that some pharmacies are being approached by sellers of cannabis products for sale in the pharmacy.

It is important to note that there is as yet no legally registered product available in South Africa.

Cultivation
The guideline on how to get a licence to grow cannabis for medicinal purposes was published in November 2017. It requires a section 22A (9) permit from the DG, as well as licensure with the SAHPRA. Thereafter, any product made would need to be registered, and would be subject to the Schedules (S6 or S4, depending on the content).

How to obtain cannabis for medicinal purposes
The only legal way at the moment is via a section 21 approval for imported products (still subject to S6 restrictions). There is a firm that is helping patients and prescribers access s21 products, but nothing can be stocked.

Community pharmacies that are stocking and selling cannabis extracts
Please note that, with one exception, none of these products are legal and they cannot be sold in pharmacies. The exception is for THC-free hemp products, as specifically provided for in S7:

"processed hemp fibre containing 0,1 percent or less of tetrahydrocannabinol and products manufactured from such fibre, provided that the product does not contain whole cannabis seeds and is in a form not suitable for ingestion, smoking or inhaling purposes; or processed product made from cannabis seeds containing not more than 10 milligrams per kilogram (0,001 percent) of tetrahydrocannabinol and does not contain whole cannabis seeds."

This would include hemp-based cosmetics, for instance.

NOTICE IS HEREBY GIVEN IN TERMS OF CLAUSE 24 OF THE BRANCH CONSTITUTION THAT THE

ANNUAL GENERAL MEETING

OF THE SOUTHERN GAUTENG BRANCH OF THE PHARMACEUTICAL SOCIETY OF SOUTH AFRICA WILL BE HELD ON MONDAY 19 MARCH 2018 AT 20h00 IN THE AUDITORIUM AT 52 GLENHOVE ROAD, MELROSE ESTATE, JOHANNESBURG AS PER NOTICE GIVEN ON 14 FEBRUARY 2018.

A G E N D A

1. Notice of Meeting
2. Attendance, apologies and obituaries
3. Confirmation of the Minutes of the Annual General Meeting held on 23 January 2017 and any matters arising.
4. To approve the reports of the Branch Chairman, the Business Committee Chairman and the Honorary Treasurer and the audited balance sheet and financial statements and ratify the appointment of Branch Auditors for 2018.
5. To approve the report on the election of members of the Branch Committee.
6. To consider any other general business.
7. Induction of Branch Chairman.
8. Closure.

NOTE: The meeting will be followed by a presentation on LISTERIOSIS by Dr Piet Ekermans (Pathologist) and will cover aspects of the ongoing outbreak of the disease such as causes, diagnosis, treatment and the advice and reassurance that pharmacists can provide to their clients in terms of basic food hygiene principles.

D.K. Gordon
General Manager

26 February 2018

We urge attendees to the AGM to read the various reports ahead of time. This will facilitate a meeting of short duration – we expect the AGM to take no more than about 35 minutes. Consequently the reports referred to above will be available for viewing by members on the PSSA website

www.pssa.org.za

Select: Branches, then select Southern Gauteng Branch, then select News.

3rd National Symposium for Community Pharmacists in South Africa

24 - 25 March 2018

Theme: Winds of change – adjusting the sails

Hosted by the South African Association of Community Pharmacists (SAACP)

24 – 25 March 2018 / Birchwood Hotel and Conference Centre / www.saacpsymposium.co.za

REGISTER NOW TO AVOID DISAPPOINTMENT: 1st INVITE

Dear Pharmacist,

The South African Association of Community Pharmacists (SAACP) is hosting the 3rd National Symposium for Community Pharmacists in South Africa on 24 & 25 March 2018.

You are cordially invited to attend this event. The intention is to create a forum where the skills, knowledge and experience of Pharmacists working in independently owned and corporate pharmacies could be brought closer together in re-engineering community pharmacy practice in line with NHI.

Note: Limited space is available to participate in this symposium. We therefore urge you to register as soon as possible to avoid disappointment. For further information go to www.saacpsymposium.co.za

Kind regards
Jan du Toit
Executive Director
South African Association of Community Pharmacists (SAACP)

The Golden Mortar draws your attention to new regulations relating to Notifiable Diseases.

"New regulations relating to the surveillance and the control of notifiable medical conditions (NMC) were published on 5 December 2017 in terms of the National Health Act, 2003, (Act no 61 of 2003). The regulations may be obtained on the NDoH and NICD websites."
http://www.nicd.ac.za/wp-content/uploads/2017/03/NICD_Communicable_Diseases_Communique_December_2017.pdf

This Communique also provides information on Listeriosis.

Common Worm Infections in Children

By Lynda Steyn (BPharm), Amayeza Info Services

Among the most common infections worldwide are soil-transmitted helminth (STH) infections. Globally, approximately 1.5 billion people are infected with STH infections. In South Africa, children most vulnerable to STH infections come from disadvantaged backgrounds, especially those living in densely populated informal settlements, where sanitation is poor. The majority of children affected are of school-going age. Helminthic infections in children may lead to physical, nutritional and cognitive impairment, which has a huge impact on their health and subsequently their school attendance.

Which are the main species of worms to infect people through soil?

The main STH infections occur due to roundworm (*Ascaris lumbricoides*), whipworm (*Trichuris trichiura*) and hookworms (*Necator americanus* and *Ancylostoma duodenale*).

Adult worms live in and infect the intestines of humans and produce thousands of eggs daily.

The eggs are passed through human faeces and contaminate the soil in areas where sanitation is poor.

Eggs are ingested through:

- **Eating egg-contaminated vegetables that are uncooked, unwashed or unpeeled**
- **Drinking egg-contaminated water**
- **Playing in egg-contaminated soil (children) and not washing hands**
- **Eggs in soil hatching and the larvae penetrating the skin through bare feet (hookworm)**

Important to note:

The above worms do not multiply in the human host and there is no direct human-to-human transmission. Re-infection can only occur due to repeated contact with the infective stage of the eggs. As the eggs need approximately 3 weeks to mature in the faeces before becoming infective, fresh faeces are not infective.

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What are the symptoms associated with soil-transmitted helminth infections?

- Mostly asymptomatic when worms are present in small numbers. However, as symptoms are dependent on the number of worms , patients are more likely to become symptomatic when large numbers of worms are present
- Patients may notice the worms in their faeces e.g. in roundworm infections (ascariasis)
- Roundworm larvae may pass through the lungs causing pulmonary symptoms, (high temperature and dry cough), in a small percentage of people
- Roundworms feed on host tissues and blood leading to impaired nutritional status (loss of protein and iron) and decreased physical fitness
- Intestinal discomfort and obstruction, general malaise and weakness also occurs if a large number of roundworms are present
- Roundworms may also compete for vitamin A in the intestine causing vitamin A deficiency
- Hookworm infections cause chronic intestinal blood loss which may lead to anaemia and chronic protein deficiency
- Whipworm infections may cause diarrhoea, chronic abdominal pain, blood loss, dysentery and rectal prolapse

How are STH infections treated?

Most commonly used medications to treat STH infections include **mebendazole** and **albendazole**, which are broad-spectrum anthelmintics.
Repeat doses may be necessary, especially for hookworm and whipworm infections.

Prevention of STH infections

STH infections may be prevented by:

- Encouraging regular handwashing and promotion of health and hygiene education to prevent re-infection
- Encouraging proper washing, cooking and/ or peeling of fruit and vegetables
- Discouraging walking barefoot (hookworm infections)
- Periodical deworming to eliminate infecting worms:

⇒ The World Health Organization (WHO) recommends de-worming treatment once a year if there is over 20% baseline prevalence of STH infections in the community, and twice a year if the prevalence of STH infections is over 50% in the community

⇒ In South Africa, the Department of Health offers de-worming medication to all children every 6 months from 1 year of age until 5 years of age. Thereafter, children are only de-wormed at the 6 year and 12 year clinic visits.

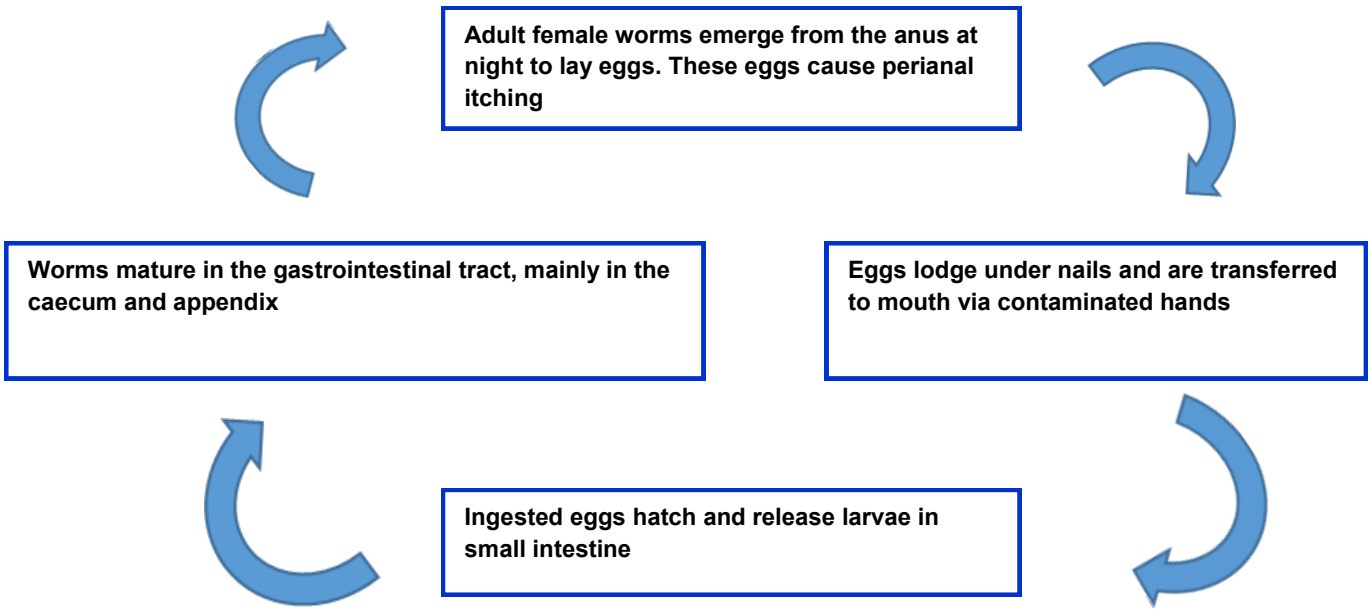
Other common worm infections in children

Threadworms (pinworms)

Infection with threadworms (*Enterobius vermicularis*) occurs commonly in schoolchildren and parents will frequently seek advice from the pharmacist.

Humans are the only natural host for threadworms and infection occurs throughout all socioeconomic groups.

How is the threadworm transmitted in humans?



Patients may auto-infect directly by ingesting eggs under fingernails, or may transmit infection from contaminated hands to other persons by handling food, bed- linen or clothes. The eggs may also become airborne and be inhaled or swallowed.

Common symptoms of a threadworm infection

While many threadworm infections are asymptomatic in the early stages, the most common symptom associated with this worm is perianal itching. This itching is due to an allergic reaction to the substance surrounding the eggs that the female threadworm lays around the anus. The itching is usually worse at night, as the female threadworm emerges from the anus at night to lay her eggs. This may lead to secondary infection, as the intense itching causes scratching of the area and hence a breaking of the skin.

Severe cases of infection may involve diarrhoea. Vaginal itching may also occur in girls.

How is a threadworm infection treated?

Mebendazole is commonly used to treat threadworm (pinworm) infections and is effective as a single dose (100 mg) treatment in children 1 year of age and older.

The single dose (100mg) should be repeated 2 weeks later as reinfection is common.

All family members should be treated at the same time, regardless of whether or not they show symptoms of thread-worm infection.

Practical measures, such as clipping fingernails short, washing hands frequently and scrubbing nails after going to the bathroom, and before preparing food, help prevent reinfection. Bathing or showering each morning washes away the eggs that may have been laid the previous night.

In conclusion

Pharmacists should be aware of the huge impact that worm infestations have on the well-being of children and that school-age children bare the highest burden of these infections.

Effective over-the-counter remedies are available for common worm infections. Patients under 12 months of age, pregnant females or any worm infestations not responding to conventional treatment should be referred to a doctor for evaluation.

Bibliography

Available on request, from the Southern Gauteng Branch of the PSSA.

An article on tapeworm infections is scheduled for inclusion in a future edition of The Golden Mortar.

SAIDS Anti-Doping Seminar
"A healthy approach to Use of Medicine by Athletes"

The SA Institute for Drug-Free Sport (SAIDS), SA Medical Association (SAMA GNB), SA Association of Community Pharmacists (SAACP) and the Department of Pharmacology, University of Pretoria invite all doctors, pharmacists and healthcare professionals to attend the **SAIDS Anti-Doping Seminar.**

The seminar is intended to provide insight into the anti-doping rules, issues and intricacies that athletes face and the role the pharmacist / medical doctor / health professional can play to assist and guide the athlete in this regard

Date: Saturday, 21 April 2018
Time: 10h00—15h00
Venue: Tswelopele Building, Lecture hall 11, University of Pretoria (Prinshof Campus), 9 Bophelo road (c/o Bophelo and Dr Savage Road)

Topic	Time	Speaker
Registration	10:00	
Opening and welcome	10:50-11:00	Mr. Khalid Galant (SAIDS CEO)
Session 1 – What health professionals need to know	**11:00-12:00**	
Doping in SA The role of Pharmacists and Medical Doctors in anti-doping?	10 min	Mr. Khalid Galant (SAIDS CEO)
Doping Cases where athletes implicated pharmacists and doctors	30 min	Ms. Wafeekah Begg (SAIDS Legal Manager)
The latest on Marijuana in Sport - Banned or Permitted The status of Cannabidiol	20 min	Mr. David Bayever (Chairman of Central Drug Authority, SAIDS Board Member)
Session 2 Therapeutic Use Exemptions (TUEs)	**12:00-12:45**	
Criteria and process for granting TUEs The role and responsibilities of physicians and pharmacists in a TUE application	30 min	Dr. Katharina Grimm (WADA TUE Expert Group; Chairperson: SAIDS TUE Commission)
Open-floor Q&A	15 min	
Lunch	**12:45-13:15**	
Session 3 Dietary / Sport Supplements	**13:15-14:00**	
The Line between "safe" and "risky" sports supplements Exploring the issues of efficacy, safety, testing positive, risk-management and the ethical dilemma for health professionals	45 min	Dr. Amanda Claassen-Smithers (SAIDS Education & Research Manager)
Session 4 Panel Discussion and open floor Q&A:	**14:00-15:00**	
Part 1: The lucrative trade of stocking sports supplements; Are pharmacies legitimizing the unproven claims of sports supplements? Q&A with panel members Part 2: Role of the health professionals in addressing the high tolerance among adolescents to steroid use and sports supplements. *How to maximize your service delivery to the athlete*	30 min 30 min	*Facilitator: SA Pharmacy Council* *Representatives from:* *SA Pharmacy Council* *SA Medical Association* *SA Sports Medicine Association Association for Dietetics SA* *Biokenetics Association SA* *Rugby Player (SA Rugly Legends Association)*
Closing		Dr Andre Marais (SAMA/UP)

Registration is free. Seats limited so please RSVP by 13 Apr 2018 to reserve seats and catering
For more details: info@pharmacypretoria.co.za or call on 012-361-7412 (Office hours)

OBITUARY

Dirk Meerkotter (1992—2017) pharmacist and world renowned artist

Dirk Meerkotter was born in Pietersburg in 1922. He matriculated in 1940 and went on to study pharmacy in Johannesburg where he qualified in 1944. He exhibited an artistic talent at an early age and after working for some time as a pharmacist he devoted all his time to this talent.

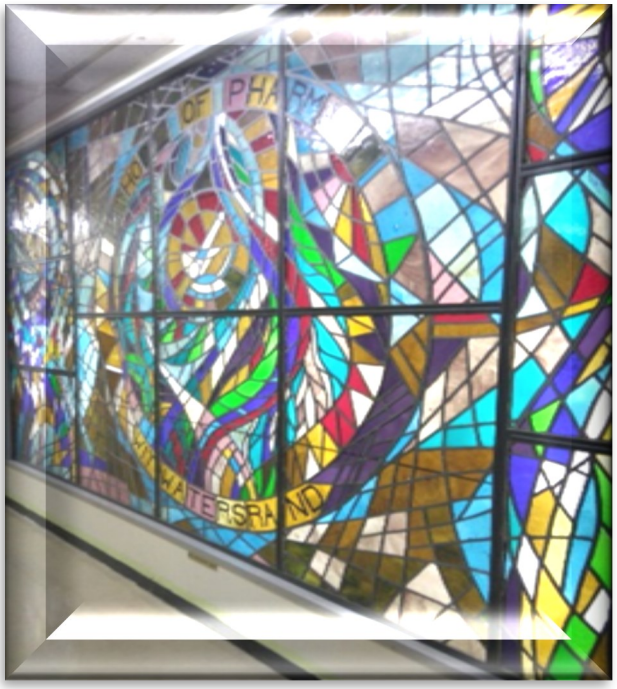
Starting in the early 1950's he held over 42 solo exhibitions in South Africa. He participated in a number of group showing in overseas countries bringing the total to more than 80 exhibitions during his lifetime.

His works have been acquired by major municipal museums and galleries in South Africa and by important private and public collectors in Europe and the USA.

Dirk was commissioned by a number of pharmaceutical companies to produce works of various milestones in the history of pharmacy and of the PSSA.

The accompanying photographs are of the stained glass panel by Meerkotter that stands in the entrance of Wits Pharmacy School.

We have lost a special colleague and the world has lost a great artistic talent — may he rest in peace.



Stained Glass panel in the entrance to Wits University Pharmacy School

Save the date

22-24 June 2018

Birchwood Hotel & OR Tambo Conference Centre, Boksburg, JHB

By now, everyone working in the pharmaceutical environment in South Africa should be informed about the changes heading our way and can no longer afford to miss a conference where the future of our profession will be the main topic of discussion...

PSSA

CONFERENCE 2018

FAILURE TO PREPARE IS PREPARING TO FAIL

PHARMACISTS IN A MAJOR DILEMMA

Ray Pogir, FPS
Curator, National Pharmacy Museum

"NOTICE OF MEETING"

"Urgent meeting to discuss the formation of an Association for the Protection of the Rights and Interests of the Chemists in the Colony."

Date: 13th June 1885.
Place: The Public Library, King Williams Town.

Seven pharmacists attended and a further 14 apologized for being unable to attend, but supported the urgent call to form an association of pharmacists to protect the rights and
interests of "Chemists" and the public in the Colony.

At the meeting it was moved and unanimously accepted that the name of the Association be The South African Pharmaceutical Association.
In the Museum we have the original handwritten Minute Book of this historic meeting and the subsequent series of meetings until the 15th of February 1930. These make for interesting reading.

It appears that this was in fact the first meeting to be called in South Africa by Pharmacists, "Chemists", as they were called on those days, to form a body which would act to protect the rights and interests of the profession and of the public.

The Minutes provide an understanding of the conditions in those days which allowed General Dealers to sell a wide range of medicines, some containing substances such as morphine, and also to sell poisons such as arsenic and strychnine, in terms of a Poisons Act of Parliament.

As for the conditions which applied to pharmacists, there were a number of unacceptable laws
which were promulgated by the legislature in Cape Town and also by the Medical Board in Cape Town that controlled the conditions of examination and registration of pharmacists.
It was moved and was accepted that it was desirable that a new Pharmacy Act be framed and that the composition of the Medical Board should include a pharmacist. They complained that the practical final and oral examinations were held by the Medical Board in Cape Town and that students had to travel by cart or wagon which was expensive. Those who failed had to travel to Cape Town again six months later.
Pharmacists in Cape Town were incensed that the Eastern Cape had the "temerity" to call themselves the South African Pharmaceutical Association. Despite the fact that the originator were sarcastically criticized by pharmacists in the rest of the country, which at that time consisted of four independent colonies, for calling themselves the South African Association, records show that the pharmacists in the other colonies soon followed suit and formed Societies of their own.
Historic records show the following:

- The Cape Pharmaceutical Society-1887,
- The Natal Pharmaceutical Association-1892,
- The Transvaal Association named "*Het Pharmaceutisch Genootskap van de Zuid-Afrikaansche Republiek*"- 1898
- The Pharmaceutical Society for the Orange River Colony-1903.

The four colonies came together in May 1910 to form the Union of South Africa. Pharmacists, however, despite many meetings as recorded between 1883 and 1920, where the
hand written Minutes have the last entry, finally met in Johannesburg in 1946 to inaugurate The Pharmaceutical Society of South Africa, sixty one years after the King Williams Town meeting in 1885.

The Chairman of the Editorial Board is David Sieff and the members are Doug Gordon, Neville Lyne, Ray Pogir, Gary Kohn & Tammy Maitland-Stuart. All articles and information contained in The Golden Mortar of whatsoever nature do not necessarily reflect the views or imply endorsement of the Editorial Board, the Branch Committee, the PSSA, its Branches or Sectors. The Editorial Board and the afore-said cannot therefore be held liable. Every effort is made to ensure accurate reproduction and The Golden Mortar is not responsible for any errors, omissions or inaccuracies which may occur in the production process.
We welcome all contributions and as space permits, these will be published.

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Hospital Pharmacy: Tabassum Chicktay & Rofhiwa Mulibana
Industrial: Hilton Stevens
Academy: Paul Danckwerts & Stephanie de Rapper

Contact them through the Branch Office: Tel: 011 442 3615

The Editorial Board acknowledges, with thanks, the contributions made by the SAACP Southern Gauteng Branch to the production of this newsletter