

TRAINING AFRICAN NURSES

African Medical Handbook. An outline of medicine and hospital practice for African nurses, orderlies and medical assistants. By Michael Gelfand, M.B., M.R.C.P. (Pp. 206; 22 figures. 15s.) Capetown: The African Bookman. P.O.Box 3115.

One of the greatest medical problems of the day is how to provide medical treatment for the vast undeveloped areas of Africa. There are far too few European doctors and in many cases they cannot understand the languages of the peoples with whom they have to deal. African doctors also are lacking. Apart from inadequate facilities for medical teaching there are as yet far too few people with the requisite secondary education to enable them to benefit from Western medical training. In this dilemma an answer has been found in the provision of African dressers, nursing orderlies, and medical assistants, who in many countries have already been placed in charge of important dispensaries. Textbooks are obviously required for the teaching of the African subordinate medical and nursing staff, but although a beginning has been made in Uganda and the Belgian Congo the supply is insufficient. The writing of such books is by no means easy: they must be written clearly and simply, for many Africans have only small knowledge of English; they must be absolutely accurate, for the African still firmly believes in the infallibility of the printed word; and finally they must tell exactly what the African must and must not do in all the emergencies with which he may be called upon to deal.

Dr. Gelfand comes out of the first test with flying colours. On the second count there is less certainty, for there are many minor inaccuracies. No one can diagnose sickling of red cells by placing a drop of blood on a slide and covering it with a cover-glass however long he leaves it (p. 166) unless he rings the cover-glass with vaseline. Red blood cells will not be found in the urine in blackwater fever (p. 193). Blackwater fever occurs more frequently in children than in adults in West Africa (p. 77). Many of the names of diseases used are no longer current—for example, "Malta fever," "catarrhal jaundice," and "climatic bubo"; while the constant use of "M. and B. drugs" as a synonym for sulphonamides is to be deprecated. Infective hepatitis is the name of a specific disease (p. 195). These, however, are minor blemishes which can be removed when a second edition is called for.

The author is at his best in describing treatment in detail from his extensive knowledge of work in a large African hospital, and the instructions in most cases are clear and concise. Some readers, however, would look askance at treating early cases of Gambian sleeping sickness with trypanamide alone. There is no mention of the use of penicillin in the treatment of tropical ulcer, and curiously enough no mention at all of such a common disease as influenza or influenzal pneumonia, though he refers to such rare complaints as mumps encephalitis and to asbestosis. In many parts of Africa carbon tetrachloride has been given up in favour of the much less toxic carbon tetrachloroethylene. A special word of praise must be given to the numerous line drawings by Mr. H. H. D. Simmonds; these will do much to lighten the African's task in grasping the main facts of the cause and cure of common diseases.

G. M. FINDLAY.

The Collected Papers of the Mayo Clinic and the Mayo Foundation. Vol. XXXVIII, 1946, edited by Dr. Richard M. Hewitt and others (W. B. Saunders, 63s.), fall into certain broad groups. There are the hardy annuals such as peptic ulcer, cancer, and peripheral vascular disease, on which there is always something, if nothing fresh, to say. Then there are the Mayo Clinic contributions to recently described or rediscovered syndromes, such as Meig's syndrome, cystic fibrosis of the pancreas, or diffuse amyloidosis with macroglossia, in which a few it's dotted and a few it's crossed. More useful are the reviews of series of cases—e.g., a study of 31 cases of primary carcinoma of the liver or the review of 83 proved cases of multiple myeloma. Finally there are the papers on subjects which workers at the Mayo Clinic have made their own, such as the group of papers on streptomycin or Allen's report on treatment with dicoumarol. Though there is nothing exciting in these 900 pages, they are nevertheless a fair summary of recent advances in routine hospital work. Few of us would choose this as preferred reading, but few of us, again, would not find much of interest and profit if this were the only book in the house on a wet week-end.

BOOKS RECEIVED

[Review is not precluded by notice here of books recently received]

Disputed Paternity Proceedings. By S. B. Schatkin. 2nd ed. (Pp. 614. No price.) New York: Banks and Company. 1947.

A general account of the medical and legal aspects.

Clinical Ophthalmology. By H. M. Traquair, M.D., F.R.C.S. Ed. (Pp. 264. 25s.) London: Henry Kimpton. 1948.

An introduction to ophthalmology for general practitioners and students.

The Social Sciences. A case for 'their greater use. (Pp. 46. 1s. 6d.) Prepared by the Social Science Committee of the Association of Scientific Workers, London.

A pamphlet advocating the greater use of the social sciences.

Transactions of the Medical Society of London. Vol. 64. Edited by W. E. Tanner, M.S., F.R.C.S. (Pp. 384. No price.) London: Harrison and Sons.

Papers on a wide variety of topics presented during 1944-6.

Practical Food Inspection. By C. R. A. Martin. Vol. 2. 3rd ed. (Pp. 284. 18s.) London: H. K. Lewis. 1948.

The inspection of food other than meat from animals killed in slaughterhouses.

Oxford Essays on Psychology. By William Brown, D.M., D.Sc., F.R.C.P. (Pp. 148. 10s. 6d.) London: William Heinemann. 1948.

Lectures on general psychology delivered to students.

Modern Psychiatry in Practice. By W. Lindesay Neustatter, B.Sc., M.D., M.R.C.P. 2nd ed. (Pp. 275. 12s. 6d.) London: J. and A. Churchill. 1948.

A general introduction to the practice of psychiatry for student and practitioner.

The Universe in the Making. By J. E. R. McDonagh, F.R.C.S. (Pp. 174. 7s. 6d.) London: Chaterson. 1948.

A medical man's personal account of the universe.

Basic Facts of Health Education. By W. P. Kennedy, Ph.D., L.R.C.P., F.R.S. Ed., et al. (Pp. 193. 7s. 6d.) London: The Pharmaceutical Press. 1947.

A collection of short articles for pharmacists.

Voluntary Social Services since 1918. By Henry A. Mess et al. (Pp. 255. 21s.) London: Kegan Paul, Trench, Trubner. 1948.

A review of the social services in Britain.

Harmony of Nature. By L. Richmond Wheeler. (Pp. 200. 10s. 6d.) London: Edward Arnold. 1947.

The author, a biologist, elaborates his theory of "co-operation for existence" in nature.

The Psychology of Diet and Nutrition. By L. S. Selling, M.D., and M. A. S. Ferraro, M.S. (Pp. 192. 8s. 6d.) London: John Lane, The Bodley Head. 1947.

A simple account by a dietitian and a psychiatrist intended for dietitians and housewives.

Tuberculosis in the Commonwealth, 1947. (Pp. 328. 15s.) London: Pendragon. 1947.

The transactions of the Commonwealth and Empire Tuberculosis Conference convened by the N.A.P.T. in 1947.

Psychiatry: a Short Treatise. By W. A. O'Connor, L.M.S.S.A., D.P.M. (Pp. 380. 35s.) Bristol: John Wright. 1948.

A general introduction to psychiatry.

An Outline of the Development of Science. By Mansel Davies. (Pp. 214. 3s. 6d.) London: Watts (Thinker's Library). 1947.

A short history, with illustrations.

Clinical Endocrinology and Constitutional Medicine. By A. P. Cawadias, O.B.E., M.D., F.R.C.P. (Pp. 362. 42s.) London: Frederick Muller. 1947.

The author stresses the clinical aspects of endocrinology and includes a number of illustrations.

Dr. Brown said that he had not had that condition specifically in mind, but he thought that for alkalosis to simulate alcoholism in its symptoms so large a quantity of alkali would have to be taken that almost no person could take it. He had never seen a case of alkalosis in general practice.

Dr. James Dundas Simpson, of Cambridge, who was called by the defence, said that his attendance had been requested by the defendant at the police station, where he arrived two hours after Dr. Brown had completed his examination. By then the defendant did not appear to be particularly the worse for drink, and the Romberg test was negative. Dr. Simpson's first impression was that drink was the only explanation of the defendant's conduct, and had he not subsequently obtained further information his conclusion would have been the same as Dr. Brown's. He learned later that this man, who had been a patient of his eighteen months previously for duodenal trouble, had been taking, not by his advice, large quantities of a proprietary alkali preparation. On the day of his arrest, according to his story, feeling unwell, he had consumed almost an entire bottle of this substance. His symptoms were consistent with alkalosis. Dr. Simpson had had one other case of alkalosis. This was a man on whom a gastro-enterostomy had been performed, and whose habit it had been for years to take large quantities of bicarbonate of soda. On one occasion he was picked up in a state of collapse, and proved to be quite uncoordinated; he staggered in his gait, was irrational in his speech, was incontinent, and showed such changes in his mentality that anyone observing him, and unaware of the facts, would have judged him to be a drunken man. Dr. Simpson did not suppose that any doctor in this country had any large experience of alkalosis, but it was a possible diagnosis which was tucked away in the mind. The cumulative effect of large quantities of soluble alkali absorbed into the blood stream might lead to a breakdown, either slow or sudden, liable to be precipitated by a chill or other factor. Chemical tests for alkalosis required very sensitive apparatus and were impracticable in an examination such as this at a police station. Many chronic dyspeptics, against their doctor's advice and without his knowledge, consumed much-advertised preparations in order to obtain relief from intestinal pain and discomfort, and the danger of poisoning by alkalis was not to be disregarded.

After a long hearing the jury returned a verdict of guilty on the main charge, and the accused was fined £50. On a second charge, that of driving a motor-car in a manner dangerous to the public, he was also found guilty and fined £1. He was disqualified from holding a driving licence for one year.

Appeal Dismissed

The defendant's appeal against his conviction was heard on April 19. The substantial ground of the appeal was that the evidence given by Dr. Alexander Brown, who was called in by the police, was inadmissible.¹ Mr. Justice Humphreys, giving the judgment of the Court, said that the appellant had been seen driving on the wrong side of the road and without lights, and that on examination by the police he appeared to be drunk. They took him to a police station, and there the ordinary procedure was carried out. Following an order circulated to police stations years ago a police doctor was sent for. This doctor told the appellant that he could have his own doctor. The appellant said that he had never had a doctor in his life. The police doctor then examined the appellant and certified him to be in an alcoholic state and unfit to drive. This evidence was said to be inadmissible. The appellant had not wished to be examined, but kept singing and was awkward. The doctor had eventually persuaded him, saying that an examination might be to his advantage. The doctor had behaved perfectly reasonably. The law which excluded evidence of a confession extracted by means of a promise or a threat had nothing to do with this case and the appeal would be dismissed.

Counsel for the appellant had referred to the recent Scottish case of *Reed v. Nixon* (1948) in which the conviction in a similar case had been quashed. The Lord Advocate had then conceded that in all such cases the police doctor was acting as "the hand of the police." Mr. Justice Humphreys mentioned this point. Their lordships did not agree that that was

true in England. The evidence of a police doctor should be accepted in the same way as the evidence of any other professional man. It must be presumed that he came before the Court with the desire to assist it and with no other desire.

Universities and Colleges

UNIVERSITY OF LONDON

The Academic Postgraduate Certificate in Public Health has been awarded to D. Coueslant, T. H. Elias, W. K. Laing, and D. N. Phukan, all of the London School of Hygiene and Tropical Medicine.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The otolaryngology lecture course which was to have been held at the College from April 26 to May 12, has been cancelled.

SOCIETY OF APOTHECARIES OF LONDON

Prof. E. C. Dodds, F.R.S., Master, presided at a recent meeting of the Court of Assistants, when the resignation of Dr. Cyril H. T. Ilott was received with great regret.

The Court considered the present position with regard to the National Health Service and it was resolved to forward a resolution to the British Medical Association expressing the hope that further negotiation between the Minister of Health and the profession would be made possible.

The following were appointed as representatives of the Society: Dr. J. Prescott Hedley, on the Central Midwives Board, and Dr. Frank Howitt at the International Congress on Physical Education, Recreation, and Rehabilitation.

The Gillson Scholarship in Pathology was awarded to Alan C. Thackray, M.D.

It was announced that on July 7 the Society's gold medal in therapeutics will be presented to Sir Lionel Whitby, M.D., F.R.C.P., Regius Professor of Physic in the University of Cambridge.

Authority was given for the Society's Coat of Arms to be incorporated in a memorial window at Westminster Hospital to the late Sir Stanley Woodward.

Sir Frederick Michael Wells, Lord Mayor of London, was admitted to the Freedom of the Society, the first occasion, it is believed, on which the Lord Mayor of London has been admitted to the Freedom of a City Company during his year of office.

It was resolved that a course of ten lectures on modern therapeutics be delivered in the Great Hall in the autumn.

The Diploma in Industrial Health was granted to A. M. Critchley, D. Fowler, V. O. B. Gartside, A. French, R. Swinburn, and S. A. Underwood.

The Diploma of L.M.S.S.A. was granted to E. F. Jones, L. T. Al-Badri, M. K. A. El Banhawy, C. F. M. Fisher, W. L. M. Garsia, D. J. Sheerboom, I. F. Dajani, S. K. A. D. J. Bernhardt, E. L. Gilbert, C. K. Cumming, P. C. J. Nicholl, C. H. J. Van Aswegen, M. P. Coplans, and M. J. Bhavnani.

Medical Notes in Parliament

Manor House Hospital

On April 22 Mr. GAMMANS inquired for what reason the Manor House Hospital and the Manor House Clinic, Hampstead, were to be exempted from the National Health Service.

Mr. BEVAN replied that it appeared to him that their transfer was not required for the purpose of providing hospital and specialist services under the Act.

Imported Books

Mr. SWINGLER on April 22 invited the President of the Board of Trade to make a further statement about imports of learned, scientific, and technical books.

Mr. HAROLD WILSON replied that he had been going into this question. He had always been aware of the strength of the case for increasing imports of the classes of books mentioned, although he had to balance this against the exchange position. He was now able to tell the House that learned, scientific, and technical books could, as from April 1, be imported at twice the present rate, thus raising the annual import quota to 200% by value of the pre-war level.

(The need for this increase in the quota allowed to importers was discussed in a leading article in our last issue—p. 793.)

¹ *The Times*, April 20.

Wednesday

GLASGOW UNIVERSITY: DEPARTMENT OF OPHTHALMOLOGY.—May 5, 8 p.m. "*The Growth of Ocular Vessels*," by Dr. I. C. Michaelson. ROYAL SOCIETY OF ARTS, John Adam Street, Adelphi, London, W.C.—May 5, 2.30 p.m. Pope Memorial Lecture: "*Recent Advances in Stereochemistry*," by Mr. F. G. Mann, D.Sc., F.R.S.

Thursday

EDINBURGH ROYAL INFIRMARY.—May 6, 4.30 p.m. Honyman Gillespie Lecture: "*The Experimental and Clinical Use of Anti-Histamine Drugs*," by Dr. R. B. Hunter. FACULTY OF HOMOEOPATHY.—At London Homoeopathic Hospital, Great Ormond Street, London, W.C., May 6, 5 p.m. "*The Evolution of Clinical Pathology*," by Dr. William Briggs. INSTITUTE OF DERMATOLOGY, 5, Lisle Street, Leicester Square, London, W.C.—May 6, 5 p.m. "*The Seborrhoeic Eruptions*," by Dr. B. Russell. INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY, 330, Gray's Inn Road, London, W.C.—May 6, 3 p.m. "*A Modification of Laryngectomy*," by Dr. Jean Leroux-Robert (Paris). Illustrated by a cinematograph film. 5.30 p.m. "*Diseases of the Antrum of Dental Origin*," by Mr. J. Angell James. LONDON JEWISH HOSPITAL MEDICAL SOCIETY.—At London Jewish Hospital, Stepney Green, E., May 6, 3 p.m. "*Medical Statistics*," by Dr. J. Bronowski. ROYAL PHOTOGRAPHIC SOCIETY.—At 16, Prince's Gate, London, S.W. May 6, 7 p.m. "*Photomicrography*." Lecture by Mr. F. J. Pittock, F.R.P.S.

Saturday

INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY, 330, Gray's Inn Road, London, W.C.—May 8, 11 a.m. "*Modern Temporal Bone Surgery. The Philosophy of Its Evolution*," by Dr. Julius Lempert (New York).

APPOINTMENTS

Percival V. Pritchard, M.D., F.R.C.P.Ed., F.R.F.P.S., has been appointed to the Northern Ireland General Health Services Board.

CHRISTIE, THOMAS, M.D., Medical Officer, H.M. Prison, Holloway.

MARTIN, K. W., M.B., B.S., F.R.C.S., Resident Surgical Officer and Surgical Registrar, Worthing Hospital.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Bard.—On April 14, 1948, at Queen Mary Hospital, Hong Kong, to Sophie Bard, M.R.C.S., L.R.C.P., wife of Dr. S. M. Bard, a daughter. Brewerton.—On April 5, 1948, at 9, Lancaster Grove, London, N.W., to Sylvia, wife of Dr. R. Brewerton, a daughter—Jane Elizabeth. Nelson.—On April 15, 1948, at Salisbury General Infirmary, to Albertine (née Van Calck), wife of Maurice P. Nelson, M.R.C.S., L.R.C.P., a son—Robert François. Williams.—On April 20, 1948, at Queensgate Clinic, London, S.W., to Lois Carol (née Scheer), formerly of Evansville, Indiana, wife of Dr. A. H. Williams, a son—Stephen Joseph.

DEATHS

Brunlees.—On April 18, 1948, Oswald Brunlees, L.R.C.P.&S.Ed., L.R.F.P.S. Glas., of 75, Denmark Villas, Hove, Sussex, aged 68. Clarke.—On April 18, 1948, at 2, Wood Villas, Clifton Road, Prestwich, Lancs, Maude Patricia Smart Clarke, M.B., B.Ch. Cuthbert.—On April 24, 1948, at Hindhead, Surrey, Margaret Jane Mudie Cuthbert, M.B., Ch.B. Fleming.—On April 10, 1948, Thomas Loudon Fleming, M.B., Ch.B., aged 60. Forge.—On April 19, 1948, at Boscombe Hospital, George Baynton Forge, M.R.C.S., L.R.C.P., of Handley, Dorset, aged 76. Gardiner.—Recently, John Percival Gardiner, M.B., Ch.B.Ed., of Pendean, near Penzance, Cornwall. Gilchrist.—On April 15, 1948, Norman William Gilchrist, M.B., Ch.B., of The Hall, Bloxwich, Staffs. Glass.—On April 21, 1948, at The Sheiling, Grantown-on-Spey, Alexander Gibb Glass, M.D.Ed., formerly M.O.H., Farnworth, and late of Bolton, Lancs. Goddard.—On April 20, 1948, Gerald Hamilton Goddard, D.S.O., M.R.C.S., L.R.C.P., Lieutenant-Colonel, R.A.M.C. Grapel.—On April 20, 1948, Francis Gaspar Grapel, M.R.C.S., L.R.C.P. Guttmann.—On April 25, 1948, Eric Guttmann, L.R.C.P.&S.Ed., L.R.F.P.S. Glas., of Maudsley Hospital, London, S.E., aged 52. Hill.—On April 14, 1948, at 21, Magdala Road, Nottingham, Philip Keith Hill, M.R.C.S., L.R.C.P., aged 65. Lidderdale.—On April 10, 1948, at Cheltenham General Hospital, William Guy Lidderdale, M.B., B.S., of Shillington, Hitchin, Herts. Martin.—On April 19, 1948, at Hove, Mary Edith Martin, L.R.C.P.&S.Ed., L.R.F.P.S.Glas., aged 72. Newport.—On April 19, 1948, Alexander Charles William Newport, C.V.O., M.R.C.S., L.R.C.P., Surgeon Captain, R.N. retired, of 17, Cousins Grove, Southsea. Temple.—On April 19, 1948, at Knockdolian, Comrie, Perthshire, Charles Dunbar Temple, M.B., C.M.Glas., aged 85. Thomson.—On April 16, 1948, at Derbyshire Royal Infirmary, George Thomson, M.B., C.M. Williams-Walker.—On April 22, 1948, at 86, Anderton Park Road, Moseley, Alfred Williams-Walker, M.D., M.R.C.P. Wrigley.—On April 26, 1948, at a Huddersfield Hospital, Kenneth Graham Wrigley, L.M.S.S.A., aged 53.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Normal Blood-pressure Readings

Q.—What do you consider to be the normal systolic/diastolic readings for adults under 50, aged 50 to 65, and over 65 years of age? It appears to me that, according to the tables of insurance companies, the majority of patients over 50 have hypertension. Textbooks advise prohibition of alcohol and drastic reduction in salt for patients suffering from arteriosclerosis or hypertension. Is there anything to be gained by compelling patients over 65, with hardening of arteries and/or some rise in blood pressure, to forgo the pleasure of using salt and alcohol as their inclination suggests? Is there not some risk in depriving patients of salt over a long period?

A.—This reply deals not with casual but with basal readings—i.e., those found at repeated examinations under resting conditions. The upper limits of normal pressure for adults at various ages are: below 50, 150/90 mm. Hg; between 50 and 65, 155/95 mm. Hg; and over 65, 160/95 mm. Hg. Pressures above the last figure represent hypertension at any age, although slight excesses are of less and less significance in later ages. For life assurance examinations the blood pressure is best registered after a few minutes' recumbency, the lowest of two or three recordings being taken. The type of case described in the last half of the question does not require prohibition of alcohol or drastic salt restriction, although both articles should be kept well within moderate limits. The degree of salt restriction obtainable by avoidance of salt in cooking and at table is without risk even over a long period.

Animal Ringworm in Farm Workers

Q.—Recently I have had several cases of animal ringworm in farm workers. Is there more than one kind of animal ringworm, and does it affect all persons in the same way, as the lesions appear to differ? *Liquor iodi fortis*, ung. *hydrarg. ammon. co.*, and ung. *iodi B.P.* have all been tried without much success. Is treatment by x rays of any value?

A.—Animal ringworm may be of many types, both small-spore and large-spore, but most of the cattle ringworm infections are of the large-spore ectothrix variety. The small-spore varieties produce very little more inflammation on the skin than does the ordinary human small-spore infection, but large-spore infections produce varying degrees of inflammatory reaction, with redness, vesication, and pustulation right up to the type of lesion described as kerion, with great swelling, oedema, and congestion, and a follicular pustular reaction over the area involved. The fierce reaction is a natural response to the foreign invasion, and is part of the mechanism of cure. The introduction of local treatment will sometimes precipitate such a pustular reaction. The most effective local applications are ung. dithranol B.P. and the following paint, fomentations often being necessary:

B.	Hyd. perchlor.	..	..	..	..	..	½%
	Brilliant Green	..	..	..	..	..	½%
	Spirit	..	..	..	..	ad	100%
	Make a paint.						

X rays are of no value in the treatment of ringworm infections in these cases.

Discoloration of Adrenaline Solutions

Q.—What changes cause the discoloration of solutions containing adrenaline? How do these changes affect the physiological action of the drug? Should the solution be acid to prevent discoloration? What substances are used to prevent deterioration?

A.—The darkening in colour of a solution of adrenaline is caused by the gradual decomposition of the adrenaline hydro-