BOOK REVIEWS : BOEKRESENSIES

THE BRITISH NATIONAL FORMULARY


This issue of the National Formulary represents the third edition of a most useful reference pocket book. The Joint Formulary Committee comprised of some 39 representatives of the medical and pharmaceutical profession has made the book suitable for various professional needs. The previous attempt in the 1952 edition (reviewed in this journal, 21 November 1953, 27, 1067) to be modern and use English headings in preference to Latin did not apparently meet with favour, so that one finds now a reversal to Latin nomenclature, but only as far as main titles are concerned; in the formulae themselves English names for the drugs are used. Other changes have been introduced to facilitate reference and cross-reference. The pages of the section dealing with prescriptions for infants are coloured light blue, a useful innovation. New material has been added. A certain amount of pruning has been done but not as much as some would desire; the reason being that preparations that have traditional value and which are still frequently prescribed have still to be retained. The valuable lengthy lists of proprietary preparations for which there are equivalent Formu­laries or off-label preparations have been extended and indexed, and the list of approved names has been revised.

Readers will be aware of the Hospitals Formulary compiled for use in the Cape Provincial hospitals (first edition, 1954), which was reviewed in this Journal, 26 February 1955, 29, 218. This local formulary will come to be widely used in this country, and in future editions no doubt the necessary changes and improvements will be made to bring it to its fullest value. The volume under review differs for example in being indexed more fully and in containing a section on Notes for Prescribers, in which the treatment of poisoning and concise notes on analgesics, anthelmintics, antihistaminics and so forth are provided. It is up-to-date, moderately priced, and needs no recommendation.

ANTISERA, TOXOIDS, VACCINES AND TUBERCULINS


UNION DEPARTMENT OF HEALTH BULLETIN. Report for the 7 days ended 28 April 1955.

Plague: Nil.

Typhus Fever, Cape Province: One (1) Native case in the Glen Grey Magisterial district. Diagnosis confirmed by laboratory test.

No further cases have been reported from Queenstown and Willowdale districts since the notification of 29 March 1955. These areas are now regarded as free from infection.

Epidemic Diseases in other Countries:

Plague: Nil. Typhus Fever: Manila (Philippines); Phnom Penh (Cambodia); Allahabad, Bombay, Calcutta, Delhi, Jodhpur, Kanpur, Madras (India); Dacca, Karachi, Lahore (Pakistan); Saigon-Cholon, Tourane (Viet­Nam).

This book now appearing in its 3rd edition has an altered title, the words 'Bacterial and Virus Diseases' no longer prefixing the remainder of the title.

In his preface the author states that considerable progress has been made in immunology during the last 3 years and it is now a well-established science. How true that statement is!

The writer deals in detail with the subject of combined active immunization against diphtheria, tetanus and pertussis. He describes a recommended method of immunization during early life against these diseases. The problem of whether to inculcate against diphtheria and pertussis during a prevailing poliomyelitis epidemic is also raised. Mention is made too of combined immunization against tetanus and enteric fever.

Attention is paid to the role of B.C.G. and vole-bacillus vaccines in the campaign against tuberculosis. With regard to the vole­bacillus vaccine considerable research is in progress with a view to testing its efficacy. (A recent article by Wells and Wylie* puts forward a plea for the use of the vole-bacillus vaccine.)

In the section on viruses poliomyelitis, now very topical in South Africa, is discussed and the author states that practical vaccines may be available within the next few years though the cost of production will be high.

The work concludes with an historical section and at the end of the book the author lists a series of references which he recommends for further reading.

This 3rd edition should prove of the greatest assistance to the practitioner and public health official. The concise manner each subject is dealt with, and the clearly tabulated index, make it an ideal book for reference.

C.S.H.


HUMAN BIOCHEMISTRY


It is stated in the preface to the first edition that this book is intended for medical students. The method of presentation is old-fashioned, but is to be recommended in so far as it starts by
dealing with the basic principles and reactions underlying the processes discussed. This occupies the first quarter, but thereafter the method leads to reduplication, some subjects being dealt with four times over, in varying minuteness of detail.

The last third of the book attempts to cover practically the whole field of pathological chemistry, and suffers the fate of such a degree of compression—indigestibility, misleading over-simplification and even some quite incorrect statements. A contributing factor is possibly that no less than 36 people are thanked in the preface for 'searching criticism of various chapters or large sections'.

On page 475, we are told that removal of the parathyroids increases urinary calcium, but on page 619 we are correctly told that the opposite occurs. Few people would agree that 'Proliferation of islet tissue, i.e. tumour of the pancreas, frequently occurs' (page 441), nor would they agree that the urea in the glomerular filtrate is not affected by the renal tubules (page 517). It is surprising to find in a text-book published in 1954 that the Tocantins theory of a thromboplastin destroyer as the cause of haemophilia is given equal prominence with that of anti-haemophilic globulin—the assumption is that this unidentified factor is associated with the globulins' (page 188). Christmas factor is not mentioned though discussion is otherwise full.

On the other hand, a clear exposition is provided of the interrelations between fat, protein and carbohydrate, and of their inter-convertibility at the tricarboxylic acid cycle level in intermediate metabolism. The section on the nomenclature and relationships of the sterols is also very clear.

This book can be thoroughly recommended as a reference book for clinicians and pathologists wishing to learn more about the basic biochemistry of any field in which they are interested, but biochemists interested in the physiological and pathological applications of their fields of study would be well advised to consult one of the standard text-books dealing with those fields only.

As one has come to expect from the C.V. Mosby Company, the reproduction is of a high standard throughout.

C.R.M.

CORRESPONDENCE

OBSCURE CASES OF DIPHTHERIA

To the Editor: 1 found Dr. Rieck's account of two obscure cases of diphtheria most interesting and constructive.

I would add that where mass inoculation is not practised, the bull-neck of diphtheria—especially amongst children—is relatively common.

I would submit this corollary too: Never wait for the appearance of membrane where tracheotomy is indicated. Respiratory and cardiac distress are the sole indications. I have performed this operation on three occasions where no membrane was ever present. The infection fulminated in the laryngeal tissues only.

H. Rupert

Postmasburg

1 May 1955


TREATMENT OF TUBERCULOSIS BY THE GENERAL PRACTITIONER

To the Editor: We should like to comment on the article entitled 'n Oorsig vir die Algemene Geneesheer van die Tipiese Behandeling van 'n Geval van Tuberkulose' which appeared in your issue of 16 April 1955. We found the article very interesting in that it described the successful treatment of a severe case of tuberculosis which almost certainly would have died before the introduction of the new antibiotics, and also in that it drew attention to the greater simplicity of the modern management of tuberculosis.

However, the article states specifically that the case has been described in order to give the general practitioner more confidence in the everyday medical handling of tuberculosis. This, we feel, may encourage general practitioners to undertake the treatment of tuberculosis on an even wider scale than is at present the practice.

Our experience in conducting a tuberculosis domiciliary practice in Alexandra Township during the past three years, under specialist supervision, has led us to believe that the treatment of tuberculosis, although far simpler than it was a few years ago, is still a specialized branch of medicine, and should not be undertaken by general practitioners without specialist supervision. We have found that general practitioners have often given sporadic therapy, depending on the patient's ability to pay; they have often failed to notify cases to the relevant local authority immediately; thereby delaying the investigation of contacts; in addition they have frequently instituted therapy without adequate prior X-ray and laboratory investigations.

In spite of the increased simplicity of treatment and the considerable success which has been achieved through domiciliary hospital treatment in many parts of South Africa, it would be extremely unsafe, in our opinion, to encourage general practitioners to undertake anti-tuberculosis therapy as a general rule. Patients do not respond uniformly to treatment, and each individual case requires long-term planning and repeated reassessment by specialists. In addition, the ancillary services of contact and source tracing, health education, and social welfare, are indispensable to the conduct of the treatment of tuberculosis.

We therefore wish to emphasize that although tuberculosis can be treated by general practitioners on domiciliary lines or in hospital with considerable success, this treatment should only be conducted under the supervision of specialists, and in collaboration with the general public health administration in each area.

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Johannesburg

22 April 1955


MEDICAL AID SOCIETY PRACTICE: OVERDUE ACCOUNTS

To the Editor: Through the medium of your columns we wish to draw the attention of members of the Medical Association to the fact that in terms of an agreement between Medical Aid Societies and the Central Committee for Contract Practice, Medical Aid Societies cannot be held responsible for accounts over 6 months old. Practitioners are advised, however, that after 3 months, they are entitled to send any account which has not been paid direct to the Society with a note attached, stating 'Over 3 months old—please investigate'.

Medical Aid Society members have repeatedly been advised that their Society's liability automatically lapses in respect of accounts over 6 months old. In order to eliminate any unnecessary unpleasantness, Medical Aid Societies urgently request the cooperation of medical practitioners.

R. S. Ewing

Advisory Council of Medical Aid Societies

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Johannesburg

19 April 1955

TEXT OF RESOLUTION

To the Editor: It has been brought to my notice that a resolution taken at the annual general meeting of the Medical Officers of Health Group held in Port Elizabeth in 1954 and quoted in your journal has led to misunderstanding and misinterpretation in some quarters. The resolution reads as follows:

'That in the case of non-European employees injured on duty, the Council of a local authority may, if it so desires, permit one of its medical officers very full, such cases and detain the fee payable by the Workmen's Compensation Commissioner, in terms of the Ethical Rules of the South African Medical and Dental Council.'

I should be pleased if this original resolution could be published in your journal.

A. H. Smith

Hon. Secretary

P.O. Box 1477

Johannesburg

M.O.H. (State Medicine) Group of M.A.S.A.

25 April 1955