

BOOK REVIEWS : BOEKRESENSIES

NETHERLANDS CONTRIBUTIONS TO SOUTH AFRICAN MEDICINE

Contributions of the Netherlands to the Development of South African Medicine (1652-1902). By H. S. N. Menko, Arts. (Pp. 152 with illustrations). Amsterdam: H.A.U.M., L/a J. H. De Bussy. 1954.

Contents: Introduction. 1. Johan van Riebeeck, (a) His youth and family and medical training; (b) his journey to and arrival at the Cape; (c) his work at the Cape; (d) description of the diseases of the Natives and their treatment in the settlement. 2. Some Netherlands medical men after Johan van Riebeeck. 3. The medical care up to about 1800. 4. The medical care in the 19th century. 5. The medical care during the Great Trek. 6. The work of the Netherlands Ambulances during the Boer War. Summary. Samenvatting.

This slim volume purports to sketch the Hollanders' contribution to medicine in this country. It starts with Jan van Riebeeck and ends with the Netherlands Ambulances operating with the Boer forces in the South African War. In between it discourses over the Cape Hospital of the Honourable Dutch East India Company and the Hottentots, and there is a chapter wedged in between the rest on the Great Trek as well.

So little has been written about the medical history of South Africa that it can perhaps be argued that any contribution to this field is to be welcomed; and certainly the author's style of writing

flows easily. (Readers of the *Journal* will recollect Dr. Menko's interesting and scholarly articles on Jan van Riebeeck in the Festival number in 1952.)

This readability is countered by two features, however, which make the book unacceptable to the purist. The first is hardly the fault of the author: the work has been ungrammatically translated and improperly proofed, and sentences have the irritating habit of running into one another without punctuation. Secondly—and from a purely historical angle—the work is very superficial, and Dr. Menko's interpretation of South African history should be read with extreme caution.

Small mistakes abound (e.g. the statements on page 99 that the British troops landed in *Saldanha Bay* in 1806, and that General Janssens surrendered *for want of stores*, are plainly incorrect), and proper names are often misspelt (e.g. the historian G. McCall Theal's name is rendered repeatedly 'Mac Call Theall'). One feels that Dr. Menko has not done justice to the references he has quoted, nor has he adequately covered the field he set himself.

As a story this little book makes pleasant reading (if one can overlook its irritating grammatical errors), but as a serious historical work it falls far short of the mark as measured by our standards.

E.H.B.

ON HEADACHE

Headache: Diagnosis and Treatment. By Robert E. Ryan, B.S., M.D., M.S. (in Otolaryngology), F.A.C.S. Pp. 338. £2 16s. 3d. St. Louis: The C.V. Mosby Company. 1954.

Contents: 1. Introduction. 2. The Physiologic Basis of Head Pain. 3. Objectives of all Headache Treatment. 4. Differential Diagnosis of Head Pain. 5. History Taking. 6. Examination of the Headache Patient. 7. Histamine Cephalalgia. 8. Migraine. 9. Abdominal Migraine. 10. Ophthalmic Migraine. 11. Tension Headache. 12. Generalized Vasodilating Headache. 13. Psychogenic Headache. 14. Nasal Sinusitis Headache. 15. Sluder's Syndrome Headache. 16. Myalgia of the Head. 17. Mixed Type of Headache. 18. Head Pain of Otolological Origin. 19. Acute Meningitis. 20. Trigeminal Neuralgia. 21. Glossopharyngeal Neuralgia. 22. Temporal Arteritis. 23. Brain Tumor Headache. 24. Brain Abscess. 25. Subarachnoid Hemorrhage. 26. Posttraumatic Headache. 27. Subdural Hematoma. 28. Lateral Sinus Thrombosis. 29. Alcoholic Headache. 30. Hypoglycemic Headache. 31. Cardiovascular Renal Headache. 32. Constipation Headache. 33. Headaches due to Bone Disease. 34. Headaches due to Blood Abnormalities. 35. Gynecological Headache. 36. Headache due to Intoxications (Poisonings). 37. Headaches due to Cardiac Diseases. 38. Headache due to Diseases of Endocrine Glands. 39. Headache due to Cervical Pathology. 40. Headache due to Cerebral Pathology. 41. Headache due to Infectious Diseases of Bacterial Origin. 42. Headache due to Diseases of Virus Origin. 43. Headache due to Infectious Diseases of Rickettsial Origin. 44. Headache in Diseases of Mycotic Origin. 45. Headaches in Diseases of Protozoan Origin. 46. Various Other Conditions Associated with Headache. 47. Allergic Headache. 48. Oral Cavity Head Pain. 49. Muscle Tension Headache. 50. Migraine in Children. 51. Postspinal Puncture Headache. 52. Ophthalmological Head Pain. Index.

This is a systematic text-book on Headache by an otolaryngologist. Most of the conditions discussed here are commonly seen in the everyday practice of the average physician, internist, ophthalmologist, neurologist and general practitioner.

With each form of headache problem the symptomatology usually found in the average case is given, although the important fact is stressed that all may have their atypical forms.

I have also noticed, with great joy, how much the author stresses that all-important fact that one of the most important factors in solving a headache problem, as in solving practically any medical problem, is the taking of a good history. In these days of special investigations and mechanical aids to diagnosis this fact seems worth while emphasising.

In passing I would like to refer to the interesting combination of drugs which is prescribed in the treatment of classical migraine, e.g. ergot, caffeine, an atropine derivative and a barbiturate. Personally I have had astonishing success in the treatment of migraine by this method.

This volume will be of interest to every member of the medical profession.

A.B.

MEDICAL EDUCATION

First World Conference on Medical Education. Held under the Auspices of the World Medical Association. Pp. 804+xvi. 60s. London. New York. Toronto. Geoffrey Cumberlege, Oxford University Press.

Contents: Opening Addresses. Section A—Requirements for Entry into Medical Schools. Section B—Aims and Content of the Medical Curriculum. Section C—Techniques and Methods of Medical Education. Section D—Preventive and Social Medicine. Concluding Reports of Vice-Presidents and Rapporteurs. Index of Contributors. Subject Index.

During August, 1953, there came together in London over 600 men and women, representing 127 faculties of medicine and 62 countries, for a 6-day conference on medical education. This substantial volume is a record of their proceedings. 'Those of us who planned the programme of the Conference', writes its President (Sir Lionel Whitby), 'decided to make no attempt at curriculum-building; such an attempt would only have ended in failure. By choosing individuals to speak on selected themes linked together in the four sections of the Conference we aimed rather at stimulating thought and even controversy...'

The 4 opening addresses are followed by the 79 papers which were read to the 4 sections into which the Conference divided; and included with each paper, or group of papers, is a summary of the main points made by the principal participants in the resultant discussions. The concluding reports are by the 4 vice-presidents, one of whom chaired each section of the Conference, and the 4 rapporteurs who supported them.

The Conference did not adopt any formal resolutions or recommendations on any of the topics which it considered. Its *Proceedings* enshrine no dogma, but are simply 'an encyclopaedia of factual information and considered opinion about medical education in

all quarters of the globe'. One cannot review an encyclopaedia, but perhaps one or two quotations will give an impression of its quality.

'Section A reacted against the idea that science is in some ways inferior to the humanities as an instrument of education... Let us remember our own deficiencies, intellectual and moral, and be content if we see only one or two divine attributes in our prospective students'.

In Section B: 'An analysis of the views which have been expressed upon the sort of curriculum likely to succeed in the twin aims of education and vocational training: the growth of medical knowledge has led to the fragmentation of the old primary teaching subjects into numerous sciences... all speakers seem to be agreed that the time has come to call a halt; to place the whole before the part, and to reunite the disintegrated fragments—in a word, to make the curriculum comprehensible once again... Opinion is strongly in favour of emphasising that the aim of medicine is to study and treat the sick person and not only the disease.'

In Section C: 'All were agreed on the value of using out-patient clinics and even the home, in addition to the hospital ward, as places of instruction... Of the 21 medical schools in the United Kingdom, general practice schemes are organised in 9.'

In Section D: 'The main task of medical education in the future is to turn out good doctors who are also equipped to be leaders of the health team... Many of the major preventive and therapeutic activities of social medicine must be taken through community political action. Doctors are afraid of this, but they should regard it as a challenge.'

G.W.G.

YEAR BOOK OF GENERAL SURGERY

Year Book of General Surgery. By Evarts A. Graham, A.B., M.D. Pp. 500 with illustrations. \$6.00. Chicago: Year Book Publishers, Inc.,

Contents: 1. Introduction. 2. General Considerations. 3. Technical Contributions. 4. Shock, Fluids and Electrolytes. 5. Nutrition. 6. Wounds and Wound Healing. 7. Antibiotics. 8. Neoplasms. 9. The Scalp. 10. Face and Buccal Cavity. 11. The Neck. 12. Thyroid and Parathyroid. 13. The Breast. 14. Lungs and Pleura. 15. The Thorax and Mediastinum. 16. The Heart. 17. Hypertension. 18. Peripheral Arteries and Aorta. 19. Peripheral Veins. 20. Lymphatic System. 21. Abdomen—General. 22. Liver and Spleen. 23. The Biliary Tract. 24. The Pancreas. 25. The Esophagus. 26. The Stomach and Duodenum. 27. The Small Intestine. 28. The Colon & Rectum. 29. The Anus. 30. Hernia. 31. The Adrenal Glands. 32. The Genitourinary System. 33. The Extremities. Section on Anesthesia. Index.

A book edited by Evarts A. Graham, abstracting from original articles of the world's surgical literature, promises good stimulating reading, and this is certainly achieved in this 1954—1955 Year Book on General Surgery.

The introduction by the editor may cause a slight rise in the blood pressure of the reader outside the American continent, but gives food for thought and will serve to shake the reader out of any complacency which western European surgeons or their pupils may tend to fall into.

For the general practitioner as well as the specialist surgeon this book will be of interest. Because it presupposes a complete understanding of the subject, the undergraduate may be unable to view information gained from this book in its proper perspective; to supplement his basic reading however, and to give him an idea of the newer developments and trends in surgical research, it is worth reading.

One is really at a loss which sections to comment on. Each page contains some interesting facts; some remind one of an article previously read, others stimulate one to read the original article on the subject referred to. References are clearly indicated at the bottom of each page.

The editor's occasional cryptic note at the end of some of the sections gives one an insight into the man Evarts Graham; e.g. 'Everybody knows these things but they are sometimes forgotten' (p. 31).

Throughout the book the simple clinical test to demonstrate a lesion is stressed; e.g. Tourniquet Paralysis Syndrome (p. 390), or Diagnosis of Depth of Burning in the section on Wounds and Wound Healing (p. 45).

British-orientated surgeons will probably find an occasional statement which they would be less dogmatic about. In the section

on Thrombophlebitis and Phlebothrombosis there is no article on the use of anticoagulants in treatment.

The section dealing with Stomach and Duodenum demonstrates beautifully the differences in opinion held throughout the world on the best form of surgical treatment for peptic ulcer and its complications. The description of Gastrectomy with Replacement by F. Austin Henley in the *Ann. Roy. Coll. Surg. Engl.*, September 1953, demonstrates that the search is still going on for the ideal method of surgical treatment.

Doubt is again cast on the long accepted congenital theory of the etiology of Pilonidal Sinus (p. 365). The editor's note: 'This is an interesting idea. Perhaps it is correct' will probably be altered to: 'It has been proved to be correct' in some future edition.

A very interesting section on Anaesthesia is included, edited by Stuart C. Cullen. In the space of 81 pages many points relating to the well-being of the surgical patient are discussed. This section discusses briefly the newer concepts of the physiology of circulation and ventilation. It touches on some of the problems and dangers

encountered in the use of hypothermia and hypotensive, muscle-relaxant and other commonly used drugs. Work on premedication in children is included. The special risk attached to patients previously treated with cortisone, and who suffer from resultant adrenal cortical depression become shocked during operation, is mentioned.

Bleeding from the skin and subcutaneous tissues during cyclopropane anaesthesia (p. 428) gives an acceptable explanation for the observation, long since made by surgeons, of increased oozing from wounds when this anaesthetic is used.

The editor has succeeded in sifting the corn from the chaff of world surgical literature and presents it in so concise a form that, to extract from it its full value, this book will have to be read and re-read.

Printed on good paper in clear type and with a pleasing cover this book will be an often-used and pleasant addition to the surgeon's library.

J.H.H.