

## REVIEWS OF BOOKS : BOEKRESENSIES

### YEAR BOOK OF DERMATOLOGY AND SYPHILOLOGY

*The Year Book of Dermatology and Syphilology 1955-1956 Series.*  
Edited by Rudolf L. Baer, M.D. and Victor H. Witten, M.D.  
Pp. 480. 61 Figures. Chicago: The Year Book Publishers,  
Inc. 1956.

*Contents:* Introduction. Selected Aspects of Dermatologic Therapy with Superficial X-rays and Grenz Rays. 1. Treatment and Prevention. A. Endocrine Therapy. B. Physical Therapy. C. Other Therapy. 2. Eczematous Dermatitis, Atopic Dermatitis and Urticaria; Allergy. 3. Drug Eruptions. 4. Miscellaneous Dermatoses. 5. Cancers; Precanceroses; Other Tumours. 6. Fungous Infections. 7. Other Infections; Infestations. 8. Venereal Diseases and Their Treatment (Exclusive of Gonorrhoea). 9. Investigative Studies. 10. Miscellaneous Topics.

This is the first edition of this notable and instructive work to be published without the distinguished guidance of Dr. Marion B. Sulzberger, and there are many who will regret his departure and miss his editorial judgment. It still remains, however, an informative volume covering such a wide field that one must admire the diligence and analytical skill of the two present editors in reading such a vast amount of literature and summarizing it for our benefit.

Like year-books this is a survey of the year's work in a special field; and to review a review is a difficult matter. The specialist will no doubt form his own opinion. But for the benefit of the general reader a few points, taken at random, may be stressed.

Many articles are presented on the use of adrenal steroid preparations in various skin conditions, even when the aetiology is obscure. The remarkable beneficial effect of these medicaments on many dermatoses is undeniable. Nevertheless, caution should be observed, for ill effects from the absorption of fluoro-hydrocortisone compounds are recorded. On the other hand, it appears, hydrocortisone may be used as an external application, even over long periods, without ill effect.

Encouraging results in generalized dermatoses have been obtained by workers in Germany by radiation with soft X-rays over large areas of the body. New, but potentially dangerous, substances for the chemotherapy of psoriasis, the value of Isoniazid in skin tuberculosis, and the value of hormone treatment in selected cases of acne vulgaris, are but a few of the many subjects of general interest reviewed. Those who are accustomed to read the special literature will meet many articles they have read before, but many, too, that they haven't, especially from foreign sources.

Here and there, interspersed throughout the book, the editors add little comments of their own, appraising the value of some particular investigation. These observations are usually shrewd and to the point. They prove that the editors' labours have not

been a mere mechanical process of digestion. Indeed, they present us with tit-bits of well assimilated material.

If any are left who still believe that the speciality of dermatology consists in applying external remedies, chosen only in accordance with visual impressions, the section on investigative studies would bring about a speedy and complete revision of this judgment. For here is ample evidence that many syndromes are but the reflexion on the skin of a disturbed lipid or protein metabolism perhaps, the outer sign of an inner pathology in some remote organ. Frequently diagnosis entails long and searching biochemical or histochemical studies.

In the beginning of the book the editors make the customary personal contribution. In this instance they write on the use of superficial X-rays in dermatology, an informative and timeous article, since it is doubtful whether therapeutic aid is being employed to the fullest advantage.

Out of 460 pages all that can usefully be said about the venereal diseases is comprised in 13 pages—an eloquent testimony to the efficacy of the antibiotics in this field.

C.K.O'M.

### TRAINING OF SANITARY ENGINEERS

*The Training of Sanitary Engineers; Schools and Programmes in Europe and in the United States.* By Milivoj Petrik. Geneva, 1956 (*World Health Organization: Monograph Series*, No. 32). 151 pages. Price: £1, \$4.00 or Sw. fr. 12. French edition in preparation. Local Sales Agent: Van Schaik's Bookstore (Pty.) Ltd., P.O. Box 724, Pretoria.

In almost every country the demand for qualified sanitary engineers far exceeds the ability of existing educational institutions to supply them. This lack of opportunity for specialized study in a field of great importance to health improvement is of concern to WHO; and, in an effort to increase recognition of the need for sanitary engineers and to encourage development of facilities for training them, WHO, among other relevant activities, sponsored a symposium on the training of sanitary engineers in Europe. In preparation for this symposium, Professor Milivoj Petrik, of the University of Zagreb, Yugoslavia, made an extensive survey of European schools and programmes. Professor Petrik's findings and his comments thereon form the body of this monograph.

It is believed that information of the type contained in Professor Petrik's survey has never before been assembled in one publication. By means of personal visits, correspondence, and study of the available programmes, the author collected all the

information he could concerning training in sanitary engineering in 16 European countries—Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, the Netherlands, Portugal, Spain, Switzerland, Turkey, the United Kingdom and Yugoslavia. In addition, he undertook a review of sanitary engineering education in a selected number of teaching institutions in the USA. Details concerning the curricula offered in 10 accredited schools of public health, the engineering faculties of 13 universities, and the Massachusetts Institute of Technology are given for purposes of comparison with European courses.

A report on the symposium itself appears in an annex to the text proper.

This survey reveals great disparities among European countries in the education offered in, and recognition accorded to, sanitary engineering as a special branch of engineering. It calls attention to fundamental needs and, through comparison with sanitary engineering education in the USA, offers suggestions for further developments in Europe and other parts of the world.

P.M.S.

#### DISEASES OF THE NOSE AND THROAT

*Diseases of the Nose and Throat. A Textbook for Students and Practitioners.* Sixth Edition. By Sir St. Clair Thomson, M.D., F.R.C.P. (Lond.), F.R.C.S. (Eng.), LL.D. (Hon.), Winnipeg. Pp. 1040 + xvi, with illustrations and colour plates. 90s. 0d. London: Cassell and Company Ltd. 1955.

*Contents:* 1. Introductory. 2. Diseases of the Nose. 3. Diseases of the Accessory Sinuses (Paranasal Sinus Diseases). 4. Tumours of the Nose and Accessory Sinuses. 5. Diseases of the Naso-Pharynx. 6. Diseases of the Pharynx and Tonsils. 7. Diseases of the Larynx. 8. Diseases of the Trachea and Bronchi. 9. Diseases of the Oesophagus. 10. Foreign Bodies. Peroral Endoscopy. 11. Chronic Infective Diseases. 12. Acute Specific Fevers in the Nose and Throat. 13. The Nose and Throat in some General Affections. Formulae. Index.

The 6th and latest edition of this well-known work places the emphasis mainly in the field of treatment. The general structure of the book has changed but little since the previous edition was published in 1948. The arrangement of plates and radiographs has been slightly altered and the number of figures reduced to make space for the necessary expansion of the text.

Sir Harold Gillies has reviewed the section on the plastic repair of the nose and several new illustrations have been provided.

Stridor, although a symptom and not a disease, has been con-

veniently considered under a single heading. In the past there has been considerable confusion in nomenclature, and in this edition of the book the arrangement differs in certain respects from that adopted in the previous edition. A series of coloured illustrations of the larynx in childhood has been included in this chapter.

The chapter on Nasal Allergy is very much the same as in the 5th edition. Treatment of this depressing condition does not seem to have advanced much, if at all, in the last 10 years.

The treatment of tuberculosis of the upper air passages has been fully brought up to date in keeping with modern trends.

R.J.V.M.

#### ALGAE AND PLANKTON

*The Role of Algae and Plankton in Medicine.* By Morton Schwimmer, M.D. and David Schwimmer, M.D. Pp. 85. \$3.75. New York: Grune & Stratton, Inc. 1955.

*Contents:* Foreword. I. Introduction. II. Definitions and Classifications. A. Algae, B. Plankton. III. Macroscopic Algae (Seaweed). A. Nutritional Aspects, B. Medicinal Uses, C. Miscellaneous Uses. IV. Plankton. A. Zooplankton, B. Phytoplankton (Microscopic Algae). 1. General Nature. 2. Metabolism, Culture, and Nutritional Values. 3. Medical Aspects. a. Water Supply and Sewage Disposal. b. Animal Intoxication. c. Human Intoxications. V. Discussion. Bibliography. Index.

This monograph deals mainly with the nutritional value of algae and of plankton. The use of seaweeds and of their derivatives as foods and as therapeutic agents is traced from legendary to modern times and some of the latest uses of alginates are described. Zooplankton has been investigated as a protein-rich food, and phytoplankton has been cultivated to this end; some recent experiments on the artificial culture of *Chlorella* are described, which have given promising results.

Outbreaks of algal poisoning in domestic animals are reported from many parts of the world, including South Africa. Direct algal intoxication is rare in man but some cases of poisoning following the ingestion of fish are attributed to algae in the fishes' diet. The authors also speculate on the possible role of algae in the aetiology of a number of nervous diseases, but without adducing any convincing evidence.

The book brings together information from very diverse sources and has a comprehensive bibliography. It should prove interesting both to biologists and to the physicians for whom it is primarily intended.

A.W.S.

## CORRESPONDENCE : BRIEWERUBRIEK

### DOCTOR-MIDWIFE-PATIENT RELATION

*To the Editor:* Is it possible for Federal Council to do something in regard to the unsatisfactory status of the doctor-midwife-patient relationship?

A parturient mother is often pretty touchy, and in no state to stand the extremely tactless way she is treated in some maternity homes. Every qualified and probationer nurse who handles her gives her conflicting and tension-raising advice. Worse: her confidence in her own doctor is both subtly and blatantly undermined. Here are some examples:

1. The doctor has instructed the patient in breast emptying as popularized by Harold Waller. A nurse tells her: 'If you use that method, you'll develop cancer in later life.'

2. Because of domestic difficulties a patient has undergone an extremely trying pregnancy. She is highly strung, and labour is premature. The child does well, but the mother's milk goes off. 'Never mind', soothes the doctor, 'we can use this Carnation milk'. Sister replies: 'Matron who has just come from overseas says this baby is too big for Carnation; after 3 weeks we put them on Cow and Gate'.

3. 'You'll never feed your baby', is a frequent reminder to the patient by the nurse. And so it goes on endlessly.

And Heaven help the obstetrician or family doctor who tries to introduce anything 'new', such as relaxation, demand feeding, rooming in—or the opposites if his technique or the patient's condition require it.

It seems to me that midwives need 3 items added to their education:

1. Simple psychology, relating especially to maternal emotional states.

2. Ordinary medical ethics—in regard to (a) patients' needs and (b) midwife-doctor relationship—and general morality, particularly in regard to libel and scandal.

3. Infant feeding: (a) That there is one lactagogue and one only—suckling (so neutralizing the many distractions the mother gets from advisers in regard to this injection or that food or preparation—all useless); and (b) that cow's milk is—cow's milk and cannot be 'humanized'—the essential sameness of all cow's milk, whether it is fresh out of the udder, dried, or condensed. It is shocking how midwives follow popular opinion about this, that or the other brand of milk. Let the doctor beware who prescribes a brand other than the one the midwife acknowledges. Nor will she hesitate to tell mother, 'That milk made your baby sick—you'll have to change it'. I am quite willing to learn from midwives. I acknowledge my indebtedness to the best of them (who incidentally will agree with all I write here), but I prefer them to tell me what's what—not go below my belt to my patient. The undermining by the ignorant or tactless type of midwife of the doctor-patient relationship in many cases exceeds the limits of ordinary human decency, and many of our better-class midwives are finding the situation just as exasperating as the doctors. So far as I know, the doctors try to give their patients confidence in the maternity homes and staff. Are we not entitled to a *quid pro quo*?—and that entirely for the sake of the patient, for it is in the public interest that there should be not only doctor-patient rapport, and doctor-nurse rapport, but doctor-patient-nurse rapport.

*Quot homines tot sententiae*

15 October 1956