claim may well be indefensible. The cost of cases of this sort to the medical defence organizations is considerable; the reputation of the surgeon is tarnished; and, most important of all, the patient suffers an avoidable permanent disability.

The remedy is simple. Routine *x*-ray examination of the hips and pelvis should be made before any treatment is given for a sizable injury to a lower limb sustained in a violent accident such as a road traffic accident. The surgeon must not expect that the patient will identify for him the nature and positions of his injuries. The proximal injury in the region of the hip or pelvis is commonly painless or relatively painless in comparison with the pain of the more obvious distal injury. The lesson should have been learned by now, but it has not. This letter has been written to encourage the idea that routine *x*-rays of the pelvis and hips should be taken to exclude "the proximal injury."—I am, etc.,

Liverpool 1. NORMAN ROBERTS.

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1 Dehne, E., and Immermann, E. W., *J. Bone Jt Surg.*, 1951, **33A**, 731.
2 Roberts, N. W., *Modern Trends in Orthopaedics*, 1962, **3**, chapter 7, p. 147. Edited by J. M. P. Clark. London.

Human Heart Transplantation

SIR,—In reviewing the record "Human Heart Transplantation" by Professor C. N. Barnard and his team (2 March, p. 566), Sir John McMichael seems either to have approached his subject with preconceived prejudice or to have missed the point of heart transplantation entirely.

As has been repeatedly stated by Professor Barnard, heart transplantation is only considered when the recipient is already dying and when further medical or more conservative surgical treatment will be to no avail. Professor V. Schrire stated the indication for heart transplantation very clearly on the record—namely, irreversible, intractable myocardial failure, with the patient "literally at the end of the road" and "dying in front of your eyes." Whatever the cause of the myocardial failure (Coxsackie myocarditis, coronary artery disease, etc.), the indication of extreme pump failure remains the same. The reviewer's question: "Is his life, with continuing dependence on drugs, going to be better than could be achieved with ordinary treatment?" is quite superfluous, as there is no alternative for the patient except death. The problems he envisages "surrounding living donors" are even more inappropriate. If the reviewer does not realize that the donor is of necessity already dead, then the whole question of heart transplantation must indeed pose for him incomprehensible and insuperable problems.

In the case of any transplant patient, whether heart or kidney, the consideration is not only how long the patient will live, but also whether the remaining lifespan is made more tolerable. So far, Professor Barnard's second heart transplant patient, who was a complete invalid facing imminent death, is reported to be gradually returning to normal life. Perhaps he is the best judge of whether the operation was worthwhile or not.—I am, etc.,

Pretoria, South Africa. E. J. SCHULZ.

Hypermobile Joints

SIR,—In your leading article on Hypermobile Joints (9 March, p. 596), the familial incidence of this condition was mentioned.

During a recent investigation we examined a large number of patients with simple joint hypermobility. Many of them had affected relatives, and it is our impression that familial joint laxity is a definite entity which is transmitted as an autosomal dominant. One striking feature was the consistency of the condition within any kindred. For example, in one family with 28 affected members in five generations, there were orthopaedic problems ranging from pes planus to congenital dislocation of the hip. On the other hand a professional contortionist from an old circus family claimed that none of her affected relatives ever had joint troubles.

At the present time it is impossible to state whether these kindreds have two different forms of familial joint hypermobility, or whether they are at the opposite ends of the spectrum of a single entity.—We are, etc.,

P. H. BEIGHTON.
St. Thomas's Hospital, London S.E.1.
F. T. HORAN.
St. Bartholomew's Hospital, London E.C.1.

Injury from Liquid Propane

SIR,—I wish to report an unusual and unexpected industrial accident, one of my patients being involved.

Two men were moving a cylinder of propane. One, the patient, was holding the valve wheel, while his colleague clasped the bottom of the cylinder. The outlet was directed upwards. In the course of the removal the man clasping the bottom of the cylinder changed his grip, rotating the cylinder about the valve stem, with the result that the valve opened and ended up pointing downwards. The patient's right thigh was drenched in liquid propane, which produced a large area of second degree frostbite. Had the valve outlet initially been facing downwards the resulting accident might well have been a disaster.—I am, etc.,

Great Bedwyn, Marlborough, Wilts. H. J. FENN.

Volvulus of the Sigmoid Colon in Africa

SIR,—I was pleased to see your reference to the concept of geographical pathology in the leading article "Volvulus of the Sigmoid Colon" (3 February, p. 264). However, you, as many others, have erred in considering the Negro population of Africa as a single group. You correctly note the reports from several East Africa countries in support of your statement regarding the high incidence of sigmoid volvulus among the Negro population of Africa. There is, however, considerable variation in the incidence of many diseases among the Africans in different parts of this huge and diverse continent.

At the University College Hospital, Ibadan, Nigeria, sigmoid volvulus is very uncommon. A recent review of 794 cases of intestinal obstruction at this hospital showed only eight cases (1%) were due to sigmoid volvulus,[1] a figure similar to that you quote for the incidence in the British Isles. The leading causes of intestinal obstruction here are hernia and intussusception. In contrast to these observations, a report from Ghana[2] indicates that they have a high incidence of sigmoid volvulus. To confuse the problem even more, personal experience in over 1,000 barium-enema examinations in Ibadan has shown that a redundant, mobile sigmoid loop is very common here. Perhaps this suggests that a combination of several factors is responsible for this condition.

In summary, this letter is to record the low incidence of sigmoid volvulus, not in Nigeria, not even in all of Western Nigeria, but at University College Hospital, Ibadan, drawing patients mainly from in and around the city of Ibadan. Only by being specific about the populations concerned can data relating to geographical pathology help in solving some of the riddles we face in medicine.—I am, etc.,

STANLEY P. BOHRER.
Department of Radiology, University College Hospital, Ibadan, Nigeria.

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1 Solanke, T. A., personal communication.
2 Cole, G. J., *Gut*, 1965, **6**, 151.

Panhypopituitarism after Cured Tuberculous Meningitis

SIR,—Is it not possible that the patient described by Dr. V. K. Summers and others (10 February, p. 359) at the age of 27 could have suffered from acute infectious cavernous sinus thrombophlebitis, with hypopituitarism as a complication? This complication was described, for instance, by Walsh[1] and Williams.[2]—I am, etc.,

J. A. M. FREDERIKS.
Binnenziekenhuis, Eindhoven, Holland.

REFERENCES

1 Walsh, F. B., *Arch. Ophthal.*, 1937, **17**, 46.
2 Williams, E., *Proc. roy. Soc. med.*, 1956, **49**, 827.

Overseas Service

SIR,—"Go West, young man," is advice followed by young doctors for many obvious reasons. May I try to interest them in a less crowded professional world in the South—in the sun? The developing countries have medical needs described by two statistics of shortage: health expenditure varies between 3s. and 20s. per head per annum, compared with 600s. for England and Wales; the doctor–patient ratio is between 1:20,000 and 1:100,000; 1:1,200 in England and Wales.

Why go South? Humanitarian reasons? Dr. Maurice King, of Makerere University, Kampala, in his preface to *Medical Care in Developing Countries* makes out the practical case for short-term service after intern jobs and before the children require secondary school education. Two major factors in any doctor's mind are keeping a place in the professional competition for good jobs and the financial needs of a new family. Finance need not be a problem. Overseas contract workers are better off than their equivalents at home in housing, transport, recreation, and salary. Opting out from the competition is a problem, but there is a partial solution already in existence if only it were applied more often. Whenever some