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CURRENT SERIAL RECORDS

SATURDAY 28 DECEMBER 1968

LEADING ARTICLES

Administrative Structure of the N.H.S. page 783 Infected Chicken page 784 International Co-operation page 785 Therapeutic Abortion page 786 Treatment and Prevention of Poisoning page 787 Hookworm Infection page 788

PAPERS AND ORIGINALS

Old Plagues in the Jet Age. International Aspects of Present and Future Control of Communicable Disease P. DOROLLE	789
Idiopathic Tropical Splenomegaly Syndrome in Ibadan E. J. WATSON-WILLIAMS AND N. C. ALLAN.....	793
Calcium Metabolism in Acromegaly A. NADARAJAH, M. HARTOG, BRENDA REDFERN, N. THALASSINOS, A. D. WRIGHT, G. F. JOPLIN, AND T. RUSSELL FRASER.....	797
Outbreak of Food-poisoning Caused by Salmonella virchow in Spit-roasted Chicken A. B. SEMPLE, G. C. TURNER, AND D. M. O. LOWRY	801
Salmonella virchow in a Chicken-packing Station and Associated Rearing Units J. H. PENNINGTON, N. H. BROOKSBANK, PAULINE M. POOLE, AND F. SEYMOUR.....	804
Red Cell Survival after Heterograft Valve Surgery W. H. P. ROESER, L. W. POWELL, AND M. F. O'BRIEN.....	806
The Drunk in Court: Survey of Drunkenness Offenders from Two London Courts DENIS GATH, CELIA HENSMAN, ANN HAWKER, MICHAEL KELLY, AND GRIFFITH EDWARDS.....	808

MEDICAL MEMORANDA

Bristle in the Heart E. JOAN HILLER.....	812
---	-----

MIDDLE ARTICLES

Boerhaave after Three Hundred Years E. ASHWORTH UNDERWOOD.....	820
New Appliances Self-levelling Venous Pressure Transducer.....	825
Christmas Quiz	826
Personal View WILLIAM COWAN.....	827

BOOK REVIEWS

817

NEWS AND NOTES

Epidemiology	839
Parliament	840
Medical News	842

CURRENT PRACTICE

Depressive Illness L. G. KILOH	813
Any Questions ?	816

CORRESPONDENCE

828

OBITUARY NOTICES.....

836

SUPPLEMENT

Proceedings of Council	77
Report by B.M.A. Council on Administrative Structure of N.H.S. in England and Wales.....	78
Private Practice Committee	89
University Medical Teachers	90

Correspondence

Letters to the Editor should not exceed 500 words.

Paediatric Teaching for Overseas B. Maegraith, F.R.C.P., and J. D. Hay, F.R.C.P.828	Through-knee Amputation H. R. W. Lunt, M.B., M.CH.ORTH.831	Hyperpyrexia during Anaesthesia J. McG. Imray, M.B., D.A., and D. C. White, F.F.A. R.C.S.833
Gonorrhoea and the I.U.C.D. N. F. Morris, F.R.C.O.G., and M. Elstein, M.R.C.O.G.828	Systolic Murmurs in the Elderly Ariela Pomerance, M.D.831	Eating and Corticosteroid Levels K. Montagu, M.Sc.833
Tetracycline and Nystatin G. Holt, M.D.829	Screening for Cervical Cancer J. Elizabeth Macgregor, M.D.831	Damages against Doctors J. Camp, M.A.834
Epidemic Influenza and General Hospitals J. R. May, M.D., F.C.PATH.829	Preperitoneal Prosthetic Herniorrhaphy L. F. Tinckler, F.R.C.S.832	Solvents for Ear Wax H. G. Morris-Jones, M.R.C.S.; F. de S. Donnan, M.B.835
Asian Flu Vaccine J. L. Loakes, M.B.829	Diabetes Mellitus and Prostatic Hyperplasia B. Lake, M.R.C.P.; J. B. Bourke, M.B., and J. P. Griffin, Ph.D., M.B.832	Sir William Osler L. C. Lyon, M.B.835
Pain in the Face J. Penman, M.R.C.P.829	Rejection on Medical Grounds J. W. Todd, M.D.833	Medical Assistants D. B. Caro, F.R.C.S.835
Difficulties of Doctors in Industry W. J. Lloyd, M.B.830	Prevention of Lumbar Puncture Headache J. de Swiet, M.D.833	Green Paper L. M. Shirlaw, L.R.C.P.ED.835
Frusemide and Urinary Cell Loss R. M. Lindsay, M.B., and A. L. Linton, M.R.C.P.GLASG.; L. F. Prescott, M.D.830	Neurogenic Intermittent Claudication M. A. Falconer, F.R.C.S.833	Recognition for Seniority J. W. Tuke, M.B.835
		Organizing the A.R.M. R. E. W. Oliver, M.R.C.S.835

Paediatric Teaching for Overseas

SIR,—Your leading article (23 November, p. 465) rightly commends the report on the postgraduate education of overseas students in paediatrics which has been produced by the Overseas Committee of the British Paediatric Association.¹ The report reviews our teaching of paediatrics to those who will later be grappling with the treatment and prevention of disease in children in tropical countries, and emphasizes its many deficiencies.

Among these deficiencies there has been a lack of co-ordination between tropical schools and university departments of child health, so that many overseas students have experienced difficulty during their limited stay in Britain in obtaining adequate training in both tropical medicine and paediatrics. There has also been insufficient emphasis in our teaching of tropical medicine and paediatrics on the special needs of children in tropical countries. The report emphasizes the need for this, and also for active clinical work including responsibility for patients. The absolute necessity for such clinical responsibility has also recently been recognized by the examining boards of the Royal College of Physicians of both London and Glasgow, which now regard six months as a senior house officer in paediatrics in a recognized hospital as a prerequisite to sitting the examinations for the D.C.H.

Your readers may be interested to know that it was the realization of these special needs of overseas students who seek training in both tropical medicine and paediatrics in this country that led the University of Liverpool to introduce this year a course in child health and tropical paediatrics organized by the school of tropical medicine and the department of child health, which is to include (a) four months' instruction in tropical medicine and hygiene, with particular emphasis on paediatrics and child health in the tropics, (b) two months' clinical attachment in neonatal paediatrics, (c) 12 months as a senior house officer—if necessary, super-

numerary—at Alder Hey Children's Hospital. Experience in infant welfare centres is to be included. Throughout the clinical period there is to be continuing instruction in tropical paediatrics, with special emphasis on those aspects of hospital work which are particularly relevant to practice in developing countries. It is intended that no more than six students will be admitted to the first course, and all will be required to have served as S.H.O. or the equivalent in paediatrics in a recognized hospital for at least one year. The report of the Overseas Committee of the British Paediatric Association emphasizes the particularly urgent need for good teachers in the developing countries, and our aim would be to attract such potential teachers to this course not only to help them to become proficient in the treatment and prevention of disease in children in the tropics, but also to stimulate them to undertake research projects in the field on their return home.

The report also condemns our existing diplomas as inadequate for the assessment of proficiency in the practice of paediatrics in developing countries, and it was to meet the need for a satisfactory yardstick of such proficiency that the University has established a Diploma in Tropical Child Health.

It was clear that for a course of instruction to be successful it would be essential for a senior member of staff with adequate experience of paediatrics in a developing country to be specially responsible for the students and their tuition; and the appointment of a senior lecturer in child health and tropical paediatrics to undertake this responsibility was agreed by the University some months ago, provided the costs involved were met from an outside source. The holder of that post is to be granted an honorary contract by the regional hospital board, he will have clinical responsibility for patients in Alder Hey Children's Hospital, he will contribute to the teaching of paediatrics in the tropical school, he will have excellent opportunities

for research, and he will act as personal tutor to the graduate students attending the course. To enable him to keep up to date in his specialty he will be expected to spend a minimum of two months each year in the tropics. We have reason to believe that there will be adequately qualified and experienced applicants for such a post when we are in a position to advertise it.

Financial support for the appointment of such a senior lecturer and therefore the course as a whole is, however, still lacking. In the present financial stringency it seems unlikely that it will come from the Treasury, and appeals to several research foundations have so far been fruitless. We must continue to hope that the necessary funds will become available before long.

The demand for the course has already been amply confirmed by many inquiries received from overseas graduates wishing to enrol, and it would seem to be deplorable if we are to miss this opportunity of improving our contribution to the future health of children in the developing countries, not only for the sake of the children and their parents, but in the interests of future friendship and co-operation between those countries and ourselves.—We are, etc.,

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REFERENCE

- ¹ British Paediatric Association, Overseas Committee Report, 1968. London.

Gonorrhoea and the I.U.C.D.

SIR,—We would like to comment on the report of cases of gonorrhoea in association with the intrauterine contraceptive device (I.U.C.D.) by Dr. R. Statham and Dr. R. S. Morton (7 December, p. 623). We too have seen and reported five cases of severe pelvic