Abstracts and Annotations

Journal of the North Midlands Faculty—Autumn 1957

Dr R. C. Burton, provost of the North Midlands Faculty, writes an introduction to this, the first issue of a new faculty journal. It is intended that it should appear twice yearly, and it will contain details of faculty activities, information, officers, membership and associateship, together with articles by specialists and by members and associates.

A thought-provoking foreword by Dr Ian Grant deals with the formation of the College and its purpose, stressing the importance of criteria for membership on which the future of the College depends. A two-page newsletter by the honorary secretary of the faculty, Dr James Baker, who is also editor, outlines the many activities of the faculty. Sir Ernest Finch contributes a historical account of the development of the College "After One Hundred and Forty Years", and Professor R. P. Jepson writes about "Fashions in Research". There are notices of postgraduate courses to be held in the faculty area.

The North Midlands Faculty are to be congratulated on their enterprise, and on their good fortune in having yet another generous donor to aid them.

The North-west England Faculty Journal No. 3. October, 1957.

The third edition of this journal gives lists of officers, committee members, and new members and associates. It devotes much of its space to Dr I. D. Grant's speech, originally delivered at the Newcastle meeting of the British Medical Association, on "The Care of the Dying," and this alone justifies its publication. In addition it gives interesting faculty news, and lists an attractive series of lectures and demonstrations available in Manchester.

On one page a personal touch is introduced by reproducing a photograph of the provost, Dr F. S. Catto, suitably captioned, with the evident intention of helping the faculty to get to know him as a person. No doubt other members of the faculty are due to receive the same treatment. Such a feature will do something to break down the isolated feeling which readily assails the general practitioner.

Research is encouraged by a request by Professor Robert Platt, P.R.C.P., for notification to him by North-west Faculty doctors of cases of dissimilar twins so that blood group studies can be arranged; and Sir Harry Platt contributes an informative article on "The College and Lincoln's Inn Fields." A new research project into the cost of prescribing is initiated by inviting answers to an eight-point

questionnaire, but some of the questions show only too clearly what answer is expected, or imply something not yet proven—sometimes reminiscent of the classic "Have you stopped beating your wife?"—which detracts from the possible value of the answers: but at least the questions indicate many approaches to the problem.

Drs S. Freeman and B. Lee, the joint Editors, are anxious to attract letters for publication, and print one which affirms that entry to College membership must be made more difficult. They are to be congratulated on their journal, and on their good fortune in being so handsomely assisted by Messrs Geigy, Ltd.

Chronic Brucellosis in General Practice. DAVIES, J. E. (1957) *Brit. med. J.*, **2**, 1082—7.

This account of chronic brucellosis, which won the 1957 Charles Oliver Hawthorne prize, makes it clear that the condition is relatively common. The incidence of positive brucellin tests (analogous to tuberculin tests) was 21 per cent in a rural community, and Dr Davies was able to collect eleven chronic cases.

Infection is from unpasteurised milk, and diagnosis is not difficult in acute cases, but the *brucella abortus* is not easily isolated in chronic infections, and here the diagnosis is more difficult. Patients complain of muscular weakness with easy tiring and lassitude, of muscle and joints pains similar to those caused by unwonted exercise, of sweats and chills, flatulent dyspepsia or other abdominal discomforts, and sometimes of peripheral nerve disturbances or blurred vision.

There is moderate hepatic enlargement in all cases, with splenomegaly in some, and evening pyrexia in about half of those studied. Blood investigations are disappointing, and sedimentation rates are normal. Intradermal skin tests give help, and Dr Davies showed that in controls the skin test had the effect of causing a moderate and transient rise of serum agglutinins, while in chronic cases the test was followed by strong local reaction and high and sustained serum titre.

Potassium metabolism was also studied, and a "low normal" value found in chronic infections.

Treatment was by combined tetracycline and streptomycin, but several instances of relapse were noted, and prednisone was also given for two weeks on two occasions. Most of the patients showed great improvement, but cures are not claimed in view of the tendency of the disease to relapse.

This paper serves as a reminder that all milk should be pasteurised, and that the brucellin skin test should be more freely used in conditions of chronic fatigue or obscure chronic fevers.

Care of the Elderly in General Practice: A Socio-medical Reassessment. JOHN FRY, M.D., F.R.C.S. *Brit. med. J.*, 1957, **2**, 666-670.

Dr Fry chooses that time when " the donors of the community become debtors " to divide the elderly from the others, and fixes 70 years old as his measuring line. He reports on 315 such patients, 105 men and 147 women. A large proportion are found fit for work, but are prevented from doing so by regulations. Most of them are still members of family groups, but about one in five are " isolates," and these account for more than their proportionate share of problems. Relatively few join old people's clubs.

The multiplicity of diseases in old age means that the health of the elderly has to be assessed by noting their general effectiveness, rather than listing particular diagnoses. Thus 35 per cent are unable to go out alone, but more than half continue their usual routines. Cardiac failure is their chief enemy, followed by arthritis and chronic bronchitis. Dr Fry measures morbidity by counting attendances, and by studying rates of incidence of certain diseases. He shows in this way that those over 70, although only six per cent of his number at risk, account for ten per cent of his work. His morbidity figures underline the fact that hospital and general practice differ in the types of illness mainly seen. In a clinical section, Dr Fry points out that functional disorders of digestion are uncommon in old age, but new growths, diverticulitis, faecal impaction and nutritional deficiencies are common.

The need for collaboration between the various praiseworthy social services for the elderly is emphasized, and home treatment favoured. Dr Fry is on less acceptable ground when he advises special surgery sessions for the elderly, many of whom dislike being made out to be old, and might resent such segregation. He concludes that a national policy to deal with the problem as a whole must be developed.

Coronary Thrombosis in General Practice. W. P. O'REGAN, M.B. *Practitioner*, 1957, **179**, 300-306.

Dr O'Regan never loses sight of the need to impart confidence with his medicine, and he has an entertaining style. Something of an iconoclast, he would have all sphygmomanometers destroyed, and would replace them with electrocardiographs. But he makes determined efforts to save his patients from unnecessary fears (though he dislikes hiding the truth from those about to die) and he stresses the need of the patient for a doctor with an attitude of cheerful confidence.

There are many who will disagree with him on some points, but none who will more clearly display their sincere desire to comfort always.