

osis is a virus infection it may be that it is contracted through the conjunctiva, and retrobulbar neuritis is the prodromal phase. If this reasoning is sound then wearing glasses should offer some degree of protection and I would be glad to hear of cases of retrobulbar neuritis giving details of age, sex, and whether glasses were worn or not.

If the degree of protection is slight it may be difficult to obtain adequate evidence to support the hypothesis; however, if we are lucky, it might turn out that no one has ever heard of someone who wore glasses contracting retrobulbar neuritis.

B. JAMES

The Doctors' House  
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### EDUCATION COMMITTEE OF SCOTTISH COUNCIL

Sir,  
On behalf of the West of Scotland Faculty we would like to take issue with the report from the Education Committee of Scottish Council (*Annual Report, 1976*) which states that: "It is obvious that general practice is reluctant in this respect to discipline itself by establishing agreed responses to the presentation of even the most common symptoms reflecting simple clinical conditions. No doubt fear of the word

'audit' has been a factor in the reluctance to engage in this study."

The West of Scotland Faculty Education Committee discussed the proposal fully on two occasions and it was subsequently examined at meetings of the Faculty Board. The original request stated that the aim was to standardize the approach to and treatment of certain common conditions in general practice after reaching a consensus. This, we feel, should not be confused with audit, which we understand is about quality of care, and that the question of fear does not come into the matter, as implied in the Scottish Council Report.

We felt that the way doctors treated symptoms like earache and diarrhoea was influenced by reading textbooks and journals and by attending post-graduate courses where the most up-to-date views were offered, and that this approach was correct.

To form consensus views through the College on a few common symptoms was trivializing the aims of the College and certainly not due to any fear in the West of Scotland college members of disciplining themselves.

R. M. MCNEILL

Vice-Chairman West of Scotland  
Faculty

R. L. K. COLVILLE

Chairman West of Scotland Faculty  
Education Committee

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### Reference

Royal College of General Practitioners  
(1976). *Annual Report*, p. 46.

### COLLEGE ARMS

Sir,

In reply to your correspondent in the *January Journal* (p. 59) the owl in the College crest was hatched from a doodle on the blotting pad of a member of the Awards Committee of Council under the chairmanship of Dr George Abercrombie.

It is known that Pallas Athene was in the mind of this committee, that they believed her owl-form to represent her as the goddess of wisdom and counsel, and that the serpent was an attribute which she shared with Asvlepius.

The Linnaean title of the little owl, *Carine noctua*, does not specifically ascribe this bird to the goddess though it was introduced from the Mediterranean area. The range of the long-eared owl, *Asio otus* (Linn) is Palaearctic and it is a native of Britain where the College was founded. A British owl was deemed an appropriate offering to a Greek goddess by a British college.

The heraldic significance of the crest has been irreverently stated to express the wisdom of hammering the snakes who call doctors out at night.

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## BOOK REVIEWS

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### HERBS THAT HEAL

William A. R. Thomson  
A. & C. Black, London (1976)  
184 pages. Price £4.25

As might be expected from an ex-editor of the *Practitioner* and the compiler of *Black's Medical Dictionary*, this well printed and well designed book with delicate black and white plant drawings is suitable both for the professional and the lay reader.

The book describes what nature has to offer in the way of healing herbs and discusses the therapeutic possibilities of

drugs that derive from nature, such as penicillin and the antibiotics, as opposed to computer-discovered, molecular roulette synthetics.

It is unfortunate that the claims of many folklore uses of plants were not followed up earlier, especially those regarding the hallucinogens, and even Egyptian papyri contained references to the antibiotic properties of fungi. The wind is shifting, however, and tough anti-drug legislation is already forcing leading drug firms in the USA to turn their attention to cosmetics and scientific apparatus. It is not surprising that legal measures have been taken as every

year in the USA 100,000 people are admitted to hospital suffering from the effects of adverse drug reactions.

The Director-General of the World Health Organization has stated that 95 per cent of illness could be cured by between one and two hundred drugs, yet in most European countries over 30,000 are available for prescription.

Dr Thomson reminds us that plant remedies contain balancing mechanisms, whereas the excessive tailoring of modern synthetics leads to side-effects, and it is of interest that the USSR favours the use of natural drugs—such as lily of the valley for the treatment of

heart disease—and the pharmacopeias of France and Spain continue to use mistletoe for the treatment of hypertension.

Herbal drugs are also used in the treatment of neoplastic disease: garlic, blood wort, podophyllum, autumn crocus, and periwinkle (the latter being the source of vinblastine and vincristine), and 70,000 species of plants have been screened in the USA for antinuclear activity. The original use of liquorice in the treatment of gastric ulcer has led to the present therapeutic use. Liquorice has a cortisone-like action, and was used in the 1950s for the treatment of skin disease, and even now the production of sex hormones and cortisone is dependent on plant sources.

Herbal pain relievers include henbane (hyoscyne), coca leaves (cocaine), poppy (opium), and deadly nightshade (belladonna). Chamomile (as in lawns and tea) is big business in Italy (a million cups of the tea are drunk yearly). It is used by ladies to ease their stomach troubles and by their menfolk as a night-time hypnotic. Even the basis of aspirin (as salicin) was originally isolated from willow bark.

Other chapters in the book are devoted to ergot (and the uterus), problems of blood clotting (sweet clover and garlic), and fertility problems, closing with the story of the insecticide pyrethrum which, though harmful to insects, conserves our food supply.

Though not essential as a text book for the general practitioner, *Herbs that Heal* is fluently presented and can be highly recommended as light reading.

ERIC BLOOMFIELD

## HEALTH CARE—AN INTERNATIONAL STUDY

Robert Kohn and Kerr L. White

Oxford University Press  
London (1976)

557 pages. Price £10

This is not a book for the general practitioner in his surgery but rather for general reference purposes, giving information about a study of health care in different communities all over the world. As such, it should be available at centres where general practice is a matter of study or research and as an occasional reference for those organizing vocational training schemes.

While some of the information is interesting in the international sense, and comparison of one centre with another is sometimes useful, conclusions about differences in health care systems between countries are of doubtful

validity: for example, few would accept that the care available in Liverpool (the UK centre) was representative of Great Britain. To be fair, the study does not actually attempt this comparison, but the title *Health Care—an International Study* does imply some matching of standards of health care in the various countries studied.

Although the surveys which form the basis of the report were conducted in 1968/69, the information shows fascinating variations in the use of medical care. Attempts are made to relate these observed variations to the differences between the health care system in the countries studied, and perhaps one of the most valuable sections is the large Appendix A, which details the characteristics of the study areas and their health services.

M. S. HALL

## THE TONSILLITIS HABIT

G. R. Osborne &  
N. Roydhouse

W. P. Roydhouse  
New Zealand (1976)

100 pages. Price \$12

Many myths are dispelled in this book and a sound pathological basis for tonsillectomy described. The authors show that the pathological changes in tonsillitis are reversible or irreversible, and that tonsillectomy is needed for irreversible changes only. A method of clinical management is described to help maintain reversibility. Irreversible lesions are shown to comprise structural changes which impede the normal crypt cleansing mechanisms, thereby enhancing the possibility of recurrent bacterial infection, and the authors detail the hitherto unrecognized role of *Actinomyces israelii* in promoting irreversibility.

Acknowledging the clinical difficulty in recognizing an irreversible lesion and that tonsillectomy may be done unnecessarily, the authors have devoted two chapters to preoperative, operative, postoperative, and anaesthetic detail, with a view to ensuring a safe operation.

Evidence is presented to show that adenoids have a useful physiological function, a different pathology from tonsils, and that adenoidectomy can be harmful and is rarely beneficial.

Much emphasis is placed on the maintenance of normal physiological mechanisms as a means of preventing disease, and in this context the authors show that prevention begins at birth or earlier. Cow's milk intolerance is shown to be associated with respiratory and

alimentary disorders, cot deaths, and even the start of coronary artery disease. While breastfeeding itself does not prevent tonsillitis, it is shown to help prevent disordered physiological mechanisms and thereby indirectly prevent both tonsillitis and otitis media.

In the final chapters, the authors enlarge on the role of *Actinomyces israelii*, showing that cross infection can occur in infancy and upwards, sometimes causing irreversible tonsil damage at a very early age, and that silent tonsillitis so caused can explain Reye's syndrome and cot deaths. The main source of *Actinomyces israelii* is shown to be periodontitis, present in those attendant on an infant and later in the child itself. Fallacies in preventing cross infection are described.

This book not only deals with pathology and ENT surgery, but contains material which is of practical value to the clinician. The pathological understanding provided will enhance clinical management and, where clinical precision is lacking, it will provide a stimulus for clinical research. This book is worth buying, worth reading, and worth thinking about.

M. T. EVERETT

## THE MEDICAL ANNUAL

Sir Ronald Bodley Scott  
& Sir James Fraser

John Wright & Sons  
Bristol (1976)

492 pages. Price £11

I welcome the arrival of my medical annuals, despite the rising cost. There can be few more enjoyable ways of keeping up with the specialties, and a quick look through the relevant sections of recent annuals is the best way I know of preparing for the inevitable awkward question when giving a talk.

The best of the three special articles this year is about terminal care. Dame Albertine Winner and Dr Cicely Saunders describe, with what can only be called eloquent sensitivity, how dying can be made more comfortable, and they append a "list of drugs most commonly used at St Christopher's Hospice", which all of us should learn by heart.

Dr Brian Webb, a paediatrician at Taunton, provides a superb review of breastfeeding. He describes with great clarity the irrefutable argument in favour of suckling, and concludes by calling for an end to the unholy alliance between maternity hospitals and the artificial milk companies.

Professor James Knox from Dundee