remedies, cope with the vast majority of common infectious illness. Ante-natal and child-development clinics reduce further needless morbidity and mortality.

Only the few cases who do not fit the pattern are referred to doctors trained to a level which we would acknowledge. The impact of the implementation of these lessons has been great. Morbidity and mortality statistics have been altered radically, and in some cases now resemble those of the developed countries, on a fraction of the budget. The removal of such barriers to health and vitality, as parasites and smallpox, have of course brought the emerging picture of degenerative diseases as we know them.

To progress further, the need for massive investment in new medical manpower, diagnostic and therapeutic tools is accepted, but the resources are not there to meet this need, and the rewards will not be so great.

This book carried vital messages for the improvement of health care in developing countries, but is perhaps aimed specifically at workers in that field.

A. M. Grieve


This apt little book gives a very good description of the fundamentals of medical ethics and moral problems facing the doctor and the nurse today. Medical ethics in the army are little different than in civil life and the advice in this book will be of the utmost value to anyone who reads it.

J. McGhie


Each of the three Services has its own peculiar medical problems and each has developed its own expertise to counter them. It should be no surprise, therefore, that this book, which is probably the standard work on underwater medicine, should be the product of the Naval Medical Services. For this fourth edition the original author, Surgeon Rear Admiral Stanley Miles, who launched the book in 1962, has been joined by Surgeon Captain D. E. Mackay. They write on a subject which, nowadays, is of increasing interest not only to navies, but to large oil companies, to those who swim and dive as a hobby, and to a growing band of underwater scientists.

This is a small book with forty-eight illustrations, not all of very good quality. The text, however, is lucid and economical, dealing with the physical, physiological and pathological aspects of underwater activity. For the Army Medical Officer who is not directly involved in the subject, it may be a disappointment that the book confines itself to 'underwater' as opposed to 'marine' medicine. I felt deprived, for example, of a section on exposure and survival whilst on, as opposed to under, the sea. The sections on respiratory function, the special senses and drowning, however, will be found especially informative for the non-specialist doctor.

The scope of the book is wide enough to take in such varied subjects as marine animals (a rather superficial account), the training of divers, and submarines and submarine escape. There are also descriptions of various types of underwater hardware. Particularly interesting was the author's plea for acceptance of a concept of "water safety" in the same way as we now think of "road safety".

There is at the end of the book a selective list of references and suggestions for further reading. It appears that, if the list is honest, no other single book exists dealing with this particular subject.

D. M. Roberts

LETTERS TO THE EDITOR

MITCHELLER MEMORIAL LECTURE—1975

SIR—It was with considerable interest, and nostalgia, that I read the Mitchell Memorials Lecture (1975)¹, having served in Egypt (twice), The Sudan, Eritrea, Syria, Palestine, Belgium, Germany (twice), Japan (British Commonwealth Force, Korea), Malaya and in the Borneo operations (Sabah, Brunei and Sarawak) in the confrontation with Indonesia; as well as of course in England and Scotland.

¹ Referred to as Mitchiner Memorial Lecture.
It might be apt for this lecture to be read in conjunction with “Pitfalls of Tropical Surgery”2 and “Imported Infections”3.

All members of the medical profession, at least physicians and surgeons should be trained in global, or transcontinental medicine. I found amoebiasis to be the most fascinating disease of all. Allow me to describe one case.

He was a lecturer in the Staff College, Haifa, Palestine (1942-43) who complained of headache before his evening lecture which he delivered at 1700 hours, “fibrositis of the right shoulder, vague abdominal symptoms, general lassitude but no looseness of the stools. Briefly on examination his liver was palpable, and tender, two finger breadths below the right costal region. On screening the diaphragm was elevated, restricted in movement on respiration and exhibited paradoxical movement on sniffing: whilst the stools were loaded with vegetative forms of Entamoeba hystolytica.

Standard treatment in those days (1942-43) was a course of emetine HCL, emetine bismuth iodide followed by carbarsone or stovarsol, and he made a complete recovery.

Several years ago Sir James Baird surprised me by telling me that causes of trypanosomiasis had been admitted to a mental hospital in the United Kingdom before the true diagnosis was established: whilst a few years ago I was amazed to find ex-Far East prisoners of war suffering from unrecognised strongylodiasis and being treated as a disease of the skin.

I am, etc.,

JOHN MACKAY-DICK

76 Ravelston Dykes,
Edinburgh EH12 6HF.
22 April 1976.

EDMUND ALEXANDER PARKES

SIR—The first centenary of the death of Dr. E. A. Parkes has been duly commemorated by the College at Millbank and you yourself have made honorable mention of his many and great achievements. To prevent his illustrious name falling again into desuetude I propose that the chair of Army Health at the College, being the first such academic appointment in the history of hygiene, should be forever linked eponymously with Dr. Parkes. Both the “Parkes chair of Army Health” and “Parkes Professor” have a euphonious ring about them. Let the professor and his chair be thus known as present and future memorials to the first and greatest professor whose like will never be seen again.

I am, etc.,

J. P. CROWDY

British Military Hospital,
Dhekelia,
British Forces Post Office 58.
3 August 1976.