baggy, and unattractive. He should have a physical examination because he may have an underlying defect that could lead to a premature recall to the factory. Then there is much about venereal disease, cholesterol, hypertension, continuation or resumption of sex (but again in the slow lane), much about diet (not more than three eggs a week, no sugar, no cream, little salt, no fried foods, and easy on cheese). There are ideal weight tables in pounds and kilograms, menus, a whole chapter on dressing smartly and successfully, with advice to buy the right size, avoid fancy dress, and keep the clothes clean, for "nothing

gives a clearer picture of an unsuccessful man or contributes more to the impression of a man whose life is going slowly downhill and falling apart than dirty clothes." And finally there is Fitness Plan X 3, to recondition the body, 13 pages with pictures of exercises for men over 40, that should help all but the most menopausal of M-M men to keep their strength and vitality and "lay down foundations for making the most of middle age."

How to Survive the Male Menopause. Geoffrey Aquilina Ross. (Pp 120; £6.95.) Elm Tree Books. 1984.

Funny things are everywhere

W K COWAN

Thank you, editor, for sending me this book in time for Christmas. Undoubtedly, many copies were bought and appreciated as Christmas gifts; in our house it joined the *Penguin Book of Limericks* and *Piper's Places* as light bedside holiday reading.

As most readers will know, William St Clair Symmers senior is an unusual man (I almost expected to find a limerick about him in the *Penguin Book*), now retired from the chair of pathology at Charing Cross Medical School after some 29 years and chiefly known to the world of pathology as editor of the British six volume textbook *Systemic Pathology*, in which his personal contributions show a remarkable breadth and depth of knowledge. He has found a wider readership as a collector and presenter of medical curiosities, some, as the blurb says, mortal, some of them trivial, and almost all of them worrying to somebody. Selections from this curious and exotic collection have been presented to many audiences in divers parts of the world and in 1970 several were published in the *BMJ*.¹ Encouragement by colleagues led to publication in 1974 of *Curiosa*, "a miscellany of clinical and pathological experiences," an entertaining and instructive (for me) collection of 50 cases. It was hinted then that should the sales be encouraging, a further batch, *Exotica*, would appear, and that a third and final volume could complete the presentation of some 150 cases. Alas, inflation, austerity, and perhaps the sales of *Curiosa*, have resulted in an *Exotica* of but 25 chapters, printed direct from the typescript, and there is slender hope it seems, of the remaining 75 cases being published at all.

I have to say at once that I did not enjoy *Exotica* quite as much as *Curiosa*. An obvious reason was that *Exotica* was only half the length; I am one who would have enjoyed all 150 cases presented à la *Curiosa*, but there are other reasons and these relate to style. The author himself has typed the book with enviable skill and only one or two mistakes but the versatility of his electronic typewriter has intoxicated him at times and I found the profusion of typefaces (up to seven different examples on one page) distracting. Being his own typesetter has allowed him little internal jokes; thus he can split "cowpathy" (an ironic neologism for disease of cows transmissible to man) on to two lines and hyphenate it into "cowpat-hy," but sometimes I was left wondering whether I was detecting a misprint or missing a *double entendre*; are "peptic ulsters," "lobar pneumonia" (sic), and "air-raïd sirenes" true mistakes or (as I suspect) private jokes, renderings of the way these words were pronounced? And, if I have missed the point of these subtleties, I argued, maybe the sentence that begins "Perhaps, of course, when the teaching of pathology is changing so much . . ." contains a nuance that has escaped me.

After a note on the frontispiece, an introduction, a valedictorian, a disclaimer, the contents, and another disclaimer we arrive at chapter 1 of this too short book. The style may suggest to some that it could have been shorter. How about this? "A surgeon,

recently irked by a pompous young pathologist's manner of phrasing a rebuke, sought to reconfirm and reinforce clinical supremacy by provocatively and in aggravated form repeating the offence that had goaded his colleague in trying an insufficiently considered means of obtaining better collaboration in the shared exercise of biopsy diagnosis." Henry James, perhaps? W St C's love of footnotes, and a necessity of a working knowledge of Latin, Greek, French, and lexicography if the reader is to appreciate all the little asides such as "Initial assumption that she was . . . ponaprothymic (if not frankly ponophobic), even

Not a Tudor laundry—these ladies are trying to turn base metal into gold. The rare treatise on alchemy from which this illustration is taken fetched £1150 at Sotheby's recently in the sale of Dr Walter Pagel's library. Dr Pagel, who died last year, was an outstanding scholar and medical historian "equally familiar with early sources in Greek, Latin, Hebrew, and the modern languages, many of which he could speak and write fluently"; his collection included editions of Aristotle, Galen, Paracelsus, Helmont, and Harvey as well as works on philosophy, metaphysics, and mysticism. Even Sotheby's were surprised by the response to the sale: the final figure of £126 030 was well above their highest estimate.

ergasiophobic . . ." put me more in mind of Laurence Sterne, for like *Tristram Shandy* this is an eccentric book (but no less attractive, some may think, for that).

It is eccentric also in the sense that it lies outside the main stream of medical books. Each short chapter is a description of an individual case with discussion and comment recalling Beaumont's *Applied Medicine*, another volume from a London medical school stamped by the individualism of an unusual man, but *Exotica* is not really of this genre. Nearer is Berton Roueché's anthology, *Curiosities of Medicine*, published in 1963; we must go back (and it is well worth the trip) to Gould and Pyle's *Anomalies and Curiosities of Medicine* (1897) for something similar.

Turning the pages, most practitioners and certainly pathologists will realise that their own experience would yield several stories every bit as curious or exotic as some of these; my unremarkable district general hospital must produce at least one or two a year. So the material is there; what we lack is the application, the enthusiasm, the collector's acquisitiveness, the gusto, the scholarship, and the skill of a Bill Symmers to capitalise on our experience. Especially the enthusiasm. The author believes that pathology is now often poorly presented as an undergraduate subject and my own experience suggests that somehow, perhaps owing to a lack of enthusiasm, we are indeed failing to sell our speciality. "The lecturer actually made pathology interesting," "First pathology lecture I haven't fallen asleep in," "I find histopathology inherently boring" are some of the written comments from Newcastle students. And this about one of the most fascinating subjects in the curriculum! For who would

forceps bear, to grunt and sweat in some weary delivery room, when he could be a pathologist? Not me; not Bill Symmers, nor many a histopathologist who recognises that it is in the mortuary and under the microscope that the most curious and most exotic of medical experiences come to light. As Dr Seuss, in his charming book *One fish, two fish, red fish, blue fish*, so neatly observes:

"From there to here,
from here to there,
funny things
are everywhere."

Indeed they are; and in a hospital the funniest things of the lot may be found in the pathology department. Including the staff, I hear you say.

At the end of his introduction the author wishes with some humility that *Exotica* may be helpful to someone, somewhere, some day. This pompous young pathologist is confident that it will.

Reference

¹ Symmers W StC. Curiosa et exotica. *Br Med J* 1970;iii:763-7.

Exotica: a further miscellany of clinical and pathological experiences. William St Clair Symmers. (Pp 226; £8.95.) Oxford University Press. 1984.

When the bowels turn to water

L J BRUCE-CHWATT

Those who might wonder what can still be written about this ancient and probably rare exotic disease may be well advised to consult the *Sixth Report on the World Health Situation* published by the World Health Organisation in 1980. They will learn that for the past 10 years the mean annual number of cases of cholera was about 80 000, of which roughly three quarters were in Asia and a quarter in Africa. Nearly 300 cases occurred in 1979 in southern Europe and were followed by a steady trickle during the following years; the disease is still brought in by immigrants or travellers who are infected after a few days of instant "tropical magic" in faraway countries. Global experience of the past two decades, during which the seventh pandemic of cholera invaded 36 countries, showed that this disease may be introduced easily by the ever increasing momentum of mass travel. But it will create a major public health problem only in areas where defective sanitation is responsible for a high prevalence of other acute diarrhoeal diseases. Even these countries, however, can now be better prepared to recognise and control cholera epidemics and reduce their impact. This is what the book by van Heyningen (an Oxford biochemist) and Seal (an American epidemiologist) is about; the story is told from personal experience and based on many unpublished sources.

The history of cholera in the Western world began in 1817 when the first pandemic invaded China, Japan, and the Middle East and was brought to eastern Europe from India. This was an ominous event because (as Greenwood said in his masterly book *Epidemic and Crowd Diseases*) for the first time the infection showed a remarkable tendency to spread. The five subsequent pandemics reached Western Europe; three of them went as far as Britain and two spread to the United States. But most of the book refers to the seventh pandemic, due to the El Tor strain of cholera, which started stealthily in Sulawesi in 1937, but in

1961 spread rapidly to China, the Philippines, India, Pakistan, the Middle East, tropical Africa, and southern Europe; it still drags on in some parts of the Third World.

Having devoted the first chapter to the history of cholera, the nature of the disease, and the discovery of its cause (by Filippo Pacini in 1853, who antedated Robert Koch by 30 years and named the bacterium *Vibrio cholerae*), the authors describe in following chapters the long search for the elusive cholera toxin and the great scientific advance made in 1959 by two Indian scientists: De in Calcutta and Dutta in Bombay, who showed convincingly on the experimental model of the ligated intestinal loop of a rabbit that a specific exotoxin causes accumulation of fluid in the small bowel. By 1960 cholera exotoxin "has at last found its way out of a maze of confusion, soon to fall into the arms of a scientific community." It was at this time that the real treatment of cholera was developed. Although some 60 years ago Sir Leonard Rogers, working in Calcutta, advocated the intravenous infusion of saline as a relief for cholera, and Sellards in Manila used alkaline saline for treatment of uraemia, the true revival of the rehydration method started in 1947 when Commander Phillips of the US Naval Medical Research Unit No 3 (NAMRU 3) began using it on a large scale for treatment of cholera patients in Egypt. The biochemical investigations of Phillips and his colleagues revealed much of the pathophysiology of acute diarrhoea in cholera, although they had doubts about the role of specific toxins. In 1958-9, when there were outbreaks of cholera in Thailand, Manila, Taiwan, Dacca, Saigon, and other parts of southeast Asia, the method of intravenous rehydration was perfected by another US Naval Medical Research Unit (NAMRU 2). This was followed by further participation in scientific and clinical studies of cholera by the US Army, the National Institutes of Health, Johns Hopkins School of Medicine,