Correspondence

Letters to the Editor should not exceed 500 words.

Africa's Need

SIR,—If "Our only asset is our wits" is Lord Snow's assessment of the reserves and potentialities of the United Kingdom, how much more so is this true of the universities in the developing countries to whose medical educational needs your leader of 10 April (p. 939) so aptly draws attention.

Wits are, however, a fundamental necessity in any situation and even more so in the African context, where the pace of development is exceeding the expectations of the most optimistic of the expatriate observers. To the "wits," however, must be added the highly trained and disciplined mind which is able to take advantage of the dynamic change in the African scene, an advantage which must demonstrably be for the improvement of the country concerned. New opportunities are being presented for medical research and work almost daily, as roads are extended, improved agricultural methods introduced, and industrial expansion grows apace.

The initial impressions which such fresh exposure of previously isolated communities reveal are sometimes shocking, but withal challenging. This was so when recently examination of schoolchildren in a remote and highly endemic leprosy area by Mr. E. Woodland Price, F.R.C.S.Ed., revealed 15% of children in three schools suffering from active disease. It is insufficient to be appalled. It is essential that those of the necessary wits and training should see this opportunity, even at the cost of long and arduous drives and perhaps rides on mule-back, to study the natural history of the disease in this virgin area, and the means not only of treatment applicable to that area but also of control. It is this kind of research which is so imperatively essential in the developing countries, and especially at this time.

Conditions such as these underline the emphasis in your leading article on the need for a medical school "on the spot" whose curriculum is locally relevant. Ethiopian students trained in Ethiopia against the background of the discovered needs of the country and of research into the best means of treatment and prevention is the answer to the health problems of this 3,000-year-old empire.

The Medical Faculty of Haile Selassie I University, which can claim to be as old as Salisbury and older than Dar-es-Salaam and Accra, though not listed in your leader, has already received very substantial help from the Ministry of Overseas Development, which has given tremendous impetus to the establishment of the new faculty. Our two great needs in Ethiopia are trained manpower, which at first must in large measure come from abroad, and the money to support those personnel. In addition, as your leader rightly remarks, those trained men and women who are willing to commit themselves for a period of service in the developing countries, such

as Ethiopia, and who will have a breadth of experience unlike anything to be gained in the United Kingdom, should have that experience not only recognized but eagerly sought by selection committees for consultant posts. Although it must be admitted that this breadth of experience will be obtained under conditions which are far from ideal medically, it must be emphasized that the very inadequacy of these facilities and the appalling medical conditions encountered force the individual practitioner back time and time again to the fundamental principles involved; so that, shorn of all the sophisticated machinery of our own state of development, he is able to grasp again the basic principles of the problems facing him.

The example of the University of Glasgow in forging a link with the new medical school in Nairobi is to be applauded. I am especially happy that the Medical Faculty of the University of Edinburgh last year, in addition to its previous commitment to Baroda in India, approved of a link between the Department of Orthopaedic Surgery under Professor J. I. P. James and my own department in Addis Ababa. Under this arrangement not only will Professor James make regular visits himself, but senior members of his staff will spend a year or longer working in the country. The Ministry of Overseas Development have already agreed in principle to finance such an arrangement. This is a very different approach to one which we have found all too frequently amongst certain other powers, who are only too anxious to give assistance to the medical needs of Ethiopia, but conceive of this only in taking Ethiopian students to their own country rather than giving material assistance to the medical faculty in Ethiopia itself. This applies to both Eastern and Western powers alike.

Please continue to export your "wits," but make it financially possible for them to work in developing countries and to return, if perforce they must, to a respected and appropriate position in their own country.—I am, etc.,

B. OSCAR BARRY.

Department of Traumatic
and Orthopaedic Surgery,
Haile Selassie I University,
Ethiopia.

Transfusions in Haemophilia

SIR,—Dr. B. A. Bradlow's letter (27 March, p. 859) stresses a fact widely resisted in Britain—namely, that fresh or frozen fresh plasma, when properly prepared and used, can be effective in treating almost any haemorrhagic situation in haemophilia.

However, few people would deny that concentrates of factor VIII (A.H.F.) are more

effective and easier to use than plasma. This simple fact would justify a nihilistic approach to plasma transfusion if available concentrates could meet the demand. But anyone who has treated haemophilic patients in Britain knows that concentrates are in short supply. This point is illustrated in Mr. P. H. Smith's paper (30 January, p. 296): for a patient requiring emergency splenectomy enough concentrate was available for only four days, compelling subsequent inferior treatment, and complications followed. Such desperate situations are common experience.

I do not know the reason why there is a shortage of factor VIII concentrate in Britain. It is certainly unnecessary; experience in Switzerland and the Netherlands shows that the huge national demand for the material can be met. In fact, if the demand were suddenly doubled present facilities could cope promptly.

But, accepting the fact that vital concentrates are not available, would it not be reasonable to produce frozen fresh plasma in suitable quantities and quality? The paper quoted by Dr. Bradlow¹ illustrates what was possible in South Africa in 1958. That the South African Blood Transfusion Service was then leading the world was greatly to its credit. That some other transfusion services have not yet caught up is a disgrace.

The haemophilic population has a raw deal in life, but their plight is not hopeless. Correct transfusion treatment can enable even those with severe haemophilia to lead a reasonable life. Few haemorrhages start rapidly; it is usually possible by prompt transfusion to arrest bleeding before it is incapacitating, and thus avoid periods of illness and absenteeism from school or work. This approach, involving plasma transfusion of patients on an out-patient basis, was available in Johannesburg in 1958. How many of the British "Haemophilia Centres" can say this in 1965?

It is unbelievable in this day and age that there should be conditions where medical knowledge is available for effective treatment and facilities are not. Haemophilia provides an example of the unbelievable! "... diseases desperate grown by desperate appliance are reliev'd, or not at all" (*Hamlet*).

A final point in this regard concerns the animal A.H.F. that is commercially produced in Britain. Because of antigenic properties this has limited use, but within these limits the ox and pig A.H.F. are highly effective. At present their free importation into the United States is prevented by the Food and Drug Administration. When these restrictions are lifted there may be huge orders from the U.S. It would be tragic if this were not anticipated in the United Kingdom and even this material were to run short.—I am, etc.,

Box 200, Amsterdam, ANTHONY BRITTEN.
Netherlands.

REFERENCE

- Bradlow, B. A., Ellis, B. C., and Abrahams, O. L., *Med. Proc.*, 1960, 6, 253.