The inadequacy of their supply in relation to present and future requirements

The Publishers' Association, at the request of Medical Publishers, in a memorandum dated October, 1944, calls attention to the present acute shortage of medical books and is a cogent argument in favour of the government making more paper and labour in the printing and binding trades available for books at the earliest possible moment. It is urged that a distinction should be drawn between medical books such as those on medicine, surgery, obstetrics, public health, nursing, pharmacy, anatomy, physiology, pathology and bacteriology, first-aid and veterinary medicine and surgery and books on medical matters issued for the general public. "Scientific literature and popular works cannot be satisfactorily considered together." Any reduction in scientific output must inevitably hamper medical education and the spread of medical knowledge, and accordingly react unfavourably on the community as a whole.

In the last five years it has been impossible to maintain the basic requirements for education. The numbers of registered doctors in Great Britain has increased enormously during these years. The numbers of medical students has also increased very largely. All medical schools are full and the Goodenough Committee envisages an increased intake. Figures for nurses are not available, but here again the increase in numbers is known to be considerable. The same applies to pupil midwives and students of first-aid.

Next, the requirements of the overseas market are at least twice as great as in pre-war years.

The memorandum points out that many of the medical text-books are of very large size; the life of editions is short, in view of the need for keeping up-to-date.

Such economies as reduction of paper weight, narrower margins and increase in the number of words to the page have been used by the publishers but these cannot produce any substantial saving. Printers are now working with depleted staffs and have to meet heavy demands from H.M. Stationery Office. Medical books as a rule are liberally illustrated and the number of experienced block makers has been reduced. Binders are in the same boat.

"It follows that the release of key men to the printing, engraving and binding trades as soon as possible would have a profound influence on medical book production."

This is only the barest abstract of the facts set forth by the memorandum. "Medicine cannot stand still without injury to the whole community; equally, it cannot advance without books."

In our own branch of medicine one has only to note the slowing
down in the publication of the Transactions of our society, the volume for 1943 being just published as we write this; and to realize that the British Journal of Ophthalmology has been utterly unable to produce any monograph supplements during the past five years, to realize the gravity of the situation and to make us hope for speedy improvement.

ABSTRACTS

MISCELLANEOUS


(1) The virus inclusion bodies of trachoma can be found in every case of early trachoma if sufficient trouble is taken in looking for them. On the other hand they have been found very rarely in experimental animals, and then mainly in the higher apes. Only once have they been found in any species of monkey.

The grivet monkey is susceptible to trachoma and responds to infection by the production of follicles in the fornices of the conjunctiva but not on the tarsal conjunctiva as in man; also there is no invasion of the cornea by blood vessels nor any subsequent conjunctival cicatrization, as in man. Thus the four characteristic signs of trachoma in man are lacking in the grivet.

This follicular conjunctivitis of the grivet induced by trachomatous inoculation can be passed, and after four passages the virus remains virulent for man in whom it can produce typical trachoma. This was effected by Bland in the case of two Europeans who exhibited no evidence of past or present trachoma. Virus inclusion bodies present in the original inoculum taken from children with typical trachoma, were not found in any of the author's experimental animals. They reappeared concurrently with the appearance of clinical trachoma in the men infected from a grivet of the fourth passage.

It is important to note that the reaction of grivets and vervets to trachoma cannot be distinguished clinically or histologically (except in site of origin) from the spontaneous folliculosis from which these monkeys frequently suffer. In the author's opinion this renders grivets and vervets unsuitable for trachoma research.

He remarks that the trachoma inclusion body so closely resembles that of psittacosis that one could not feel sure of distinguishing between them in films stained by ordinary methods. It is impossible to believe that the nature of those two so similar structures is