

## **An Occasional Medical Newsletter from The Blood Care Foundation**

Dear Member,

Firstly, may I wish you all a peaceful and Happy New Year and I trust you all enjoyed the festive season. It appears that we are to be faced with ever more bizarre medical problems. Fortunately, new technological advances can come to our aid as illustrated by the training course in cutaneous anthrax, which is detailed below. This generous offer shows that the medical profession still believes that helping humanity is more important than financial gain or enhancement of one's professional status.

### **Cutaneous Anthrax.**

Over 100 cases of cutaneous anthrax have been seen at the Tropical Medicine Institute in Lima over the past 30 years. In order to help educate other health care providers worldwide Dr Eduardo Gotuzzo, MD FACP, Director, Tropical Medicine Institute, Lima is making available a set of images depicting the spectrum of the usual presentations of naturally acquired cutaneous anthrax on the home page of the Gorgas Course in Clinical Tropical Medicine. Since spider bites (loxocelism) and cutaneous anthrax may have very similar presentations, comparative images are presented with a clinical discussion. The images available singly or as a complete PowerPoint presentation are to be found at <http://www.gorgas.org>.

### **Prevention of Infectious Diseases in Long-Term Travellers to Africa.**

The expatriate or long-term traveller is at greater risk of developing an endemic illness than the short-term resident, especially if he or she resides in a rural area. Waner et al have produced an invaluable guide to the problems, vaccinations, medical prophylactics and risk avoidance measures that can be taken by long-term travellers. The article covers viral, parasitic and bacterial diseases, as well as the points that should be covered in a pre-travel medical examination. (*J.Travel Med.* 2001;**8**:304-8)

### **A Good Sweat.**

A potentially new antibiotic, christened dermicidin, has been isolated from sweat. Its structure and possible mode of action is different from any antibiotic currently in use. It has been shown to kill *Escherichia coli*, *Staphylococcus aureus*, *Candida albicans* and *Enterococcus faecalis* amongst other organisms and the research group now plan to see if it has any viricidal activity. (*Nature Immunology*. [www.nature.com/ni](http://www.nature.com/ni))

### **Two Useful Websites.**

There are two new tropical disease learning resources now available. The first is a travel information web site that combines all the CDC and WHO information, plus disease-based information on a wide range of tropical disease problems. It is free to all, and updated annually as the WHO and CDC manuals are updated. It is <http://projects.mmi.mcgill.ca/tropmed>. The second site is a growing (slowly) clinical photo vignette site (i.e. micro vignettes) where you can test your tropical medicine knowledge, and, if you wish challenge the author's. This is at <http://www.medicine.mcgill.ca/tropmed/cantropmed>.

### **The French Paradox.**

Why do the French have a lower incidence of heart disease than the British, in spite of having a diet higher in saturated fats? Potent polyphenols, found in the skins of red grapes, inhibit the production of endothelin-1, a peptide, which causes vasoconstriction and is believed to be the key component in the development of coronary artery disease. White and rosé wines do not have the same effect. (*Nature*. 2002;**414**:863-4)

### **Iron Deficiency and Language Development.**

Iron deficiency may well be associated with defects in child development and oral iron supplementation appears to improve motor and language development in iron deficient preschool children. A recent study by Stoltzfus et al examined the effects of iron supplementation, anthelmintic treatment, or both in preschool children in Zanzibar. Oral iron treatment in children who were iron deficient conferred benefits even in communities where malaria was endemic and was a major cause of anaemia. (*BMJ*. 2001;**323**:1377-8 & 1389-93)

### **Malaria Risk, Perception and Compliance with Prophylaxis.**

A recent survey of 595 adult visitors to Zimbabwe, both for business and pleasure, found that patterns of protective behaviour and compliance with prophylaxis were inconsistent although most people were aware of the high threat of malaria. Nearly a quarter had failed to use any prophylaxis during their visit and nearly 20% of those, who had taken prophylaxis, only did so intermittently. Full compliance with medication and the use of personal preventive measures was only found in 13% of those questioned. The authors conclude that we need to examine the ways we communicate the dangers of malaria to our staff and ensure they understand the dangers of failing to take all preventative measures. (*J.Travel Med*. 2001;**8**:298-303)

### **Aspirin and Cardiovascular Disease.**

Two very different opinions on the value of aspirin in the prevention of cardiovascular disease have been recently published. An updated collaborative meta-analysis by the Antithrombotic Trialists' Collaboration concludes that 75-150mgm per day is effective. John Cleland, however, concludes that aspirin merely changes the way in which vascular episodes present and this leads to a "cosmetic" reduction. (*BMJ*. 2002;**324**:59-60, 71-86, 103-5)

### **Gun Slingers.**

The ability to carry guns legally is a major difference between the laws of the USA and European countries. Most Europeans believe that all Americans cherish this right, but a recent survey conducted throughout the USA contradicts this perception. The majority of respondents stated that they felt less safe as it became easier to carry concealed firearms and over 90% believed that the carriage of firearms in public places should be made illegal. (*Injury*. 2001;**7**:282-5)

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