QUALE MEDICINA
NEI PAESI CON MENO RISORSE

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MATERNITY
WAITING HOME

1. The pattern has changed

1964	2024
In sub-Saharan Africa 10 Medical Schools	In sub-Saharan Africa estimated nearly 200 Medical Schools
In Nigeria less than 1000 doctors	In Nigeria 55,000 registered doctors
	but at least 15,000 of them work outside Nigeria

psoriasis of the scalp. Patients found it cosmetically superior to ointments and creams, and the preparation was effective compared with the inert base.

NOTE.—Since this work began Hagerman (1965) has reported the successful use of an alcoholic solution of triamcinolone in psoriasis of the scalp. The preparation he used contained salicylic acid and benzalkonium chloride in addition to the steroid, and his patients used an occlusive dressing on the head at night.

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Preliminary Communications

Host Defences to Burkitt Tumour

Brit. med. J., 1967, **1**, 345–347

The possibility that host factors or immunological agents play a part in the results achieved in the treatment of the Burkitt tumour has long been suspected. Thus Burkitt (1962), in East Africa, showed that adults living in regions where this lymphoma was prevalent did not suffer from the tumour, whereas adults who had come from non-endemic regions were apt to contract the lesion. Moreover, the overall long-term survivals achieved in the treatment of the Burkitt lymphoma are much better than those achieved with other lymphomas (Chemotherapy of Burkitt Tumour, 1966) even with small doses of drugs. Regressions of the Burkitt lymphoma have even occurred when treatment was abandoned or refused (Burkitt *et al.*, 1965).

Ngu (1965) suggested that if host factors were involved in some of the remissions seen such factors would theoretically be easier to detect in those who had had long remissions than in those who had succumbed early to their tumour. Such early deaths might be taken as presumptive evidence of failure or inadequacy of host defence factors, whatever the reasons for this failure might be. Hence it was decided to search for a humoral factor in patients with long remissions.

MATERIAL AND METHOD

Blood was donated by two Burkitt tumour patients with uninterrupted remissions of over two and a half years who had not received cytotoxic drugs in the preceding year. Control blood was donated by a young healthy English doctor who had spent nine months at Ibadan and a healthy young American scientist who had spent only 72 hours in Nigeria. Two factors were taken into account in the design of the trial. Firstly, it was thought prudent to exclude from the donors of immune plasma patients with remissions of less than two years, since recurrences of the tumour after nearly a year's remission had been seen. With a further year of remission the risk of infusing live tumour cells or whatever their causative agents might be was minimized. Secondly, plasma was preferred to serum because it avoided waste in separating serum from the small

of 6, weighing 41 lb. (18.6 kg.) with a lymphoma (Burkitt tumour) of the right cheek, confirmed by *x*-ray and histological examination. She received 5.5 mg. of mustine hydrochloride into the right external carotid artery and a further dose of 6.2 mg. into the arch of the aorta via a femoral artery catheter. Six weeks later regression of the tumour was rapid, and she has remained completely symptom-free to the present time with no evidence of tumour anywhere in the body.

"*Immune*" *Plasma Donor II*.—A boy (blood group B, Rh-positive), now aged 14, was first seen in December 1962 with Burkitt tumour of the right maxilla and was treated by intravenous cyclophosphamide (490 mg. daily × 7). The response of the tumour was good, but because of persistent bony deformity he was started six weeks later on a maintenance course of 50 mg. of cyclophosphamide by mouth daily. This was continued intermittently for a year and then stopped. There is now no evidence of disease on clinical and radiological examination.

CASE 1

A 4-year-old boy (blood group B, Rh-positive) was admitted to hospital on 2 September 1965, with a 20-day history of swelling of the left cheek and right upper eyelid and some respiratory difficulty. On examination he was a very ill child weighing 22 lb. (10 kg.) with bilateral involvement of both maxillae and both mandibles by tumour masses. The maxillary tumour had ulcerated into the nostrils, from which a moderate amount of bleeding was observed. Nasal obstruction and extension of tumour into the mouth had rendered normal breathing difficult. A tracheostomy was therefore established on admission. The periorbital tissues were involved by tumour, more extensively on the right side than on the left. The rest of the physical examination did not reveal obvious tumour masses elsewhere in the body.

X-ray examination of the facial bones showed extensive destruction of both maxillae and mandibles with displacement of the teeth (anarchie dentaire). There was a loss of dental lamina dura.

Biopsy examination of the tumour on the left cheek showed the presence of Burkitt tumour cells.

On 3 September 150 ml. of immune plasma I was transfused into the child. Next day he looked infinitely better, though he had a temperature of 102° F. (38.9° C.). The patient's general condition remained satisfactory, but his temperature continued to swing until 12 September, when it settled. Because of occasional epistaxes, however, and a haemoglobin of 6.9 g./100 ml. (47%), he was transfused with 350 ml. of whole blood obtained from a local adult

2. Medical Research

- Publications from Africa: about 3% of those listed in *PubMed* (but rising): currently most of them from Nigeria, Kenya, South Africa
- Local sources of funding ear-marked for research: near zero
- Notable sources of funding from USA, EU, Sweden, International Agencies

3. Diagnosis versus *Therapy*

- Laboratory facilities have improved
- Many countries have doctors trained in many specialties
- In most cases diagnosis can be made at least in some major hospitals
- HOWEVER, SO MANY DRUGS ARE OUT OF REACH BECAUSE OF HIGH PRICES

HAEMATOLOGICAL RESEARCH IN AFRICA

First Meeting held at UCH, Ibadan, NIGERIA, August 15, 1972