

the time of writing the various legislative and voluntary committees are still working on a cost-containment diet, and will probably compromise on a 3500-calorie regimen suitably enriched with bran and yeast and cod-liver oil and megavitamin supplements.

Automatic blood pressure recording devices

So much for Congressional dietary reforms. Meanwhile in Chicago a newspaper reporter astonished the medical community by abruptly developing malignant hypertension, Addison's disease, and severe aortic incompetence. Another opinion was sought but this time the diastolic pressure was 20 points higher than the systolic. It turned out that this novel manifestation of the Uplavici syndrome resulted from America's determination to wipe out its number one enemy, hypertension. For just as the red guards once waged war against the domestic fly, so myriads of American health care workers have for the past decade scoured the countryside in search of enemy No 1. Armed with stethoscopes and sphygmomanometers they have laboured and screened and referred and detected—fired by slogans proclaiming that 23 million Americans had high blood pressure, that of these half were undetected, that of those detected half were untreated, and that of those treated half were still hypertensive. And so they screened from their vans and preached in the churches; they fought on the beaches and never surrendered; and they captured the imagination of the public, the medical profession, and the drug industry.

Recently, enterprising manufacturing companies went a step further in bringing health to the masses by installing automatic blood-pressure recording devices in supermarkets and hotels, thus providing curious individuals with an accurate printout of their blood pressure for only fifty cents. Unfortunately, each machine, though accurate in its own way, was by no means in agreement with the next, at least not in any one particular individual. Hence the many unexpected cases of galloping hypertension or hypotension; hence the unusual case of our newspaper reporter; hence the many calls from alarmed individuals who ditched the automatons in favour of their telephones and swamped doctors all over Chicago with calls. At present the authorities are conducting an investigation. In future they will undoubtedly regularly inspect not only lifts and

butchers' scales but also public blood pressure measuring devices. Meanwhile cynics and those who disliked the profit motive of the whole idea predicted that the public would next be offered coin-operated ultrasound machines and CAT-scanners. But consumer advocates thought that the project was a giant leap forward in lessening America's dependence on doctors. In this sentiment they might well be joined by Dr Keith Sehnert, author of *How to Be Your Own Doctor (Sometimes)*, who thinks that people should take not only their own pulse and blood pressure but also listen to their hearts and look at eardrums with otoscopes. Indeed, with the relentless march of women's liberation he predicts a heightened interest in pelvic self-examination, and wants women to look at their own cervix and take their own Papanicolaou smears—which should please Professor Ivan Illich, who has long complained about the expropriation of health and the dangerous machinations of élitist doctors.

It is now several years since I heard Dr Illich lecture on hubris and Tantalus and Pleonexia, and on bearing one's pain like Zarathustra. He thought that doctors had become a major threat to health, and that Nemesis was about to catch up with all of us. He was in high spirits as he fielded questions about the evils of peddling ambrosia. But he became visibly annoyed when I asked about what his liberated man should do with his gangrenous appendix: should he leave it in, have it removed by the village guru, or take it out himself? He retorted that by now he had grown accustomed to having in his audience at least one self-satisfied individual who would ask such smug questions at the end of his lectures. I would have liked to pursue the subject further but never had a chance—for the room was full with disciples, who knew in their hearts that the village elder (or for that matter the village idiot) would remove any appendix (other than their own) with more feeling and empathy than any member of the decadent, venal, and profit-oriented medical profession—including the unfeeling professor who for the sake of science so indelicately invaded the innermost precincts of six Bohemian cats.

References

- ¹ Dobell, C., *Parasitology*, 1938, **30**, 239.
- ² *Bulletin of the American College of Surgery*, 1977, **62**, 22.
- ³ *New Republic*, 1977, **176**, 9.

Does paw-paw fruit have any place in the local treatment of infected wounds?

The "healing properties" of paw-paw (papaya fruit) gained considerable publicity last year in the press. As with many such tribal remedies, however, there is virtually no reliable evidence supporting its use. Certainly paw-paw contains many factors, such as vitamins, sugar, proteolytic enzymes, etc, which have individually and in different preparations been used for treating infected or ulcerated lesions. It might be suggested, therefore, that paw-paw merely offers in a convenient (and slightly exotic) package remedies that together could encourage healing. Individual experience also suggests that paw-paw is an effective agent for desloughing and cleaning such lesions, and thus allowing, or perhaps even encouraging, the growth of healthy granulation tissue leading to satisfactory healing. The possibilities for its use are considerable—particularly in the care of infected and dirty varicose ulcers and bed sores—but at present only anecdotal evidence supports its use.

Does the Diapulse machine have any therapeutic value?

Diapulse equipment emits bursts of electromagnetic radiation of 27.12 megahertz (MHz), each burst lasting for 65 μ s (65×10^{-6} s). The frequency can be varied between 80 and 600 per second, and the peak output varies from 293 to 975 watts (average output at 600 per second is $600 \times 975 \times 65 \times 10^{-6} = 38$ watts). The equipment

is claimed to work by the direct action of the electromagnetic field it produces on the tissues. It is not thought to produce a heating effect, and there is no evidence of a change in muscle blood flow. Uncontrolled experiments have shown changes in peripheral blood flow in normal subjects when pulsed diathermy was applied to the epigastrium. The equipment has been used for about 20 years, particularly for acute injuries. There is some evidence that Diapulse has a therapeutic effect greater than control treatment or short-wave diathermy in such cases, especially if used early. There are no reports of its use in chronic joint conditions such as rheumatoid arthritis. Diapulse equipment is expensive and treatment times are relatively long (at least one hour of continuous treatment a day).

Correction

How obstetricians manage hypertension in pregnancy

We regret that conversion errors occurred in the paper by Mr G V P Chamberlain and others (11 March, p 626). Under "Results" question (3) should read "How would your management of the previous case differ if the patient had a plasma urea concentration of 12.5 mmol/l (75 mg/100 ml)?" In tables I and IV the blood urea values on the top line should read "< 12.5" and "≥ 12.5" and the footnote to table I should read "Blood urea: 1 mmol/l ≈ 6 mg/100 ml."