

(1) Les maladies vénériennes, dont les agents responsables sont transmis principalement par rapport sexuel;

(2) Les formes vénériennes de l'infection non vénérienne (non-sexuelle), dont les agents responsables peuvent être transmis à l'occasion d'un contact vénérien mais qui sont habituellement contractées d'une autre manière.

Le premier groupe comprend la gonococcie, la trichomonase, les infections dues à l'agent TRIC, et celles dues aux mycoplasmes et à l'*Haemophilus vaginalis*.

Le deuxième groupe comprend les infections à *Candida*, les infections à diverses bactéries, la fusospirochétose, l'herpès génital et l'amibiase des voies génitales.

La trichomonase est l'état le plus commun dans le premier groupe. Son diagnostic peut être confirmé chez l'homme par l'examen de la sécrétion obtenue après instillation de deux ou trois gouttes de solution salée physiologique dans le méat à la pipette, suivie de massage de l'urètre. Par cette méthode, les protozoaires furent trouvés chez 80 à 90 pour cent des partenaires masculins de femmes atteintes de trichomonase. Les effets les plus sévères de la trichomonase chez les femmes sont rencontrés quand une flore bactérienne abondante est présente dans le vagin.

Quelques publications sur les états mentionnés sont résumées avec une description des aspects cliniques, des procédés de diagnostic et des méthodes de traitement qui ont été trouvés efficaces.

## BOOK REVIEW

### **The Field Worker in Immigrant Health.**

Edited by J. S. DODGE. 1969. Pp. 185, 7 figs, index. Staples Press, London. (50s.)

The editor, who is also the major contributor to this book, spent 10 years in Nigeria, where he developed special interests in epidemiology, in population movement, and in the training of field workers; since 1967 he has held the post of Senior Medical Officer in Epidemiology in the Health Department of Bradford. This book is intended as a short guide for health visitors, midwives, and public health inspectors working in British towns in which new communities of immigrants have settled in the past two decades. It will also be of interest and value to teachers and welfare workers directly involved in the relevant problems which must often arise as recently arrived immigrants attempt to adjust to their new environment.

The book is very readable, has a short glossary, a

useful list of books and pamphlets for additional reading, and five appendices. It brings out the many difficulties which may arise from the differences in culture, custom, religion, and diet, and the additional problem of communication which faces the public health and welfare worker in trying to help the non-English-speaking immigrants.

The chapter on venereal diseases is factually sound. It records the few legislative attempts used in the past to control V.D. and outlines the emphasis placed on contact tracing by the Ministry of Health's Memorandum of November, 1968.

All the contributors manifestly approach their tasks with sympathetic understanding of the immigrants' many difficulties. Although the book neither records nor implies it, the reader easily recognizes the heavy burden which faces the staffs of public health, welfare, and educational departments in the areas where immigrant populations have settled.

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## NEW PUBLICATION DATES

Starting in February 1970 the *British Journal of Venereal Diseases* will be published six times a year, in February, April, June, August, October, and December.

Further particulars, including revised subscription rates, are given in the Notice to Subscribers side the front cover.