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Editorial

Disseminated sclerosis is exceedingly rare among black or white Africans. The first autopsy verified case of disseminated sclerosis was in a white South African, reported as recently as 1965 (Thomson, 1965). In 1961, two cases were reported in Jamaicans of pure negroid ancestry (Cruickshank & Montgomery, 1961), but there was no autopsy confirmation. It is generally agreed that occasional cases are seen in black Africans which, on clinical grounds, are acceptable as cases of disseminated sclerosis. However, in view of its rarity and geographical distribution, confirmation at autopsy is essential in order to confirm clinical diagnoses. The report of disseminated sclerosis in four black Senegalese Africans, by Collomb and his colleagues from Dakar, is important and evidently unique, especially as in three of the cases the diagnosis was verified at autopsy. They describe what appears to be cases of acute demyelinating diseases in the African negroes. In contrast to what is usually seen in the Caucasians, their cases are much more acute and exhibit more superficial sensory loss. It is noteworthy that neuromyelitis optica, probably a variant of disseminated sclerosis, is not uncommon in the African. Why the classical disseminated sclerosis is not more frequently observed may be due to racial and genetically determined traits and perhaps altered immunological status. The latter may be of significance if an infective agent with a long latency is an important factor in the aetiology of the disease (Miller, 1961).

The aetiology of endomyocardial fibrosis (EMF) still remains poorly understood. Dietary toxins, including 5-hydroxytryptamine (from plantain diet), viral and parasitic infections, atypical rheumatic heart disease have been suggested as aetiological factors but not fully proven. The epidemiological and geographical distribution of the disease, largely confined to the hot and wet regions of developing countries of Africa (although EMF is occasionally reported in other parts of the world) suggest that the aetiology of the disease may be related to some environmental factors such as diet, infections or immune response to certain infections. The infective theory seems most convincing (Parry, 1964; Parry & Abrahams, 1965; Brockington, Olsen & Goodwin, 1967) and it is conceivable that such infections are associated with eosinophilia (Brockington *et al.*, 1967; Ive *et al.*, 1967). It has been shown that eosinophilia does occur and is not uncommon in EMF, and this may be related to parasitic infections such as filariasis, or Loa-Loa (Ive *et al.*, 1967). It could be argued that in certain circumstances, substances in eosinophils, such as histamine, could damage the endothelium of the heart and cause the initial lesion in endomyocardial fibrosis. Of pertinence is the fact that eosinophilic leukocytosis is often associated with mural thrombi in the heart. It is important therefore to document thoroughly any association between cardiac lesions and eosinophilia. Brockington and his colleagues in this issue report a case of eosinophilic leukaemia associated with cardiac lesion. The latter consists chiefly of biventricular endocardial antemortem thrombi predominantly in the apices, with marked endocardial fibrosis. Histologically, there was infiltration of myocardium by leukaemic cells, occlusion of medium sized arteries by organized thrombi, replacement of endocardial tissue by proliferating fibroblasts and capillaries. In 40% of eosinophilic

leukaemia reported in the literature, the authors emphasize that similar cardiac lesions have been described. The apparent similarity of these lesions to the cardiac lesions in EMF is interesting and requires further studies. Since the early lesions of EMF are not known, it is important to find out experimentally the role of eosinophils and parasitic infections, in the pathogenesis of endomyocardial fibrosis.

Sickle cell disease, in most parts of Africa, is a major cause of morbidity and a formidable cause of death. The study of the abnormal haemoglobins, now primarily in the provinces of the molecular biologist, paediatricians and haematologists, will continue to interest many workers in other disciplines. In this issue, Lagundoye presents a very extensive review of the literature on the radiology of sickle cell disease and illustrates some of the relevant features. Furthermore, he has drawn attention to some new aspects of the radiology of the disease which are not well recognized. He describes the unusual spine changes of growth aspect and also the radiological features which may accompany abdominal crises. Furthermore, the author highlights the changes in cerebral circulation which is a relatively new aspect. Sickle cell disease, like syphilis, has earned the worthy sobriquet, 'the great imitator'.

Hepatocellular carcinoma is one of the commonest malignant tumours in several parts of Africa. It has been suggested that dietary toxins may account for its high incidence. Aflatoxin, obtained from contaminated groundnuts or foodstuffs, is one of the most powerful hepatocarcinogens in experimental animals but there is no convincing evidence of its carcinogenicity in humans. The *Senecio* plant, however, is commonly used as 'bush tea' and forms an ingredient in some medicinal concoctions in certain parts of Africa and the West Indies. Crude extracts of these plants have been shown to induce hepatocellular damage and hepatic tumours in rats. Williams, in this issue, reports on the ultrastructure of rat hepatocarcinoma due to retrorsine, an alkaloid found in many species of *Senecio* plants. The ultrastructural features of the retrorsine-induced hepatocarcinoma indicate that the tumour cells have retained many of the features and functions of normal hepatic cells, consistent with slow-growing hepatocarcinoma.

Nylander's paper shows the effect of urbanization on maternal age in Nigeria. Women in city hospitals tend to be younger when delivered of their first babies. Selection explains the greater proportion of high parity among women delivered in a specialized hospital, such as a teaching hospital, compared with a hospital in a rural area of Nigeria.

Seriki and Osuntokun report on four Nigerian children who suffered from spinal muscular atrophy. This condition is being reported in African children for the first time. There are several diseases which are said to be rare in the African but this may be due to failure of recognition or relative shortage of medical personnel. It is hoped that this journal will bring to the attention of the medical world reports of such disease from time to time.

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