

Adverse drug reactions

International Reporting of Adverse Drug Reactions. Ed. by CIOMS Working Group. Pp. 66. Illustrated. SFr. 10. Geneva: WHO. 1990.

One of the most important achievements of modern medicine has been to establish the regulatory and control mechanisms necessary to prevent a recurrence of epidemics of drug-induced disease such as that caused by thalidomide. However, the systems are not yet fool-proof, as was reflected in recent times by benoxaprofen (Oraflex).

This book represents the co-ordinated efforts of the regulatory authorities of several Western countries, together with seven multinational pharmaceutical companies, working under the umbrella of the Council for International Organisations of Medical Sciences (CIOMS). It presents an approach for the international co-ordination of adverse-drug-reaction (ADR) reporting of medicines that are already available in the market place. Early warning of previously undetected problems, identification of patterns of reactions occurring for a given drug or class of drugs, and prediction of patient risk factors will be facilitated as a result.

This is the most comprehensive effort so far to co-ordinate this aspect of the safety of medicines. But the work is incomplete, and this is understood by the CIOMS. There must be international agreement on definitions of drug-induced diseases and on criteria for assessing causality, and systems are required for universal safety update and the prompt exchange of information on ADRs between regula-

tory authorities. Ultimately, one envisages that all this will be made possible by computer-based systems and electronic mail.

The eventual purpose of ADR-monitoring systems, besides the necessary protection that they offer the public, is to contribute to medical education, to improved identification of patient risk factors, and to develop systems for hypothesis testing.

This book is a valuable resource for those interested in these aspects of drug therapy and public health. There are important issues here for South African medicine and for the future of drug regulation in the country.

P. Folb

Human anatomy

Basiese Menslike Anatomie. Ed. by Linda de Jager. Pp. 204. Illustrated. Wetton: Juta. 1990.

This is an Afrikaans text of basic human anatomy written with a systemic approach for non-medical students. The opportunity of a new edition was used to markedly upgrade the book in typography, layout and illustrations, including the cover. For its target group it can be highly recommended.

A. Malan

ABCs on STDs, transfusion and resuscitation

ABC of Resuscitation. Ed. by T. R. Evans. Pp. ix + 72. Illustrated. London: *BMJ*. 1990.

ABC of Transfusion. Ed. by M. Contreras. Pp. ix + 66. Illustrated. £13. London: *BMJ*. 1990.

ABC of Sexually Transmitted Diseases. Ed. by Michael W. Adler. Pp. 71. Illustrated. London: *BMJ*. 1990.

Three more in the excellent series 'ABC of . . .' have made their appearance in the editorial office. The *BMJ* really are to be congratulated on these publications which are relevant, readable and good value for money.

The *ABC of Resuscitation* is probably one of the clearest publications I have seen on the subject, and covers not only the medical interventions needed, but the all-important organisational aspects. All doctors, all nurses, all medical students and all hospital administrators should possess this book and read it from cover to cover until they are completely familiar with its contents. Judging by studies done on the level of knowledge possessed by junior hospital staff and nurses about resuscitation, nobody can afford to be complacent.

Even at the present horrendous Rand/£ exchange rate, it represents excellent value at £9 including airmail postage.

Although the information given is not always relevant to South African conditions, the *ABC of Blood Transfusion* is another in the ABC series that will be of great value, particularly to house doctors. Transfusion these days is considerably more complex than simply matching up a couple of units and running them into the patient at a rate that can vary depending on the position of the needle, the position of the patient and the alertness of the nursing staff. The state of the art is now such that the knowledge needed for safe transfusion may not always be accessible in a readily available form — which it is in this booklet. I would like to see it available in all casualty departments and on all hospital wards.

The third booklet is the *ABC of Sexually Transmitted Diseases*, which again is of a high standard. The UK is fortunate in that it possesses a network of clinics to deal specifically with STDs. The clinics have done a great deal to keep these diseases under some sort of control during the years of the permissive society. The coverage given to AIDS in the lay and medical press has tended to obscure the simple fact that STDs are still major causes of morbidity. This booklet provides a handy reference source which gives all the relevant information in an easily assimilable and readily available form.

All three of these booklets are highly recommended.

N. C. Lee

The 1917 'Spanish flu' and its aftermath in South Africa

Black October: Archives Year Book 1990. Vol. 1. Ed. by H. Phillips. Pp. xix + 281. Illustrated. Pretoria: State Archives Service. 1990.

South Africa's only national disaster that paralysed its social, industrial and civic life, with an estimated 250 000 - 300 000 deaths in a population of 6 million, has been overlooked in our written history. This first comprehensive account of the influenza epidemic by a historian, originally as a Ph.D. thesis, with extensive references, tables and maps, affords a wider interest than a reference book for the serious student. It provides a graphic image of this catastrophe.

It was known as the Spanish Flu, because reports of the pandemic starting about 1917 arrived from that country not curtailed by wartime censorship. South Africa with one of the highest death rates of the pandemic, mainly in the 15-45 age group, was particularly vulnerable to exposure from overseas. This was due to its strategic maritime position, and its migrant labour policy and well-developed railway system facilitated spread. The author, in a scholarly and readable work, traces the development of this lethal 6-week epidemic through official, medical and lay sources, with emphasis on its watershed influence on our medical, social and administrative history. It resulted in the creation of a separate Ministry of Health and the Public Health Act of 1919.

Included are the early impact and later effect on such diverse subjects as religion, politics, education, insurance, funeral practices, housing, orphanages, demography, racial attitudes and our labour problems.

H. Dubovsky

Moral Theory and Medical Practice

Moral Theory and Medical Practice. Ed. by K. W. M. Fulford. Pp. xxi + 311. £35. (h/b), £12,50 (p/b). Cambridge: Cambridge University Press. 1990.

The author, a psychiatrist trained in philosophy, and now on the staff of the Department of Psychiatry at Oxford University, begins his discourse on moral theory and medical practice by examining the debate about mental illness. In his view, this debate is actually one about medical concepts, and that the debate about mental illness is an extension of this.

This debate is an important one: in some countries psychiatric hospitals are used as political prisons, because a dissident individual is regarded as mentally ill instead of politically challenging. In examining the moral justification of committing some mentally ill individuals to hospital in his own context, against their wishes, for example, the suicidally depressed, the author addresses the fundamental concepts of 'illness' and 'disease' both in the physical as well as in the mental realm.

To do this, the author draws on fundamental distinctions between approaches that are evaluative and those that are descriptive. 'Illness' and 'disease' are largely evaluative terms, 'illness' more so; 'disease' tends to be seen as descriptive or scientific. Illness is what strikes the patient: the patient is aware that there is 'something wrong' with him. Thus evaluation enters right at the beginning, whether or not any actual disease can be diagnosed. Conversely, an individual may have a disease, such as controlled diabetes mellitus, and not be ill.

The notion of 'dysfunction' belongs with the concept of disease. To 'illness' belongs the notion of a failure of action. I am ill if I cannot do certain things that I normally can or wish to do. This core notion is relevant to mental as to physical illness. It is a failure to perform these mental actions that are normally possible, such as to think clearly, remember, perceive accurately, test reality, etc. A patient with psychosis has a disrupted set of reasons for his actions that may make urgent treatment necessary. He cannot both evaluate the things as he does, wishing to act as he does, and also see that the evaluation is disruptive or dangerous. Fulford helps us look at what are 'facts' and what are 'values' and dissects this at some length. Many 'facts' in medicine are more value-laden than we care to admit!

If the exercise of judgement is an essential feature of many diagnoses, treatments are equally so. The goals can be seen as the restoration of the capacity to act as effectively as before the illness. Thus, teaching patients how to control their symptoms, anxieties, depressed mood, obsessional thoughts, is also part of the treatment process — indeed as important as learning to use nebulisers, or regulating insulin dosage and diet.

It is in the field of general practice or primary health care that future challenges lie. Since general practitioners see roughly equal numbers of patients' psychological and physical problems, they will gain much from a richer understanding of psychological medicine. Hospital-based doctors see selected patients, biased towards physical diseases, thus they seek to be scientific. The general practitioner works in the conceptually trickier area of 'illness'. Medical progress has eroded the core doctor-patient relationship. Patient-as-a-person has been displaced by 'patient-as-a-bodily-machine' and 'patient-as-a-mental-machine'. We need to find a better model, less plagued by body-mind splits, and more hermeneutically in tune with the person in context.

The author uses his special expertise to promote an ethics-based view of the logical structure of medicine. In the practice of medicine, just as illness normally precedes a clinical diagnosis of what is wrong in terms of a particular disease or disorder, so in the logic of medicine it is the analysis of 'illness' that comes first. In the future development of medicine, we need to see that both the evaluative and descriptive elements in the logical structure of the subject are fully acknowledged. This has specific relevance to psychological medicine. There is room here for explanatory schemes couched in terms of the meaning of experience that can stand alongside explanatory schemes of science. The 'concept of action' and with it 'intention' could well be a focus of interest.

Not only does medicine need philosophers, but indeed medicine presents a unique challenge to philosophers. This most challenging and valuable book casts light on important areas in physical and psychological medicine. Reading it, however, is no easy task and one needs to have a significant interest in this field, as well as stamina, to follow the rigour of philosophical analysis.

E. S. Nash

Pregnancy and parenthood

Pregnancy and Parenthood: Heaven or Hell. Ed. by B. Chalmers. Pp. xvi + 293. Illustrated. R29,95. River Club: Berev. 1990.

The first edition of this book received warm reviews both in this country and overseas. It deserved them, largely because of the sheer common sense, combined with professional knowledge, that went into its writing.

This new edition maintains the standards of the first one, while at the same time adding important new information. Preconceptional planning is given considerably more attention, as are the effects of smoking, alcohol, medicines, drugs and caffeine during pregnancy.

The role of the husband is looked at on the principle that if he is going to be concerned with pregnancy and labour, he should do something useful rather than act as photographer or video-cameraman. Probably his most important function, however, is giving emotional support to his wife, not only during labour, but before and after.

In a country where a great deal is said about educating the general public in health matters, although far too little is actually done, Professor Chalmers' book makes a noteworthy contribution. Any prospective or established parent will gain a great deal from reading it, and it deserves a wide public.

N. C. Lee

Handbook on management, investigation and procedures

Frere Hospital Handbook: A Guide To Medical Management, Investigation and Procedures. Ed. by P. J. Mitchell, C. D. W. Morris and O. L. Meyers. Pp. ix + 265. Illustrated. R39,50 excluding GST. Wetton: Juta. 1990.

This book is compiled from notes produced by the Department of Medicine, Frere Hospital, East London, on practical aspects of patient management for its junior medical staff.

The first section, which comprises the bulk of the book, deals with the management of commonly encountered medical conditions. The last two sections are a concise guide to procedure techniques and investigations.

The book is not meant to serve as a comprehensive guide to medicine or to deal extensively with any particular subject, but rather as an easy reference 'pocketbook'. The prime function of the book is to enable relatively inexperienced junior medical staff to have a safe fundamental approach to the practical management of medical conditions in the South African context. In this regard the authors have succeeded very well. The book is well indexed and concise. The numerous flow charts are clear and easy to follow.

Recommended for all junior medical staff about to embark on their clinical years in a peripheral hospital in South Africa.

F. J. Raal

Modifying human behaviour to achieve good health

The Practice of Behavioural Medicine. Ed. by Shirley Pearce and Jane Wardle. Pp. xvii + 313. Illustrated. USA: Oxford University Press. 1989.

It is all too easy for busy doctors to get trapped into the symptom-medication trap. And if one agent doesn't work, proceed stepwise to the next. Lifestyle is either ignored, or addressed with platitudinous advice. Small wonder doctors become frustrated and patients rebellious. We all know that medical care is more than this.

It is here that behavioural medicine is finding its niche. In effect, it is the analysis of human behaviour and the use of techniques to modify this, drawing on a body of research into the relief of a variety of clinical problems, using behavioural techniques.

This book looks mainly at the practicalities, rather than addressing the theoretical underpinning of these, except in particular instances. Each chapter is devoted to a specific area, such as hypertension, cardiac rehabilitation, pain and injury of the central nervous system, respiratory disorders, obesity, the irritable bowel syndrome, dysmenorrhoea and, finally, AIDS counselling.

To look at one aspect in more detail: while considerable energy goes into identifying biochemical pathways and the use of rational medication, how much goes into research and careful analysis of the

hypertensive lifestyle and its modification? Such modification ranges from adjusting food intake and its monitoring, to exercise and stress management. Compliance, self-monitoring and commitment to a healthy lifestyle, within one's means and capacity, must be part of the management of patients with every chronic or recurrent disorder.

In the face of escalating medication costs, alternative strategies may find a niche. In essence, that is the message of behavioural medicine and these are the tools of the behavioural science practitioner or health psychologist.

This book sets out the practical steps in a clear and lucid way. The authors who are mainly clinical psychologists experienced in these specific areas, draw on theories and experience to present their particular programmes. It is a useful contribution to this burgeoning field and should find a place on the shelf of medical libraries and specialist clinics.

E. S. Nash

Optical microscope

Royal Microscopical Society Handbook: An Introduction to the Optical Microscope. Revised ed. Ed. by S. Bradbury. Pp. 1 + 184. Illustrated. England: Oxford University Press. 1989.

This series is designed to provide brief, authoritative introductions to all aspects of microscopy. The handbook introduces the new microscope user to the instrument, the theory behind its workings, and details of its principal parts and practical information on the use and care of the microscope. The lucid text is supported by numerous instructive illustrations.

The beginner microscopist will find this a useful guide to the use of the optical microscope. The final chapter on the practical use of the microscope contains nuggets of information that may also be of use to the experienced microscopist, but overall the handbook is clearly aimed at the tyro microscopists for whom it can be recommended.

A. G. Rose

Preventing and controlling drug abuse

Preventing and Controlling Drug Abuse. Ed. by M. Gossop and M. Grant. Pp. ix + 130. SFr. 24. Geneva: World Health Organisation. 1990.

This publication, produced on behalf of the World Health Organisation, is an overview of the various activities and strategies employed internationally to reduce the escalating problem of drug abuse.

Increasing attention is being given to the various strategies which will ultimately lead to drug demand reduction; the latter becoming recognised as at least as important, if not even more important, than the intensive efforts to control illicit drug supplies.

While several drug prevention models exist, this book focuses on the psychosocial model, that is intervention being dictated by the abused substance, the abuser and the socio-cultural setting. At the same time the editors stress the importance of effective treatment programmes in the implementation of proper prevention efforts.

As expected from this kind of publication, the various aspects of chemical substance abuse are clearly set out in a structured and systematic series of nine clearly written chapters.

The various headings used are: The problem of drug abuse, The drug, the user and society, Prevention of drug abuse, Control of production, supply and availability, Demand reduction, Treatment and case-finding, Information (i.e. determining the extent and consequences of the problem), Personnel, Planning and implementation.

Students and practitioners involved in community health and welfare services, will find this publication a most valuable handbook. It does not theorise, but gives the reader a concise and practical view of the multi-faceted aspects of drug abuse requiring multi-faceted solutions.

For those of us working in developing communities practical considerations in terms of feasibility, personnel, available infrastructure and material resources are highlighted within the framework of primary health care.

In summary this publication is a welcome, updated, addition to our resources in the fight against drug abuse.

Sylvain de Miranda

ENT Disease

Practical Introduction to ENT Disease. By Neil B. Solomons. Pp. ix + 82. Illustrated. DM 30. Heidelberg: Springer-Verlag. 1989.

The author's stated intention has been to produce a book for general practitioners on ENT disorders that is problem-orientated, practical and provides a guide to when to refer, or when and how to treat such patients.

He has produced a handy paperback volume that covers most of the common ENT disorders. I think it is unfortunate that he has elected not to include a brief description of the underlying disease processes at the beginning of each section but assumes a knowledge of these. This lack makes his introductory remarks to each section a little difficult to follow, especially the rationale for the questions suggested for eliciting symptoms. This is particularly evident in the section on dizziness, in which the history is so essential to diagnosis.

The author is obviously hospital-based and as such has failed to give enough emphasis to the common disorders seen in general practice. One particular example is his treatment of acute otitis media, in which no mention is even made of how these patients should be followed up. A lack of current knowledge is also evident in this section regarding the relationship between middle ear infection and persistent effusion.

Another criticism is failure to mention ENT emergencies. Indeed, some conditions such as traumatic perforation and traumatic hearing loss are not even regarded as such. The 6-week suggested wait before referral in the case of facial palsy and hoarseness is, perhaps, too long.

Apart from these points much of current practice in British ENT is summarised. For someone with a basic knowledge of ENT this may be a useful companion volume to their standard reference work, if they can compensate for the bias towards the NHS system.

C. A. J. Prescott

Light microscopy

RMS Dictionary of Light Microscopy. Ed. by S. Bradbury, P. J. Evennett, H. Haselmann and H. Piller. Pp. x + 139. Illustrated. Oxford: Oxford University Press. 1989.

This dictionary describes the meanings of over 1 250 terms used in the field of light microscopy that have been compiled by the Nomenclature Committee of the Royal Microscopical Society. Some terms have been adapted from the German where no precise English equivalent exists. Incorrect terms in current usage are marked as ones which the authors wish to discourage.

This first attempt at defining microscopical terms is laudable, but terms dealing with quantitative microscopy and photometry have not been exhaustively covered in the present dictionary. More than half the dictionary consists of four appendices giving equivalent terms in English, French and German.

This handbook will serve as a useful source of reference for the meaning of microscopical terms, but its appeal and readership are likely to be limited.

A. G. Rose

The Heart

The Heart. 7th ed. Ed. by J. Willis Hurst. Pp. xxxii + 2274. Illustrated R439.95. Isando: Lexicon Publishers. 1990.

In the preface to this, the seventh edition of *The Heart*, the editor-in-chief, J. Willis Hurst writes that, as he is primarily a clinician, his hope is that his efforts will assist clinicians as they take care of their patients. I believe his hope will be fulfilled. This is an excellent textbook, which can be recommended to all with an interest in clinical cardiology.

The 147 chapters written well by 197 contributors cover all aspects of cardiovascular disease. The basic sciences receive less emphasis than in some other major cardiology texts but are covered sufficiently well to illustrate clinical subjects. Text, illustrations and figures are excellent, the index is satisfactory and references are surprisingly recent for such a large textbook. Most chapters are referenced up to 1987 and some to 1988. Most contributors are recognised experts in their field and the general tone of the book is authoritative.

The organisation of the material is somewhat unusual. Sections

on 'disorders of the cardiovascular system', 'diseases of the cardiovascular system' and 'techniques of special procedures' may lead to some initial confusion. But this will be resolved on reading the Preface, which describes the reasoning behind the arrangement. It does, however, lead to some fragmentation, which creates extra work for the reader and may mislead the less careful reader using the book too casually. For example, in discussion of the management of patients with mitral stenosis, percutaneous balloon valvuloplasty receives only brief mention. The procedure is, however, described enthusiastically and in great detail in another section of the book.

This minor criticism must be seen in the light of the editor's justification for the organisation which I find praiseworthy: 'the organisation was created in an effort to inhibit a trend of modern cardiology to become technique-orientated and technique-dominated. This unique organisation is utilised to emphasise that specialised tests and procedures must be used to answer the specific questions of a perceptive physician and should not be used before the questions have been brought into proper focus. Tests must not be ordered because the results of the tests might be interesting or because specialised equipment is available for use' (page 299). If this aim is achieved, the book will truly have made a major contribution to the modern practice of cardiology.

I particularly enjoyed Chapters 8 and 9, written by Hurst himself, on the approach to the patient and history-taking. In these he addresses some of the ethical and moral issues facing cardiologists in their relationships with patients and the appropriate use of modern technology.

The book can be strongly recommended as a reference source, handbook and description of the state of the art of modern cardiology.

P. J. Commerford

African childbirth

African Birth: Childbirth in Cultural Transition. Ed. by B. Chalmers. Pp. xx + 140. Illustrated. R59.50. River Club: Berev. 1990.

This is a fascinating book. Fascinating not only in its treatment of the subject matter itself, but also for the background information so vitally necessary when transcultural studies are made.

Doctors who have worked with African patients sooner or later come up against a communication difficulty when what appears to be a simple straightforward question is greeted with what is often interpreted as wooden unresponsiveness. It takes understanding and experience to realise that what may appear to be a trivial question to the questioner is a matter of the gravest importance to the person being questioned. This is clearly shown by Professor Chalmers, who describes in her preface how she sought the assistance of a retired African midwife in her studies, and received a polite but guarded and non-committal initial response. A week or two later, the lady concerned returned and expressed her enthusiastic willingness to assist. It was some time later before she revealed that in the interim, she had sought guidance from her spiritual leader before committing herself.

Investigators or researchers who ignore this aspect of African studies do so at their peril. The results will be skewed at best and totally inaccurate at worst. Much of the background cultural information is given in the first chapter, 'African and Western views of health and illness', which highlights the predominantly holistic approach of Africans to health matters with the current Western separatist outlook. Subsequent chapters deal with: traditional birth in southern Africa; childbirth in transition; pregnancy; changing approaches to birth; infant feeding; cross-cultural comparisons of birthing; and 'the West meets Africa'. All are written with a deep insight based on wide experience and research.

To me, the main value of this book is in the glimpse it gives of the fascinating world in which many of our fellow men and women live, and particularly how they tackle the bringing of new life into the world. But it is also a mine of information on many other matters, particularly the appendix on apartheid and health care, in which is set out in detail the devastating effect Government policy in South Africa has had on health care delivery.

The title of this book indicates that it would be of interest primarily to those concerned with the field of childbirth. But its value stretches far beyond that, and I would recommend it as essential reading for doctors, nurses, anyone concerned with the practice of medicine in South Africa, and everyone who approaches African people with a willingness to learn as well as teach.

N. C. Lee