Books

**ABC of Eyes**

This second edition of **ABC of Eyes** is an outstanding introduction to ophthalmology. Its 54 pages are divided into 12 chapters, which are as follows:

- History and examination;
- The red eye;
- Eyelid and lacrimal disorders;
- Injuries to the eye;
- Acute visual disturbance;
- Cataracts;
- Refractive errors;
- The glaucomas;
- Gradual visual loss, partial sight and 'blindness';
- Squint;
- General medical disorders and the eye;
- The eye and the nervous system.

Basic ophthalmology is presented in an easy to read format with descriptive line drawings. The colour photographs in this book are of excellent quality. **ABC of Eyes** is up-to-date and very readable. It is good value for money and is highly recommended for nurses, medical students and general practitioners.

**A. A. Stulting**

**Cancer Prevention in Primary Care**

This concise, clear and readable book provides an authoritative and detailed overview of cancer screening and prevention strategies. It is refreshing to encounter a return to basic principles in the management of disease. In the past 40 years, despite extensive and extremely costly research into the aetiology and management of cancer, very few significant advances have been made. This book focuses on the need to 'attack' the cancer epidemic from a preventative rather than a curative angle. It provides compelling evidence that many cancers can be prevented, the most obvious being lung cancer and smoking. There are numerous proven methods for effective intervention and prevention of what is so often a devastating disease.

While strongly promoting cancer prevention strategies, the book warns against scientifically unfounded and uncritical advocacy of health promotion — many health checks and screening activities have questionable value, for example, and some may do more harm than good. Interventions of proven value include advice from general practitioners to stop smoking, reduce alcohol consumption, cervical screening and breast screening by mammography in women 50 years and older. In addition there is strong evidence that all types of skin cancer are linked to excessive exposure of fair skins to ultraviolet radiation.

Other screening activities such as faecal occult blood testing for colorectal cancer, screening for prostate and ovarian cancers, melanoma and self examination of breasts and testes have uncertain benefit and mass screening on current evidence cannot be justified.

The information provided is accessible and extremely useful, especially to the busy general practitioner. After digesting the vast and often confusing literature on the subject of cancer aetiology and prevention, it is no wonder that many doctors have no idea which facts are reliable and which are based on folklore. This book places current evidence in perspective, and clearly sets out known successful interventions versus those of doubtful value.

An extremely worthwhile read for general practitioners and others working in all fields of oncology.

**Lynette Denny**

**Books received**

The receipt of these books is acknowledged, and this listing must be regarded as sufficient return for the courtesy of the sender. Books that appear to be of particular interest will be reviewed as space permits. The SAMJ does not publish unsolicited reviews.


Drug Alert

Recommendations pertaining to the use of viral vaccines: influenza

Review of influenza activity — 1995

Gauteng area (National Institute for Virology)
Moderate influenza activity was experienced during the winter of 1995 with sporadic localised outbreaks. The school absenteeism programme, involving approximately 10,000 children at eight primary and six high schools, showed an increase in absenteeism from the week starting 4 June, but did not rise above the upper limit expected. A total of 40 influenza A isolates (31 A H1N1, 7 A H3N2, and 2 untyped) were made between 30 May and 26 August. The A H1N1 isolates were characterised at NIV as NGuangdong/25/93-like. The first A H3N2 isolates were characterised at the WHO Influenza Reference Centre, London, as being similar to A/Victoria/36/88, A/Lisbon/1/93 and A/Singapore/6/86, and the H1N1 isolate as similar to A/Johannesburg/33/94.

Cape Town area (Department of Medical Microbiology, University of Cape Town)
Increased influenza activity was noted in the community during May and June with a second wave of increased activity in early August. Absenteeism surveillance of approximately 21,000 persons (four companies, a municipal health department, two hospitals, two high and one primary school) showed increased absenteeism above that expected in schools between 8 May and 12 June and in the municipal health department between 15 May and 19 June. A total of 5 influenza isolates were made, i.e. 4 A H1N1, and 1 A H3N2. Two of the H1N1 isolates were characterised at the WHO Influenza Reference Centre, London, as being similar to A/Victoria/36/88, A/Lisbon/1/93 and A/Singapore/6/86, and the H3N2 isolate as similar to A/Johannesburg/33/94.

Durban area (Department of Virology, University of Natal)
The pattern of respiratory disease seen during the winter appeared to be very mild early in the season but was more severe from July to the end of August, when a considerable amount of post-influenza bacterial pulmonary infections was seen. Influenza A isolates were made from 11 cases, all during July.

Recommendations for influenza vaccines — 1996

Recommended vaccine formulation
The following strains have been recommended for the 1996 influenza season by the World Health Organization Collaborating Centre for Influenza Reference and Research, Melbourne, and the Southern Hemisphere Network for Influenza Vaccine:

- A/Johannesburg/33/94 (H1N1)-like strain
- A/Texas/36/91 (H3N2)-like strain
- B/Harbin/07/94-like strain or B/Beijing/184/93-like strain

Indications
1. Persons who are at high risk for influenza and its complications because of underlying medical conditions and who are receiving regular medical care for conditions such as chronic pulmonary and cardiac disease, chronic renal diseases, diabetes mellitus and similar metabolic disorders, and individuals who are immunosuppressed.
2. Residents of old-age homes, chronic care and rehabilitation institutions.
3. Children on long-term aspirin therapy
4. Medical and nursing staff responsible for the care of high-risk cases.
5. Adults and children who are family contacts of high-risk cases.
6. All persons over the age of 65 years.
7. Any persons wishing to protect themselves from the risk of contracting influenza, especially in industrial settings, where large-scale absenteeism could cause significant economic losses.

Contraindications
1. Persons with a history of severe hypersensitivity to eggs.
2. Persons with acute febrile illnesses should preferably be immunized after symptoms have disappeared.
3. The vaccine, although considered safe during pregnancy, should, nevertheless, be delayed until the 2nd or possibly 3rd trimester to minimize the theoretical risk of teratogenicity. However, if high-risk indications exist, delaying immunisation should be avoided.

Timing
Vaccines should be given sufficiently early to provide protection for the winter. A protective antibody response takes about 2 weeks to develop.

Chemoprophylaxis
In cases where vaccine has not been administered, consideration should be given to the use of supplementary chemoprophylaxis with amantadine in certain high-risk individuals, e.g. patients with chronic lung and heart diseases. Amantadine should be administered in a dosage of 200 mg daily in 2 divided doses for the duration of the epidemic activity, i.e. approximately 6 - 12 weeks. The dosage should be reduced in persons with renal disease and persons over the age of 65 years.

Department of Health