

Freda's ward was continually fully occupied by children with this serious disease, usually diagnosed and referred late when complications had already occurred. She was always available, day and night, when a new patient was admitted or some crisis required her presence. Her loving and expert care of these young victims was an inspiration to all of us who had the privilege to be her colleagues over a period of some 30 years. Doctors from other countries consulted her, and even came to work with her to benefit from her experience.

Gwen Jones, a physiotherapist, became one of her closest friends from the early 60s, and assisted her tremendously in the rehabilitation of her patients who survived. Both were motivated in their work by a devout Christian faith, and were later admitted as members of the Franciscan Order of the Anglican Church. When they retired to the Village of Happiness on the Natal south coast, they maintained their interest in tuberculosis by joining the local branch of the South African National Tuberculosis Association.

As an octogenarian who had been experiencing episodes of cerebral ischaemia for some time, Freda suffered a severe stroke on 31 May 1997, and died the following day without recovering consciousness. We had maintained contact, and I shall miss the many letters from her and telephonic conversations concerning our present serious tuberculosis problem, a contact that continued until shortly before her death. We shared a deep concern for the individual human beings who constitute the problem and are regarded as mere statistics, and a common fear that a disastrous epidemic of drug-resistant tuberculosis will result unless more effective preventive measures are implemented without delay.

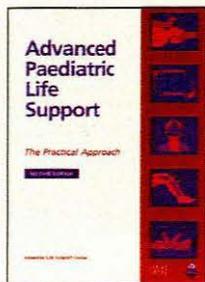
## Books

### **Advanced Paediatric Life Support. The Practical Approach\***

Second Edition. Advanced Life Support Group. Pp. 306. Illustrated. £25. 1997. London: BMJ. ISBN 0-7279-1069-8.

This book is a very comprehensive review and practical guide to dealing with life-threatening conditions in children. It is a compilation of contributions from an extensive panel of experts and it forms the core text for the Advanced Paediatric Life Support course in the United Kingdom.

It is loaded with detailed information and yet is eminently readable. Inevitably one compares this text with *Paediatric Advanced Life Support of the American Academy of Paediatrics* which is the core text used in the APLS course currently offered in South Africa. They are both excellent. The British text contains more theoretical information and has more extensive lists of medical causes of life-threatening conditions. It has a detailed approach to decision-making. The American text is more problem orientated and its management maps are easier to follow.



This emphasis is only marginally different.

It is an indictment of our medical training that proficiency in paediatric resuscitation is not an absolute prerequisite for undergraduate and postgraduate certification.

This text would assist all interested health care workers to upgrade their knowledge. The practical procedure chapter is very well presented.

**Ian Hay**

### **Laboratory Diagnosis of Group A Streptococcal Infections\***

By D R Johnson *et al.* Pp. vii + 111. Illustrated. SwFr32/US\$8.80. 1996. Geneva: WHO. ISBN 92-4-154495-3.

At first glance this book might be passed over by many as super-specialized and not for them, and in a way they are right. However anyone interested in infectious diseases will learn a great deal about our old friend *Streptococcus pyogenes* (the group A beta-haemolytic streptococcus) from this text. The authors have updated and extensively added to a previously unpublished WHO document on laboratory diagnostic methods for streptococcal infections by Facklam and Rotta. This was prompted by the resurgence of group A streptococcal infections and their complications in recent times and supported by the WHO Division of Emerging and Other Communicable Diseases. The authors come from the WHO Collaborating Centres for Reference and Research on Streptococci in Prague and Minneapolis and are eminently qualified to write on the subject.

The book contains detailed descriptions of laboratory methods for all diagnostic procedures related to group A streptococcal infections. This forms the bulk of the text. Methods for making the media required for optimal isolation of these organisms, all the details of identification, serotyping and everything you ever wanted to know about the laboratory aspects of serology relating to *S. pyogenes* infections are there for those who are interested. With many laboratory tests that have been around a long time, such as the anti-streptolysin O titre (ASOT), it is often very valuable to review current knowledge and ensure that the methods being used in your laboratory have not become corrupted over the years. For the clinician who has a special interest in infectious diseases there are also valuable introductory sections for each chapter which give insight into the clinical usefulness and interpretation of many of these diagnostic techniques. All in all, however, the people who would most benefit from this book are clinical microbiologists and microbiology technologists for whom this would be a valuable addition to the library.

**S P Oliver**

\* Book titles marked may be ordered directly from MASA Multimedia, Book Department, Private Bag X1, Pinelands, 7430, tel. (021) 531-3081, fax (021) 531-4126, e-mail [masact@iafrica.com](mailto:masact@iafrica.com)



## Adrenal Glands, Vascular System and Hypertension

Edited by G P Vinson and D C Anderson. Pp. 312. Illustrated. £50/US\$95. Bristol: Journal of Endocrinology Ltd. 1996. ISBN 1-898099-07-3.

This is a highly specialised book, high in quality and price, which is unlikely to appeal to a wide readership. It largely deals with the complex role of the adrenal glands in hypertension with a fair amount of material on the renin-angiotensin system. The book is based on a conference that took place in April 1995. It was published in 1996 and only now sent for review. It basically reflects the contribution of a number of specialised opinion leaders, as they saw it in 1995, and these may well have changed by now. To give a specific example of how a more general readership is missed, there are three chapters involving signalling pathways (Chapter 1, Chapter 7 and Chapter 10), but in only one of these is there one figure (Fig. 2 on page 127) that

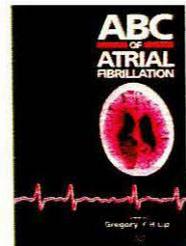
walks the reader through the intracellular complexities. It is definitely a book for specialist endocrinologists, with perhaps specific chapters of interest to research workers in hypertension.

Lionel Opie

## ABC of Atrial Fibrillation\*

Edited by Gregory Y H Lip. Pp. viii + 36. Illustrated. £12.95. London: BMJ. 1996. ISBN 0-7279-1070-1.

This booklet consists of 8 chapters originally published in the *BMJ*. It covers comprehensively the topic of atrial fibrillation for the practitioner. The illustrations are clear and well-chosen and important information is summarised in boxes. It would, however, have been helpful to have included a chapter summarising the main features of diagnosis, investigations and management in a page or two for quick reference.



I have a number of criticisms of the text.

- The common occurrence of atrial fibrillation in acutely ill patients deserves more coverage (p7). Treatment of precipitating and perpetuating factors (e.g. dehydration) is usually more rewarding than treating the arrhythmia itself.
- Frequent reference is made in Chapters 3 and 4 to rapid atrial fibrillation complicating the Wolff-Parkinson-White (WPW) syndrome, but nowhere do the authors indicate the characteristic features of atrial fibrillation in WPW, namely the broad, bizarre, irregular QRS complexes due to predominant conduction via the accessory pathway. An illustration would be helpful. Digoxin is absolutely contraindicated in this condition, not 'of limited value' (p18), because it may precipitate ventricular fibrillation.
- While transthoracic echocardiography may detect intracardiac thrombus (p15) it cannot, and should not, be used to exclude it.
- The role of rapid atrial fibrillation in causing reversible left ventricular function is not emphasised. This, together with the risk of thrombo-embolism, is the most important reason for treating atrial fibrillation.
- The risk of drug-induced arrhythmia and death is dealt with in Chapter 5, but the risk of torsades des pointes from sotalol is not emphasised.
- The algorithm to approach the prevention of thrombo-embolism (p25) is rational but somewhat complicated. Warfarin anticoagulation should be considered for all patients with atrial fibrillation, unless contraindicated, except in those at lowest risk (below age 65, with no associated heart disease or risk factors).
- Chapter 8 properly discusses the important role of the GP in recognition of atrial fibrillation and the institution and management of anticoagulation. I believe, however, that it should actively discourage the use of Class I and Class III anti-arrhythmic agents by non-cardiologists.

Despite the above reservations, the booklet can be recommended as a useful source of information and guide to the management of atrial fibrillation for non-cardiologists.

R N Scott Millar

## 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.

**Poverty and Health. Reaping a Richer Harvest.** By Marie-Thérèse Feuerstein. Pp. xii + 220. Illustrated. £8.50. Basingstoke: Macmillan Education Ltd. 1997. ISBN 0-333-66130-3.

**Tropical Surgery.** Edited by RV Cohen and F Aun. Associate Editor DE Uip. Pp. xx + 338. Illustrated. SwFr112/DM134/US\$98. Basel: S Karger. 1997. ISBN 3-8055-6497-X.

**Resuscitation of Babies at Birth.\*** Joint Report: Royal College of Paediatrics and Child Health and Royal College of Obstetricians and Gynaecologists. Pp. viii + 61. Illustrated. £13. London: BMJ. 1997. ISBN 0-7279-1179-1.

**Prevention and Control of Pain in Children. A Manual for Health Care Professionals.\*** Royal College of Paediatrics and Child Health. Pp. xi + 116. £18. London: BMJ. 1997. ISBN 0-7279-1178-3.

**Prevention of Cardiovascular Disease. An Evidence-based Approach.\*** Oxford General Practice Series 33. By Martin Lawrence, Andrew Neil, David Mant and Godfrey Fowler. Pp. xiv + 338. R353.55. Cape Town: Oxford University Press. 1997. ISBN 0-19-262397-4.

**Professional Development in General Practice.\*** Oxford General Practice Series 37. Edited by David Pendleton and John Hasler. Pp. vii + 175. R350. Cape Town: Oxford University Press. 1997. ISBN 0-19-262532-2.

**Infection Control Manual. A Practical Guide for the Prevention and Control of Infection in the Health Care Setting.\*** By Joan Pearce. Contributions from Dr Adrian Dusé. Pp. 442. R185. Houghton: Jacana Education. 1997. ISBN 1-874955-63-8.

**Critical Incident Debriefing. Understanding and Dealing with Trauma.** By Frank Parkinson. Pp. x + 276. R139.95. London: Souvenir Press. 1997. ISBN 0-285-63372-4.

**Female Genital Mutilation. A Joint WHO/UNICEF/UNFPA Statement.\*** Pp. iv + 20. SwFr10/US\$9. Geneva: WHO. ISBN 92-4-156-186-6.

**Medicinal Plants of South Africa.\*** By Ben-Erik van Wyk, Bosch van Oudtshoorn and Nigel Gericke. Pp. 304. Illustrated. R138. Pretoria: Briza Publications. ISBN 1-875093-09-5.