

I saw him for the last time on 11 December 1994. The three of us went out to lunch which we all enjoyed. I said adieu to Sheila and Ben, little realising that it was goodbye.

Our condolences go to his family. May peace come to them leaving only the memories of this great man.

## Books

### **South African Medicines Formulary**

Third edition. Ed. Colleen J. Gibbon and Charles R. Swanepoel. Pp xiii + 467. R75,00 (MASA Members), R120,00 (Non-members). Cape Town: Medical Association of South Africa, Publications Department. 1995. ISBN 0-620-19053-1.

When I was still a medical student, I was repeatedly told by my Professor of pharmacology that medicines should always be prescribed by their generic names, and not by their brand names. Such a didactic statement is enough to send a frisson of horror through any pharmaceutical company Marketing Manager or Product Manager, as prescribing by brand name is a habit which pharmaceutical companies are still very anxious to foster, particularly among those doctors in general practice, and much of their marketing strategy is based on this simple fact. However, the times, they are a-changing in no uncertain fashion, and generic prescribing is becoming more and more important as financial considerations become of overriding importance to the man in the street.

For those who wish to prescribe by generic name, the *South African Medicines Formulary* (3rd Edition) is the book to have. The purpose of the authors was, and is, to encourage rational and cost-effective use of essential medicines by providing straightforward and clinically relevant drug information, and it not only does so, but does it very well. Limitations of space dictate that its contents are not made up of an all-inclusive overview of each drug and its use, and emphasis has been placed on the WHO list of essential agents and on recognised prototype agents. Its main value to the clinician is that it is not merely a list of available drugs, but a compact and comprehensive *vade mecum* of therapeutics. It is amusing to reminisce that when the first issue was due to be printed, there was considerable discussion as to whether a print order of 5 000 might be over-optimistic, and perhaps a print order of 2 500 or 3 000 might be more prudent. So far, over 30 000 health professionals in southern Africa have bought a copy, and the *Formulary* is now well placed to play a major part in encouraging good prescribing habits in the New South Africa; indeed no doctor, pharmacist or primary health care nursing sister should be without one.

Incidentally, you should not use an out-of-date formulary. Much has changed over the past few years, and out-of-date information can be dangerous. It is not an expensive book and represents extremely good value for money. Very highly recommended.

N. C. Lee

### **Baragwanath Hospital. 50 Years. A Medical Miscellany**

Ed. Ken Huddle and Asher Dubb. Pp. vi + 227. Illustrated. Johannesburg: Department of Medicine, Baragwanath Hospital. 1994. ISBN 0-620-18208-3.

This book commemorates the first 50 years of Baragwanath Hospital, which has seen a community change from rural to urban and has extensively documented the changing disease patterns during these years. It is not a book about the history of the hospital; rather it is the history of a changing disease pattern and specifically the diseases seen by the Department of Medicine. Twenty-eight authors from the subspecialties of internal medicine have contributed to what may be called a 'South African textbook of internal medicine for the black community'. The most common diseases seen in each division are beautifully and well described under headings of signs, symptoms, investigations, management and complications. The section on dermatology contains 20 colour photographs of common dermatological conditions.

The editors, Professor Ken Huddle, present head of the Department and Professor Asher Dubb, have done a sterling job in maintaining an easily readable style throughout.

In the new South Africa and elsewhere on the continent, this book could well replace Davidson's and other European and American-based textbooks of internal medicine. It should be in every hospital treating black patients and be studied by any doctor treating these cases.

C. F. van der Merwe

### **Public Health in British India. Anglo-Indian Preventive Medicine 1859-1914**

By Mark Harrison. Pp. xvii + 298. Illustrated. £45,00 H/b, £19,95 P/b. Cambridge: Cambridge University Press. 1994. ISBN 0-521-46688-1.

This book is an extended doctoral thesis from the Wellcome Institute for the History of Medicine. It is a thematic and not a narrative account of preventative medicine, stressing the professional, cultural and administrative aspects within the broader socio-political context of the subcontinent under British rule. The place of preventative medicine in colonial India is analysed with respect to its role in consolidating British dominion, its place in disputes over how to best govern India and its significance for relations between rulers and ruled.

The author also explores European attitudes towards India and its peoples and the effects of quarantine on colonial trade and the pilgrimage to Mecca. The appendices contain information on medical and other health professionals of that time, expenditures for public health in various districts as well as 50 pages of notes on the sources consulted. It also has an index.

The book is a worthy contribution to the history of medicine. It is not meant for leisurely reading, but is a worthwhile study for community medicine doctors, historians and politicians.

C. F. van der Merwe

## **Learning Medicine 1995\***

11th edition. By Peter Richards. Pp. 102. Illustrated. £8.00. London: BMJ. 1994. ISBN 0-7279-0890-1.

This is a book from the BMJ publishing group by the Dean of a medical school. It is not a book primarily for doctors but intended to inform school leavers contemplating the study of medicine what to expect from this course.

It discusses the merits for and against medicine as a career, requirements for entry, choosing a medical school, application and selection, interviews and offers and then discusses the basic medical sciences course, the clinical years, qualification and choosing a speciality as well as career opportunities.

In the appendices, the goals and objectives of undergraduate medical education are listed, attributes of the independent practitioner are given, suggestions for further reading are provided and there is a list of addresses of all medical schools in Britain.

This book will be too late for those already qualified as doctors but may be helpful to those contemplating specialisation. It should be read by medical educators and it should be owned by all career advisors. Much of what is written for the British student holds equally well for the South African student and applies locally. The book may in some places be somewhat difficult to comprehend for the average South African school child who does not have English as home language, because of its academic style. It clearly fulfils a need as it is already the eleventh edition. A similar book for our country would be of even greater assistance to young people contemplating a career in medicine.

**C. F. van der Merwe**

## **Better Health in Africa: Experiences and Lessons Learned**

The World Bank. Pp. xvii + 240. Washington D.C.: The World Bank. 1994. ISBN 0-8213-2817-4.

This book explicitly states that it does not deal with South Africa because the socio-economic conditions in South Africa are so different from the rest of Africa. However, in detailing the public health and health management problems and the suggested solutions to these for every other country in sub-Saharan Africa, I felt that I was reading about my own country, South Africa.

South Africa, in terms of financial, human and physical resources invested in health, is a giant compared to the rest of sub-Saharan Africa. But in terms of selected indicators of health and health status, we do not do much better than Zimbabwe and certainly worse than Botswana and very much worse than we should be doing in terms of our investment in health.

This book gives a clear indication of the way in which resources are inefficiently used and how much more value

could be obtained with better planning and management of these resources. The three main messages are:

- more resources need to be channelled into priority basic personal health care packages such as midwifery services, family planning, well-baby services and certain chronic diseases such as TB and HIV/AIDS;
- health services need to be decentralised with the focus on district based systems of health centres and community level hospitals;
- there needs to be improved management of inputs into the health system such as pharmaceuticals, personnel and infrastructure and equipment.

These messages are excellently illustrated by case-study examples from different countries, drawing on the experiences of what has worked the best and given the best results in different settings. For South Africa, with the vast differences between the sparse semi-desert of the Northern Cape and the sprawling peri-urban density of KwaZulu/Natal, and between the poverty stricken Northern Transvaal and the affluence of Gauteng, there is much to be learnt.

The authors have taken a very close and hard-nosed approach to interventions and what works and what does not. Taking as an example community or village health workers, it is stated that they are only successful under certain circumstances and in some cases they may do more harm than good by delaying access to health professionals.

Another example involving personnel concerns the issue of remuneration. The authors say that if quality of work from health workers is wanted, then there must be adequate and fair remuneration and that it is likely that the civil service will have to be fought to win this battle.

Given the changing circumstances and policies of the Department of Health and the nine provincial Departments of Health in the 'new' South Africa, this book is a must read for health managers at any level of the health system, for anybody interested in public health and for all health workers who are wanting to understand the direction in which health services in this country are likely to go.

In addition to being extremely informative, the book is very readable and complex issues are made easily understandable. Do read it.

**Peter Barron**

## **Contraceptive Method Mix. Guidelines for Policy and Service Delivery**

WHO. Pp. viii + 121. Geneva: WHO. 1994. ISBN 92-4-154459-7.

This publication provides information on all currently available contraceptive methods as well as guidelines for patient education and counselling, and training and supervision of providers.

The importance of high quality services and the availability of a broad variety of contraceptive methods are emphasised as a means to increase contraceptive acceptance and continuation, and to contribute to the health and wellbeing of women. This leads to greater user satisfaction, which is crucial to the success of family planning programmes. Also, effective, long-acting, easy-to-use methods further increase

\* Book titles marked may be ordered directly from MASA Publications, Book Department, Private Bag X1, Pinelands, 7430, tel. (021) 531-3081, fax (021) 531-4126.

continuation rates. An important aspect is matching methods to patients, taking into consideration variations in their health, age, concerns, relationships and problems with methods used, risks of STDs and reproductive intentions.

This book should be of great interest to anyone providing contraceptive care, in particular programme managers, and also those involved in training providers and counselling.

**K. E. Sapire**

## 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.

**Paclitaxel in Cancer Treatment.** Ed. William P. McGuire and Eric K. Rowinsky. Pp. xiv + 336. Illustrated. US\$135,00. New York: Marcel Dekker, Inc. 1995. ISBN 0-8247-9307-2.

**Androgenic Disorders.** Ed. Geoffrey P. Redmond. Pp. xv + 329. Illustrated. US\$114,00. New York: Raven Press. 1995. ISBN 0-7817-0274-7.

**Doctor's Diary and Memoirs. Pond's Party, F Force, Thai-Burma Railway.** By Roy Mills. Pp. 206. Aus\$35,00. New Lambton, NSW: RM Mills. 1994. ISBN 0-646-19373-9.

**The Use of Essential Drugs.** Sixth Report of the WHO Expert Committee. WHO Technical Report Series No. 850. Pp. iv + 138. Sw.Fr.21/US\$18,90. Geneva: WHO. 1995. ISBN 92-4-120850-3.

**Evaluation of certain Veterinary Drug Residues in Food.** Forty-second report of the Joint FAO/WHO Expert Committee on Food Additives. WHO Technical Report Series No. 851. Pp. vi + 173. Sw.Fr.45/US\$40,50. Geneva: WHO. 1995.

**Onchocerciasis and its Control.** Report of a WHO Expert Committee on Onchocerciasis Control. WHO Technical Report Series No. 852. Pp. viii + 103. Sw.Fr.15/US\$13,50. Geneva: WHO. 1995. ISBN 92-4-120852X.

**Epidemiology and Prevention of Cardiovascular Diseases in Elderly People.** Report of a WHO Study Group. WHO Technical Report Series No. 853. Pp. v + 67. Sw.Fr.14/US\$12,60. Geneva: WHO. 1995. ISBN 92-4-120853-8.

**ABC of Asthma.\*** Third edition. By John Rees and John Price. Pp. 46. Illustrated. £10,00. London: BMJ. 1995. ISBN 0-7279-0882-0.

**How to do it. Volume 3: Writing, Publishing and Publicity, Something Different.\*** Third edition. Ed. Deborah Reece. Pp. xii + 241. £15,00. London: BMJ. 1995. ISBN 0-7279-0896-0.

**Clinical Tuberculosis.** By John Crofton, Norman Horne and Fred Miller. Pp. xii + 194. Illustrated. £3,00. London and Basingstoke: MacMillan Education Ltd. 1995. ISBN 0-333-56690-4.

**Perinatal Health Care with Limited Resources.** By Staffan Bergström, Bengt Höjer, Jerker Liljestrand and Ragnar Tunell. Pp. xiv + 182. Illustrated. £7,20. London and Basingstoke: The MacMillan Press Ltd. 1994. ISBN 0-333-59594-7.



University of  
Stellenbosch

## MASTER'S DEGREE IN FAMILY MEDICINE (M.FAM.MED.)

The master's degree in Family Medicine is a postgraduate qualification specifically designed for the General Practitioner in need of specialised training in the discipline of Family Medicine in order to register as a Family Physician. The course is offered on a part-time basis over three academic years. Integrated and problem orientated training is offered in the form of four one-week courses per year for the part-time course, and weekly afternoon sessions for the full-time course.

Prospective candidates should have practised as qualified medical practitioners for at least a year and be registered as such with the South African Medical and Dental Council. It will be expected of candidates to either be in active general practice or to occupy approved training positions in the Department of Family Medicine and Primary Care for the duration of the course.

The closing date for applications is 31 October 1995 (part-time courses) and 30 September 1995 (full-time course).

COURSES  
FOR 1996

Application forms and further information are obtainable from **The Head, Department of Family Medicine and Primary Care, University of Stellenbosch, Faculty of Medicine, P.O. Box 19063, Tygerberg 7505.**  
Tel. (021) 938-9449/938-9233. Fax (021) 931-7810.

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