PRACTICAL OPHTHALMIC MICROSURGERY

Arthur S.M. Lim, with contributions by Saiichi Mishima, PG Medical Books, Singapore, 1980, 70 colour plates, 82 pages.

"Almost all the spectacular advances in ophthalmology can be attributed to the operating microscope. In the wake of greater realisation of the numerous advantages of the operating microscope a tremendous demand has been generated to attend ophthalmic teaching workshops." This publication is a collection based on such teaching workshops, and includes the teaching and techniques of fellow-microsurgeons from Australia and Japan.

The book discusses the advantages of the operating microscope. For example, it enables precision surgery to be done with minimum trauma to tissue. It also offers useful hints of how to minimise the disadvantages and the common errors encountered in the use of the operating microscope. The choice, and care of the operating microscope together with micro-

instruments, microneedles, and microsuturing especially 10/0 monofilament nylon suture are discussed in some detail with the support of illustrations. Finally there is a chapter on learning ophthalmic microsurgery and an appendix on teaching assignments.

The author is a well-known microsurgeon and a regular organiser of teaching workshops and has used his vast personal experience both as a surgeon and teacher to write this much needed book. It is essential reading for trainee ophthalmologists and for an experienced ophthalmologist wanting to venture into or brush up on microsurgery. Besides ophthalmic surgeons, it may be useful to surgeons from other disciplines, theatre sisters and others interested in microsurgical techniques.

S.CHANDAN

THE GARKI PROJECT, RESEARCH ON THE EPIDEMIOLOGY AND CONTROL OF MALARIA IN THE SUDAN SAVANNA OF WEST AFRICA

L. Molineaux and G. Gramiccia, Geneva, World Health Organisation, 1980. 311 pages. Price: Sw. fr. 33.

The Garki Project carried out in the northern part of Nigeria from 1969 to 1976 by a WHO/Government of Nigeria research team on the epidemiology and control of malaria in the African savanna, serves to under-score the difficulty of controlling malaria in the tropics particularly tropical Africa, where malaria has and continues to be one of the worst scourges of man. The project cost a total of US\$6,000,000 over seven years and aimed to (1) study the epidemiology of malaria in the lowland African savanna; (2) measure the effect of house-spraying with propoxur (a residual insecticide) alone and in combination with mass drug administration (sulfalene and pyrimethamine at two different frequencies); and (3) construct and test a mathematical model of malaria transmission.

The project showed that residual house-spraying alone or in combination with mass drug administration failed to interrupt malaria transmission and that this was due mainly to the very high intensity of transmission, the vectorial capacity (i.e. the risk of transmission of parasites) being about 1000 times the critical value required for the maintenance of endemic malaria,

while the entomological inoculation rate (number of infections offered to man per unit of time) was about 100 times the critical value, and the relative exophily of the vector A. gambiae which rested outdoors to a significant degree. Thus it may be concluded that it will not be feasible at an acceptable cost at the present time to control malaria in the rural areas of the African savanna by an attack on transmission. It should, however, be possible to reduce the morbidity and mortality due to malaria by the treatment of clinical cases. A single dose of chloroquine can cure a P. falciparum infection that has not been allowed to develop into a pernicious form. When the aim is not a reduction of transmission, the addition of pyrimethamine or primiquine would be redundant.

The Garki Project also developed a malaria transmission model for the planning of malaria control. This was tested under field conditions but it may not be applicable to situations outside Africa where conditions are very much different from those of the African savanna. Nonetheless it can form a basis for further trials.

PAUL C.Y. CHEN

MANUAL OF BASIC TECHNIQUES FOR A HEALTH LABORATORY,

Geneva, World Health Organisation, 1980. 487 pages; 1300 illustrations Price: Sw. fr. 30. English with French edition in preparation.

This new manual is a thorough revision of an older handbook issued in 1973 by the World Health Organization, and takes into account field experience gained since 1973.

This manual is primarily intended for the training of laboratory assistants in the developing countries particularly those working in peripheral laboratories such as those attached to medium and small district hospitals, health centres and dispensaries. It has been specially designed to facilitate training at this level and the subsequent functioning of the laboratory assistant with minimum supervision.

The book is organized into 3 main parts: Part I dealing with general laboratory procedures, laboratory organization and management; Part II, with techniques in parasitology, bacteriology,

serology and mycology; and Part III with the examination of urine, cerebrospinal fluid and with haematology, blood chemistry, and blood transfusion. The approach is step by step and pragmatic. The International System of Units, SI units, are used throughout the manual, but traditional units and names are also included and the relationship of the two is explained.

An alphabetic list of all reagents required are listed and there is also a comprehensive index. It is a valuable manual which should be found not only in schools of laboratory technology but also in the laboratories of all district hospitals, health centres and dispensaries. Technicians working in peripheral and isolated units without ready access to sophisticated facilities will find this an especially useful reference work.

PAUL C.Y. CHEN

SIXTH REPORT ON THE WORLD HEALTH SITUATION, 1973-1977.

Geneva, World Health Organisation, 1980. Two volumes: Part 1 (global analysis), vii + 290 pages; Part II (Review by country and area), vi + 412 pages. Prices: Sw. fr. 20 and Sw. fr. 28. English with Arabic, Chinese, French, Russian and Spanish editions in preparation.

The Sixth Report on the World Health Situation covers the period 1973-1977, a period in which the international social and political climate underwent dramatic changes. In the health sector, these years were a period of transition when the inability of traditional approaches to bridge the gap between health needs and resources led to recognition of primary health care as an essential alternative.

Part I contains an analysis of the world health situation highlighting major developments in a number of areas of the health sector. Chapter 2 describes the background against which current ideas on social health have evolved. It points out that 800 million people in the developing world live in conditions of abject deprivation, with incomes too low to ensure basic nutrition and with little access to services essential to health and life, and goes on to outline the background against which there has now developed an increasingly wide realization that health is not merely a desirable goal in itself but a prerequisite of social and economic development. Chapter 3. on health status differentials, examines the health status of the world's population in relation to degrees of socio-economic development.

Chapter 4, which constitutes the bulk of Part I, deals with the health action undertaken. It begins with a review of trends in health policy

and then goes on to examine health planning and country health programming. It then deals with health legislation, health care delivery systems, primary health care, disease prevention and control, and a number of broad issues, and finally ends by looking at the health resources (manpower, facilities and funds) available. Chapter 5 summarises the evolution of health research, while Chapter 6 looks into the future. Many extremely useful tables, figures, maps and graphs relating socioeconomic factors to the health situation are produced as an annex to Part I. Some projections up to the year 2000 have also been included.

Part II reviews the health situation in about 120 countries or areas, arranged in alphabetic order by WHO region. Information on each country is concise but can serve as a useful comparison.

Taken together, the analysis in Part I and the country information in Part II provide a basis for the development of rational strategies for the attainment of the goal of health for all by the year 2000. Consequently, the report is valuable to health policy-makers, planners, administrators, students, and research workers, and is an especially useful source of information for all concerned with the wider aspects of socioeconomic development and health.