# BOOKS / BOEKE

**Die Ondersoek van die Pasgebore Baba**

Deur P. A. Henning. Pp. 142. Geïllustreer. R39,00. Pretoria: Academica. 1993. ISBN 0-86874-467-0.

Hierdie handleiding vir die ondersoek van die pasgeborene bestaan uit 11 kort, duidelik uiteengesit en geïllustreerde hoofstukke. Dit bespreek hoofsaaklik die sistematiese ondersoektegniek van die pasgeborene en verskaf kort uiteensettings in sekere hoofstukke van belangrike normale sowel as abnormale bevindings.

Die eerste twee hoofstukke handel oor algemene faktore en beginsels in die ondersoek van die pasgeborene en vorm die basis van die sistematiese ondersoek. In die volgende nege hoofstukke word die pasgeborene in die volgende kategorieë bespreek: kop, nek en gesig, respiratoriese stelsel, kardiovaskulêre organe, buik, luier-area, ledemate en rug, neurologiese stelsel en ten slotte die gestasiebepaling. Hierdie verdeling van ondersoekareas, hoewel steeds in die standaard sistemiese ondersoek, is meer logies en samevattend vir die student. In plaas van bv. die behandeling van die skeletale stelsel en dan senuweestelsel, bespreek die outeur die boonste en onderste ledemate en rug met houding, bewegings en gewrigte as onderafdelings. Die puntsgewyse samevatting van die sisteem aan die einde van sommige hoofstukke sal vir studente van groot waarde wees — jammer dat dit nie by alle hoofstukke ingesluit is nie.

Hierdie handleiding behoort deur elke mediese, verpleegkundige en paramediese student gelees te word en beskikbaar te wees by elke ondersoek of spreekkamerbesoek deur pasgeborenes. Dit is jammer dat hierdie handleiding tans slegs in een landstaal beskikbaar is, met die vooruitsig van vertaling in Engels moontlik in 1995. Hierdie tipe handleiding vir voor- en nagraadse studente behoort in al die belangrike landstale beskikbaar gestel te word.

LINNIE MULLER

**Midwifery: A Textbook and Reference Book for Midwives in Southern Africa.**

Volumes 1 and 2. By P. M. Sellers. Pp. 1793. Illustrated. Kenwyn: Juta. 1993. ISBN 0-7021-2882-1.

This monumental work, written by a former midwifery tutor at Edendale and Grey's hospitals, Pietermaritzburg, with the assistance of a number of co-authors, is certain to become a valuable reference text.

The first volume is subtitled 'Normal childbirth'. There is an interesting chapter on the history of midwifery, a subject often neglected. The six parts deal with anatomy and physiology, normal pregnancy, normal labour, the normal puerperium, the normal newborn baby, and family planning. The second volume, subtitled 'Complications in childbirth', has four parts, dealing with: complications in pregnancy, complications of labour, complications in the puerperium; and miscellaneous subjects.

Throughout the books, the management of the various conditions and complications is divided by differently shaded bars into: general management, including medical, pharmacological and obstetric management; and specific midwifery management and standard nursing care, including specific manoeuvres and techniques.

There is much emphasis on the psychological and cross-cultural aspects of midwifery, indicating the considerable input provided by Professor Beverley Chalmers. The chapters are very detailed indeed, and there is frequent cross-referencing and repetition. The books are copiously illustrated and there is a useful glossary at the end of volume 2.

It is perhaps inevitable in such a massive work that there appears to have been inadequate editing, in that many typing errors are present. There are also a number of spelling mistakes and wrong terms, such as racemous; labium majorum and minorum; vaginal mucosa; Lippe's loop; and hydrops foetalis. The references are adequate but should be written in the Vancouver style. Equally inevitably, there will be differences of opinion on many specific points. Thus the use of steroids to promote pulmonary maturity is now well documented. The term 'premature rupture of the membranes' should be replaced by 'prelabour rupture of the membranes', either preterm or at term.

Despite these comments, *Midwifery* is an impressive achievement and the books are thoroughly recommended.

H. A. VAN COEVERDEN DE GROOT

### *Books received November 1993*

**Polychlorinated Biphenyls and Terphenyls. (2nd ed. Environmental Health Criteria. No. 140).** (English with summaries in French and Spanish) $75,6. ISBN 92-4-157140-3.

**International Digest of Health Legislation.** Vol. 44 No. 2. Pp. xxvii + 224. Geneva: WHO. 1993. IX ISSN 0020-6563.

**Internal Organs. Color Atlas/Text of Human Anatomy.** Vol 2. 4th ed. By Helmut Leonhardt. Pp. xii + 372. Illustrated. Stuttgart: Georg Thieme Verlag. 1993. ISBN 0-86577-484-6.



# Recommendations pertaining to the use of viral vaccines: influenza

## Review of influenza activity — 1993

### *Witwatersrand area: National Institute for Virology (NIV)*

The influenza season of 1993 was shorter than usual, isolates being made over a 9-week period compared with an average duration of 15 weeks in the past 10 years. The school absenteeism programme involving about 9 000 children at primary and high schools showed only one short peak in absenteeism, starting the week the first influenza isolates were made. A total of 24 influenza isolates were made between 9 June and 10 August, all from the NIV active surveillance Viral Watch programme. There wre 21 influenza A $H_3N_2$ and three influenza B isolates, which were further characterised at the WHO Influenza Reference Centre, London. The influenza A $H_3N_2$ isolates were typed as A/Beijing/32/92 and the influenza B isolates as B/Panama/45/90.

### *Cape Town area: Department of Medical Microbiology, University of Cape Town*

There was considerable influenza activity of moderate severity in Cape Town in April, May and June, with a peak in June. Before and since those 3 months no significant influenza was identified in the Cape. Influenza occurred in the general community and in old-age homes. Seven

influenza isolates made at that time were all identified by the WHO Reference Centre, London, as A/Beijing/32/92. Two further influenza A isolates have not yet been fully typed. A significant rise in antibody titre to A/Beijing/32/92 was found in 13 of 44 pairs of sera from elderly persons suffering from influenza-like illness. Three of the 13 patients also yielded an influenza virus isolate. Abnormally increased absenteeism was recorded in June.

## Durban area: Department of Medical Microbiology, University of Natal

Two isolates of influenza A were obtained in June and one in September.

### Recommended vaccine formulation

The following strains have been recommended by the WHO for the 1994 influenza season:
A/Beijing/32/92 ($H_3N_2$)
A/Singapore/6/86 ($H_1N_1$) *or* A/Texas/36/91 ($H_1N_1$)
B/Panama/45/90

**N.B.** The $H_3N_2$ strain recommendation is for a different strain to that of last year, which, coincidentally, also had the designation of A/Beijing (A/Beijing/353/89).

### 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 immunised after symptoms have disappeared.
3. The vaccine, although considered safe during pregnancy should, nevertheless, be delayed until the 2nd or possibly 3rd trimester to minimise the theoretical risk of teratogenicity. However, if high-risk indications exist, immunisation should be avoided.

### Timing

Ideally, vaccine should be administered during March to provide adequate protection before the commencement of winter. 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 high-risk individuals, such as 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, that is about 6 - 12 weeks. The dosage should be reduced in persons with renal disease and those over the age of 65 years.

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT