

Redistribution of wealth

Redistribution: How Can it Work in South Africa?. Ed. by P. Moll, N. Nattrass and L. Loots. Pp. ix + 150. Illustrated. Claremont: David Philip. 1991.

This book is about the poor in South Africa and how to achieve some redistribution of income and wealth — a morally desirable goal because of the wide disparities in our country and the repressive historical events that lie at their core.

Disparities and the need for redistribution are not unique to South Africa, indeed they are characteristic of many societies. The unjustness of the world in which we live and the wide disparities in health, wealth, education, quality of life and opportunities for self-determination and development that separate rich ('northern') from poor ('southern') countries reflect a long history of human competition and exploitation.

In terms of global economic/political paradigms, such exploitation has evolved from the profoundly exploitative nature of the zero-sum-game economic wars and plundering of the 16th - 18th centuries, to the 'laissez-faire capitalism' of the 19th century, the 'democratic capitalism' of the 20th century, in which the welfare state was created, and towards the newly developing international order of the 21st century, in which the effects of long-standing exploitation are being acknowledged and the seeds for global redistribution efforts are being sown.

In this small and readable book by economists, extensive economic data is reviewed in a scholarly fashion. Debating micro- and macro-economic distributive strategies in developing countries, Moll outlines many redistributive attempts in other countries and the complex relationship between redistribution of income and economic growth. He cautions against simplistic extrapolations of experience from other social contexts to contemporary South Africa.

Loots examines a wide range of issues to consider in a tax strategy for redistribution, provides comparative tax data from many countries and weights up short- and long-term pros and cons of various strategies.

Deficit financing and how it can be used productively to generate a social return in the future, the shortcomings of redistribution of government expenditure and how welfare expenditure and low-cost but effective programmes can be implemented are discussed. The point is emphasised that expenditure on developing people serves growth more

effectively than investment on consumption. Transitional deficit must be balanced by a primary surplus in the future if unsustainable deficit (the unfortunate lot of many developing countries) is to be avoided.

Van der Berg examines the restraints on redirecting social expenditure in education, health, housing and pensions in efforts to create an equitable society. Two particular points emerge from this hard-headed and useful chapter. First, the elimination of apartheid institutions and the scaling down of military expenditure will yield only a small 'peace dividend' in fiscal terms. Second, expectations about future patterns of social spending must be dampened in all sectors of society, and political leaders must be honest about the high price of the democratisation process to all citizens.

In the chapter on, 'Making welfare spending work', comparisons are again drawn with other countries and stress is placed on the creation of income-earning opportunities for the poor as the most important way of alleviating poverty. For growth to be encouraged and sustained, welfare spending on education and training must receive high priority.

Unfortunately, the number of formal sector jobs and the South African economy have virtually stopped expanding and the unemployment rate has increased from 24% of the employable workforce in 1970 to 42% in 1988. The conclusion is obvious: economic growth is the most crucial requirement for a satisfactory solution to unemployment. Improvements in productivity, international competitiveness, the stimulation of labour-intensive production and rural development are the essential components of a growth and employment strategy.

In the final chapter, Moll summarises the discussion by addressing several questions: Who are the poor? What are the constraints to redistribution? What redistributive instruments work? What instruments don't work? Finally, is this perspective politically feasible? A cautious, but optimistic affirmative response to the latter question provides encouragement for those who believe that rational arguments can be translated into the politically feasible and practical processes essential for peaceful change.

For those who wish to obtain a deeper insight into economic considerations of great importance in South Africa during transition, it is recommended that the money and time spent on two weeks worth of newspapers be diverted into purchasing and reading this book.

S. R. BENATAR
M. SAVAGE

BOOKS / BOEKE

Health in economic reform

Health Dimensions of Economic Reform. Pp. ix + 68. Illustrated. SFr.15. Geneva: World Health Organisation. 1992.

In the past, the full implications of many development projects were not adequately considered and health consequences often ignored. For example, hydro-electric schemes around the world have spawned cases of schistosomiasis.

In most countries, there are groups who are very wretched, typically unhealthy, functionally illiterate, poor and unskilled with little access to public resources. And when economies have shrunk — as during IMF structural adjustment programmes — the ranks of the wretched have swollen. That, of course, means more people who are ill and do not contribute to the economy as they might. It is both a crying shame and a shameless waste.

To improve policy, it is clear that development decisions' potential effects on health should be better considered. Bilharzia should be prevented or controlled around dams. The costs of the illness structural adjustment will cause should also be considered as the policy is concocted.

This is relatively conventional ground, covered, with a nod toward the non-communicable diseases of affluence, by the authors of this book. They propose the institution of 'health conditionality'. For instance, IMF loans might become conditional not only on instituting certain economic reforms, but also on meeting health objectives. A country might be refused further lending, perhaps, if its infant mortality rate remained high.

The authors do not give 'health conditionality' the full explanation its novelty deserves, and its presentation here is unconvincing. There seems to be a confusion of ends and means. The IMF makes loans conditional on certain policies because it has fixed ideas about what means are best to achieve development. But withdrawing loans from countries that fail to achieve an aspect of development (improving child health) may punish those who most need help.

The book is published by the WHO, and the wealth of this UN agency has bought a beautiful booklet. It is peppered with elegant graphics and with tables of useful figures. But the text has not been whipped smooth by WHO editors and is marred by occasional opacity and *non-sequitur*.

In short, the graphics and tables would make it a useful source of teaching material for community health departments. The English and the unconventional notion of 'health conditionality' prevent it being a good set text.

J. PICARD

The advent of structural adjustment policies has forced policy makers to recognise the intimate links between health and economic reform; that good health is crucial for participation in economic life and in the development process. However, there has been little effort to integrate this emerging awareness into development policies in general. The impact that development policies have on health are seldom related back to the policies themselves. Consequently, policy makers have not felt compelled to review policies that may hold detrimental consequences for health. Instead, they continue to rely only on health services to deal with the health effects of economic development.

This book is an excellent attempt to link 'this awareness and its concrete expression in development strategies and policies'. It shows how health cannot be separated from economic development, and argues for the reorientation of social and economic strategies, so that 'the protection of health and the improvement of health status' among marginalised groups in society 'become essential conditions of socio-economic policy'.

The authors develop a profile of vulnerability in society, discuss methodologies for identifying marginalised groups, and indicate how the health status of these groups constitutes an integral element of their economic wellbeing.

Functional illiteracy, low income-earning capacity, and lack of access to and control over resources are shown to form barriers to improvements in health status. Strategies that can transform vulnerable groups into productive and self-reliant partners in economic development are then explored. Such approaches should make health a *conditionality* for development by ensuring that improvements in health status and quality of life are 'defined at the very outset along with the macro-economic objectives, and that the process of adjustment achieves both sets of objectives simultaneously'.

Clear, non-technical and concise, *Health Dimensions of Economic Reforms* is a refreshing alternative to the preoccupation with short-term development policies and the trivialisation of their health consequences. It provides an illuminating analysis of issues that South Africa is likely to face in the next few years. Health workers and policy makers who seek a deeper understanding of the relationship between health and development will find this analysis very rewarding.

P. MASOBE

Classification of disorders

The ICD-10 Classification of Mental and Behavioural Disorders. Pp. 362. SFr.50. Geneva: World Health Organisation. 1992.

This long-awaited book has arrived in a neat, user-friendly and highly sophisticated form. It is the culmination of the work of hundreds of psychiatrists throughout the world, took several years, and was refined in field trials in some 40 countries. It is the ultimate in psychiatric classification, was designed to standardise diagnosis, and represents all major traditions and schools of contemporary psychiatry. It is a marvel of co-ordination and negotiation to get so many cultural, clinical and theoretical diversities to agree.

The book differs from its predecessor *ICD* in including the advances and concepts of the last 10 years, and in being multi-axial. Obsolete categories such as the division between neurosis and psychosis, and vague or differing terms such as 'neurosis' and 'psychosomatic' have fallen away. In general, terms are more strictly defined, and a lexicon is to be published.

It is probably true of most epistemological constructions that they do not serve all uses. In fact, much of the accumulated mis-knowledge of psychiatry stems from shortcomings in definition and meaning. For this reason *ICD 10* has been designed as a core classification that can be condensed, for example, for non-specialist everyday use, elaborated for highly technical experts, and refined for research — here again there are horses for courses — and for administrative and other purposes. Several publications to encompass are promised. The whole ensemble will constitute the most comprehensive diagnostic manual we have.

It is not possible in this review to comment on the many changes. These must be closely studied, but they certainly represent up-to-the-minute thinking in most areas. Sometimes, though, categories remain general or conservative, probably a good idea because of the many unknowns of psychiatry.

The relationship to the *DSM 3R* of the American Psychiatric Association, and more so to the upcoming new *DSM 4*, which is due to appear in 1993, needs comment. This has been a great advance in psychiatry and it has wide usage in many countries — in fact, till now it looked fair to rule the psychiatric world! It was, however, devised in the USA for the USA, and embodies concepts and terminology not universally accepted. Most major and many minor categories of the two classifications do overlap, however, and it is likely that a cross-correspondence system can be devised. What may be problematic, is to get those accustomed to the *DSM*, or to whom it is holy writ, to change to the *ICD*, since this will be necessary for worldwide comparative and administrative purposes.

L. S. GILLIS

BOOKS / BOEKE

Surgery

Atlas of Surgical Pathology. Ed. by J. L. Turk and C. D. M. Fletcher. Pp. vi + 346. Illustrated. \$231,50. New York: Gower Medical. 1991.

This is a large, heavy, glossy atlas of colour photographs of the bottled specimens in the Wellcome Museum at the Royal College of Surgeons in London. There are 346 pages and about 3 colour photographs to the page. Each picture is accompanied by a short text which gives a brief history, relates the macroscopic description and draws one or two sentences of deduction. There is no histopathology, nor is there any attempt at a systematic coverage of surgical pathology.

Generations of aspirant young surgeons used to gaze fearfully at 'pots', desperately trying to identify the grey rubbery object floating in front of them, to then proceed to a viva voce examination only loosely related to the object in question. While the pathological component of surgical training remains as strong as ever, surgery has moved away from bottled specimens. The book is not only rooted in the past, but has several flaws: if one obscures the text, many of the pictures are quite unrecognisable. Some pictures, (such as 3.65) are upside down. Some of the histories are diverting: 'a 34-year-old soldier posted in Egypt . . . pyrexia . . . diarrhoea . . . delirium . . . died' (and his ileocaecum ended up in the Wellcome Museum in London and this Atlas). I am not at all sure who will buy this book, although the preface suggests surgeons in training for the Fellowship and hospitals and medical schools without their own collection of specimens. I shall therefore donate this complementary copy to our library.

D. M. DENT

Advances in Surgery. Ed. by F. G. Moody, W. Montorsi and M. Montorsi. Pp. xxiv + 465. \$137,50. New York: Raven Press. 1992.

Advances in Surgery is Vol. 84 of a series of reviews published by Sero Symposia Publications. Vol. 1 was published in 1982 and dealt with luminescent assays, perspective in endocrinology and clinical chemistry. This is the second time that *Advances in Surgery* have been reviewed. Vol. 60, *General Surgery: Current Status and Future Trends* was published in 1989. In the summer of 1990 a huge number of the world's top authorities in surgical specialties met in Milan and Vol. 84 is a summary of the conclusions of their various meetings.

No fewer than 96 subjects are reviewed, including problems from transplantation, vascular, cardiac, pulmonary, abdominal, breast, endocrine, urological, paediatric, maxillofacial, ophthalmic, hand and orthopaedic surgery. Chapters on the Mediterranean diet, and environmental tobacco smoke and indoor air quality have been included for good measure.

Vol. 84 has been well produced on high-quality paper. Unfortunately, the huge variety of subjects covered is one of the weaknesses of the book. About 130 of the contributors are Italian. The editors did not change the style of the individual contributors but this has meant that some of the chapters, such as that on a snap-shot lecture on vascular pathology, are almost unintelligible. There are many spelling mistakes throughout the book, and the absence of references except in a few chapters is particularly irritating.

I found the Italian approach to HIV infection risk very practical: 'Those involved in health care must therefore consider all patients as potentially infectious for HIV and observe the recommended infection control measures when handling blood or body fluids.'

In the chapter on post-cholecystectomy syndrome, a long residual cystic duct is cited as one of the causes. With the proliferation of laparoscopic cholecystectomies I wonder whether the next volume on recent advances will again give a long cystic duct stump as a cause of post-cholecystectomy syndrome.

Advances in Surgery is entertaining to read, but unfortunately I can recommend its purchase only to medical libraries.

G. A. G. DECKER

Neuroanatomy

Neuroanatomy: Basic and Clinical. 2nd ed. By M. J. T. Fitzgerald. Pp. viii + 252. Illustrated. £16,95. London: Baillière Tindall. 1992.

A number of new neuro-anatomical texts have appeared of late and one may wonder why yet another has seen the light. But the author makes his purpose with this volume quite clear in the preface: 'I have been impressed by the perception by educationalists of the need to present the basic and applied aspects of any topic together if learning is to be effective.' He has obviously intended the work for undergraduates but acknowledges that it has also been used extensively by postgraduates. As one progresses through the text it becomes clear why this is so. It is a concentrated, relevant and highly integrated text.

I know of no better introduction to basic neuro-anatomy that flows so naturally into functional neuro-anatomy (neurophysiology), applied clinical neurology and neuro-radiology. Line drawings are clear and accurate, and at the end of each chapter there are selected references to appropriate works.

It would be a great accomplishment if this book could be used by undergraduates in this country, but I know of no course in basic neurosciences taught to the level where this would be appreciated in full. This is a pitiable state of affairs, but true.

Anyone preparing for a higher examination in any of the neurosciences could do no better than start with this little book. And anyone from the neuroscience background of this country who thinks that he is above this level is in for a surprise. He will find no other text that will lead him into the subject so clearly and advance him so far in 242 pages.

There are a number of neuro-anatomical applications to clinical practice that the author has not used, but these can be introduced into future editions.

All in all, this is a highly commendable book, which afforded me no end of joy.

J. C. DE VILLIERS

Medical compendium

The Merck Manual. 16th ed. Ed. by R. Berkow and A. J. Fletcher. Pp. xxx + 2844. \$26. Rahway, N.J.: Merck Research Laboratories. 1992.

There used to be a popular BBC Radio Programme called 'Desert island discs' in which celebrities were asked which records they would like to take with them if they were cast away on a desert island. They were also asked which one book they would like to take, the *Bible* and Shakespeare being excluded.

If I were faced with such a choice, and there was the remotest chance of my having to practise medicine either on myself or anyone else during my sojourn, *The Merck Manual* would be high on my list of likely candidates. Of all the medical compendia ever compiled, this has to be one of the most generally useful, designed as it is for ready reference by practising physicians, medical students, housemen, residents and other health care professionals. It has now grown considerably beyond the pocket-size of the original version, which was first published in 1899. However, it contains more condensed information than many larger textbooks and is still a user-friendly size. No practising doctor's bookshelf should be without it.

N. C. LEE

BOOKS / BOEKE

Radiotherapy

Photon, Electron, Proton and Neutron Interaction Data for Body Tissues. Pp. vii + 207. Maryland: ICRU Publications. 1992.

The International Commission on Radiation Protection is an authoritative body that hardly needs an introduction. This report, ICRU Report 46, deals with the interactions of photon and particle beams with body tissues. It contains a massive amount of information in tabular form (mostly) but instead of being an uninteresting set of tables, it is fascinating to discover from the table of 'The composition of body tissues' how much attention was given to compositional differences. Obesity, alcoholism, calcification, age, disease, nutrition, to name a few, can all affect bodily composition and therefore the attenuation co-efficient.

This collected knowledge may enable future radiotherapy planning algorithms to be much more sophisticated, and, in any case, will be food for thought for the clinician. Proton therapy is gaining momentum worldwide and it is notable that the margins of error are the smallest for protons in most tissues studied.

The publication ICRU 46 should be used in conjunction with ICRU Report 44, concerned with tissue substitutes in radiation dosimetry and measurement. Used together, a very accurate prediction of dose in depth will be possible.

Publication ICRU 46 should be of interest to all radiation workers: health physicists, radiobiologists and radiation oncologists, and every radiation oncology department should have one, as should all medical libraries worldwide.

B. J. SMIT

Liver and biliary disease

Wright's Liver and Biliary Disease. 3rd ed. Vol. I & II. Ed. by Millward-Sadler, Wright and Arthur. Pp. xvi + 1574 + index. Illustrated. £195. per set. Kent: Harcourt Brace Jovanovich. 1992.

Undoubtedly, this book will serve as an obituary for Ralph Wright, who, unfortunately, died recently. Thus, I may be prejudiced in favour of the book, many of whose authors are South African-born, practising in South Africa and overseas.

The book comes in two volumes and is thus an extensive (almost 1 600 pages) and expensive (over R1 200) review of the field of hepatology. As with most specialities, there has been an enormous expansion of knowledge in hepatology during the past 3 decades, so that, while remaining an astute clinician, the hepatologist must be familiar with details of molecular biology and metabolism.

Questions about any major textbook, whether new or subsequent editions include, according to R. M. Donaldson (*Gastroenterology* 1992; 102: 2179): (i) Does the book as a whole adequately cover all aspects of the discipline? (ii) Does the book contain information or provide perspective not readily available elsewhere? and (iii) Is it easy to use?

The book does cover all aspects of hepatology adequately. There are over 100 authors from all 5 continents, each writing on his own special interests: C. S. Lieber for the chapter on alcoholic liver disease, Roger Williams on portal hypertension, and Roy Calne on liver transplantation, to name just three. All the chapters are generously referenced. The book is divided into three parts, although the authors have only two. Pathophysiology fills 450 pages and individual diagnostic techniques a further 200. Diseases and complications such as portal hypertension take up the remainder of the book.

The second question is difficult to answer. The information could be obtained from good reviews, but the book provides it readily and reliably, saving a lot of searching in the medical library. The chapters are well written and easily understood. Clinical material can always be found and is

not lost in the mass of scientific information, which is often of value only to the few individuals working in a particular field. This could have easily happened, since the tremendous recent advances in hepatology have mainly been in fields of metabolism and molecular science and biology. But the editors have tried to ensure that the book remains of great clinical value, and have included details on basic science, including molecular biology, essential to an extensive textbook on hepatology. With so much information, the book is surprisingly easy to read. The index alone covers over 130 pages.

Who should buy this book? Certainly, academic medical libraries, anyone wishing to have expertise in liver disease, and gastro-enterologists, since many of them also treat liver disease. I would also like to recommend it to the general internist, but the high cost might be a deterrent, especially for those that feel that Sheila Sherlock's book provides them with all the 'liver' answers they need. (Dame Sheila wrote the chapter on primary biliary cirrhosis in this book.) Group practices of general physicians may also find the book worthwhile.

The book is a serious contender in its field (there is another similar-sized and ambitious textbook on hepatology from England and several from America), and while it is difficult to consider the 'poor' hepatologist being able to afford even one of them, he could do worse than investing in this one.

The inclusion of Ralph Wright's name in the title is justified and a fitting tribute to his excellence in the editorship of this book as well as his contributions to hepatology.

A. E. SIMJEE

Parkinson's disease

Current Trends in the Treatment of Parkinson's Disease. Ed. by Yves Agid. Pp. ix + 106. Illustrated. London: John Libbey. 1992.

Since Hornykiewicz lit up the world of Parkinsonism with his discoveries about dopamine 30 years ago, there have been few lasting illuminations in this sphere. In this short symposium of a meeting held in Venice in mid-1991 there are some hopeful flashes of light.

In Chapter 1, workers from Pisa highlight the difficulty of extrapolating drug reactions from one species to another. The substance, MK 801, which completely protected monkeys from the Parkinsonian effect of MPTP toxicity, was found to have little beneficial effect on mice.

Chapter 2, by workers from Eli Lilly and Rochester University, concerns the neuroprotective effects of pergolide and deprenyl by slowing down the formation of toxic O₂ radicals, but by different modes in the two medications. Next comes C. W. Olanow, who gives a clear and exciting review about the actions of these free radicals and the possible effects on the mitochondria.

These first chapters are followed by two more on the treatment of Parkinson's disease. Smokers may take a few happy puffs from the knowledge that cigarettes, like selegiline inhibit the MAO-B mediated break-down of dopamine.

French workers give us an astonishing insight into the aspect of molecular biology and the discovery of a family of at least five different dopamine receptors, with the implication that new therapeutic strategies may be just round the corner.

Admittedly, the most optimistic reports on the DA-agonist pergolide come from the Lilly laboratory workers. But Professor Jankovic from Houston gives a guardedly hopeful view that pergolide or other DA agonists may retard the progress of this most frustrating disease.

There is so much critical information in this slim volume that everyone interested in the 'shaking palsy' will benefit greatly by studying it closely.

J MAC. W. MACGREGOR