**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.

### Guidelines for Conducting Community Surveys on Injuries and Violence

### World Report on Knowledge for Better Health. Strengthening Health Systems

### The Atlas of Heart Disease and Stroke

### Side Effects of Drugs. Annual 27

### Beyond the Numbers. Reviewing Maternal Deaths and Complications to Make Pregnancy Safer


The AAOS seldom disappoints with its publications and this edition of the *Atlas of Amputations and Limb Deficiencies* lives up to all expectations. Actually, these expectations are exceeded as this work embraces musculoskeletal deficiencies, including those of the spine, rather than only limb deficiencies.

The introductory section provides the relevant historical perspective and then proceeds to address the principles involved in amputations and their management. Contentious and problematical areas where decision making is paramount, such as limb salvage and dealing with infection and poor vascularity, are well dealt with in this section.

Section II addresses the upper limb and commences with an exposé of motion and function of the upper limb, followed by a well-illustrated documentation of available prosthetic fitting. Thereafter deficiencies at all levels, starting with fingertip injuries and progressing up the arm to shoulder girdle ablation, are systematically described. The surgical techniques and prosthetic applications are detailed. Practical issues relating to prosthetic choice and patient training are useful inclusions in this text. A chapter on adaptations of prostheses for sporting activities (and potentially to any area of activity) illustrates the inventive ingenuity demonstrated in this field.

In section III, the lower limb section examines the kinematics and physiology of gait in normal individuals and in the amputee. Each level of amputation is systematically described, detailing and illustrating the surgical procedure and prosthetic management. Translumbar amputations are covered in some detail. The section dealing with paediatric deficiencies, both congenital and acquired, is an essential component of this comprehensive presentation.

Generally, the book is well written and generously and clearly illustrated, providing a wealth of information and wisdom with regard to all aspects of musculoskeletal deficiencies. Of significant value is the comprehensive coverage of problems and complications relating to surgery, practical issues relating to prosthetic choice and fitting, and the psychological adjustment to altered body image and function. It achieves a fine balance between the presentation of the clinical or functional problem, the surgical techniques involved and the prosthetic issues.

This book, written by an authoritative faculty, is the definitive work on musculoskeletal deficiencies and represents the state of the art as it exists today. The *Atlas of Amputations and Limb Deficiencies* is essential reading for all health care professionals involved in the management of these problems, and an essential acquisition for all medical libraries.

**Johan Walters**

### IN MEMORIAM

**David Andries Maas**

David Andries Maas (Dawie) is op 9 Februarie 1938 op Jacobsdal in die Vrystaat gebore as die jongste van 7 kinders. Hy het sy skoolopleiding aan die Laerskool Jacobsdal ontvang, aanloek aan die Grey Kollege in Bloemfontein, waar hy in 1955 gematrikuleer het. In 1964 het hy die graad MB ChB aan die Universiteit van Pretoria behaal. Na sy huisdokterjaar het hy privaat gepraktiseer, eers in Amsterdam in die (ou) Transvaal, en daarna in Frankfurt in die Vrystaat. In 1971 het hy hom as kliniese assistent aan dié


Dawie se belangstellingsveld was veral op die gebied van infeertilité, spesifiek endometriose asook spermatologie, en hy het bygedra tot die vestiging van die Afdeling Spermatologie by die Departement Obstetrie en Ginekologie van die Universiteit van Vrystaat in Bloemfontein, wat vandag nog funksioneer.

In die laaste 8 jaar voor sy dood het hy intensief die bekende radioprogram ‘Wat sê die dokter?’ en ook op Radio Hoogland onderwerp die lig laat sien. Dawie het ook later bydraes gelewer op bogenoemde departement. Hy het verskeie publikasies oor dié bygedra tot die vestiging van die Afdeling Spermatologie by die Departement Obstetrie en Ginekologie.

Louw Steyn (1925 - 2003)

Louw Steyn died on 20 December 2003 after a short illness at the age of 78 years.

He was born on 1 August 1925 in Woodstock and went to school in Beaufort West and Worcester, where he matriculated. He studied medicine at the University of Pretoria where he qualified in 1949, after which he did an internship in Grahamstown.

Following that he went into private practice in Olievenhoutbosch, moving to Postmasburg and Port Nolloth, where he settled. He went into private practice in Groblersdal in 1962. He was in partnership with Drs Peter Conradie and Erhard Veldsman until 1985 when he became Superintendent of Philadelphia Hospital at Dennilton, eventually moving to Welkom in 1997. From 1997 until his death he held sessions as a medical officer in the Ophthalmology Department at Bongani Hospital.

He was always a dedicated doctor and enjoyed ophthalmology

Marie Stopes’ contribution to sexual and reproductive health (SRH) in South Africa began on a very small scale in 1994. We have over the last few years consolidated our services and expanded the range we offer. We established our first SRH centre in Johannesburg and now have 15 centres covering Gauteng, Western Cape, Free State, KwaZulu Natal, Eastern Cape and the Mpumalanga provinces.

All of our centres have been established in response to local need and each provides a range of quality service. All centres currently provide a full range of contraceptive services including, pregnancy testing, emergency contraception, gynaecological examinations, safe abortion, treatment for STIs, VCT, treatment for impotence as well as blood pressure testing.

In addition, our centres in Johannesburg, Sandton, Durban and Cape Town also provide female sterilization and vasectomy.

Through the success of our centres in more affluent urban areas, we are able to subsidize services in very low-income communities such as Soweto, Isipingo and the rural areas of the Eastern Cape, which are not financially sustainable on their own.

We believe that a welcoming supportive environment is very important and regardless of whether our clients are seen in one of our main centres or in a low income area, they receive the same high standard of care in the same welcoming, friendly environment.
during his later years, developing a keen interest in this field.

He was an enthusiastic sportsman and played rugby, tennis and baseball for the University of Pretoria. He later played golf and took up bowls, which he enjoyed until a few months before his death.

Louw is survived by his wife Doris, five children and sixteen grandchildren.

Johan Spangenberg
Son-in-law

Samuel Skapinker (MB BCh, FRCSE, FACS, FICS)

I was devastated to learn of the death on 25 January 2005 of my friend Sam Skapinker in a car accident at the age of 87. He was one of the last of the crop of prominent surgeons who strode the Johannesburg stage for 50 years after World War II.

I first met him in 1945 after his demobilisation from the South African armed forces in which he served for 6 years. Shortly thereafter he took the FRCS examination in Edinburgh, Scotland, and followed with further surgical training in Manchester.

Baragwanath Hospital, originally a British military hospital, was acquired by the Transvaal Provincial Administration circa 1947 and joined the Wits University affiliated group of teaching hospitals.

Sam returned to South Africa to participate in the establishment of a surgical department at the new hospital, becoming the head of one of the original 4 surgical units.

When, after several years, he left Baragwanath for private practice, he joined the part-time surgical staff at the Johannesburg General and Children’s hospitals, an appointment he held until his mandatory retirement at the age of 65. He was active in medical politics, a past-president of the South African Association of Surgeons and published numerous papers in peer-reviewed journals, despite the merciless demands of a huge practice. Although he retired from active surgery at age 75, Sam continued to teach at Wits Medical School until full retirement at 80.

As a young man he was a Victor Ludorum athlete, excelling as a sprinter and hurdler. He was a consummate artist and prolific sculptor, much done in wood. Sam was active in and helped to establish a medical artists’ society, and he was a regular exhibitor. His home and garden were a showcase for dozens of magnificent sculptures. Until his untimely death he maintained excellent health, continuing to play golf and squash and attend the gym 4 times per week.

It was a great honour for me to sponsor him for Fellowship in the American College of Surgeons in 1980. We enjoyed a long, enduring friendship as well as a close professional relationship.

My heartfelt condolences to his wife Ellen, his children Michael, Rene and Anne, and his grandchildren.

Norman A Blumberg, Houston, Texas, USA

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