**Dementia Fast Facts**


I enjoyed reading this pocket-size book on dementia that has covered important aspects of Alzheimer’s dementia. Its layout is logical, starting with basic description of anatomy and brain function including the function of various neurotransmitters, the ageing brain, with differentiation of changes that occur with normal ageing as opposed to those that occur in dementia. Specific syndromes produced by focal cerebral disorders are covered followed by common neuropsychiatric symptoms in dementia and their management. Important guidelines to history-taking and management are discussed as well as risk factors and the epidemiology of dementia in Europe and USA compared with other parts of the world, hypotheses on causes of Alzheimer’s dementia ranging from genetics to the free radical hypothesis and the formation of senile plaques and neurofibrillary tangles. Principles of care and current treatment, both non-pharmacological and pharmacological, are discussed including possible future modes of therapy.

What I liked most about this book are the easy-to-follow illustrations that simplify the subject matter. The key points of each chapter are then stressed followed by references for those who desire further information on the subject.

This book would be of value to health professionals both at undergraduate and postgraduate levels and general physicians as well as general practitioners who need basic knowledge of dementia, as they will increasingly have to deal with these disorders.

This book provides a rapid guide to understanding dementia. It is value for money and I would definitely recommend it.

Sebastiana Kalulu

**Bone Dysplasias**


The new second edition of *Bone Dysplasias* which contains 609 pages and 1 890 figures is a monumental contribution and reflects the advances in knowledge which have taken place since the publication of the first edition in 1974. The first edition entitled *Bone Dysplasias: An Atlas of Constitutional Disorders of Skeletal Development,* was written by Jurgen W Spranger, Leonard O Langer and H-R Wiedemann, and was published by Gustav Fischer Verlag, Stuttgart. This classic monograph, colloquially known as *Spranger’s Atlas,* represented a landmark in the understanding and diagnosis of genetic disorders of the skeleton and served as a standard reference for almost three decades.

In the new edition of *Spranger’s Atlas* the text is clear, concise and accurate, while the references are pertinent and reflect current concepts. Diagnosis of the skeletal dysplasias depends to a large extent upon the recognition of characteristic radiographic appearances; in this respect the book is lavishly illustrated and the easy access to these excellent pictures greatly facilitates the diagnostic process.

*Spranger’s Atlas* has long been regarded as being pre-eminent in the field of skeletal dysplasias and the new edition lives up to the reputation of its predecessor. It will be of value to colleagues in many disciplines, including medical geneticists, paediatricians, radiologists and orthopaedic surgeons, and no medical library will be complete without a copy on its shelves. Jurgen Spranger and his co-authors are to be congratulated on this magnificent contribution to the medical literature.

P Beighton

**Self-Assessment Colour Reviews. Learn • Revise • Reinforce**


*Self-Assessment Colour Reviews* are available on the following topics: Cardiology, Clinical Anatomy, Clinical Haematology, Clinical Neurology and Neurosurgery, Gastroenterology, General Critical Care, Hepatobiliary Medicine, Renal Medicine, Respiratory Medicine, Paediatric Emergency Medicine.

This is an amazing series of little books — very reasonably priced, pocket sized, soft covered, printed on quality paper and offering the practitioner an easily accessible overview of the subject. To quote Eugene Braunwald, who offers the foreword to the volume on cardiology, these books render ‘learning, at one time, intellectually invigorating, efficient and pleasant’.

Each sub-specialty book exploits contemporary problem-based or case-based learning methodology and encompasses some 100 - 300 discipline-specific clinical vignettes, each presented in pictorial form and illustrated with high-quality clinical photographs, reproductions of modern diagnostic imaging, representative histopathology and/or laboratory data.
Each case is succinctly encapsulated to trigger a short series of questions which are then deftly answered on the succeeding page.

The cases are wide-ranging and contributed by some 20 - 30 experts within the field drawn from Europe (mainly the UK) and North America, and edited by between two and three co-authors. The text providing the answer(s) is right up-to-date and much richer than the bare solution to the quiz, capturing genetics, modern diagnostic techniques, developments in understanding of pathophysiology and molecular genetics and, where appropriate, evidence-based treatment protocols.

Each problem is fully indexed so that, for example, that of 'nephrotic syndrome' in Renal Medicine yields 17 typical case-based examples sorted into 8 sub-categories. 'Hepatitis B' in Hepatobiliary Medicine yields 9 problems offered in 4 sub-categories.

While the stated aim of these books is to advance the learning of the trainee specialist, whether generalist or sub-specialist, and assist, as a self-assessment tool, with preparation for examinations, they serve also as handy reference manuals and as refresher courses for the established sub-specialist.

The titles General Critical Care and Paediatric Emergency Medicine are also useful handbooks for all senior students and junior doctors and especially for those doing their community service. In this context one looks forward to similar books dealing with obstetrics and gynaecology, and surgery and the surgical sub-specialties.

Finally, the title Clinical Anatomy is aimed at 'new curriculum' students and teachers of anatomy. This volume is again beautifully illustrated and highlights the key anatomical knowledge base that every clinician needs; this is given emphasis in the clinical scenarios that are used to illustrate the application of such knowledge at the bedside or in the clinic.

Janet Seggie

IN MEMORIAM

Peter Safar

Medicine has lost one of its great leaders. Professor Peter Safar, first Chairman of Anaesthesiology and Critical Care Medicine at the University of Pittsburgh and thrice nominated for the Nobel Prize in Medicine, passed away in Pittsburgh after a long battle with cancer. He was 79.

Peter Safar known as the ‘Father of CPR’ was born in Austria into a medicine family endowed with a strong sense of history and a talent for music. His parents were both physicians — his father was Chairman of Ophthalmology at the University of Vienna and his mother a paediatrician. Peter graduated from the University of Vienna Medical School in 1948, at a time when Europe was recovering from the ravages of war. Together with his wife Eva, he moved to the USA, starting initially as a fellow in surgery at Yale University, but later changing to anaesthesiology.

Following his residency, Peter moved to Peru to fulfill his visa requirements before returning to the USA. In Lima, he helped establish the first Academic Department of Anaesthesia in that country. He returned to the USA to assume the Chief of Anaesthesiology position at Baltimore City Hospital and established the first ICU in the USA. While at Baltimore City Hospital he did his pioneering work on mouth-to-mouth ventilation and was able to prove that humans can be kept alive by exhaled air for considerable periods of time. Following this work in 1958, he published the well-recognised steps in CPR: A (airway), B (breathing) and C (circulation).

In 1961 at age 37, Peter moved to Pittsburgh, to the new Chair of Anaesthesiology at the University of Pittsburgh. During his tenure the department became internationally recognised. Critical care was in its infancy and the 16-bed ICU at Presbyterian University Hospital, became the first multidisciplinary unit of its kind in the USA.

Peter helped restructure the development of the emergency medical system in Pittsburgh with the design of new ambulances and the first training programme for emergency medical technicians. He was particularly concerned about educating the public in CPR techniques. Today the citizens of Pittsburgh and the world are that much better off as a result of the efforts initiated by Peter Safar.

Peter was a generous, modest and kind person always recognising others who worked with him. He was recognised in many countries for his outstanding contributions to medicine and received numerous awards and honorary degrees.

Peter stepped down as Chairman of the Department and embarked on his new challenge — founding the International Resuscitation Research Center, later the Safar Center for Resuscitation Research. This Center was established to continue various research aspects in CPR and disaster medicine. A focus of his activity was research on ‘suspended animation for delayed resuscitation’. He continued his interests in preventing brain injury especially the role of moderate hypothermia in ameliorating damage, right until his death.

Peter was a man of many talents. He was an expert skier and mountain climber. The mountains of North America and Europe had a particular attraction to him and his family. He and his wife Eva were graceful ballroom dancers and on many occasions won the Pittsburgh Symphony Orchestra Ball Waltz competition.

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