

Book Reviews

Melanocytic Tumors. A guide to diagnosis

Alistair J. Cochran, Christiane Bailly, Eberhard Paul, Fabrizio Remotti, with a contribution by Sunita Bhuta. Philadelphia. Lippincott-Raven, 1987. ISBN 0-397-51633-9.

Malignant melanoma per se is not one of the greatest diagnostic concerns in a Saudi pathology practice. The incidence is low and the tumors are almost exclusively found on acral and mucosal sites. Moreover, most cases present themselves in such an advanced stage that even the proverbial blind man on his galloping horse cannot miss the diagnosis. It is when the microscope objective focuses away from the Saudi population and on to patients with a different genetic make-up and a more careless attitude towards sun exposure, in other words expatriates, that the trouble starts. The daily load in the average pathology laboratory of run-of-the-mill nevi is low, which means that the normal range is outlined with a somewhat shaky hand. The challenge which faces every pathologist is neither to overdiagnose nor to underdiagnose. But few have more chinks in their armour than those wielding their blades between the Red Sea and the Gulf.

Here is a book to help. The five authors (who must represent as many nations, if their names are anything to go by) are students of the late Dr. Vincent McGovern. They manage to steer clear of any sectarian attitude, especially in controversial areas such as the dysplastic nevus. Where hard facts are lacking in special cases, they say so and state the way they sign out under such circumstances. This pragmatic approach is stressed by many so-called worksheets, where the characteristics of two or more differential diagnoses are opposed. More support is provided by diagnostic algorithms and some very practical "how to" chapters towards the end of the book.

Two major diseases that plague pathology books at present have been duly recognized and deftly avoided by Dr. Cochran et al.: the coffee-table format and the multi-colored micrograph. The size of this book is handy, the binding is shirting and the colors are reserved for the many educational clinical illustrations (apart from a few microphotos of immunostained sections). The black and white micrographs have good contrast and are well focused—most of them are evidently shot with a large-format camera. They are supplemented by many clear line drawings.

This is a most practical book. And if you, after all the reading, still decide to seek a second opinion (something which the book advises even seasoned melanomologists to do in selected cases), then at least you have a solid foundation for your doubt.

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Control of Hereditary Diseases: Report of a WHO Scientific Group

World Health Organization. Geneva, 1996. US\$14.40. ISBN: 92 4 120865 1. Available in English; French and Spanish in preparation.

This report summarizes the views of world-renowned experts in the field of medical genetics who met in Geneva in 1993, as a World Health Organization (WHO) Scientific Group on the Control of Hereditary Diseases. The tasks of this WHO Scientific Group were: 1) to review the place of genetics in modern medicine; 2) to summarize current practical applications of genetic knowledge in the diagnosis, treatment and prevention of diseases; 3) to consider the likely immediate future impact of human genome research; 4) to help medical decision-makers to keep pace with these developments; and 5) to give guidance on the organization of genetic services. I believe the group achieved its goals by providing a concise update of recent developments in molecular genetics and its impact on medical practice.

There are eight chapters in this book, beginning with a brief overview of mendelian disorders and the human genome project. The report has well-written sections on epidemiology, predisposition factors in common genetic conditions, and basic approaches for the prevention of genetic diseases. These are followed by sections on counseling and prenatal diagnosis methodologies. The section on organization of genetic services lists important guidelines, which are necessary for a successful and efficient operation of a genetic service. These guidelines could be used by those countries in which genetic services are either not available, or are at a developmental stage. The last chapter gives an overview of ethical, social and legal aspects of utilizing genetic testing services. Although this is a very complex subject, the WHO report provides general principles for the use of genetic technology in the diagnosis and prevention of inherited diseases. The report concludes with a number of recommendations on how to integrate genetic service into the general health service of a community, taking into consideration the ethical, socioeconomic and legal aspects of a society.

In the last decade, an impressive array of molecular technologies has been developed for the diagnosis of genetic diseases, some of which are in the process of approval by the regulatory agencies. It is extremely important for clinicians, health workers, administrators and health regulatory agencies to be aware of the rapidly changing advances in the diagnosis, prevention and treatment of genetic disorders. The WHO report provides this information in a summary form.

Overall, the WHO report is an excellent and concise text and can be used as a practical handbook by all medical professionals dealing with the management of inherited diseases.

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Strategies for the Prevention of Blindness in National Programmes

A Primary Health Care Approach

Second edition. World Health Organization. Geneva, 1997.

ISBN: 92 4 154499 9.

This 104-page book published by the World Health Organization was originally prepared by a working group for the WHO program for the prevention of blindness, and included contributions from several WHO collaborating centers. Its first publication was in 1984 and this is the second edition.

The book consists of four major sections: 1) Introduction and background; 2) National program for the prevention of blindness; 3) Primary eye care; and 4) Methodological approaches to specific blinding conditions.

Like other books on the subject, this book presents a global approach for establishing strategies for the prevention of blindness. In the introduction and background section, the development of eye health services is presented, and the definitions of primary eye care, secondary eye care, tertiary eye care and mobile eye services are presented. Unfortunately, this section is redundant and appears to be repeated throughout the text.

The other sections of the book, including national programs for the prevention of blindness, are very general and without any specific programs or plans. In the third section on primary eye care, the various activities of primary eye care held by professionals are presented. Again, there is no specific information on how to carry out primary eye care assessments of blinding disorders. Unfortunately, the term "primary eye care" may mean "care provided by a health worker, a nurse, a general practitioner, or an ophthalmologist." In an attempt to have applications in various countries at different levels, the material represents a vague and unspecified approach for primary eye care.

The last section contains little new information, except for two sections that have been added on diabetic retinopathy and childhood blindness. The section is entitled "Methodological approaches to specific blinding conditions" and includes trachoma, malnutrition, onchocerciasis, cataract, ocular trauma, glaucoma, diabetic retinopathy and childhood blindness. Unfortunately, there are several hypothetical organizational propositions which may or may not apply to various developing countries.

The sections, on the whole, are not consistent in their outline. Some sections described epidemiology and in others, epidemiology was deleted. An attempt was made to present arm chair philosophy in the prevention of blindness, listing the primary, secondary and tertiary levels, and this approach appears to have been too dogmatic for practical implementation of prevention of blindness.

The book appears to be an outline for establishing strategies for the prevention of blindness, but did not present any realistic approach to any individual country for the prevention of blindness. The book is mainly a list of conditions and dogmatic approaches for the prevention of blindness strategies, but many of those that are listed in the different sections appear to be too hypothetical.

I do hope that in the future, books of the WHO will introduce a better approach for solving complex clinical problems. It might be a good idea for the working group in the World Health Organization to focus on regional blindness in the world, and to establish plans for the prevention and control of blinding disorders in specific geographic locations. This book does not apply to any particular region and has a global overview without specific information. It is, however, a good piece of information for people

who are involved in health care and prevention of blindness programs.

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Management of cataract in primary health care services
Second edition. World Health Organization. Geneva, 1996.
ISBN: 92 4 154499 6.

Cataract is the most common cause of blindness in the world, and the majority of cases are curable.

Similar to other books of the World Health Organization, this is a working group of the WHO, presenting programs for the control of blindness secondary to cataract. This is an attempt to solve the cataract backlog in developing countries. The 34-page publication contains comprehensive guidelines on the management of cataract through primary health care. It includes a review of the available information on the problems of the presence of blindness secondary to cataract and the strategies for managing cataract in countries with limited financial and human resources. The booklet is helpful in presenting guidelines for the planning of interventions. It also includes development of human resources and infrastructures for the management of cataract. The guidelines in this publications are intended to be adopted to suit the local conditions where there is a cataract backlog.

The book is divided into nine sections. The first section is on the clinical aspects of cataracts, including the definitions and types of cataract, as well as the symptoms and signs. The second section is on the prevalence of cataract as a public health problem. The third section is on the organization of cataract services, including the assessment of the problem, identification of cases, motivation of the blind for the use of services and the selection of cases. It also has the provision of cost-effective, high-quality surgical services for management of cataract on a mass scale. The fourth section is on therapeutic strategies, including the choice of techniques and postoperative corrections of patients undergoing cataract surgery. The options of extracapsular and intracapsular cataract surgery are presented, and low-cost spectacles as well as low-cost intraocular lenses are discussed. The last four sections are on material requirements, personnel development, community participation, operational research and evaluation of the program.

In brief, this is a helpful manual describing in a straightforward manner how blindness caused by cataract can be avoided. Consideration is given to means of increasing surgical output in the training of personnel and methods for the quality assurance and improvement of the programs. The second edition of this book has brought an update on the recent changes in technology for cataract surgery and their application to large-scale programs in developing countries.

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