Letter to the Editor

Parotidectomy in southern Africa

To the Editor: We wish to bring to your attention some statements made in a recent article by Van Lierop and Fagan.1

In the summary they state that ‘The spectrum of parotid disease in southern Africa has not previously been reported’. This is repeated in the first paragraph of the text.

Although we have great appreciation for this study, which was reported in an exemplary fashion, we feel that the above statement could be challenged and requires correction.

Two presentations on ‘Tumours of the salivary glands: 291 cases over 16 years’ were made by one of us (E. J. T.) at the Surgical Research Society meeting in May 1983, and at the Association of Surgeons of South Africa congress in May 1988.

A preliminary study of 110 cases was published in SAJS in 1980 and a final report of this retrospective study on 217 cases appeared, also in SAJS, in 1984.1

In our view these reports represent a fairly large series over 16 years in Bloemfontein, and in fact reflect the spectrum of salivary gland tumours (including 138 parotid tumours) in southern Africa at that time.

E. J. Theron
R. S. du Toit
Department of Surgery
University of the Free State
Bloemfontein


Dr Van Lierop and Professor Fagan reply: We would like to thank Professors Theron and Du Toit for bringing their previous publications regarding parotid pathology to our attention, as a PUBMED search using the search terms: ‘Parotidectomy’, ‘Parotid tumours’, ‘South Africa’ and ‘Southern Africa’ only revealed case reports, series on specific parotid tumours, and smaller series on subgroups of the southern African population.1,4 Hence our statement that ours was the first published series describing the full spectrum of parotid pathology in South Africa.

We look forward to reading their articles, and to seeing whether the spectrum of parotid disease has changed over the last 2 decades, especially in view of the changing medical environment and the rising incidence of HIV disease and tuberculosis.


Book Review


A good measure of a textbook’s worth may be the number one sees under the arms of medical students. Judging by this unorthodox criterion previous editions of this book have amply succeeded, and I have no doubt the 5th will follow. It is a pleasure to see that Elsevier have taken the trouble to sew, rather than glue, even the cheaper, international edition, which will ensure a longer life in the rough and tumble of undergraduate use.

The authors are predominantly from Edinburgh, and the style and scholarship preserves the best of the great Scottish tradition of medical education. The illustrations are classic ‘Hamilton Baileys’, and the diagrams are clear and uncluttered. Flow-charts seem an inevitability nowadays, but these are all logical and legible. Appropriately, there are no general references, but a valuable addition is the EBM boxes, in which controversial positions are defended or attacked, with key references supplied.

The choice of the five broad sections is instructive on the way surgery is developing: (a) Principles of Surgical Care (apart from the standard issues, separate chapters on Ethics, Management of Cancer, and Trauma); (b) The Operation (as the event which defines ‘surgery’); then – as a sign of what is happening to the discipline – (c) Upper GI; (d) Lower GI; and (e) Specialties (everything else, including Plastics, ENT, Breast, Endocrine, Transplantation, Urology and Orthopaedics). (The Orthopaedic section makes a handy quick reference, but is far too short to do justice to the discipline; students will still need another text.)

In line with the integration of modern curricula, the editors have included ‘Surgical Anatomy’ and ‘Surgical Pathology’ in most of the sections. The chapters are broken down into manageable blocks, and the style is easily readable, without any loss of comprehensiveness.

The 5th edition is a welcome addition, and I shall certainly recommend it to our undergraduates.

G. J. Oettle