- 1 Khoo S, Bond J, Denning DW. Administering amphotericin B. A practical approach. *J Antimicrob Chemother* 1994;33:203-13.
- 2 British Society for Antimicrobial Chemotherapy Working Party on Fungal Infection. Management of deep Candida infection in the surgical and intensive care unit patients. *Intensive Care Med* 1994;20:522-8.
- 3 Graninger W, Presteril E, Schneeweiss B, Teleky B, Georgopoulos A. Treatment of Candida albicans fungaemia with fluconazole. *J Infect* 1993;26:133-46.
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Editor of book hits back

EDITOR,—Henry G Burger, an internationally renowned endocrinologist, devotes half his review of *Drug Therapy in Reproductive Endocrinology*, which I edited, to what he claims are errors and misleading information.¹ It is therefore regrettable that the errors and misinformation (with the exception of one error, for which I take full responsibility) are his and not those of the authors.

Firstly, the book does not state that "the combination tablet containing only 2 mg cyproterone acetate is 'a highly effective treatment for severe hirsutism.'" For severe hirsutism it recommends the addition of cyproterone acetate (CPA; 100 mg daily) to the standard combination tablet of 35 µg ethinylloestradiol and 2 mg cyproterone acetate (Dianette), specifying that "in patients with severe hirsutism, additional CPA is required to improve the effect of Dianette on hirsutism."

Secondly, Burger states that the book does not refer to measurement of testicular volume in clinical assessment. It does, saying, "When puberty commences in girls or 10 ml testicular volume is attained in boys, pubertal acceleration occurs." It repeatedly emphasises the importance of measuring testicular volume in assessing the response to treatment for hypogonadism.

Thirdly, Burger states that "The book contains an extensive pharmacopoeia" (it doesn't) and criticises the inclusion of lynoestrenol on the grounds that it is unavailable. However, the introduction to the pharmacopoeia, which Burger clearly did not read, states, "The drugs listed ... are limited to those recommended by individual authors for treatment of reproductive endocrinological problems.... The details given for each drug are not exhaustive, nor were they intended to be so. Interested readers can amplify ... their knowledge by reference to standard pharmacological textbooks." Lynoestrenol had to be included in the pharmacopoeia because it is mentioned in the section on oral contraceptives.

Finally, although as the editor I accept full responsibility for having missed the single use of the term "buccal testosterone" as opposed to "oral testosterone," elsewhere in the chapter in which this error occurs and elsewhere in the book (including in the pharmacopoeia) the term "oral testosterone" is used. Burger knows well that this book is not for patients, so for him to state that this error will cause "puzzlement to the patient when he collects capsules containing an oily solution of the steroid and is faced with the challenge of placing two in his cheeks three times a day and allowing them to dissolve" is misleading to readers.

None of us is immune to criticism, and I always welcome constructive comments. Factual errors by a reviewer are, however, another matter and not—in Burger's own words—"trivial complaints."

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1 Burger HG. Drug therapy in reproductive endocrinology [book review]. *BMJ* 1996;313:123. (13 July.)

Reviewer's reply

EDITOR,—I suggest that the facts be allowed to speak for themselves. Less than one fifth (not half) of my review alluded to "errors and misleading information." I will deal with each in turn and leave readers to judge to whom such errors are correctly attributable.

Firstly, let me quote from the section of the book dealing with the medical management of hirsutism. "In recent years CPA [cyproterone acetate] has been most widely used with a low-dose oestrogen/anti-oestrogen combination containing 35 µg ethinyl oestradiol and 2 mg CPA instead of ethinyl oestradiol alone (see below). This regimen is a highly effective treatment for severe hirsutism." Several independent readers drew the same conclusion as I did—namely, that the authors were recommending a combination of 35 µg ethinylloestradiol and 2 mg cyproterone acetate as a highly effective treatment for severe hirsutism. The latter recommendation is not appropriate. I believe that the meaning would have been clear had the authors written, "In recent years CPA (50-100 mg for 10 days) has been most widely used by being added to a low-dose oestrogen/anti-oestrogen combination...."

Secondly, Jean Ginsburg takes issue with my statement that the book does not refer to measurement of testicular volume in clinical assessment. Section 7.1 of the book describes the clinical assessment of delayed puberty in seven lines, without mentioning measurement of testicular volume. This is quite separate from the observation that pubertal acceleration occurs at a greater testicular volume.

Thirdly, I stated that the book contained an extensive pharmacopoeia. The material on the back cover states that "a unique feature of the book is the inclusion of a pharmacopoeia." This pharmacopoeia occupies pages 266-373. Yet Ginsburg says that the book does not contain an extensive pharmacopoeia. I find this is an extraordinary and incomprehensible response to my comment.

Fourthly, with regard to the term "buccal testosterone," the text as printed is unequivocal (and buccal steroids have of course been used therapeutically). My comment was meant to amuse, certainly not to offend.

I submit that as a reviewer I did not make factual errors. I indicated that the book contains much of value; my main thrust was to question who the target audience is, and Ginsburg does not comment on this.

Ginsburg concludes her letter by referring to "factual errors by a reviewer," in a sense impugning my credibility. I leave it to readers to decide whether my review contained factual errors or was based, as I intended it to be, on a fair and unbiased reading of the book and an assessment of its place in the medical literature.

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Drug donations to Bosnia-Herzegovina are often inappropriate

EDITOR,—The programme for pharmaceuticals of the World Health Organisation's Regional Office for Europe recently carried out a situation analysis of the pharmaceuticals in Bosnia-Herzegovina. One striking finding was the large amount of unused drugs that originated from donations. This finding is not exclusive to Bosnia-Herzegovina, and urgent action is needed to prevent such situations in countries in transition.

In Bosnia-Herzegovina 70-80% of drugs were reported to have been provided by humanitarian organisations, charities, and groups of people. The widespread belief was that drugs are the main means of curing illness and that any drug is better than nothing. Drugs for primary health care, such as some antibiotics (penicillins), analgesics, and antipyretics, have been—and still are being—supplied in large quantities, which has led to oversupply. Meanwhile, critical and long term shortages of cytotoxic agents, psychotropic drugs, and other antibiotics (cephalosporins and macrolides) have occurred, although these drugs are included in the national essential drug lists. An absolute lack of drugs in the form of syrup, drops, and ointment has also been reported.

In a number of cases, donated drugs were distributed inadequately. Thousands of salbutamol suppositories were stockpiled in Banja Luka; about 50 000 bottles of 500 ml of amino acid infusion approaching its expiry date were donated to Kosevo Hospital in Sarajevo; and large amounts of antimalarials were kept in the hospital in Bihac.

Because of the lack of dental cement during the war, teeth were extracted instead of being filled. Thus the large boxes of dental floss that were supplied remained unused: about 25 000 rolls were counted in the central medical warehouse in Sarajevo.

There is an estimated 250 tonnes of unused drugs in the Mostar area and 25 tonnes in Banja Luka, while the local authorities report an additional 20 tonnes in Bihac and 100 tonnes in Sarajevo. Incinerating these would be costly. The WHO helps the authorities to find an appropriate way of disposing of the unused drugs.

There are several ways of improving the quality and appropriateness of drug donations and access to medicines for the patients. These include strengthening needs assessments and the coordination among humanitarian agencies and the receiving country; managing the drugs supplied more efficiently; and developing and enforcing regulations based on the interagency guidelines for drug donations published by the WHO.

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Correction

Prevalence of antibiotic resistance in pneumococci

An editorial error occurred in the second letter in this cluster, by K D Allen and J J Anson (28 September, pp 819-20): the numbers of isolates of each serotype, given in the third paragraph, are incorrect. The first two sentences of the third paragraph should read: "The most common serotype was serotype 9 (25 isolates), followed by serotype 6 (17), serotype 19 (7), and serotype 23 (7).... Eighteen isolates (30%) exhibited high level resistance to penicillin...."