Notably his father Adam, his deep sense of fairness and compassion, explains Barnard’s motivation – the example of his parents and medical practice in the second half of the twentieth century. It has done with characteristic fortitude.

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In that regard, Marius Barnard in his book written in conjunction with family friend and author Simon Norval, has met the challenge with distinction. With complete candour he describes, in sequence, his early days in Beaufort West, his devotion to and esteem for his parents who served the religious needs of the disadvantaged and disenfranchised community of the Karoo town, his days as a medical student at the University of Cape Town and society doctor in Salisbury, Southern Rhodesia (that was), his training as cardiac surgeon at Groote Schuur Hospital and in the USA, his participation in the world’s first heart transplant on 3 December 1967 under the direction of his brother Chris, his contribution to the development of cardiac surgery in Romania (then part of the Soviet Union), his work as member of Parliament for Parktown while at the same time conducting private practice in Johannesburg, and in the latter part of his long career his work in developing and promoting critical illness insurance. He is generous in acknowledging the skills and abilities of others with whom he worked, and enormously appreciative of his family and especially his wife of more than sixty years, Inez.

Marius Barnard’s relationship with Chris was from their youngest days a troubled one, as was their professional association. Yet he finds the grace to value and praise Chris’s genius as a doctor and surgeon. A moving aspect of the book is his regret that he did not respond to Chris’s need in the last years of the latter’s life for reconciliation. In those years it was clear that Chris was desperately in need of some family comfort.

By his own admission Marius Barnard’s contribution as a member of Parliament over nine and a half years was undistinguished, partly because he was busy with a demanding private practice and partly no doubt because politics and politicians did not suit him. That is a pity, because his convictions of universal suffrage and equal opportunity are deeply engrained, and as a doctor in politics there was much more that he might have done in those demanding times. It was an opportunity lost, as hard a judgment as that may be.

In recent years Barnard has had to deal with advanced carcinoma of the prostate and numerous complications of its treatment. This he has done with characteristic fortitude.

The book contributes to the growing literature on South African medical practice in the second half of the twentieth century. It explains Barnard’s motivation – the example of his parents and notably his father Adam, his deep sense of fairness and compassion, his strong religious conviction, and not least significantly his love for and support from his wife. Parts of the book are tedious and he was poorly advised by his editors – the dinners, site tours, business class flights and petty wrangling with authorities detract from the bigger picture. But, I suppose, it is Marius Barnard in communicative mode.

The essential requirement for an autobiography is truthfulness. In recent years Barnard has had to deal with advanced carcinoma of the prostate and numerous complications of its treatment. This he has done with characteristic fortitude.

Peter Folb
Chief Specialist Scientist
South African Medical Research Council

Defining Moments – An Autobiography

Handbook of Trauma. 2nd ed.

This pocket handbook is an essential guide for general practitioners, medical officers, registrars, emergency care practitioners, and all trauma unit staff in South African hospitals. Following the well-established format of pocket handbooks that can be carried around and referred to at the moment when they are needed, this handbook sets out all the major issues in trauma management in an accessible and comprehensive way. Without going into too much detail, each chapter succinctly covers the important key messages, with an emphasis on thorough assessment, and the practical steps of management. In addition to resuscitation and early management, the chapters on regional injuries include injuries to the head, spine, face, ear and nose, eyes, neck, chest, abdomen, and hands. Other very useful chapters include high-risk patients, as well as specific injuries such as sexual assault, burns, bites and stings, and gunshot wounds. The prevention of common injuries, which is not usually included in the scope of practice of trauma personnel, might be a helpful additional section in terms of advice to patients, as well as the medical contributions to health promotion.

In this age of internet access on cellphones, and the increasing proportion of young professionals who look up online references on the spot, it would be useful to include key websites in addition to the references at the end of each chapter. This would enable those who need more detailed information on a specific dilemma to find it more quickly in the emergency situation, where the handbook has had to keep to the basics for the sake of space and breadth of coverage.

South Africa has a high burden of trauma, and the second edition of this handbook is a much-needed contribution to the collective effort that is directed towards dealing with it.

Steve Reid