

amphotericin B in 7 African countries is available at <http://tinyurl.com/857zxdf>.

MSF uses amphotericin B in its HIV/AIDS projects, but national availability is poor. For instance, although the drug is registered in Ethiopia and the Democratic Republic of the Congo, it is not available. Access to flucytosine is even more problematic; it was not registered in the 9 countries surveyed and was only available in South Africa under legislation for special prescription at US\$252 per patient for a 2-week induction treatment.

The development of guidelines for the treatment of cryptococcal meningitis and other opportunistic infections is an important advance. The WHO should be congratulated for commissioning a thorough review of the evidence and recommending treatment options based on the patients' best interests, not simply on what is available. The urgent challenge ahead for all involved in translating these guidelines into practice is to accelerate access to affordable treatment by supporting the registration and procurement of flucytosine and amphotericin B at affordable prices in all the countries where these drugs are needed.

We thank all MSF staff who co-operated in providing registration, availability and price data.

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1. Park BJ, Wannemuehler KA, Marston BJ, et al. Estimation of the current global burden of cryptococcal meningitis among persons living with HIV/AIDS. *AIDS* 2009;23:525-530. [<http://dx.doi.org/10.1097/QAD.0b013e328322fac>]
2. Marshall C, Spelman T, Curtis A, et al. Impact of WHO Stage 3 and 4 conditions on mortality in people commencing antiretroviral therapy in Médecins Sans Frontières supported projects in resource-

limited settings. 16th ICASA, Addis, 4-8 December 2011.

3. World Health Organization (WHO). Rapid Advice: Diagnosis, Prevention and Management of Cryptococcal Disease in HIV-infected Adults, Adolescents and Children. Geneva: WHO, 2011.
4. Perez-Casas C, Chirac P, Berman D, Ford F. Access to fluconazole in less-developed countries. *Lancet* 2000;356:2102. [[http://dx.doi.org/10.1016/S0140-6736\(05\)74314-2](http://dx.doi.org/10.1016/S0140-6736(05)74314-2)]
5. World Health Organization (WHO). Global Price Reporting Mechanism. Geneva: WHO, 2011. <http://apps.who.int/hiv/amds/price/hdd/> (accessed 14 December 2011).

Sequel: Chris Barnard and the Hunterian Museum

To the Editor: On 1 September 2007, I wrote to the *Journal* regarding one's puzzlement that in the Hunterian Museum at the Royal College of Surgeons of England, London, no mention was made of the surgeon who performed the first heart transplant, or of where the operation took place.

I had the privilege and pleasure of meeting Sir Terence English at a wedding last year. He was born and educated in South Africa and – 12 years after Barnard's achievement – performed the first successful heart transplant in the UK. He directed the British Heart Foundation Heart Transplant Unit, served as President of the Royal College of Surgeons, and was knighted in 1991.

We discussed the anomaly; he agreed that it was a serious one, and undertook to attend to the exclusion. Recently, he e-mailed as follows: 'After discussions with the new Curator of the Hunterian Museum the omission of Chris Barnard's name has been corrected. The new display now starts: "In December 1967 Christiaan Barnard performed the first human heart transplant in Cape Town, South Africa. The patient, Louis Washkansky, lived for 18 days. A month later Barnard transplanted a second patient who lived for nearly two years. Norman Shumway at Stanford ..."'

I am very grateful to Sir Terence, and I know that other South African doctors will share this appreciation.

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