BOOK REVIEWS

A Second Portfolio of Chest Radiographs. B. T. LE ROUX and T. C. DODDS. Edinburgh. E. & S. Livingstone Ltd. 1968 P. 444. 100s. Illustrated.

This volume is produced specifically as an extension to " A Portfolio of Chest Radiographs " by the same authors, published 4 years ago. Certain of these new sections are sufficiently complete to be read in isolation, but for the student entering the field of radiological chest diagnosis or of chest surgery, the two portfolios are best take in sequence.

This second portfolio contains upwards of 1000 reproductions of chest radiographs organised into sections illustrating important groups of chest diseases. It makes no claim to be exhaustive, but rightly deals predominantly with common conditions. Some illustrations consist of a series of films illustrating the diagnosis, course, operative action and result in a specific case. Sufficient clinical and operative detail is given as captions to allow the course of the disease and its treatment to be followed. Complications, mistakes, and unfortunate results are included, along with advice on their avoidance.

Between the sets of illustrations are short annotations on a few chest conditions of importance both to physicians and surgeons. These annotations include reports of the experience and opinions of the surgical author as well as extracts from the recent literature. These annotations are rather condensed in style, but will repay careful study.

The standard of reproduction of radiographs is well above average, and only a very few blocks fail to illustrate the point to be made.

These two portfolios together are a successful attempt to make available to a wide audience a very large accumulation of clinical material and experience, and they form a practical manual of learning good methods of observation and deduction.

These books are absolutely essential to housemen and registrars joining Departments of Thoracic Surgery. The chest physician in training would be well advised to study it, so as to learn the interplay of medical and surgical management of intrathoracic disease. The trainee radiologist should have access to it as additional reading.

K. H. HARPER

An Introduction to Surgical Haemodynamics. FELIX E. WEALE. London. Lloyd-Luke (Medical Books) Ltd. 1966. Pp. VII + 128. Illustrated 25s.

This book collects together in a readable manner the Physiology of Peripheral vessels. Within this restricted compass the author succeeds in covering much ground. The numerous illustrations supplement the text and help convey many points that would be difficult to convey by description alone.

Unfortunately in simplications some terms have been endowed with restricted meanings. This ' Cavitation ' (p.72)—' depends on a release of dissolved gases '—or earlier (p.7)—' is the name for the explosive release of micro-bubbles '. The term ' Cavitation ' was coined in 1897 by Sir John Thornycroft and relates to an area of reduced pressure in a fluid media behind a fast moving body, and can occur in vacuo. This phenomenon associated with rapid energy transfer is common to many fields such as Aerodynamics, Marine Engineering and Wound Ballistics.

A novel feature of this book is the dropping of ' et-al ' when multiple author papers are quoted in the text; it is slightly confusing that the full list of References at the end is not arranged in the same manner. The inclusion of full titles of articles is most helpful; an accurate and comprehensive Index is provided.

E. P. THORESBY

Nuclear Explosion Casualties. EVERT SCHILDT, Jr. Springfield, Ill. Charles C. Thomas. 1968 p.185 $10.50.

This useful and informative book makes a fresh attempt to provide a picture of the injuries likely to arise from nuclear explosions from which commanders, both medical and non-medical, can draw conclusions and formulate plans.

It deals with all the types of injury likely to be caused by small nuclear weapons and describes the relative preponderence of each type of injury, both in relation to weapon size and time after burst. The importance of thermal and indirect blast injury is emphasised and a proper perspective is kept on the effects of ionising radiation.

The data are presented clearly and important conclusions are italicised. Chapter VII gives a most useful summary.

The reviewer found the Swedish-American style of writing somewhat heavy going but only a few spelling errors were noted e.g. Cron should be Krohn on page 67.

There is no index but the book has two appendices, a good glossary, extensive references and recommendations for further reading.

It is somewhat expensive but can be regarded as a welcome addition to the standard works on the effects of nuclear weapons.

J. C. CROOK

Medical Treatment. A Text Book of Therapy in Four Volumes. Vol I. Cardiovascular and Respiratory Diseases including Tuberculosis. Ed. by KENNETH MACLEAN and GEORGE SCOTT. London. J. & Churchill Ltd. 1968. Pp. viii + 280. 40s.

Medical therapeutics is a subject which in the main has received rather sketchy treatment in the London tradition of teaching. This book, which deals in detail with the treatment of diseases affecting the cardiovascular and respiratory systems, is therefore of particular value. The subject is dealt with in a

dogmatic fashion and though one may well disagree with certain of the views expressed, this does not seriously detract from the book's usefulness. Modern methods of treatment are well described. The book makes rather heavy reading and the reviewer considers that it will be of more value as a reference book for the house physician than as a text book for the medical student. It is produced in a readily transportable form and will comfortably fit into the pocket of the hospital white coat.

W. O'BRIEN

Textbook of Medical Parasitology. HAIGH N. NAJARIAN. Edinburgh. E. & S. Livingstone Ltd. 1967. Pp. xi + 155. 58s. Illustrated.

This book is written by a biologist from a clinical standpoint and is intended primarily for medical students. The layout is unorthodox, there being seven chapters under the following headings—Introduction, Integumentary Parasites and Venomous Animals, Intestinal Parasites, Genitourinary Parasites, Tissue Parasites, Vascular Parasites, Diagnosis and Treatment. This layout emphasises the clinical approach which is dominant throughout the book and which ought to make the subject more palatable to medical students than the standard works based on biological classification. On the other hand, this clinical approach has the effect of splitting up some subjects which many parasitologists would prefer to group together. For example, the schistosome flukes find themselves divided between the chapters on " Intestinal Parasites " and " Genitourinary Parasites ", amoebiasis is divided between " Intestinal Parasites " and " Tissue Parasites ", the latter covering hepatic amoebiasis, and leishmaniasis is divided between " Integumentary Parasites " and " Tissue Parasites ". Nevertheless, to many a student clinician, not interested in the niceties of tidy biology, this layout will make good sense and, since the text as a whole makes easy reading and is supported by 58 well prepared illustrations and one colour plate (malaria parasites), the student will be introduced painlessly, indeed pleasantly, to a subject which many find complex, difficult and often dull in its orthodox presentation.

R. M. VANREENEN

A Pocket Virology. R. J. C. HART, London. J. & A. Churchill Ltd. 1968. p.65. 12s. Illustrated.

This little (18.4 x 12.2 x 0.5 cm.) book is precisely what its title implies, yet within these small dimensions is found most of what is fundamental to the doctor, student, or laboratory worker wanting to acquire quickly an accurate, superficial understanding of virology. There are short chapters on the characters of viruses, on the principles of basic techniques, on the application of these to diagnosis and the specimens required; also on each of the main groups of virus diseases, on virus vaccines and on other types of antiviral therapy. The tables are clear and uncongested, and the diagrams make their point at once. Not a word is wasted yet the effect is not staccato. It is indeed a most readable little book—in an hour or two. The author is to be congratulated on achieving what has eluded many eminent writers—compact brevity without loss of style.

R. M. VANREENEN

Clay's Public Health Inspector's Handbook. Twelfth Edition. Revised by F. G. DAVIES, London. H. K. Lewis & Co. Ltd. 1968. Pp. viii + 972. 80s. Illustrated.

Rapid advances in science and the ever increasing associated legislation have expanded considerably the responsibilities of the practising Public Health Inspector. This book provides a wealth of up to date technical detail to refresh his memory or to apply to his knowledge. It is gratifying to see how Clay's Handbook, since it was first published 35 years ago, and in subsequent editions, including the present one under new authorship, has managed to keep abreast of progress in most spheres of environmental health.

For very many years now the Army School of Health has used Clay as a guide for training RAMC Hygiene Assistants in civilian aspects of environmental sanitation. The chapters dealing with diaries, meat and fish inspection, building and the terms used, municipal and domestic water supplies, drainage and refuse disposal are especially helpful in this respect.

It is noted, however, that student public health inspectors in the initial years of their diploma course are inclined to regard Clay as a text book. Their tendency is to apply to problems the mature approach given in Clay and neglect consideration of first principles. Examples are the detail given in the book regarding the prevention of dampness in buildings, and the precautions to be taken in laundries under the Factories Act. No guidance is given on the recognition and measurement of dampness, or how to go about inspecting a laundry to find out if clothes are being handled and washed hygienically.

Where Clay comes into its own in the Army is as an authorative reference in connection with environmental sanitation in large military stations. It is for these reasons that the Handbook is an official issue to Army Health consultants and specialists holding staff appointments. Their duties, at home and abroad, bring them much into contact with officials of the Ministry of Public Buildings and Works, and Civil Health authorities. In such circumstances, the information given in Clay on building, housing, and legislation cannot be conveniently obtained from other sources.

There are now RAMC Health Inspectors (selected Hygiene Assistants who hold the Diploma of the Public Health Inspectors Education Board) in all Army Commands. Needless to say, Clay's Handbook is an essential work of reference for them.

A few points need comment. The Hygiene Assistant Class I Certificate, as stated on page 25, no longer exempts students from certain parts of the Diploma examination. More is the pity as the candidates are well experienced in many of the subjects in the syllabus. Three types of water closet which comply with specifications are listed on page 559, but only two are described. Army experience is that putting a disinfectant into deep trench latrines, causes the condition it is said to prevent on page 585. Some unnecessary hyphens have crept into the generic names of fleas, and on page 804 " staphylococci " is wrongly spelt. In general Clay justifies its use in the RAMC, and is a publication well worth having on the shelves of Army reference libraries.

A review would not be complete without a reminder that Major Henry Clay was on the staff of the Army School of Hygiene, as it was then called, during World War II. His previous active service experience, and his enthusiastic teaching put over, in no uncertain way, the principles and practice of field sanitation, and its importance, to the 98,000 or so ranks of British Commonwealth, and Allied Armies who attended the School during that period. F. D. MARRIOTT

Orthopaedic Nursing. Sixth Edition. MARY POWELL. Foreword by Sir Reginald Watson-Jones. Edinburgh. E. & S. Livingstone Ltd. 1968. Pp. xii + 690. 55s. Illustrated.

A well laid out book that is easy to read: it gives an excellent overall picture of Orthopaedic Nursing. However, I feel that some of the illustrations are a little old fashioned and could have been omitted. One error has been noted in that the Kuntschen and Rush nails have been wrongly labelled. S. R. DALDY

Patient Studies. R. M. BUTLER. Edinburgh. E. & S. Livingstone Ltd. 1968. 9s. 6d. Illustrated.

The Nurse Tutor who produced this exercise book for Student Nurses to index their patient care studies has done much towards assisting the student to arrange this work in logical order.

The only criticism to be offered is that a stiff or cloth cover would increase the life span of this book, which is intended to last for a minimum of three years. J. M. ORFORD

Textbook for Midwives. Sixth Edition. MARGARET F. MYLES. Edinburgh. E. & S. Livingstone Ltd. 1968. Pp. xii + 792. Illustrated.

The " Textbook for Midwives " by Margaret F. Myles contains all the information needed by students taking the course of Part I, Midwifery Training.

In the latest edition many of the new development in midwifery and neonatal paediatrics have been described.

Mrs. Myles gives clear explanation of nursing techniques and stresses the value to the patient of conscientious bed-side nursing and observation by the midwife. The clear text in this book with the excellent explanatory illustrations and diagrams enables the student to gain a sound knowledge of this complex but fascinating subject and, therefore, it would be an asset for any midwifery training school. D. GRAY

Recent Advances in Respiratory Tuberculosis. Sixth Edition. Ed. by FREDERICK HEAF and N. LLOYD RUSBY. London. J. & A. Churchill Ltd. 1968. Pp. viii + 235. 55s. Illustrated.

This is a long overdue ' recent advances ' under distinguished dual editorship and supported by eight contributors, all authorities in their field. The contents include aspects of epidemiology; prevention, with special reference to methods of tuberculin testing and vaccination; the various chemotherapeutic regimes including the use of the reserve drugs; sensitivity testing and the interpretation of results; allergic reactions and their management; leprosy and tuberculosis and the possible mutual advantage of BCG vaccination; and surgical methods of treatment together with sections on respiratory function, opportunist bacteria and advances in tuberculosis schemes in developing countries.

Particularly interesting points are the possible decline of severity of the tuberculin reactions over the age of 50: reactions to tuberculin may change from negative to positive during the course of an opportunist infection, leading to an erroneous diagnosis of tuberculosis: many mild tuberculin reactions are not due to infection by M *tuberculosis* but are caused by other mycobacteria that possess a common antigen: small doses of BCG vaccine may be of value in differentiating between specific and non-specific reactions: if no radiological evidence of tuberculosis is found in a high grade reactor during the first year after conversion it is unlikely to be found in subsequent years: the different significance of positive reactions to the tuberculin test in adults in developed countries compared with developing countries: native resistance varies in different organs in the body: it is better to vaccinate some persons with low specific sensitivity than to omit vaccinating some with high non-specific sensitivity: the significance of small reactions to the Heaf test should be investigated more fully—severe reactions Grade III and IV in children and young adults often denote an active tuberculous lesion: if tuberculin positive persons are vaccinated there will be an increase in the number of early reactions and some long persisting skin lesions which are more irritating than dangerous: it is not unusual for a resistant culture to appear during treatment (especially if the culture is scanty) just before the sputum becomes finally negative (Transitional resistance): drug resistant reports are not an order to change the regime and must be treated purely as a laboratory finding in the overall assessment of the case. Should culture be scanty and the sputum have been negative on microscopy for many weeks before the sensitivity results become available no change of treatment should be indicated. It is also of interest to find that a monthly bacteriological examination of sputum by microscopy alone is valuable in assessing clinical progress. This supports the view held in BMH Kinrara from 1955-58 when it was rare to obtain a positive culture in cases when smears of sputum were repeatedly negative on microscopy. As regards standard chemotherapy it is most interesting to read the proposal that it may be divided into phases in which standard drugs are given daily to begin with, then together intermittently and thereafter, in certain cases at a time decided for each individual case, for INAH 400 mgms to be given alone daily. Prognostications on these lines were made in the Army Chest Centre in the 1950s. Lessons learnt from the Army Chest Centre work on the bacteriology of resected tuberculous lesions would support Wallace Fox's proposals regarding the duration of appropriate chemotherapy varying from 12 months to 15 months to 18 months depending on the case, but not necessarily just in developing countries. After all in our own country the cost of chemotherapy is equally as an important matter as it is in developing countries. It is therefore important from all points of view,

not least financial, that an early decision is taken on the question of what constitutes optimum chemotherapy and its overall duration. It would appear to be generally accepted that the daily dose of INAH when given in combination is 300 mgm. It is interesting to read that INAH given daily alone as prophylaxis raises resistance but is only of value whilst it is being taken. That it is of value would appear to be substantiated by the results to date of the Army INAH prophylaxis trial in the case of Heaf IV positive reactors in the Brigade of Gurkhas.

It is surprising to see the word tuberculoma used in this ' recent advances ' because it is really a relic of the past belonging to the days before tomography, and resection, indicated the true nature of such an ' entity ' namely a progressive primary, or a blocked cavity, or an area of fibro-caseous disease or a localised area of tuberculous broncho-pneumonia. The place for lung resection in these modern days is clearly stated but it is wondered whether it is wise in view of the danger of subsequent infection, particularly with aspergilli, not to excise residual cavitated areas which lend themselves to excision. There is not likely to be general agreement on all their indications for thoracoplasty. Is a limited apical thoracoplasty in combination with resection to prevent over-distention of the remainder of the lung worth the time spent on its performance?

Too often the subject of respiratory tuberculosis is one of mysticism and confined solely to ' chest physicians '. Today this subject is rather like the lady who said ' My life is as a book open for all the world to see '. This is precisely what should happen to this ' recent advances ' which must be read by all physicians, surgeons, obstetricians, paediatricians, pathologists, bacteriologists and army health specialists.

The problem of tuberculosis is very much with us and its eradication is very much a team effort.

The captain of the men of death may have been demoted but he is ever in the qui vive to regain his former supremacy.

J.M.D.