

## REVIEWS OF BOOKS : BOEKRESENSIES

### OPERATIVE SURGERY. VOLUME 2

*Operative Surgery. Volume 2. Abdomen.* (Completion.) Under the General Editorship of Charles Rob, M.C., M.Chir., F.R.C.S. and Rodney Smith, M.S., F.R.C.S. Pp. viii + 407 + (4) (Index). 530 Illustrations. (This work will consist of 8 Volumes at £5 10s. 0d. for each volume and an Index at £2 0s. 0d.) London: Butterworth & Co. (Publishers) Ltd. South African Office: Butterworth & Co. (Africa) Ltd., P.O. Box 792, Durban. 1956.

*Contents:* (Sections I and II of Part III: Abdomen, are contained in Volume One.) *Part III. Abdomen.* (Completion.) *Section III: Hernia.* Congenital Dia-

phragmatic Hernia. Hiatus Hernia—Trans-Thoracic Approach. Hiatus Hernia—Abdominal Approach. Epigastric Hernia. Umbilical Hernia. Ventral and Scar Hernias. Inguinal Hernia. Femoral Hernia. Retro-Peritoneal Hernia. Rare Hernias. Internal Hernias: Hernia of the Bladder. *Section IV: Appendix, Mesentery and Peritoneum.* Appendicectomy. Appendix Abscess. Pelvic Abscess. Subphrenic Abscess. Removal of Mesenteric Cyst. Paracentesis of Peritoneum. Peritoneoscopy. *Section V: Spleen, and Operations for Portal Hypertension.* Splenectomy. Splenectomy: Extraperitoneal Mobilization. Portal Hypertension: Measurement, Venography and Oesophageal Haemorrhage Control. Portal Hypertension: Splenosis. Renal Anastomosis. Portal Hypertension: Porta-Caval Anastomosis. Portal Hypertension: Oesophageal and Gastric Transection. *Section VI: Pancreas.* Exposure of the Pancreas. Pancreato-Duodenectomy. Total Pancreatectomy. Distal Pancreatectomy. Trans-Duodenal Biopsy of Pancreas. Conservative Resections for Tumours Around the Ampulla of Vater. Biliary Short-Circuit for Obstructive Jaundice. Operation

for Hyperinsulinism. Cysts and Cystic Tumour of the Pancreas. Operations for Pancreatic Fistula. Operations for Acute Pancreatitis. Operations for Chronic Relapsing Pancreatitis. *Section VII: Biliary System and Liver.* Partial Hepatectomy. Liver Abscess. Hydatid of Liver. Cholecystostomy. Cholecystectomy. Exploration of the Bile Ducts. Repair of Severed or Strictured Bile Ducts. *Section VIII: Small Intestine.* Jejunostomy. Ileostomy. Neonatal Obstructions. Resection and Anastomosis of the Small Intestine. Ileo-Sigmoidostomy. Ileo-Rectal Anastomosis. Excision of Meckel's Diverticulum. Intussusception. Innocent Tumours and Diverticula. Treatment of External Intestinal Fistulas. *Section IX: Large Bowel.* Sigmoidoscopy. Caecostomy. Colostomy. Closure of Colostomy. Right Hemicolectomy, with Anastomosis. Partial Colectomy, with Anastomosis. Partial Colectomy: Paul. Total Colectomy. Operations for Volvulus of the Large Bowel. Perforated Diverticulitis. Operations for Diverticulitis with and without Vesico-Colic Fistula.

#### OPERATIVE SURGERY. VOLUME 3

*Operative Surgery. Volume 3. Rectum and Anus, Thorax.* Under the General Editorship of Charles Rob, M.C., M.Chir., F.R.C.S. and Rodney Smith, M.S., F.R.C.S. Pp. xii + 96. (Part IV) + 215 (Part V) + 4 (Index). 464 Illustrations. 1957.

*Contents: Part IV: Rectum and Anus. Section I: Diagnostic Procedure.* Proctoscopy. *Section II: Non-malignant Conditions.* Injection of Haemorrhoids. Fissure-in-Ano. Rectal Polyp. Haemorrhoidectomy. Fistula-in-Ano. Ischio-Rectal Abscess. Ano-Rectal Atresia with Associated Fistulas. Rectal Prolapse. Rectosigmoidectomy for Hirschsprung's Disease. Excision of Pilonidal Sinus. *Section III: Malignant Conditions.* Combined Excision of the Rectum. Resections with Restoration of Continuity for Rectal Cancer. *Part V: Thorax. Section I: Endoscopy.* Bronchoscopy. Oesophagoscopy. Thoracoscopy and Division of Adhesions. *Section II: Minor Procedures.* Aspiration of Pleural and Pericardial Cavities. Induction of Artificial Pneumothorax. Bronchography. Phrenic Nerve Crush. *Section III: Access.* Surgical Access to the Chest. *Section IV: Operations on the Chest Wall.* Intercostal Drainage of Empyema. Rib Resection for Empyema. Tumour of Chest wall. Thoracoplasty with Apiculysis. Decortication—Pleurectomy: Excision of Empyema. Extrapleural Pneumonolysis. Extra-periosteal Plombage. *Section V: Operations of the Lungs.* Pneumonectomy. Lobectomy. Segmental Resection of Lung: Removal of Cysts. *Section VI: Heart, Pericardium and Great Blood Vessels.* Open Heart Surgery: Methods of Obtaining Ideal Conditions. Pericardectomy and Drainage of the Pericardium. Persistent Ductus Arteriosus. Congenital Abnormalities: Tetralogy of Fallot. Congenital Abnormalities: Atrial Septal Defects. Congenital Abnormalities: Coarctation of the Aorta. Congenital Abnormalities: Congenital Abnormalities: Pulmonary Stenosis. Mitral Valvotomy. Pulmonary Embolotomy. Cardiac Arrest—Cardiac Massage and Treatment. *Section VII: Operations on the Mediastinum.* Transthoracic Removal of Tumour or Cyst. Excision of Intrathoracic Goitre. *Section VIII: Oesophagus.* Operations for Carcinoma of the Oesophagus. Operations for Achalasia or Cardiospasm. Congenital Abnormalities of the Oesophagus. Operations for Reflux Oesophagus. Index.

The high standard achieved in Volume One has been maintained and indeed exceeded in Volumes Two and Three of this monumental work on Operative Surgery.

In Volume Two the sections on Hernia, Portal Hypertension, the Biliary System and the Pancreas are excellent. Rodney Smith's contribution on operations for pancreatic disease is a masterpiece. Most of the chapters on the Small Intestine are good but the contribution on Neonatal Obstructions leaves room for improvement. The chapters on the Large Bowel are good.

Volume Three contains a most valuable section on non-malignant conditions of the Rectum and Anus, although the chapters on prolapse could be improved by inclusion of the details of procedures other than rectosigmoidectomy, the results of which leave much to be desired. The chapters on malignant conditions of the rectum are first rate.

Volume Three also contains up-to-date chapters on pulmonary and cardiac surgery by men whose names have become household words in the field of thoracic surgery. Franklin's contributions on the oesophagus are all good although the illustrations could be improved.

Your reviewer found these volumes of inestimable value and has no hesitation in recommending them to all surgeons and particularly to those who do not have the opportunity of doing major surgery on a large scale. The excellence of the work outweighs any theoretical disadvantages that critics may level against this method of learning the essential steps of operative surgery.

J.H.L.

#### TUMOURS OF THE EYE

*Tumors of the Eye and Adnexa.* Fascicle 38 of Atlas of Tumor Pathology. By Algernon B. Reese. Pp. 205. With 122 illustrations. Washington: Armed Forces Institute of Pathology. \$2.00. 1956.

*Contents:* Epithelial Tumours of the Eye. Neuroectodermal Tumours. Melanomas. Mesodermal Tumours. Tumours of the Lacrimal Gland. Metastatic Tumours. Orbit Neoplasms and Lesions Simulating them. References.

This book must not be confused with the author's well known

and authoritative 'Tumours of the Eye'. It is a completely separate entity, being an atlas of these conditions with the text a secondary consideration, concise and thorough as it is. In fact, there are 70 pages of text (and this includes numerous tables and abundant references). The remainder is composed of extremely beautiful illustrations on excellent art paper of the various tumours to be found in the eye and its adnexa. Each illustration is accompanied by its separate descriptive text. It is for instance clearly demonstrated that rosette formation in retinoblastoma is evidence of a neuro-epitheliomatous type of growth, indicating a slower, less malignant lesion. Retinoblastoma is not a purely local and cranial disease, but disseminates widely by way of the blood stream.

In criticism, it may have been preferable to have had the text and illustrations separate, instead of being interspersed as it is. In the former layout, it would be easier to read the complete text through, instead of having to page over several sheets of illustrations in between sentences. The excellence of the illustrations is distracting! The present layout, however, has the advantage that the illustration accompanies the text to demonstrate the particular point being made.

This book then is a useful addition to the library of the Ophthalmologist and Pathologist, dealing as it does with a limited field in an adequate way.

L.S.

#### EXCERPTA MEDICA

*Excerpta Medica. The International Medical Abstracting Service. Cardiovascular Diseases.* Vol. I. No. 1. Section XVIII. January 1957. (Abstr. No. 1—303.) Editor: J. W. C. de Groot. Pp. 78. Each yearly volume will contain 800 to 900 pages inclusive of the yearly authors' index and a cross-referenced subject index. Subscription fee \$15 per year. Amsterdam: The Excerpta Medica Foundation. 1957.

*Contents:* Foreword. Classification. 1. Anatomy, Embryology and Histology of the Circulatory System. 2. Physiology. 3. Diagnostic Procedures. 4. The Heart in Health and Disease. 5. Diseases of Endocardium and Valves. 6. Diseases of Myocardium and Coronary System. 7. Rheumatic Heart Diseases. 8. Disturbances of Pulse Rate and Cardiac Rhythm. 9. Diseases of the Pericardium. 10. Medical Treatment of Cardiac Diseases. 11. The Rehabilitation of the Cardiac Patient and His Social Problems. 12. Abnormalities of the Systemic Circulation. 13. The Pulmonary Vascular Bed. 14. Vascular Diseases. 15. Congenital Cardiovascular Diseases. 16. Cardiovascular Tumours. 17. Surgical Treatment (Cardiovascular Surgery). 18. Experimental Medicine and Surgery. 19. Anaesthesia and Supportive Measures in Cardiovascular Diseases.

In this volume there are 303 short extracts from current journals of the World literature. The various sections of cardiovascular disease are covered.

R.S.T.

#### LYSERGIC ACID DIETHYLAMIDE

*Lysergic Acid Diethylamide and Mescaline in Experimental Psychiatry.* Edited by Louis Cholden, M.D. Pp. xi + 85. \$3.00. New York and London: Grune & Stratton Inc. 1956.

*Contents:* Introduction—Louis Cholden. Panel Discussion: Pharmacology of LSD-25—E. Rothlin and A. Cerletti, Studies in Routes of Administration and Counteracting Drugs—Paul H. Hoch, Biochemical Reflections on the Psychosis Problem—Max Rinkel, The Effect of Frenquel on EEG Changes Produced by LSD and Mescaline—Harold E. Himwich, The Clinical Uses of LSD—R. A. Sandison, The LSD Psychosis as a Transaction between the Psychiatrist and Patient—Charles Savage, Studies with Niacin and LSD—A. Hoffer, Mescaline and the 'Other World'—Aldous Huxley, Some Observations on Normal Volunteers and Patients—Harold A. Abramson, Brain Effects of LSD in Animals—Edward Everts, Preliminary Studies on the Metabolism of LSD—Eugene S. Boyd, Summary and Discussion—Harry Penness. Questions and Discussion—the Audience. Answers and Final Statements—the Panel. Index.

In May 1955, the American Psychiatric Association held a symposium on lysergic acid diethylamide (LSD) and mescaline. The little book under review consists of a presentation of the papers which various workers doing psychiatric research with these drugs read at that meeting.

It has been discovered that LSD and mescaline can be used to induce a schizophrenic-like psychosis and this has suggested the possibility that a pharmacological approach to schizophrenia might ultimately lead to the solving of some of the mysteries of this dread mental reaction. In this short collection of papers, one finds LSD and mescaline induced psychoses fully described, as well as accounts of the findings of other experimental work pertaining to the subject. There is also a very interesting report

on the use of these drugs in the management of neurotic states. Under the influence of these drugs, neurotic patients readily released formerly repressed, unconscious psychologically traumatic experiences.

These reports leave the reader with the realization that the research being done in this field is as yet in its infancy. At this stage, conclusions to be drawn from the findings are nebulous in the extreme, but one is left with no doubt that this pharmacological approach to psychological disorders warrants further investigation. Those interested in the research which is being done in this field of psychiatry will find this book stimulating.

H.C.

#### ENDEMIC SYPHILIS

*Endemic Syphilis in the Bakwena Reserve of the Bechuanaland Protectorate.* By J. F. Murray, M.B., Ch.B., M.D., D.P.H., A. M. Merriweather, M.B., Ch.B., D.T.M. & H., M.R.C.P., M. L. Freedman, O.B.E., M.B., Ch.B., D.P.H. with D. J. de Villiers. Pp. 975-1039. 76 Illustrations. Geneva: World Health Organization. 1956.

*Contents:* Synopsis. Notes on the Bakwena Reserve. Topography. Ethnology. History. Purpose of the Investigation. Organization of the Field Campaign. Difficulties encountered. Villages and number seen. Epidemiological Considerations. A disease of low hygienic standards. A family disease. Course and Clinical Features of Dichuchwa. Summary of cases and analysis of clinical findings. TPI test. Relationship of Dichuchwa to Witkop. Relationship of Dichuchwa to Other Treponematoses. Summary of the Relationships of the Treponematoses. Treatment of Dichuchwa with Penicillin. Acknowledgements. Resume. References.

Much credit is due to the various organizations that encouraged and financed the medical expedition which made a survey of endemic syphilis in the Bechuanaland Protectorate, that large and sparsely populated territory which lies to the north-west of the Union of South Africa. The investigation was beset with many difficulties. The roads are very bad, or non-existent; there is a great scarcity of water. Communications between communities are very poor and the population so scattered and migratory in their habits. The team are therefore to be highly commended for carrying out their task under such trying circumstances and recording their findings in this bulletin.

In the Bakwena Reserve, home of the tribe of that name, the authors encountered many cases of endemic syphilis, that is, syphilis acquired and spread by non-sexual means. This is made possible by the very low standards of hygiene and unclean habits which obtain in the natives of these parts. The disease is almost identical with syphilis, as we meet it, and is known locally as 'dichuchwa', a word which recalls the Xosa name for syphilis—Ngushuwa. Endemic syphilis is found elsewhere in the world, in Southern Rhodesia, amongst certain Arab tribes and even in some remote communities in South East Europe. It is unlikely that it occurs to any large extent in the Union, though familial outbreaks of syphilis are seen from time to time.

This small volume is a special bulletin of World Health Organization presenting the report of a survey of endemic syphilis in the Bechuanaland Protectorate. The general climatic, social and economic background of the inhabitants is first outlined and a brief sketch of the plan of campaign is given. The fact that no less than 35,043 cases were examined and blood specimens taken from them gives some idea of the magnitude of the task and the efficiency of the organization that made this possible. The percentage of positive Wassermann reactors in this huge total was 37.0. It was higher in Kalahari villages than elsewhere; in one particular village the astounding figure of 72.0% was revealed.

The authors discuss the relation between the various manifestations of Treponematoses—classical syphilis, dichuchwa, Jebel (Arab syphilis), yaws and pinta. Under ordinary microscopic examination no differences can be made out between the treponemes found in all these conditions. Dichuchwa, although principally conveyed by non-sexual means, can, as the authors observed, be acquired sexually. Classical syphilis is broadly distinguishable from the other diseases by the occurrence of central nervous system involvement and by its characteristic association with cardio-vascular complications and congenital transmission.

Numerous cases of Witkop were seen and the aetiology of this strange condition is fully discussed. Is it due to syphilis? Is it a fungus infection? Though the authors incline to the second

diagnosis some doubt still exists. There are very good descriptions of the many clinical forms of 'dichuchwa'. Here and there terms and phrases are used which sound somewhat quaint. For instance a rash is described as 'papilliform' and lymph glands are referred to as 'ganglia'. French writers use the word 'ganglion' when referring to a lymph gland but in English it usually means a collection of nerve tissue or a tumour along the course of a muscle tendon. In remarking on the rarity of primary lesions the text states: 'When syphilis is acquired venereally the mucous membranes are heavily inoculated by treponemes and a primary sore develops'. This is scarcely a happy choice of words to describe the phenomenon of the chancre reaction in syphilis. Nor can the short dissertation on superinfection be described as a useful or decisive contribution to this still debatable point. But these are minor, superficial criticisms prompted, possibly, by the tendency every reviewer has to find fault somewhere.

Every aspect of their problem received the closest and expert attention of the investigators. And it speaks well for the thoroughness and care with which the expedition was planned that selected specimens of blood were sent by air to the Danish State Serum Institute for testing by the Treponema Immobilization Test and inoculated hamsters to the Johns Hopkins Hospital in Baltimore for special study of the strain of *Treponema pallidum* causing dichuchwa.

The statistical data obtained by the investigation are contained in thirteen well arranged, informative tables. Some idea can be gained of the scope of the survey by learning from Table 8 that 22,809 persons were interviewed, had specimens of their blood examined by the VDRL and Kolmer cardiolipin complement fixation tests, and the results presented under 44 different headings! All the more surprising therefore is it to find on page 1027 (the report is paged from 975 to 1039) a treatment schedule which merely gives a series of figures 0.3, 0.6, 0.9, 0.18 etc. without any indication of what these figures mean. From the context one assumes that they stand for millions of units of PAM; but the lack of any explanatory note of their significance is such a carefully documented report is striking. The illustrations at the end of the report are excellent. They are photographs in black and white of some of the cases seen by the team and they vividly portray the destruction and disabilities caused by endemic, untreated syphilis amongst these unfortunates.

It is gratifying to learn that the labours and physical discomforts borne by the three authors and their team of helpers initiated a campaign of general social and hygienic improvement combined with a mass therapy scheme which has already produced a lessening in the incidence of dichuchwa. They confidently express the opinion that such a programme if maintained would eliminate dichuchwa in a relatively short time. Everyone will join them in hoping that this will come to pass. But it is difficult to follow the train of thought that leads them to express the fear that once endemic syphilis is eradicated, classical, venereal syphilis will enter in its place. For when all is said and done dichuchwa is syphilis modified by the habits of the Bechuana tribes and is just as susceptible to penicillin as venereal syphilis. That being so, provided treatment services are retained, its gradual elimination, or, at least, suppression, is only a matter of time.

C.K.O'M.

#### ANNUAL EPIDEMIOLOGICAL AND VITAL STATISTICS

*Annual Epidemiological and Vital Statistics, 1954.* World Health Organization, Geneva, 1957, 617 pages. Price £2 10s., \$10.00, Fr. frs. 2,400 or Sw. fr. 30. Bilingual edition (French and English). Local Sales Agent: Van Schaik's Bookstore (Pty.) Ltd., P.O. Box 724, Pretoria.

The vital statistics and state of health of the world in 1954 are reflected in more than 580 pages of figures, collected in 109 tables. Through these conventional symbols, the figures, it is possible to give a picture of the population of each country, its growth and the illnesses from which it suffers, as well as of the extreme diversity of the conditions that exist—in short, to show what it is that the inhabitants of any part of the globe suffer and die from.

In addition to the usual sections on population and vital statistics, causes of death and cases of communicable disease, this new edition of the WHO year book contains a new part dealing with health personnel, the number and distribution of hospitals



and the vaccinations of various types carried out in each country.

The year book is planned to fulfil a double purpose: (1) to supply basic documentation in the form of actual official figures, thus avoiding the need for long and sometimes futile searches (since part of this documentation is, in fact, unpublished, being communicated to WHO through special questionnaires); (2) to facilitate the immediate understanding of the data by a collection of specific mortality rates, referring, for example, to a group of countries, to some particular cause of death for a given age and sex. Particularly detailed information is given on tuberculosis, cancer, cardiovascular diseases, etc. A new table gives death rates by sex and age for the infective and parasitic diseases as a whole in 24 countries. These figures are remarkable, for they reveal how greatly health conditions vary in different parts of the world, so that the mortality from infective disease among infants may be twenty times higher in one country than it is in another. Study of the other tables shows why this is so.

#### SNAIL ECOLOGY IN BILHARZIA

Study Group on the Ecology of Intermediate Snail Hosts of Bilharziasis: Report. *World Health Organization: Technical Report Series*, 1957, No. 120, 38 pages. Price 1s. 9d., \$0.30, Sw. fr. 1. Also available in French and Spanish. Local Sales Agent: Van Schaik's Bookstore (Pty.) Ltd., P.O. Box 724, Pretoria.

The increased incidence of bilharziasis during the last years has stimulated research for practical control measures. Destruction of the intermediate host would appear to be a logical line of approach, but it has become apparent, in part indeed from the limited success of snail control, that comparatively little is known about the relationship between the ecology of the snails and the mechanism of infection.

In this report, the distribution of intermediate snails hosts in relation to hydrogeology and the factors conditioning the habitat and breeding conditions are discussed. It is pointed out that snails are able to withstand for a considerable period of time temperatures ranging from a little above freezing point to well above 37°C. The effect of light and of currents in the water on snail populations receive special attention. If it were proved that light had an indispensable stimulating action on the sex glands of the snails, covering the irrigation channels or piping the irrigation water could be considered as a practical method of control. Dessication, on the other hand, on account of the resistance shown by a proportion of the snails can only be effective under special conditions.

Seasonal and climatic factors influencing the life cycle of the snail and the present knowledge of ecology and its application to bilharziasis control measures are then examined. The report states that much remains to be learned about the complex relationships existing between molluscicides, the snails and the environment. Fishing and farming practices in some places have a profound effect on the occurrence of intermediate snail hosts. In a control experiment carried out in the Pacific region, the density of the snail population was greatly reduced by modifying rice-growing practices, and this fact is of importance as a practical measure of control.

Finally, quantitative methods for the measurement of the density of mollusc populations and for the evaluation of results of control methods are indicated.

'The development of ecological research has now reached a point at which extensive field studies can no longer be efficiently carried out by individuals, and cooperation between specialists in different scientific disciplines is desirable.'

#### MODERN MEDICINE FOR NURSES

*Modern Medicine for Nurses*. 4th Edition. By Patria Asher, M.D., M.R.C.P. Pp. xiii + 378. Figs. 99. 22s. 6d. net. London: William Heinemann Medical Books Ltd. 1957.

*Contents*: Preface to the Fourth Edition. *Part I.—General Principles*. I. Rest. II. Food. III. Record Keeping (a) The Temperature Chart. IV. Record Keeping (b) Pulse and Respiration Rates. V. Urine Testing. VI. Bowel Action. VII. The Control of Cross Infection. VIII. General Ward Management. *Part II.—Common Diseases and their Treatment*. IX. Diseases of the Heart and Blood Vessels. X. Diseases of the Chest. XI. Diseases of the Blood, Spleen and Lymph Glands. XII. Digestive Disorders. XIII. Urinary Diseases. XIV. Diseases of Joints and Muscles. XV. Endocrine Disorders. XVI. Diabetes Mellitus. XVII. Skin Diseases. XVIII. Diseases of the Nervous System. XIX. Infestations and Infestations. XX. Diseases of the Nose, Mouth and Throat. XXI. Children's Diseases. XXII. The Social Aspects of Disease. XXIII. Mental Ill-Health (by Portia Holman). Appendix (a) Some Practical Procedures. Appendix (b) Pharmaceutical terms and Tables of Weights and Measures. Glossary. Index.

It was in 1954 that I had the pleasure of reading the third edition of this book for review.

Its worth and value must be realised by nurses in many countries, and the fourth edition is now available. The text shows many evidences of having been fully revised, and indeed some portions have been re-written. In addition there are new sections on pulmonary collapse, ankylosing spondylitis, the nursing of the unconscious patient, and the uses of cortisone and allied drugs.

There is little doubt that the nurse who has studied this book carefully will have a sound knowledge of the subject and should have little difficulty in satisfying her examiners.

A.H.T.