

## REVIEWS OF BOOKS : BOEKRESENSIES

### BRITISH PHARMACOPOEIA 1958

*British Pharmacopoeia* 1958. Published under the direction of the General Medical Council. Pp. xxvi + 1012. 63s. net. London: The Pharmaceutical Press. 1958.

(This new edition will be published on March 3 and become official on September 1, 1958. It will supersede the B.P. 1953 as amended by the Addendum 1955.)

It is accepted by all that there has been remarkably rapid progress in pharmacological and pharmaceutical knowledge in recent years. As a result the interval between publications of the British Pharmacopoeia has been reduced to a period of 5 years, and within these periods an addendum is published. The authorities responsible for this official book, the contents of which have legal sanction, and are of course most important for the medical profession, have had great difficulty in selecting drugs for inclusion in this volume. There are many new synthetic and biological substances that have been introduced into medicine; many are of complex composition for which precise and elaborate analytical procedures have to be provided in framing the standards.

In this edition much effort has been made by numerous workers to provide carefully prepared monographs and the book is a model of accuracy and presentation. Among the principal changes that have been made only brief hints can be given. There is avoidance of long titles for preparations e.g. Neostigmine Injection for Injection of Neostigmine Methylsulphate; Opium Tincture for Tincture of Opium. There is a long list of additions to the pharmacopoeia, covering a wide range of synthetic drugs, antibiotics, hormones, and biological materials, and preparations such as injections and tablets. An interesting list is that of the deletions indicating the exclusion of some 136 preparations, such as amylnitrite, butacaine sulphate, calcium phosphate, chenopodium oil, cinchophen, diphenan, hexobarbitone, lamellae, ointment of boric acid, ointment of penicillin, pamaquin, phenadoxone, phenylbutazone, sulphathiazole, suppositories, tincture of digitalis, and a number of injections and tablets. In some cases titles have been changed e.g. chlortetracycline is the approved name for aureomycin, diphtheria vaccine for diphtheria prophylactic, tetanus vaccine for tetanus toxoid, and there are also certain alterations in composition and strength in certain instances. Details are given for the manufacture of injections, tablets, capsules, and for serological and immunological products. Assays for chemical substances include the most advanced analytical techniques. There are monographs on certain radioactive preparations.

This guide for manufacturing chemists and those who prescribe approved drugs will be studied in detail especially in the pharmaceutical industry and by teachers in medical schools, but interested physicians will also find much of interest and importance in perusing its pages.

N.S.

### RADIOLOGICAL PHYSICS

*Radiological Physics*. By M. E. J. Young, M.Sc. Pp. x + 365. 184 Illustrations. £2 2s. net. London: H. K. Lewis & Co. Ltd. 1957.

*Contents:* I. Introduction: Fundamental Concepts. II. Thermionic Emission and Electronic Valves. III. The Production of X-rays up to about 400 keV. in Energy. IV. The Production of High Energy X-rays. V. Naturally-occurring Radioactive Substances and their use as Sources of Ionising Radiation. VI. The Interaction of X- and  $\gamma$ -Radiation with Matter. VII. The Measurement of Ionising Radiations. VIII. The Measurement of Ionising Radiations (continued). IX. Physical Principles of Diagnostic Radiography. X. Some Chemical and Biological Effects of Ionising Radiations. XI. The Therapeutic Use of X- and  $\gamma$ -Radiation. XII. The Therapeutic Use of X- and  $\gamma$ -Radiation (continued). XIII. Nuclear Structure and the Production and Medical Use of Artificial Radioactive Isotopes. XIV. Health Hazards and Radiological Protection. Useful data. Index.

This book adequately fulfils the author's aim. He has set out to cater for the requirements of the examinations for the Society of Radiographers of Great Britain and for the Diplomas in Radiology, both in diagnosis and therapy.

The elementary classical physics, usually encountered in textbooks of this nature, has been omitted. A sound balance has been maintained in the presentation of a simple but adequate theoretical background and its practical clinical applications.

Modern equipment and techniques are lucidly described and this book is abreast of present day trends in all aspects of radiological physics. The arrangement is logical and the clarity with which this book is written explains, clearly, certain concepts which are by no means easy to understand for radiographers and medical post-graduates by whom much of physics learnt earlier has been forgotten. The 14 chapters adequately cover the various aspects of X-ray and gamma-ray absorption, measurement of ionising radiations, the various types of ray counters, megavoltage units, isotope teletherapy units and diagnostic radiography.

Other useful and interesting chapters include radiological protection, the chemical and biological effects of radiation and detailed accounts of the application of radio-active isotopes in diagnosis and therapy.

Good cross references are a feature of the book.

Of considerable value to the student are questions extracted from the M.S.R., F.S.R. and D.M.R. examinations at the end of each

chapter. This book is highly recommended to those sitting for the above examinations as well as to physicists who are preparing for posts in hospital physics departments.

N.J.

## TEXTBOOK OF MEDICAL TREATMENT

*Textbook of Medical Treatment*. 7th Edition. Edited by D. M. Dunlop, B.A. (Oxon.), M.D., F.R.C.P. Ed., F.R.C.P. Lond., Sir Stanley Davidson, B.A. (Camb.), M.D., F.R.C.P. Ed., F.R.C.P. Lond., M.D. (Oslo) and S. Alstead, M.D., F.R.C.P. Ed., F.R.C.P. Lond., P.R.F.P.S. Pp. xix + 924. IV Plates. 27 Figures. 55s. net + 3s. Postage Abroad. Edinburgh and London: E. & S. Livingstone Ltd. 1958.

*Contents:* Infectious Diseases. Chemotherapy. Corticotrophin and Cortisone. Anticoagulant Therapy. Dehydration and Electrolyte Deficiencies. Tuberculosis. Common Diseases of the Skin. Venereal Diseases. Common Tropical Diseases and Helminthic Infections. Some Common Disorders in Infancy and Early Childhood. The Care of Old People. Industrial Diseases. Diseases of the Ductless Glands. Disorders of the Blood. Chemotherapy in Malignant and Allied Diseases. Diseases of the Alimentary System. Diseases of the Heart and Circulation. Diseases of the Blood Vessels of the Limbs and the Effects of Cold. Diseases of the Nose, Throat and Ear. Diseases of the Respiratory System. Renal Diseases. Chronic Rheumatic Diseases and Diseases of Bone. Psychotherapy in General Practice. Diseases of the Nervous System. The Welfare of the Disabled. Treatment of Poisoning. Technical Procedures. Principles of Prescribing.

The appearance of the seventh edition of this trusty manual on medical treatment is both a testimony to the rapid progress in therapeutics over the last twenty years and to the place that this textbook has come to occupy in the affections of the medical public.

In the latest edition, which has been extensively revised, three new chapters have been added. These include a section on Corticotrophin and Cortisone, one on the principles of prescribing and an excellent chapter summing up the present status of anticoagulant therapy. For the rest, the book continues to reflect the conservative approach of the Scottish school of Medicine. It is, for instance, somewhat surprising to find that judgement is still suspended on the relative merits of intramuscular and intravenous iron for parenteral therapy. In addition, no mention is made of the possible place of cobalt in the treatment of certain anaemias in spite of a large body of literature on both topics. Although most subjects are covered in some detail more attention might well have been given to the management of barbiturate poisoning and to the so-called 'Tranquillizers' while a section on the approach to intractable pain would be helpful.

In a book by many authors it is inevitable that there should be some degree of overlap between chapters. Thus the therapy of lymphomas is discussed in two separate sections. On the whole, however, editing has been good and there is a useful cross-index system. It is always tempting to gild the lily but one wonders whether the addition of a selected bibliography would not enhance the value of future editions.

A recommendation of this book is very much like preaching to the converted. The consistently high standard of the present edition should ensure that it continues to find a place on the bookshelves of most senior students and practising doctors.

T.H.B.

## ANIMAL DISEASES IN SOUTH AFRICA

*Animal Diseases in South Africa*. Third Edition (Completely Revised). By Michiel W. Henning, M.R.C.V.S., D.Sc. Pp. xv + 1,239. 152 Illustrations. £5 10s. 0d. Johannesburg: Central News Agency Ltd. 1956.

*Contents:* Foreword to Second Edition. Preface to Second Edition. Preface to Third Edition. Section I. Bacterial Diseases. A. Diseases Caused by Aerobic Bacteria. 1. Anthrax, Miltsiekte. 2. Brucellosis, Contagious Abortion, Brucella Abortion. 3. Tuberculosis (Consumption, Phthisis, Tering). 4. Johne's Disease. 5. Strangles, Nuwesiekte. 6. Glanders, Farcy, Droses, Malleus. 7. Melioidosis. 8. Actinomycosis, Actinobacillosis and Dermatocystitis or Lumpy-wool (either an aerobic or an aerobic bacteria). 9. Cryptococcus Infection. 10. Pleuro-pneumonia Contagiosa Bovium, Lung-sickness of Cattle, Longsiekte. 11. Mastitis. 12. Diseases of Newborn Animals. 13. Vibrio Foetus Infection. 14. Spirochaetosis of Pigs. 15. Leptospirosis. 16. Swine Erysipelas. 17. Atrophic Rhinitis. B. Diseases Caused by Anaerobic Bacteria. 1. Blackquarter, Blackleg, Quarter-evil, Spontaneous. 2. Clostridium Septicum Infections. 3. Clostridium Oedematis Infections. 4. Clostridium Welchii Infections. 5. Botulism, Lamsiekte. 6. Tetanus, Lockjaw, Klemkaak. Section II. Protozoal Diseases. 1. Redwater, Texas Fever, Rooivater. 2. Gallsickness, Galsiekte (Anaplasmosis). 3. Eperythrozoonosis. 4. The Theilerioses including East Coast Fever, Tzaneen Disease and Corridor Disease. 5. Biliary Fever or Malignant Jaundice in Dogs. 6. Biliary Fever in Horses (Equine Piroplasmosis). 7. Porcine Babesiosis. 8. Coccidiosis (Bloody Diarrhoea) of Calves. 9. Globidiosis (Olfantvel). 10. Trichomoniasis, Trichomonas Disease of Cattle. 11. Trypanosomiasis. Section III. Diseases caused by Viruses and Rickettsias. 1. African Horse-sickness, Perdesiekte, Pestis Equorum. 2. Blue-tongue. 3. Rinderpest, Cattle Plague, Runderpest. 4. Swine Fever, Hog Cholera, Varkpes. 5. Foot-and-Mouth Disease, Mond-en-Klouse. 6. Canine Distemper, Hondesiekte and Infectious Canine Hepatitis or Rubarth's Disease.

7. Rabies, Hydrophobia, Hondsdolheid. 8. Knopvlesiekte, Lumpy-skin Disease. 9. Snotsiekte (Malignant Catarrh) in Cattle. 10. Ephemeral Fever, Three-day-sickness, Drie-Daessiekte. 11. Equine Epizootic or Infectious Abortion. 12. Equine Influenza or Pink Eye. 13. Infectious Virus Pneumonia of Pigs and Swine Influenza. 14. Sweating Sickness, Sweetsiekte. 15. Blouwildebeesoog, Uitpeuloog. 16. Rift Valley Fever. 17. Nairobi Sheep Disease. 18. Infectious Bovine Infertility (IBI), Besmetlike Onvrugbaarheid van Beeste (BOB). 19. Infectious Equine Anaemia. 20. Heartwater, Hartwater. 21. Rickettsiosis of Dogs. 22. Specific or Infectious Ophthalmia. 23. Q Fever. 24. Infectious Abortion of Ewes.

The third edition of this extremely valuable book will be greatly welcomed in both veterinary and medical spheres. Probably one of the best works on veterinary diseases the book is a pleasure to read.

The book is divided into 3 large sections: 1. Bacterial Diseases. 2. Protozoal Diseases. 3. Virus and Rickettsial Diseases.

Each chapter gives a historical background of the disease; the etiology is fully discussed, old and modern concepts being reviewed. The causal organism and its cultural characteristics are described, and methods of investigation indicated. The morbid anatomy, pathogenesis of the disease, symptoms and treatment, both preventative and curative are so fully dealt with that further reading is hardly necessary. When the disease occurs in man the symptoms are described or attention is drawn to reported cases in Man in Africa, e.g. Leptospirosis.

A number of diseases not discussed in the previous editions are now included. Of particular interest to medical men will be the chapters on Rift Valley Fever, Q-Fever and Leptospirosis. Other new chapters include Nairobi Sheep Disease, Porcine Babesiosis, Eperythrozoonosis, Corridor Disease, Ovine Abortion, Virus Pneumonia of Pigs and Swine Influenza. Full references at the end of each chapter add to the value of the book.

Details sufficient to satisfy the most exacting reader are included in the nearly 1,200 pages of this book. Professor Henning is to be thanked and congratulated on a fine piece of work well written and well illustrated.

G.S.

## CORTISONE THERAPY

*Cortisone Therapy*. Mainly Applied to the Rheumatic Diseases. By J. H. Glyn, M.A. (Cantab.), M.D., M.R.C.P., D.Phys. Med. Pp. x + 162. 4 Figures. 21s. net. London: William Heinemann—Medical Books—Ltd. 1957.

*Contents:* Foreword. Acknowledgements. Introduction. 1. Historical Review. 2. The Nature of Cortisone and other Steroid Drugs. 3. Pharmacological Properties and Side Effects. 4. The Practical Problems of Cortisone Therapy. 5. Intra-articular Injections of Cortisone and Hydrocortisone. 6. The Use of Cortisone in Diseases other than Rheumatoid Arthritis. 7. General Discussion. Appendixes: I. The Anatomy and Technique of Intra-articular and Soft Tissue Injections. II. Assessment of Clinical Progress. III. Further Reading. Index.

This little book contains a fund of useful information on many aspects of cortisone therapy including the important and controversial subject of side effects and complications.

It is pleasing to see that Dr. Glyn is not one of those who consider a history of peptic ulceration an absolute contra-indication to the use of adrenal steroids. Nor does he regard fluid retention, glycosuria and other minor complications as good reason for discontinuing an otherwise effective therapeutic agent.

A little more space could perhaps have been devoted to the phenomenon of 'hypercortisonism' and its treatment, since this complication is not yet sufficiently well recognized and is still being confused with the underlying rheumatoid process. On the other hand, the question of adrenal atrophy resulting from steroid administration is put into correct perspective as a distinctly unusual though highly disturbing complication. One cannot but agree that the use of corticotrophin to stimulate the atrophied adrenal is of questionable value and is not in keeping with what is known of endocrine 'servo' mechanisms.

Much of what Dr. Glyn says is based on personal experience and there are doubtless many who will disagree with some of the views stated. Nevertheless, the book is worth while from many aspects and is highly recommended. It is a pity that a fuller bibliography has not been included.

S.J.F.

## HYPERTENSION

*High Arterial Pressure*. By F. H. Smirk, M.D., F.R.C.P., F.R.A.C.P. Pp. xxxvi + 764. Illustrated by figures and plates. 75s. Oxford: Blackwell Scientific Publications. 1957.

*Contents:* Preface. 1. Introduction. 2. Casual, Basal and Supplemental Blood Pressures. 3. Natural History and Ecology of High and Low Blood Pressure. 4. Influence of Changes in Living Conditions on the Blood Pressure Level. 5. The Clinical Manifestations of Hypertension. 6. Aetiology. 7. Psychosomatic Aspects of High Blood Pressure. 8. The Physiology of Blood Pressure Regulation.

9. Experimental Hypertension. 10. The Relationship between Arteriosclerosis and Hypertension. 11. Pathogenesis of Essential Hypertension. 12. Prognosis of Hypertension. 13. Some Fundamental Principles concerning the Treatment of Hypertension by Blood Pressure Reduction. 14. Surgical Treatment of High Blood Pressure. 15. Severe Salt Restriction. 16. Hypotensive Drugs, mostly of Academic Interest. 17. The Rauwolfia Alkaloids. 18. Pharmacology of Ganglion Blocking Drugs. 19. Treatment of Patients with Ganglion Blocking Agents. 20. Combined Therapy. 21. Results of Treatment. Appendices, Index.

This book is a welcome addition to the literature on hypertension, a disease so common in modern civilisation and yet so baffling in origin. Despite its size, the facts are so well marshalled and the chapters so arranged that the book reads easily and logically. The author has long been interested in this field and naturally stresses his own views, particularly the importance of basal and supplemental pressures in assessing the severity of hypertension, the prognosis and treatment.

A feature is the extensive bibliography and the clear summaries of our present-day knowledge, regrettably inadequate; but this is no fault of the author. The physiology of blood pressure regulation and the pathological sequelae of a prolonged rise of arterial pressure are fully discussed and, of particular importance, are the chapters on pharmacology of hypertensive drugs and their use in clinical therapeutic regimes.

Not everybody would agree with the treatment of hypertensive cardiac failure by hypotensive drugs alone, nor are the average results in other hands with these drugs as good as those of the author. It is a pity, too, that the renal contraindications to therapy are not adequately discussed. The book can, however, be recommended for its easy style, its fund of references and wealth of material. S.S.

#### STUDIES ON THE MALARIAL PARASITES

*Studies on the Exo-Erythrocytic Cycle in the Genus Plasmodium.* London School of Hygiene and Tropical Medicine. Memoir No. 12. By R. S. Bray, B.Sc., Ph.D. Pp. viii+292. 24 Illustrations. 22s. net. London: H. K. Lewis & Co. Ltd. 1957.

*Contents:* Preface. List of Figures. 1. Definitions, General Classification, Terminology. 2. Introduction. 3. Historical. 4. The Present State of the Knowledge of the Exo-Erythrocytic Cycle of the Avian and Saurian Plasmodia. 5. The Present State of the Knowledge of the Exo-Erythrocytic Cycle of the Mammalian Plasmodia. 6. Taxonomy and Specific Classification. Bibliography.

Dr. Bray completed this Memoir in 1953, and although there was a delay of almost 4 years before publication in 1957 it remains an accurate and adequate account of our present-day knowledge of this intriguing aspect of the life cycle of the malaria parasite. The past 4 years have seen much additional work in this field, most of it, however, consolidatory in nature and none of it significantly altering the value of Dr. Bray's monograph as an up-to-date account of the subject. A brief set of definitions of terms employed in the description of the third and non-erythrocytic cycle of the malaria parasite is followed by a historical review. This makes fascinating reading and is conveniently divided into three sections covering the gradual realization that a non-erythrocytic cycle probably existed, its discovery in avian malaria, and culminating in the demonstration of a tissue phase of the parasite in mammalian malaria.

The historical review is followed by descriptions of the morphology of the pre-erythrocytic and exo-erythrocytic cycles of the parasite in firstly avian and secondly mammalian malaria. In describing the latter Dr. Bray gives prominence to the development of the pre-e and e-e cycles in *Plasmodium cynomolgi* infections; the detailed morphological descriptions are accompanied by excellent camera lucida illustrations. Comments on other species, including *P. vivax*, *P. falciparum* and *P. ovale*, are made in relation to *P. cynomolgi*. The descriptions are enhanced by numerous personal observations and here, as elsewhere in the book one repeatedly realises how refreshing it is to be reading the work of an author well qualified, by virtue of his personal experience, to be writing about his subject.

After a description of the biochemistry of the non-erythrocytic parasites, reference to the chemotherapy, and the relationship of pre-e and e-e cycles to relapses and immunity, the author draws attention to the many lacunae in the general knowledge of the mammalian e-e cycles and indicates the nature of the problems which future research will attempt to solve. The reviewer notes with interest that Dr. Bray himself has recently filled one of these gaps with his demonstration of the one-day-old pre-erythrocytic stage of *P. cynomolgi*.

This excellent monograph covers a fascinating and intriguing development in the field of parasitology, and will be of value to both clinician and laboratory worker in this field. The book is

well-bound, the print and type-setting make for easy reading, and the paper is of good quality. These features together with the price are to be highly recommended.

T.G.S.

#### A CONGENITAL EYE DISEASE

*Heredo-Retinopathy Congenitalis, Monohybrida Recessiva Autosomalis.* A Genetical-Statistical Study. By Carl Henry Alström in Clinical Collaboration with Olof Olson. Pp. 178. 9 Figures. Lund: Lund University. 1957.

*Contents:* Preface. Introduction. I. Material. II. Ophthalmologic Investigation. III. Genetic-Statistical Analysis. General Summary. Conclusions. Appendix 1-5. Appendix 6. Case Records. List of Tables and Appendices. List of Figures. Bibliography. Pedigree-Charts.

In 1945, the author's attention was drawn by Prof. Torsten Sjogren to the frequency of familial incidence and consanguineous marriages in the parents of inmates of the Tomtebodas Institute for the Blind, admitted with the diagnosis of congenital retinopathy. There seemed to be sufficient grounds to believe that there existed a genetically uniform disease group, not previously described. Therefore all patients in this Institution with this diagnosis or diagnosed as amaurosis or amblyopia congenita, of unknown origin, with no visible ophthalmological changes, were investigated; and the records of previous admittances from 1897 were consulted. Many of the amaurosis or amblyopia congenita group when re-examined showed retinopathy changes and many appeared as secondary cases in the proband families. Thorough neuro-psychiatric and ophthalmological examinations were undertaken and subsequently field examinations over the whole of Sweden were instituted. Numerous figures and tables demonstrate the thoroughness with which the investigations were carried out. Analysis of this work showed that there was indeed a familial incidence and a high frequency of consanguineous marriage in a disease characterised by probable congenital defect of sight, consisting either of total amaurosis or of greatly impaired sight with loss of central vision, where at an early age scanty or no fundus changes are seen despite the highly defective vision, and with increasing age, 'chorioretinitis' may develop until possible widespread atrophy becomes noticed. There is an absence of neuropsychiatric and endocrinological complications, though cataract and keratoconus present a surprisingly high incidence.

Though this appears at first sight to be a dull subject, the exposition is so clear and precise that reading is simple. There are masses of detail which can be omitted in a cursory examination of the contents. For a statistical study of a genetical entity this book proves an excellent example of thoroughness and preciseness. S.L.

#### TREATMENT OF ACUTE POISONING

*Handbook of Treatment of Acute Poisoning.* 2nd Edition. By E. H. Bensley, M.B.E., B.A., M.D., F.A.C.P. and G. E. Joron, B.A., M.D., C.M., F.A.C.P. Pp. xii+212. 15s. net+1s. 1d. Postage Abroad. Edinburgh and London: E. & S. Livingstone Ltd. 1958.

*Contents:* Preface. Acknowledgements. Section I. Basic Principles, General Plan and Methods of Treatment. Basic Principles of Treatment: Prevention of further exposure to the poison. Maintenance of a clear airway. Control of respiratory depression. Control of shock. Control of convulsions. Control of infection. Removal and inactivation of the poison. General Plan of Treatment: Before arrival of physician. After arrival of physician. Methods of Treatment: Maintenance of a clear airway. Relief of pain. Artificial respiration. Stimulants. Control of convulsions. Oxygen therapy. Gastric lavage. Induction of vomiting. Cathartics. Diuretics. Parenteral fluids. Antibiotics. Chelating agents. Methylene blue. Prevention of oesophageal strictures. Section II. Important types of Acute Poisoning and Their Treatment. Acids. Alkalies. Amphetamine and Related Drugs. Aniline and Related Compounds. Anticholinesterases. Antihistamines. Arsenic. Atropine and Related Alkaloids. Barbiturates. Benzene. Boric Acid and Borates. Botulism. Bromides. Camphor. Cantharidin. Carbon Monoxide. Carbon Tetrachloride and Related Chlorinated Hydrocarbons. Cyanides. DDT and Related Chlorinated Insecticides. Ethyl Alcohol. Ethylene Glycol. Fluorides. Fluoroacetate. Food Poisoning. Gold. Hypnotics. Hypochlorites. Iodine. Iron. Isopropyl Alcohol. Kerosene and Related Petroleum Distillates. Lead. Lung Irritant Gases. Mercury. Methyl Alcohol. Morphine and Related Drugs. Mushrooms. Naphthalene. Nicotine. Oxalic Acid and Oxalates. Phenols. Phosphorus. Potassium Permanganate. Salicylates. Strychnine. Turpentine. Warfarin. Xylene. Appendix. Emergency Poison Kit. Collection and Preservation of Samples for Chemical Analysis. Bibliography. Index.

All of us, as doctors, may suddenly be called upon to treat a case of acute poisoning whether this be in our practices, in our homes or in the homes of our friends. It is surprising just how many potentially toxic drugs may be encountered during a day. It is a far cry from the days when carbolic acid, arsenic or strychnine were the drugs of choice for suicides (or homicides). Today we are surrounded by the remains of partly used (and potentially

dangerous) medicines, household solvents, cleaners, and industrial toxins or noxious agents. This little book is designed as a ready reference in cases of acute poisoning and it fulfils this purpose admirably. It has a short general section applicable to most cases of poisoning. (The section on artificial respiration could perhaps include alternative methods of doing this and a few simple diagrams here, as well as when considering stomach lavage, would not come amiss.) Thereafter individual poisons are considered in detail. For each of these there is a short summary of the signs and symptoms, a small section entitled 'Treatment before arrival of physician' (useful for telephoned advice!) followed by a section on 'Treatment after arrival of Physician'. The details are clear and concise. There is a chapter on what one should have available in the 'emergency poison kit'. All in all a book which is well worth while having available. You may not need it for a long time—when you do, you could do with it in a hurry!

C.M.

## THE CEREBRAL CORTEX

*The Mammalian Cerebral Cortex.* By B. Delisle Burns, B.A. (Cantab.), M.R.C.S., L.R.C.P. Monographs of the Physiological Society. Number 5. Editors: H. Barcroft, L. E. Bayliss and A. L. Hodgkin. Pp. vii+119. 25 Figures. 21s. net. London: Edward Arnold (Publishers) Ltd. 1958.

*Contents:* Preface. I. The general properties of isolated cerebral cortex. II. Afterdischarges. III. The spontaneous activity of central neurones. IV. The transmission of excitation within the cerebral cortex. V. The problem of memory. References. Index.

In this fifth monograph of the Physiological Society the author describes his experiments on the cerebral cortex of the cat. Small portions of cortex were isolated, partially or completely, from the rest of the brain while retaining their blood supply. From the electrical responses of the isolated cortex to local stimulation and to stimulation of the adjacent brain some general conclusions are drawn about spontaneous and induced neuronal activity and about the transmission of nerve impulses in the brain. Theories of facilitation and of learning are explored and an attempt is made to relate the observed activity of the cerebral cortex to its cytoarchitecture.

The experimental work described is ingenious and interesting but admittedly, inconclusive. The monograph relates the author's work to that of other distinguished neurophysiologists and will be read with interest by specialists in this field. The references are well selected and up to date. Unfortunately this highly speculative branch of neurophysiology can offer little guidance as yet to the practising neurologist.

A.W.S.

## NEWS LETTER

*Newsletter.* Edited by E. D. Wittkower, M.D., Section of Transcultural Psychiatric Studies, McGill University, Montreal, Canada. December 1957. No. 3.

For the past three years the Section of Transcultural Psychiatric Studies of the McGill University, Montreal, has been engaged in building up a network of psychiatrists and social scientists interested in establishing information regarding differences in the incidence and nature of mental disorders in relation to socio-cultural background. During this period 3 newsletters have been completed on the basis of the material obtained and have been distributed to psychiatrists and social scientists in many countries.

Some of the major functions of the newsletter are to spread information all over the world; to obtain information which has

not yet been published; to acquaint psychiatrists with the nature and range of the problems of other psychiatrists in different countries and 'off-the-beaten-track' places; to establish contact between geographically separated observers; and to stimulate research projects.

In the newsletter under review there are, for instance, notes on the differences in the incidence and nature of mental disorders in Malaya, Thailand, Australia, Arabia, Portugal, Peru, etc.; there are summaries of unpublished material on socio-cultural factors in different countries; information on psychodynamic features related to socio-cultural factors; notes on culture and personality, etc.

This newsletter reflects an interesting awareness of psychiatrists all over the world that the province of psychiatry lies not only in the study of individual patterns of behaviour and of separate disease entities as such, but also in the study of the psychodynamic factors which underlie the thorny problems of human relationships in general.

A fundamental question—with special reference to the great cultural changes and shifts which are taking place all over the world today—as stated by Dr. R. Diaz-Guerrero of Mexico, is 'the question of whether there exist any universal cultural patterns which lead to mental health and others which lead to mental illness, or national cultural patterns that produce such effects'.

The great challenge to psychiatrists today, as well as to all men of good will and common sense is to make as objective a study as possible of human relationships among individuals and groups against the background of divergent personal, social, economic, cultural and political factors.

It is in pursuance of objectives such as these, e.g.: (a) to study ancient patterns of social and cultural life which are deteriorating and disappearing, (b) to enquire into ways of adjustment and integration, (c) to observe the impact of changing conditions on mental health and socio-cultural behaviour, and (d) to note faulty attitudes of the giving and receiving societies—it is with such objectives in view that the Section of Transcultural Psychiatric Studies of the McGill University attempts to enrol the support of as many psychiatrists as possible.

Active support of this newsletter cannot be too strongly recommended. Address all communications to: Section of Transcultural Psychiatric Studies, Department of Psychiatry, McGill University, 1025 Pine Avenue, Montreal, P.Q., Canada.

A.P.B.

## AIDS TO MEDICAL DIAGNOSIS

*Aids to Medical Diagnosis.* 8th Edition. By G. E. Frederick Sutton, M.C., M.D. (Lond.), F.R.C.P. Pp. viii+400. 12s. 6d. London: Baillière, Tindall & Cox Ltd. 1958.

*Contents:* I. Infectious Diseases. II. Disorders of the Abdomen. III. Diseases of the Blood. IV. Diseases of the Heart and Blood Vessels. V. Diseases of the Lungs and Pleura. VI. Diseases of the Endocrine Organs. VII. Diseases of the Kidney. VIII. Diseases of the Nervous System. IX. Diseases of the Joints. X. The Electro-encephalogram. Index.

The ingenuity with which authors in the 'Aids' series manage to provide so much information in so small a compass is always amazing. This new edition of 'Aids to Medical Diagnosis' is no exception. The author, with assistance, has introduced the advances of the last five years by extensive revisions of the text and it is now thoroughly up to date. Students, both undergraduate and post-graduate, will find it to be the real 'aid' that one has come to expect of this series.

T.A.