

## BOEKBESPREKINGS : BOOK REVIEWS

### OBSTETRICS AND GYNAECOLOGY

*The Year Book of Obstetrics and Gynecology.* (1961 - 1962 Year Book Series). Ed. by J. P. Greenhill, B.S., M.D., F.A.C.S., F.I.C.S., F.A.C.O.G. Pp. 583. Illustrated. \$8.00. Chicago: Year Book Medical Publishers. 1961.

The latest book in this series maintains the high standard of previous publications. The table of contents is more or less the same as in the previous years.

Summaries of articles published during the past year are grouped under the following headings: Presidential and other addresses, physiology of pregnancy, abortion, ectopic pregnancy, complications of pregnancy, chemotherapy of

choriocarcinoma, toxæmias, labour, use of oxytocics and induction of labour, analgesia and anaesthesia, operative obstetrics, haemorrhage, puerperium, the newborn, general principles and diagnosis in gynaecology, infertility, infections, operative gynaecology, benign tumours, malignant tumours, menstrual disorders and endocrinology.

Not only obstetricians and gynaecologists, but also post-graduate students and general practitioners will find this book a valuable guide to present trends in treatment and research. The editorial notes at the end of some articles often restore the conservative balance when newer approaches appear too futuristic. This Year Book can be recommended.

J.N.d.V.

## COOLEY'S ANAEMIA

*Thalassemia.* A survey of some aspects. By R. M. Bannerman, M.A., D.M., M.R.C.P. Pp. vi + 138. Illustrated. \$6.50. New York and London: Grune & Stratton, Inc. 1962.

In some areas of Italy, Sicily and Sardinia there are more than 10% of carriers of the gene for this disease. Yet it was not until this century, and then in America, that it was first clearly separated from the group of 'splenic anaemia of infants'. We are given the interesting history of its recognition, starting from Cooley (whose name has since been attached to the disease) through Rietti who showed that here was a haemolytic anaemia with increased osmotic resistance, to a number of observers who added additional features — Micheli who showed that it did not respond to iron therapy or splenectomy, and later workers who demonstrated interactions with different abnormal haemoglobin states.

In thalassaemia, in spite of hypochromia of the erythrocytes, serum iron is high and serum iron-binding capacity fully saturated, and stainable iron is plentiful in the tissues. Laboratory evidence is produced to show that there is a block in iron-protoporphyrin combination. Red blood corpuscle survival is diminished, but output of bile pigment is disproportionately greater than would be expected from this, indicating ineffective erythropoiesis, and further suggesting a metabolic disorder of heme metabolism. The laboratory work supporting these ideas is abundantly presented, much of it by modern techniques.

The heterogeneity of thalassaemia is discussed. The 'majority have 3% or more of A2 haemoglobin'. There is frequent linkage with the genes responsible for S and C haemoglobins. Ingram has suggested an  $\alpha$  and a  $\beta$  thalassaemia. But cases of so-called 'chronic refractory hypochromic anaemia', coming on later in life with normal A2 haemoglobin and no recognizable hereditary pattern, fall outside this group. And so does the type responding to pyridoxine. F.F.

## ANAESTHETIC DRUGS

*Drugs in Anaesthetic Practice.* By F. G. Wood-Smith, M.A., M.B. (Cantab.), F.F.A.R.C.S. and H. C. Stewart, M.A., M.D. (Cantab.), Ph.D. (Lond.), M.R.C.P. Pp. vii + 464. R6.55. London and Durban: Butterworth. 1962.

In general, familiarity with the general medical, along with the specialist, journals is indispensable in passing a post-

graduate examination. However, careful study of this book, like that of its admirable companion *Principles of General Neurophysiology relating to Anaesthesia and Surgery* by Wyke, published last year by the same publishers, cannot fail to be even quicker in imparting the discerning and mature approach for which the postgraduate examiner is searching much more than for mere facts.

Thus the reviewer believes that 1% procaine is grossly insufficient for anaesthesia of nerve-roots, that the value of oxygen in reactions to local analgesic drugs should have been stressed and that the dose recommended for mephentermine should definitely be doubled as the makers themselves advise. But adequate coverage of the drugs that actually produce anaesthesia would have made this book too bulky. Its value lies in the original and lucid presentation of drugs which control or complicate anaesthesia, as well as those which may in any way influence its course. Each section of classified individual drugs is preceded by an especially praiseworthy general article which allowed interest to be sustained throughout a meticulous reading of this essentially reference work.

This book fulfils a great need for practitioners and postgraduate students of anaesthesia: just 3 months ago I was asked to draw up a list of 'drugs in anaesthetic practice' as a skeleton for a book which a lecturer in pharmacology wished to write for his postgraduate students. It covers a neglected aspect of the wide field now included in anaesthesia.

The binding, format and durable non-glossy paper is a pleasure to behold. J.W.M.

## CARCINOMA OF THE BRONCHUS

*The Spread of Carcinoma of the Bronchus.* By H. C. Nohl, M.A., D.M. (Oxon.), F.R.C.S. (Eng.). Pp. viii + 80. Illustrated. R1.50. London: Lloyd-Luke (Medical Books) Ltd. 1962.

This book is a useful background for all interested in this problem, though few new points are raised. The author describes the lymphatic and haematogenous spread of bronchial neoplasms as found in 211 operative specimens from the London Chest Hospital. The facts of surgical importance are stressed and a plea is made for a classification into stages, as has been done with other carcinomas. The historical review and a 5-page list of references are helpful.

R.P.H.