

THE OESOPHAGUS

*The Oesophagus.* By G. Flavell, F.R.C.S.(Eng.), M.R.C.P. (Lond.), Pp. vii + 168. Illustrated. R5.76. London and Durban: Butterworths, 1963.

Geoffrey Flavell has made a notable contribution to chest surgery. However, he skipped through *The Oesophagus* in such a disappointing way that it is indeed difficult to recommend his latest book to student, clinician or surgeon. Statements such as 'there is no true intrinsic sphincter at the lower end of the oesophagus' leave one in no doubt that physiological progress over the last two decades bypassed this work. It is hard to find new facts or even new points of view in this modest publication of 150 pages, but the X-ray reproductions are good examples of familiar material. G.S.M.B.

HAEMOSIDEROSIS

*Hemochromatosis and Hemosiderosis.* By R. A. MacDonald, M.D. Pp. xi + 374. Illustrated. \$12.75. Springfield, Ill.: Charles C. Thomas, 1964.

The thesis of this monograph is that haemosiderosis does not result from a genetic or inborn error of iron metabolism, but is due to cirrhosis of the liver and an excess of iron in the diet. This is bound up with the opinion that parenchymatous excess of haemosiderin does not lead to cell damage in the liver or elsewhere.

These views are supported by all the means available to the author with thoroughness and pertinacity, though on occasions arguments of the prosecuting or defending counsel type are scattered among significant data and opinions. Most of us accept his view of the aetiology for some cases of haemochromatosis but still regard the majority as having a genetic basis.

As in any discussion today on the metabolism of iron, South African figures and authors are given due prominence, and in this connection we would like to point out that South African wines no longer have the high iron contents of 7.0 mg./l. - 23.0 mg./l., but now range from 2.89 mg./l. for the expensive to

5.27 mg./l. for the cheaper wines. Furthermore, since a 'quart' bottle of wine contains only  $\frac{1}{4}$  litre (not 1 litre), the calculated retention of iron of a 2-bottle-a-day man in South Africa over 20 years should be reduced to between one-third and under a half of the figures given in this monograph. But perhaps even these reduced figures are high enough for the author's purpose in correctly drawing attention to the very high iron intake of some people in this and other countries. J.G.T.

UROLOGIC DIAGNOSIS

*Diagnostic Urology.* Ed. by J. F. Glenn, M.D., F.A.C.S. Pp. xvi + 415. Illustrated. \$13.50. New York: Hoeber Medical Division, Harper & Row Publishers, 1964.

This book is a guide to the numerous diagnostic modalities available for the investigation of urogenital disorders, and it fills a distinct need. Many of the procedures are newly developed and must still prove their worth. The author and his 22 collaborators offer a clear and concise exposition of the older standard methods and a critical evaluation of the modern new procedures. Each chapter is produced by an expert in his own field. The clear text, handsome illustrations and numerous references add to the value of this volume. P.J.M.R.

FLUOROSCOPY

*Fundamental Aids in Roentgen Diagnosis.* By C. B. Storch, M.D. Pp. xi + 370. Illustrated. \$14.75. New York and London: Grune & Stratton, 1964.

This book contains sound advice about fluoroscopy in general. However, there are a few errors, such as suggesting that a dosage rate, at the panel, of 10 r per minute is acceptable—this is twice the maximum permissible dosage—and several illustrations show the fluoroscopist's gloved hand in the X-ray beam, which is bad practice. Apart from these it can be read profitably by all, and especially by the beginner in radiology. The illustrations are clear and the book is well produced. C.J.B.M.