

3. Slow respiration.

- (i) Respiratory depression due to morphia given too soon before operation.
- (ii) Increased resistance to breathing (slow and deep).
- (iii) Deep anaesthesia (slow and shallow and jerky).

4. Periodic Breathing.

- (i) Recovery stage from hyperventilation apnoea.
- (ii) Oxygen want.

5. Alteration in length of expiration compared to inspiration.

Expiratory phase longer than inspiratory phase in deeper anaesthesia, and vice versa.

6. Irregular breathing.

- (i) Reflexly in light anaesthesia.
- (ii) Deep anaesthesia—impending death.

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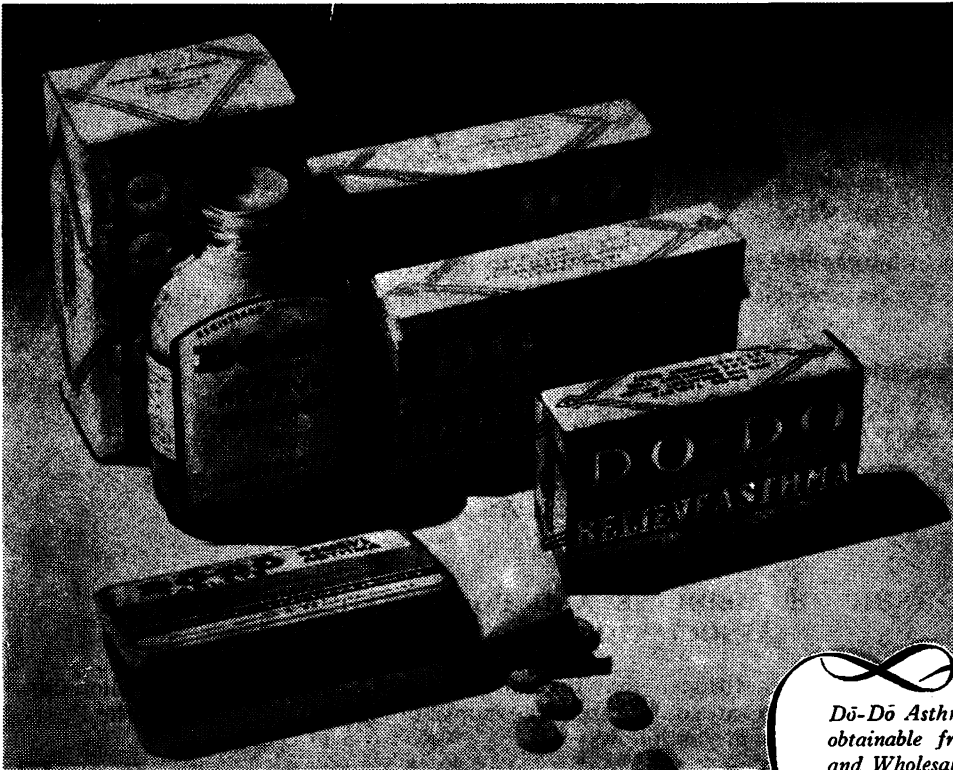
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REVIEWS (*continued*)

grouped together as consolidation, and (*d-f*) as major consolidation. Another important point is the demonstration by Dr. Belt and Dr. Ferris that X-ray reticulation corresponds to a widespread increase in the reticular connective tissue in the lungs, which causes a loss of elasticity and a consequent liability to emphysematous changes. They have also shown that, in addition to coal particles, an accumulation of particles of silica is present, not only in the consolidated lungs, but also in those which show only reticulation.

Detailed conclusions have been reached by the Committee as to the widespread incidence of pulmonary disease, not only in the anthracite area, but throughout the whole coalfield. They regard it as extremely probable, from the evidence, that reticulation is a sign of the first of a series of pathological changes which may culminate in gross fibrosis. Their report concludes with certain recommendations based upon the evidence elucidated by the medical investigation, chief among which is a widening of the present standard on which the certification for compensation is based and which, in their judgement, has been shown to be too restrictive.

The account of the medical survey, which forms the bulk of the volume, is exhaustive, and consists of three parts: First, an introduction comprising a résumé of the problem of pulmonary disease, a short description of the South Wales coalfield with an account of the coal-seams and of the methods and occupational grades of the men who work them; Second, a detailed description of the whole enquiry with an account of the procedure and methods employed, and of the clinical and radiological findings in relation to the functions of the workmen and their employment in various districts and on different duties involving exposure to various kinds of dust; Third, a general review of past and present enquiries. The pathological report is based upon the examination of tissues from 42 selected autopsies on cases of pneumonokoniosis occurring in the South Wales coalminers.

This book is especially welcome for its series of representative X-ray plates, of which there are 31. Although these have been reproduced upon paper of a less expensive kind than that usually regarded as essential for radiographic illustrations, they do show, adequately and in an informative fashion, the essential details of the cases. The attainment of such a result in a comparatively inexpensive volume is a matter of no small difficulty, and we consider that the publishers are to be congratulated on its achievement. The same can be said of the histological illustration in Part 3. The pathological report occupies a comparatively short space in relation to that of the book as a whole, but is carefully condensed, and provides a succinct and very readable account of the essential features of the histology of this interesting subject.

This is a valuable and important monograph. To the student of general medicine and to those preparing for the M.R.C.P. it may, perhaps, at first appear a little alarming on account of the considerable mass of detail contained in its pages, but it contains the latest and best information and can be strongly recommended to such readers. To those who specialise in the study of chest disease the volume is essential, and should find a permanent place on the shelves of their medical library.

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Parke, Davis & Co. have just introduced a product that seems likely to prove useful in the management of diabetes insipidus. For some considerable time the pressor principle of posterior pituitary gland has been known to be able to diminish the thirst and diuresis that characterize this condition, but the action of the aqueous solution is transient. By suspending the tannate of the hormone in oil, however, it has been found possible to prolong its action for 24 to 48 hours following intramuscular injection, much to the comfort and well-being of the sufferer. 'Pitressin' Tannate in Oil is the title of this new preparation, which is issued in boxes of six 1-c.c. ampoules.

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