INDUSTRIAL TOXICOLOGY

By DONALD HUNTER, M.D., F.R.C.P.Lond. Oxford University Press. 1944. Pp. 80. Price 10s. net.

Industrial Medical Officers in common with Medical Officers of Health and practitioners in manufacturing areas or centres of chemical industry will welcome the publication in book form of Dr. Hunter's Croonian Lectures which appeared originally in the *Quarterly Journal of Medicine*.

The subject is treated in four sections: the metals—lead, arsenic, and mercury; the aromatic compounds—benzene, nitrobenzenes, trinitrotoluene, dinitrophenol, aniline, paraphenylenediamine and *triortho* cresyl phosphate; the chlorinated hydrocarbons—methyl chloride, carbon tetrachloride, ethylene dichloride, tetrachlorethane, tricholorethylene and chlorinated naphthalene; and the glycols—ethylene chlorhydrin and diethylene dioxide.

In each case the author has not only presented a valuable history and review of the important literature upon the subject, but has also recorded from his own wealth of experience the modern industrial processes and circumstances in which poisoning may occur. The values of preventive measures and remedial treatments are very efficiently assessed and modern practice clearly stated. With its bibliography appendix this concise monograph, which provides accurate information on the etiology, symptomatology, prophylaxis and therapeutics of industrial poisoning, deserves to be studied by all practitioners whose patients include workers in modern chemical industrial processes.

A TEXTBOOK OF GYNAECOLOGY
6th Edition, 1944

By JAMES YOUNG. Adam & Charles Black, London. Price 25s.

The fact that a textbook has reached its sixth edition is a stronger testimonial than the most favourable review. This is an eminently practical book, and should not only prove of great value to students and general practitioners, but be a useful aid to those who have made this subject their special sphere.

Its chapters on disorders of menstruation and gynaecological pain are models of clear thinking and common sense. One is impressed by the fact that this author in dealing with prolapse pays special attention to the muscular cause which is in accordance with displacements found elsewhere in the body. So many gynaecologists, led away by operative experience, have placed the entire responsibility of maintaining the correct position of the organs upon the ligaments, though Paramore, many years ago, stressed the importance of the muscles.

The absence from work of girls due to dysmenorrhoea, as shown by the figures of a large insurance company, will come as a surprise to many, though those of us who deal with girls in the Services realise what a troublesome complaint this can be. One is glad to note the author's views on the psychic and environmental factors. Many girls seem to develop dysmenorrhoea when placed in strange surroundings under unfamiliar conditions. Details of Dr. Alice Clow's exercises are given, and these are often amazingly successful. It might have been a help to Service readers to state that sheets of these instructions, for handing to patients, can be obtained from Messrs. H. K. Lewis & Son, Gower Street, London.

In dealing with physical examination, one is surprised to see Kelly's cystoscope mentioned and illustrated—surely this instrument belongs to the historical museum by now. No details are given for the collection of a specimen for examination of Trichomonas Vaginalis. This infection is stated to be an occasional cause of leucorrhoea—this is not the experience of the women's Services, where this infection is most troublesome, and one wonders if its alleged rarity is due to inadequate investigation.

Stress is laid on the necessity of putting curettings in formalin, but no details of the strength to be employed is given, nor of the value of using formalin in physiological saline. Nor is stress laid on the importance of informing the pathologist of the length of cycle of menstruation in the patient concerned, and of the day of such a cycle when the curetting was carried out, since what is normal at one phase is abnormal at another.

In the operative part dilation is recommended for dysmenorrhoea, in spite of the views expressed in chapter IX. A myoma screw and expanding dilators are described and illustrated — are these survivals or revivals?

These criticisms are of a minor character, however, and may not apply to future editions which may be confidently expected in this deservedly popular textbook.

AFTER-TREATMENT
2nd Edition

By H. J. B. ATKINS. Blackwell Scientific Publications, Ltd., Oxford. Price 18s.

This book is stated to be a guide to general practitioners, House Officers, Ward Sisters, and Dressers, in the care of patients after operation. The author at times departs from the strict interpretation of the title, and deals, as is really essential, with pre-operative treatment, for this obviously affects the post-operative treatment that may be required. At times the treatment advised appears rather excessive, and I think that most surgeons would find the author's *routine* post-operative treatment following a thyroidectomy more elaborate than is usually required for a well-prepared case, and only necessary exceptionally, and not as a routine. In this condition a little more information about pre-operative treatment would be advisable. It is obvious from the context that the performance of thyroidectomy under local anaesthesia is not considered, though this is the routine of many surgeons. In the treatment of paralytic ileus iliostomy is recommended as a last resort. The author admits that many will not agree with this. The Miller Abbott tube has many theoretical advantages, though the passing of it is very difficult, and like the high rectal tube, it merely coils itself up without progressing along the gut. I have yet to be convinced that anti-gas gangrene serum has any advantage. In dealing with sulphapyridine injections no mention is made of their painful nature, in which connection the double syringe method described by McCurrich, and quoted in Martindale's *Pharmacopoeia* is useful.

The role played by a fluid diet in producing wind is properly stressed by the author, but not generally realised. One reason for this wind production is that many patients cannot sip fluids without swallowing air.

The author states that he finds it difficult to understand how the oxygenation of tissues can be enhanced by tying the main vein whenever the main artery is tied. The explanation originally put forward was that normally venous blood contains 7% of oxygen. If the arterial blood contains x% under