

**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 *trioritho* cresyl phosphate; the chlorinated hydrocarbons—methyl chloride, carbon tetrachloride, ethylene dichloride, tetrachloroethane, trichloroethylene 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 ileostomy 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

normal circumstances, the oxygenation of the tissues is represented by  $x - 7$ . Now if  $x$  is diminished by ligation of the main vessel,  $7$  can also be diminished by ligation of the vein, and by letting the blood drain away more slowly it is more fully deprived of its oxygen. Whether this explanation is true or not is another matter.

To many of the first class for whom the book is intended, and whose "house" days are becoming a bit distant, a little more detail about oxygen therapy would be a help, as this is "new since their day."

The instructions for the after-care of a colostomy, based upon Gabriel's teachings, are clear, and should prove of great help to doctors in advising their patients. It may be pointed out that, for a patient in active work, the morning routine may be too time-consuming. In such cases the colostomy toilet can be performed at night, after work, when there is no hurry, and many patients find this more convenient.

To prevent mistake, the term 5% glucose solution for intravenous use should be amplified by stating that it is 5% glucose in distilled water, as a commonly employed solution is 5% glucose in physiological saline, which would defeat the object which the author rightly desires. The use of silver nitrate for testing the urine in cases of vomiting is new to me, but sounds an easy and useful indication for the administration of sodium chloride.

In dealing with burns, those most experienced in this work oppose the tanning of the face and hands, yet this is recommended in this work. Some detail of sulphonamide pastes and envelope jaconet dressings would be an advantage, and one would suggest that the author should on his return to this country see the coloured films of this work prepared by Vaughan Hudson at the Middlesex Hospital.

The after-treatment of fractures should prove very helpful, though one wonders if instep, which is defined by the *Pocket Oxford Dictionary* as "top of foot between toes and ankle" is being confused with arch, when the author states that "sorbo can be applied under the instep."

A number of books have appeared on "after-treatment" in recent years, but this seems to cover a wider field than most, and should prove of the greatest use, not only to those for whom it is intended, but to surgical specialists also, who will find useful information and food for thought. It is likely that this work will become a surgical classic, and run into many editions, and it is on account of this belief that one ventures to make the above detailed criticisms and suggestions. One can without hesitation say that no house surgeon should be without this book, and it will prove of immense help to intelligent ward sisters, as well as to those practitioners who undertake the post-operative care of patients, whose sins of omission and commission can do so much to mar a surgeon's work.

#### TEXT-BOOK OF SURGICAL TREATMENT INCLUDING OPERATIVE SURGERY 2nd Edition

Edited by C. F. W. ILLINGWORTH, M.B., Ch.M.,  
F.R.C.S.Ed. Compiled by eighteen contributors.  
E. & S. Livingstone, Edinburgh, 1944. Royal  
8vo. pp. 364, 230 illustrations, some in colour.  
Price 30s.

The fact that a second edition has been issued in 1944, though the first edition only appeared in 1943, is perhaps the most satisfying criterion of this work's popularity. The present edition, while fully

maintaining the best features of the first edition, has gone far to meet criticisms levelled at certain sections which in the first edition were considered to be below the general high standard of the book. In particular, the chapters on amputations and on fractures, have been vastly improved. Some account of post-operative treatment of amputations is given and, though one does not want to harp on this subject, a few illustrations of exercises and bandaging would be helpful.

One's recollection of one's student days is that the surgeon, as a rule, having amputated a limb, took no further interest in the progress of the patient. A better conception of a surgeon's duty is given by Langdale-Kelham & Perkins (*Oxford War Manuals—Amputations and Artificial Limbs*) who state: "The surgeon's task does not finish with the healing of the wound. It is his further duty (1) to prepare the stump to take an artificial limb, (2) to prepare the patient, so that he can use a limb, and (3) to see that the patient is taught how to use the limb when he gets it."

As Atkins (*After Treatment—Blackwell*) has pointed out, the work of Simpson and Lister caused the surgeons whose home had been the ward, to make the theatre their principal residence, but there is now a tendency to return to the ward.

Before leaving the question of amputations, there are two small criticisms. In discussing amputation at the hip, no mention is made of the very real value to the patient of leaving the great trochanter and the head and neck of the femur from the point of view of a satisfactory artificial limb, if these structures can be spared without risk to the health of the patient. Secondly, in dealing with amputation in cases of diabetes, the sentence "the operation should, however, be delayed sufficiently to ensure adequate preparation" might be expanded a little.

In the chapter on fractures, in dealing with abduction of the shoulder, no instruction is given in regard to forward inclination of the arm, and Fig. 50, p. 183, in the chapter on Paralysis and Contraction, shows an arm apparently abducted in the coronal plane. This is entirely opposed to Watson-Jones's more usually accepted view that the arm should be carried forward about 30 degrees.

Directions for plaster for a fractured navicular bone could be made more clear by a line drawing.

Despite these perhaps minor criticisms the chapter on fractures is a great improvement on that in the first edition.

The chapter on burns has been entirely rewritten by a new contributor, Mr. Thomas Gibson, who has had special experience in the Burns Unit of Glasgow Royal Infirmary, and whose excellent contribution reflects his experience.

Finally, to be in the vogue, illustrations in colour appear. One often wonders if some of these colour pictures that appear in textbooks are worth the increased cost of production, for often their artistic merit completely outweighs their didactic value. When the question of illustrations is considered, one would advise any prospective author to study Bonney's illustrations in Berkeley & Bonney's *Gynaecological Surgery*, which might well serve as a pattern of visual instruction.

One can recommend this second edition even more highly than one recommended the first, not only to those senior students for whom it was intended, but also to many senior practitioners, and even practising surgeons who may desire to bring their knowledge up to date.