BOOK REVIEWS

RECIPES FOR LIGHT DIETS

By E. M. SHIPLEY, B.Sc., and H. M. DUNDAS.
Pp. ix + 38. London: J. & A. Churchill. 1951.
3s. 6d.

The recipes in this very useful little book have all been tried out and sampled, and found to be practical to make. For once in a while they do not involve the use of unprocurable foods, neither does the harassed housewife or the invalid living alone have to keep—to quote George Bernard Shaw—‘a grocery store’ before being able to prepare one of the recipes included in the many compiled.

If only the energetic authors had included that very elusive food yoghourt in the many different foods listed, what even greater service they would have rendered.

Nevertheless, physicians, surgeons, dietitians, home economists, nurses and worried wives and mothers will find this small collection of great value despite the diverse opinions of the experts in the field of Dietary Science.

Like Pliny, I say ‘Now for myself, I know full well and confess freely that not many more things could be added.’

E.W.H.

A SYNOPSIS OF SURGICAL ANATOMY

By A. LEE MCGREGOR, M.Ch., F.R.C.S. 7th Edition. Pp. viii + 778, with 746 illustrations. Bristol: John Wright and Sons. 1950. 25s.

A book which in 18 years has been reprinted eight times and has passed to the stage of a seventh edition has obviously supplied a real need and has proved its usefulness. Its avowed object, as stated by the author in his preface to the first edition, was ‘to present anatomical facts of *practical value* (the italics are mine) to the senior student and practitioner,’ and it is still the same. Time does not diminish the necessity laid upon teachers to emphasize both to undergraduate and postgraduate students those aspects of human anatomy which have a particular application to clinical practice.

With the steady extension of operative surgery into new fields, the author continues with his characteristic clarity to keep pace with recent advances and, although the original title of the book is unchanged, he wisely does not hesitate to incorporate those facts in applied physiology and pathology which make the purport of the anatomical considerations clear.

In the present edition there are new chapters dealing briefly with transthoracic surgery and the surgery of the blood vessels. The section on the anal region has been brought up to date by the

inclusion of the work of Milligan and Morgan, and the chapters dealing with the surgery of the sympathetic nervous system have been improved by revision as well as by additional matter. We think it a pity, however, that the notes on the exposure of the thoracic portion of the sympathetic chain and procedures for denervation of the upper limb, heart and splanchnic area are relegated to a section (Chapter XLVII) 150 pages distant from the other account of the surgical anatomy of ganglionectomy given in Chapter XLIV.

The excellence of the book as a whole is still marred by mainly anatomical inaccuracies and some regrettable omissions which its many friends would like to see remedied in a future edition. The mention of only a few of these must suffice.

Page 36. The strange statement is made that ‘the breast itself drains entirely to the axillary glands.’ It has, of course, long been known that some mammary lymphatics pass to nodes in the medial end of the upper intercostal spaces, and R. Handley has recently demonstrated that these may be infiltrated with disease at an early stage of mammary carcinoma.

Page 41. The condition of exomphalos, complete or partial, is stated to possess a covering of peritoneum, whereas in fact the herniated viscera lie in the extra-embryonic coelom covered only by amnion and what remains of Wharton’s jelly.

Page 96, Fig. 95. The anal columns of Morgagni are erroneously designated the ‘rectal columns.’

Page 46. While the use of the numeral ‘2’ may be an ‘aide-memoire’ it is well to remember that a Meckel’s diverticulum is frequently more than 2 in. long.

Page 50. The midgut ends and the hindgut begins at the junction of the *left* (not the right) with the middle third of the transverse colon.

Page 52. Frequent observation confirms that the anastomosis between the superior haemorrhoidal and the lowest sigmoid artery is not always so poor as Sudeck would have us believe. Furthermore, we have found Fig. 47 unsatisfactory and confusing to many readers because both arrows obviously point in the wrong direction.

Page 118. Fig. 121 could be much improved, and the presence of ‘the strip of cartilage’ explained as nothing more than the temporary suture line between two separately ossifying parts of the temporal bone—petrous (in cartilage) and squamous (in membrane). In our experience it is inaccurate to state that ‘all traces of the cartilage uniting the two halves of the mandible have disappeared at birth.’

Page 119. Rudiments of the wisdom teeth are *not* usually present in either upper or lower jaw at birth.

Page 132. Fig. 136 could be made much more useful if it showed that the submaxillary ganglion is always found where the lingual nerve crosses the submaxillary duct.

Page 137. No mention is made of the important relation of the external laryngeal nerve to the lateral lobe of the thyroid gland.

Page 623. The statement that 'the perinaeal body does not play an important part in the support of the pelvic contents' requires revision. This very useful structure is the common point of insertion of perinaeal muscles, *including the pelvic diaphragm*, and as a 'point-d'appui' *does* play an indirect, though vital part, in the support of pelvic viscera.

Page 193. The description of the levator ani here given very much needs correlating with the account of the same muscle given on page 100.

Page 607. The statement that in spondylo-lithesis 'cure cannot be effected' now requires some modification.

Page 558. Recognition of second lumbar ganglion. The '2nd and 3rd ganglia' should obviously read '3rd and 4th.'

On page 162, line 14, and page 715, Fig. 721, minor misspellings need correction.

The black and white drawings of Dr. E. A. Thomas continue in increasing number to illustrate the letter-press, and though some may be of doubtful value and too diagrammatic, perhaps, to give the reader a true visual impression of the actual condition, most of them are helpful and are executed with discerning ingenuity and skill.

The above friendly criticisms are made in the hope that this valuable member of the 'Synopsis Series' may continue to flourish and even increase its well-deserved popularity in future editions.

J.K.

BRITISH ENCYCLOPAEDIA OF MEDICAL PRACTICE

Vols. 3 and 4

Edited by THE RT. HON. LORD HORDER, G.C.V.O., M.D., F.R.C.P. Vol. 3: Pp. xvi + 707, with 95 illustrations, and 15 coloured plates. Vol. 4: Pp. xvi + 746, with 131 illustrations. London: Butterworth and Co. 1930. £3 each volume.

There are many changes in the new edition of these two volumes. On turning over the pages one is struck at once by the fact that the illustrations are more numerous and that many more coloured plates of excellent quality have been included. The latter will be welcomed, especially those depicting diseases of the skin and eye.

More than half the total chapters have been recast by new contributors most of whom are already well known by their writing. But some of the chapters by younger newcomers are also of a high order of excellence. One might mention, particularly, the sections on Dyspareunia and Dysmenorrhoea by Mr. J. McClure Brown. The

reviewer notes with regret the absence of Dr. F. R. M. Walshe's lively pen from the present work, but hopes that it may appear once more in later volumes.

An important and much needed section on Cor Pulmonale by Dr. Paul Wood appears for the first time in Volume 3, which also includes new chapters on Bursitis and Coccidiomyces. The sections of Bronzing of the Skin, Cancer, Canities (which, incidentally, means greying of the hair) and Chordoma have been omitted from the present edition without great loss.

The only new subject included in Volume 4 is Dr. E. G. L. Bywaters' chapter on Crush Syndrome. Perhaps the author's modesty and reluctance to emphasize his own contributions to our knowledge on this important subject have resulted in an unnecessarily brief and contracted account. The chapters in the old edition on Cramp, Sudden Death, Drug Addiction and Care of the Dying have been omitted from the present work. No doubt some sacrifice must be made to allow room for new matter, but the omission of all these sections is regretted. Cramp is a common complaint and, although the subject of recent work in the United States, many doctors continue to be delightfully vague about its causes and treatment. Practitioners, called upon to perform the occasional coroner's autopsy, like to be reminded of the possible causes of sudden death in the difficult case. Drug addiction is probably included in the appropriate sections of psychological medicine, but the surprising confusion in the index of Volume 3, which has pages missing or reduplicated, made this point difficult to check.

Although care of the dying patient depends a great deal on the personality and skill of the doctor, little emphasis is placed upon it in medical training, while in hospital practice, at all events, it tends to be left to the nursing staff. It is our loss that Professor John Ryle is no longer with us to write a worthy section on this important subject.

OCCUPATIONAL FACTORS IN THE AETIOLOGY OF GASTRIC AND DUODENAL ULCERS

M.R.C. Special Report Series No. 276

By RICHARD DOLL, M.D., M.R.C.P., and F. AVERY JONES, M.D., F.R.C.P. Pp. 96. London: H.M.S.O. 1951. 2s. 6d.

This is a statistical enquiry into the occupational factors in the aetiology of gastric and duodenal ulcer. A population of over 6,000 individuals earning their livings in various ways has been studied. They were sub-divided into those with no dyspepsia, those with minor dyspepsia and those with major dyspepsia. The last group contained all with recognized ulcer, or with suspected ulcer, and after they had been interviewed by one of the authors, they were finally re-classified into proved peptic ulcer, presumptive ulcer, other dyspepsia and no dyspepsia. Radiological investigation was carried out when necessary to establish a diagnosis.

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