

These features are retained and even improved in the present edition, and are themselves sufficient to put it ahead of most of its contemporaries. The main problem in writing a book of applied physiology is to avoid making either a textbook of medicine on the one hand, or a textbook of 'pure' physiology with clinical 'footnotes' on the other. Most of Samson Wright's book overcomes this difficulty admirably but the next edition would be improved if a physician and a surgeon could be added to the others who have collaborated in its production. By such collaboration many inaccuracies in the clinical material could be avoided. Such inaccuracies are to be found in the section on triple rhythm (it is not only the 'fortunate observer' who can hear a third heart sound); in the statement that 'syringomyelia is a condition of excessive overgrowth of neuroglial tissue, accompanied by cavity formation . . .'; in the over-optimistic picture of pre-frontal leucotomy results; in the inclusion of Head's archaic classification of aphasia; the explanation of the Argyll Robertson pupil, etc.

These inaccuracies mislead the undergraduate and annoy the post-graduate. Despite them, however, 'Samson Wright' remains *the* textbook for the primary F.R.C.S. and for the M.R.C.P.

A.M.

MANUAL OF ELECTROCARDIOGRAPHY

By BENJAMIN F. SMITH, M.D. Pp. xii + 215, with 119 illustrations. London: Elsevier Press Inc. 1952. 32s.

This book was designed to provide a logical introduction to electrocardiography for the undergraduate student and does not set out to cover all aspects of the subject. Amidst the many competent introductory textbooks of electrocardiography now available this has the merits of conciseness and clarity and, throughout, the cardiographic phenomena are well correlated with the underlying physical and physiological principles. The inclusion of a chapter dealing with the practical technique of electrocardiographic recording will be particularly helpful to the practitioner who must be his own technician.

The book is illustrated throughout in terms of unipolar as well as bipolar leads, thus conforming to modern clinical practice. It is unfortunate that so many of the cardiograms shown are of poor definition or marred by artefacts, and that in the oesophageal tracings reproduced the electrode has not reached the ventricular level, the tracings being derived from the auricular and transitional zones only.

The final chapter is devoted to synopses of the clinical aspects of certain of the electrocardiographic abnormalities described. The reviewer cannot help feeling that this puts a dangerous temptation in the way of the student who favours 'cram' books, whilst to his more sensible colleague it will prove superfluous.

M.C.H.

PSYCHOLOGY, THE NURSE AND THE PATIENT

By DORIS M. ODLUM, M.A., B.A., M.R.C.S. L.R.C.P., D.P.M. Pp. 114. London: Nursing Mirror, Ltd. 1952. 7s. 6d.

It is a pity that too many of this book's pages are devoted to pure psychology. It is a relief to find, however, that in the later chapters the applied psychology of the subject of the nurse, the patient and the hospital is presented in a warm, understanding and understandable way. For the latter reason this book should be very valuable to the student nurse as it tends to give her an insight into the qualities which distinguish the good nurse from the bad or indifferent one, and to restore her sense of proportion as to her value in the face of the sometimes irksome routine of hospital life.

TEXTBOOK OF SURGICAL TREATMENT

Edited by C. F. W. ILLINGWORTH, C.B.E., M.D. Ch.M., F.R.C.S.E., F.R.F.P.S. 4th Edition. Pp. xii and 744, with 96 illustrations. Edinburgh: E. & S. Livingstone, Ltd. 1952. 45s.

When four editions of a book are called for in the brief space of nine years it must clearly fill a very real need. In the case of Illingworth's 'Textbook of Surgical Treatment,' it is the student approaching his final examination and the newly-qualified house surgeon who turn to this particular book and it provides them with a mass of information concisely and attractively presented.

Prof. Dick has recruited 21 fellow-surgeons to contribute chapters upon subjects in which they are recognized authorities. Although this makes the quality of the work less homogeneous, much skill has gone into the editing so that without the initials at the end of the chapters it would often be difficult to detect the multiple authorship.

It would be impossible to do justice in a brief review to a book which covers the greater part of surgical treatment, but the overall picture is one of sound advice and simple clear exposition. The chapter on burns recommends the application of cream containing 5 per cent. sulphanilamide, and this is used over a wide area, such as that shown in Fig. 9, there may be toxic reactions. Geoffrey Keynes is wrongly initialled on page 501. Some of the illustrations are excessively simplified after the current American style, e.g. Fig. 333 showing the transduodenal exposure of the common duct. But these are minor criticisms to level at a work which combines a high level of scholarship with wide clinical experience.

The book is beautifully produced in the typical Livingstone manner, with many excellent illustrations printed on fine quality paper. It remains, as in previous editions, remarkably compact and can be recommended without hesitation as one of the best practical guides to surgical treatment obtainable at present.

S.F.T.

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tected mice to a titre of 1 in 10, whereas the convalescent phase serum protected mice to a titre of 1 in 500. The virus was a typical B virus, and cross-immunized with Connecticut 5 serum.

(2) (b) *Complement fixation test.* This is the most convenient method, at present, for confirming the clinical diagnosis of Coxsackie virus infection, because it can be undertaken conveniently in a hospital laboratory without recourse to animal work if antigen is already provided. Five ml. clotted blood should be provided as soon as the disease is suspected, and again after an interval of about 10 days. A significant rise in titre, at least four-fold in extent, between acute-phase and convalescent-phase sera should be the minimal criteria of an immunological response on the part of the patient.

Kraft and Melnick (1952) have published recently a warning against misinterpreting the results of the complement-fixation test. They observed that apart from a rise in the homologous antibodies, there was frequently a significant rise in titre of heterologous antibodies, although only a single strain of the Coxsackie virus had been isolated. This could possibly be explained on the basis of an anamnestic reaction. It might, therefore, be expected that other infections could provoke this non-specific antibody response, leading to erroneous serological conclusions. No such non-specific response is observed when the neutralization test is performed and it gives a reliable index of homologous antibodies only.

Treatment

The Coxsackie viruses are resistant to penicillin, streptomycin, aureomycin, terramycin and chloramphenicol. This lack of response to antibiotics is a feature in common with most other viruses. The newer antibiotics are only effective against the large viruses of the lymphogranuloma-psittacosis group and the unknown agent of 'primary atypical pneumonia', whereas the Coxsackie viruses are probably of small size. In our present state of imperfect knowledge of the mode of action of antibiotics on viruses, the size of the virus is a rough index of its response to antibiotics.

Treatment is, therefore, symptomatic, for the pain of Bornholm disease. Fortunately it is self-limiting and lasts only 40-70 hours.

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CORRIGENDUM

"Textbook of Surgical Treatment," Edited by C. F. W. Illingworth.

The review of this book in November mentioned that "Professor Dick has recruited, etc." This should have been "Professor Illingworth, etc." We apologise.