presentation of representative examples of the common and less rare cutaneous disorders', so that the inclusion of Lupus Erythematosus Profunda and Angiokeratoma Corporis Diffusum, together with other rarities, is surprising.

This will be a useful reference book for those many Doctors who are occasionally faced with a dermatological problem and wish to be reminded of the appearance of an eruption which they have seen in the past, though the student will soon find that it is impossible to learn the characteristics of skin diseases from pictures alone.

Let us hope that in the next edition there will be a thorough pruning of the obscurities and enlargement of the remainder, when this will be a very useful book.

R.G.H.

BODY FLUIDS IN SURGERY

By A. W. WILKINSON, Ch.M., F.R.C.S.E. Pp. ix + 212. Edinburgh: E. & S. Livingstone Ltd. 1955. 16s.

This book is the latest recruit to a select group of monographs on fluid and electrolyte topics which has been published in recent years. As announced in the preface, it is an attempt to provide the average practising surgeon with the basic knowledge concerning the physiology and pathology of the body fluids, together with some hints as to the management of different clinical disturbances.

In a work of this type it is a pity, perhaps, that the author has so frequently referred to hypothetical explanations for various mechanisms rather than being content with stating the observed facts. Many physiologists, for example, would have cause to disagree with his interpretation of the thirst mechanism and its functional significance and perhaps, also, it is not in the ultimate interests of truth to perpetrate the simplified definition of acidosis as ' confined to the states in which the plasma bicarbonate or alkali reserve is diminished.'

The chapters on clinical disturbances are good and up to date and, with the exception of a figure in the table of therapeutic solutions, accurate. Many surgeons will find this book useful and it can be recommended to students.

B.J.H.

THE BRITISH JOURNAL OF TUBERCULOSIS AND DISEASES OF THE CHEST
Golden Jubilee

It is now exactly fifty years since this Journal commenced publication and the January number of 1956 is a special Golden Jubilee issue. This Journal maintains a very high standard and can be strongly recommended to all postgraduates who are interested in this great branch of medicine.

Originally primarily a Journal for tuberculosis only, it has gradually enlarged in scope with the rapid development of other branches of chest medicine and surgery. With the decrease in the incidence of pulmonary tuberculosis which is so well commented upon in the editorial it becomes apparent that, due to the successful efforts of those in charge of these patients, it may perhaps be wise at some future date to change the title of this Journal possibly by simply reversing it to the British Journal of Diseases of the Chest and Tuberculosis because surely in the very near future diseases of the chest as a whole are going to become more important than pulmonary tuberculosis.

The Editors, not only of today but also of the past fifty years, are to be congratulated on this fine Jubilee number and also on maintaining such a high standard over the years.

POLYCYTHEMIA

By JOHN H. LAWRENCE, M.D., D.Sc., F.A.C.P. Pp. viii + 136, with 38 illustrations. London: Grune and Stratton. 1955. $5.50.

Dr. J. H. Lawrence is the director of the Donner Laboratory at Berkeley, California, and is well known for his work on isotopes and on polycythemia. Many of his assistants also have made valuable contributions on the same topics.

This short text is No. 13 of a series of modern medical monographs. It is divided into 3 main parts. A distinction is made between polycythemia vera and relative and secondary types of polycythemia. The colour frontispiece is a good attempt, unfortunately not well reproduced, to show the difference between polycythemia and erythrocytosis (as many haematologists prefer to call this symptomatic state). The author and his associates have made clinical, physiological, metabolic and therapeutic studies on 231 patients with polycythemia vera. This is a very large series considering that polycythemia is even rarer than leukaemia. In 7% of cases there was a family history of blood dyscrasias. The size of the spleen varies greatly in different cases, but there is a definite direct relationship between size of spleen and number of white cells in the blood. This confirms the findings not usually appreciated, that polycythemia is a panmyelopathy involving leucopoiesis and megakaryocytopoiesis as well as erythropoiesis in hyperplasia. The abnormal iron metabolism in polycythemia is related to increased red cell production, a shortened life of red cells and extramedullary haemopoiesis. Treated with radioactive isotopes, particularly P^{32}, haematological remission was achieved in 94% of cases, but 23 patients died, of these 16 with leukaemia.

Dr. Lawrence also gives a short account of his experiences in the study of polycythemia at high altitudes carried out in Peru, at an altitude of 16,000 feet. There the blood showed haemoconcentration, but no splenomegaly, leucocytosis or thrombocythemia. Throughout the text representative case histories are given and there is another batch in an appendix, sometimes made in the form of a graph. The list of over 200 references includes classical and newer papers on polycythemia. It has a catholic range, but is neither arranged by alphabet or by publication date or subject.

E.N.