

Reviews

VARRIER-JONES'S PAPERS

Papers of a Pioneer—Sir Pendrill Varrier-Jones. Collected by Peter Fraser. Preface by Lord Horder. Introduction by Sir Humphry Rolleston. (Pp. 107. 6s.) London: Hutchinson and Co. Ltd.

Varrier-Jones's busy and active life left him little leisure for writing books. In collaboration with Sir German Sims Woodhead he published in 1920 *Industrial Colonies and Village Settlements for the Consumptive* and in 1925 *Papworth: Administrative and Economic Problems in Tuberculosis*. These slender volumes only chronicle the early days of his great experiment and the principles upon which it was based. It was his intention, we know, to write the full story in the days of leisure to which, like many other workers, he looked forward. Fate willed otherwise, but the loss has not proved irreparable. Scattered through medical journals, monthly reviews, and periodicals both British and foreign are to be found eighty-three lectures, addresses, and papers written by Varrier-Jones and dealing with many aspects of tuberculosis. It has been a labour of love to Mr. Peter Fraser, Sir Pendrill's literary executor, to collate these papers and in five chapters to weave the substance of them into a connected narrative which gives the teaching of Varrier-Jones in his own words.

Passing from a review of the tuberculosis problem, the elusive character of the early case is next described. Here there is a pithy comment on x-ray diagnosis worth quoting in view of the present-day boom in mass radiography.

"When we take an x-ray film we are filled with wonder at the complications of nodes and shadows, not sufficiently realizing that what we are gazing at is the picture of past battles, filled-in trenches, exploded mine-craters and the like. What we imagine we see, but do not, is the advancing army of disease."

A chapter on late diagnosis follows, and this contains warnings against repetition of the disastrous and costly experiment of training colonies, which was tried after the last war, and the myth of "a light job in the open air" for the consumptive. Chapter IV is entitled "Summing up the Situation," and begins: "The medical profession does not fully appreciate that there can be no other criterion of a patient's 'cure' or of the arrest of his disease than that of earning capacity, more or less permanent." This leads up to the final chapter, which gives an account of "The Great Endeavour: Papworth." Here it is shown how Varrier-Jones succeeded by employing every possible agency—medical, environmental, social, and industrial—to ameliorate the lot of the consumptive and, above all, in the words of Sir Clifford Allbutt, "to give him hope." In the Appendix the first Varrier-Jones Memorial Lecture, by Wing Cmdr. Trail, is reprinted.

This little book forms a worthy tribute to the memory of Pendrill Varrier-Jones. It will interest all those who are concerned with anti-tuberculosis work. As Lord Horder observes in his eloquent preface, "We owe Mr. Peter Fraser a great debt of gratitude."

A. S. MACN.

GENERAL THERAPEUTICS

The 1942 Year Book of General Therapeutics. Edited by Oscar W. Bethea, Ph.M., M.D., F.A.C.P. (Pp. 512. 19s.) Chicago: The Year Book Publishers; London: H. K. Lewis and Co.

This yearbook continues its useful career. Naturally considerable space is devoted to the sulphonamide group, and sulphathiazole is recommended for infective mononucleosis, though care must be taken to avoid leucopenia of the neutrophils, by repeated blood counts. Properly used it shortens the duration of the disease remarkably. Sulphadiazine combined with hyperthermy induced by T.A.B. vaccine has been recommended as the best treatment for bacterial endocarditis, but the editor adds a pointed footnote to the effect that in this disease so many clinicians have observed one cure and no more! The uses of vitamin K, either as such or a synthetic equivalent, are discussed, and stress is laid on its usefulness as a preventive of neonatal haemorrhage if given to the mother for two weeks preceding delivery. As an anticoagulant, on the other hand, dicoumarin is recommended where heparin is thought to be risky. It is interesting to know

that after removal of 500 c.cm. of blood it requires 49.6 days before the haemoglobin of the donor returns to its previous level—a fact which should be borne in mind in these days of urgent demand for blood donors. A word of caution is uttered against the too rapid warming of a burned patient, for this may lead to such peripheral vasodilatation as to induce collapse. The advantages of interrupted over continued stilboestrol therapy are expounded and explained. The value of injecting pitressin tannate in oil for diabetes insipidus is becoming generally recognized, but it is often not realized that its effect is cumulative, so that the dose should be gradually diminished from the initial one of 1 c.cm.; no mention, however, is made of the fact that this is really a fine suspension and not a solution, so that in order to obtain consistent results the mixture should be well shaken before filling the syringe. Picrotoxin is extolled as an antidote to barbiturate poisoning. These are but a few of the helpful suggestions on treatment contained in this useful annual.

WHOLESOME WATER

The Examination of Waters and Water Supplies (Thresh, Beale and Suckling). By Ernest Victor Suckling, M.B., B.S., D.P.H. Fifth edition. (Pp. 849; illustrated. £3.) London: J. and A. Churchill. 1943.

The growing demand for water to meet the requirements of housing and industry, the increasing resort to rivers when underground sources fail, the occurrence in our midst of outbreaks of water-borne disease—all these at the present day signalize the importance of exercising every known precaution with a view to maintaining the highest possible grade of purity in our water supplies. To this end the timely production by Dr. E. V. Suckling of the fifth edition of an admired work on water chemistry and bacteriology will be cordially appreciated by all who share in the responsible task of turning out a wholesome water for the public use.

The eight parts of the book cover geological sources, waterworks inspections, uses of waters, examination results, analytical processes, analyses in relation to geological origins with 790 examples, bacteriology, and purification. *B. coli*, it is stated, far outweighs in importance any other organism figuring in water bacteriology. It should never be ignored, and public supplies, in respect of it, should be above suspicion. An interesting chapter advances reasons for the well-known difficulty of recovering such organisms as *B. typhosus* from waters whose infective power is beyond question. Notice is taken of the paratyphoid fever outbreak at Epping in 1931, the bacteria of which found their way into Cobbins Brook. The water-borne typhoid fever at Croydon in 1937 is the subject of a careful discussion, which ends with the caution that the manner in which the infective bacteria passed from the carrier to the well remains "a matter of conjecture." The book concludes with an account of the management of swimming-bath waters.

These few references can convey only a faint impression of the wide range and detailed precision of this valuable book. It appeals to the mind as fully informative upon the subject with which it deals, and in this and other respects sustains the high standard of merit set by earlier editions.

FRACTURES AND DISLOCATIONS

Fractures and Dislocations. By Various Authors. Edited by Sir Humphry Rolleston, M.D., F.R.C.P., and Alan Moncrieff, M.D., F.R.C.P. "The Practitioner" Booklets. (Pp. 104. 7s. 6d.) Eyre and Spottiswoode.

This small book consists of eight papers on fractures and dislocations, introduced by a short editorial preface in which we are told that all the papers have appeared in the *Practitioner* since 1933, six of them in a symposium on the subject published in June, 1940. Revision, however, has been radical and there are new illustrations. There is a detailed index, and the whole forms a valuable little book of convenient size. Our chief criticism is that the rather specialized outlook of some of the contributors has in some cases tended to give rise to statements with which many surgeons and practitioners will not only not agree but be at complete variance. To take an example: few general surgeons, probably few urologists even, would subscribe to the statement (p. 10) that if a catheter cannot be passed in a case of rupture of the urethra complicating a fractured pelvis, drainage of the bladder must be secured through a perineal opening. Geoffrey Jefferson's article on the treatment of spinal injuries is excellent, but we cannot