

## Reviews

### PRIMARY CARCINOMA OF THE LUNG

*Del Carcinoma Primitivo Broncopulmonar.* By Niceto S. Loizaga. (Pp. 219; 20 illustrations. No price given.) Buenos Aires: Libreria "El Ateneo." 1938.

Professor Loizaga's monograph on primary carcinoma of the lungs and bronchi is based on a study of forty-six cases seen at the Francisco Javier Muñiz Hospital, Buenos Aires, during the last ten years. Of these forty-six cases, twenty-eight are summarized and the findings at necropsy are given in twenty-one. Emphasis is laid on the diagnostic value of examination of the sputum for malignant cells, while routine bronchography and bronchoscopy do not seem to be used as often as in this country.

After a historical survey of the subject the author discusses, in a most interesting and valuable chapter, the question of frequency, and notes that in Buenos Aires at the beginning of this century a diagnosis of pulmonary neoplasm was seldom made, whereas now between four and six cases are seen annually at his own hospital alone. This apparent increase might be due to more accurate diagnosis or to a real increase in the frequency of the condition. Another possibility considered is the fact that in Buenos Aires the potential cancer population is to-day considerably larger than it was forty years ago, this being due to immigration of large numbers of adults, and also to a steadily falling general mortality rate associated with a high birth rate. However, after examining statistically his own and other authors' figures, Professor Loizaga concludes that there has been a genuine increase in the frequency of broncho-pulmonary carcinoma during the last two decades. The disease is most common between the ages of 41 and 50, occurs much more frequently in men than in women, and affects the right lung more often than the left. Apart from these factors and the well-known one of chronic irritation, the aetiology remains obscure.

The anatomical classification used is the generally accepted one—namely, endobronchial (polypoid, ulcerating, annular), diffuse, hilar, mediastinal, pleural, circumscribed nodular, multinodular, lobar, massive, cavitating, and granular or miliary. These various types are clearly illustrated by diagrams and by excellent photographs of pathological specimens. The x-ray reproductions are disappointing, except for No. 17, showing involvement of the middle lobe. The photomicrographs showing histological detail are admirable, but few would agree with the unusually complicated histological classification. The modes of spread are discussed in full and illustrated by reproductions of Rouvière's well-known diagrams of the lymphatic drainage of the lungs. A full bibliography is given; unfortunately, however, no dates are given against some of the references, and others are misspelt. The production is excellent.

### SPINAL ANAESTHESIA

*Spinal Anesthesia.* By Louis H. Maxson, A.B., M.D. Foreword by W. Wayne Babcock, M.D., LL.D., F.A.C.S. (Pp. 409; 69 figures. Frontispiece. 30s. net.) London: J. B. Lippincott. 1939.

In 1885 Corning of New York accidentally produced spinal anaesthesia in a dog by means of cocaine. The story of spinal anaesthesia since that time has been one of varying fortunes. The enthusiasm of early workers led them to use it for unsuitable cases, and their lack of

knowledge regarding the correct technique often produced undesirable results. The past ten years, however, have seen spinal anaesthesia firmly established in the surgical world, and it is therefore an opportune moment for the appearance of a sound and up-to-date textbook on the subject. Dr. Maxson has produced such a volume. The whole field of spinal anaesthesia from its early history to its use as a therapeutic agent has been covered in a workmanlike manner. The chapter on technique may be mentioned as an example of the author's thoroughness. Here are described in detail the techniques devised by more than twenty different anaesthetists who have added their experience to our knowledge of the subject.

Although he has had considerable experience of spinal anaesthesia, Dr. Maxson has kept his sense of proportion, and does not hesitate to expose the limitations of this method. Throughout the book he has placed illustrative quotations from other enthusiasts in the art, and if their views are at variance with his own he gives the reason for this difference of opinion. Only a few points call for criticism, and they are comparatively minor ones. No mention is made of the heavy percaine solution (percaine 1:200, glucose 6 per cent.), but perhaps this has not been on the market long enough to have had extensive trial in America. Nor is there mention of the use of ephedrine when given intravenously to combat the fall in blood pressure. The distinction between the lowered blood pressure in spinal anaesthesia and that which occurs in shock is not emphasized as much as it might have been, and, when discussing the headache which sometimes follows, the author omits to mention that it may also follow lumbar puncture for diagnostic purposes. Percaine is described as a rather slow-acting anaesthetic. It is true that it is slower in action than the cocaine group of drugs, but it has not been the general experience of anaesthetists in this country that one may have to wait fifteen to thirty minutes before anaesthesia is established. It is interesting to note that the author is a warm advocate of mouth-to-mouth breathing as a form of artificial respiration. The foregoing criticisms in no way detract from the value of the book, which should be of real use as a textbook to the novice and as a work of reference to the expert.

### SOCIAL ASPECTS OF TUBERCULOSIS

*Tuberculose et Médecine Sociale.* By Étienne Bernard. Preface by Professor F. Bezançon. (Pp. 160; 4 figures. 36 fr.) Paris: Masson et Cie. 1938.

So much of what is written on social aspects of tuberculosis tends to mere repetition of what has been said many times before that a reviewer is apt to pick up a new book on the subject with a resigned sigh. The monograph by Dr. Bernard, however, proved first a pleasant surprise and then quite engrossing, not so much because he has anything startlingly new to bring forward, but because he makes out his case with such vigour and conviction and such graphic histories of patients that the whole subject assumes new interest and importance. Although Dr. Bernard is concerned chiefly with conditions in France, a country with a tuberculosis mortality much higher and public health administration less developed than England, many of his conclusions hold good for this country.

Dr. Bernard discusses the tuberculosis mortality in France, and compares it with that in other countries. He stresses the importance of ignorance, lack of general hygiene (particularly in rural districts), slums, and under-nutrition. He devotes a chapter to dangers run in schools and institutions that care for children as the result of