

has its disadvantages, notably the incidence of corneal abrasions occasionally followed by ulceration owing to bad fitting, clumsy insertion and removal, and an inadequate circulation of tears beneath it; but it has great advantages in ease of manufacture, of insertion, and of wearing. There are, however, many problems still to be solved. Perhaps the most important is the inadequacy of the data at present obtainable on the profile of the cornea on which the shape of the lens must depend. At present reliance is usually placed on the ophthalmometer, which provides measurements only of the central portion of the cornea, but the development of the photo-electronic keratoscope, which measures the central 10 mm. of the cornea, and the transference of the profile data thus obtained might transform the construction of such lenses from an art only achieved to-day by the skilled craftsman into a more exact science. Moreover, until ophthalmologists acquire a much wider understanding and experience of the problems of manufacture and fitting, the authors contend that the safety of an ever-growing public will remain in jeopardy.

STEWART DUKE-ELDER.

### CHEMISTRY OF BRAIN AND NERVE

*Neurochemistry. The Chemistry of Brain and Nerve.* Edited by K. A. C. Elliott, Irvine H. Page, and J. H. Quastel. Second edition. (Pp. 1,035+xiii; \$29.) Springfield, Illinois: Charles C. Thomas. 1962.

The second edition of *Neurochemistry* follows the first edition after a period of seven years, and illustrates the rapid progress of the subject during this period. The editors have made every effort to present what is in essence a well-integrated new book, and not just a reprint of the old chapters with addenda to cover the last few years.

Some authors have been persuaded to bring their chapters up to date—for example, Rossiter the section on lipids, Kety that on blood flow and metabolism of the brain, Sperry that on early development, Hydén that on nucleic acids and proteins in single cells, Sir Rudolph Peters that on the role of thiamine in cerebral metabolism. Other authors have elected to enrol the help of a collaborator in order to cope with the growth of their topic, which is illustrated by the fact that in many chapters the number of references has more than doubled. Some old topics have been reviewed by new authors: Shanes has written on electrolytes and nerve function, substituting for Keynes and Lewis; an article by Hebb and Krnjević replaces that by Burgen and McIntosh on acetylcholine. As in the first edition, Nachmansohn has exposed his dissenting views in a separate chapter.

Many chapters are entirely new—for example, Geiger on metabolism and function, Larrabee and Klingman on sympathetic ganglia, McIlwain on electrical stimulation of brain slices, Greville on the intricacies of carbohydrate metabolism, Richter on the turnover of proteins, Page and McIsaac on 5-hydroxytryptamine, Roberts on  $\gamma$ -amino-butyric acid. Neuropharmacology has been accorded less space, since its growth has been such as to require treatment in separate books.

The publishers have achieved the remarkable feat of bringing in this wealth of new material at the expense of a mere 15% increase in the number of pages; they have chosen a slightly smaller but very readable type, and used a more economical lay-out for the chemical formulae. They have been helped in their task by those

authors who have omitted from their chapters most of the material published in the old edition and restricted themselves to recent advances. This book should be most useful to anybody interested in the present state of neurochemistry.

MARTHE VOGT.

### ANAESTHETIZED PATIENTS

*Nursing Care of the Anaesthetized Patient.* By Frank Wilson, M.B., B.S., F.F.A.R.C.S., D.A., D.C.H. Foreword by William W. Mushin. (Pp. 72+xiv; illustrated. 10s. 6d.) Oxford: Blackwell Scientific Publications Ltd. 1962.

It is a pleasure to read this small book, because it is clear, concise, and full of practical information as valuable to the theatre orderly, medical student, and anaesthetist as to the student nurse for whom it is designed. Its aim is to provide practical information about positioning the patient correctly on the operating table and avoiding dangers such as nerve palsies, diathermy burns, thrombosis, and respiratory obstruction, which may complicate even minor surgical operations. A large part of the book is concerned with this, and is well illustrated by photographs. Care after operation is mainly concerned with the airway and simple methods of avoiding respiratory obstruction and the inhalation of foreign material. Wide knowledge has been condensed into this book and conveyed to the reader in simple language that helps towards a clearer understanding of the problems.

In a book such as this it is surprising that the use of the arm board in the Trendelenburg position is not condemned. Furthermore, it is doubtful whether the word "shock" when used to denote a severe fall of blood-pressure conveys the right information to the reader.

These minor criticisms do not detract from the value of this book and I have no hesitation in recommending it to all personnel who undertake the care of unconscious patients. It is clearly written, well illustrated by photographs, and produced at a price within the reach of all.

G. E. HALE ENDERBY.

### PHYSICAL TREATMENT IN PSYCHIATRY

*An Introduction to Physical Methods of Treatment in Psychiatry.* By William Sargant, M.A., M.B.(Cantab.), F.R.C.P., and Eliot Slater, M.A., M.D.(Cantab.), F.R.C.P., assisted by Peter Dally, M.B.(London), M.R.C.P. Fourth edition. (Pp. 346+xv. 30s.) Edinburgh and London: E. and S. Livingstone Ltd. 1963.

The new edition of this popular book, which reflects so well the empirical approach in British psychiatry, can be sure of a warm welcome from clinical psychiatrists of all ranks. Denis Hill has retained the chapter on epilepsy, John Pollitt has taken over the section on diet, vitamins, and endocrines, and Peter Dally has assisted the authors generally.

In their evaluation of treatments they have been guided mainly by clinical observations. They refuse to accept indiscriminately the judgment of double-blind techniques. There is a good deal in their criticism of many therapeutic experiments that "have been made with mixed bags of patients, or have been continued over only a few weeks, or have been based solely on records made by relatively unskilled personnel." The authors are aware of the limitations of clinical observation as a basis for the evaluation of a therapy, but they believe that the discriminating observer "has the possibility of insights which are beyond the reach of experimental design." The authors' attitude has remained