

## Reviews

### OUT-PATIENT SURGERY

*Surgery of the Ambulatory Patient.* By L. Kraer Ferguson, M.D., F.A.C.S. With a section on Fractures by Louis Kaplin, M.D., F.A.C.S. (Pp. 923; illustrated. 63s.) Philadelphia, Montreal, London: J. B. Lippincott Company.

Under the rather unusual title *Surgery of the Ambulatory Patient* Dr. L. K. Ferguson of Philadelphia has written a comprehensive book of over 900 pages upon minor surgery. The scope of out-patient or minor surgery is always difficult to define, but the author's assurance that all the procedures mentioned have actually been carried out on ambulatory patients shows that the limits of such work have been respected.

It is pleasing to note that on the whole the treatments adopted are very like those in common use in this country, but the chapter which deals with the bites of poisonous snakes, the black-widow spider, scorpions, and ticks makes strange, if interesting, reading here. The field of minor surgery appears to have been well covered and there are accounts of many of the rarer and newly recognized conditions. Thus the curious "burrowing ulcers" described by Meleney receive notice; zinc peroxide, as originally advised, is successfully used in their treatment, as also of progressive gangrene of the skin (a condition, here called "progressive bacterial synergistic gangrene," which can hardly lend itself to out-patient treatment) after the wound has been excised surgically. Erysiploid, due to the swine-fever organism and a commoner infection than is usually recognized, receives proper attention.

There is a useful chapter on foreign bodies and their removal, although we were surprised to find no mention of the peculiar injuries produced by the points of indelible pencils, since these are said to be more frequent in the United States than elsewhere. Two conditions which are notoriously difficult to eradicate—i.e., thyroglossal and pilonidal sinuses—receive special notice. Suitable radical operations are described, and in both instances the use of sclerosing solutions is stated to be well worth a trial. A very considerable section of four chapters on fractures is written by Dr. L. Kaplin, and here all fractures which are at all suitable for ambulatory treatment are adequately dealt with.

In testing the general comprehensiveness of the volume we looked up the subject of the suture of divided tendons, especially on account of the doubts which have recently been expressed as to the value of this procedure, anyhow in the case of tendons enclosed in sheaths. We were disappointed to find only the briefest of references to a subject which surely comes under the heading of ambulatory surgery. Division of tendons is common and often leads to great disability, so that its consideration should be granted much more space in any further editions. The general tone of the book is, however, extremely practical, and to this end there are over 600 useful illustrations; it is easy to read, well produced, and can be recommended with confidence.

### BIOCHEMISTRY OF ACUTE ALCOHOLISM

*Acute Alcoholic Intoxication: A Critical Review.* By Henry W. Newman, M.D. (Pp. 207. \$2.50 or 15s. 6d.) California: Stanford University Press; London: Oxford University Press.

The title of this monograph does not sufficiently stress the fact that it is a critical review of the biochemistry of acute alcoholic intoxication, and is indeed of the utmost practical and scientific value. A large proportion of the research on alcoholic intoxication during the past decade has been inspired by the increasing importance of the diagnosis owing to the widespread use of the automobile and the danger to society of both the intoxicated driver and the intoxicated pedestrian. Newman summarizes knowledge of the absorption and excretion of alcohol and shows that only about 10% is excreted in the breath and urine, and this fraction cannot be increased to any significant extent by therapeutic measures. The remainder of the alcohol undergoes combustion to carbon dioxide and water, the initial steps of this process taking place in the liver. A 70 kg. man cannot metabolize much more than a pint of 90-proof whisky in the 24 hours, and, though this quantity may be exceeded temporarily, it cannot be continued without interruption for any period without a lethal outcome; the fact that death does

not more often occur from acute alcoholism alone is explained by the protective actions of coma and emesis. This amount of alcohol yields approximately 1,200 calories, which is a considerable proportion of the basal metabolic requirements. We cannot expect any therapeutic measure aimed at the removal of the alcohol by combustion to do more than double this, or more calories will be produced than the body can use, leading to an increase in total heat production. Combustion may be speeded up to some extent by fever, by increased protein metabolism, and by insulin. Although alcohol is a pharmacological antidote to strychnine and benzedrine, these drugs are of little use in treating acute alcoholism. Analeptics such as leptazol are of more value, while glucose, with or without insulin, increases the resistance of the nervous system to the lethal action of alcohol. Carbon dioxide is helpful for the respiratory depression.

The chemical diagnosis of alcoholism may be based on analysis of the breath, saliva, urine, cerebrospinal fluid, blood, or plasma. The last is probably the most reliable. In a complete review of this difficult and controversial subject, Newman points out that the effect of the same concentration of alcohol in the blood varies in different individuals. In one very well controlled study "the percentage intoxicated at each level of blood alcohol was enumerated as follows: 5-75 mg.% blood alcohol, 10.5% intoxicated; 75-125 mg., 18.5%; 125-175 mg., 47%; 175-225 mg., 83.6%; 225-275 mg., 90%; 275-325 mg., 95.1%; 325-375 mg., 96%; 375-425 mg., 98.3%; and over 425 mg., 100%. It can be seen quite readily that although the general correlation is definite, a great deal of individual variation in tolerance must exist to account for those individuals called drunk at low blood alcohol levels as well as those designated sober at very high levels." In addition, the reduction of driving ability below that of a reasonably cautious and prudent person depends not only on the amount of alcohol taken and in circulation and whether the concentration is rising or falling, but also on the previous degree of practice and skill. Hence, unless we decide to punish people for drinking alcohol at all if they are in charge of a car, we should probably regard a chemical analysis as only one item in the evidence, and in this connexion Newman stresses the importance of early examination by a physician, who may at the same time, if necessary, take a sample for analysis.

### A CHALLENGE TO OBSTETRICIANS

*Revelation of Childbirth. The Principles and Practice of Natural Childbirth.* By Grantly Dick Read, M.A., M.D. (Pp. 262. 21s.) London: William Heinemann (Medical Books), Ltd. 1942.

This book accuses the medical profession in general and the consulting obstetrician in particular of gross mismanagement of all cases of normal pregnancy and labour. The early chapters are concerned with the anatomy of the uterus, pain-producing factors, and appreciation of pain. Next, the fear of childbirth is discussed together with its effect upon the neuromuscular mechanism of the genital canal. It is this effect which, according to Dr. Read, is responsible for the pain experienced during labour. He holds that labour should be painless, except perhaps during the final contractions of the first stage. These chapters do not make easy reading, and the simile between childbirth and defaecation is not convincing. The abuse of anaesthetics and analgesics in labour is then discussed, in which chapter there is much needless repetition. In fact, there is much redundancy throughout.

The most interesting part of the book describes the author's education of the pregnant woman, his treatment of her, both ante-natally and during labour. Here again he disagrees with orthodox teaching, for he believes that, in the early weeks of pregnancy, it is the retroverted rather than the anteverted uterus which will cause frequency of micturition. The chapter on relaxation would have been more appreciated before that on the conduct of labour rather than after it.

The end comes with an appendix consisting of a series of letters from patients reminiscent of advertisements for patent medicines. Yet, in spite of all this, no one can doubt Dr. Read's sincerity, and the book contains a message to all those who work in the field of midwifery—namely, that the physical condition is considered at the expense of the psychological and that neglect of the latter frequently converts what would have been a normal physiological function into a pathological process.