

Roman Catholic. This means that Dr. Macaulay regards marriage as a permanent relationship possessed of spiritual significance as well as social validity. The only exception that the Roman Catholic reader could take to the book is the author's advocacy of artificial contraceptive methods.

Although we are well aware of the heavy costs of book production obtaining nowadays, we cannot but help feel that 7s. 6d. is a high price to have to pay for such a short book so indifferently produced (our review copy, for example, was bound up all wrongly).

E. B. STRAUSS.

ANAESTHESIA

Principles and Practice of Anesthesiology. By Vincent J. Collins, M.D. (Pp. 528; 99 illustrations. £3 15s.) London: Henry Kimpton. 1952.

Twenty years ago the resident anaesthetist learnt his subject from a chapter squeezed into a textbook of surgery; but now the specialty of anaesthesia has divided internally into several subsidiary ones, and it is doubtful if a single author can describe them all adequately and authoritatively. This is the predominant fault of Dr. Collins's book. He sets out to describe the physics, physiology, and practice of analgesia and anaesthesia, and none of the three is given the comprehensive account it deserves. His description of the signs and administration of general anaesthesia is sound, but thoracic anaesthesia, physics, physiology, spinal analgesia, and various local techniques have already earned separate monographs.

British readers will notice several shortcomings: the doses of curare and neostigmine advised are far too low, and no mention at all is made of xylocaine, trichlorethylene, or the methonium compounds. The section on spinal analgesia contains much outdated advice, and dangerously lacks emphasis on the importance of oxygen with high spinal analgesia. Dr. Collins writes of the "mythical" negative pressure in the epidural space, but this is real enough and can be measured. The section on dental anaesthesia is too brief, and contains the odd statement that music chosen by the patient allows nitrous-oxide anaesthesia to be established and maintained with 25% oxygen.

GORDON OSTLER.

PATHOLOGY OF THE EYE

Clinical Pathology of the Eye: A Practical Treatise of Histopathology. By Bernard Samuels, M.D., and Adalbert Fuchs, M.D. (Pp. 420; 418 illustrations, 191 in full colour. £7 7s.) London: Cassell and Co. 1952.

Ophthalmology is probably the most exact of all clinical subjects, but its pathological basis is distinctly slender. Patients do not die of eye disease, and the removal of an eye at an ordinary post-mortem examination presents difficulties of its own, so that histological studies are largely limited to such affections as lead to the loss of an eye. The histology of severe inflammations, injuries, and tumours of the eye has been well worked out, but for most eye diseases the material is scanty. It is mainly for this reason that no adequate textbook on ocular pathology is available. There are many excellent treatises emphasizing one or other aspect, frequently to the exclusion of important material in other fields, but a comprehensive review has still to come.

This book is the work of two clinicians who have contributed extensively to ocular pathology. Dr. Fuchs's *Atlas of the Histopathology of the Eye* has been of great help to many generations of students, and the appearance of many of his illustrations in the present volume is welcome. Their technical excellence now enriches a text as sumptuously produced as the illustrations themselves. The chapters on those aspects of pathology which are well established are adequate. A gratifying innovation is the chapter on post-operative pathological findings, even if inevitably there is more information on surgical complications than on the normal process

of healing. The suggestion that eye banks should pass on to pathologists successfully operated eyes that have come to excision is a *cri du cœur* on the scantiness of material in other fields no less than in surgery. The chapter on the retina approaches most closely the scope the authors have put on their work: ophthalmoscopic findings rather than specific conditions are interpreted in terms of histological changes. On the whole the text, even if unnecessarily vague on some aspects and rather dogmatic on others, represents orthodox teaching on the histopathology of the eye.

ARNOLD SORSBY.

CEREBRAL ANGIOGRAPHY

The Normal Cerebral Angiogram. By Arthur Ecker, M.D., Ph.D. (Pp. 190; 139 illustrations. 47s.) Springfield, Illinois: Charles C. Thomas. Oxford: Blackwell Scientific Publications. 1952.

The first one-third of this book is given over to a detailed account of the author's technique, including percutaneous puncture of the carotid and vertebral arteries, and the x-ray projections which he favours. One suspects that many more films are taken than is the usual practice in Britain. A chapter is given to the complications of angiography, an aspect of the subject which tends to be ignored in many books. The author pays particular attention to the dangers of respiratory embarrassment, leading to cerebral anoxia, during and after angiography. This can be a serious complication, particularly in patients drowsy from premedication or from the nature of the intracranial lesion, and one which attracts too little attention. The author takes the special precaution of providing the patient with the undivided attention of a nurse for an hour after the procedure.

The rest of the book is devoted to a description of the normal anatomy of the intracranial blood vessels, profusely illustrated by angiograms. For the most part the reproductions are clear, but some might well have been omitted, because the vessels cannot be clearly discerned. To one (Fig. 82) the incorrect caption has been applied. It is unfortunate and somewhat irritating that, where the anatomy of a vessel is being described, references are not given in the text to suitable illustrations, although an index of vessels is provided.

Although this book sets out to describe normal angiograms, the temptation is too great to avoid including some abnormal ones. This for the reviewer indicates the doubtful value of a book devoted to the normal; its value would have been much enhanced if normal and abnormal positions of vessels could have been contrasted, in order to emphasize the relative importance of individual vessels. A large experience of normal angiograms is necessary in order to interpret correctly the supposed abnormal, and in a study of the normal there is a risk of placing too much emphasis on the smaller vessels and of forgetting the wide variations in position to which they are subject. For this reason caution must be used in the diagnosis of tentorial and cerebellar herniation by angiography. The author provides an interesting and stimulating chapter on the relations of blood vessels at the tentorial hiatus and at the foramen magnum. But it is questionable whether any one of the vessels at these levels runs a course sufficiently constant to constitute a norm from which displacements might be measured. Nevertheless, it is proper that attention be drawn to vessels which may be displaced by internal herniations, for such study may help to illuminate the mechanism by which these herniations bring about changes in the clinical picture. The author's statement that "it has become our practice to perform cerebral angiography in brain tumour suspects before performing lumbar puncture or pneumoventriculography" implies great confidence in the ability to diagnose internal herniation by angiography. In the present state of experience this seems a dangerous doctrine; the diagnosis of herniation can be more safely based on sound clinical judgment. Although well produced, the price in this country is wellnigh prohibitive for a book of 190 pages.

D. W. C. NORTHFIELD.