

## Boekbesprekinge/Book Reviews

### Die hart

**Jou Hart en Lewe.** Deur A. J. Brink. Bl. 248. Geïllustreer. R16,95. Pretoria: Femina. 1982.

Ons benodig al baie lank 'n gesaghebbende boek vir die algemene publiek in Suid-Afrika oor ons mees onrusbarende epidemie, nl. koronêre hartsiektes. Professor A. J. Brink, Voorsitter van die SA Mediese Navorsingsraad, het nou hierdie leemte op 'n bewonderenswaardige wyse deur sy boek *Jou Hart en Lewe* oorbrug. Daar is feitlik geen aspek van hierdie onderwerp wat hy nie bespreek nie, en dan in soveel diepte dat enige intelligente pasiënt alles omtrent sy harttoestand kan leer. Hy begin deur die belangrikheid van die onderwerp te benadruk en beskryf dan in detail die resusitasiepoging wat deur die leek aangewend moet word in die geval van 'n hartaanval. Hierdie hoofstuk is besonder goed geskryf, en baie lewens kan deur 'n studie hiervan gered word.

Professor Brink beskryf dan in maklik verstaanbare taal die anatomie en fisiologie van die kardiovaskulêre sisteem en verduidelik wat in isgemiese hartsiektes gebeur met verwysing na die patologiese veranderinge, die simptome en die diagnose. Hy beskryf al die metodes van ondersoek en spesifiseer die behandeling. Hierdie hoofstuk is geheel en al op hoogte van die tyd en sluit beskrywings van koronêre angiografie, omleidingsoperasies, koronêre angioplastie en pasaangeërs in. Hy beskryf ook die besonderhede van intensiewe koronêre sorg.

Die volgende belangrike hoofstuk handel oor die pasiënte wat van 'n miokardiale infarksie herstel en beklemtoon nie net die fisiese nie, maar ook die psigologiese gevolge. Vervolgens kom die kwessie van voorkomende maatreëls aan die beurt, en die outeur bespreek risikofaktore in aansienlike detail, waarna hy die boek afsluit met 'n lys van dienste wat in tyd van nood in die verskillende provinsies beskikbaar is, asook bronne van inligting insluitend die Hartstiging van Suider-Afrika en die MNR. Hy noem ook die Medic Alert Stigting en voorsien lesers van 'n woordelys van mediese terme asook 'n bronnelys.

Hierdie is 'n boek wat sterk aanbeveel word by enige pasiënt. Dit is verkrygbaar in Afrikaans sowel as Engels, word deur Femina, Posbus 1151, Pretoria, 0001, uitgegee, en kos R16,95.

### Bone in clinical orthopaedics

**Bone in Clinical Orthopaedics: A Study in Comparative Osteology.** Ed. by G. Sumner-Smith. Pp. xvi + 435. Illustrated. R94,25. Philadelphia: W. B. Saunders. 1982.

Amid the torrent of verbiage currently assailing our senses it is a welcome relief to be asked to review a book which answers a specific need as clearly and unambiguously as this little volume achieves in its 435 pages. The editor has succeeded in orchestrating 19 expert authors in a sequential account of the structure and function of bone in health and disease, from the embryo to senility. Plentiful illustrations make for easy reading.

The intention was to bridge the gap between basic undergraduate teaching and the advanced thinking available in postgraduate literature, and in this regard the book has succeeded. The subject matter covers both animals and humans, including the effects on bone of weightlessness in astronauts and buoyancy in seals; also blood-supply, biomechanics, fractures, fracture healing and the effects of metal fixation on bone. There is also a host of other topics too numerous to mention. The scanty reference to osteo-arthritis and osteonecrosis is a disappointment, as is the need to jump about among 3 authors for sketchy references to osteoporosis. Clinicians may look for more on these topics, rather than some of the information supplied about animals. Nevertheless, this is an important work which is essential reading for orthopaedic trainees, and it will help to update those already in practice.

A. W. B. Heywood

### The physiology of digestion

**Experiments and Observations on the Gastric Juice and the Physiology of Digestion.** By William Beaumont. 1st ed. 1833. Reprinted in facsimile for the Classics of Medicine Library, Division of Gryphon Editions Ltd, Birmingham, Alabama, 1980.

Any medical practitioner who has not heard about Dr William Beaumont and his experiments on the wayward Alexis St Martin with his gastric fistula has had his education neglected. This is one of the more dramatic stories in the history of experimental medicine, and Beaumont's account of his observations and experiments on the gastric juice and digestion have been made available recently in a facsimile reproduction (misprints and all) of his 1833 book by Gryphon Editions.

Beaumont was the son of a farmer who learned his medicine by apprenticeship and obtained a licence to practise in Vermont. In 1822 he was serving as an army surgeon at Fort Mackinac when an 18-year-old voyageur, Alexis St Martin, sustained an injury to his lungs and stomach through the accidental discharge of a shotgun. Beaumont saw him within minutes and at first thought that death was inevitable, but Alexis was a very tough character indeed and survived with a large gastric fistula on his left side. Beaumont saw his opportunity to advance knowledge of gastric function, and, when St Martin was about to be sent back to Quebec in a debilitated and destitute state, took the boy into his service and began his experiments and observations, which put an end to much speculation on gastric function. St Martin was a difficult character, although he lived on to a ripe old age, but Beaumont managed to carry out four series of experiments on him between 1825 and 1833.

His book has deservedly become a classic because he had no use for nonsense and simply recorded what he saw, regardless of what the establishment had said about digestion. He showed that the gastric juice dissolved food in preparation for its further processing, that digestion of different foods proceeded at different rates and that exercise and the emotions affected digestion. He observed the movements of the stomach and pyloric canal, and the secretion of gastric juice and its properties.

The record of his work is worth reading as an example of how research should be conducted in a simple setting, and how opportunities in science should be grasped and exploited to the full.

### Tamoxifen in breast cancer

**The Role of Tamoxifen in Breast Cancer.** Ed. by S. Iacobelli, M. E. Lippman and G. R. Della Cuna. Pp. xii + 124. Illustrated. \$23,12. New York: Raven Press. 1982.

Tamoxifen, the most widely used form of hormonal therapy in breast cancer, is an anti-oestrogen which mainly works at cell level, and has very few side-effects. The biological principles by which tamoxifen acts on human breast cancer cells have not yet been completely established.

This volume presents the experience of a number of workers in mainly Italian centres and a group working in Switzerland on the use of this drug. It also includes presentations by investigators at the National Institute of Health in the USA and a review of the clinical pharmacology and international experience with tamoxifen from the ICI pharmaceutical division. The presentations include the effects of tamoxifen on human cancer cells *in vitro*, in clinical trials with chemotherapy, the relationship of tamoxifen effect to oestrogen and progesterone receptors. There is a paper comparing the effectiveness of tamoxifen with that of medroxyprogesterone.

This book will be of interest mainly to oncologists, endocrinologists and pharmacologists but will provide useful information to all concerned with the management of patients with breast cancer.

M. Lange

## Anaesthesia

**Under the Influence. A History of Nitrous Oxide and Oxygen Anaesthesia.** By W. D. A. Smith. Pp. xxviii + 188. Illustrated. R33,50. London: Macmillan. 1982.

It is now 200 years since nitrous oxide, the first true anaesthetic, was discovered — be it by Priestley or Black, they were both Joseph. Nearly 100 years were to elapse before routine use of nitrous oxide as an inhalational anaesthetic became established. Totally eclipsed by ether and chloroform for 30 years after the miserable failure of Horace Wells' first public demonstration of its use as a means to painless surgery, nitrous oxide is today the most widely used general anaesthetic in the world, chloroform and ether long since having become obsolete.

This book tells the fascinating story of our forebears' struggle to understand and later overcome the asphyxiating properties of the gas to enable use to be made of its primary properties which permitted the rapid induction of and recovery from light general anaesthesia.

In this narrative we are led to see events and developments through the eyes of those doughty Victorian pioneers of anaesthesia by the liberal use of fairly lengthy, direct quotations from their writings, which in the light of today's standards can only be described as breathtaking. An example from Clover (1868): '... after inhaling the gas for 20-30 seconds, the patient begins to assume a livid appearance, this must not be taken as a sign of anaesthesia. In about 50 seconds the expression of the patient suddenly alters, his eyes become unsteady and his hands slightly convulsed; I usually continue the inhalation 10-15 seconds after this unless respiration becomes slow or stops or unless the pulse becomes very quick or unsteady. The sudden dilatation of the pupil is a sign which should cause us to remove the gas... In all cases where the effects were fully produced, there would be a great failing of the pulse and in some instances it would be found to be arrested. But it is likely to be a much less serious affair to have the heart stopped as a result of an agent of this kind than when chloroform has been administered.', and from Hewitt (1889): 'We have in nitrous oxide an agent which quickly produced anaesthesia with certain incidental symptoms due to want of oxygen... experience has taught us that the phenomena are practically unattended by risk to the patient; yet they have their objectionable aspect, not only from the point of view of the administrator, but also from that of the operator, to whom jactitation is highly inconvenient.'

For the anaesthetist and indeed anyone concerned with surgery, this history of nitrous oxide tells an exciting and entertaining story. While this book is to be highly recommended, there are shortcomings which stem largely from the manner of its construction. The book in fact comprises the author's collected papers on the history of nitrous oxide published over the last 15 years or so, for the most part in the *British Journal of Anaesthesia*. A degree of overlap between some chapters is acknowledged, and the book lacks what I would regard as a suitable rounding off or conclusion. With regard to content, in a book of this nature I would have expected more attention to be given to the startling between-the-wars McKesson technique of secondary saturation, and subsequently a greater in-depth discussion of the fundamental work of Courville, which demonstrated the 'untoward residual neurologic and psychiatric effects of nitrous oxide', not to be due to any mysterious toxic reaction engendered by nitrous oxide, but solely to anoxia — and so to be preventable.

G. G. Harrison

## Clinical internal medicine in the aged

**Clinical Internal Medicine in the Aged.** By R. W. Schrier. Pp. vii + 324. Illustrated. R61,-. Philadelphia: W. B. Saunders. 1982.

This excellent book was written by a number of authors in Denver, Colorado, under the direction of Professor Robert W. Schrier of the University Health Sciences Center. The writers are all eminent clinicians in academic practice, encompassing the fields of medicine, psychiatry, dermatology, clinical pharmacology and a number of the subspecialties of general medicine. The book therefore not only

emphasizes that geriatric medicine should be based on sound principles of internal medicine as applied to the aged, but also brings a wide variety of talent to bear upon the major issues and problems.

Subjects covered include social, political, cellular, biochemical and genetic aspects of ageing as well as psychosocial problems, drug usage in the elderly and a wide range of clinical conditions throughout the main systems of general medicine. The lengthy but pertinent list of references at the end of each chapter ensures that information is readily available to enable the reader to delve deeper into any of the many topics covered in the text.

Within the wide range of material so ably presented it is very difficult to single out aspects of special value, but the chapters on drug usage and hypertension, and the final chapter, entitled 'Little things', should be particularly useful to practitioners faced with the day-to-day problems of their elderly patients. This book is beautifully laid out and easy to read, and it is hard to find any faults. One disadvantage for the South African reader is that much of the material relates to a fully developed Western society rather than to the Third World or South African context. The only criticism is one which applies to most of the shorter textbooks on geriatric medicine. In covering the wide field which includes social, demographic and psychiatric aspects, there are places where some clinical detail is perforce lost. However, the excellent bibliography and the correct emphasis on conditions important in the elderly largely overcome this lack.

P. de V. Meiring

## Genital infection

**Genital Infection by *Chlamydia Trachomatis*** (Current Topics in Infection, No. 2). By J. D. Oriel and G. L. Ridgway. Pp. viii + 144. Illustrated. R32,20. London: Edward Arnold. 1982.

Although this book is entitled *Genital Infection by Chlamydia Trachomatis*, the authors also review the laboratory diagnosis and briefly the history, obstetric, neonatal and miscellaneous infections such as Reiter's disease, endocarditis, and respiratory and gastrointestinal tract infections associated with this organism. It is both well written and easy to read, is well referenced and recommended to those concerned with genito-urinary and reproductive medicine, but because of its expense will likely be obtained mostly by medical libraries.

R. W. Rush

## Placental function tests

**Placental Function Tests.** By T. Chard and A. Klopper. Pp. viii + 94. Illustrated. DM42,-. Berlin: Springer-Verlag. 1982.

This book reviews our present knowledge of the biochemical tests of fetal well-being. After considering the physiological basis of the tests the advantages and limitations of the tests are discussed. Methods of measurement are not discussed in any detail. The interpretation of results is emphasized. The final chapter on the choice and use of placental function tests is extremely valuable.

This short book will be of value for the practising obstetrician as well as the postgraduate student. It is well written and lucid.

C. F. Slabber

## Therapeutic heat and cold

**Therapeutic Heat and Cold.** 3rd ed. Ed. by J. F. Lehmann. Pp. xiv + 641. Illustrated. Baltimore: Williams & Wilkins. 1982.

This book was previously known to physiotherapists and others concerned with physical medicine as Licht's *Therapeutic Heat and*

*Cold.* The new edition, dedicated to the late Sidney Licht, is greatly welcomed as it is 7 years since the last edition was published. Although it is in the same style, it has been completely revised. Only three of the thirteen contributors featured in previous editions. The interesting chapter on the history of therapeutic heat and cold remains, but from then on one reads a completely new book with up-to-date information. The sections on biophysics followed by the

bio-effects of heating modalities fill a need, which physiotherapists will appreciate. In the past there has been a lack of information on which to base their assumptions in treatment with heat and cold. The text has many references, in some chapters over 300.

**M. Farquharson**