

## BOEKBESPREKINGS : BOOK REVIEWS

### PROBLEMS OF THE DEAF

*Family and Mental Health Problems in a Deaf Population.* Ed. by J. D. Rainer, M.D., K. Z. Altshuler, M.D. and F. J. Kallmann, M.D. Pp. xxvi + 260. \$1.00. New York: Dept. of Medical Genetics, New York State Psychiatric Institute. 1963.

The preoccupation of most psychiatrists with the problem of communication between human beings is an indication of the ease with which fairly ordinary people can become alienated from each other. For the deaf, this problem can become an overwhelming one, which presents such difficulties that many psychiatrists avoid deaf patients. However, there are some who have responded to the challenge of the deaf and have conducted painstaking and lengthy research into all aspects of the lives of the deaf community in New York. The fruit of the team's work is contained in this book which is full of interesting information, e.g. that most deaf people are uninterested in the genetic aspect of their affliction and usually prefer deaf mates; that the general level of intelligence is lower in the deaf; and that deaf criminals were very often the dupes of hearing individuals. All in all, despite the alarming number of tables and statistics, it is a most useful and informative piece of teamwork.

F.R.A.

### OPHTHALMIC ANAESTHETICS

*Anesthesia in Clinical Ophthalmology.* By D. Duncalf, M.B., Ch.B., F.F.A.R.C.S., D.A. and D.H. Rhodes jnr., M.D. Pp. xviii + 168. Illustrated. R6.80. Baltimore: Williams & Wilkins Co.; and London: Baillière, Tindall & Cox. 1963.

In an age of super-specialization a monograph of this nature is to be expected. Although primarily intended for the instruction of anaesthesiologists, it could profitably be read by every operating ophthalmologist. The amazing advance in anaesthetic procedures during the last 20 years has been welcomed in ophthalmic surgery no less than in other directions. It can confidently be said that the majority of ophthalmic operations are now being done safely under general anaesthesia, to the mutual comfort and relief of both patient and surgeon.

The volume under review is comprehensive almost to the point of tedium. The authors have for instance found it necessary not only to introduce a sizeable glossary of terms in common use in ophthalmic jargon but also a discussion of the dynamics of intraocular pressure and its variations, not to speak of various surgical techniques in various operations. This would tend to impatient reading on the part of the ophthalmic surgeon, though it may well be useful to the specialist ophthalmic anaesthesiologist.

There is detailed description of the relative value of various agents in premedication as well as anaesthesia, and the technique of local anaesthesia by instillation, as well as injection, is liberally illustrated. It is interesting to note that there is no mention at all of special hypotensive anaesthesia, so helpful in such operations as dacryocystorhinostomy where continuous haemorrhage is still the most exasperating feature. This type of anaesthesia is hazardous except in the most capable hands and, it would seem, generally disowned.

The book under review is a pioneer in this field and with its very extensive bibliography can be regarded as a book of reference on this limited subject.

J.G.L.

### DISPNEE

*Dyspnoea.* Diagnosis and treatment. Ed. by A. L. Banyai, M.D., F.C.C.P. and E. R. Levine, M.D., F.C.C.P. Pp. 374. Illustrated. R11.60. Oxford: Blackwell Scientific Publications. 1963.

Dit is ontnugterend dat die praktiese benadering van dispnee so in half- en wanbegrippe gehul is, dat dit dikwels empiries en onwetenskaplik voorkom. In hierdie boek het 38 gesaghebbendes onder bekwame redaksie die probleem omvattend en wetenskaplik bestudeer. Dispnee by 'n besondere pasiënt word gepeil in terme van beide subjektiewe bewustheid sowel as die onderliggende meganiese en neurohumorale ontwinging.

Anatomies-meganiese, patogenetiese faktore in dispnee word gedek en die verskeie obstruktiwiese en restriktiewe defekte volledig bespreek. Vaste kriteria vir die diagnose van kardiaal dispnee, is opgestel. Die fisiologie van dispnee in pneumonie word interessant en deeglik gedek.

Onder 'n menigte onderwerpe geniet dispnee in gevalle van pneumokoniose, leukemie, polisitemie en anemie, metaboliese en ioniese verstoringe, postoperatiewe kollaps en van psigogene en omgewingsoorsprong ook aandag. Die beginsels en toepassing van moderne terapie sluit elke hoofstuk oor bepaalde onderwerpe af. Die plek van trageostomie en korrektiewe chirurgie word heroorweeg.

Onder gedeeltelik onopgeloste vraagstukke bly dié van dispnee in pulmonale hipertensie. Alhoewel patogenetiese invloede soos verlaagde longuitsettingsvermoë, hipoksemie en hiperkarbie, aftakkings tussen brongiolêre arteries en pulmonale venes met linker ventrikulêre stremming hier geïmpliseer word, is 'n finale beslissing nie bereik nie.

In opsomming dan is hierdie boek 'n aanwinst tot die fisiologies-georiënteerde klinikus se fonds van ervaring, en inderdaad 'n padwyser tot die intelligente praktyk van kliniese wetenskap.

C.M.L.