

for the inert placebo, kaolin, in the previous controlled trial (30 per cent non-purulent of 30 cases), they suggested that all three treatments "did some good".

In order to obtain more clear-cut results, a further DH trial is proposed for the season 1965-66, and it is hoped to obtain the co-operation of a much larger number of doctors. Clinically the choice between the agents seems clearly to lie between S+A and S alone. The figures for these will be swelled if A is dropped in the forthcoming trial. [The task of determining statistically whether A has an anti-infective action in the body (probably inferior to that of the antibiotics) must be reserved for the future.] Accordingly, doctors practising in the United Kingdom are invited to take part in a double-blind controlled trial of S+A and S, if they are willing to supervise the effect of these drugs (total dosage of S=2 G.) in persons over 14 years of age in their households, and to return the completed report forms to me. Coded capsules and full instructions for their use will be forwarded to those doctors who send their names and addresses, in BLOCK CAPITALS, to me at Ranmore, Fir Tree Road, Leatherhead, Surrey. Those who took part in the 1964-65 trial need not apply; they will be enrolled automatically, unless I hear from them to the contrary.

Leatherhead.

H. STANLEY BANKS.

Book Reviews

Nobel Lectures. Physiology or Medicine. 1942-1962. Published for the Nobel Foundation. Amsterdam, London, New York. Elsevier Publishing Company. 1964. Pp. xiv+839. Price 160s.

This beautifully produced book contains all the lectures on physiology or medicine delivered between 1942 and 1962 by the laureates in these subjects at the presentation ceremonies in Stockholm before the Swedish Royal family. Physiology and biochemistry dominate the series. Nobel prizes are more often given for work in basic sciences than in applied medicine. The series includes the lectures of Fleming, Florey and Chain on penicillin, Waksman on streptomycin and Kendall, Reichstein and Hench on cortisone; these are the ones which touch clinical medicine most closely. The humility and simplicity of Fleming's lecture is particularly noticeable.

This book is most likely to be read by physiologists, but even they are likely to read a selection only. When subjects so widely scattered are presented in one volume, they cannot all be interesting to any one reader. The fundamental nature of the discoveries described by their authors does not always compensate for the obscurity of some of the presentations to a partly non-technical audience. One wonders if the Swedish Royal family

has received especial scientific training in chemistry and physics, as well as physiology. The edition is published only in English. No other language can now claim to be so acceptable internationally.

Signs and Symptoms. Applied Pathologic Physiology and Clinical Interpretation. Fourth edition. Edited by CYRIL MITCHELL MACBRYDE, A.B., M.D., F.A.C.P. London. Pitman Medical Publishing Co. Ltd. 1964. Pp. xx+971. Price £5.

In this book the associate professor of clinical medicine at Washington University School of Medicine, St Louis has, with the help of 30 collaborators, attempted "to give the basis for analysis and interpretation of some of the commonest symptoms which bring patients to the physician". The reviewer does not claim to have read the book *in toto* but a study of selected chapters convinces him that Dr MacBryde has largely succeeded in his objective. The range of subjects covered is impressive but there is the inequality of presentation inevitable in a multiple-author textbook. This is especially noticeable in the illustrations, e.g. those in the chapter on diseases of the lymphatic system are superb: *per contra* some of those in the chapter on thoracic pain are poor. Peering through a hand-lens for errors and omissions is not a function of intelligent reviewing but one did wonder a little at the preservation of Sir Thomas Lewis' suggestion that peripheral cyanosis can be differentiated from central cyanosis by massaging the part or by applying heat to it—this is, of course, true, but looking inside the patient's mouth is so much easier. At p. 346 'bronchiocephalic' is almost certainly a misprint for 'brachiocephalic'—and is myxoedematous coma not seen in the harsh American winter?

Those who are lucky enough to acquire this book should keep it within easy reach of the desk. They will find in it the answer to the question one so often asks oneself 'What does that sign (or symptom) mean?'

Handbook of Obstetrics and Gynaecology. RALPH C. BENSON. 1964. Los Altos, California. Lange Medical Publications. Oxford. Blackwell Scientific Publications. Pp. 656. Price 37s. 6d.

This handbook measures 7 inches by 4 inches by 1 inch thick. Its 656 pages are of paper so thin that the print and diagrams show through, and its type so small that a page accommodates about the same number of words as a page of this *Journal* on less than two-thirds the area. It is a textbook in miniature rather than a handbook.

The author, professor of obstetrics and gynaecology at the University of Oregon, regards it as a compact ready reference for the student, house officer and practitioner, and as an abbreviated but reasonably comprehensive companion to the large standard textbooks. It includes outlines of anatomy, physiology, pathology, differential diagnosis and complications and it is sufficiently up-to-date to contain, for instance, a detailed description of taking a Papanicolaou smear. American spelling presents little difficulty, and there is a temperature conversion table (for those who find it—it is not indexed or included in the list of contents) for those of us who do not think in centigrade. American drug names are more