In fairness it must be said that the second section on "the biologic behaviour of cancer" contains some interesting material, this being Dr. Homburger's own field of study. But the relative merits of the middle do not redeem the whole book.

HUMPHREY KAY.

Comparative Aspects of Haemolytic Disease of the Newborn. By G. Fulton Roberts. (Pp. xi+199. 17s. 6d.) London: William Heinemann Medical Books. 1957.

For his first chapter Dr. Fulton Roberts has unearthed some interesting historical facts about haemolytic disease of the newborn. As early as the seventeenth century the occurrence of more than one case of neonatal jaundice in a family had been noted. In the middle of the nineteenth century a veterinarian, in describing some cases of neonatal icterus in newborn foals, was put in mind of a neighbour who had lost several successive infants from jaundice.

The association of anaemia with severe neonatal jaundice was noted by Auden in 1905, and earlier (1892) Ballantyne described the association of anaemia with hydrops foetalis. Recognition that icterus gravis and hydrops were linked was possibly delayed by the fact that one form or the other tends to recur in the same family, so that a woman may have a dozen badly jaundiced infants in a row without one hydropic infant. However, between 1922 and 1931 several authors concluded that there was a definite disease entity which might be manifested by jaundice or oedema. The ground was thus prepared for Diamond, Blackfan, and Baty's well-known review, published in 1932.

The rest of the book is devoted to a detailed survey of the published work on haemolytic disease of the newborn in man and animals. There are a few statements to which exception may be taken: it is not the "oxygen carrying power of each red cell" which "is suddenly improved at birth" (page 36) but the oxygen saturation. It is a little misleading to say (pages 43 and 44) "How vitamin K promotes the hyperbilirubinaemia in man is not clear" since in Allison's first reported cases signs of haemolytic anaemia were noted. The two-component curve of elimination of incompatible cells which has been described in man can hardly be due to exhaustion of complement (page 134) since it is observed when less than 1 ml. of cells is injected. These and a few similar passages do not seriously detract from the value of the book, which will be found a most useful source of references to anyone interested in haemolytic disease.

P. L. MOLLISON.

Burns: Pathology and Therapeutic Applications. By Simon Sevvitt. (Pp. xii+364; 85 figures. 37s. 6d.) London: Butterworth. 1957.

This small, convenient, well-written, and well-produced volume brings together almost everything

that is known concerning "the pathology and disordered physiology after burning." The physical aspects of burning, the histopathology of the lesions, including healing and disturbances of healing and the bacteriology, epidemiology, and control of infection, are dealt with in detail. Chapters follow dealing fully with mortality and causes of death, the pathophysiology of burn shock, other metabolic effects, and the effects in each of the systems of the body. Finally there are accounts of the special features of flash, radiation, electrical, and chemical burns, and full author and subject indices.

Throughout the book there is the fullest consideration of therapeutic relationships and full documentation of all the aspects discussed. It would be difficult to imagine a more complete and lucid account of a limited subject. The book provides an unparalleled source for references on its subject and must prove invaluable for all—clinicians as well as pathologists—who are regularly concerned with the handling of these distressing injuries.

T. CRAWFORD.

Fluid Balance in Surgical Practice, 2nd ed. By L. P. Le Quesne. (Pp. vii+140; 42 figures. 20s.) London: Lloyd-Luke. 1957.

In presenting the second edition of this popular book, the author has revised the text to correct a disproportion between the sections in the original work and to incorporate recent advances. The monograph includes an account of the physiology of the body fluids and the metabolic response to surgery, with sections on water, salt, and potassium depletion and brief chapters on renal failure, water and salt excesses, nutritional problems, and fluid balance in children. An appendix giving a number of illustrative case histories is a useful feature.

This is indeed a wide field to be covered in 140 pages, but the author has successfully achieved this by selecting a practical approach with emphasis on the recognition and management of disturbances in fluid and electrolyte balance.

It is considered that acid base upsets have received undue attention in the past, and it is perhaps unfortunate that little space has been devoted to their consideration. The reader seeking information on this topic will therefore be disappointed. One might also have expected some mention of the use of plasma substitutes such as dextran in patients with severe circulatory collapse. As a routine basic fluid intake post-operatively, the generous figure of 3,000 ml. per 24 hours is recommended, a dose that would appear in some cases to carry a risk of water intoxication.

Though primarily intended for the practising surgeon, who cannot afford to be ignorant of the principles and considerable practical information contained therein, this book includes much that will interest and enlighten the laboratory worker.

H. W. C. AULD.