

THE LUNG CIRCULATION By D. M. Aviado. (vol. 1. Pp. xxiv + 589; vol. 2. Pp. xix + 1405; illustrated. £15 per set) Oxford: Pergamon Press. 1965.

On the dust covers of these two large volumes, it is claimed that 'all aspects of the lung circulation, both in health and disease, are covered by the author'. In fact, this claim is justified only in respect of the pharmacology of the pulmonary circulation. This is not surprising, since the author's professional interest and activity is in pharmacology. This monumental monograph constitutes a remarkably complete review of the physiology and pharmacology of the pulmonary circulation. The author's own investigational activities have been in this field, and he has made a most exhaustive (and no doubt exhausting) review of the literature, to which there are nearly 7,000 references. The value of the work for reference purposes is greatly assisted by a very complete index, in which an ingenious system of symbols seems likely to assist in tracking down information about specific effects of drugs in health and disease. Diagrams and tables are used extensively. Most of them are useful and helpful, although the somewhat fanciful use of the pentagon as a sort of mystical symbol at the head of every chapter seems to add little to clarity of communication.

Clinical and morbid anatomical aspects are dealt with unevenly and in some respects unreliably. Some examples of these deficiencies, picked at random, must be quoted to justify this statement. Chapter 24 begins 'The triad of pulmonary emphysema, pulmonary hypertension and cor pulmonale is a simple one to understand in terms of cause-and-effect relationships'; if this is true, many of us are sadly deficient in understanding. Although there is a short section on pulmonary arteriovenous shunts, there is no mention of pulmonary arteriovenous aneurysms, surely an important anomaly of the pulmonary circulation. On the other hand, the role of our old friend the aneurysm of Rasmussen in causing haemoptysis in pulmonary tuberculosis is noted. None of the hypotheses relating clubbing of the fingers to abnormalities of the pulmonary circulation is discussed, and indeed clubbing is mentioned only in connexion with schistosomiasis!

It is perhaps invidious to pick out points of criticism of this sort in so large a work, except perhaps to emphasize that Dr. Aviado's book must be judged by its value as a comprehensive work of reference to the very extensive investigations that have been done on the pure and applied pharmacology of the pulmonary circulation. Workers in many fields will have frequent occasion to refer to this, and they will be grateful to Dr. Aviado for having made it available to them.

G. SCADDING

CLINICAL AND THEORETICAL PICTURES OF SOME RENAL DISEASES By A. Babies and F. Renyi-Vamos. Budapest: Akademiai Kiado. 1964.

This translation of the work of two distinguished Hungarian urologists is introduced in a foreword by Sir Eric Riches. It is lavishly illustrated both in colour and in black and white and by photomicrographs.

The authors stress the importance of the lymphatics and draw attention to the fact that injection techniques are unsuitable for their demonstration. They claim that

the lymphatics can only be observed by a retrograde congestion or obstruction of lymph channels. They are satisfied that the kidney is well provided with lymphatic channels which play an important part in the maintenance of renal function. They believe insufficiency of lymph circulation, which can be due to four main causes—mechanical insufficiency, dynamic insufficiency, lesion of the wall lymph capillaries, and prelymphatic capillary disturbance—results in lymphatic stagnation and oedema.

They suggest that the myogenic theory of ureteric peristalsis is untenable and that a central innervation is responsible for the urine conveying system. They also put forward new theories as to ascending renal infection, stressing the interstitial spread.

They believe that there is a pressure threshold which imitates reabsorption through the pelvic wall, and is regulated between secretion and reabsorption. They consider that as long as calyces are active only the pelvis dilates (pyelectasis) but when the calyx musculature is exhausted the calyx and pelvis dilate and form a single cavity (hydronephrosis).

Although the English is involved those interested in renal disease and urology may find many ideas which will be provocative and stimulating.

E. M. DARMADY

CANADIAN CANCER CONFERENCE Proceedings of the 6th Canadian Cancer Research Conference, Ontario. (Pp. vi + 519; illustrated. 105s.) Oxford: Pergamon Press 1966.

Why do the razorbill catchers of Iceland develop carcinoma of the stomach? How does nickel induce rhabdomyosarcoma? What is the nature of the deficiency in satellite tobacco necrosis virus? And why is an epidermal carcinogen more effective if applied at midnight?

The Sixth Canadian Cancer Conference covers a wide range of topics within and around the problems of cancer. The contributions, 15 Canadian and 12 foreign, blend new data with critical and speculative comment. Carcinogenesis, chemical and hormonal, occupies more than half the volume; the remainder is devoted to R.N.A. and protein synthesis, 'mechanisms', and environmental factors. The high standard of the series is maintained but there are no unexpected revelations; the journalist would look in vain for a 'break-through'. For many, however, this will be a useful volume for keeping up to date with cancer research.

H. E. M. KAY

BOOKS RECEIVED

(Review in a later issue is not precluded by notice here of books recently received.)

GUIDE QUESTIONS FOR MEDICAL TECHNOLOGY EXAMINATIONS By Rose M. Morgan. (Pp. xv + 240. \$14.) Springfield, Illinois: Charles C. Thomas. 1966.

ADVANCES IN RESPIRATORY PHYSIOLOGY Edited by Colin G. Caro. (Pp. 348; illustrated. 75s.) London: Edward Arnold Ltd. 1966.

PATHOLOGIE UND KLINIK MEDIKAMENTOSER SCHADEN DES VERDAUUNGSKANALS By Peter Pietsch. (Pp. 203; 58 illustrations. 24s 3d.) Jena: Gustav Fischer Verlag. 1965.