

ures and 33 tables. \$12.00. W. B. Saunders Company, Philadelphia and London, 1959.

This book sets forth a new way to look at preventive medicine for medical students, general practitioners, specialists and professional workers in official and voluntary health agencies. The book distinguishes between the prevention of occurrence of disease and disability, and the prevention of their progression. Primary prevention is the chief goal, since secondary prevention is more difficult and less likely to be successful because of previous damage to the human body. Medicine consists of preventing the progression of illness, early detection of disease, accurate diagnosis, and prompt and adequate treatment, including rehabilitation.

The part of the book dealing with "Prevention of Occurrence" is divided into the following sections: Control of Environmental Factors, Prophylactic Measures Against Disease, Provision of Proper and Adequate Nutrition, Elimination of Predispose Conditions, and Preventive Dentistry. Part two of the book dealing with "Prevention of Progression" has these sections: Periodic Health Inventories, Early Detection of Disease, Follow Up of Screening and Diagnostic Examinations, Rehabilitation, Alcoholism and Narcotic Addiction. The third part of the book is devoted to "Supporting Services for Preventive Medicine" and consists of: The Role of Education in Preventive Medicine, and Services Aiding the Practice of Preventive Medicine. Each of these sections cover various phases of the subject, and all are written by authors who are authorities in the specific field.

This book is well-organized for quick reference and it adequately covers all phases of Preventive Medicine. The index, printing, paper and binding are all excellent. This publication is highly recommended for physicians in general practice, as well as those in various specialties concerned with the prevention and occurrence of disease.

V. K. STOELTING, M.D.

General Anesthesia in Dental Practice. By LEONARD M. MONHEIM, B.S., M.S., D.D.S.,

Professor and Head, Department of Anesthesia, University of Pittsburgh School of Dentistry; Assistant Professor, Department of Surgery (Anesthesia), University of Pittsburgh School of Medicine; Professor, Graduate School (Dentistry), University of Pittsburgh; Associate Director, Department of Anesthesia, Presbyterian and Woman's Hospitals; Assistant to the Director, Department of Anesthesia, Eye and Ear Hospital, Pittsburgh. Cloth, \$10.50. Pp. 461 with 114 illustrations. The C. V. Mosby Company, St. Louis, Missouri, 1960.

The author is a dentist who limits his practice to the administration of anesthesia for dental procedures and has lectured on general anesthesia in dentistry for over 20 years. The book is well-organized, is clearly captioned for easy reference and is printed with an easily legible type. The first quarter of the book is devoted to the anatomy and physiology of respiration, of the circulation, and of the nervous system, plus a short chapter on physics as applied to anesthesia. These chapters assume that the reader has only fundamental knowledge of anatomy and physiology and each description or explanation is very clearly stated. This section is followed by chapters dealing with the theories of anesthesia, its administration, agents and associated drugs, maintenance of the airway, preanesthetic evaluation and preparation, charting, postanesthetic care, and anesthetic complications and emergencies. Contributors other than the author wrote chapters on pediatric dental anesthesia, fire and explosion hazards, and legal considerations. The author concludes the book with chapters on armamentarium and the technical aspects of anesthesia. The appendix contains numerous references, conversion tables, laboratory data, aids to prescription writing, a glossary; there is also an index.

The chapter entitled "Legal Aspects of General Anesthesia" warrants some extra attention. It is written by a man who holds D.D.S. and L.L.B. degrees. He discusses the usual aspects of legal problems arising from general anesthesia, and touches in the early part of the chapter on the subject of the liability of a dentist administering general anesthesia. He cites two

judgments that had been handed down in favor of the dentist, one in which the dentist was considered a surgeon within the meaning of the statute quoted, and the other in which it was stated that the rules governing the liability of physicians and surgeons in the performance of professional services are applicable to practitioners of kindred branches of the healing art, such as dentists. Both of these judgments were handed down in 1938 when anesthesia was just becoming recognized as a medical specialty. This part of the chapter seems to the reviewer to be one of the few

weak points in the book, since any dentist who desires to do considerable general anesthesia should be guided by medical and legal advice as it pertains to the community in which he is practicing.

This book is timely since there is great interest at present in improving anesthesia for dentistry, not only in hospitals but also in dentists' offices. It will serve as an excellent textbook and reference book for dentists, and also prove valuable to physician anesthesiologists as an excellent reference book for much basic data.

RUTH M. ANDERSON, M.D.

OBSTETRICAL SEDATION Promazine (Sparine) was given intramuscularly when labor was established and repeated again at 3 to 4 cm. of cervical dilatation. Meperidine, 50 mg., scopolamine, 0.32 mg., and levallorphan, 0.5 mg., were also given intravenously at the time of the second injection of promazine. Medication was repeated in total or in part when necessary as labor progressed. In 80 per cent of deliveries the anesthesia used was local nerve block. The evaluation of response to medication by physicians and patients revealed 86 per cent excellent results. One patient had choreo-athetoid movements for a short while after the administration of promazine. (Griffin, E. L., and Clement, J. E.: *Use of Promazine and Levallorphan to Improve Obstetric Sedation, South. Med. J.* 53: 655 (May) 1960.)

FETAL DISTRESS Experimental evidence and clinical observation would appear to indicate that the sequence of events in fetal anoxia begins with an initial increase in the fetal heart rate above 160 per minute. This may be of very short duration. Subsequently, a slowing of the heart rate develops, and a constant slowing below 100 indicates fetal distress. As the anoxia persists, meconium is passed by the fetus. The latter sign would appear to carry a grave prognosis for the fetus,

particularly if obstetrical complications or difficult vaginal delivery occur as well. If there are no obstetrical complications, if labor appears to be proceeding satisfactorily and if delivery may be imminent within approximately four hours, it would appear that fetal salvage is not necessarily increased by cesarean section. During this interval the administration of oxygen by mask to the mother may be attended by a rather dramatic improvement in fetal heart rate and rhythm. (*Editorial Comments: Fetal Distress, Canad. M. A. J.* 82: 1128 (May 28) 1960.)

HYSTEROTONIN The classic triad of acute toxemia is hypertension, proteinuria, and edema. The mechanism by which the vasospasm and hypertension are produced is unknown. Several investigators have postulated the presence of a pressor substance in the placenta. Amniotic fluid and decidua extracts were used on isolated rabbit aortic muscle strip, and for the first time a pressor substance has been demonstrated named hystero-tonin. Hystero-tonin seems to be a polypeptide formed by enzymatic reaction. It has no antidiuretic action. (Hunter, C. A., Howard, W. F.: *Pressor Substance (Hystero-tonin) Occurring in Toxemia, Am. J. Obst. & Gynec.* 79: 838 (May) 1960.)