who have elected to perform their studies on human beings.

The experiments reported by the present author were performed in supine, anesthetized dogs subjected to asphyxia of varying length. His results—which, of course, may not apply exactly to man—were that respiration fails, then circulation, and that artificial respiration might not resuscitate even though only respiration had failed. In the latter situation vasopressor drugs were effective, but pure cardiac stimulants (*e.g.*, isoproterenol) were not. After circulatory arrest, sodium bicarbonate offered no advantage. In ventricular fibrillation, procaine amide was without value.

In the resuscitation of man, the proposed order is: (1) get oxygen into the lungs; (2) make the blood circulate; (3) give a vasopressor if (2) does not produce a palpable carotid or femoral pulse; (4) rule out ventricular fibrillation if neither (2) nor (3) produces a pulse.

In summary, this is a concise common-sense approach to an old subject. It does not pretend to deal with the moral questions surrounding the act(s) of resuscitation.

HENRY L. PRICE, M.D.

Lung Function—Assessment and Application in Medicine. By J. E. COTES, B.M. (OXON), M.R.C.P. (London), Member of Scientific Staff, Medical Research Council. Cloth. $12.50. Pp. 541, with illustrations. F. A. Davis Co., Philadelphia, 1965.

The purpose of the book is to consolidate recent technical developments, including physical characteristics and physiological responses of lung tissue, and their relations to lung function.

The text, divided into appropriate relatively self-contained chapters, adequately and succinctly summarizes current concepts of lung function, of respiration and control thereof, and of factors related to exercise and pulmonary function. An early chapter devoted to terminology is most helpful. The illustrations contribute a great deal to the presentation. Schematic diagrams, plates and tables are clearly presented and are a welcome asset in clarifying the related text material. References are included at the end of each chapter and also at the end of the book. Author index and subject index appear adequate. The author's statements seem reliable in all areas and are well supported by adequate reference material.

Although this book presents a mass of detailed explanations it is easy to read. The material would, therefore, seem to be more easily understood by the "average" anesthesiologist than comparable books in this field. It may well, however, surpass the scope of the "average" anesthesiologist in some aspects, *i.e.*, laboratory tests, measurements, equipment and methods. However, the presentation of each chapter as a unit makes it possible to select subject material individually and assimiliate it without difficult. This publication is an excellent source for review of basic principles of pulmonary function.

ROBERT J. COLLITON, M.D.

Cerebrospinal Fluid and the Regulation of Ventilation. The Proceedings of a Symposium held at the Downstate Medical Center, State University of New York. EDITED BY CHANDLER McC. BROOKS, FREDERICK F. KAO AND BRIAN B. LLOYD. Cloth. $16.50. Pp. 458, with 94 illustrations. (First published in 1965 by Blackwell Scientific Publications.) F. A. Davis Co., Philadelphia, 1965.

Increasing numbers of books are being published which contain the formal presentations and general ensuing discussions related to a specific topic in which each of the participants is more or less a specialist. Such is the case here. Some 16 papers were presented at a symposium in Brooklyn on April 9 and 10, 1964, by a distinguished group, all of whom had studied aspects of the subject under consideration. A total of 47 scientists attended this symposium, of whom 11 were directly associated with Departments of Anesthesiology.

The subject matter itself is on a high scientific plane, and probably would not appeal to the anesthesiologist who is primarily a clinician. However, as a reference text, or a resumé of present thinking, this volume has much to offer. Particularly interesting to me was the fine historical introduction by John F. Perkins, Department of Physiology, University of Chicago. Salient points in the formal papers are dissected freely in the discussions which follow them: in several instances, these discussions serve to clarify present thoughts about basic issues.

The book is well put together, as one might expect of a Blackwell Scientific Publication.

C. R. STEPHEN, M.D.

Pulmonary Physiology in Clinical Practice. By WILLIAM R. PACE, JR., M.D., Seattle, Washington. Paper. $2.95. Pp. 143, with 40 figures. F. A. Davis Co., Philadelphia, 1965.

This brief, easy-to-read volume is designed to acquaint practicing physicians with clinical pulmonary physiology. It deals mainly with pulmonary function testing, both in the office and in the clinical laboratory. It assumes that the reader has a minimum of previous knowledge of the sub-