

**Aktuelle Probleme in der Chirurgie: 9. Antibiotika in der Chirurgie.** (Today's Problems in Surgery: 9. Antibiotics in Surgery.) By PER LUNDGAARD-HANSEN. Pp. 248, 9 tables, 8 figures. Bern and Stuttgart, Verlag Hans Huber, 1968. DM 37 (\$9.28).

This book is the ninth volume in a series dedicated to today's problems in surgery. The first chapters, dealing with the general principles of the bacterial metabolism and ecology, are followed by discussion of modes of action of different antibiotics. Two chapters deal exclusively with hospitalism. The role of antibiotics in masking the clinical manifestations of infections are pointed out and the techniques of bacteriologic testing before commencing treatment are stressed. The final chapters discuss the special aspects of surgical infections and their rational treatment, including dosage schedules. In an appendix the generic and brand names are summarized. The book is extensively indexed and referenced.

Bruno J. URBAN, M.D.  
Brooklyn, New York

**Advances in Cardiopulmonary Disease. Volume IV.** Edited by ANDREW L. BANYAI AND BURGESS L. GORDON. Pp. 331. Chicago, Year Book Medical Publishers, 1969. \$13.95.

The stated purpose of this volume is "to serve as a means of continuing medical education," and the editors have carefully selected lectures from postgraduate courses sponsored by the American College of Chest Physicians to accomplish this

objective. The topics covered are generally of major current interest, and are presented clearly with adequate illustrations and references. Although some chapters, such as Dr. Brachfeld's discourse on "Bioenergetics of the Normal and Anoxic Myocardium," do not contain material directly applicable to clinical practice, nevertheless, they are most informative and appropriate. Other chapters outline in detail many aspects of current accepted management of common life-threatening emergencies, including acute respiratory failure, pulmonary embolism, and acute myocardial infarction. There is some overlap in content of the chapters on "Basic Principles of Acute and Chronic Respiratory Therapy" and "Intermittent Positive Pressure Breathing," but additional important information is contained in each presentation. The chapter on diffuse pulmonary granulomatosis and fibrosis by Dr. Siltzbach is devoted mainly to a discussion of sarcoidosis, with only brief mention of other granulomatous and fibrosing pulmonary diseases. The chapter by Dr. Quinn on "Techniques and Diagnostic Possibilities of Lung Scanning" is refreshing in its delineation of the many causes of abnormal lung scans and provides one with the proper perspective in interpretation of this data. The factual presentations of current accepted principles of clinical physiology and therapy contained in this volume are most appropriate as a postgraduate "refresher," but are well suited for students and house officers with a particular interest in cardiac and pulmonary disease as well.

RICHARD H. EARLE, M.D.  
University of Chicago  
Chicago, Illinois

## Surgery

**FALLING FROM BED** In a one-year survey of 537 hospitalized patients, 47 fell from bed. Thirty-eight of the 47 had received tranquilizing drugs from 30 minutes to 10 hours prior to the accidents. Thirteen suffered wounds (predominately head lacerations or mild concussions), three sustained fractures, and four died within three days. Factors predisposing to falling included diseases clouding consciousness and previous administration of tranquilizers. (Klaus, A. J., and Paini, H. J.: *Falling from Bed as a Complication of Hospital Treatment*, J. Chronic Dis. 21: 375 (Aug.) 1968.) **ABSTRACTER'S COMMENT:** This accident may also occur in pre-medicated or disoriented patients left unattended on an operating table.