

any level, carries with it the obligation of expert clinical direction and personal supervision, and it is in this personal dedication that the success of any educational program lies. Books, though, are a necessity, and the value of a good library is beyond measure. Progression in reading goes hand-in-glove with progression in clinical experience.

Although it may have served a useful purpose for many years, the primer of Ostlere and Bryce-Smith is threatened with doom. It contains little which cannot be found in more advanced texts with little extra effort. Within the present trend in medical education, it offers little stimulus to the thought and contemplation felt desirable in the medical student.

Quimby's text for the neophyte has much to recommend it, including its modest cost. It does an excellent job in the presentation of material of fundamental importance. It provides good references for expanded reading. It does have the glaring defect of requiring an uncommon amount of supplemental information and dedicated super-

vision from clinical instructors. Whether or not this is a disadvantage must depend on the quality of a teaching program.

The fourth edition of Dripps, Eckenhoff and Vandam contains more than adequate information for the student and beginning resident. It has withstood the test of time. It far outstrips Ostlere and Bryce-Smith in information content. It matches Quimby in many details; in total content it surpasses Quimby. It still must be considered the "best buy."

If one has purchased one of the above and has decided on a career in anesthesiology, investment in Wylie and Churchill-Davidson's work should be mandatory. The neophyte will be most grateful for the availability of this volume in a departmental library. Educators—instructors or distinguished professors—will find this book most valuable. At the present time it has no equal.

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Literature Briefs

Myron B. Laver, M.D., Editor

Literature briefs were submitted by Drs. J. Bland, R. Clark, B. Dalton, B. Das, P. Hallowell, J. Jacoby, E. Lowenstein, W. Mannheim, L. Mark, H. Rackow, P. Sabawala, S. Shnider, and J. Strong. Briefs appearing elsewhere in this issue are part of this column.

Circulation

LIMB BLOOD FLOW Lumbar epidural blocks were performed on eight patients who had no arterial disease and 17 patients with arteriosclerosis of the lower-limb vessels. Anesthesia to pin-prick was produced in at least T10 to L3 dermatomes. Blood flow in the anterior tibial muscles was determined by recording the clearance of radioactive xenon from muscle. In patients without arterial disease, muscle blood flow decreased 50 per cent and skin temperature rose 6 degrees. In patients with arterial disease, muscle blood flow decreased 62 per cent and skin temperature rose 2 degrees C. It is postulated that following sympathetic block blood flow is diverted from resting muscle to skin. (Wright, C. J., and others: *Blood Flow Distribution in the*

Human Leg Following Epidural Sympathetic Blockade. Arch. Surg. 105: 334-337, 1972.)

EDITOR'S NOTE: One must assume that despite the greater percentage decrease in muscle blood flow in the presence of small blood vessel disease, the lesser increase in skin temperature must be due to lesser total limb blood flow.

Respiration

PULMONARY COMPLICATIONS FOLLOWING TRANSPLANTATION Pulmonary complications occurred in 38 of 212 recipients of kidney transplants. Eighteen of the 38 died. Pulmonary edema occurred in nine, interstitial pneumonitis in 14, and bacterial pneumonia in nine patients. Organisms responsible for the infections included viruses, fungi, and bacteria. Pulmonary emboli were diagnosed in six patients. Patients who receive immunosuppressive drugs are particularly prone to infections. Minor symptoms should be given prompt attention and treated appropriately. (Simmons, R. L., and others: *Pulmonary Complications in Transplant Recipients.* Arch. Surg. 105: 260-268, 1972.)