
BOOK REVIEWS

A PRIMER OF CARDIOLOGY, Ed. 2. *George E. Burch*. Philadelphia, Lea & Febiger, 1953, pp. 339.

The second edition of Burch's *Primer of Cardiology* has been expanded and "modified to bring the concepts in cardiology to their current status."

It is a book with a fresh approach, unconventional in some respects, and conspicuous by its many didactic drawings and schematic illustrations. The same technic was used to good advantage in the other "Primer" of Burch (and Winsor) on Electrocardiography. As an introduction to cardiology, it gives valuable condensed information on anatomy and physiology of the heart. It may disappoint some readers that on page 52 is stated that "the physiology of heart failure or the several theories advanced today to explain the mechanism will not be discussed here. It will be assumed that the reader possesses this necessary information before he progresses further with this discussion." Then follows a chapter on "Mechanism of Congestive Heart Failure," which would seem to be designed to whet the readers appetite for just such more detailed discussion of the current theories of the physiology of heart failure. The book "is intended for the medical student and physician who are interested in an introduction to cardiology," and since its most interesting chapters deal with cardiac physiology, further elaboration on basic problems might be hoped for in another edition.

The practicing physician may find the space devoted to actual clinical problems somewhat unevenly used, inasmuch as there are thirty four pages on congenital heart disease compared to eight on "Heart Disease Produced by the Aging Processes" of which four are devoted to coronary disease. Admirable as the drawings and formulas pertaining to catheterization studies of congenital heart disease are as a quick summary for the specialist in cardiology, the medical student and practicing physician may find this chapter going beyond what he might expect to find in a "Primer."

Very helpful should be the chapter on bedside diagnosis of cardiac irregularities, the appendix of interesting statistical data and diets, and a reprint of the nomenclature and classification of heart disease as advanced by the New York Heart Association.

On page 269, it is stated in effect that "deep breathing decreases the heart rate," followed on page 271 by the sentence that "at the end of deep inspiration the rate increases," only to be reversed on page 274 by the statement that "the heart rate decreases near the end of inspiration." This apparent inconsistency might be clarified, or the difficulty in determining the actual sequence of events pointed out.

This book is a valuable companion to the *Primer of Electrocardiography*. It should be stimulating reading for every student and the clinician will also find helpful information in it.—*Heinz Magendantz*

DIE ERYTHROBLASTOSE IM LICHT DER NEUEN Rh-FORSCHUNG (ERYTHROBLASTOSIS IN THE LIGHT OF RECENT INVESTIGATIONS ON THE Rh FACTOR). *A. W. Schwenzer*. Darmstadt, Dr. Dietrich Steinkopff, 1953, pp. 168.

In this book, Dr. Schwenzer has attempted to summarize the literature on the subject of Rh in relation to erythroblastosis, in order to make it available to German-reading physicians.

The book starts with an interesting historical survey and describes the earlier ideas regarding the pathogenesis of erythroblastosis fetalis which were held before the Rh factor was discovered. This is followed by an extensive discussion of early work on A-B-O incompatibility, and then the subjects of Rh incompatibility and Rh sensitization are introduced. The next sections of the book present the pathologic and hematologic findings, while the last sections of the book are devoted to the more recent work on Rh sensitization and the treatment of erythroblastosis by exchange transfusion. On the whole the presentation is clear and correct, so that the book may be recommended.

Entirely too much space appears to have been devoted to the methods which have been tried to counteract Rh sensitization in order to protect the fetus in utero, considering that it is now known that none of the methods which have been tried have any value at all. Moreover, attempts to "desensitize" an expectant mother by frequent injections of her husband's blood, as discussed by Schwenzer, would only serve to increase the intensity of the maternal Rh sensitization. The book also contains an extended discussion of the so-called nonspecific anamnestic reaction, even though it has been shown that neither Rh-negative fetuses nor injections of Rh-negative blood can produce a rise in Rh antibody titer.

Dr. Schwenzer has performed a valuable service in making this information available for German-reading physicians, and no doubt any imperfections in his review will be corrected in future editions.—A. S. Wiener

NEWS AND VIEWS

Newsletter from Australia

TO THE EDITOR:

Regarding current hematologic activities in Australia, both fundamental and clinical problems are being investigated. The fundamental problems are concerned mainly with serology, pigment metabolism, coagulation, hemolytic anemias, and iron metabolism.

Serologic research is being actively carried out in all the capital cities of Australia. Since 1943 the Commonwealth Serum Laboratories in Melbourne, in association with the Red Cross Blood Transfusion Service, have regularly supplied Rh testing serum (all of the saline agglutinating type) as a free service to some 350 hospitals and pathologists throughout Australia and in other Pacific countries. Reports of recent investigations on blood groups and racial genetics now in press or in preparation are: Chenchus, South India (M.J.A.); Ainus, Northern Japan (A.J.P.A.); a New Rh Incomplete Antibody Associated with the Rh⁺ (E) Antigen (M.J.A.); Gilbertese, New Hebridean, Negritos and other Highland Populations of New Guinea (M.J.A.). A further survey of Australian aborigines is proceeding in association with Professor J. B. Birdsall (University of California). In West Australia areas of high R⁺ have been found and one homozygous R⁺R⁺ individual has been detected. No evidence of the sickle cell trait has been revealed. This work is being carried on by R. T. Simmons, J. J. Graydon, and N. M. Semple of the Commonwealth Serum Laboratories where a blood group reference and consultative service is maintained. Shaw has been investigating the deterioration of antibody sensitivity as a result of filtration and/or changes in the chemical environment of the medium in which the antigen antibody reaction is being observed, together with the causation and significance of changes in hemoglobin values in those cases where an acute alteration occurs in blood volume or volume capacity of the vascular system. Bryce and Jacobowitz are carrying out studies on blood factor relationships between mothers and babies with emphasis on the more recent work on the A-B-O system, together with investigations of serologic aspects of suspected transfusion reactions and difficulties in cross matching. They are also carrying out studies on the blood pictures of routine blood donors. Walsh has been carrying out an extensive hemoglobin survey on the lines of the M.R.C. Survey in 1944-45. It has involved all sections of the community and subjects of all ages and has included some work on the physiologic variations. He has also found two examples of the very rare anti-Tj (a) agglutinin. Ward has described a simple rapid technic for the detection of the Rh antigens and also for cross matching blood using P.V.P.