

second sound; the early right ventricular failure signs are: engorgement of the jugular veins in the sitting position, tenderness and slight enlargement of the liver, and a diastolic gallop at the lower end of the sternum. To digitalise rapidly is usually unnecessary; one contraindication is to use digitalis when it is not needed.

T. F. COTTON.

*Chronic Bronchitis.* A N.A.P.T. Symposium. 1957. Pp. 44. 6s. net.

The comprehensive study of chronic bronchitis from every possible aspect is a comparatively recent phenomenon, originating doubtless from the awakening of the leaders of the medical profession not only to the distress and suffering caused by this malady but also to its serious mortality. This short symposium cannot, and does not pretend to, do more than give readers an introduction to the work which is now being done on a really large scale in the investigation of chronic bronchitis. As such, however, it is admirable, and should provide a stimulus to careful study of the numerous articles of greater length which are now to be found in medical literature dealing with the subject. This little brochure is handy, easy to read, interesting, and important. It is strongly to be recommended.

MAURICE DAVIDSON.

*Aids to Tuberculosis Nursing.* L. E. HOUGHTON and T. HOLMES SELLORS. Fifth Edition. The Nurses' Aids Series. London: Baillière, Tindall and Cox. 8s. 6d.

This book indeed lives up to its claim to be a complete textbook of tuberculosis nursing within the limitations of its size. It gives a comprehensive view of the whole sphere of tuberculosis work, and the chapters devoted to general treatment and the sanatorium régime are excellently written. No nurse who has read this section should ever feel that tuberculosis nursing is dull and lacking in drama or human interest. The problems of prevention and the methods applied are also well presented, and there is a short chapter on the differential diagnosis of pulmonary tuberculosis which adds interest to the book as a whole.

The section on the interpretation of X-ray films, although brief, gives the nurse sufficient information to guide her through the initial stages of trying to fathom what is meant by infiltration, cavitation and fibrosis as they are shown on an X-ray film. The X-ray illustrations are not as clear as they might have been—admittedly a difficult feat in a book of this size. However, this cannot detract from the excellence of the book as a whole.

AUDREY HANSON.

*Prévention et Traitement Spécifiques de la Tuberculose par le BCG et par l'Antigène Methylique.* By LÉOPOLD NÈGRE. Paris: Masson et Cie. 1956. Pp. 242. 1,000 fr.

The appearance of another book on BCG needs some justification, and the reintroduction of a tuberculin as an immunising and therapeutic agent seems at first sight to be a nostalgic return to an era which is remembered by a decreasing number and is unknown to the majority of workers in tuberculosis. The title is to a certain extent misleading. The subject matter adds nothing to existing knowledge of BCG and is in essence an apologia for methylic antigen as an immunising and therapeutic agent. The antigen is said to