
This book is based on lectures given by the author in the U.S.A. and presents mainly his contribution and personal views on the subject. Thus, it is complementary to the Elsevier Monograph on the 'Carcinogenic and chronic toxic hazards of aromatic amines' by T. S. Scott, 1962, which deals mainly with the industrial hazards of aromatic amines used in the dye industry, and their prevention; and also with the medical aspects of bladder cancer, its diagnosis and treatment. The book under review represents the approach of an experimental cancer worker to the problem.

Aromatic amines, such as 2-naphthylamine* and 4-aminobiphenyl, which give rise to tumours of the bladder, an organ remote from the site of their application, belong to the type of carcinogenic agents that have to undergo metabolic transformation before they become 'proximal' carcinogens. The book deals therefore extensively with the metabolism of aromatic amines, in particular with that of 2-naphthylamine, with which the author was mainly concerned, and together with his co-workers he identified 21 of its metabolites. References are made to the recent finding of N-hydroxylation of aromatic amines, the role of certain N-hydroxylamines as proximal carcinogens, and their bearing on Clayson's theory of ortho-hydroxylation, which until 1958 appeared to fit the known facts.

The story of bladder cancer contains further instructive examples of how reality defies hypotheses, however logical and plausible. Kenneway used to say that nature often does not behave as we expect it should. The author reports the unsuccessful attempts to prevent the induction of bladder tumours in dogs treated with 2-naphthylamine, or the recurrence of bladder cancer in operated patients, by the administration of the ammonium salt of \(1 \rightarrow 4\) saccharolactone. This compound, a known inhibitor of the enzyme glucuronidase, was selected in the hope that it may prevent the hydrolytic liberation of carcinogenic metabolites from their respective inactive glucuronides. The activity of this enzyme is optimal at about pH 5, which is obtainable in the urine.

Several errors or misprints have been noted, especially in the chemical structures (e.g. p. 7, III, IV; p. 59, VIII; p. 61, XIII; p. 65, Table 2, methyl-3-hydroxanthranilate). Certain double bonds are missing in the aromatic structures (p. 5, I, II, III, IV) or omitted (Fig. 11) contrary to the convention adopted in the book.

However, these are small points, which should not detract from the value of this book by an author who greatly contributed to the development of its subject.

R. Schoental


This is not just another book on first aid. It is an informed treatise on the nature, pathology, differential diagnosis, treatment, and management of emergencies in medicine, surgery, and the specialities. The editor claims that it is a ready reference, written by experts, which will help the doctor on his own to deal with the immediate and subsequent treatment of emergencies. The claim is justified. It will also be of value to the hospital resident, the industrial medical officer and to the consultant outside his own speciality.

The industrial medical officer faced with certain emergencies will find it useful. He may well, however, have reservations about the methods of artificial respiration (Schafer's and Eve's) recommended in the chapter on poisoning (mouth-to-mouth ventilation is advocated by two other contributors), and he may not go all the way with the writer on cardiac arrest who states that external cardiac massage 'may break a rib or two but the greater mobility of the chest wall is some compensation'!

Each subject is dealt with by a specialist, and if the number of authors leads to some repetition and inconsistencies these are insignificant compared with the authority and mastery which the writers display. It is important to be reminded, for instance, that morphine must be avoided absolutely in head injuries or that nearly all non-industrial poisonings are due to carbon monoxide, barbiturates or aspirin. It is puzzling, however, when one writer condemns intramuscular paraldehyde as the most brutally painful and disrupting of all attempts at sedation whereas two others recommend it, one for status asthmaticus and the other as the treatment of choice for status epilepticus. In future editions contradictions like these should be eliminated and the modern view agreed. If this is not possible, enough data might be given for the reader to choose for himself.

*Also known as \(\beta\)-naphthylamine.