

colposcopy, is mandatory in any gynaecological examination, largely to exclude epidermoid carcinoma of the cervix. Special departments of exfoliative cytology have been created not only in the U.S.A. but in many other parts of the world and it is claimed carcinoma of the cervix could become a preventable disease. The average detection rate of 6 per 1,000 women examined, of which 3 would be clinically unsuspected, would justify this view although from my experience the figure seems surprisingly high.

In my own view exfoliative cytology has achieved such wide acceptance that all gynaecological pathologists and clinical gynaecologists should acquire experience in the method. At the present time in Ireland very little interest is shown and it is to be hoped that the reading of this volume will engender greater but none the less critical enthusiasm.

The symposium on shock is more controversial. The classification of shock and shocklike states and the treatment is admittedly standard but the main emphasis being on abruptio placentae, amniotic fluid embolism, on septic and endotoxin shock and on the possible relationship of some of these syndromes to the Shwartzman phenomenon creates some imbalance. At the present time the main causes of fatal shock excluding haemorrhage are related to manual removal of a retained placenta and to rupture of the uterus, although abruptio placentae remains a problem if a declining one. I was pleased to see that two contributors refer to shock which occurs at or about the time of delivery or during the early puerperium in patients who have no obvious or recognizable cause. This is referred to as toxæmic collapse or shock or as postpartum shock or postpartum vasomotor collapse. I think a nonspecific title is to be preferred. Whereas some instances of unaccountable shock occur in patients with toxæmia or hypertensive disease it is recognized in the present day experience of obstetric pathologists, that fatal shock can occur in a patient who has been quite normal throughout pregnancy. It is possible of course that the two conditions are quite different.

Schneider devotes much of his contribution to his thesis that shock in abruptio placentae is related to intrapulmonary fibrin emboli. There are formidable objections to this theory and it cannot be accepted uncritically. He makes a very valuable point however, in emphasising that the bleeding dyscrasias associated with one or other of the causes of shock have different mechanisms.

Amniotic Fluid Embolism also receives a great deal of attention but one can only agree with Sheehan that shock and severe respiratory distress during an otherwise normal labour are not pathognomonic of amniotic embolism. A similar stricture could be made on the incidence of adrenal necrosis in shocklike states. Acute adrenal insufficiency which produces a collapse very similar to shock is considered very cursorily and then only in relation to infection. It is admittedly rare but many obstetricians expect to find an acute adrenal necrosis or haemorrhage in every fatal case of shock and this is not so.

The possible role of the Shwartzman phenomenon in shock and indeed in other diseases such as toxæmia is, to say the least, highly speculative.

The book is well printed and well produced. Errors are few and the illustrations good. Two of the contributors are from England and some references are from Europe, a feature which is not always to be found in American Literature. The book is surprisingly good value at approximately 30/- and can be recommended.

H. C. MOORE.

The Excitable Cortex in Conscious Man. By WILDER PENFIELD. Liverpool University Press, 1958.

Another monograph in the long series from the Montreal Neurological Institute, a further distillate of the observations on the effects of electrical stimulation in the conscious brain, this forty-page booklet is concerned in a general way with the mechanisms with which electrical stimulation of the cortex produces its effects.

The monograph is the published text of the Fifth Sherrington Lecture and, as are all of Penfield's writings, is lucid, informative and stimulating. Certainly it contains little that is new or has not appeared before in one form or another from the Lecturer's pen but to the student of neurology at any level the writings of Penfield and his team from the Montreal Neurological Institute will always be read and re-read with benefit and have indeed not a little of the timelessness of the works of the great Sherrington himself.

FERGUS DONOVAN.

A Correction

We greatly regret the faulty insertion in the paper on Doriden Intoxication (*Journal*, Jan. 1962, p. 20) that the authors' degrees should have been faultily cited. They should have read—

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