tion is presented on the organization, administration, scope and volume of services provided, method of paying for physician’s services, etc. The emphasis placed in several of these programs on preventive services and health education will be of particular interest to health workers.

Drawing upon extensive source material as well as personal interviews, the report presents in concise form information that is useful to unions, management, and health workers interested in this development. An extensive bibliography and appendixes which include much pertinent documentation enhance the report’s usefulness. The pruning of some repetitious and extraneous documentary material from the text itself, however, would improve the readability of an otherwise well written document.

Although essentially descriptive, the report does, to a limited extent, indicate the strengths and shortcomings of medical care insurance plans. These important aspects, however, are occasionally lost in the welter of material presented. This publication should serve to stimulate a more critical evaluation of existing plans that could serve as a guide to those interested.

NATHAN KRAMER


This, the final report of the series, considers the distribution of services for environmental sanitation. (See A.J.P.H. 42:1334 (Oct.), 1952, for Part One; 43:228 (Feb.), 1953, for Part Two; and 44:821 (June), 1954, for Part Three.) As reported for other health activities, coverage of environmental sanitation is characterized by dispersal of responsibility. Milk and food supervision show the greatest variation of responsibilities, with 13 departments, agencies, or commissions listed.

The total of environmental sanitation is considered in five major categories: water, sewage, and industrial wastes; vector control; milk and food sanitation; occupational health and safety; and miscellaneous, including hotels, bathing places, garbage disposal, and accident prevention. There is a separate section on expenditures. The data are shown for each state, responsible agencies being listed on a state-by-state basis. As with the other reports, 1950 is the datum year.

Comparisons are made with conditions found in 1940 in some instances. Rodent control operations were reported in 25 states in 1950 as contrasted with only 12 the preceding decade. Occupational health activities show an even greater growth. In 1940 more than one-fourth of the states had no industrial health activities. In 1950 all but eight state departments had at least one full-time staff employee in such services. Expenditures for environmental sanitation were much below the increase for all health services. Total spent in the states in 1950 was 245 per cent more than in 1940, but when costs for accident prevention work are eliminated, environmental sanitation expenditures show a gain of only 31 per cent for the same period.

FRANCIS B. ELDER


This volume is a welcome compilation of articles on medical social work by able representatives in the profession which, as the author states, presents "in readily accessible form writings that would be of value either in conveying knowledge or in pointing up the need
for greater analysis." Considering the difficulty most practitioners have in keeping up with the literature (scattered as it is) to the extent that one can observe trends, the book will meet a long-felt need. Miss Goldstine deserves high praise for the painstaking scholarly job she has done.

The book is divided into two main sections: Medical Social Work, A General View, and Social Work Practice in the Medical Setting. The four general view articles are provocative in different ways. The second section, with subdivisions on the Influence of the Setting, Basic Concepts and Their Application, and Specific Use of Basic Skills, shows care in the selection of articles to give a perspective about a young profession working on solving the problems of individuals—proceeding in the manner and at the pace of other young professions. The author's lead article is an excellent background against which the remainder of the book should be read. It supports her finding that "one follows a cycle of discovery and rediscovery, characterized by a growing awareness, a sharpening insight, a steady refinement of thought, and an ever deepening realization of the potentials for service in this segment of social work."

This volume has validity on its own, but the promise of a second compilation which will present the expanding contribution of medical social work to administration, community planning, and education should stimulate and challenge medical social workers in public health and welfare programs, in particular, to analyze and report their use of medical social skills in these areas in a way that will further demonstrate the progressive achievements of the profession and be a base for comparative analysis of the literature in the field. This reader recommends the book to practitioners and administrators engaged in health care. 

Mary S. Weaver


As Evarts A. Graham, himself a notable chest surgeon, says in his laudatory foreword to the book, the author "has produced a monograph which will bring the reader up to date with the latest thought on the application of surgery to the treatment of pulmonary tuberculosis."

Colonel Forsee in a brief compass of 200 pages traces the development of surgical procedures, states his own preferences clearly—as he has a right to do, having had wide experience—and gives data on results. In recent years the author has resorted to primary thoracoplasty in uncomplicated tuberculosis in only 10 per cent of cases treated surgically; seldom uses artificial pneumothorax, has done extrapleural pneumothorax only once since 1947, and has abandoned extrapleural plombage. The great swing since chemotherapy became available in 1947 has been toward extirpative surgical therapy.

The author gives indications for resections of various kinds—wedge excision, segmental resection, lobectomy, and pneumonectomy, the object being the eradication of active disease and the conservation of normal lung tissue. He prefers lobectomy for advanced or cavitary tuberculosis and feels that the indications for pneumonectomy are very limited. His technics are described. He stresses the necessity of meticulous attention to details before, during, and after the operation, wide exposure of the operative field, expertly administered anesthesia, and whole blood replacement.

The author's over-all results of extirpative surgery, with the aid of chemotherapy, in 443 cases, show that 91 per cent are well. His operative mortality since 1947 (excluding pneumonectomy)