sources of CO_2 and H_2O and the role of oxygen in respiratory reactions.

This particular model was constructed from a conic projection obtained from war surplus. Other cages could readily be constructed from the wire baskets obtainable at nurseries.

SHERMAN R. DICKMAN[1]

Department of Biological Chemistry
University of Utah College of Medicine
Salt Lake City

[1] The author wishes to acknowledge the aid of John Kemp in the construction of the model.

Sensitivity of Male dba Mice to the Toxicity of Chloroform as a Laboratory Hazard

FIFTY mice were sacrificed in this laboratory in a closed vessel containing some gauze soaked in chloroform. In the room in which the mice were killed 55 male dba mice were housed; within 6 days all but 5 of these mice were dead or dying. Autopsy disclosed large, pale, swollen kidneys, which were seen microscopically to have gross tubular necrosis. A considerable number of mice of strains A, C, C3H, and CAF1 hybrid, of both sexes, and 55 female dba mice remained quite healthy, although kept on the same rack and under the same conditions as the male dba mice.

The renal changes observed were similar to those reported by Eschenbrenner and Miller (*1*), who also noted that in strain A mice the males were more susceptible than the females to chloroform poisoning.

To confirm that the death of the male dba mice was indeed due to chloroform poisoning, 6 dba mice of each sex were placed near a beaker containing 5 ml of chloroform for 30 min. After 8 days 3 of 6 males were dead, and all had lesions resembling those seen in the original group. The female mice showed slight fatty degeneration of the liver but were otherwise well.

It would appear, therefore, that the male dba mouse is sensitive to the toxic effects of chloroform to such a degree as to constitute an unusual laboratory hazard.

PHILIPPE SHUBIK
A. C. RITCHIE
Division of Oncology, The Chicago Medical School

Reference

1. ESCHENBRENNER, A. B., and MILLER, E. *Science*, **102**, 302 (1945).

Book Reviews

Pharmacology in Clinical Practice. Harry Beckman. Philadelphia–London: Saunders, 1952. 839 pp. Illus. $12.50.

This book supersedes the author's *Treatment in General Practice*—a text which has seen six editions over a period of 22 years, the last edition appearing in 1948. Like the older one, the new book is oriented not about various classifications of drugs, but about diseases and other clinical situations that call for the use of drugs, as encountered in internal medicine and in the other medical and surgical specialties, as well as in dentistry.

In many instances, the disease or clinical situation is introduced by a concise paragraph highlighting the clinical problem. The drugs employed in treatment are then recorded, and their administration, clinical effects, absorption, excretion, and toxicity are described. Emphasis is on the practical use of these agents, rather than on their chemical and physical properties, which have been relegated to a separate section that includes some representative commercially available preparations. To conserve space, consideration of the historical development of drugs and of the relationship between chemical structure and biologic activity has been omitted, and consideration of the mechanism of drug action has been abbreviated.

Many of the more recent developments in therapy are presented, including the use of synthetic curare substitutes, newer antibiotics, isonicotinic acid hydrazides, stilbamidine (for some mycotic diseases), autonomic blocking agents, ion exchange resins and N-allyl-normorphine. The author demonstrates a good sense of proportion in his consideration of new drugs, as well as in his evaluation of the usefulness of ACTH and cortisone, and of anticoagulants. Drugs which are unproved or subject to conflicting claims are so described. Where any one of several agents may be utilized, the author frequently indicates which, in his opinion, is superior.

Although these opinions are, in the main, reasoned and sound in the light of current practice, it is unfortunate that the author has not provided better documentation and more references than are listed in the "suggested excursions into the literature." This would put in proper perspective a few of the author's comments that are open to question—for example, that "coronary disease is not a contraindication to dihydroergocornine's use" (in hypertension), that "tolerance to hexamethonium has not been demonstrated," that "many experienced men strongly oppose intravenous administration of any fluid in cases of massive hemorrhage" (from peptic ulcer), and that "atropine should always be at hand . . . but should never be injected with the prostigmin" (in the diagnostic test for myasthenia gravis). Statements such as these are few, however. The great majority of recommendations concerning therapy are in accord with sound current practice, so that this book, which is written in a clear